

# **KNOWLEDGE AND USE OF CONTRACEPTIVES IN DARAI COMMUNITY: A STUDY OF VYAS MUNICIPALITY, DAMAULI, TANAHUN**

## **CHAPTER-I: INTRODUCTION**

### **1.1 Background**

Nepal is one of the least developed countries in the world. According to 2001 census, population of Nepal was 23,151,423 among them 11,563,921 were males and 11,587,502 were females. More than 85.5 percent of the total population resided in rural area. The population growth rate was observed as 2.25 percent per annum. The sex ratio was 99.8 and population density was 157 persons per square KM. The crude birth rate was 31.28. Similarly, during this period, the crude death rate was 9.22 per 1000 population whereas the infant mortality rate was recorded as 64.4 per 1000 live birth (CBS, 2003).

The TFR of Nepal has been gradually decreasing since 1991. Total fertility rate was 4.8 in 1991 which decreased in 1996 to 4.6 and it decreased to 4.1 in 2001 (MOPE, 2003).

Family planning is an integral part of reproductive health. The ability to choose the number and spacing of children of a couple is recognized as one of the basic rights of the people. Furthermore the ability forms an important basis for the enjoyment of other rights (PRB, 1996: 33). Such a behaviour related to family planning determines the level of total fertility in societies to a large extent.

Human fertility rate is one of the major components of the population growth. Most of the developing countries are suffering from higher fertility rate and our country cannot be exception of that problem. One of the important and responsible factors for such problem is low contraceptive prevalence rate (Devkot, 2004:1).

Today, a "demographic transition" from high fertility and mortality to low fertility and mortality is under way or high already occurred in much of the world. In many respects, the list developed regions are now about halfway through this transition, approximately where the more developed regions were a half century ago (UNFPA, 1999:18).

In the past, Family Planning was considered a means to control population and to prevent unwanted pregnancy. But now, after decades of implementing family

planning programs worldwide it has been discovered that family planning have a lot of benefits for improving overall health status of mothers, children, families and quality of life of people. A women's ability to space or limit the number of her pregnancies has a direct impact on her health and well being as well as the outcome of her pregnancy. In enabling women to exercise their reproductive rights, family planning program can also improve the social and economic circumstances of women and their families. Realizing the importance of family planning, the International Conference on population and Development held in Cairo, Egypt in 1994 incorporated this as one of important component of overall Reproductive Health. The ICPD rejected a narrow focus on population issues in favour of a broad development approach based on realizing women's reproductive rights and gender equity, calling for family planning to be provided as an integral part of wide ranging reproductive health services (Shrestha, 2008:49).

In Nepal, family planning practice started in 1950's through non-governmental sectors. The Family Planning Association of Nepal (FPAN) was established in 1959. The FPAN's service, were only for information and education within Kathmandu valley. Later, government supported family planning services were further strengthened in the beginning of 1968. A huge network from urban to the village including both government and non Government (NGOs) has been established to provide better services. Foreign aids from USAID, WHO and other etc have also been channelled in this sector to promote adoption of family planning method (Poudel, 2002:1).

The family planning services has been expanded to cover all 75 districts throughout the country. Besides, government programmes, a number of NGO's and local agencies are involved in delivery of family planning services at the grassroots level. The contraceptive prevalence rate (CPR) among the currently. Married women in Nepal increased from 25 percent in 1991 to 39.3 percent in 2001 (Dahal, 2004:100-101).

The 1991 census of Nepal identified total sixty caste group and sub groups of population (CBS 1991). In 2001, census listed 103 caste/ethnic group but only 100 groups are identified and unidentified Adibasi, Janajati, Dalits etc (CBS 2001).

Among various ethnic groups in Nepal, Darai is one of the smallest groups, which is socio-economically depressed and dominated as well as not included in the political mainstream of the country. In Nepal, according to 2001 census, the

population of Darai constitute 14859 (.064 %) of the total population among them 7195 are males and 7664 are female (CBS 2001).

Darai is one of the smallest caste groups, which has own culture and language however they are culturally neglected. This study has tried to portray the knowledge and use of contraceptive in Darai community of Vyas Municipality of Tanahun district.

## **1.2 Statement of the Problem**

Nepal is multi language multi ethnic and multi religious society. Among them Darai is one caste/ethnic group mostly found in the hills. Being a minority they are socio-economically dominated and politically depressed ethnic group in Nepal. Though, the need for the use of family planning among Darai is questionable. Due to their small share in population, they also have the rights to live in a prosperous condition by limiting family. By and large as the socio-economic condition determines the use and non-use of family planning among others it could also be true for Darai people.

Most of the Darai people live in rural areas. Generally this community is scattered in different parts of Nepal. However, the majority of the communities are found in Tanahun, Dhading, Rupandehi, Nawalparasi and Chitwan districts. They are very laborious and specially depended on agriculture for subsistence. Mostly Darai live in the peripheral area of Damauli in Tanahun, Salyantar in Dhading and different parts of Chitwan (Pathak, 2002)

Contraceptive prevalence method is also effective component for reducing fertility. Due to the low use and lack of knowledge about contraceptive method this community has been observed with higher level of fertility. There are many studies in contraceptive knowledge and use in different ethnic groups. However, only a few studies are related to the Darai caste/ethnic group, so far. So, to fill in the gap in this area it is essential to focus on contraceptive knowledge and use in Darai community. Subsequently, it will also help recommend some policy alternatives so that the further programs can be implemented to change their current behaviour. In this context, this study is the demand of the day.

### **1.3 Objectives of the Study**

The general objective of this study is to examine the knowledge, attitude and practice or use of contraceptive methods in Darai community of Damauli area of Tanahun.

The specific objectives of the study are as follows:

- ) To examine the knowledge and use of contraceptive methods among currently married women of reproductive age.
- ) To obtain the relationship between women's education and occupation towards use of contraception method.
- ) To find out the reasons for non use of contraception method among currently married women.
- ) To examine response of respondents about contraception and the side effects of contraceptive methods.

### **1.4 Significance of the Study**

The major determining factor of population growth in Nepal is fertility. Population growth could be controlled by curtailing down the prevailing rate of fertility. Therefore, the value of family planning for having a manageable family is naturally very high. This study is based on information of Darai in the Vyas Municipality of Tanahun. The main significance of this study would be its findings related to socio-economic and demographic aspects of Darai community in the selected area.

This study attempts to assess the knowledge, attitude and practice of contraceptive use in Darai Community in the selected area. Policy makers, planners, administrators and demographers will be benefited by the detailed information on the grassroots level equally as the national level information. This study provides little but essential information of this community. It would be helpful for government to plan for changing attitudes towards use of contraceptive method and family planning programme as a whole among Darai.

### **1.5 Limitations of the Study**

The following facts are the basic limitations.

- ) This study has limited to the Darai community of Vyas municipality of Tanahun district.
- ) This study covered the knowledge, attitude and practice of contraceptive methods.
- ) This study was limited to the currently married women of age 15-49 years.
- ) This study has based on small size sample therefore the findings may not be generalized to the whole nation, as well as other ethnic groups.

### **1.6 Organization of the Study**

This study has been divided into Seven Chapter. The First Chapter includes the introduction part of study. It covers, introduction of the study population, statement of the problem significance of the study, objectives of the study, limitation of the study and organization of the study. Chapter Second deals with the review of relevant literature and the conceptual framework. Chapter Third explains the research methodology, which includes selection of study area, sample selection, sources of data, questionnaire design, methods of data collection, and method of analysis. Chapter Fourth provides background characteristics of household population, which includes demographic and socio-economic characteristics of the population. Chapter Fifth deals with the respondent's knowledge, attitude and practice of contraceptives methods. Chapter Six includes the analysis of qualitative information. Finally the Seven Chapter presents the summary, conclusion and recommendation.

## **CHAPTER- II: LITERATURE REVIEW**

### **2.1 Review of Theoretical Literature**

According to Bongaarts and Potter "the proximate determinants of fertility are biological and behavioural factors through which social, economic and environmental variables affects of fertility". They are the proximate variables are nearest to the event of fertility. It is possible to study fertility differentials among various populations or trends in fertility levels of any country over a period of time by studying the variations in one or more of the proximate variables Bongaarts and Potter said that the use of contraceptives change fertility as one of the most important proximate determinants (Bhende and Kanitkar, 2004:261).

Caldwell developed the "theory of intergenerational wealth flow" which advocated that fertility behaviour in any type of society at any level of development is rational. In a society, the fertility is high if children are economically beneficial to the parents. Whether the children are economically beneficial to parent is determined by social condition: mainly the direction of the intergenerational flow of wealth. This flow of wealth in all primitive and traditional societies has been from younger generation to the older generation. In other words, children in such societies are economic assets to their parents and naturally more children mean more wealth, leading to high fertility. Fertility will remain high as long as this intergenerational wealth flow is from children to parents (Bhende and Kanitkar, 2004:334).

Contraceptive prevalence rate increased with increased in women's educational level, family planning programme needs to be integrated with the development programmes. This can give a substantial effect in the use of temporary methods, rather than permanent methods in country similarly, since changes in the methods mix of current users in Nepal have been favour temporary methods there is much scope of expanding the temporary methods such as injectible, pills, condom and Norplant in both rural and urban milieu (Subedi, 1997: 64).

If family planning programmes are to contribute to reduce fertility significantly, they must have to socio-cultural approach and the goal should be expansion of reproductive choice (UN, 1994), not population control. The family planning; programmes should be able to judge the reproductive needs of the people which are not easily seen, but hidden behind the socio- economic curtains. To convince

the people with benefits of small family, which is against their traditional beliefs is not an easy task. They should explain social, religious and traditional dogmas that only one son or daughter is enough either to flow the wealth or to sustain the blood and pay tribute to the ancestors (Acharya, 1996:142).

Rapid population growth was welcome in many countries and was viewed as a sign of vigour for a numbers of years. Historical population size has been regarded as an important determinant of national power the larger the population the greater the potential power of a country. However, technological advances have, to a large extents invalidated this thesis. Therefore, the primary response of government to rapidly increased population has been the adoption of population policies designed to reduce rates of fertility and thereby to reduce rates of population growth (Mauldin and Sinding, 1996:81). Only one most significant determinant of fertility is contraceptive use.

Generally the aim of family planning programme is to enable individuals and couples to decide freely and responsibly the number and spacing of their children and to have information and means to do so. In this course they should be informed about choices and full range of safe and effective methods must also be made available. The success of population education and family planning programme in a variety of setting has demonstrated in the past that informed individuals everywhere had acted with responsibility in the light of their own needs. The ICPD 1994 has advocated that the principle of free choice is essential to the long-term success of family planning programme (UNFPA, 1994:33).

Tuladhar's study shows that the knowledge of contraceptive services has increased rapidly since last five years. In 1981 about one third of the exposed women knew where to get modern contraceptives in contrast to only about six per cent in 1976 (Tuladhar, 1989: 230). He has also concluded that the highest level of knowledge has been found among the women aged 25-34 years. He has also concluded that high caste; urbanized and better educated groups have a higher level of knowledge in family planning outlet. Moreover, two high caste groups Newars and Brahmins dominate in their knowledge of family planning outlet in rural areas. Within each ethnic group, women with formal schooling, having non-farm occupation having good communication with husbands and wives have higher knowledge family planning services than those of opposite characteristics (Tuladhar, 1989: 236).

In Nepal, the concept of family planning was pioneered by the Family Planning Association of Nepal (FPAN), set up by a group of social workers in 1959, Their purpose was to develop a sense of urgency towards establishing and implementing mechanisms through which unnecessary births best to persuade lay people as well as decision makers that family planning services in a small scale through the Department of Health Services clinics in the Kathmandu valley and led to the creating of a high level semi- autonomous Family Planning and Maternal Child Health Board (FP/MCG) in November 1968 (Chapagai and Shrestha, 1989:140) .

## **2.2 Review of Empirical Literature**

The data from 2001 NDHS (Nepal Demographic and Health Survey) shows that access to and use of range of health and family planning services for rural women is lowest among Dalits woman. The contraceptive use among married rural women is lowest for Dalits (28 %) and Muslim (15 %), while other cast have the highest contraceptive use. The knowledge level of Dalits women is also very low compared to Newar, Brahmans, Chhetris and Hill Janajatis. Due to the lack of knowledge on family planning, women of s/h community are bounded to give birth almost each year. This has not only caused deterioration of health of Dalits women but also has added an additional burden of population growth to the nation itself. Due to their ignorance about a planned family very few have adopted family planning measures, which have caused premature birth, high infant mortality rate and malnourished children. The contraceptive prevalence rate of Dalits is 30 percent (Pathak, 2007:60).

According to field survey, data shows that major side effects related to pills users are in sufficient flow of breast (50 %), followed by weakness (33.3 %) and weight loss (16.7 %). Among the sterilization users 26.3 percent are suffering from weight gain equally followed by weakness (21.1 %), backbone pain (15.8 %) and irregular menstruation (10.5 %). Similarly, 37.5 percent of injectible users are suffering from weight loss, followed by irregular menstruation and over bleeding (25.00 %) and insufficient flow of breast (12.5 %) (Devkota, 2004:48)

The main thrust of the national Health Policy (1991) related to the North FP Programme is to expand and sustain adequate quality family planning services to the community level through all health facilities: hospitals, primary health care (PHC) centres, health posses (HP), sub health posts (SHP), PHC outreach clinics and mobile voluntary surgical contraception (VCS) camps. The policy also



aims to encourage NGOs, Social marketing organization as well as private practitioners to complement and supplement government efforts. Female community health volunteers (FCHVS) are too mobilized to promote condom distribution and are supply of oral pills. Awareness of FP is to be increased through various IEC/BCC interventions as well as active involvement of FCHVS and mothers groups as envisaged by the National Strategy for female Community Health Volunteers Program. In this regard, family planning Services are designed to provides a constellation of contraceptive methods services that reduce fertility, enhance maternal and neonatal health, child survival, and contribute to socio-economic development that will help the Nepalese people improve their quality of life (DHS 2003/04 UNFPA :75).

