KNOWLEDGE, ATTITUDE AND PRACTICE OF FAMILY PLANNING AMONG CURRENTLY MARRIED WOMEN OF REPRODUCTIVE AGE GROUP (15 – 49 YEARS)

(A Case Study of Sheshnarayan VDC, Kathmandu District)

A Dissertation

Submitted to the Central Department of Population Studies

Faculty of Humanities and Social Sciences in Partial Fulfillment for the Requirement of the Degree of Masters of Arts in Population Studies

BY

RITU DHAKAL

CENTRAL DEPARTMENT OF POPULATION STUDIES

TRIBHUVAN UNIVERSITY

KIRTIPUR, KATHMANDU

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RECOMMENDATION LETTER

This dissertation work entitled **"KNOWLEDGE, ATTITUDE AND PRACTICE OF FAMILY PLANNING AMONG CURRENTLY MARRIED WOMEN OF REPRODUCTIVE AGE GROUP (15 – 49 YEARS): A Case Study of Sheshnarayan VDC"**, by Mr. Ritu Dhakal is prepared under my supervision for the partial fulfillment of the requirement for the Degree of Master's of Arts in Population Studies. To the best of my knowledge the study is original and carries useful information in the field of family planning. Therefore, I recommend it for evaluation to the Dissertation Committee.

…….

Mr. Dhanendra Veer Shakya
Lecturer
Central Department of Population Studies
Tribhuvan University
Kirtipur

May 2007

LETTER OF ACCEPTANCE

This dissertation work entitled **"KNOWLEDGE, ATTITUDE AND PRACTICE OF FAMILY PLANNING AMONG CURRENTLY MARRIED WOMEN OF REPRODUCTIVE AGE GROUP (15 – 49 YEARS): A Case Study of Sheshnarayan VDC"**, by Mr. Ritu Dhakal, has been accepted as partial fulfillment of the requirement for the Master's Degree of Arts in Population Studies.

Approved By

…….……

Dr. Bal Kumar K.C.

(Professor and Head of the Department)

…….

Mr. Pawan Kumar Budhathoki

(External Examiner)

……..

Mr. Dhanendra Veer Shakya

(Supervisor)

Dissertation Committee

Central Department of Population Studies

Faculty of Humanities and Social Science

Tribhuvan University

Kirtipur, Kathmandu

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Mr. Ritu Dhakal

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ABSTRACT

This study entitled “knowledge, attitude and practice of family planning among currently married women of reproductive age group (15 – 49 years): A case study of Sheshnarayan VDC” of Kathmandu District is based on primary data successfully collected from sample survey, covering 100-sample respondents from 100 sample households. The main objective of this study is to find out the knowledge, attitude and practice of family planning methods among currently married women of reproductive age group (15 – 49 years). And the specific objective of the study are to study the socio – economic and demographic determinants of currently use of family planning method and to identify the reasons for use and non-use of family planning method.

Out of the 100 sample respondents 76 percent women are literate and their major occupations are agriculture and service. The result of the knowledge about family planning in the study area is satisfactory. Among the currently married women, 98 percent are found to be familiar with at least one family planning method. Out of total respondents, 85 percent are ever users and 79 percent are currently using family planning methods.

There is strongly positive relationship existed between use of family planning method and socio-economic and demographic variables like educational status of women, age of women and number of living children.

Easily accessible and no side effect are main reasons for using family planning method. Desire for children and husband and family’s disagreement are most important reason for not using family planning method.

