

CHAPTER I

INTRODUCTION

1.1 Background of the study

Population growth is one of the major problems faced by several developing countries. The global dimension of population has been widely acknowledged that population growth is a crucial problem in the world. The demographic feature of the world's population is its high growth rate. It already crossed the figure of six billion. The extent of its increases or growth is alarmingly high in the developing countries. In many developing countries, there is high birth rate and low death rate.

In the context of developing country like Nepal, the rapidly increasing population is one of the main demographic characteristic. The population increased from 15 million in 1981 to 18.4 in 1991 and 23.1 I 2001. The annual population growth rate (APG) is 2.25 percent. The overall literacy rates were 23, 40 % and 53.74 percent in 1981, 1991 and 2001 respectively (CBS, 2001). The total fertility rate (TFR) has declined from 5.6 to 4.1. Similarly death rate has declined from 13.3 to 9.6 and infant mortality rate (IMR) from 97.5 to 64.4 per thousand live births. The average life expectancy at birth has increased up to 59.7 years. On the basis of geographical distribution, 7.3, 44.3 and 51.7 percent of the total population were found in mountain, hill and Tarai respectively, 85.8 percent of the total population live in rural areas where as urban population was 14.2 percent in 2001 (CBS, 2002).

Family planning is a way of limiting the birth of child or avoiding pregnancy by use of contractive method and it save lives through planned management of pregnancy (PRB, 1997). (UN, 1994) reaffirmed "the right to choice of family size without coercion and right to choice of method, which should include all medically approved and appropriate method of family planning."

For the first time, population policy was included in Nepal in the three years Plan. The policy has been adopted in each and every development plan. The Ninth Plan emphasized on raising the contractive prevalence rate from 30.1 percent to 36.6 percent by the year

2000 AD and 58.2 percent at the end of the Tenth Development Plan. Similarly, the Tenth Plan emphasized on raising the contraceptive prevalence rate from 39.3 percent to 43 percent by the year 2007 AD (Tenth National plan, 2002-2007)

In Nepal, Family Planning (FP) program was realized in 1959 which gave the birth to Family Planning Association, Nepal and was given official recognition in 1965. By the late 1968, the FP program was formally established, which is FPP/MCH Board? After that, FP/MCH project was created and this project was responsible for the delivery of FP/MCH services to the population of the country from central to the village level. Various government and non-government organization have been set up to provide family planning service in the country. Although Nepal Family Planning Association and other government and non-government organization are actively involved in service delivery and expand Population education programs, a large section of population is out of the reach of the services or not integrated properly.

It is observed that the high fertility rate is found in backward communities as well as in agrarian family. This fact indicates the need to control population in rural and least sophisticated societies. Decrease in fertility rate by using contraception is only the effective approach of population control in such communities.

The Dalits are the people of those castes who are categorized as the untouchables in Nepalese society. Dalits were called untouchable because even the sight of their shadow was thought to be polluting. Traditionally, Dalits have been treated inhumanely as "Untouchables." Dalits are considered to be ritually impure and are said to fall outside the social order of the caste system. They are known as 'outcastes' and as such have suffered social exclusion, marginalisation, and alienation for more than three thousand years. As a visible sign of their ritually unclean status they are denied entry to temples, and full or independent participation in religious festivals. They are assigned menial and degrading work, which is considered to be unclean, such as cleaning toilets, skinning and disposing of dead animals, digging graves, and sweeping. Dalits suffer physical and social exclusion and are denied their rights to live with dignity, to a basic livelihood, to contest and vote freely in elections, and to practice their own religion and culture.

According to the history of Nepal, the concept of caste system emerged during the reign of King Jayasthiti Malla. He divided the population of the Kathmandu Valley into 64 caste

groups, each with different functional and occupational categories. Only a little change was made in the traditional caste structure until 1854, when the Old Legal Code of Nepal (Purano Mulki Ain) was introduced in the reign of king Surendra Bikram Shah. This Code organized Nepali Caste and ethnic groups into the following categories:

- i) Tagadhari (castes wearing sacred thread)
- ii) Matwali (liquor consuming castes)
- iii) Pani nachalne chhai chhitto halnu napanne (caste polluting water only)
- iv) Pani nachalne chhai chhitto halnu parne (caste from whom water is not accepted and whose touch requires sprinkling of holy water, or untouchable caste or Dalit)

These days untouchable are referred to as, "A person immersed in a swamp". The Dalits of Nepal are divided into three broad regional groups (Action aid: 2002):

- a. Dalits in the Hill community
- b. Dalits in the Newar community
- c. Dalits in the Terai community

According to the census held in 2001, the total Dalit population is 2,962,591 (13.05%); of which the whole female population is 1,496,622 and the male population is 1,465,969. According to the research study done by Violence against Dalit Women of Nepal, 23% Dalits are landless whereas 48.7% have less than 5 ropanis of land. Furthermore, 15.6% Dalits have 6-10 ropanis of land, 9.6% Dalits have 11-20 ropanis of land and 3.1% have more than 21 ropanis of land. They hardly have 1% of cultivable land. 95% Madhesi Dalits are landless. Their per capita income is US \$39.6, which is almost the lowest in the world. Higher class and caste people monopolized the national resources and all other income sources (P.K. Padamlal, 2004). The Nepal living Standards Survey, 2003/04 estimated that 31 percent Nepalis were living below poverty line. The Brahmins/ Chhettris and Newars have the fewest household in poverty in contrast half of the Dalits live in poverty (Unequal citizens, 2006).

Although the New National Code of Nepal abolished untouchability in 1963, its practice still continues. The people belonging to Dalit community are living in a swamp of illiteracy, exploitation, marginalization, and absolute poverty above all, caste discrimination (Sob, The Triple Oppression of Dalits in Nepal).

The constitution of 1990 of Nepal explicitly declares Nepal as a Hindu Kingdom and on the other hand, allows practicing traditional, religious ways in form of religious impartiality. By these practice, the people of Nepal are socially segmented along the lines of caste, sub-caste and ethnic, sub-ethnic groups.

Over a period of time, casteism developed a rigid hierarchical society with the purity and pollution of castes. In this manufactured caste hierarchy, Brahmins lie at the top, and Sudras, or Dalits, lie at the bottom of society.

The caste-based discrimination to Dalits is observed at two levels (Action Aid, 2002):

-) It is the discrimination from the high caste Hindus and the indigenous Nationalities against Dalit, and
-) Intra Dalit caste based discrimination.

In general, Dalits are characterized as being illiterate, unemployed, landless, poor, ignorant, exploited, docile, unhygienic, dirty, sick and ignored by the rest of society. The Dalit community has lost its self-respect and dignity as a result of centuries of social discrimination, oppression, exploitation and suppression. Despite being marginalized, Dalits are skilled artisans. However, statistics have revealed that Dalits are far behind in the development process compared to other caste groups.

Dalits may not cross the line dividing their part of the village from that occupied by higher castes. They may not use the same wells, drink from same cups, or claim land that is legally theirs. The burden often falls on people because, for example, they have to fetch water, on foot, from distant and unclaimed sources, which might take hours. Majority of Dalits are poor and deprived of their basic needs. Many do not have access to sufficient amounts of food, healthcare, housing and most importantly education.

In many villages, Dalits live outside the main village and are prohibited from taking water from the village well, entering temples, or eating in public restaurants. Also, Dalit children are prohibited from entering and polluting schools (dalitwelfare.org). People are also frequent victims of sexual abuse. Since the early 1990s, violence, abuse, and rape against Dalits have escalated dramatically in response to the growing Dalit human rights and self-determination movements. The sexual slavery of Dalit girls and people continues to

receive religious sanction, and the trafficking in persons for the exploitation of their sexuality has become a severe problem for people.

Given the patriarchal social structure of these societies, the experience of poverty, exclusion, and discrimination has been different for men and people. Dalits are facing three forms of discrimination simultaneously: (1) oppressed by the so-called high caste people, which equally affects both male and female Dalits, (2) oppressed by the design of the Hindu patriarchal system and (3) oppressed by Dalit males. They have less access to resources, power and control over their lives than Dalit men or other people in Nepal. In general, people's status in Nepal is very low, comparatively; Dalits are in the worst situation, which renders them sad, and without enthusiasm. They are aware of their miserable conditions, but they do not know the reason for it (fedonepal.org).

Poverty problem is as old as caste-based discrimination. From many years, it remains most challenging problem for developing countries. Poverty is an inability to attain a minimum standard of living of a situation where someone is not in a position to meet the basic needs of life. Poverty in Nepal is largely a rural phenomenon. Poverty in Nepal is not entirely an economic phenomenon of the individuals, but it is associated with the social interaction between groups. Thus, it is closely linked with the problems of the caste system.

Therefore, this study tries to explore the knowledge, attitude and practice of contraception in a rural Dalit community of Bhimphedi VDC of Makwanpur district.

2.1 Statement of the Problem

Population growth is a serious problem for every developing country. Nepal is also facing this problem due to the lack of industrialization, low production, unemployment and lack of awareness. Economically active population of Nepal is facing problem of unemployment. Because of application of traditional agriculture methods, our food production is unable to feed the rapidly growing population. Thus, how to balance the ratio of the production and population growth? The only way to overcome this problem is population control.

According to NDHC 2001 total demand of family planning services was 67 percent among them, 28 percentages was unmet need. There arise a question of why the unmet

need of family planning services is high and the contraceptive prevalence rate is low. Therefore, population growth rate is also high and increasing. In 1991 census, population growth rate was 2.1 percent per annum but it increased to 2.25 percent per-annum in 2001 census. The contraceptive prevalence rate was 24 percent in 1991 (NFHC, 1991) and it increased to 38.9 percent in 2001 (DHS, 2001) among all currently married people, which is lowest rate in the world. The national reproductive health strategy (1998) emphasize in the prevention of unwanted pregnancies through family planning counseling, information, education communication and service. Similarly, all others NGOs and INGOs and local leaders are supporting for practice to increases contraceptive prevalence rate in Nepal.

The rapid population growth has affected almost every aspect of the economy mainly in the agriculture, forest, social service and environment. It has also become difficult to meet the growing demand of people for educated, health and employment. One of the important and responsible factors for such problem is so low contraceptive prevalence rate (CPR). This low contractive prevalence rate is due to low status of female population. When people status is very low, there is no knowledge of family planning method. Thus, we have only one way of checking population growth and to check birth rate the family planning program should be launched.

Dalits in Nepal are economically, educationally & politically vulnerable. In general Dalits are illiterate, unemployed, landless, poor, ignorant, exploited, and unhygienic and ignored. Illiteracy of Dalits of study area makes them poor in term of economic and social condition. As they lack semi-skill or skilled knowledge, they can't get employment in any sector. Not only this, male headed society of their don't let people to do any type of income generating activity as they believe people are for caring children and looking after household work. Some of Dalits are earning money from making traditional straw carpet, basket (Doko), broom (kucho) etc. They are not enough earning for improving their living standard. Due to poor financial condition they can't sell these things in market. They have to sell their product to neighbors in cheap price (Bhattachan, 2004 cited in Unequal citizens, 2006).

Dalits are facing more caste discrimination. Unless Dalits are literate and economically strong, they would not be included in the mainstream. Increment on the education, elimination of the caste system and the reduction of the poverty plays vital role for the

development of the people and society as a whole. So, Dalits should be empowered economically to reduce their poverty and discrimination on them and included them in the development process.