Paudel (2002:50-51) has studied married women's knowledge attitude and practice on family contraceptive methods in Jahada VDC ward number 8 and 9 of Nawalparasi District. This study indicates that there is strong evidence that the secondary education has strong power to use contraceptives. It can be concluded that wife education is most powerful them that of husband's education regarding to use contraceptives.

Pathak (2002:57) study shows that almost 17.9 % respondents have stated that their main reason for not using a contraceptive method is fear of side effects, 14.9 percent wants more children, 11.9 percent wants sons, 16.4 percent not needed. Out of them about 45.5 percent want daughter, 4.5 percent of the nonusers are not using against religion, 16.4 percent sexual displeasure and 13.5 percent nonuser are not using husband opposed.

Urban women and men are such more likely to have been exposed to family planning messages in any media. Resident of the hills areas likely to have heard family planning messages in the media than residents of the mountains and Tarai. A higher proportion of women living in the Mid-Western Development Region have been exposed to family planning messages in at least one of the media, compared with women in the other development regions on the other hand, men living in the Western Region have the greatest exposure to family planning Western hill sub region have the greatest exposure to family planning messages in the media, compared with all other residents (MOH, 2002:93).

Overall, the data show that married men are consistently more likely than married women to report that they are currently using a family planning using a modern method. The largest difference in current use by gender is in reported use

if condoms. Men are twice as likely to report use of condoms as women (6 percent compared with 3 percent respectively). Such a large discrepancy may be due to use with women other than their wife, men may be over reporting due to insufficient knowledge of female methods like injectible or because they are embarrassed to admit that they are not practicing family planning, women may be under reporting not practicing family planning, women may be underreporting because they are too shy to report use or for fear of reprisal from other family members. Although there is no clear basis to suspect the information given either by women or men as unreliable, since the majority of methods are female methods are female methods, woman's reports may be closer to actual use (NDHS, 2001:71).

Majority of currently married women (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 method (62.5%), followed by male sterilization (55.3%), pill (49.5%) and injectible (47.9%) contraceptive knowledge varies with women's stage. Place of residence, development regions, ecological and women's education with women's age relatively fewer women knew a modern method at the youngest (63%) and the oldest age (67% compare to the moment with intermediate age groups (77%). A higher percentage of women living in urban areas (87.7%). By development region, more than three-fourth of currently married women in CDR and EDR reported having knowledge if at least one modern method of family planning. Similarly, there is a distance variation in contraceptive knowledge by ecological zones. More than three-fourth of women living in Tarai reported to have knowledge at least one modern method of family planning while the comparable figure for women in mountain was about 56 percent. Contraceptive knowledge is found to be higher with the level of women's education (K.C, Pathak and Subedi, 2000:17).

Aryal (1999:48-49) found that majority of the currently married women (95.6) are familiar with at least one contraceptive method. Among the individual methods female sterilization appears to be the best-known method (86.1%), followed by male sterilization (85.6%). Injectible (77.8%), condom (75%) and pills (63.3%). Less than eight percent of the women are familiar with traditional methods. The contraceptive prevalence rate has been found 25.6 percent of the currently married women in reproductive ages in this community, which is slightly lower than average national level figure (29 %) based on BDC survey 1996. Almost 26

percent of the total CPR is contributed by female sterilization. Injectable (5.6 %), pills (5.0 %) and condom (3.9 %) are also used methods. Traditional and other methods are also used less than three percent. The current users of male sterilization, IUD and Norplant are not found.

In Nepal, family planning programs are included under integrated health programs and the increase of work load for the limited available health personal has made it difficult to provide quality services. For example VHWS are known as grassroots level multi purpose workers. They have to provide family planning motivation and distribute pills and condom besides providing other health services during their routine monthly home visits. This increased work load has resulted in their low performance and low quality of family planning services. The experience is given the limited on their low performance is given the limited health infrastructure as of 1991, the analysis of 1991 NFHS data suggests that 63 percent of currently married women did not know of VHWS and of the 37 percent of women who said they knew of VHWS, 47 percent said they had never been visited by VHWS (Pathak: 1997:51).

In the NFHS, respondents who said they had heard of a method of family planning were asked if they had ever used it. Ever use of family planning methods thus refers to user of a method at any time, with no distinction made between past and current use. The data indicate the proportion of the population using contraceptives at least once. Dalton overuse has special significance since it reveals the cumulative success of programmes promoting the use of family planning among eligible couples. Since the proportion and pattern of ever use among ever married and currently married women's section is limited to currently married women only (MOH 1996:51).

Since its inception the family planning program in Nepal has been using the electronic media to promote contraceptives. The electronic media (Radio and Television) have been found to be the source of family planning message for little over one third (35 %) of all currently married women. Almost 9 out of 10 women who reportedly heard of a family planning message in the month prior to the survey had it in the radio and only e percent of women reported to have heard of a family planning message in both electronic medial, i.e. radio and television (NFHS, 1991: 122).

Respondents who reported positively about knowledge of any family planning method were asked whether they had ever used any particular method. Overall,

28 percent of currently married women had ever used a family planning method at some time in the past. Those who had used modern methods constituted 26.7 percent; while only 2.3 percent had ever used traditional methods (Pradhan, Shrestha and Risal, 1991:103).

The desire to have 'no more children' has an effect on contraceptive use. Its impact could be observed after controlling the effects of age, number of living children, number of child losses, educational level and work status of the users. The probability of being a current contraceptive user was about six times higher among those women who do not want more children, than those who want more children in Nepal, in 1986. The desire for not having more children affects the level of contraceptive use, regardless of the sex composition of living children and whether or not there is intra-spouse communication on family size. Among Nepalese ethnic groups, Tuladhar has found highest contraceptives prevalence rate among the Newars (19.4 %) followed by the Brahmins (14.6 %), Chhetris (11.6 %), Thakuris (6.6 %), Tharus (5.5 %), Magar (4.7 %) and Muslims (1.8%) (Tuladhar, 1989:223).

### **2.3 Selection of the Dependent and Independent Variables**

This study consists of dependent and independent variables.

#### A. Independent variables

The independent variables can be divided into two parts. Those demographic and socio-economic variables are:

##### A.1. Demographic variables

- ) Age of respondents
- ) No of living children
- ) No of living sons
- ) No of child losses
- ) No of CEB

##### A.2. Socio-economic variables

- ) Women's and husbands education
- ) Women's and husbands occupation

B. Dependent variable

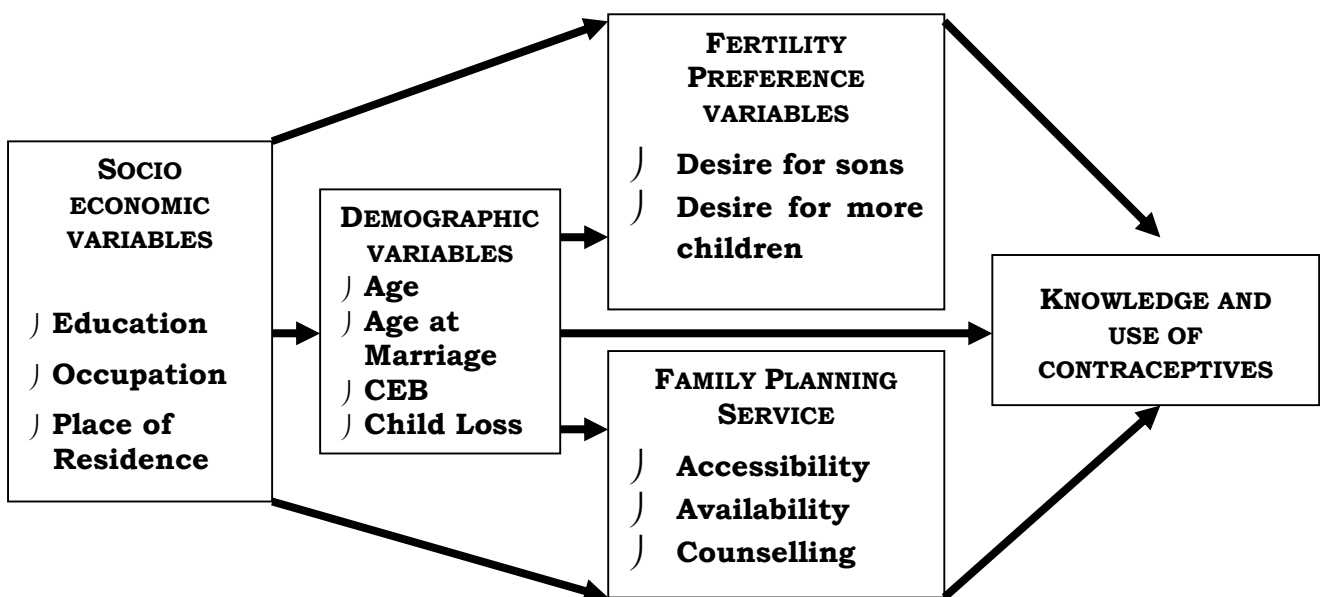
- ) Knowledge of contraceptives
- ) Use of contraceptives

The main aim of this study have been examined the impact of contraceptive knowledge and use in this study area. Thus no. of living sons, no. of living children, no. of child losses, no. of CEB, education, age of respondents and occupation are the main influencing variables for the knowledge attitude towards the practice of contraceptives.

### 2.4 Conceptual Framework

Demographic variable includes the respondent age of marriage, no of living sons, no of living children, no of children losses, which affect on contraceptive knowledge and use directly. Likewise socio economic variables, education of wife's/husband, occupation of wife/husband, place of residents and fertility performance variable like desire for sons and desire for more children also affect the knowledge and attitude and use contraceptive device.

**Figure 1: Conceptual Framework**



## **2.5 Research questions**

With the help of above conceptual framework following questions are generated to fulfil the objectives of this study. The derived answers of those questions could lead to the probable findings for this study.

- ) Are the knowledge on contraceptive methods and their use related to each other?
- ) Is there any relationship between use of contraceptive method and women's education and occupation?
- ) What are the reasons for non-use of contraception method among currently married women?
- ) Are there any side effects of the contraceptive methods?

## **CHAPTER III: METHODOLOGY**

This chapter deals with the research methodology. Research methodology is a way to solve systematically the research problem. It is employed to collect the quantitative and qualitative data, which is needed for the study. Especially this chapter describes the methodology adopted for the relevant data collection and analysis of this study.

### **3.1 Source of data**

This study mainly utilized primary data obtained through census type of survey is purposively selected. Households of Darai community in Tanahun district, among the total population 120 currently married women of reproductive ages 15-49 years were the main source of information of study. Additionally, secondary data were collected from the published documents e.g. journal, educational statistics, previous studies, bulletins, books, census data, survey reports etc.

### **3.2 Sample design**

For this study, the selected place was Vyas municipality in Tanahun district. Considering the homogeneous composition of Darai population in term of socio-economic characteristics only five wards were randomly selected ward were 1,3,5,9 and 11. This study has covered 120 married women from Darai community from the total population as a sample of this study. This sample has revealed the knowledge, use and attitude of contraceptive of the overall population of currently married women of Darai in Vyas municipality of Tanahun district.

### **3.3 Questionnaire design**

The questionnaire is designed in such a way that it provides all required needs to fulfil the objectives of the study. Questionnaire was mainly divided into two types of information i.e. household information and individual information. The household questionnaire asked to the head of the household and individual questionnaire is asked only to the currently married women of reproductive age. Generally the household questionnaire is designed to take the background information of the respondents such as age, sex, marital status, educational attainment, religion, relation to the household head and occupation etc. The main objective of household questionnaire is to identify the eligible women, to obtain

the information about the background of respondents and husband's education, occupation and socio-economic status of the family. The individual questionnaire included information on respondent's background characteristics, knowledge of contraceptive methods attitude towards contraceptives and use of contraceptive methods.

### **3.4 Data collection and processing**

For the collection of the data, questions were directly asked to the head of the household and respondents. Therefore, the main source of data in present study is primary in nature. Besides this local female volunteers had been contacted for the supplementary information. After the collection of data, processing of collected data were done for drawing out of meaningful results. Data processing has been done using software package SPSS.

### **3.5 Data presentation and analysis**

Data analysis is the major and crucial part of research study. When we get raw data from the field, it is needed to be analyzed to get fruitful result. So the collected data are analyzed by using methods such as frequency distribution cross tabulation, average and percentage distribution.



## **CHAPTER IV: INTRODUCTION TO THE STUDY POPULATION**

This chapter provides some demographic social, economic and miscellaneous characteristics of the household and respondents in the study area. Only 120 households were taken as sample among the total households of Darai in Vyas Municipality.

Tanahun is one of the six districts that falls within the bonds of Gandaki zone, which has covered around 1,549 square kilometres. Its bordering districts are Chitwan and Gorkha in the east, Syangza in the west, Kaski and Lamjung in the north and Palpa and Nawalparasi in the south. This district comprises of three electoral constituency, 46 village development committee, 1 municipality and 13 poles. The headquarter of this district is Damauli. The population of the district is 3,16,127 among them 146,644 are males and 169,483 are females. According to ethnic composition 25.6% are Magar, 14.4% are Brahmin, 13.6% are Gurung, 13.4% are Chhettri, 8.7% are Newar, 6.2% are Kami, 3.6% are Thakuri and 13.5% are others (Census 2001).

The Vyas Municipality of this district is divided into 11 wards and 130 tales. The municipality is situated into the centre of the Tanahun district. This municipality is surrounded by famous hills i.e. Tanahusur, Pokharibhanjyang, Kanhu, Shreebhanjayang and Manung. Total area of this municipality is 5,900 hector (Source: Vyas municipality). According to CBS report 2001 the total population of municipality is 28,443 and total household is 5,039. Among the 11 wards of this municipality, the study covered ward number 1,3,5,9 and 11. The total population of Darai in this municipality is 3,107. Agriculture is the major occupation for the most household and rest are engaged on other occupation such as business, government jobs, foreign labour etc.

### **4.1 Demographic Characteristics**

The section deals with some important demographic characteristics of the study population such as household population by age and sex ratio, marital status, age at marriage, age at first menstruation age at birth of first children, children ever born have analyzed.