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LIST OF ABBREVATION

CBS	Central Bureau of Statistics
CDPS	Central Department of Population Studies
CPR	Contraceptive Prevalence Rate
FP	Family Planning
FPAN	Family Planning Association of Nepal
ICPD	International Conference on Population and Development
IEC	Information Education and Communication
INGO	International Non Governmental Organization
MOH	Ministry of Health
MOHP	Ministry of Health and Population
NDHS	Nepal Demographic and Health Services
NFHS	Nepal Family Health Survey
NFS	Nepal Fertility Survey
NGO	Non Governmental Organization
RH	Reproductive Health
S.L.C	School Living Certificate
STD	Sexually Transmitted Diseases
T.U.	Tribhuvan University
TFR	Total Fertility Rate
UN	United Nations
UNFPA	United Nations Found for Population Activities
VDC	Village Development Committee
WHO	World health Organization

CHAPTER – I

INTRODUCTION

1.1 GENERAL BACKGROUND

Family planning is a programme, which make family happy and satisfying by the use of appropriate management and mobilization of income and resource. Family planning is very important component to maintain the reproductive health of male and female. The main aim of family planning programme should be to enable couple and individual to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective methods. Family planning is a systematized process through which medical science is applied to control and plan the number of children and their spacing as desired by the couple. WHO defined family planning as a way of thinking and living, which is adopted voluntarily, upon the basis of knowledge, attitude and responsible decision by individual and couples to promote the health and welfare of the family (WHO, 2000).

The dictionary of demography defined “Family planning is a conscious effort of couples or individuals to control the number and spacing of births. Family planning is used synonymously with many terms – birth planning, birth control, fertility regulation, Planned Parenthood and many others. The term implies a general reproductive strategy, however, and should not be used to mean just contraception, since it comprises practices aimed both at preventing birth at certain times and at including them at others.

The International Conference on Population and Development (ICPD) held in Cairo in 1994 defined reproductive health as A state of complete physical mental and and social well being in all maters relating to the reproductive system and to its function and process. It implies that people have the capability to reproduce and freedom to decide if when and how often to do so. Implicit in this is the right of men and women to be informed and to have access to safe, effective, affordable and acceptable method of family planning of their choices as well as other methods of their choice for regulation of fertility. Which are not against the law and the right of access to health care services that will enable women to go safely through pregnancy and childbirth. The conference further recognizes that family planning has an important role to prevent unwanted pregnancies, and reduce the high-risk pregnancies. To improve the quality advice on family planning IEC has an important role. Conference also called for Governments to provide a climate that is favorable to good quality public and private family planning and RH information services through all possible channels (ICPD, 1994).

Family planning is the major component of reproductive health it can save human lives, controlling unwanted pregnancies, limiting the number of births, limiting birth to the healthiest age, avoid unsafe abortion, preventing transmission of sexually transmitted diseases (STDs), consequently reducing infant and child mortality in one hand, on the other hand it directly controls fertility and population growth. So the utilization of the family planning has been increasing day by day, as a means of birth control recognized early in the development process and has been viewed as reproductive health and right after the International Conference on Population and Development (ICPD) held in

Cairo in 1994 (Suwar, 2002). The conference put human right human development and individual well-being become the center of programme policies as it was recognized that individual health and well being are a pre-requisite for women and men to want to have a small family size. The new thinking endorsed in Cairo was also that population growth can be stabilized and development efforts can be enhanced particularly by the development of women and improving the reproductive health (Thapa, 2001).

Family Planning has been a central component of population policies and programme and is an integral part of reproductive health. It allows couple and individuals to realize the basic right to decide freely responsibly the number, spacing and timing of their children, a right well established at the United Nations World Population conference in 1974 and reaffirmed at the International Conference on Population and Development held in Cairo in 1994. By allowing couple and individual to control their own reproductive process, which is central to the quality of their lives. It has widely shown that both women and children health are at high risk if women have pregnancies too soon, too late, too often or too close to each other. Family planning is major component to save women life by reducing unwanted pregnancies.