Even though Dalits try to change their present situation by adopting new occupation or business, their caste became hurdle in their development. No other caste comes in their teashop or grocery store. Their illiteracy and lack of knowledge discourage to do another type of job rather than their old traditional job like, sewing clothes, making shoes, making agriculture tools etc. They work very hard to change their poverty level but caste discrimination, illiteracy and poor economic condition become constraints to change their path. Thus this research want to raise that caste discrimination caused by so called higher caste is the reason of Dalits being poor. This research also stresses the argument and substantiate with the help of fieldwork in the area where Dalits are facing extreme poverty due to caste discrimination (Unequal Citizens. 2006).

The increase in the number of family size would lead the people towards poverty. As well they would not be able to compete with the people who were financially strong. The size of the family also determines the economic status of the people. Without reducing the family size, no one could be able to get out from the level of poverty. So, to uplift the poverty level and for the upliftment of the Dalits the family size must be reduced. The only way to reduce the family size is the use of contraceptives. So, if the Dalits were aware about the use of contraceptives, they would be able to uplift to the mainstream. Comparing to so called higher class people, Dalits have the large family size.i.e.6-7 members in family So, the study of the knowledge, attitude and practice of Contraceptives among them is necessary. In this connection, this study attempts to analyze knowledge, attitude and practice of the use of Contraceptives in the dalit community in Bhimphedi VDC, Makwanpur district. This study has specified the specific research problems:

1. What are the knowledge, attitude and practice of Dalits towards the contraception?
2. How do socioeconomic and demographic variables influence the use of contraceptive?

1.2 Objectives of the study

The overall objectives of the study are to reveal the knowledge, attitude and practice of contraception of Dalits of Bhimphedi VDC. The specific objectives of the study are:

- i. To find out the knowledge, attitude and practice of contraceptives among the Dalit of Bhimphedi VDC;
- ii. To examine the knowledge and use of contraceptive;
- iii. To examine the influence of relation between demographic and socioeconomic variables in the use of contraceptives.

1.4 Limitation of the study

The knowledge, attitudes and practices of contraception of any society is determined by the various socio economic and demographic factors of this region. This study is fully concentrated to Bhimphedi VDC in Makwanpur District.

The following are the some limitations of this study:

- This analytical study is centred only to the Bhimphedi VDC of a Makwanpur District. So it cannot represent the real situation of knowledge, attitudes and practices of contraception of whole nation.
- This study only focuses on knowledge, attribute and practice of family planning methods among currently married people aged 15-55.
- During interview, the respondent did not provide their response freely. As they feel shy and mostly illiterate.

1.5 Significance of the Study

Dualist's health issue has been neglected for a long time. International attention seems to be rising. World Health Organization's report reveals the severe situation of the life and longevity of indigenous people due to the destruction of their habitat, dispossession of their land, and isolation from other community from time immemorial. The effort to overcome this problem lacks far behind. Both indigenous people and their counterparts need to develop good understanding and partnership to address their social problems (WHO, 1997)

As related organization and agencies become well aware of their problem and its consequences they can establish poverty alleviation program for Dalits. In poverty alleviation program they include literacy program, property right for women, health and anti discrimination program regarding caste. Those Dalits who were excluded in development, government level policies and poverty alleviation program will be included through these programs so my study has a practical importance to policy level to formulate plans and program for particular rural women and Dalit (Koirala, Bidya Nath, 2005).

A lot of studies have been taken dealing with contraceptives prevalence and its determining factors as well as knowledge, attitude and practice of contraception. Many researcher unanimously agree that Nepalese birth rate is very high, especially in rural as well as in backward communities. But this study is centralizes in the Dalit, which may help to understand their knowledge, attitude and practice of contraception. Thus significance of the study is as follows:

- ❖ To help the effective implementation of the FP programs;
- ❖ To assist the various types of research studies;
- ❖ Useful to make policies regarding FP program in rural areas as well as among Dalit communities
- ❖ To find out the use of contraceptives and to make the plan for the future.

CHAPTER II

REVIEW OF LITERATURE

2.1 Historical Background

Before the discovery of the modern contraceptive method, it was considered that the children here are the gift of god and their existence cannot be prevented. After discovery of modern contraceptive methods, people have started to practice different birth spacing and birth limiting methods. The modern contraceptive method could play the supplementary role for birth spacing to improve maternal and child health, however, it might be due to the lack of contraceptives knowledge or social pressure and couples generally have large number of children therefore some kinds of social change necessary to motivate to have fewer children. In some societies, significant number of couple might have preferred fewer numbers of children than they were having (Sigdel, 2006).

Reproductive health is a state of complete physical, mental, and social well being in all matters relating to the reproductive system and to its functions and processes. It implies that people have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this is the right of men and people to be informed and have access to safe, affordable and acceptable method of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right to health care services that will enable people to go safely through pregnancy and childbirth (Pathak, 2001).

The concept of reproductive health gained in the 1980s as a symbol of a fresh perspective on people's right and family planning. The premises of this perspective is the principle that a people has a right to reproductive health that is to regulate her fertility safely and effectively, to understand and her own sexuality and reproduction, to bear and rear healthy children. A reproductive health programme involves more than the delivery of maternal and child health or family planning services as conventionally defined. It is multidimensional. It is right oriented as well as reproductive health as rights are vital elements of physical and emotional well being (Muller, 1993).

WHO (1997) states that contraception provides couples with a means to control the timing of birth, which can greatly influence the health of their families. People who delay having children until age 18 or older and space pregnancies by at least two years reduce their chances of having an infant or child died compared to those have early frequent births.

In 1950's population studies got its separate discipline after the establishment of National Family Planning Association Most of the governments of Nepal realized that rapid population growth need to be maintained through family planning program. The aim of the family planning programs must be enable couples and individuals to decide freely and responsibly the number and spacing their children and to have the information and means to do so and to ensure inform choices and make available a full range of safe and effective methods. The success of population and family planning programs in a variety of setting demonstrates that informed individuals everywhere can and will act responsibly in the light of their own needs and those of their families and communities. The principal of informed free choice is essential to the long-term success of family planning programs (ICPD, 1994).

On the past three decades, the availability of safer method of modern contraception was increasing in the world. Currently about 55 percent of couples were using some family planning methods in developed countries. Family planning programme helps to decline in the average fertility rate for developed countries. However, the full range of modern family planning method remains unavailable to at least 350 million of couples in worldwide. Only 120 million people worldwide were using a modern family planning method. During the decades of 1960s, the number of couples of couple of reproductive age i.e. 15-49 yrs will grow by about 18 million per year. Thus, family planning and contraceptive supplies will need to expand very rapidly over the next several years (ICPD, 1994).

2.2 Global Scenario

In 1970s, there was a new idea of implementing Family Planning and Maternal Child Health (FP/MCH) program by central governments. In the same decade, the Bucharest Conference held and the conference recommended that the population policy and program must be persuaded in the context of development are integrated. On the other hand, in those countries where reproductive and sexual health education has been included in the school curriculum there was no differences between married and unmarried adolescent to acquired knowledge about family planning. In a number of countries of world fertility survey unmarried adolescent were asked about their knowledge of contraceptives. The survey indicated that in almost country, teenagers are quite knowledgeable about contraception. However, obviously knowledge of various method of contraception did not imply that respondents actually know how to use these methods. About on quarter of adolescents in selected countries of world fertility survey, who did not use any contraception at the first intercourse, it was due to the lack of knowledge of contraception. Thus, generally teenagers are frequently unprepared for their first sexual encounter and therefore are probably unprepared to use an effective means of pregnancy prevention (UN, 1989).

More than 50 percent married people in childbearing age (15-49) years were using one or another form of contraception. This contraceptive prevalence varies widely between countries ranges from 1 percent to 75 percent. The increasing trend of contraceptive use was universal in most of the developing countries. Between 1960-1975 and 1995-1990, the number of contraceptive users in all developing countries had increased from 31 to 381 million, in the East Asia from 8 to 94 million and in Africa from 2 to 18 million. Most of the users were people. The number of male users of contraceptive method was only one third of the number of female users in worldwide (Fathalla, 1992).

On the past three decades, the availability of safer method of modern contraception was increasing in the world. Currently around 55 percent of couples were using some family planning methods in developing countries. Family planning programme helps to decline in the average fertility rate of developing countries. But the full range of modern family planning method still remains unavailable to at least 350 million of couples in worldwide.

Only 120 million people worldwide using the modern family planning methods. During the decade of 1960s the number of couple of reproductive age i.e. 15-49 years had grown by about 18 million per year. Thus family planning and contraceptives supplies will need to expend very rapidly over the next several years (ICPD, 1994).

UN (1999) estimated that 570 million of couple were using modern method of contraception worldwide in 1998. At the same estimated, the world contraceptive Prevalence Rate (CPR) for 1998 was 58 percent, for less developed countries was 55 percent and more developed countries was accounted 70 percent. In the contrast of South Asian countries, family planning indicators showed that CPR was highest in Srilanka (66%) followed by Bangladesh (49%), India (41%), Nepal (29%), Pakistan (18%) and the lowest percent in Afghanistan that was accounted only 2 percent (UN, 1999: 1-5).

2.3 Knowledge and Practice of Contraceptive

In practice, fertility may be considered natural if no contraception of induced abortion is used (Bongarts, et. al. 1983). The aim of family planning program must be to enable an individual's to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure conformed choices and make available a full ranges of safe and effective method.

During post-partum period, the timing of contraception depends on whether or not people choose to breast feed depends on the personal circumstance the type of contraceptive method chosen and some programmatic aspects. To ensure adequate pregnancy spacing and preserve the health of mother contraceptive measure should be used as any of the risk factors of pregnancy is present such as coactions with the first post-partum means, introduction of supplementary milk food to the infant and after about six months post-partum. For non-breast feeding people can use any method of there are no medical contraindication as soon as possible (IPPF, 1996).

Availability and accessibility of contraception are one of the main reasons for the high use of it. The change in social and cultural norms motivates and increase use of contraception. Family planning programs are not only the main source of availability of contraception in the developing countries but are also a center of diffusion of birth control ideal which are found to be one of the important mechanism motivating higher use of contraception. The

(any kind of) communication system has also contributed to the contraception and the pressure exerted by the government to adopt contraception can induce social change in a variety of ways (Caldwell, 1993).

Non-use of contraception leads to high population growth. The rapid population growth may cause many problems in the country's economy in every feels like agriculture, forestry environment and social services. As a result, the country has to face with shortage of food, depletion of forestry, lack of education, health facilities, shortage of drinking water and other facilities (NPC, 1991).

The reason for not using contraceptives among unmet need people such as lack of acceptable method of contraception is side effects. Side effects associated with the use of contraceptives and lack of effective method. It was further reported that in many cases the unwanted births of the need to resort to abortion might have been averted, had family planning services been more accessible. The younger people are less likely to use contraceptives than older people because as age increase people are more likely to have completed their desired family size and are therefore more likely. Proportion of current users is higher among 30 to 39 years old people than those aged 40 to 49. Various studies showed that there has been a positive association between the use of contraception and the level of urbanization. The indicators are that people who work in the formal sectors of the economy (i.e. non-agriculture) are more likely to be current users than those who work in non-formal sectors of who do not work at all (UNFPA, 1989).

2.4 Knowledge and Practice of Contraceptive in Nepal

2.4.1 Contraceptive Knowledge

Fertility (TFR) in Nepal is high (5.5). But it still seems low compared to the Total Natural Fecundity (15.3) i.e. the maximum biological reproductive capacity. Bongarts model is used to analyze the data from primary survey. The main fertility reducing factors in this study is the Index of Lactation Infecundability (C_i) which is due to universal breast-feeding (22 months) in Nepal. It reduces around 6 births from its maximum biological capacity. Similarly, non-marriage phenomenon (C_i) inhibited 4 births and non-contraception (C_c) reduces about 3 births from its maximum biological capacity.