#### 4.1.1 Age and Sex Composition Household Population with Sex Ratio

Age sex structure is the primary basis of demographic classification of statistics. They are very important variables in the study of fertility, mortality and migration. In 120 sampled households, the total population was 654. Among the total population 323 were males and 331 were females. The sex ratio was found 97.58 which are lower than that of national figure (99.8) based on 2001 census.

In this study out of the total 654 populations, 323 were males and 331 were females. The highest proportion of the population was found in age group 10-14 years (12.8 %). The lowest proportion of population was found in age group 55-59 years (2.1%). The highest proportion of economically active population was found in age group 20-24 years (12.5%). While the highest proportion of economically inactive population or dependent populations were found in age group 5-9 years (9.9%). The highest proportion of reproductive age group of female population were found in age group 20-24 years (13.6%) and the lowest proportion of reproductive age group of female population were in age group 40-44 years (4.5%) in the study area (Table 1).

Table 1: Percentage Distribution of Household Population by Age, Sex and Sex Ratio, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008

Age group	Sex of the respondent				Total		Sex ratio
	Male		Female		Cases	Percent (%)	
	Cases	Percent (%)	Cases	Percent (%)			
0-4	25	7.7	30	9.1	55	8.4	83.3
5-9	34	10.5	31	9.3	65	9.9	109.6
10-14	43	13.3	41	12.3	84	12.8	104.8
15-19	37	11.4	39	11.7	76	11.6	94.8
20-24	37	11.4	45	13.6	82	12.5	82.2
25-29	29	8.9	29	8.7	58	8.8	100.0
30-34	26	8.1	24	7.2	50	7.6	108.3
35-39	21	6.5	23	6.9	44	6.7	91.3
40-44	12	3.7	15	4.5	27	4.1	80.0
45-49	17	5.2	28	8.4	45	6.8	60.7
50-54	13	4.0	4	1.2	17	2.6	325.0
55-59	9	2.7	5	1.5	14	2.1	180.0
60 and above	20	6.1	17	5.1	37	5.6	117.6
Total	323	100.0	331	100.0	654	100.0	97.5

Source: Field Survey, 2008

#### **4.1.2 Age Composition of Respondents by Age**

The age is most important variables in demographic study. It plays important role in determining contraceptive behaviour because only the female of reproductive ages can bear child. In this study, the age groups of respondents are grouped into seven age groups as 15-19, 20-24, 25-29, 30-34, 35-39, 40-44 and 45-49 years of age.

*Table 2: Percentage Distribution of Respondents by Age, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Age group of respondents	Number	Percentage (%)
15-19	4	3.3
20-24	19	15.8
25-29	20	16.7
30-34	21	17.5
35-39	16	13.3
40-44	15	12.5
45-49	25	20.8
Total	120	100.0

Source: Field Survey, 2008

The data shows that the highest proportion of population were found in age group 45-49 years (20.8 %), followed by 30-34 years (17.5 %), 25-29 years (16.7 %), 20-24 years (5.8 %), 35-39 years (13.3 %), 40-44 years (12.5 %) and 15-19 years only (3.3 %) (Table 2).

#### **4.1.3 Marital Status of Respondents**

Marital status is an important determinant of fertility behaviour, particularly in a non-contraceptive society and where most of the birth taken place in marital union in Nepal. Therefore, it is one of the most important characteristics for this study. The marital status is grouped into two categories. In this study they are currently married and widow.

*Table 3: Distribution of Respondents by Marital Status, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Marital status	Cases	Percentage (%)
Currently married	114	95.0
Widow/Widower	6	5.0
Total	120	100.0

Source: Field Survey, 2008

It was observed that among 120 respondents 95 percent were found currently married and only 5.0 percent were widow. There were not found divorce, separated and single respondents in this study area (Table 3).

#### **4.1.4 Age at Marriage of Respondents**

Age at marriage is important implication for fertility and family planning. The legal age at marriage for girls in Nepal is 16 with consent from parents and 18 with out consent from parents. The age at marriage groups are divided as 10-14, 15-19, 20-24 and 25-29 years.

*Table 4: Distribution of Respondents by Age at Marriage, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Age of marriage	Cases	Percentage (%)
10-14	3	2.5
15-19	79	65.8
20-24	36	30.0
25-29	2	1.7
Total	120	100.0

Source: Field Survey, 2008

In this study area most of the 65.8 percent of respondents were found to be married between ages 15-19 years, 30 percent of respondent in age 20-24 years, 2.5 percent in age 10-14 years and only 1.7 percent of respondents were found to be get married 25-29 years (Table 4).

#### **4.1.5 Age at Birth of First Child**

According to field survey data, the age at birth of first child is grouped into four age groups: 15-19, 20-24, 25-29 and 30-34. Almost 47.5 percentages of respondents were found within the age of 20-24 years at the birth of first child, 44.2 percent 15-19 years, 6.7 percent 25-29 years and only 1.7 percent of respondents were found to be within the age 30-34 years at the birth of first child in the study area (Table 5).

*Table 5: Distribution of Respondents by Age Birth of First Child, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Age at birth of first child	Cases	Percentage (%)
15-19	53	44.2
20-24	57	47.5
25-29	8	6.7
30-34	2	1.7
Total	120	100.0

Source: Field Survey, 2008

#### **4.1.6 Number of Children Ever Born by Respondents**

Children ever born are the total number of live birth to women during her life time. This study has shown that the average number of CEB to currently married women of Darai age group 15-49 years of reproductive age.

*Table 6: Distribution of Respondents by Average Number of CEB, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Child ever born	cases	%
1-2	63	52.5
3-5	42	35.8
<5	10	11.7
Total	120	100.0

Source: Field Survey, 2008

In this study, children ever born were divided into three categories. 1-2, 3-5 and above 5. Study has shown that out of the 120 respondents most of the 52.5 percent of respondents have 1-2 children ever born followed by the respondents who have 3-5 children ever born were found (35.8 %) and the respondents who have above 5 children were found (11.7 %) in the study area.

#### **4.2 Social Characteristics**

The total population of the study area was of Darai community they were homogenous in term of ethnicity and religion. So, that in this part we analyzed social status of Darai concentrated on the five variables educational status of the respondents, access to household facilities, household size, access to drinking water and toilet facility.

#### **4.2.1 Educational Status of the Respondents**

Education is basic requirement for enhancing the social, political and economic development and it plays important role in all round development of the nation. Educational status of the respondents affects contraceptive use and fertility.

*Table 7: Distribution of Respondents by Educational Status, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Education status	Cases	Percentage (%)
Primary	16	13.3
Lower Secondary	11	9.2
Secondary	12	10.0
SLC passed	5	4.2
Higher secondary and above	2	1.7
Non formal	53	44.4
Illiterate	21	17.5
Total	120	100.0

Source: Field Survey, 2008

Out of the 120 respondents, very less proportion of the respondents was illiterate which is accounted for 17.5 percent and the majority 82.5 percent was literate. Among literate population the highest proportion of the respondents 44.4 percent were found non-formal education. Similarly 13.3 percent of respondents have been attended the primary education, 9.2 percent lower secondary, 10 percent secondary, 4.2 percent of the respondents were S.L.C passed and only 1.7 percent of respondents have attended higher secondary and above level of education were found in this study area (Table 7).

#### **4.2.2 Access to Household Facilities**

Household facilities is one of the important tools for measurement their social status. The household facilities in this study are grouped in to five categories: Electricity, Biogas, Telephone, Radio and Television.

*Table 8: Distribution of Respondents by Access to Household Facilities, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Facilities	Cases	Percentage (%)
Electricity	118	98.3
Bio-gas	60	50.0
Telephone	75	62.5
Radio	87	72.5
Television	59	49.2
Total	120	100.0

Source: Field Survey, 2008

(Note: There were multiple answer alternatives for this information and hence the sum of all categories may not equal to the total cases.)

It has been observed that near by hundred percent (98.3 %) of the household in Darai community have electricity facility, radio facility have (72.5 %), telephone facility have (62.5 %), biogas facilities (50.0 %) and television facility with have (49.2 %) of the household were found in this study area (Table 8).

#### **4.2.3 Household Size**

Household size determines the economic, health nutrition and other living standard of family. In the study, area is Darai so they were homogeneous in term of ethnicity and religion. Therefore, there were same cultural and social practices. As a result, household composition was also influenced by their socio-cultural practices.

*Table 9: Distribution of Households by Household Size, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Family size	Cases	Percentage (%)
3-4	46	38.3
5-6	45	37.5
7 +	29	24.2
Total	120	100.0

Source: Field Survey, 2008

It was found that the model household size of the study population is 5.4 persons per household that is slightly higher than that of national figure 5.4 based on 2001 censuses. The highest proportions (38.3 %) of the household are having 3-4 persons followed by 5-6 persons (37.5 %) and more than 7 persons (24.2 %). It seems that the average household size is having medium size neither large nor small .This study shows that Darai community is in the process of development

and there is increasing trends of the concept of nuclear family. Some traditional practices or norms have been gradually changing (Table 9).

#### **4.2.4 Access to Drinking Water**

Source of drinking water refer from which households draw water for drinking and cooking food for household members. Water sources may differ from place to place and by seasons (Kayasta and Shrestha 2003: 176).

*Table 10: Distribution of Household by Access to Drinking Water Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Sources	Cases	Percentage (%)
Tap	98	81.7
Pound	22	18.3
Total	120	100.0

Source: Field Survey, 2008

In this study out of the 120 households almost 81.7 percent were used piped water (stone tap) and only 18.3 percent were used pond. It can be concluded that most of the households were used piped water in the study area (table 10).

#### **4.2.5 Toilet Facility**

Toilet facility is also an important tool to measure the social status. If the household possess their own toilet that could be with in boundary of the house, than such households are considered as household having toilet facility. If the household do not have their own toilet and household member use their public toilet or open place then such household are considered as having not toilet facilities (Kayastha and shrestha 2003: 177).

*Table 11: Distribution of Households by Toilet Facilities, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Toilet facility	cases	Percentage (%)
Yes	102	85.0
No	18	15.0
Total	120	100.0

Source: Field Survey, 2008

Overall 85.0 percent household have toilet facility only 15.0 percent of household have not toilet facility were found. It shows that the social status of the Darai in the study area (Table 11).



### 4.3 Economic Characteristics

In this segment, economic characteristics is concentrated on the occupation income level of respondents, size of land, legal ownership house sufficiency of food product of household have been analyzed.

#### 4.3.1 Occupation Status of the Respondents

Occupation is one of the important indications of the economic status of the people. It also determines the level of knowledge and use of contraceptive of the respondents. In this study the occupational status, have been grouped into seven categories: agricultural, home industry, service, business, housework, dependent and students.

*Table 12: Distribution of Respondents by Occupation, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Occupation of respondent	Cases	Percentage (%)
Agriculture	61	50.8
Home industry	3	2.
Service	5	4.2
Business	10	8.3
House work	38	31.7
Dependent	2	1.7
Student	1	.8
Total	120	100.0

Source: Field Survey, 2008

The field survey data shows that 50.8 percent of respondents were engaged in main occupation agriculture field followed by 31.7 percent were housework, 8.3 percent were engage business, 4.2 percent were found in service, 2.5 percent were engaged in home industry, 1.7 percent dependent and only 0.8 percent of them were students (Table 12).

### 4.3.2 Monthly Income Level of the Respondents

The level of monthly income of the respondents plays an important role and also determines the level of living standard and other economic status of the people. Income level classified into three groups not reported, <3000 and 3000 +.

*Table 13: Distribution of Respondents by Monthly Income Level, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Monthly income	Cases	Percentage (%)
Not reported	75	62.5
<3000	25	20.8
3000 +	20	16.7
Total	120	100.0

Source: Field Survey, 2008

In the study, it was observed that 62.5 percent of respondents reported having not income level and it was found that only 37.5 percent respondents had income level. Among then 20.8 percent of respondents had monthly income level were below 3000 and 16.7 percent of respondents had monthly income level were above 3000 we found in the study area (table 13).

### 4.3.3 Size of Land Holding

Nepal is an agricultural country and most of the people are dependent upon agricultural sectors. The size of landholding also indicates the socio-economic status of people.

*Table 14: Distribution of Household by Size of Land Holding, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Land	Cases	Percentage (%)
< 1 ropani	4	3.3
1-4	30	25.0
5-9	42	35.0
10 +	39	32.5
Landless	5	4.2
Total	120	100.0

Source: Field Survey, 2008

Out of the 120 household respondents, most of the 95.8 percent of household have their own land and only 4.2 percent did not have their own land. Among the landholding households, 3.3 percent households have less than 1 ropani, 25

percent have 1-4 ropanies, 35 percent have 5-9 ropanies and 32.5 percent have more than 10 ropanies land holding for cultivation (Table 14).

#### **4.3.4 Sufficiency of Food Product**

In this study, it was observed that out of 115 land holding household respondents, 33.0 percent of household have sufficient food from their own land and remaining 67.0 percent of household have insufficient food because of their small sized land (Table 15).

*Table 15: Distribution of Household by Having Sufficient Food Products,*

Sufficient food product	Cases	Percentage (%)
Yes	38	33.0
No	77	67.0
Total	115	100.0

Source: Field Survey, 2008

#### **4.3.5 Legal Ownership of House**

The study has shown that 95.8 percentages of households have legal ownership of the house and only 4.2 percentages of households did not have their legal owner of the house they were lived in the rent of other people houses (Table 16).

*Table 16: Distribution of Household by Legal Ownership of House, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Ownership house	Cases	Percentage (%)
Yes	115	95.8
No	5	4.2
Total	120	100.0

Source: Field Survey, 2008

#### 4.4 Miscellaneous Characteristics

In this segment, miscellaneous characteristics of respondents such as listening radio or watching television, knowledge of contraceptive methods and use of contraceptive methods

##### 4.4.1 Listening Radio or Watching Television

Almost 84.2 percentage of respondents were found listening radio watching television at a one time in a day and 15.8 percentage of respondents not listening radio or watching television at one time in a day were found in the study area.