Family planning programme was introduce in 1959 by a group of medical doctors under Nepal Medical Association in Nepal. In the same year Family Planning Association of Nepal (FPAN) was established. FPAN remain one of the major agencies to provide family planning services in the private sector. Information, education and family planning services were subsequently provided by this agency. Government of Nepal started providing family

planning services from 1965. The government started providing family planning and maternal and child health services in Nepal (MOHP, 2005: 55)

Knowledge of family planning is virtually universal in Nepal. The prevalence of contraceptive uses increased from 3 percent in 1976 to 8 percent in 1981 to 15 percent in 1986 to 24 percent in 1991 to 39 percent in 2001. There are many factors that affect the use of family planning services. Among them, education is the important factor that determines the use of family planning services. Educated women more frequently use family planning outlet than uneducated women because they have better knowledge and information about it. According to NDHS 2001 contraceptive prevalence rate is 37 for women with no education where as CPR is 57 for women having educational level of SLC and above. Like wise place of residence is also one of the factor that affect the use of family planning outlets. Higher number of urban women use contraceptive and the prevalence rate was 37 for rural and 62 for urban area (NDHS, 2001).

The family planning programme was adopted globally to meet the family planning needs of their population as soon as possible in all cases by the year 2015. It seeks to provide universal access to full range of safe, reliable and quality family planning methods. In recent year the government has also been putting emphasis on designing the family planning services in such way that they do provide a maternal and neo-natal health, child survival and bring about a balance in population growth and socio-economic development (MOHP, 2005: 56).

According to Ministry of Health and Population (2006), the contraceptive prevalence rate in Nepal in 1991 was 22.8 percent, which increased to 28.5 percent in 1996, to 39.3 percent in 2001. The unmet demand of family planning in 1991 was 27.7 percent and increased to 31.4 percent in 1996, and decline to 27.8 percent in 2001. Unmet demands increase the unwanted pregnancy. Unwanted pregnancies encourage unsafe abortion as well as serious physical mental and social – consequences for the women. Demand of family planning is rising. Couples want today fewer children and using modern contraception to space and limit birth is become the norm. The percentage of married women/couples using contraception has risen substantially. Today family planning is known as the important tool to save women life. Because of lack of appropriate services large proportion of women/couples are still far from the modern contraceptive method even today.

To achieve good family planning and better reproductive health of couple and individual male and female equal participation in family planning is needed. Both male and female centered methods are found but programmes have traditionally focused primarily on women than men. The male method of contraception are only condom and vasectomy, for the effective family planning men should not be neglected because men play a major role in reproductive health and family planning (UNFPA, 1995).

The family planning programme in Nepal from 1968 till today passed through many barriers that has affect its performance and subsequent achievement during the initial period till today, lots of change took place in terms of government policy guidelines, priority areas, organizational set up, programme structure, and resource allocation. The government approach during the recent

year has been to consider family planning as an integral part of RH and safe mother hood programme rather than a strictly target oriented family planning programme. The National Reproductive Strategy of Nepal has including family planning and counseling; information education and services as essential component of reproductive health and family planning (Acharya, 2002).

1.2 STATEMENT OF THE PROBLEM

Today world is facing a crucial problem of population growth. The rapid population growth has become a problem for the socio-economic development of the nation as a whole. So, it has become a serious concern to each and every-body concerned with the welfare of human kind.

Nepal is a developing country with poor socio- economic condition. Nepal has facing the problem of population growth due to the lack of industrialization, low production and unemployment. In order to control population growth government of Nepal has systematically introduced many population programs since the third Five Year Plan.

The status of Nepalese women is very low. The society makes it imperative for girls to get married as soon as they enter into puberty. Family planning is the spread of negative rumors, exaggerated truth of service providers and lack of adequate follow up care. Most people are out of accessibility, availability and affordability of family planning methods. Unmet need of family planning, side effect, low involvement of male in family planning, weak government programmes, religious and traditional believes, lack of skilled manpower are some obstacles in family planning services. Knowledge about family planning

is universal but contraceptive prevalence rate accounted only for 39.6 percent in 2001.