Majority of the currently married people (73.5%) were familiar with at least one method of family planning, among the individual methods, female sterilization appears to be the best-known contraceptive methods followed by male sterilization, pill and injectable (KC., et al. 1998).

The knowledge of contraception is nearly universal in Nepal with 99.5 percent of currently married people aged 15-55 years have knowledge about any method of family planning and the use of contraceptives among them are increasing. It was 3 percent, 8 percent, 15 percent, 24 percent, 29 percent and 39 percent in NFS (1976), NCPS (1981), NFFS (1986), NFHS (1991), NFHS (1996) and NDHS (2001) respectively: (MOH, New ERA & ORC, Macro, 2002).

At the International Conference on Population and Development (ICPD) held in Cairo in 1994, 179 nations agreed that reproductive health services should be accessible to everyone by the year 2015. In reproductive health services, ready accessibility to contraceptives is one of the important concerns in family planning component of the reproductive health package. Ready accessibility to contraceptives is discussed here drawing information from 1981 Nepal Contraceptive Prevalence Survey (NCP), 1991 Nepal Fertility, Family Planning and Health Survey (NFFHS), and 1996 Nepal Birth, Death and Contraception Survey (NBDCS). According to this study, although there is no improvement in ready accessibility in 1981-1991, there is marked improvement in it during 1991-1996, as the ready accessibility increased from 29 per cent to about 53 per cent. Although there is substantial increase in ready accessibility in rural area in 1996 compared to 1991, the study, however, shows that there are marked differences by place of residence. Still more than 50 per cent of current users had no ready accessibility to contraceptives in rural area in 1996, while more than 80 per cent of current users in urban area were getting contraceptives locally (ibid).

Nepal is a very rich country from caste, language, culture, traditional and natural resources point of view. Majority of the people live in rural areas. Among the various castes groups living in Nepal, 'Dalits' consist of various castes like, Lohar, Sunar, Kami, Damai, Sarki, Badi, Gaine, Kasai, Kusla, Kucha, chame, Pode, Chamar, Dhobi, Paswan (Dusad), Tatma,

Dom, Batar, Khatwae, Mushar, Santhal, Satar and Halkhor which are defined by Ministry of Local Development in 1997.

The term 'Dalitis' understood as untouchable or Achhoot or the term connotes in the sense of Old Legal code of 1854, " Pani nachalne chhoi chhito halnu parne jat" (caste from whom water is not accepted and whose touch requires sprinkling of holy water) (Gandharba, 2007, 3). The word Dalit is used in Nepal to identify a vulnerable and poor group of people, who are discriminated against on the basis of their caste. This discrimination takes the form of untouchability, as a result of which Dalits are not allowed to touch other castes people in any physical way, particularly so with regard to the handling of food and drink (Rijal, 2001). Dalits are considered spiritually and physically unclean, and in the caste system, they must live in the separate colony, must use separate water and eating facilities, and must never come in contact with other castes (Rokka, 2004). Even though they are not treated equally their skill, art and culture contribute to civilization of Nepalese society from very long (Gandharba, 2007). Over 200 forms of commonly practiced types of caste- based discrimination have been identified in Nepal (Bhattachan, 2004 cited in Unequal citizens, 2006).

"The Tenth Plan (2002-2007) has separate chapters on Indigenous and Nationalities and Downtrodden and Oppressed Community. The policy components are elimination of inequality through socio-economic development, skill mobilization of such communities, and emphasis on social upliftment by allocation of resources and opportunities. These programme components, however, have not been assigned any quantitative targets. Thus, there is no way to assess the implementation progress and least of all their impact on upliftment of Janajati and Dalit communities. In sum, development policies adopted for these disadvantaged groups have been merely welfare-oriented without addressing the structural problems that marginalize and impoverish them (Gurung, Harka, 2006). The focus program of tenth plan could not be fulfilled due to country political instability."

2.5 Legal Protection

The lack of laws is not the main issue in Nepal .On paper; Nepal's legal protections against anti-Dalit discrimination are strong. The constitution and the civil Rights Act of

1955 prohibit discrimination on the ground of “religion, race, sex, caste, tribe, ideological conviction or any of these”. The Constitution specifically forbids discrimination against Dalits:

No person shall, on the basis of caste, be discriminated against as untouchable, be denied access to any public place, or be deprived of the use of public utilities. Any contravention of this provision shall be punishable by law.

In addition to the constitutional prohibition on caste-based discrimination, the government has also taken some legislative action to prohibit discrimination against Dalits. Under the Civil Liberties Act of 1954, unequal treatment of Dalits by the government is prohibited. Section 10A of the Civil Code also prohibits some forms of discrimination against Dalits, but excludes places of religious practice from the scope of the act.

Despite these provisions, caste and caste-based discrimination remains a central feature of life and social interaction in Nepal, and the government regularly fails to prosecute individuals who engage in caste-based discrimination. The declaration of Nepal as a hindu kingdom and of Nepali as the only official language- and the protection of “traditional practices”. Which has been used to bar Dalits from temples and to permit continued caste discrimination (Unequal Citizens, 2006, xix).

Because of the increment of the literacy rate, the knowledge about the use of contraception and its practice is increasing day by day. But there are some use hindrance for the increments of its use between different cultural groups and caste. There is the variation in use. Even though, there are many organizations working in the field, there are not much successful. So this study will help the organization to implement their plan and to become successful in the future.

CHAPTER III

RESEARCH METHODOLOGY

A brief discussion of the research methodology regarding the selection of the study areas, research design, nature and sources of data, sampling procedures, data collection techniques and method of data analysis has been included in this chapter.

3.1 Selection of the Study Area

This study is focused in a Dalits community of the Bhimphedi VDC, Makwanpur district. The research has been done in 2, 4, 5, and 6 of the same VDC with the variation in culture, custom and society. As well not any research had been undertaken in this VDC on this issue.

3.2 Research design

To find the main objectives of the study descriptive as well as analytical research designs were applied. Descriptive research designs have been used to describe present pattern of knowledge and attitudes towards contraceptive methods. Similarly analytical research design has been used to find the major causes of use or non-use of contraceptive methods. Besides, this study also attempts to explore the relationship between socioeconomic and demographic variables and contraceptive knowledge and practices in the study area.

3.3 Nature and Source of Data

The data needed for the study was mainly of primary nature but the relevant secondary data were also applied. The source of primary information was field work. Such primary data were generated using a questionnaire schedule. Similarly, the secondary data were collected from different published and unpublished sources. This was done mainly after the completion of the fieldwork.

3.4 Sampling

There were all together 402 households in 2,4,5,6, ward of Bhimphedi VDC, out of which 61 (15%=61.03) households were selected randomly and purposively as sample size.

3.5 Sampling procedures

This study is based on primary data collection of a selected ward of a Bhimphedi VDC of Makwanpur district. In this study, Bhimphedi VDC was selected by purposive sampling method. This sampling method is selected to fulfil the needs of the research and to make research more reliable. Out of the nine wards of this VDC, four wards were selected for study. These selected wards were 2, 4, 5 and 6. A complete list of household head prepared by the secretary of VDC was used. By using purposive sampling method, 61 households were selected from 402 Dalit households of these wards. From the 61 households, male respondents were 22 and remaining 39 were female respondents aged 15 to 55 from Dalit community, have included for the individual interview.

3.6 Techniques of Collection of the data

The selection of appropriate method is a most important part of a research plan. Both qualitative and quantitative research techniques have been used in this study.

3.6.1 Primary data collection

However, the collection of the data was difficult; several methods have been used for the purpose. Interview of the married people aged 15 - 55 with the help of their relatives and information provided by them were used for the study. Data of 61 households were collected with the help of structured questionnaires. While collecting information from the respondents, the structured questionnaires were adopted. Mainly the following techniques of data collection are used in this study.

1. Questionnaire: in this study two types of questionnaire (household and individual) are filled by the researcher based on the answer received from the respondents.
2. Observation: A sample observation was arranged on the life style of study population and their subsistence pattern.

3.6.1.1 Key Informant Interviews

In depth interviews were carried out with the oldest person, member and secretary of VDC and local health post, which are actively, provided the information and services to Dalits. Semi structured questionnaires were used during the interviews.

3.6.1.2 Focus group discussion

Focus Group Discussion was conducted with both men and women falling different classes and with poor, Dalit caste women members. The numbers of people involved in focus group discussion are shown below.

Table: (I) Participation of Focus group discussion.

S.N	Focus group discussion	Participants		
		Male	Female	Total
1	1	5	11	16

3.6.1.3 Questionnaire design

The questionnaire designed for this study was based on socio-economic factor affecting on knowledge attitudes and practices of contraception. Two types of questionnaire were designed based on the objectives of the study.

1. Household questionnaire
2. Individual questionnaire

The household questionnaire was designed to collect the information on family members, age-sex, marital status and socio-economic and demographic characteristics of the household.

The individual questionnaire was designed for married respondents aged 15-55 years from the household population under study.

3.7 Secondary sources of information

The secondary data were collected record from VDC, health post, family planning cooperatives, school of the study area and internet browsing. However, resources of data have been used through the review of relevant literature from published and unpublished books, journals, newspaper of concerned knowledge, Attitude and practice of contraception.

3.8 Data analysis method

After the collection of information, data were checked, verified at the field manually to reduce its error then result was calculated with the help of computer.

The data were presented in the form of suitable frequency tables, charts. Simple statistical tools like percentage, ratio and average have been used during the analysis.

3.9 Conceptual Framework

For this study, the concept is derived from several perspectives and studies of the past that have shown the relationship among various causal factors and low use of contraception. The conceptual framework is designed to show the influence of independent and intervening variables on low use of contraception. The focus is given to the effect of independent variables though intervening variables on dependent variables.

Figure: 3 Conceptual Framework of the study

Demographic Variables

- Age
- Age at marriage
- No. of living children

Knowledge towards
Contraception

Socioeconomic variables:

- Education
- Occupation
- Son preference
- Desire no. of children

Attitude towards
contraceptive

Information Source

**Availability of FP
Methods**

- Listen Radio
- Watching TV

**Contraception
practice**

Above conceptual framework of the study elaborates the determinants on using the contraceptive methods. Not only the socio-economic characteristics of the respondents affected the use of contraceptives, but also access to the health information/services and other cultural factors caused the low use of contraceptive

CHAPTER IV

THE STUDY SETTING OF POPULATION CHARACTER

4.1 Country Background

Nepal is the small landlocked country with the area of 147181 Sq km (14.7 million hac.) located between two huge countries: China and India. She lies between 26° 22" to 30°27" North and 80°12" to 88°12" East. She has huge diversity in culture and ecology although she is one of the poorest countries in the world. The country has wide range of biological diversity and five physiographic zones viz: Terai, Siwalik, Middle Mountains, High Mountains, and High Himal (HMGN, 1988). Country includes 21 million people with different ethnic group, cultures and castes. Forests cover about 38% of the country including 59% broad-leaved stands, 24% mixed conifer broad-leaved stands, and 17% conifer stands from tropical to alpine climatic zones. The forestry sector contributes the national economy by providing 15% of the country's GDP and employing 18% of the total labor force (HMGN, 1988).