*Table 17: Distribution of Respondents by Listening Radio or Watching Television, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Listening ratio/watching TV	Cases	Percentage (%)
Yes	101	84.2
No	19	15.8
Total	120	100.0

Source: Field Survey, 2008

##### 4.4.2 Age at First Menstruation of Respondents

The age at first menstruation in this study is grouped into only two age groups. 10-14 and 15-19 because most of the women were been first menstruation at that time it was observed that almost 59.2 percentage of respondents were found to be first menstruation between ages 15-19 years and 40.8 percentage of respondents were found with in the age of 10-14 years at first menstruation (Table 18).

*Table 18: Distribution of Respondents by Age at First Menstruation, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Menstruation age group	Cases	Percentage (%)
10-14	49	40.8
15-19	71	59.2
Total	120	100.0

Source: Field Survey, 2008

#### **4.4.3 Knowledge of Contraceptive Methods**

Knowledge of contraceptive methods is an important precondition towards gaining access and then using a suitable contraceptive on a timely and effective manner. Knowledge of FP method among people is universal in Nepal (NDHS 2001). The study has shown that 100 percent of respondents were found have knowledge of contraceptive methods. There were not found any respondents having no knowledge of contraceptive methods in this study area (Table 19).

*Table 19: Distribution of respondents by knowledge of contraceptive methods, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Knowledge of contraceptive methods	Cases	Percentage (%)
Yes	120	100.0
Total	120	100.0

Source: Field Survey, 2008

#### **4.4.4 Knowledge of Use of Contraceptive Methods**

Use of contraceptive methods is one of the most important proximate determinants of level of fertility. It is generally assumed that it plays the principle role in transition of lower fertility. It has been observed that, among 120 respondents, 94.2 percentages of respondents were found to be knowledge of use of contraceptive methods and only 5.8 percent of respondents do not know the knowledge of contraceptive methods were found in this study area (Table 20).

*Table 20: Distribution of Respondents by Knowledge of Use of Contraceptive Methods, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Knowledge of use of contraceptive methods	Cases	Percentage (%)
Yes	113	94.20
No	7	5.80
Total	120	100.00

Source: Field Survey, 2008

## **CHAPTER V: KNOWLEDGE ON CONTRACEPTIVES, ATTITUDE AND USE**

This chapter deals with the analysis and interpretation of the obtained data. The obtained data were analyzed and interpreted according to objective of the study. The main objective of this chapter is to examine the knowledge, use and attitude towards contraceptive methods of respondents by selected background variables like current age, education, occupation, children ever born, living son, etc. This chapter consists of six sections. The first section deals with the respondent's knowledge of contraceptive devices. The second section provides the information on the use of contraceptives. The third section describes differential in current use of contraceptives. The fourth section deals with reasons for non-using contraceptives. The fifth section describes side effects of contraceptives and six sections provide attitude of the respondents the use of contraceptives.

### **5.1 Knowledge on Contraceptives**

Family planning services were available to some people of Nepal since the sixties. The government has been involved since 1968 to provide various family planning services to people.

The study collects information about the knowledge of contraceptives on spontaneous and probed basis. Currently married women of reproductive age (15-49 years) have initially asked whether they have heard about any contraceptive methods if they say yes then they have been asked names of contraceptive device. Their response has been based on spontaneous knowledge of contraceptive. On the other hand, if they say no but, when the name of different methods were given to the respondents. Then they have been asked whether they have heard of these particular methods, their response for the previous question was 'yes'. Their response to this question formed the basis of the probed knowledge of contraceptive methods.

#### **5.1.1 Level of Knowledge of Contraceptive Methods**

In this study area a question was asked to all currently married women aged 15-49 years "have you heard of any methods of family planning?" to access the level of knowledge about family planning. Among the total respondents, most of the respondents can say spontaneously and very fewer people of respondents can say the name of different modern and natural methods of contraceptive after probing.

Table 21: *Distribution of Currently Married Women Knowing at least one Contraceptive Method, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Contraceptive methods	Knowledge of contraceptive methods	
	Cases	Percentage (%)
<b>Any modern methods</b>		
Condom	98	81.2
Pills	95	79.2
Injectible (Depo-Provera)	120	100.0
Norplant	86	71.7
Copper T	89	74.2
IUD	25	20.8
Foaming Tablets	21	17.5
Female sterilization	111	92.5
Male sterilization	110	91.7
<b>Any natural methods</b>		
Withdrawal	10	8.3
Safe period	8	6.7
Total number of respondents	120	100.0

Source: Field Survey, 2008

(Note: the cases and percentages on the above tables were the multiple responses and the percentage is based on 120 respondents)

Out of the 120 currently married women, 100 percent of the respondents were familiar with at least one contraceptive method, while national figure is found 99.5 percent based on 2001 census. Among them the modern individual methods, injectible (100.00 %) appears to be the best known contraceptive methods, followed by female sterilization (92.5 %), male sterilization (91.7 %), condom (81.2 %), pills (79.2 %), Copper T (74.2 %), Norplant (71.7 %). Other modern methods were less known (20.8 %) of respondents were familiar with IUD and only 17.5 percent with foaming tablets. On the other hand, in the natural methods a very few respondents were found familiar with withdrawal and safe period methods 8.3 and 6.7 percentage respectively.

It was found that, overall the currently married women who have knowledge of contraceptive device cent percent injectible, followed by female sterilization and male sterilization appears to be the best known of contraceptive device 92.5 and 91.7 percentage were respectively (Table 21).

### **5.1.2 Knowledge of Contraceptive According to Age Distribution**

The age is the important factor in demography study. In this study, the respondent's age groups are divided into three age groups as 15-24, 25-34 and

above 35. The following table presents the eligible women's knowledge on various contraceptive methods according to age distribution is given below.

*Table 22: Distribution of Currently Married Women age 15-49 Years Who Have Known Any Contraceptive Methods According to Age Groups, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Contraceptive methods	Age group of women							
	15-24		25-34		35 +		Total	
	Case	(%)	Case	(%)	Case	(%)	Case	(%)
<b>Any modern methods</b>								
Condom	21	91.3	36	87.8	41	73.2	98	81.7
Pills	19	82.6	36	87.8	40	71.4	95	79.2
Injectible (Depo-Provera)	23	100.0	41	100.0	56	100.0	120	100.0
Norplant	17	73.9	34	82.9	35	62.5	86	71.7
Copper T	21	91.3	37	90.2	31	55.4	89	74.2
IUD	8	34.8	11	26.8	8	14.3	25	20.8
Foaming Tablets	7	30.4	8	19.5	6	10.7	21	17.5
Female sterilization	21	91.3	41	100.0	49	87.5	111	92.5
Male sterilization	20	87.0	40	97.6	50	89.3	110	91.7
<b>Any natural methods</b>								
Withdrawal	6	26.1	2	4.9	2	3.6	10	8.3
Safe period	3	13.0	3	7.3	2	3.6	8	6.7
Total number of respondents	23	100.0	41	100.0	56	100.0	120	100.0

Source: Field Survey, 2008

(Note: There were multiple answer alternatives for this information and hence the some of all categories may not equal to the total cases).

The study shows that 100 percent of currently married women reported knowing at least one method. From the above table also the currently married women in different age groups have been reported their knowledge about different modern and natural contraceptive methods. The age group 15-24 years has good knowledge of modern injectible (100 %), followed by condom, Copper T, female sterilization (91.3 %), male sterilization (87.0 %), pills (82.6 %), Norplant (73.9 %), foaming tablets (3.40 %), IUD (34.8 %). In the natural method, (26.1 %) knew about withdrawal and (13.0 %) only knew about safe period. Another age group 25-34 years have good knowledge of modern method injectible, female sterilization both (100.0 %), followed by male sterilization (97.0 %), Copper T (90.2 %), condom, pills both (87.8 %), IUD (26.8 %), foaming tablets (19.5 %). And in the natural method safe period (7.3 %) and withdrawal only (4.9 %). Likewise the age group above 35 years have a good knowledge of injectible (100.0 %), followed by male sterilization (89.3 %), female sterilization (87.5 %), condom (73.2 %), pills



(71.4 %), Norplant (62.5 %), copper T (55.4 %), IUD 14.3 %, foaming tablets 10.7 % and natural method withdrawal and safe period both (3.6 %).

We can conclude that overall three age group of currently married women 15-24 and above 35 age groups of women injectible (100.0 %) appears to be the best known of modern contraceptive and 25-34 age group of women injectible and female sterilization (100.0 %) appears to be the vest known of modern contraceptive methods (table 22).

### 5.1.3 Knowledge of Contraceptive According to Level of Education

There exists positive relationship associated to the use of family planning method and education of women. The education level of women in this study is grouped into four categories: illiterate, non-formal, school level and SLC and above.

*Table 23: Distribution of Currently Married Women Aged 15-49 Years Who Have Known any Contraceptive Methods According to Their Level of Education, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Contraceptive methods	Level of education									
	Illiterate		Non formal		School level		SLC above		Total	
	Case	(%)	Case	(%)	Case	(%)	Case	(%)	Case	(%)
<b>Any modern methods</b>										
Condom	13	72.2	41	74.5	36	95.0	6	87.5	98	81.7
Pills	11	61.1	42	76.4	36	90.0	6	87.5	95	79.2
Injectible (Depo-Provera)	18	100.0	55	100.0	40	100.0	7	100.0	120	100.0
Norplant	10	55.6	37	67.3	34	85.0	5	74.4	86	71.7
Copper T	11	61.1	35	63.6	36	90.0	7	100.0	89	74.2
IUD	12	11.1	7	12.7	12	30.0	4	57.1	25	20.8
Foaming Tablets	3	16.7	4	7.3	12	30.0	2	26.8	21	17.5
Female sterilization	16	88.9	49	89.8	39	97.5	7	100.0	111	92.5
Male sterilization	15	83.3	51	92.7	38	95.0	6	85.7	110	91.7
<b>Any natural methods</b>										
Withdrawal					6	15.0	4	57.1	10	8.3
Safe period					5	12.5	3	42.9	8	6.7
Total number of respondents	18	100.0	55	100.0	40	100.0	7	100.0	120	100.0

Source: Field Survey, 2008

(Note: There were multiple answer alternatives for this information and hence the some of all categories may not equal to the total cases).

Among the illiterate women they have good knowledge of modern contraceptive methods injectible (100.0 %), followed by female sterilization (88.3%), condom (72.2 %), copper T and pills both (61.1 %), Norplant (55.6 %). A very few percentage of respondents were found familiar with foaming tablets and IUD (16.7 %) and (11.7 %) respectively and no one have knowledge about natural methods. Overall 55 currently married women who have got non formal education they have good knowledge of modern methods of injectible (100.0 %), followed by male sterilization (92.7 %), female sterilization (89.1 %), pills (76.4 %), condom (74.5 %), Norplant (67.3 %), Copper T (63.6 %) and a very few percentage of respondents were found foaming tab and IUD. There were no one have knowledge about any natural methods in this level also. Like wise out of the 40 currently married women who have received school level education they have good knowledge of modern methods injectible (100.0 %), followed by female sterilization (97.5 %) male sterilization and condom both (95.0 %), pills and copper T both (90.0 %), Norplant (85.0 %), IUD and foaming tablets (30.0 %) and 27.5 percent of natural methods. Among them, 15 percent of women have knowledge of withdrawal and 12.5 percent have safe period methods. Lastly the women who were able to pass SLC and above education cent percent knowledge of modern methods injectible, Copper T and female sterilization, followed by male sterilization (85.7 %), Norplant (71.4 %), IUD (57.1 %), foaming tablets (28.6 %) and 100.0 percent have knowledge of natural methods. Among them 57.1 percent of women have withdrawal and 42.9 percent of women have safe period.

We can conclude that overall currently married women of all level having knowledge of injectible contraceptive device which is the best among other contraceptive device. And other modern or natural methods were increased according to higher level of education. This study also shows that, respondents who were illiterate and having non-formal education did not use any natural method. One the other hand responds having higher education have found the use of natural methods (Table 23).

#### ***5.1.4 Source of Information of Contraceptive***

The currently married women of age 15-49 years who had heard at least any family planning methods were asked from where they had heard in first time about message of this family planning methods. Their reply is presented in the following table.

*Table 24: Distribution of Currently Married Women Aged 15-49 Years Who Have Known Any Contraceptive Methods at First According to Different Sources, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Source of information	Cases of respondents	Percentage (%)
Don't know	6	5.0
Friends	30	25.0
Family	15	12.5
Health worker	13	10.8
Radio/TV	42	35.0
Neighbours	3	2.5
Others	11	9.2
Total	120	100.0

Source: Field Survey, 2008

In this study the information sources was grouped into seven categories. They are friends, family, health worker, radio/TV, neighbour, others and do not know. 35.0 percent of respondents have heard about message of contraceptive methods at the first time from radio/TV about 25.0 percent of respondents have heard contraceptives at the first time through the friends followed by family (12.5 %), health worker (10.8 %), others media (9.1 %) and only (2.5 %) from neighbour but 5.0 percent of respondents don't know the source of contraceptive information.

We can conclude from above table that, radio and TV was effective media of family planning methods information in this study area (Table 24).

## **5.2 Use of Contraceptives**

Contraceptive use is one of the most important "proximate" determinants of aggregate level of fertility. Further, more it generally assumed to play the principle role in transition to lower fertility. The use of contraceptive may have significant impact on declining population growth.

The use of family planning methods depends on various factors. The studies shows that the use of contraceptive is dependent on the socio-economic and demographic characteristics of couples such as occupation status, level of education, religion, no. of living children, children ever-born, age at marriage and caste etc. In this study, efforts have been made to show the relationship between the uses of contraceptive methods by some selected demographic variables.

### 5.2.1 Ever Use of Contraceptive

The term "ever use" means use of any methods of contraceptive at least once currently or in the past. The respondents were asked whether they had ever used a method or not.

*Table 25: Distribution of Currently Married Women Aged 15-49 Years Who Have Reported Ever Uses of Contraceptive Methods, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Methods of contraceptives	Ever uses	
	cases	Percentage (%)
<b>Any modern methods</b>		
Condom	7	9.0
Pills	18	23.1
Injectible (Depo-Provera)	22	28.2
Norplant	1	1.3
Copper T	3	3.8
Female sterilization	13	16.7
Male sterilization	24	30.8
<b>Any natural methods</b>		
Withdrawal	2	2.6
Safe period	4	5.1
Total number of respondents	78	100.0

Source: Field Survey, 2008

(Note: The cases and percentage in the above table are the multiple responses and the percentage is based on 78 respondents).