Because of low use of family planning method much more women are facing unintended pregnancy, abortion and related complication of pregnancy. The family planning programme still could not help people completely. People are not fully satisfied with the services. The use of family planning is evident that women can have safe and satisfying life. Various programs are lunched in order to provide family planning services to people since long time and to manage the over extending fertility of people but not succeeded in their aim because of various barriers and weak programs. The services of family planning are not uniform through the kingdom and thus even today a big gap exists about the knowledge, attitude and practice of family planning in Nepal. Thus this research is directed to understand knowledge, attitude and practice of family planning in Sheshnarayan VDC of Kathmandu district.

1.2 OBJECTIVE

The general objective of the study is,

- To find out the knowledge, attitude and practice of family planning methods of currently married women of reproductive age group (15-49 years) of Sheshnarayan VDC of Kathmandu district.

The specific objectives for this study are,

- To identify the reasons for use and non-use of family planning services.

- To study the socio- economic and demographic determinants of currently use of family planning method like;
  - Age
  - Number of living children
  - Education
  - Occupation
  - Family income
  - Caste and Ethnicity

1.4 SIGNICIFIANCE OF THE STUDY

Knowledge, attitude and practice of family planning services in any area are affected by the education, occupation and place of residence. Use of family planning also varies from one cast to other, one region to other, also varies from one age group to another. Family planning programme works best when women are fully involved in the design provision, management and evaluation of services. Women empowerment and changing social tradition and norms may increase the rate of contraceptive users.

The case study will direct to provide knowledge, attitude and practice of family planning of a VDC. This research will provide the specific information on related topic, which also helps policy makers, planners, administrators and demographers.

The study will help programmers and policy makers to formulate and implement specific programmes. It will also provide guideline for similar types of study.

1.5 LIMITATION OF THE STUDY

Each and every research study has their own limitation that determines the purpose of the study, time and cost.

- The study is based on sample data, which are collected through questionnaire and interview based on selected sample from Sheshnarayan VDC.
- This study covers only married women of reproductive age (15 – 49 years).
- The study covers only knowledge, attitude and practices of family planning methods.

1.6 ORGANIZATION OF THE STUDY

The study has been divided into six chapters. The first chapter deals with the background, statement of the problem, objectives of the study, significance and limitation of the study and organization of the study.

Chapter two includes literature review, which is an important tool for the research study.

Chapter three includes methodology. Methodology deals with selection of study area, sources of data collection, sample selection and sample size, questionnaire design, method of data collection and data analysis of the study.

Chapter four includes socio – economic and demographic characteristics of the respondents. It includes religion, education, age of the respondents, age at marriage, age at birth of first child, number of living children, occupation, income, household facilities and their relation with family planning method.

Chapter five includes knowledge, attitude and practice of family planning. Knowledge includes respondent's knowledge on family planning, source of information, place for family planning methods and differential in knowledge of family planning by age, educational attainment, family income and caste/ethnicity. Attitude deals with respondent's attitude towards family planning, attitude towards child bearing, attitude towards promotion of family planning and opinion of advantages of family planning. Practice includes practice in terms of education, type of contraceptive ever used, accuracy of the method, side effect of the method, reason for use or non use of family planning method, the more using method and availability of the method.

Chapter six includes summary of main findings, conclusion and recommendations.

CHAPTER – II

LITERATURE REVIEW

The data on family planning and reproductive health was started to collect from 1976. The fertility survey 1976 is the first survey and after this survey such type of surveys were conducted in Nepal in every five-year. According to the Nepal fertility survey 1976, overall knowledge of at least one method of family planning among currently married women aged 15 – 49 years was 21.3 percent (MOHP, 2063). This survey also shows that 4.9 percent were ever users of family planning, among that 2.9 percent of women of reproductive age group 15 – 49were currently using any modern contraceptive method (NFS, 1976).

According to Nepal Family Health Survey 1996, a great proportion of currently married women reported knowing a modern method (98 %) than a traditional method (44 %) (NFHS, 1996: 49).