4.2 Glimpse of Makwanpur District

Makwanpur District is recognized as an industrial district lies in Narayani Zone, the Central Development Region of Nepal with an area of 2426 sq. km. and its headquarter is at Hetauda. Makwanpur District consists of two major types of physiographic, viz; a Mahabharat hill that is in the Northern side with steep slopes and Churia hills, which is rugged in all aspects. Many shallow rivers and streams dissect the Siwaliks, which change course from time to time. Main rivers are Rapti and Bagmati and others are Lothar, Manhari, Chauda, Karra, Bakaiya, etc. It has a artificial lake or pond i.e., Indrasarobar.

4.2.1 Geographical Condition of Study Area

Makwanpur District is located between 27⁰ 21' to 27⁰ 40' North Latitude and 84⁰ 41' to 84⁰ 31' East Longitude. Its altitude ranges from 166 m to 2588 m. The political boundary of this district is Kathmandu, Lalitpur, Kabhre planchok and Sindhuli in the East; Chitwan District in the West; Dhading and Kathmandu District in the North; Bara, Parsa and Rautahat District in the South.

4.2.2 Major Ethnic Composition in Makwanpur district:

According to the census, 2058, the total population of the district is 392604, where male occupy 50.72% and left are female (49.28%). The no of total HHs, in Makwanpur district, is 71112 HHs at the average of 5.52 people per household. The population growth rate is nearer to national growth rate i.e. 2.21%. Most o the people lives in rural area, almost 82.56% of the population. In addition, the literacy rate of the district is 63.2% (above 6 years), among them male carry the 72.4% and female 53.7% only. (DDC Profile, 2004)

Similarly, Tamang (47.34%) is the major ethnic group in the district. Respectively, Brahmin (14.98%), Chhetri (10.56%), Newar (6.81%), Magar (4.56%), Dalit (3.91%), Kami (2.68%), Rai (2.08%), and others(sarki, and Pariyar) are small ethnic groups found in(8.02%) Makwanpur district. (ibid)

4.2. 3 Map of the Study Area

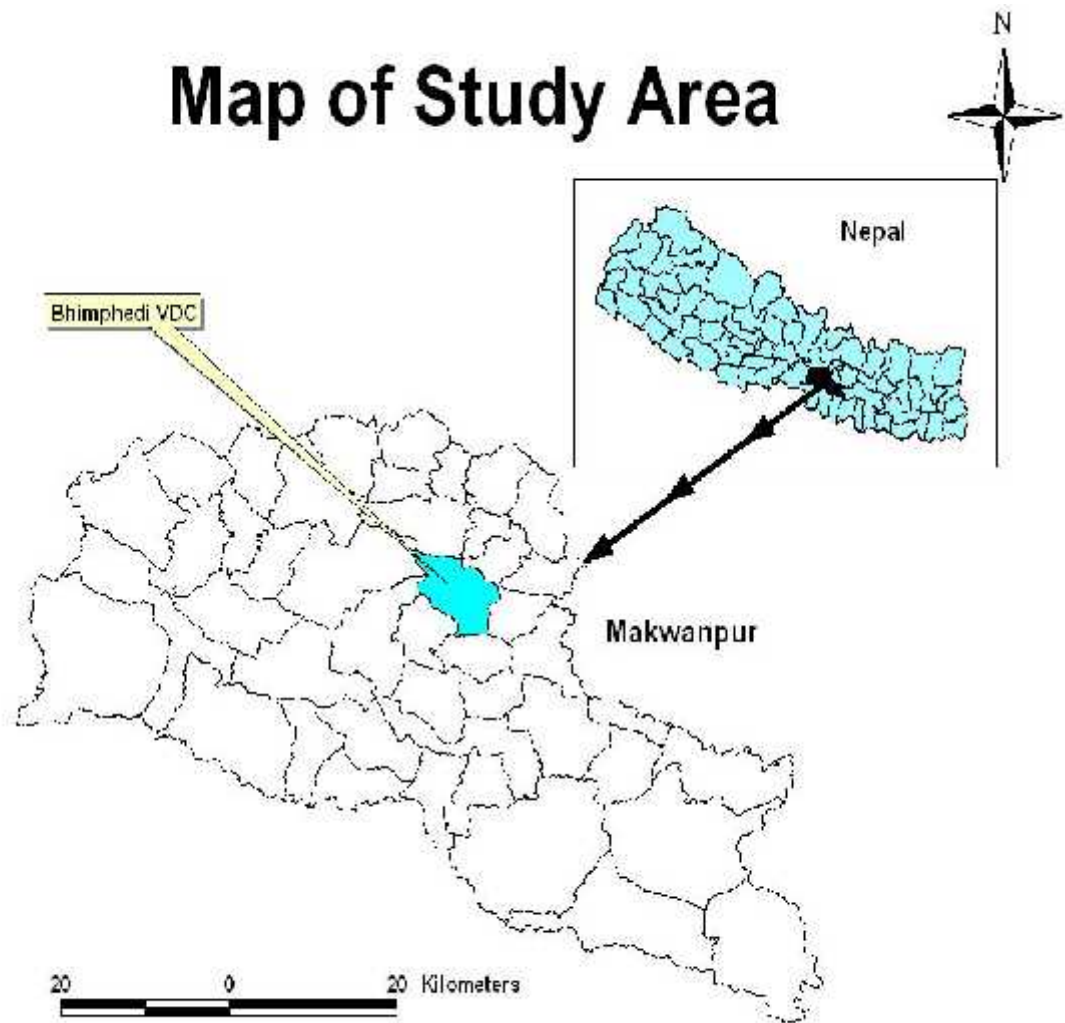


Figure 1: Map of the Study area

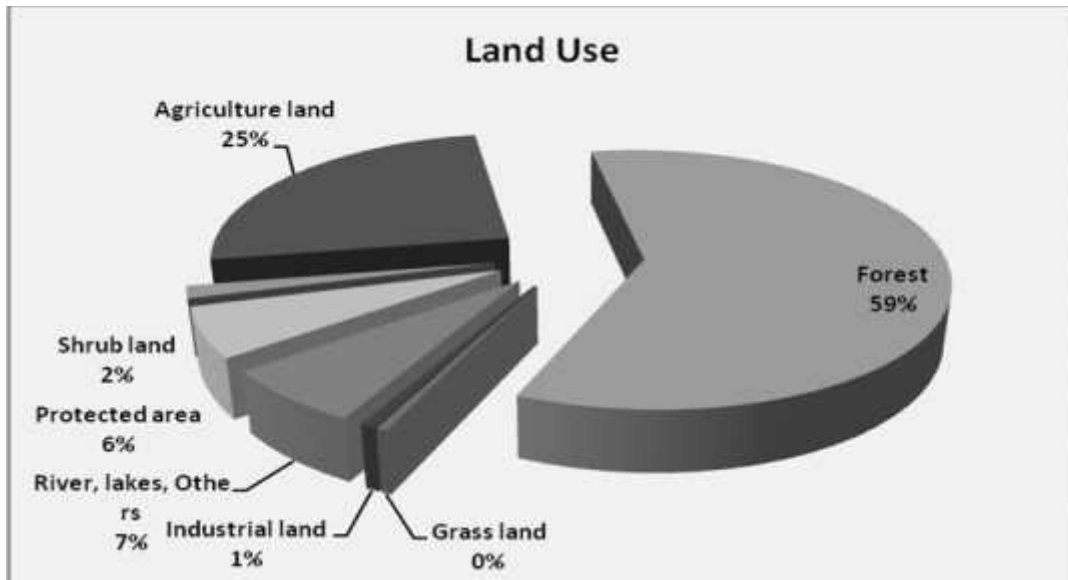
4.2.4 Socio-economic situation

Hetauda is the biggest city in district and recognized as an industrial area in the country. A majority (53%) of the population works in the agriculture sector despite the level of industrialization. Some 47 percent have other occupation. However, the agriculture occupation level is below the national figure 80 percent (DDC, 2004). Similarly, the literacy rate is 36.2 percent (male 72.4% and female 53.7%), which is above the national figure (DDC profile, 2004).

4.2.5 Land use

Total area of Makwanpur district consists of 244,488 ha and the largest part is covered by forestland. Similarly, agriculture land and protected area cover 25 and 7 percent respectively (DDO, 2006). The land use of the district is presented in Figure 2

Figure: 2 Land Use Pattern in Makwanpur District



(Source: DDC, 2006)

4.2.6 Climate and Soil

Climate varies from tropical, sub-tropical to temperate. Average annual rainfall of the district is 2535 mm and minimum temperature is 30.3 and 16.6 respectively. Its Geology is tertiary Siwalik to the south and Mahabharat Range to the North. In addition, its soil consists of red soil around chure area and sandy and gravel to western area.

4.3 Introduction of the studied VDC

In this Study, Bhimphedi VDC was selected on the basis of fact that the knowledge of contraception is lower Dalits's aged 15-55 of this community. Bhimphedi VDC is situated

on the northern part of Makwanpur district. It is about 23 km far from its headquarter Hetauda. There are nine wards in this VDC. The total area of Bhimphedi VDC is 2317 hector. According to VDC profile 2063, the total household of this VDC is 1724 and the total population is 8011. Among the total population, the majority populations are from Brahmin (4200) and it followed by Ethnic group, Chhetri, and Dalit with 2400, 700, and 500 respectively. The socio economic condition of nearly 50 percent of household is not so good.

The study area is surrounded by different village of same VDC. This VDC contains twelve primary schools, four secondary schools and one higher secondary school. One primary health post is situated in this VDC. The literacy rate of this VDC is similar with compare to national level. However, the literacy rates of Dalit community are lower with compare to other community. The study area contains 4 wards viz. ward no. 2, 4, 5 and 6. The major occupation of the people of this area is agriculture. However, a few people are involved in business, services and labour for different sectors.

4.4 Dalits at all

Nepal is very rich country in caste, language, culture, tradition and natural resources. Majority of the people live in rural areas. According to Ministry of Local Development in 1997, Among the various castes groups living in Nepal, 'Dalits' consist of various castes like, Lohar, Sunar, Kami, Damai, Sarki, Badi, Gaine, Kasai, Kusla, Kucha, chame, Pode, Chamar, Dhobi, Paswan (Dusad), Tatma, Dom, Batar, Khatwae, Mushar, Santhal, Satar and Halkhor. In many villages, Dalits live outside the main village and are prohibited by the so called higher class people to take water from the village well, to enter temples, or to eat in public restaurants. Also, Dalit children are prohibited from entering schools (dalitwelfare.org). The Tenth Plan (2002-2007) has separate chapters on Indigenous and Nationalities and Downtrodden and Oppressed Community. The policy components are elimination of inequality through socio-economic development, skill mobilization of such communities, and emphasis on social upliftment by allocation of resources and opportunities. These programme components, however, have not been assigned any quantitative targets. Thus, there is no way to assess the implementation progress and least of all their impact on upliftment of Janajati and Dalit communities. In sum, development

policies adopted for these disadvantaged groups have been merely welfare-oriented without addressing the structural problems that marginalize and impoverish them (Gurung, Harka, 2006). The focus program of tenth plan could not be fulfilled due to country political instability.

4.5 Population composition of the Sampled Households

The Bhimphedi VDC is the located in the north part of the Makwanpur district. Yet, they are far behind in terms of infrastructure development and modernization. Most of the population is situated in far away from the Tribhuvan highway aside and their main occupation is agriculture. In this study, 61 sample households were taken from the ward no. 2, 4, 5, and 6 of the Bhimphedi VDC. The population composition of the selected sample households has been depicted in the following table.