Above table shows that out of the 120 currently married women age 15-49 years, about 94.2 percent of respondents were found to be have knowledge of use of contraceptive methods, while ever use of contraceptives was only 65.0 percent. Which is higher than the national figure 39.3 percent (DHS, 2001) among them the modern methods commonly used methods were found male sterilization (30.8 %), followed by injectible (28.2 %), female sterilization (16.7 %), condom (9.0 %), copper T (3.8 %) and Norplant (1.3 %) the other hand in the natural methods safe period (5.1 %) and withdrawal method only 2.6 percent.

Above table analysis it could be concluded 30.8 percent of ever uses do used male sterilization is highest among other modern methods uses and Norplant 1.3 percent was method which least used (Table 25).

### 5.2.2 Age of Women and Ever Used of Contraceptives

The age of respondents in this study was divided into three age groups: 15-24, 25-34 and above 35. The following table provides the information on currently married women who have ever used any contraceptive methods by age. The ever use of contraceptive varies with age interval of women. Out of 78 ever uses respondents the highest users 50.0 percent was found in above 35 years age groups of women 25-34 years (35.9 %) and lowest uses were found 15-24 years age groups of women (14.1 %). Among the modern contraceptive methods, the most commonly used methods were found male sterilization (30.8 %), followed by injectible (28.2 %), pills (23.1 %), female sterilization (16.7 %), condom (9.0 %), copper T (3.8 %) and Norplant (1.3 %) only. In the natural methods, safe period and withdrawal were found 5.1 % and 2.6 percent respectively.

We can concluded that ever use of contraceptive methods either modern or natural were increased according to older age women then the younger and intermediate aged. For example 15-24 years of women (14.1 % ) 25-34 years of women (35.9 %)and above 35 years of women (50.0 %)(Table 26).

*Table 26: Distribution of Currently Married Women Aged 15-49 Years Who Have Ever Used Any Contraceptive by Specific Methods According to Age, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Methods of contraceptives	Age group of women							
	15-24		25-34		35 +		Total	
	cases	%	cases	%	cases	%	cases	%
<b>Any modern methods</b>								
Condom	3	27.3	2	7.1	2	5.1	7	9.0
Pills	4	36.4	8	28.6	6	15.6	18	23.1
Injectible (Depo-Provera)	5	45.6	9	32.1	8	20.5	22	28.2
Norplant					1	2.7	1	1.3
Copper T			3	10.7			3	3.8
Female sterilization			6	21.4	7	17.9	13	16.7
Male sterilization			9	23.1	15	38.5	24	30.8
<b>Any natural methods</b>								
Withdrawal			2	7.1			2	2.6
Safe period	1	9.1	1	3.6	2	5.1	4	5.1
Total number of respondents	11	100.0	28	100.0	39	100.0	78	100.0

Source: Field Survey, 2008

(Note: The cases and percentage in the above table are the multiple responses and the percentage is based on 78 respondents).

### 5.2.3 Education of Women and Ever Use of Contraceptives

There exists positive relationship associated to the use of family planning methods and education of women. The education level of women in this study is grouped into four categories: illiterate, non-formal, school level and SLC and above.

Table 27: *Distribution of Currently Married Women Aged 15-49 Years Who Have Ever Used Any Contraceptive by Specific Methods and Their Level of Education, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Methods of contraceptives	Women's education									
	Illiterate		Formal		School level		SLC and above		Total	
	cases	%	cases	%	cases	%	cases	%	cases	%
<b>Any modern methods</b>										
Condom	1	9.1	1	2.4	5	22.7			7	9
Pills	2	18.2	5	11.9	10	45.5	1	33.3	18	23.1
Injectible (Depo-Provera)			15	35.7	6	27.3	1	33.3	22	28.2
Norplant			1	2.4					1	1.3
Copper T			1	2.4	2	9.1			3	3.8
Female sterilization	3	27.3	7	16.7	3	13.6			13	16.7
Male sterilization	5	45.5	15	35.7	4	18.2			24	30.8
<b>Any natural methods</b>										
Withdrawal					1	4.5	1	33.3	2	2.5
Safe period					4	18.2			4	5.1
Total number of respondents	18	100	42	100	22	100	3	100.0	78	100.0

Source: Field Survey, 2008

(Note: The cases and percentage in the above table are the multiple responses and the percentage is based on 78 respondents).

The field survey data shows that among the ever uses of modern contraceptive 45.5 percent were practicing male sterilization, followed by female sterilization (27.3 %), pills (18.2 %) and condom (9.1 %). But there were no one found ever uses other modern methods injectible, Norplant, Copper T and in the natural methods withdrawal and safe period who were illiterate women. The women who were able to received non-formal education 35.7 percent were practicing both male sterilization and injectible, followed by female sterilization (16.7 %), pills (11.9 %), condom, Norplant and Copper T (2.4 %). In the natural method there were no one found ever use in this level also. Similarly the women who were able to received school level education 45.5 percent pills, followed by condom (22.7 %),

male sterilization (8.2 %), female sterilization (13.6 %), Copper T (9.2 %) and ever users of Norplant were not found in this study. On the other hand in the natural methods 18.2 percent were practicing safe period and only 4.5 percent withdrawal. Lastly among the level of SLC and above 33.3 percent were practicing modern methods pills, Injectable and natural methods withdrawal. But ever users of other modern methods and natural methods safe period were not found in this study area.

In this study, we can find out higher percentage of educated women use more contraceptive as compared to women who have illiterate women (Table 27).

#### **5.2.4 Occupation of Women and Ever Use of Contraceptive**

Occupation status of women is often considered one of the major determinants of their fertility behaviour. It also determines the level of knowledge and use of contraceptive of the respondents. In this study, occupation is categorized in to two groups' agriculture and non-agriculture.

*Table 28: Distribution of Currently married Women of Aged 15-49 Years Having Ever used any Contraceptive According to Their Occupation, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Methods of contraceptives	Occupation of women					
	agriculture		non agriculture		Total	
	case	(%)	case	(%)	case	(%)
<b>Any modern methods</b>						
Condom	2	4.80	5	13.9	7	9.0
Pills	7	16.7	11	30.6	18	23.1
Injectible (Depo-Provera)	11	26.2	11	30.6	22	28.2
Norplant	1	2.4			1	1.3
Copper T	3	7.1			3	3.8
Female sterilization	8	66.7	5	38.5	13	16.7
Male sterilization	16	28.1	8	22.4	24	30.8
<b>Any natural methods</b>						
Withdrawal	1	2.4	1	2.8	2	2.6
Safe period	1	2.4	3	8.3	4	5.1
Total number of respondents	42	100.0	36	100.0	78	100.0

Source: Field Survey, 2008

(Note: The cases and percentage in the above table are the multiple responses and the percentage is based on 78 respondents)

The study data shows that, out of 78 ever users of currently married women 53.8 percent of women engaged in agriculture sector. Among them, female sterilization to be the best used of modern contraceptive method i. e. (66.7 %), followed by

male sterilization (28.1 %), injectible (26.2 %), pills (16.7 %), Copper T (7.1 %) condom (4.8 %) and Norplant (2.4 %). In the natural methods users safe period and withdrawal (2.4 %) only. On the other hand, 46.20 percent of women were engaged in non-agricultural sector. Among them female sterilization to be the best used of modern contraceptive methods (38.50 %), followed by pills and injectible both (30.6 %), male sterilization (22.2 %), condom (13.8 %) and there were no one observed using Norplant and Copper T methods. In the natural methods, 8.3 percent practise safe period and only 2.8 percent of respondents were practicing withdrawal method.

We can conclude that overall ever users' women who engaged in agriculture sector more likely to use of modern contraceptive methods than women involved in non agriculture sector. Just opposite situation was observed in natural methods (Table 28).

#### ***5.2.5 No of Living Son's and Ever Use of Contraceptives***

Number of living son is the important factor to use contraceptives in the study area. There is interrelationship between ever use of contraceptive and number of living son when the number of living son is increased the ever use of contraceptive also increased than that number of son.

This study shows that number of living sons and ever use of contraceptive almost (62.5 %) of currently married women used modern temporary method injectible, pills (37.3 %). On the other hand modern permanent method uses male sterilization and natural method safe period both (12.5 %) only but ever used of other methods condom, Norplant, female sterilization and withdrawal methods were not found who have not any sons. Likewise the women who have one son among 38.7 percent of were used modern temporary method injectible, followed by pills (28.5 %), condom (16.1 %), Copper T (3.2 %). On the other hand modern permanent method male sterilization (28.5 %) and female sterilization (22.6 %). In the natural method safe period (6.4 %) and withdrawal (3.2 %). But ever used of Norplant were not found. Similarly the women who have two living sons among 29.2 percent were used modern permanent method male sterilization and female sterilization (20.8 %). On the other hand modern temporary methods pills (20.8 %), followed by injectible (16.7 %), condom (8.2 %). In natural method safe period only (4.2 %). There were not found any one ever users Norplant, Copper T and withdrawal methods. At last the women who have more than three living sons



almost 53.3 percent used permanent method male sterilization and female sterilization (6.7 %). On the other hand modern temporary methods pills and Copper T both (13.3 %), followed by Norplant injectible both (6.7 %) and natural method withdrawal also (6.7 %). But ever used of condom and safe period were not found in this study area.

In this study suggests that a women having higher number of living sons is more like to use only temporary method than that of no sons. On the other hand permanent method user was increasing by the increasing number of living sons also. This exhibited the extent of sons performance dominated society (Table 29).

*Table 29: Distribution of Currently Married Women Aged 15-49 Years Who Have Ever Used Any Contraceptive by Specified Methods and Number of Living Son's, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

contraceptive methods	number of living sons									
	no son		one son		two sons		three+ sons		total	
	cases	%	case	%	case	%	case	%	case	%
<b>Any modern methods</b>										
Condom			5	16.1	2	8.2			7	9
Pills	3	37.5	8	25.8	5	20.8	2	13.3	18	23.1
Injectible	5	62.5	12	38.7	4	16.7	1	6.7	22	28.2
Norplant							1	6.7	1	1.3
Copper T			1	3.2			2	13.3	3	3.8
Female sterilization			7	22.6	5	20.8	1	6.7	13	16.7
Male sterilization	1	12.5	8	25.8	7	29.2	8	53.3	24	30.8
<b>Any natural methods</b>										
Withdrawal			1	3.2			1	6.7	2	2.5
Safe period	1	12.5	2	6.4	1	4.2			4	5.1
Total number of respondents	8	100	31	100	24	100	15	100	78	100

Source: Field Survey, 2008

Note: The cases and percentage in the above tables were the multiple responses and the percentage is based on 78 respondents.

### 5.2.6 Number of CEB and Ever Use of Contraceptives

CEB is the total number of live birth to a woman during the lifetime. In this study CEB is classified into three groups 1-2, 3-5 and more than 5.

Table 30: *Distribution of Currently Married Women Aged 15-49 Years Who Have Ever Used Any Contraceptive By Specified Method and Number of CEB, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Contraceptive methods	Number of CEB							
	1-2		3-5		above 5		Total	
	cases	%	cases	%	cases	%	cases	%
<b>Any modern methods</b>								
Condom	4	11.3	3	8.1			7	9.0
Pills	10	28.6	6	16.2	2	33.3	18	23.1
Injectible	14	40.0	7	18.9	1	16.7	22	28.2
Norplant			1	7.2			1	1.3
Copper T	1	9.2	2	5.4			3	3.8
Female sterilization	4	11.4	9	25.7			13	16.7
Male sterilization	6	17.1	15	40.5	3	50.0	24	30.8
<b>Any natural methods</b>								
Withdrawal	2	5.7					2	2.6
Safe period	4	11.4					4	5.1
Total number of respondents	35	100.0	37	100.0	6	100.0	78	100.0

Source: Field Survey, 2008

(Note: The cases and percentage in the above tables were the multiple responses and the percentage is based on 78 respondents.)

The study has shown that almost 40 percent of ever uses respondents were used modern method injectible followed by pills (28.6 %), male sterilization (17.1 %) ,female sterilization and condom both equal (11.4 %), Copper T (9.2 %) and in the natural method were used safe period (11.4 %) and withdrawal 5.7 percent of women who have one to two CEB. Among the respondents who have 3-5 CEB 40.5 percent were used male sterilization, followed by female sterilization (25.7 %), injectible (18.9 %), pills (16.2 %), condom (8.1 %), Copper T and Norplant 5.4 and 2.7 percent respectively. On the other hand there were not found ever uses of natural methods. Likely, the women who have 5 and above 50 percent were used male sterilization, 33.3 percent pills and 16.7 percent injectible. However, in the natural methods there were no found ever uses in this study area (Table 30).

### 5.2.7 Current Use of Contraceptives

Current use is defined as the use of any contraceptive methods during the census time. In order to find out the number of respondents using specific method of contraceptive currently, they were asked where or not had been in use of any method currently and specify the method if they are using.

*Table 31: Distribution of Currently Married Women Who Have Reported Current Users of Contraceptive Methods, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Method of contraceptive	current users	
	case	%
<b>Any modern methods</b>		
Condom		
Pills	6	21.4
Injectible	6	21.4
Norplant		
Copper T	1	3.6
Female sterilization	11	39.3
Male sterilization	3	10.7
<b>Any natural methods</b>		
Withdrawal	1	3.6
Safe period		
Total number of respondents	28	100.0

Source: Field Survey, 2008

Above table shows that among the 120 currently married women aged 15-49 years about 94.2 percent have knowledge of use of contraceptive methods, while current use of contraceptive methods was only 23.3 percent of women which is lower than the average national figure 39.3 percent (DHS 2001). Among them the modern methods using individually female sterilization to be the best using contraceptive methods (39.3 %), followed by pills and injectible both (21.4%), male sterilization 10.7 %, Norplant, Copper T and natural method withdrawal both (3.6 %). But there were no one observed using condom, Norplant and natural method safe period in current user category.

With observation of above analysis it was observed that the 39.3 percent of currently user do use female sterilization which is highest among all currently users and 3.6 percent withdrawal methods which was least users (Table 31).