There has been a steady increase in the level of ever use of modern family planning method over the past 20 years. The level of ever use of modern contraceptives among currently married women increased from 4 percent in 1976 to 27 percent in 1991, and reached 35 percent in 1996. During the last 20 years the percentage increase in female sterilization is higher than any other method. Overall, 29 percent of currently married women in Nepal are currently using a contraceptive method, 26 percent women using modern contraceptive where as only 3 percent use traditional method. Female sterilization is the most widely used method, 12 percent women use it and it was followed by male sterilization and injectables (5 % each). Two percent of currently married women reported using condoms, while about 1 percent relay on pill. The level

of modern contraceptive use in Nepal has risen steadily over last two decades. Current use of modern contraceptive among currently married non-pregnant women has increased from 3 percent in 1976 to 15 percent in 1986 to 29 percent in 1996 (NFHS, 1996: 52-55).

The knowledge of at least one modern method of family planning is nearly universal in Nepal. The widely known modern contraceptive methods are female sterilization (99%), male sterilization (98%), injectables (97%), pill (93%), and condom (91%). The most common use modern method for currently married women were injectables (21%), female sterilization (15%), pills and condoms (12%). Among currently married men condom come in first position with 35 percent (NDHS, 2001: 67-68).

The 2001 NDHS indicates that 39 percent of currently married women are using a method of family planning. In 1996 the percent of using modern contraception was 26 percent and it gradually increased to 35 percent in 2001. The use of family planning method varies from background characteristics. The contraceptive prevalence rate in urban area is 62 percent compared to 37 percent in rural area. More urban women use modern contraception (56%) than in rural area (33%) (NDHS, 2001: 71). Use of modern methods increase from 34 percent among currently married women with no education to 46 percent women with SLC and above. Female sterilization (16%) is most popular method for uneducated women where as condom (14%) is most popular method for women with educational level SLC and above (NDHS, 2001: 74).

Family planning programme has contributed considerably the decline in average fertility rate for developing countries for about six to seven children per

women in 1960s to about three to four children at present. However, the full range of modern family planning methods still remains unavailable to at least 350 million couples world wide, many of who say they want to space or prevent another pregnancy. Survey data suggested that approximately 120 million additional women worldwide will be currently using a modern family planning method if more accurate information and affordable services were easily available and if partners, extended families and community were not supportive (U.N, 1994).

It is estimated that contraceptive prevalence rate for the proportion of women in reproductive age currently using contraception was 62 percent at the world level in 1997.the average level of use was 70 percent in more developed regions and 60 percent in less developed regions. Out of ten nine contraceptive users relay on modern methods in the world. In more developed regions, seven out of every ten couples, on average, are using family planning. Among contraceptive methods female sterilization, IUDs and the pills are three commonly used methods. The prevalence of modern methods on the other hand, is almost the same 59 percent of couples in the more developed regions use modern method compare to 55 percent of couple in less developed regions. Female sterilization ranks first in terms of method prevalence (20 % of currently married women) in the world. Globally 1 out of 3 currently married woman using a contraceptive method is sterilized. The prevalence of female sterilization in less developed regions is twice that of more developed regions (22 % and 10 % respectively) (UN, 2004).

The use of family planning has been steadily increasing. More than 60 percent of couples residing in the less developed world use family planning today

compare with about 10 percent in 1960s. The rapid raise in family planning use has caused fertility to decline much faster in less developed regions. From a total fertility of about 6 children per women in early 1960s decrease and in late1990s it is about 3 children per women. Despite the various facilities about one fifth of the currently married women in less developed world have an unmet need for family planning. There have been considerable reductions in the average number of children desired by women over the past 30 years. The growing availability of modern contraceptive method and organized family planning programme has been responsible for rise in family planning use and the related decline in fertility in less developed countries, where the overall level of contraceptive use has long been at a relatively high level, the introduction of modern method has also had an impact by allowing couples and individual to diversity their choice of specific contraceptive methods (UN, 2004:59-60).