Table 1: Distribution of household population by sex and age group.

Age group	male		Female		Total	
	No.	%	No.	%	No.	%
0 – 14	80	54.2	67	45.8	147	40.56
15 – 49	66	51.4	62	48.6	128	35.44
50 and above	44	50.9	43	49.1	87	24

Source: field survey, 2009

In this study, 61 households were taken as sample households. The sample households consist of 15 percent of the total population of ward no. 2, 4, 5 and 6 of this VDC. The male population of the sample comprises 52.20 percent where as female comprises 47.80 percent of the total sample population. The population of 0 to 14 age group is the largest 40.56 percent, 15 to 55 is 35.44 and the age group 50 above is 24 percent.

4.6 Education Status of Sampled Households

Education is one of the fundamental means for bringing improvement in the standard of living through different socio-economic activities. Several studies have shown that every socio-economic aspect have found improved with the increase in educational level. The educational status of the sample population is presented in the table.

*Table 2: Educational status of the sample population by sex**

Education level	Male		Female		Total	
	No.	%	No.	%	No.	%
Illiterate	59	31.05	64	37.20	123	33.97
No schooling**	47	24.73	48	27.9	95	26.24
Primary	38	20	36	20.93	74	20.44
Lower Secondary	22	11.57	13	7.55	35	9.66
Secondary	4	2.10	1	0.52	5	1.38
S.L.C.+	2	1.05	-	-	2	0.55

Source: field survey, 2009

(* Only 6 years and above population has been included, ** 'no schooling' refers to literate population without schooling)

Table 2 indicates that total illiterate population is 33.97 percent, which is 31.05percent among males and 37.20 percent among females. Similarly, 26.24 percent population falls in the category of literate without schooling. The population distribution pattern suggests that education attainment gradually decreases in succeeding education group (i.e. Primary to secondary and above). This also indicates that dropout rate is high.

4.7 Age and Sex Distribution of Respondents

The two characteristics of population are age and sex which is important in demographic analysis. An addition question was asked to the respondents on age. The obtained information of respondents is presented in the following table.

Table 3: Distribution of Respondents by Age and Sex

Age group	Male		Female		Total	
	No.	%	No.	%	No.	%
15 – 25	6	27.27	16	72.73	22	35.65
26 – 35	6	33.45	11	66.55	17	28.24
36 – 49	7	42.25	8	57.75	15	25
50 and above	3	49.55	4	50.45	7	11.11
Total	22		39		61	100

Source: field survey, 2009

The highest proportion of respondent (35.65%) was found at age group 15 to 25 years followed by 28.24 percent, 25 percent and 11.11 percent at age groups 26 to 35 and 36 to 49 and respectively. The proportion of respondent in the age group 50 and above is relatively less than that of other age group. It may be the effect of unavailability and uneasy to communication and language problem.

4.8 Education Status of Respondents

Education is basic requirement for enhancing social, political and economic development. Therefore, it is essential to know the situation of education for the study population. Educational status of the Respondents of the study area is presented in the following table.

Table 4: Educational status of Respondents by sex

Education level	Male		Female		Total	
	No.	%	No.	%	No.	%
Illiterate	7	23.34	23	76.66	30	49.18
No schooling*	9	45	11	55	20	32.78
Primary	6	54.55	5	45.45	11	18.04
Lower Secondary	-	-	-	-	-	-
Secondary	-	-	-	-	-	-
S.L.C.+	-	-	-	-	-	-

Source: field survey, 2009

(* 'no schooling' refers to literate population without schooling)

While observing by sex, 76.66 percent females were illiterate in comparison to 23.34 percent illiterate males. In total, 32.78 percent respondents were found literate without schooling, of which 45 percent were males and 55 percent were females. Similarly, 18.04 percent have completed primary level of education, but there was none having the lower secondary level, secondary level and none of above S.L.C. level of education.

4.9 Occupation Status of Respondents

Occupation of the local people is one of the important aspects while concerning the social aspect. The occupation of the respondents is shown in Table 5.

Table 5: Percentage distribution of respondents by occupational status and sex

Occupation	Male	%	Female	%	Total	%
Agriculture*	13	59.9	36	92.3	49	80.3
labor	9	40.1	3	7.7	12	19.7
Total	22	100	39	100	61	100

Source: field survey, 2009

(* All of the women of this category are engaged in both household chores and agriculture)

While observing the occupational status, the highest percent (92.3%) females are found engaged in agriculture-cum-house work in comparison to male i.e. 59.9 percent. The second highest percentage were male i.e. 40.1%, who were engaged in wage labor in comparison to women i.e. 7.7%, engaged in wage labor.

4.10 Age at Marriage of Respondents

Age at marriage refer to the average age or date of first marriage. There is close association between age at marriage and use of contraception. In Nepal, child bearing is only acceptable after marriage so it has significant impact upon use of contraception.

Table 6: Distribution of respondents by age at marriage and sex

Age at marriage	male		Female		Total	
	No.	%	No.	%	No.	%
10 - 15	2	28.58	5	71.42	7	11.48
16 - 25	17	33.34	34	66.66	51	83.60
26 - 35	3	100	-	-	3	4.92
35 to above	-	-	-	-	-	-
Total	22		39		61	100

Source: field survey, 2009

The highest proportion (83.60%) of the respondents reported that they had married at age of 16 to 25 years and respectively 11.48% of the respondents had married at age at 10 to 15 and the less on number of the respondents had marriage at age of 35 and above which includes 4.92 percent. The highest number of the female had married at age of 16 to 25 which includes 66.66 percent in comparison to male is 33.34 percent, and number of female marriage rate is high than to male at marriage age of 10 to 15. But the numbers of male respondents were high at marriage age of 26 to 35 years where all the respondents were male. That indicates the female marriage age is earlier than male. And last there were no number of respondents had appears in 35 and above row. That means people emphasis on earlier marriage in the Dalit community.

CHAPTER V

KNOWLEDGE, ATTITUDE AND PRACTICE OF CONTRACEPTIVE

This chapter presented the survey finding of knowledge, attitude and practice of contraceptive among the married couple of Dalit community in Bhimphedi VDC of Makwanpur district. In this study, many aspects of knowledge, attitude and practice of contraceptive were found from individual questionnaire administered to married couple who were at the age of 15-55 years. The percentages of a few tables have been placed in row to compare the categories of a variable in relation to other variable.

5.1 Knowledge about Contraceptive

To obtain data on the knowledge of contraceptives, respondents were first asked if they knew any methods to prevent unwanted pregnancies. Rare the people answered they did. Next question to the respondent was to name the methods they knew, the interviewer than ticked the answers spontaneously given to the questionnaire form. More than one answer was possible in this question. Again most people could name one or more contraceptive method to prevent unwished pregnancies. Between male and female respondents, there were less significant differences in knowledge of contraception were found, although males mostly named condoms and females could name pill and injection. Unfortunately, there was no tick mark about the others modern contraceptive knowledge except pill, injection and condom, and least of the people were aware about the women condom and breastfeeding. Respondents were also unknown about the traditional method to prevent unwanted pregnancies.

Table 7: Knowledge of contraception, by gender

Contraceptives Method	F n=39		M n=22		Total n=61	
	N	%	N	%	N	%
Pill	28	71.79	-	-	28	45.90
Injection	35	89.74	10	45.45	45	73.72
Spiral	-	-	-	-	-	-
Condoms	9	23.07	20	90.9	29	47.54
Female sterilization	-	-	-	-	-	-
Male sterilization	-	-	-	-	-	-
Women condom	5	-	-	-	5	8.19
LAM(Breastfeeding)	2	-	-	-	2	3.27

Source: field survey, 2009

Above table shows that 71.79 % women knowledge about pill and 89.74% women, 43.45% male knowledge about injection and 23.07% women, 90.9% male knowledge of condom, least knowledge about women condom and LAM (Breastfeeding) to female.

5.1.1 Influence of age, education and residence on knowledge of contraception

Like gender, age does not play a significant role on knowledge about methods to prevent unwished pregnancy. However, age plays a role in which methods the respondents mentioned. The older the respondent, the more he or she were not aware about it even though they were not aware about traditional method, yet they were less aware about modern methods as many health workers used to give information about contraceptives readying their areas. The younger age groups named modern methods, probably because of better and more information. where is found that age cohort 15-25 and 26-35 have remarkable more knowledge than older respondents, as in the current study almost all young people between 15-25 and 26-35 years could name one or more modern contraceptive. This surely can mean that programs on information and promotion of modern contraceptives targeting young people are very effective.

Table 8: Knowledge of contraception, by age groups

Contraceptives Method	Age									
	15-25 n=22		26-35 n=17		35-49 n=15		Above 49 n=7		Total n=61	
	N	%	N	%	N	%	N	%	N	%
Pill	14	63.6	9	52.94	5	33.3	-	-	28	45.9
Injection	19	86.3	14	82.35	9	60	3	42.85	45	73.77
Spiral	-	-	-	-	-	-	-	-	-	-
Condoms	11	50	11	64.7	8	53.3	-	-	29	47.54
Female sterilization	-	-	-	-	-	-	-	-	-	-
Male sterilization	-	-	-	-	-	-	-	-	-	-
Women condom	3	-	2	-	-	-	-	-	5	8.19
LAM(Breastfeeding)	2	-	-	-	-	-	-	-	2	3.27

Source: field survey, 2009

This research shows us again that education is a crucial factor in knowledge on reproductive health. The higher the level of education, the more knowledge about contraceptives people has. All the respondents were under primary level and most of respondents named modern contraceptives comparing to literate and illiterate groups. And obviously, most of the literate group is also known about contraceptive than illiterate group.

Table 9: Knowledge of contraception, by educational level

Contraceptives method	Primary n=11		Illiterate n=30		Literate n=20		Total n=61	
	N	%	N	%	N	%	N	%
Pill	7	63.6	8	26.66	13	65	28	45.90
Injection	9	81.8	21	70	15	75	45	73.77
Spiral	-	-	-	-	-	-	-	-
Condoms	10	90.90	8	26.26	11	55	29	45.54
Female sterilization	-	-	-	-	-	-	-	-
Male sterilization	-	-	-	-	-	-	-	-
Women condom	3	-	-	-	2	-	5	8.19
LAM(Breastfeeding)	2	-	-	-	-	-	2	3.27

Source: field survey, 2009

Bhimphedi VDC is linked with Gadeshman Raj Marga, and some of the residence is linked with Bhimphedi bazaar and they have more accessed on health services than other remote residency. So, obviously people who have more access their knowledge is high on contraception than others.

Table 10: Knowledge of contraception, by residence

Contraceptives Method	Bazzar n=9		Village n=52		Total n=61	
	N	%	N	%	N	%
Pill	9	100	19	36.53	28	45.90
Injection	9	100	36	69.23	45	73.77
Spiral	-	-	-	-	-	-
Condoms	9	100	20	38.46	29	45.54
Female sterilization	-	-	-	-	-	-
Male sterilization	-	-	-	-	-	-
Women condom	5	55.5	-	-	5	8.1
LAM(Breastfeeding)	2	22.2	-	-	2	3.2

Source: field survey, 2009

Above table shows that most of dalits of Bazzar had used contraceptives with 100%. Similarly, Dalits of village who had used contraceptive lower than bazzar.

5.1.2 Knowledge about Source of Contraceptives

The respondents were provided multiple choice questions about the source of contraceptives. There is overlapping in number and percentage. Table 11 shows.