### 5.3 Differential Current Use of Contraceptives

#### 5.3.1 Age of Women and Current Use of Contraceptives

In this study, the respondents age was grouped into three ages grouped as 15-24, 25-34 and above 35. From the following table provides the distribution of currently married women who were currently using contraceptive methods and according to age. Out of 28 currently use of respondents usually current use of contraceptive was found higher in those women whose age was above 35 years (50 %), 25-34 years (37.1 %) and least uses were found those women whose age was 15-24 only (14.3 %). Among them the modern method the most commonly used method were found female sterilization (39.3 %), followed by pills and injectible both equal (21.4 %), male sterilization (10.7 %), Copper T (3.6 %). In the natural methods withdrawal only (3.6 %) were using any form of the contraception at the time of survey. But currently using of other modern methods condom, Norplant and the natural method safe period were not found during the period of survey in the study area.

We can conclude that above table analysis most of the respondents were using the contraceptive method above 35 years of age. Out of the most of the respondents was used female sterilization (Table 32).

*Table 32: Distribution of Currently Married Women Aged 15-49 Years Who Were Currently Using Contraceptive by Specific Method According to Age, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Contraceptive method	Age groups of women							
	15-24		25-34		Above 35		Total	
<b>Any modern method</b>	cases	%	cases	%	cases	%	cases	%
Pills	3	75.0			3	21.4	6	21.4
Injectible	1	25.0	1	10.0	4	28.6	6	21.4
Copper T			1	10.0			1	3.6
Female sterilization			6	60.0	5	35.7	11	39.3
Male sterilization			2	20.0	1	7.1	3	10.7
<b>Any natural method</b>								
Withdrawal					1	7.1	1	3.6
Total	4	100.0	10	100.0	14	100.0	28	100.0

Source: Field Survey, 2008

### 5.3.2 Education of Women and Current Use of Contraceptive

In this study, the level of women education was grouped into four categories: illiterate, non-formal, school level and SLC and above but there were no one of any contraceptive methods current user's women SLC and above level.

*Table 33: Distribution of Currently Married Women Aged 15-49 Years Who Were Currently Using Contraceptive Methods by Specific Methods and Their level of Education, Darai Community Vyas Municipality, Tanahun, Nepal, 2008.*

Contraceptive methods	women's education							
	Illiterate		Non formal		School level		Total	
	cases	%	cases	%	cases	%	cases	%
Pills	2	100.0	2	12.5	2	20.0	6	21.4
Injectible			4	25.0	2	20.0	6	21.4
Copper T					1	10.0	1	3.6
Female sterilization			9	56.3	2	20.0	11	39.3
Male sterilization					3	30.0	3	10.7
Withdrawal			1	6.3			1	3.6
Total	2	100.0	16	100.0	10	100.0	28	100.0

Source: Field Survey, 2008

From the above table observed that out of 28 currently users of aged 15-49 years of women those who were illiterate 100 percent of them were practicing pills. But there were no one observation using other modern and natural methods in the current users category. On the other hand the women who were able to get non formal education female sterilization was highest (56.3 %), followed by injectible (25 %); pills (12.5 %) and withdrawal 6.3 percent only natural method withdrawal were practicing in this level. But there were not found any one Copper T, male sterilization methods users. Similarly the women who were receiving school level education 30 percent were practicing male sterilization followed 20 percent respondents were practicing female sterilization, pills and injectible and only 10 percent were practicing Copper T. But current using of natural methods withdrawal was not found.

We can observed that above table educated women were more likely to use contraceptives birth spacing as well as limiting where as women have no or little education generally use contraceptives only for limiting birth in this study (Table 33).

### 5.3.3 Occupation of Women and Currently Use of Contraceptives

It has observed that out of 28 currently using of currently married women 50 percent of women found who were engaged in the agriculture sector. Among them the individually female sterilization to be best used of modern contraceptive methods then the other methods (50 %), followed by injectible (28.6 %), male sterilization (14.3 %) and pills (7.1 %) only. There were not found currently using of Copper T and natural methods withdrawal safe period. On the other hand 28 current users of respondents 50 percent of women found who were engaged in non agriculture sector also. Among them pills to be best used of modern contraceptive methods than the other methods (35.7 %), followed by female sterilization (28.6 %), injectible (14.3 %) and Copper T, male sterilization and natural method withdrawal (7.1 %). But current users of other modern and natural methods safe period were not found.

With observation of above analysis it was observed that the overall current users women who were engaged in agriculture sector more likely to use of modern contraceptive methods than the non agriculture sector. But just opposite natural methods users' non agriculture sector women more than the agriculture sector (Table 34).

*Table 34: Distribution of Currently Married Women of Aged 15-49 Years Currently Using Contraceptive by Specific Methods and Occupation, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Contraceptive method	Major occupation of women					
	Agriculture		Non agriculture		Total	
	cases	%	cases	%	cases	%
Pills	1	7.1	5	35.7	6	21.4
Injectible	4	28.6	2	14.3	6	21.4
Copper T			1	7.1	1	3.5
Female sterilization	7	50.0	4	28.6	11	39.2
Male sterilization	2	14.3	1	7.1	3	10.7
Withdrawal			1	7.1	1	3.5
Total	14	100.0	14	100.0	28	100.0

Source: Field Survey, 2008

### 5.3.4 Number of Living Sons and Current Use of Contraceptives

The following table provides that percentage distribution of currently married women who have currently using any contraceptive methods and number of living sons. According to this table the women who have not any son cent percent of the women were using temporary methods (pills 33.3 % and injectible 66.7 %) but

there were not found other temporary, permanent and natural methods users. Among the women who have one living son almost 57.1 percent of them were using modern permanent methods (female sterilization 50 % and male sterilization 7.1 %) and 35.7 percent were using temporary methods (pills and injectible both 14.3 % and Copper T 7.1 %). In the natural methods withdrawal 7.1 percent only. Similarly the women who have two living sons most of the 63.5 percent of respondents were using permanent methods (female sterilization 35.5 % and male sterilization 25 %) and 37.5 percent were practicing temporary methods (pills 12.5 % and injectible 25 %) but there were not found any one respondents currently practicing of natural method. At last the women who have 3 or more then 3 living sons 66.7 percent were using temporary methods pills and 33.3 percent were using permanent method female sterilization. But there were not found any one respondent using natural method.

In this study this suggests that this was son preferring society as a result women were not interested to use temporary and permanent contraceptive methods until and unless they have one or more than living sons. Thus the use of contraception heavily depends upon number of living sons in study area (Table 35).

*Table 35: Distribution of Currently Married Women Aged 15-49 Years Were Currently Using Contraceptive by Specific Methods and Number of Livings Sons, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Methods of contraceptives	Number of living sons									
	No son		One son		Two son		Three + son		Total	
	cases	%	cases	%	cases	%	cases	%	cases	%
Pills	1	33.3	2	14.3	1	12.5	2	66.7	6	21.4
Injectible	2	66.7	2	14.3	2	25.0			6	21.4
Copper T			1	7.1					1	3.6
Female sterilization			7	50	3	37.5	1	33.3	11	39.3
Male sterilization			1	7.1	2	25			3	10.7
Withdrawal			1	7.1					2	3.6
Total	3	100.0	14	100.0	8	100.0	3	100.0	28	100.0

Source: Field Survey, 2008

### **5.3.5 Number of CEB and Current Use of Contraceptive**

In this study it was observed that 66.7 percent of women, who have 1-2 CEB using modern permanent methods (female sterilization 50 % and male sterilization 16.7 %) and 33.4 percent using modern temporary methods (pills 16.7 %, injectible 11.1 % and Copper T 5.6 %). But there were not found current

users of natural methods. Similarly among the respondents who have 3-5 CEB almost 62.5 percent using modern temporary method (injectible 50 % and pills 12.5 %) and modern permanent methods female sterilization 25 percent. In the natural method withdrawal was prevailed 12.5 percent only. Like wise the women who have 5 and more than 5 CEB using cent percent users of other modern and natural methods were not found in this study area.

We can find out in this study most of the women who have 2 or more than children they were using the permanent methods male sterilization and female sterilization 50 percent more than the other methods (Table 36).

*Table 36: Distribution of Currently Married Women Who Were Currently Using Contraceptive by Specific Methods and Number of CEB, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Methods of contraceptive	Children ever born							
	1-2		3-5		above 5		Total	
	cases	%	cases	%	cases	%	cases	%
Pills	3	16.7	1	12.5	2	100.0	6	21.6
Injectible	2	11.1	4	50.0			6	21.6
Copper T	1	5.6					1	3.6
Female sterilization	9	50.0	2	25.0			11	39.3
Male sterilization	3	16.7					3	10.7
Withdrawal			1	12.5			1	3.6
Total	18	100.0	4	100.0	2	100.0	28	100.0

Source: Field Survey, 2008

### **5.3.6. Reason for Non Use of Contraceptives**

Among the currently married women who are not using contraceptives were also asked about the reason for non use of family planning methods at the time of survey and their response are given below.



*Table 37: Distribution of Currently Married Women Aged 15-49 Years by Main Reasons For Not Using Contraception, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Reasons of non use of contraceptives	cases	%
Cause of health	18	42.9
Cause of religion	2	4.8
Desire for son	5	11.9
Desire for more children	3	7.1
Fear of side effects	2	4.8
Husband opposed	5	11.9
Don't know	7	16.3
Total	42	100.0

Source: Field Survey, 2008

Out of the total non users respondents most of 42.9 percent of the respondents stated that the main reasons for not using contraceptive was cause of health followed by desire for son, and husband opposed (11.9%), desire for more children (7.1%). About 4.8 percent of the respondents were not using contraceptive because of cause religion and fear of side effects both like wise 16.3 percent of non users did not stated their reasons for not using contraceptive. The main reason for not using family planning methods causes the health of respondent (Table 37).

#### **5.4 Side Effects of Contraceptive Methods**

In this study, the age of women were grouped into three age groups as 20-29, 30-39 and 40-49 years. It was observed that out of the total contraceptive users, 50 percent of currently married women of age group 20-29 years reported side effects of over bleeding during menstruation period, followed by irregular menstruation and weight loss with 20 percent each and 10 percent other specify side effects. Similarly, 30-39 years of women reported that heavy bleeding, during menstruation period, irregular menstruation and weight loss equal 28.6 percent and 14.3 percent of other specify side effects. Women in 40-49 years age group 42.9 percent respondents indicated irregular menstruation followed by 28.6 percent other specify side effects and 14.3 percent of respondents indicated heavy bleeding during menstruation period and weight loss. Over bleeding during menstruation period and irregular menstruation were found main side effects in all age groups of women (Table 38).

*Table 38: Distribution of Currently Married Women Aged 15-49 Years Who Reported Side Effect According to Age, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Side effects	Age groups of women							
	20-29		30-39		40-49		Total	
	cases	%	cases	%	cases	%	cases	%
Heavy bleeding during menstruation period	5	50.0	2	28.6	1	14.3	8	33.3
Irregular menstruating	2	20.0	2	28.6	3	42.9	7	29.2
Weight loss	2	20.0	2	28.6	1	14.3	5	20.8
Other specify	1	10.0	1	14.3	2	28.6	4	16.7
Total	10	100.0	7	100.0	7	100.0	24	100.0

Source: Field Survey, 2008

## **5.5 Attitude towards Contraceptive**

Attitude towards contraceptives deals with different parts i.e. attitude towards child bearing age of women, attitude towards birth spacing, attitude towards advantages of contraceptives, attitude towards the promotion of contraceptives and discuss with husband about contraceptive methods.

### **5.5.1 Attitude towards Childbearing Age of Women**

All currently married women aged 15-49 years asked about appropriate child bearing age of women at the time of survey. In this study the child bearing age of women is grouped into three age groups 15-19, 20-24, 25-29 and don't know.

*Table 39: Distribution of Currently Married Women Aged 15-49 Years According to Their View of Childbearing Age of Women, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Women's age	women's view of child bearing	
	cases	%
15-49	12	10.8
20.24	95	79.2
25-29	9	7.5
Don't know	3	2.5
Total	120	100.0

Source: Field Survey, 2008

According to above mentioned table 79.2 percent of currently married women reported that an appropriate child bearing age is between 20-24 years, followed by 15-19 years (10.8 %) and 7.5 percent of respondents reported that an appropriate child bearing is between 25-29. But only 2.5 percent respondents

don't know about the child bearing age of women were found in this study (Table 39).

### **5.5.2 Attitude towards Birth Spacing**

The difference between the first and the second birth interval is called as birth spacing. Many studies shows that there is negatives relationship between birth spacing and the risk of death of child and mother i. e. shorter the birth interval higher the rate of death of both child and mother.

Overall currently married women aged 15-49 years were asked about appropriate birth spacing between two children at the time of survey. Their view on ideal length of birth spacing of presented in the following table.

*Table 40: Distribution of Currently Married Women Aged 15-49 Years According to Their Ideas Aged of Birth Spacing in Two Children, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008*

Period of Birth Spacing	women view on birth interval	
	cases	%
<5	42	35
5	60	50
>5	11	9.2
Don't know	7	5.8
Total	120	100.0

Source: Field Survey, 2008

The period of birth spacing in this study was grouped into three age groups: below 5 years, 5 years and above 5 years and don't know. Almost 50 percent of currently married women prefer at least 5 years interval between two birth, followed by 35 percent of respondents wants to keep below 5 years interval between two birth and 9.2 percent of women reported that they can give birth to another baby when the previous child become 5 years above. But only 5.8 percent of the currently married women were not sure about their view on ideal length of birth spacing were found in this study area (Table 40).

### **5.5.3 Attitude towards Advantage of Using Contraceptives**

All currently married women aged 15-49 years also were asked about the advantage of contraceptive methods at the time of survey.