The contraceptive prevalence rate of Nepal in 1990 was 20.9 percent it become 27.3 percent in 1995 to 33.1 percent in 2000. Among them modern methods prevalence was 20.2 percent in 1990 to 25.2 percent in 1995 to 29.4 percent in 2000. The annual change in contraceptive in 1990 to 2000 was 1.2 percent for all method and 0.9 percent for modern method. Among South-Central Asian countries Nepal contraception prevalence rate is lower then other countries in 2000 (UN, 2004: 55).

It is estimated that contraceptive prevalence rate for the proportion of women in reproductive age group currently using contraception was 60 percent at the world level. The average level of use was 68 percent in more developed regions

and 49 percent for less developed regions. Nepal contraceptive prevalence rate was 39 percent where modern method users were 35 percent (PRB, 2005).

The aim of Nepal's family planning is to attain replacement level fertility, i.e. TFR of 2.3 or there about. In order to achieve this, contraceptive use would have to be raised to around 70 percent. In order to provide service to these large numbers of couples the service delivery should be made accessible and available at every nook and corner of the country. Another change for family planning programme in Nepal is to increase the male participation. Male partner have to take at least equal responsibility in adopting family planning. However, only 28 percent were male users and 72 percent were female users. There is a great need to propagate message for males in Nepal to share the family planning responsibility (Pathak, 2002: 33).

From 29 percent of contraceptive users in 1991 increased to 53 percent in 1996. The increase in the rate is due to government new health policy 1991. There is also sustainable increase in ready accessibility in rural areas in 1996 than in 1991, but there is a marked different in rural – urban area. Still more than 50 percent of current users had no ready accessibility to contraceptive in rural areas in 1996, while 82 percent users in urban area were getting contraceptive locally (Pathak, 2001: 1-10).

In the context of Nepal using of family planning services is increasing over the year, however still one half of the current user have to travel for more than two hours to obtain the contraceptive. The demand for family planning services particularly remains high. The overall total unmet need for family planning has increased from 28 percent in 1991 to 31 percent in 1996. While the total met

need has increase from about 23 percent to 29 percent during the same five-year period. Thus demand for family planning has increased substantially. The total demand for family planning has increased from 51 percent in 1991 to 60 percent in 1996 (K.C., et al., 2002).

In several Asian countries sex preference and preference of son as a major determinants of family size. Nepalese couple generally believed that family planning should begin only after they achieve their family size. Nepalese parent prefer son to daughter because of there cultural and various role that sons play in their family lives. It is only one who can perform death and post death rituals to ensure that the gate of heaven will be opened for parents. In additional son keeps continuous family name and support in old age. This kind of belief helps to increase population and decrease in the use of family planning (Karki, 1998).

Unmet need for family planning remained one of major issues in Nepalese family planning programme. Nepal's population policy has always given strong emphasis on meeting the unmet need but not much improvement so far, it might be due to the accessibility and supply factors, service quality, lack of adequate information and counseling about the use of family planning and lack of quality of reproductive health services. The higher percentage of rural women had unmet need than urban women (Acharya, 2002: 25-32).

According to Nepal demographic health survey 2001 knowledge of at least one family planning method among both married women and men is universal (more than 99 %). Despite the significant increases in the knowledge and use of family planning method during the last 25 years in Nepal, positive impact of

increased contraceptive prevalence rate on health status and fertility rate has not been so pronounced (Acharya, 2002:33-46).

The main thrust of National Health Policy 1991 was related to the National Reproductive Health and Family Planning Programme to expand and sustain adequate quality family planning services to the community level through all health facilities. The policies also aim to encourage NGO's, INGO's and private sector to help in government programmes. The target related to family planning is to reduce TFR from 4.1 to 3.5 per women at the end of 10^{th} plan and to 3.05 by the year 2017. The plans also aim to raise the contraceptive prevalence rate to 47 percent by the end of the 10^{th} plan and 58.2 percent by 2017 (MOHP, 2005: 56).