Table 11: Distribution of respondents by place of contraceptive available

Place/Source	Respondents	Percentage
Private Clinic	2	3.2
Health/Sub Health post	47	77.04
Local Health Workers	56	91.8
Others	-	-

Source: field survey, 2009

Above table shows among 61 respondents, Most of the respondents were getting the contraceptives in their own places because of the local health workers provided all kinds of contraceptives resources which clearly show the table and 91.8 percent of the respondents are able to get contraceptive by local health workers. Relatively 77.04 percent of the respondents are available of contraceptives by local health post and very few of the respondents were getting contraceptives by Private Clinic.

5.1.3 Source of Information about Contraceptives

A person may have got knowledge from various sources; the respondents were asked the main source of information. The main sources of information about the knowledge of contraceptives were shown in the following table 12. As there are different devices available, the respondents also having the knowledge or heard about different devices.

Table 12: Distribution of respondents by major first source of information about the knowledge on contraception.

Main source of information	Respondents					
	Male- 22		Female- 39		Total- 61	
	No.	%	No.	%	No.	%
Radio/TV	1	4.5	5	12.8	6	9.8
Health/Sub Health Post	5	22.7	9	23.07	14	22.9
Friends relatives	2	9.09	3	7.6	5	8.19
Local Health Workers	11	50	19	48.7	31	49.18
Private Clinic	2	9.09	3	7.6	5	8.19
Total	22	-	39	-	61	-

Source: field survey, 2009

Most of the people were getting the information about the contraceptives by local health workers which is 49.18 percent; relatively 22.9 percent of the respondents were getting information through local health post. Respondents were getting contraceptives by Friends/Relatives and Private Clinics are same level which is 8.19 percent and only the 9.8 percent of the respondents were getting information by Radio/TV. All these data are indicating that the coverage of local health post and the local health workers is high than other sources of contraceptives information.

5.2 Attitude towards Number of Children

It was observed that the Dalits are in favor of the small size of family although they had more children. As the data in the Table 13 indicates, no one respondent of percent were in favor of one child.

Table13: Distribution of respondents according to their attitude towards number of children

No. of Children	No. of Respondents	Percentage
1	No	-
2	43	70.49
And above	18	29.51
Total	61	100

Source: field survey, 2009

Above table shows that 70.49 percent respondents were favored in two children for ideal size of family though they had more than two children as and 29.51 percent were in favor of more than two children.

5.2.1 Attitude towards Sex Preference of Children

The preference of the son over daughter was found deeply rooted in this community also. Dalits also have the attitude of sex discrimination.

Table 14: Percent distribution of respondents according to their attitude towards sex preference of children

Sex	No. of Respondents	Percentage
Son	53	86.88
Daughter	No	-
Any	8	13.12
Total	61	100

Source: field survey, 2009

Table 14 indicates that majority of the respondents (86.88%) preferred son. No respondents were preferred only daughter and then any children (13.12%). This shows that son preference is still strong among Dalit community. However, a significant percent (13.12%) of respondents did not show any discrimination to the (13.12%) of respondents did not show any discrimination to the male and female child. This also shows that son preference is decreasing gradually.

5.2.2 Desire of Number of Children and Use of Contraception

The respondent's desire of children and use of contraception are strongly associated. Generally, a person who desires more children found inactive in contraceptive practice where as those who want to limit family in a small size is found more positive towards contraceptive use.

Table: 15 Distribution of respondents by desire number of children and use of contraception.

No. of children	Respondent					
	Users		Non-users		Total	Percentage
	No.	%	No.	%	No.	%
1	-		-		-	
2	8	13.12	19	31.15	27	44.26
3+	22	36.06	12	19.67	34	55.74
Total	30	49.18	31	50.82	61	100

Source: Field Survey, 2009

Table 15 shows that higher proportion of respondents who desired more than two children and used contraception (36.06%) followed by those who wanted two children, which is 13.12 percent. this table indicates that desire of children affects the use of contraceptive.

5.3 Practice of contraceptives

When respondents answered the question about which methods to prevent unwanted pregnancies they could name, the next question to them was which methods did they or their partner use now. And all others indicators are blank because of no knowledge about these which are never practiced by them.

Table 16: Current contraceptive use by all women and men

Contraceptives	F n=39		M n=22		Total n=61	
	N	%	N	%	N	%
Pill	7	17.9	-	-	7	11.4
Injection	20	51.2	-	-	20	32.7
Spiral	-	-	-	-	-	-
Condoms	-	-	3	13.6	3	4.9
Female sterilization	-	-	-	-	-	-
Male sterilization	-	-	-	-	-	-
Women condom	-	-	-	-	-	-

Source: field survey, 2009

Above table shows that 32.7 percent of the women respondents use the injection and the few of the women were using pill which is 11.4 percent. Only the three men were using condom, that indicate men are not desired to use the contraceptive than women and there is not any family discussion for its use and most of the women were easily convinced to use the contraceptives than men.

5.3.1 Reasons to use and sources of obtaining contraceptive methods

Respondents were asked why they used the method they said they use, answers were ticked by the interviewer at the pre-coded form. More than one answer was possible. The five reasons that were named most are: reliable/safe, easy to find, easy/comfortable, for free and my partner want me to use. Though this last one was interesting, but few of the respondents that their partners want to use contraceptive which is given by 7.6 percent of the women and no women convince to use condom to their husbands. Also this reason was given more in the group with only primary education in comparison to secondary and higher. This indicates that, apart from the education level, there are strong differences in power division between men and women in sexual relations and this is an indicator for women's ability to control her fertility.

Table 17: Reasons for use contraceptive method by gender

Reasons for use Contraceptives	F n=39		M n=22		Total n=61	
	N	%	N	%	N	%
Easy find	26	66.6	12	54.5	38	62.2
For free	31	79.4	18	81.8	49	80.3
Reliable/Safe	16	41.02	-	-	16	26.2
Easy/Conformable	21	53.86	7	31.8	28	45.9
Health Workers advised me	33	84.6	11	50	44	72.1
Partner wants me	3	7.6	-	-	3	4.9
Relatives/Friends advice me	5	12.8	-	-	5	8.1
Read/Heard about it	2	5.1	4	18.1	6	9.8
Other	-	-	-	-	-	-
I don't know	8	20.5	3	13.6	11	18.03

Source: field survey, 2009

From the respondents most of the women are aware to about the contraceptives by local health workers which are 84.6 percent and men wants to use condom because of free (81.8%). Also the same level of women (79.4%).

Table 18: Sources for obtaining contraceptives by gender

Sources of obtaining contraceptives	F n=39		M n=22		Total n=61	
	N	%	N	%	N	%
Private Clinic	2	5.12	-	-	2	3.27
Health/Sub health post	9	23.07	-	-	9	14.7
Health workers	16	33.3	3	13.6	19	31.1
Other	-	-	-	-	-	-

Source: field survey, 2009

From the respondents most people are helped to use contraceptives by the local health workers (31.1%) and secondly, the local health post which is 14.7 percent and few of the respondents were getting the contraceptives facilities from private clinic who are settled in bazaar area. This indicates that Local health post's coverage to provide contraceptives facilities is very good.

5.4 Use of Contraception

Use of contraception is one of the important proximate determinants of level of fertility. It generally assumed that it play important role in transition to lower fertility. If we increases contraceptive prevalence rate, the fertility may decreases consequently, therefore, the utilization of contraceptive methods may have significant impact on the decline of population growth.

Similarly, among the component of reproductive health, contraceptives are in central to all other components of reproductive health. It play significant role to mention the reproductive health of both men and women. This section presents the use of contraceptives among the Dalits age above 15 years by literacy status and gender status.

5.4.1 Use of contraception by literacy status of Male

Use of contraception refers to the use of contraception of the male respondents in past as well as present time. The respondents are above 15 years.

Table: 19 Distributions of the male respondents using contraception by literacy status.

Literary Status	Use of Contraception		Total
	Yes	No	
literate	5	2	7
Percentage	71.43	28.57	100
Illiterate	7	8	15
Percentage	46.47	53.33	100

Source: field survey, 2009

According to data, among 7 of the literate male respondents 5 i.e. 71.43 % were using contraceptives. Where as 2 i.e.28.57 % were not using contraceptives likewise, among 15 of the illiterate male respondents 7 i.e. 46.47 were using it and 8 i.e. 53.33 % were not using it. Overall, the illiterate male respondents are not using contraceptives in comparison to the literate respondents.

5.4.2 Use of contraception by literacy status of Female

Use of contraception refers to the use of contraception of the Female respondents in past as well as present time. The respondents are above 15 years.

Table: 20 Distribution of the Female respondents using contraception by literacy status

Literary Status	Use of Contraception		Total
	Yes	No	
literate	11	5	16
Percentage	68.75	31.25	100
Illiterate	10	13	23
Percentage	43.48	56.52	100

Source: Field Survey, 2009

According to data, among 16 of the literate female respondents 11 i.e. 68.75 % were using contraceptives. Where as 5 i.e. 31.25 % were not using contraceptives likewise, among 23 of the illiterate female respondents 10 i.e. 43.48 were using it and 13 i.e. 56.52 % were not using it. Overall, the illiterate female respondents are not using contraceptives in comparison to the literate respondents.

5.5 Influence of Relation Demographic and Socioeconomic variables in the use of contraceptives.

Demographic and socioeconomic variables are influence to the people to determine use of contraceptives. This section presents the ever use, or not use of contraceptives method among Dalits aged 15-55 years. These influence variables are follows.

5.5 .1 Age

Age is a basic characteristic or biological attributes of any demographic groups and affect not only its demographic but also its social, economic and political background which ultimately affect the level of fertility uses of contraceptive methods.

This section presents the ever use, currently use or not use of contraceptive method among the Dalits aged 15-55 years by five year age intervals.

5.5.1.1 Age and ever use of contraceptives methods by Male

Age have significant impact upon use of contraceptives devices to male.

Table: 21 Distribution of male respondents ever use of contraception by age

Age Group	Use of Contraception		Total
	Yes	No	
15-25	5	1	6
Percentage	83.34	16.66	100
26-35	5	1	6
Percentage	83.34	16.66	100
36-49	4	3	7
Percentage	57.14	42.86	100
50 above	2	1	3
Percentage	66.66	33.34	100

Source: Field Survey, 2009

Above table shows that around 83.34 percent of the male respondents had ever used contraception. Among them, the majority was found for age group 15-25, 26-35(83.34%) and also male using contraception with 57.14, 66.66% it followed by age groups 36-49, above 50 years respectively. Where as 42.86 and 33.24 % of age group 36-49, above 50 are not using contraceptives in comparison to age group 15-25 and 26-35.

5.5.1.2 Age and ever use of contraceptives methods by Female

Age have significant impact upon use of contraceptives devices to female.

Table: 22 Distribution of Female respondents ever use of contraception by age

Age Group	Use of Contraception		Total
	Yes	No	
15-25	13	3	16
Percentage	81.25	18.75	100
26-35	7	4	11
Percentage	63.63	36.37	100
36-49	3	5	8
Percentage	37.5	62.5	100
50 above	1	3	4
Percentage	25	75	100

Source: Field Survey, 2009

Above table indicates that around 81.25 percent of the female respondents had ever used contraception. Among them, the majority was found for age group 15-25, (81.25%) and also female using contraception with 63.63, 37.5, 25 % it followed by age groups 26-35, 36-49, above 50 years respectively. Whereas 62.5 and 75% of age group 36-49, above 50 are not using contraceptives in comparison to age group 15-25 and 26-35.