*Table 41: Distribution of Currently Married Women Aged 15-49 Years According to Their Opinion About Advantage of Contraceptive Methods, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008.*

Advantage of contraceptive methods	cases	%
To make better economic condition of family	41	34.2
To make better child and mother health	44	36.7
To make better education and appropriate care of children	19	15.8
To make happy family	62	51.7
Don't know	9	7.5
Total number of respondents	120	100.0

Source: Field Survey, 2008

It was found that among 120 respondents 51.7 percent of the respondents stated that the main advantages of contraceptive was to make happy family, and 36.7 percent stated that main advantage was to make better child and mother health. About 34.2 percent of respondents stated that the advantage of contraceptive methods was to make better economic condition of family and only 15.8 percent of respondents were to make better education and appropriate care of children. Lately 7.5 percent of respondents stated that they don't know advantage of contraceptive methods (Table 41).

### **5.5.4 Attitude towards the Promotion of Family Planning Methods**

All currently married women were asked about how best the family planning method could be prompted. The study has shown that 40 percent of the respondents suggested the strengthening of family planning education would promote the use of contraceptive. About 20.8 percent mentioned making family planning service easily assessable and increasing incentives for both family planning workers and users by about 15.8 percent. But 32.5 percent of the respondents were not sure of their opinion regarding the promotion of family planning methods (Table 42).

*Table 42: Distribution of Currently Married Women Aged 15-49 Years by Their View About Promotion of Family Planning Methods, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008.*

Measure for the promotion of family planning methods	Women view on Family planning method	
	cases	%
Family planning service easily assessable	25	20.8
Increasing incentive for both Family planning workers and users	19	15.8
Strengthening family planning education	48	40.0
Don't know	39	32.5
Total number of respondents	120	100.0

Source: Field Survey, 2008

### **5.5.5 Discuss With Husband about Contraceptive Methods**

Overall currently married women of age group 15-49 years were asked whether they have discussed about family planning methods with their husband or not. The view has been presented in the following table.

*Table 43: Distribution of Currently Married Women Aged 15-49 Years by Discuss With Husband About Family Planning Methods, Darai Community, Vyas Municipality, Tanahun, Nepal, 2008.*

Women view	cases	%
Yes	99	82.5
No	21	17.5
Total	120	100.0

Source: Field Survey, 2008

From the above table most of the women (82.5 %) of the respondents discuss about family planning methods with their husband and only 17.5 percent of the respondents do not discuss about family planning methods with their husband (Table 43).

## CHAPTER VI: ANALYSIS OF QUALITATIVE INFORMATION

### 6.1: Case Studies

#### **6.1.1: Reverted Vasectomy: Miracle and Superstitions Both**

Ram Maya (changed Name), 49, had a very catastrophic life. She and her husband were happy after they had 4 children and the couple had decided to go for male sterilisation. Following the family decision her husband underwent a vasectomy operation when the temporary camp was set nearby.

After couple of months one of the children died of some unknown illness. Another also died after the child fell into a well. They were so shocked when the third child also died of the anger of some 'Sky Goddess'. They were in so shock and another also died of some severe cold. That could have the ARI.

The couple were extremely in shock and immense sadness when all the children were died after couple of years of vasectomy operation of husband. They had counselled the local health service provider. The person suggested them to contact the doctor in the district headquarter. The district also referred to the western regional hospital at Pokhara.

They had to spend some amount of money, but the operation was successful to revert the vasectomy. The husband underwent another operation and doctors told that if all the other situations would support he could become father again. They came back home and after some months the wife became pregnant.

They have now three children. Youngest child, out of them, was studying at the 7th grade at the time of data collection.

This case depicted the miracle of scientific invention that had given happiness to the couple on the one hand, and also the fear of vasectomy that boosted the superstitions among the people.

#### **6.1.2: Failure of Vasectomy or Lack of Knowledge**

Hari Maya (36), Suntali (39), and Parbati (37) had all became pregnant after their husbands had underwent vasectomy operation together in the same camp. They all were amazed of the getting pregnant after their sexual partners or husbands had vasectomy. It created some dispute and disturbed the faith upon each other in the families too.

They all gave birth to the babies. And since they had no belief in the vasectomy operations they went to another camp and underwent laparoscopy for them and had averted the unwanted birth.

This event had raised some issues. First, the vasectomy was perhaps perfect but the sperms remained the outer part of *vasc* were responsible to make the wives pregnant. The husbands were not adequately informed about the possibilities of pregnancy if the remaining sperm meet ova. Second, the question goes to the quality of vasectomy. If the operational or the clinical part had some problems this must be corrected by the health authorities.

## **6.2: Observation of Researcher**

Darai women were still in the shy to tell about their knowledge on contraception. They had the knowledge, but they did not want to reveal with some outsider. Therefore, the probing method had to be applied to know their knowledge. Interestingly, almost all of them had knowledge on various methods of family planning.

However on contrast, who had used the methods they were very much open and easily told to the researcher that they were using some particular methods. Almost all of them had some level of awareness level due to non-formal education. Darai people have become changed during these three decades tremendously.

## **CHAPTER VII: SUMMARY CONCLUSION AND RECOMMENDATION**

The purpose of this chapter is to summarize the major findings of the study related to occupation, educational status and knowledge and use of contraceptives in the Vyas Municipality in Tanahun District along with conclusion and the recommendation of the study.

### **7.1 Summary of Findings**

This study analyzed knowledge attitude and use of contraceptives among currently married women of the reproductive age groups 15-49 years in Darai community at Vyas municipality in Tanahun district. This study was mainly based on the data obtained from field survey in 2008. Differentials in ever and current use, accessibility of contraceptives and reason for non-use of contraceptives, side effects by age groups and attitude towards contraceptives were analysed.

Socio economic variable and dependent variable. The major findings of this study were summarized as follows.

In 120 sampled households, the total population was 654. Among the total population 323 were males and 331 were females. The sex ratio was found 97.5 which is lower than that of national figure (99.8) based on 2001 census. The highest proportion of the population was found in age group 10-14 years (12.8 %). The lowest proportion of population was found in age group 55-59 years (2.1%). The highest proportion of reproductive age group of female population were found in age group 20-24 years (13.6%) and the lowest proportion of reproductive age group of female population were in age group 40-44 years (4.5%) in the study area.

Out of the 120 respondents the majority 82.5 percent were literate. Among literate population the highest proportion of the respondents 44.4 percent were found getting non-formal education. Similarly 13.3 percent of respondents have been attended the primary education, 9.2 percent lower secondary, 10 percent secondary, 4.2 percent of the respondents were S.L.C passed and only 1.7 percent of respondents have attended higher secondary and above level of education were found in this study area.



It was observed that, among 120 respondents 95 percent were found currently married and only 5.0 percent were widow. There were not found divorce, separated and single respondents in study area. 65.8 percent of respondents were found married between ages 15-19 years, 30 percent of respondent in age 20-24 years, 2.5 percent in age 10-14 years and only 1.7 percent of respondents were found married in age of 25-29 years. Similarly, among respondents of 20-24 years age group 47.5 percentage were found mother of first child, 15-19 years age group with 44.2 percent, 25-29 years age group with 6.7 percent and only 1.7 percent of respondents were found to be within 30-34 years age group at the birth of first child in the study area.

Study has shown that out of the 120 respondents most of the 52.5 percent of respondents had 1-2 CEB followed by the respondents who had 3-5 children ever born were found (35.8 %) and the respondents who had above 5 children were found (11.7 %) in the study area.

Almost all (98.3 %) of the sample household in Darai community had electricity facility, 72.5 percentage had radio facility, 62.5 percent had telephone, 50.0 percent had Biogas and 49.2 percent had television of the household were found in this study area. Regarding the water consumption, out of the 120 households almost 81.7 percent were using piped water (stone tap) and only 18.3 percent were using pond water. Overall 85.0 percent households had toilet facility and only 15.0 percent of household do not had toilet facility.

Almost 84.2 percentage of respondents were found listening radio or watching television at a one time in a day and 15.8 percentage of respondents not listening radio or watching television at one time in a day.

It was found that the model household size of the study population is 5.49 persons per household, which is slightly higher than that of national figure 5.4 based on 2001 Census. The highest proportions (38.3 %) of the household are having 3-4 persons followed by 5-6 persons (37.5 %) and more than 7 persons (24.2 %). It seems that the average household size is having medium size neither large nor small.

It is observed that 50.8 percent of respondents were engaged in main occupation agriculture followed by 31.7 percent were household work, 8.3 percent were engage business, 4.2 percent were found in service, 2.5 percent were engaged in home industry, 1.7 percent dependent and only 0.8 percent of students were

found in the study area. In the study it was observed that 37.5 percent respondents were found engaged in income generating activities. Among them 20.8 percent of respondents had monthly income level were below 3000 and 16.7 percent of respondents had monthly income level were above 3000.

Out of the 120 respondents, most of (95.8 percent) households had their own land and only 4.2 percent were landless. Among the landholding households, 3.3 percent households had less than one ropani, 25 percent had 1-4 ropanies, 35 percent had 5-9 ropanies and 32.5 percent had more than 10 ropanies land holding for cultivation. Among 115 land holding household respondents most of the 33.0 percent of household get sufficient food from their own product and only 67.0 percent of household do not had sufficient of food from their own product because of small land size.

The age at first menstruation in this sample is grouped into two age groups. 10-14 and 15-19 because most of the women were been first menstruation at that time it was observed that almost 59.2 percentage of respondents were had first menstruation at age between 15-19 years and 40.8 percentage of respondents were found with in the age of 10-14 years at first menstruation.

The study has shown that 100 percent of respondents had knowledge of any one of contraceptive methods. NO respondent has been found without any knowledge of contraceptive methods in this study area. Among them the modern individual methods, injectible (100.0 %) appears to be the best known contraceptive methods, followed by female sterilization (92.5 %), male sterilization (91.7 %), condom (81.2 %), pills (79.2 %), Copper T (74.2 %), Norplant (71.7 %). Other modern methods were less known (20.8 %) of respondents were familiar with IUD and only 17.5 percent with foaming tablets. On the other hand, in the natural methods a very few respondents were found familiar withdrawal and safe period methods that is 8.3 and 6.7 percentage respectively.

It has been observed that, among 94.2 percentages of respondents were found to be using contraceptive methods and only 5.8 percent of respondents never used of contraceptive methods in this study area.

Among the illiterate women and among 55 currently married women who do had non-formal education both (100.0 %) of them had good knowledge of modern contraceptive methods injectible. Like wise out of the 40 currently married women who had received school level education they had good knowledge of

modern methods injectible (100.0 %), followed by female sterilization (97.5 %) and among them 15.0 percent of women had knowledge of withdrawal and 12.5 percent had safe period methods. Finding also shows that there is no knowledge of natural methods among illiterate respondents. On the contrary, respondents having education of school leaving and SLC and above had knowledge of natural methods.

The women with SLC and above education cent percent of them had knowledge of natural methods along with modern contraceptive methods. Among them 57.1 percent of women had withdrawal and 42.9 percent of women had safe period.

35.0 percent of respondents had heard about message of contraceptive methods at the first time from radio/TV about 25.0 percent of respondents had heard contraceptive's at the first time through the friends followed by family (12.5 %), health worker (10.8 %), others media (9.1 %) and only (2.5 %) from neighbour but 5.0 percent of respondents don't know the source of contraceptive information.

Among 120 currently married women aged 15-49 years, about 94.20 percent of respondents were found to be having knowledge of use of contraceptive methods, while ever user of contraceptives was only 65.0 percent, which is higher than the national figure 39.3 percent (DHS, 2001). Among them the modern methods commonly, used methods were found male sterilization (30.8 %) followed by injectible (28.2 %), female sterilization (16.7 %), condom (9.0 %), Copper T (3.8 %) and Norplant (1.3 %) the other hand in the natural methods safe period (5.1 %) and withdrawal methods only 2.6 percent

Out of 78 ever uses respondents, the highest users 50.0 percent was found in above 35 years age groups of women and lowest users were found in 15-24 years age groups of women i.e., (14.1 %). Male sterilization is highest (30.8 percent) among other modern methods and Norplant 1.3 percent was method which least used.

The field survey data shows that among the ever users of modern contraceptive 45.5 percent were practicing male sterilization, followed by female sterilization (27.3 %), pills (18.2 %) and condom (9.1 %). In the natural method there were no one found in ever user who were illiterate women. Similarly, the women who were able to received school level education 45.5 percent use pills, followed by condom (22.7 %), male sterilization (8.2 %), female sterilization (13.6 %), Copper T (9.2 %) and ever users of Norplant were not found in this study. On the other hand in the

natural methods 18.2 percent were practicing safe period and only 4.5 percent withdrawal. Lastly among the level of SLC and above 33.3 percent were practicing modern methods pills, injectible and natural methods withdrawal.

The field study data shows that out of 78 ever users of currently married women 53.8 percent of women engaged in agriculture sector and 46.2 percent of women engaged in non-agriculture sector. Both of female category choose sterilization to be the best used of modern contraceptive methods than other methods. After sterilization, other contraceptive methods come in secondary choice. Natural methods are least chosen method.

The study has shown that women who had one to two CEB, 40.0 percent of them (ever user respondents) were using modern method injectible and least used method was Copper T (9.2 %) and in the natural method were used safe period (11.4 %) and withdrawal 5.7 percent. Among the respondents who had 3-5 CEB 40.5 percent were used male sterilization and least used method was Norplant 2.7 percent. There were none as ever user of natural methods. Likely, the women who had 5 and more children, 50 percent of them had used male sterilization, 33.3 percent pills and 16.7 percent injectible. In the natural methods, there were no one ever found.

Out of 28 currently using respondents, usual current user of contraceptive was found higher in those women whose age was above 35 years (50 %), 25-34 years (37.1 %) and least uses were found those women whose age was 15-24 only (14.3 %). Among them female sterilization (39.3 %) was commonly practiced, Copper T (3.6 %) is least commonly used.

Out of 28 currently users of aged 15-49 years of women those who were illiterate 100 percent of them were practicing pills. On the other hand, the women who were able to get non-formal education commonly practice female sterilization (56.3 %). Similarly, the women who were receiving school level education 30 percent were practicing male sterilization and only 10 percent were practicing Copper T.

Among 28 respondents 50 percent of women who were engaged in the agriculture sector. Among them, female sterilization found to be the best used of modern contraceptive methods then the other methods (50 %), and pills (7.1 %) were found least used. On the other hand, among 50 percent of women engaged in

non-agriculture sector, pills were found to be best used of modern contraceptive methods.