5.5.2 Age at marriage

Age at marriage refers to the average age or date of first marriage. There is a close association between age at marriage and use of contraception. In Nepal, child bearing is only acceptable after marriage so it has a significant impact upon use of contraception. This

section presents the ever use, currently use of contraception method among the Dalits aged 15-55 years by age at first marriage.

5.5.2.1 Age at marriage and ever use of contraception methods

Age at marriage is one of the important factors for ever used of contraceptive methods. The ever used of contraception by age at marriage by caste is presented below.

Table: 23 Distribution of respondents ever use of contraception by age at marriage

Age at marriage		Ever used of contraception		Total
		Yes	No	
Below 20		29	7	36
Percentage		80.56	19.44	100
20-24		19	6	25
Percentage		76	24	100
25+		-	-	-
Total	No	48	13	61
	%	78.69	21.31	100

Source: Field Survey, 2009

The majority of respondents who got married below twenty in each caste had ever used contraception. Among them around 80.56 percent of respondents got married below age of 20 years and it followed by around 76 percent of the respondents got married ages 20-24 years. Around 19.44, 24 % are not using contraception below 20 and 20-24 of age at marriage.

5.5.3.1 Occupation

Occupation is one of the important variables that determine the socio economic condition of the study population. The socio economic condition of the people determines the level of use of contraception. So occupations of the people have direct impact upon use of contraception. This section presents the ever use, currently use of contraceptive method among the Dalits aged 15-55 years by occupational status.

5.5.3.2 Use of contraception methods by occupation

Work status of women is often considered to be a major determinate of her fertility aspiration and behaviors. The use of contraception by agricultural and non agricultural is one of the areas of interest of this study.

Table: 24 Distribution of respondents ever use of contraception by occupation

		Ever used of contraception		Total
		Yes	No	
Occupational Agriculture		33	16	49
Percentage		67.34	32.66	100
Non Agriculture		7	5	12
Percentage		58.33	41.67	100
Total	No	40	21	61
	%	63.94	36.06	100

Source: Field Survey, 2009

The majority of the respondents belong to Dalits had involved in agricultural occupation. It shows that the majority of respondents belong to Dalits who ever used of contraception was higher for agricultural occupation for those who involved in agricultural occupation with 67.34 percentage than non Agriculture. Where as 32.66% is not ever using contraception in involved agriculture.

5.6. Side Effect of Contraception

Since male respondents were using only condoms and it is reported that condom do not cause any side effects, the researcher selected female respondents to get information about side effects.

Table: 25 Distributions of female respondents by side effect of different types of contraception.

Side effects	Side effects*	
	No.	%
Yes	11	40.74
No	16	59.26
Total	27	100
Device**		
Dipo	9	81.8
Pill	2	18.2
Total	11	100

Source: Field Survey, 2009

*Those females who use contraceptive.

** Those female who reported side effect

The data shows that out of 27 females who used contraceptive (40.74%) reported that they experienced side effects. (81.8%) Depo-Provera users complained that it has side effects. Similarly (18.2%) oral pills users reported that it has side effects. And most of the users (59.26%) actually they did not experience any kinds of side effect still.

CHAPTER VI

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter deals with overall findings of the study, its conclusions and recommendation for further researcher.

6.1 Summary

This study analyzed the knowledge, attitudes and practices of contraceptives methods among dalits in Bhimphedi VDC aged between 15-55 belongs to Makwanpur Districts. This study is fully based on primary data obtained from the field survey 2009. The general objectives of the study are to identify the knowledge, attitudes and practices of contraception of dalits aged 15-55 years. It provides the information about knowledge of FP methods, ever used of contraception on the basis of education, occupation, age at marriage and age.

Rapid population growth is one of the most pressing and crucial socio- economic issues faced by our society and so, the major preferences are to be governing in this sector. It has not only caused unemployment, but also has created many problems in environmental degradation, health and other development oriented programmes launched by the nation. Nepal is a country of village where people of different castes and economic standard live together. Until we go to the poor and backwards classes, development of the nation is mere a slogan of dreams. To flow them in the main stream of development is the challenge of present. This was the issues which caused interest of the researcher to go backward to Dalit community and study their knowledge, attitude and practice of contraception.

- © The major objectives of the study was to explore the various factors determining the use of contraception i.e., education, occupation, sex, age, number of living children, desire of the number of children etc.
- © It was found that 88.52 percent of the total respondents have knowledge about at least one method of contraception (90.9% males and 89.74% females).
- © All the respondents below 35 years of age have knowledge about contraceptive more than one.

- © Study shows that among the respondents, there were no respondents were above lower secondary level. Most of the respondents were illiterate (50%) and 32 % were literate and less of the respondents were primary level (18%) respectively.
- © It was found that all respondents who have passed primary and literate have more knowledge on contraception than others respondents.
- © All the respondents engaged in other activities, except agricultural work, have more knowledge on contraception than who are totally engaged in agriculture.
- © All the respondents married at the age of 16 to 25 and above years are aware of or have knowledge of contraception.
- © Sub health post is the most frequently responded source of contraceptive.
- © Local health workers were reported as the first major sources of information of the contraception as 49.18 percent of the total respondents reported it. Similarly, local health institution is the second major source (20.9%) of information for obtaining contraceptive.
- © It was observed that no percent were in favor of one child where as 44.26 percent desired only two children and most of the respondents, 55.74 percent were in favor of more than two children.
- © Of the total 61 respondents 13.12 percent preferred children of any sex followed by son and (86.88%) did not prefer only daughter.
- © The uses of contraception in this community (49.18%) have been found not higher than the national level.
- © Not more than half (49.18%) of respondents those who have knowledge of contraceptive use at least one kind of contraceptive.
- © Overall, the illiterate male and female respondents are not using contraceptives in comparison to the literate male and female respondents.
- © It was found that 81 percent of the male and female respondents had ever used contraception to found for age group 15-25.
- © It was observed that 80.56 percent of respondents got married below age of 20 years than other age.

- © It was found that the majority of respondents belong to Dalits who ever used of contraception was higher for agricultural occupation for those who involved in agricultural occupation with 67.34 percentage than Non Agriculture.
- © It was observed that most of the users (59.26%) actually they did not experience any kinds of side effect apart from some family planning means. Depo-Provera users complained that it has side effects.

6.2. Conclusion

It is the case study of Dalit Community of Bhimphedi VDC of Makwanpur district. The analysis of the principle feature of data and field observation regarding the use of contraception and its knowledge and attitude suggest that the low rate of contraception use is creating population pressure in Dalit community. Although, the knowledge of contraception was found very higher and Dalit tradition does not restrict them for using contraception, but son preference, lack of awareness are the main barriers for use of contraception.

The knowledge and practice of contraception was found different among male and female. The knowledge of contraception was found higher in female group than that male, and the females were found more practicing. Condom, Depo-Provera, IUD, Oral-pills are the familiar means of family planning among Dalit community. Male use condom where females used Depo-Provera, oral-pills. But all the devices used by females were reported causing side effects in their health. The false notions among the Dalit community of having harmful effects on health by family planning devices are also supporting in population growth.

Number of living children and contraceptive practice is found strongly associated in Dalit community. The low survival rate of children enforced to give more births. So, the couples bearing only one child were found less likely to use contraceptives. So, by the fear of this event, they wanted to give next birth. Similarly, the couples who have no child do not use any kinds of contraception. It is the great satisfactions that among the couples having two

children proportion of users is highest and was highly sensitive to make their small family size of two and so.

Contraceptive practice and age at marriage have correlation. It is found that proportion of users is higher among the respondents who married at the age of 15 to 20 and 21 and above years. But, the respondents who married at the very teen ages of 10 to 14 years are less likely to use contraceptive.

Occupation and contraceptive use is also related. Contraceptive practice rate is found lower in agrarian society. The contraceptive practice rate is found lower among the Dalit who depend on agriculture where as it is highest in other occupational respondents who were settled in the bazaar area. The service holders were educated, financially fit and have sufficient knowledge about family planning devices, and they tend to reproduce more children for agriculture manpower.

The literate male respondents 71.43 % were using contraceptives. Where as 58.57 % were not using contraceptives likewise, among of them illiterate male respondents 46.47% were using it and 53.33 % were not using it. Similarly the literate female respondents 68.75% were using contraceptives. Where as 31.25 % is not using contraceptives. The finding shows that 83.34 percent of the male respondents had ever used contraception. And also 81.25 percent of the female respondents had ever used contraception. Among them, the majority was found for age group 15-25. There is majority of respondents who got married below twenty for each caste had ever used of contraception and the respondents who ever used of contraception was higher for agricultural occupation.

Information sources and education play vital role of increasing the knowledge. The respondents having the higher level of education were found more using contraceptive where as illiterate were found least knowledgeable and use less practice. It shows that if the level of education increases the contraceptive practice also increases.

6.3. Recommendations

Good knowledge helps to make good attitude which determines the scale of practice. In this research, the researcher tried to find out the various determinants of the use of contraception and also recommend some effective measures for the betterment of this rural Dalit community.

- 1) The sex preference for children shown by respondents indicates unequal treatment to female child. There is still predominance of cultural trend of preferring sons in this Dalit community. Their attitude to prefer the sons are valued on the traditional norms and social believes or through guaranteeing old age security. So, the Nepal government and other social organizations should give greater priority for balancing the sex discrimination on the Dalit community and they should be focused for implementing various awareness programmes.
- 2) Education plays vital role in the adoption of family planning method. A shift from non-educational category to educational category contributes to increase in contraceptive use. Therefore, formal or informal education should be expanded reaching poor. They should be provided free education and encouraged to enrollment in schools. Basically women were found illiterate in the Dalit community, so, it is much better to include them under the above policies for the sake of awareness about family planning.
- 3) Lower level of contraceptive use among agricultural occupation is contributed mainly by higher level of illiteracy, low living standard and poverty. Therefore policies should be targeted to enhance the socio-economic status of people and job opportunities should be provided them by the concerned sectors.
- 4) Desire for no more children has both significantly correlated with an effect on contraceptive use. Attempts should, therefore, be on promoting and encouraging family planning programme relating to motivational and making awareness of the

large family to the targeted groups as well as incentive schemes should be practiced on an experimental basis for those who bear less than two children.

- 5) Information sources increase the knowledge and awareness of contraception, as well as the easy availability of contraception is more relating to use. Though the study area has sub-health post, medical shop (but good medical facilities are not provided there where people may get contraception easily.) and social organization who basically focused on health awareness. But the health department of Nepal government and social organization should more focused on family planning issues using different method like mass campaign, education (formal and informal), health related film show, lectures about FP etc.
- 6) This study is based on KAP of family planning methods among currently married people aged 15-55 years for Dalits of this community. It examines only the KAP of family planning methods of Dalits on the basis of socio-economic and demographic variables like education, occupation and age at marriage etc.
- 7) This study did not include about religious, psychological, childless experience and other variables which were also powerful to determine the KAP of family planning methods in this community. Therefore, other studies can be carried out with including these variables to know its impact upon KAP of family planning methods.

REFERENCE

- Action Aid, (2002) *Situational Analysis of Dalits in Nepal*, Kathmandu
- Bal Kumar KC. (Ed.), *Population and Development in Nepal*, vol. 8(Kathmandu: CDPS
- Ban, Bharat, (1998) "*Adolescent Reproductive Health Behaviors in Nepal*"BalKumar KC. (Ed.), *Nepal Population Journal*, vol. 7, (Kathmandu: CDPS)
- Bongarts, John and Porter R.G. (1983) *Fertility, Biology and Behaviors: An Analysis Proximate Determonants of Proximate Determonants* (New York: A Cademic Mess).
- Caldwell, J.C. (1993) "The Asian Fertility Revolutions", It's Implication for the Transition Theories in r. Leele and I. Alam. (eds.), *The Revolution in Asian Fertility, Dimension, Causes and Implications* (Oxford: Clarendon Press), pp.299-316
- C.B.S, (1995) *Population monography of Nepal* (Kathmandu: CBS).
- C.B.S, (2001) *Statistical Pocket Book* (Kathmandu: CBS)
- C.B.S, (2002) *Statistical Year Book* (Kathmandu: CBS
- C.B.S, (1987) *Population monography of Nepal* (Kathmandu: CBS).
- Gandharba, R. K. (2007) *Dalit Bibliography*, Kathmandu
- Gurung, Harka, (2006) *From Exclusion To Inclusion, Socio-Political Agenda for Nepal*, SNV Nepal
- ICPD, (1994) '*Family Planning Perspective*' International Conference on Population and Development program and Action pp 1-10.
- IPPF,(1996) "*IMAP Statement on Breast Feeding*", *Fertility and Post Partum Contraception*, Vol. 30 (2). pp 1-2.
- Joshi, P.L. (1995) "*Population Policy and Family Planning Programme in Nepal*", *Population Monograph of Nepal* (Kathmandu: CBS), pp 183-501.
- Koirala, Bidya Nath, (2005) *Participatory Democracy and Problem of Exclusion: A Dalit Perspective*, *Nepali Journal of Contemporary Studies*, Vol 5, and No.1
- Leone, T.et.al. (2003) "*Impact and Determinant of Sex Preference in Nepal*", *International Family Planning Perspective*, Vol. 29 (2), pp 69-73.

Ministry of Health (MOH), 1978, *Nepal Fertility Survey 1976* (Kathmandu: Nepal Family Planning and MCH Project).

Ministry of Health, New Era, ORC Macro, 2002, *Nepal Demographic Health Survey 2001*, (Calverton Maryland, USA: FHD, MOH; New Era; and ORC Macro).

Muller, Ruth Dinon, (1993) *Sexually Connect in Reproductive Health: Studies in Family National Planning Commission (NPC)*, 2002, The Tenth Plan 2002-2007 (Kathmandu: NPC).

Pathak,RamSaran,(2001) "*Family Planning Saves People's Life: The Nepalese Evidences*"

Poudyal,Indra,(2003) "*Knowledge, Attitudes and Use of Contraception among school teachers Bharatpur Municipality*"

P.K. Padamlal, 21 May 2004, Violence Against Dalit Women of Nepal, Nepalnews.com

Rijal Shansi, (2001) Dalit in Nepal and Alternative Report for WCAR

Risal, R.P.and Ashok Shrestha,(1989) "*Fertility and is Proximate Determinates*", South Asian Study on Population Policies and Programmes (Kathmandu: UNFPA) , pp. 33-34

Sigdel, Udhav,(2006) *The Modern Contraceptive prevalence Survey and Report : The Nepalese Evidence*, pp 15-30

Sob, Durga, (2006) Introduction of FEDO <[http: www.fedonepal.org](http://www.fedonepal.org)>pp 1-6

Sob Durga, The Triple Oppression of Dalit Women in Nepal, Human Rights news.com

The Tenth plan, July, 2003, *Poverty Reduction Strategy Paper*, 2002- 2007, His Majesty's Government, National Planning Commission,pp 32.

Tuladhar, J.M. (1986) the *Persistence of High Fertility in Nepal* (New Delhi: International Publication).

UNFPA, (1989) Knowledge, Attitude and Practice of Contraceptive. DHO Annual Report 2005/06, Dhading

UN, (1994) "*Reproductive Right and Health*", International Conference on Population and Development (Cairo: UN), pp. 45-58.

UN, (1994) *International Conference on Population and Development (ICPD): Program of Action* (New York: UN).

UNFPA, (1984) *South Asia Study in Population Policies and Programmed* (Kathmandu: UN Population Fund).

Unequal Citizen, gender, caste and Ethnic Exclusion in Nepal, Jan 2006, DFID, The World Bank, Kathmandu

WHO, (1997) *Communicating Family Planning in Reproductive Health* (Genava: WHO)

Wagle Sharad, (2005) "Family Planning in Nepal", *Population Magazine* vol. 3, Population Student Society of Nepal (PSSN), CDPS, TU, Kritipur.

....., 1987, *Nepal Fertility and Family Planning Survey 1986* (Kathmandu: Nepal Family Planning and MCH Project).

....., 1997, *Nepal Fertility Health Survey 1996* (Kathmandu: FP/MOH).

....., 2001, *Nepal Demographic Health Survey 2001* (Kathmandu: MOH)

....., 2001, *Nepal Family Health Survey: Summary Report 2001* (Kathmandu: FP/MCH).

....., 2006, *Nepal Demographic Health Survey 2006* (Kathmandu: MOH).

....., 1989, "Adolescent Reproductive Behaviour Evidence from Developing Countries Population Studies" (New York: UN)

....., 1999, *Level and Trends of Contraceptive Use as Assessed in 1998* (New York: UN)

..... 2004, *Medical Eligibility Criteria for Contraceptive Use* (Genava: WHO).

Annex - I

Tribhuvan University
Central Department of Sociology / Anthropology
Kirtipur, Kathmandu
Questionnaire

**Topics: Knowledge Attitudes and Practices of Contraception of Dalit
Community in Bhimphedi VDC, Makwanpur
District: Makwanpur**

(A) Household Information:

S.N	Name of The Family Members	Relation to the Head of the Household	Sex Code : Male -01 Female- 02	Age	Occupation	Caste	Religion	Literacy Code: Literate-01 Illiterate -02	Educational Attainment	Marital Status
1	2	3	4	5	6	7	8	9	10	11
01										
02										
03										
04										
05										
06										
07										

code in 3	codes in 6	code in 7	code in 8	codes in 10	codes in 11
Head of the hh-00	Agriculture --01	Gurung---- 01	Hindu.....0	Primary.....0	Married01
Father--01	Business-	Magar.....02	1	1	Unmarried.....
Mother--02	02	Dalities.....03	Buddhist.....02	Secondary.....0	02
Husband	Gov.Servic	Others	Muslim.....03	2	Widowed.....
/wife--03	es-03	(Specify)....04	Others	SLC.....	03
Son/Daught	Others(spe		(Specify)04	03	Divorced.....
er--04	cify)-04			Intermediate....	04
Brother/Sis				04	
ter-05				Bachelor&	
Do not---06				Above.....	
Others(spec				05	
ify)--07					

B. Individual Questionnaire

(These questions will be asked only to married person aged 15- 55 years)

Name of the respondent.....

Household number:

S.No.	Question	Coding	Skip
1. Knowledge of Family Planning Method			
1.	Have you ever heard about family Planning?	Yes.....01 No.02	If no, 3
2.	Which of the following method have You hot information?	Female sterilization01 Male sterilization02 Pills03 Condom04 Inject able05 Norplant06 IUD 07 Foam Jelly08 Periodic abstinence09 Other (Specify) 10	
3.	What are the sources of knowledge About Family Planning methods?	Radio/TV01 Newspaper02 Relatives03 Family Members04 Friends05 Health workers06 Other (Specify)07	
4.	When did you know about family Planning methods?	After marriage01 Before marriage02 No remember 03	
5.	Do you know that sources of contraceptive supply?	Yes01 No.02	If no, 7
6.	Where are they available?	Hospital01 Health post02 Sub health post03 Health worker04 Medical05 Other (Specify)06	
7.	Have you ever discussed about	Yes01 No.02	If no, 9

	family planning methods with your Husband?		
8.	If yes, how many times?	1 times.....01 2 times.....02 3 times and above.....03 Don't know04	
9	Who decide about the current use of Family planning?	Husband01 Wife02 Both03	
10.	What would be the suitable age for Child bearing?	Below 16 years01 16-18 years.....02 18-20 years 03 20+ years 04	
11.	Do you have any children in future?	Yes 01 No.02	If no, next
12.	What should be the better years of Birth spacing for the better health of mother and child?	1 year01 2 years02 3 years03 4 years and above04	
13.	Have you or your husband ever used family planning method to delay or to avoid pregnancy?	Yes.....01 No.....02	If no,17
14.	If yes, which method have you used?	Female sterilization01 Male sterilization.....02 Pills..... 03 Condom..... 04 Inject able..... 05 Norplant..... 06 IUD..... 07 Foam Jelly..... 08 Periodic abstinence..... 09 Other (Specify)..... 10	
15.	Are you and your husband currently using any family planning method?	Yes.....01	If no, 17
16	If yes, why did you use contraceptive method?	For birth interval.....01 To control birth.....02 To avoid pregnancy.....03 To prevent STDs/AIDS.....04 Others (specify).....05	

17.	Why do not using the family planning method?	Against religion.....01 Sexual displeasure.....02	
		Wants son03 Wants more children.....04 Fear of side effect.....05 Others (specify).....05	
18.	How Long have you or your Husband been using current family planning method?	Year.....01	
19	Have you felt side effect while using family planning method?	Yes.....01 No.....02	If no, 25
20.	If yes, please mention what type?	Irregular ministration.....01 Over bleeding.....02 Weakness.....03 Vomiting04 Headache05 Others (Specify)06	
21.	Have you treated those effects?	Yes01 No.02	If no, 25
22.	Were you satisfied with the treatment?	Yes01 No.02	
23.	Have you ever got pregnant while Using a family planning method?	Yes01 No.02	
24.	IF yes, which was the method?	Mention the method.....	
25.	Do you plan to use family planning method in future? (For non user only)	Yes01 No.02	If no,28
26.	If yes. Mention the method?	Name.....	
27.	Have you heard about the method of breast feeding for birth spacing?	Yes01 No.02	
28	What is Your opinion about family Planning method?	Good.....01 Bad02 Excellent.....03 Better04	
29.	Why family planning method is good?	Improve socio economic Status.....01 To maintain " Saano pariwar sukhi pariwar" ...02 Helps for the good health	

		of mother and child.....03	
30	In your opinion Which family planning method is the best one for birth spacing?	Pills.....01 Condom.....02 Inject able.....03 Norplant.....04 IUD.....05 Foam Jelly.....06 Periodic abstinence.....07 With drawl.....08	
31	Are They easily accessible in your Locality?	Yes.....01 No.....02	
32	Do you know the purpose of family planning?	Yes.....01 No.....02	If no, 34
33	If yes, why family planning methods are used?	For birth interval.....01 To control birth.....02 To prevent pregnancy.....03 To prevent STDs/AIDs.....04 Others(specify).....05	
34	Have you ever visited family planning centers?	Yes.....01 No.....02	If no.37
35	If yes, for what purpose?	To get information..... 01 To use suitable family planning method.....02 Others (specify).....03	
36	Where do you visit most for family planning services?	Hospital.....01 Health Post.....02 Sub health post.....0 Health Worker.....04 Medical.....05 Other (specify).....06	
37	Have you ever bought pill or condom yourself?	Yes.....01 No.....02	If no, 39
38	Have you ever felt sham at the time of buying?	Yes.....01 No.....02	
39	Do you think that the health workers are providing good facility of family planning?	Yes.....01 No.....02	
40	What is your suggestion to promote the use of family planning?	Emphasizing FP education..... 01 Making FP services Accessible .easily..... 02	

		Providing support at the time of Side effect..... 03 Increase incentives for both FP workers and users.....04 Don't know.....05	
--	--	---	--