Out of the total non users respondents 42.9 percent of the respondents stated that the main reasons for not using contraceptive was cause of health followed by desire for son, and husband's oppose (11.9 %), desire for more children (7.1 %). About 4.8 percent of the respondents were not using contraceptive because of cause religion and fear of side effects both like wise 16.3 percent of non-users did not state their reasons for non use of contraceptive.

Among the contraceptive users of currently married women, all three 20-29, 30-39 and 40-49 reported over bleeding during menstruation period, irregular menstruation and weight loss are, the major side effects. Very low percentage of respondents cover (other specify) side effects.

Majority of currently married women reported that an appropriate child bearing age is between 20-24 years, followed by 15-19 years (10.8 %) and 7.5 percent of respondents reported that an appropriate child bearing age is between 25-29. But, only 2.5 percent respondents did not answer.

Almost 50 percent of currently married women prefer at least 5 years interval between two birth, followed by 35 percent of respondents wants to keep below 5 years interval between two birth and 9.2 percent of women reported that they can give birth to another baby when the previous child become 5 years above. 5.8 percent of the currently married women were not sure about their view on ideal length of birth spacing.

Among 120 respondents 51.7 percent of the respondents stated that the main advantage of contraceptive was to make happy family, followed by 36.7 percent stated that main advantage was to make better child and mother health. About 34.2 percent of respondents stated that the advantage of contraceptive methods was to make better economic condition of family and only 15.8 percent of respondents were to make better education and appropriate care of children. 7.5 percent of respondents stated that they don't know advantage of contraceptive methods.

Forty percent of the respondents suggested that the strengthening of family planning education would promote the use of contraceptive. About 20.8 percent mentioned making family planning service easily assessable and increasing incentives for both family planning workers and users by about 15.8 percent.

32.5 percent of the respondents were not sure of their opinion regarding the promotion of family planning methods.

Around eighty three percent of respondents discuss about family planning methods with their husband and only 17.5 percent of the respondents do not discuss about family planning methods with their husband.

## **7.2 Conclusions**

- ) This study shows that Darai community is in the process of development and increasing trends of the concept of nuclear family. Some traditional practices or norms had been gradually changing.
- ) Most of the households were using piped water and toilets in the study area. It shows that the strong social status and environmental/health generous habitual of the Darai community in the study area.
- ) The study has shown that 100 percent of respondents were found had knowledge of any one of contraceptive methods.
- ) Radio and TV was effective media of family planning methods information in this study area.
- ) Women having higher number of living sons are more like to use only temporary method than that of no son. On the other hand, permanent method user was increasing by the increasing number of living sons also. This exhibited the extent of sons preference dominated society.
- ) Most of the respondents were using the contraceptive method above 35 years of age. Female sterilization was commonly used and popular.
- ) Illiterate respondents do not had knowledge of natural methods and only few of literate responds had knowledge of natural methods.
- ) Educated women were more likely to use contraceptives for birth spacing as well as limiting where as women having no or little education generally use contraceptives only for limiting birth in this study.
- ) Overall, current women users who were engaged in agriculture sector more likely to use of modern contraceptive methods than women from non-agricultural sector and opposite results were observe in natural methods.
- ) The main reason for not using family planning methods was cause of health of respondent.
- ) Over bleeding and irregular menstruation were the main side effects of the all age groups of women.

## **7.3 Recommendations**

It has been found that lower usage and knowledge on contraceptive methods among the women is the result of economic, social and cultural reasons. Early marriage, involvement in the agricultural work, lack of awareness or ignorance on real objectives and consequences of Contraception are the major causes behind

lower knowledge on contraception. Due to low educational level, decision-making power, women are bound to neglect on their own choice of contraception devices.

- ) In view of the low interest of the girls in education, in exciting measures to motivate them towards education is very important, because educated respondents are found more active on usage as well as on knowledge of contraceptive methods.
- ) Social workers and local leaders should play active role to motive girls and women for getting education.
- ) Give priority to women in training for income generating activities.
- ) The mobility and freedom of women in economic, social and public life should be enhanced.
- ) Women's participation in the world of gainful work should be enhanced through the skill-training and vocational education. This will raise their earning capability and decision-making power within the households.
- ) Some one or two temporary as well as permanent methods are observed popular; other methods also should come to public. For this, government as well as non-government organizations should play a vital role.

#### **7.4 Recommendation for Future Area of Research**

The result of this study may not cover the other existing important variables that directly influence on usage and knowledge on contraceptive methods in Darai community. This type of study should be conducted in additional rural areas. In addition, male respondents as well as school going children are also be the target study population. So, this kind of study could be conducted with distinct variable as well as distinct subpopulations too.

#### **7.5 Recommendations for Policy Implications**

Women in Darai community get married early than they get matured that is why they could not get proper education and do not aware of practical behaviour and livelihood. Hence, they do not get right knowledge on contraceptive devices. Therefore, local level authorities should bring packages on teaching good way of usage and knowledge. Besides this, other programmes that help on postponement the marital stage should be instantly implemented. Education plays vital role on establishing decision-making power so higher education programmes to all women in Darai community should be brought.

Knowledge and Use of Contraceptives in Darai Community  
A STUY OF VYAS MUNICIPALITY, DAMUALI, TANAHUN

TRIBHUWAN UNIVERSITY  
Central Department of Population Studies  
Questionnaire developed for the purpose of Dissertation,  
10<sup>th</sup> paper (510) MA Second year

2065

All the information collected in this questionnaire is merely  
for academic purpose and kept confidential.

(Household information)

District:	VDC/Municipality:
Ward No.:	Name of locality:
Name of head of HH:	Name of Respondent:
Total No. in family:	Household No:
Caste/ethnicity:	Religion:
Date of Interview:	



	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
S. No.	Name of family members (should be started form the head of household)	Relation ( with the head of household)	Sex (Male Female)	Age (completed ) (if <1yrs. Code'00')	Read/wri te (for 5 yrs. and above)	Educational Attainment (if no grade code'00')	Marital Status (for 10 yrs. and above)	Occupation ( for 5 yrs. and above)	Monthly Income	Born in same Place
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										

Notation:

For Column 2

- 1 for head of household
- 2 for husband/wife
- 3 for son/daughter
- 4 for daughter in law
- 5 for grandson/daughter
- 6 for father/mother
- 7 for father/mother in law
- 8 for brother/sister
- 9 for niece
- 10 for non-relative
- 11 for others (specify)

For Column 3

- 1 for female
- 2 for male

For Column 5

- 1 for can
- 2 for can not

For Column 7

- 1 for unmarried
- 2 for married
- 3 for widow/widower
- 4 for separated
- 5 for divorced

For Column 8

- 1 for agriculture
- 2 for cottage industry
- 3 for service
- 4 for business
- 5 for HH work
- 6 for dependent
- 7 for student
- 8 for other (specify)

For Column 10

- 1 for yes
- 2 for no

S. No.	Question	Answer options						
11.	What kind of ownership this house belongs? _____	1. Private                      2. Rented 3. Other (Specify)						
12.	Do your family bear own agricultural land? _____ (If answer is 2 go to no. 15)	1. Yes                      2. No						
13.	If Yes, how much of land? <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Unit</td> <td>Ropani</td> <td>Ana</td> </tr> <tr> <td>Area</td> <td></td> <td></td> </tr> </table>	Unit	Ropani	Ana	Area			1. Yes                      2. No
Unit	Ropani	Ana						
Area								
14.	Is grains produced from your own land sufficient for whole family? _____	1. Yes                      2. No						
15.	What is the main source of drinking Water? _____	1. Piped water 2. Well 3. River 4. Other (Specify)						
16.	Does your family get the following facilities? 1. Electricity _____ 2. Bio gas _____ 3. Telephone _____ 4. Radio _____ 5. Television _____	1. Yes                      2. No						
17.	Do you have own rest room for your family? _____	1. Yes                      2. No						

**Individual Information**  
(To be asked to the ever-married women of 15 to 49)

Name of Respondent:  
VDC/Municipality:  
Name of locality:

District:  
Ward No.:

**Group 'A'**  
**General**

S. No.	Question	Answer Options
18.	How old are you? _____ years	
19.	Can you read/write? _____ (If answer is 2 go to no. 21)	1. Yes                      2. No
20.	If yes, what is the completed grade? _____	
21.	Do you listen to radio or watch television once a day? _____	1. Yes                      2. No
22.	What was your age at your first menstruation? _____ years	
23.	How old were you at your first marriage? _____ years	

Group 'B'  
Birth and Death

S. No.	Question	Answer Options
24.	Have you given birth to child until this date? _____ (If answer is 2 go to no. 26).	1. Yes    2. No
25.	If yes how many of them are alive? No. of Son_____    No. of Daughter_____ Total _____	
26.	What was your age at first pregnancy? _____ years	
27.	Where did your last child born? _____	1. House    2. Hospital 3. Other (Specify)
28.	Do your own children stay with you in the same HH? _____	1. Yes they    2. No they aren't 3. Yes some of them
29.	How many of them are staying with you? No. of Son_____    No. of Daughter____	
30.	How many of them are not staying with you? No. of Son_____    No. of Daughter____	
31.	Have you ever faced a situation of miscarriage? _____	1. Yes    2. No
32.	Do you remember any children who born alive and died later? _____ (If answer is 2 go to no. 34).	1. Yes    2. No
33.	If yes, how many children died after they born alive? No. of Son_____    No. of Daughter____	

Group 'C'  
Knowledge on contraceptive devices

S. No.	Question	Answer Options
34.	Have you heard about different types of contraceptive devices? _____ (If answer is 2 go to no.40)	1. Yes    2. No
35.	If yes, can you tell us names you know? _____	<b>Temporary</b> 1. Condom    2. pills 3. Injectible    4. Norplant 5. Copper T    6. IUD 7. Foaming tablets <b>Permanent</b> 1. Female sterilization 2. Male sterilization <b>Natural</b> 1. Withdrawal

		2. Safe periods <b>Other (specify)</b>
36.	When did you know about contraceptive devices? _____	1. Before marriage 2. After marriage 3. Not remember
37.	From where did you know about contraceptive devices? _____	1. Friends 2. Family 3. Health assistant 4. Health clinic/camps 5. Media 6. Neighbors 7. Other (specify)
38.	Do you know from where these devices be collected? _____ (If answer is 2 go to no. 40).	1. Yes      2. No
39.	If yes, could you name those? _____	1. Govt. hospitals 2. Health post 3. F P clinic 4. Health clinic/camps 5. Health assistant 6. Private clinic/hospitals 7. Medical shop 8. General store 9. Other (specify)
40.	Do you know the appropriate age for child bearing? _____ years	
41.	How many years are appropriate for birth spacing? _____ years	

Group 'D'  
Use of contraceptive devices

S. No.	Question	Answer Options
42.	Do you know the directives of using contraceptive devices? _____ (If answer is 2 go to no.47 )	1. Yes      2. No
43.	Have you or your husband ever used contraceptive devices? _____ (If answer is 2 go to no. 45).	1. Yes      2. No
44.	If yes, mention the name of device. _____	<b>Temporary</b> 1. Condom      2. pills 3. Injectible    4. Norplant 5. Copper T     6. IUD 7. Foaming tablets <b>Permanent</b> 1. Female sterilization 2. Male sterilization <b>Natural</b>

		1. Withdrawal 2. Safe periods <b>Other (specify)</b>
45.	Are you or your husband currently using any kind of contraceptive devices? _____ (If answer is 2 go to no.47)	1. Yes      2. No
46.	If yes, name that device? _____	
47.	If no, what is the reason behind? _____	1. Health condition 2. Religious belief 3. Desire of son 4. Desire of daughter 5. Desire of additional Children 6. Scarcity of device 7. Fear of negative impact on health 8. Disagreement of husband 9. Don't know 10. Other (specify)
48.	Have you ever faced situation of pregnancy due to failure of contraceptive that you or your husband using? _____ (If answer is 2 go to no.50)	1. Yes      2. No
49.	If yes, name that contraceptive device? _____	
50.	Have you ever faced negative impact on your health due to use of contraceptive device? _____	1. Yes      2. No
51.	If yes, what are those? _____	1. Heavy bleeding during menstruation period 2. Irregular menstruation 3. Weight loss 3. Weight growth 4. Low breast milk 5. Vomitting 6. Other (specify)

Group 'E'  
Attitude toward contraceptive devices

S. No.	Question	Answer Options
52.	Have you ever visited to F P service centre? _____ (If answer is 2 go to no.55)	1. Yes      2. No
53.	If yes, where, _____	1. Govt. hospitals 2. Health post 3. F P clinic 4. Health clinic/camps 5. Health assistant 6. Private clinic/hospitals 7. Medical shop 8. General store 9. Private doctor 10. Other (specify)
54.	If not, what are the reasons behind that? _____	1. Busy schedule 2. Easily unreachable 3. Rejection of F. member 4. Due to shame 5. Not needed
55.	Are you planning to use contraceptive device in near future? _____	1. Yes                  2. No 3. Don't know
56.	If yes, which device you prefer?	<b>Temporary</b> 1. Condom                  2. pills 3. Injectible      4. Norplant 5. Copper T                  6. IUD 7. Foaming tablets <b>Permanent</b> 1. Female sterilization 2. Male sterilization <b>Natural</b> 1. Withdrawal 2. Safe periods <b>Other (specify)</b>
57.	Have you ever discussed with your husband regarding contraceptive devices? _____	1. Yes      2. No
58.	Have you ever bought temporary contraceptive devices? _____ (If answer is 2 go to no.60).	1. Yes      2. No
59.	If yes which one? _____	
60.	If no, what is the reason behind that? _____	
61.	In your opinion, how many children are reasonable to be a happy family? No. of Son _____ No. of Daughter _____	

62.	What kind of advantages could be generated using contraceptive devices? _____	1.To make better economic condition of family 2. To make better child and mother health 3. To make happy family 4. Education of child will be good 5. Don't know 6. Other (specify)
63.	What could be the suggestions to promote huge use of contraceptive devices? _____	1.Family Planning Service easily accessible 2. Increasing incentive for both FP workers and users 3.Strengthening FP education 4. Don't know 5. Other (specify)

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