According to 2006 Nepal Demographic and Health Survey 48 percent of currently married women are using contraceptive method. The majority of the method relay on a modern method and use of modern contraceptive method has increased markedly from 26 percent of currently married women in 1996 DHS to 44 percent in 2006 DHS. The most commonly used modern method is female sterilization (18%) followed by injectables (10%) and male sterilization (6%). Data from the three Demographic and Health Surveys conducted in Nepal over the last decade show an impressive increase in the use of modern contraceptive. The current use of modern contraceptive has increased from 26 percent in 1996 to 44 percent in 2006. Use of injectables increase more than double and female sterilization remain in first position with 18 percent uses (NDHS, 2006: 10-11).

The role of contraceptive is significant in declining the level of fertility in Nepal. Therefore to achieve the low level of fertility Nepal in coming years,

emphasis should be given on lunching family planning programs in uncovered remote areas and family planning service should be made accessible and affordable to all populations especially for those who are poor and living in rural areas (Shakya, 2002: 59-66).

Nepal family planning programme face various challenge, among them low involvement of male in family planning programme. To achieve the goal of family planning services equal participation of male in family planning is needed. However, only 28 percent were male users and 72 percent were female users. There is a great need to propagate message for males in Nepal to share the family planning responsibility (Pathak, 2002: 77-82).

People attitude towards contraceptive has been changed, knowledge of contraceptive was found highest in Brahmins and Chhetry. Age is also the most important factor that affects the utilization of family planning services. The uses of family planning methods increase with age up to 35-39 years and then declined with increasing age of women. Availability and accessibility of family planning services are one of the main reasons for the high use of family planning. The change in social and cultural norms motive increased use of family planning services. Religions, side effect on health and son preference are reasons for not using family planning methods (Thapa, 2001).

In order to provide succeed family planning services should provide in the communities where they live and work. Programs need to provide services that are convenient, of low cast and high quality, and culturally acceptable programs should tailor their approaches to various types of clients. The needs of young women who want to delay her second child are very different from the need of

an older woman who wants no more children. Different sub group need different contraceptive methods, different IEC message, different service locations, and some times, different services providers. To meet the needed of these groups, programs must offer several contraceptive methods. The program must provide alternative choices for various subgroups and take strategies as IEC programs, social marketing programs, to increase contraceptive users. It is important to use evaluation to learn from last mistake and improve the program. Larger scale family planning programs have been operating in some countries for over 25 years the challenge now is to learn from their experience while at the same time developing new approaches in new settings (John, et. al., 1998).

CHAPTER – III

METHODOLOGY

Methodology is the process/method applied to data collection, processing, tabulating and analyzing. It is a way of systematically solving the research problem. It helps to know the research problem and to find out the logic behind them.

3.1 SELECTION OF STUDY AREA

To obtain the relevant information for the study Sheshnarayan VDC is selected purposively. The VDC is situated on the southern part from Kathmandu valley on the way to Dakshankali temple. This VDC is selected because no one has conducted such type of research there till date. The area almost covers all socio-economic characteristics. There are total 632 households with 3,175 population where 1,661 male and 1,514 female population. There is 838 female population between the age group 15 – 49 years. For the study, 100 sample households are selected from four wards of the V.D.C.

3.2 SOURCES OF DATA COLLECTION

Generally, both kinds of data collection procedures (the primary and secondary) are used in the study. All the required information is collected from field survey. Similarly, secondary data are also used in the course of study. Different types of related reports, journals, books, articles, bulletins, newspapers, related websites, as well as other supplementary data are consulted for the study.

3.3 SAMPLE SELECTION AND SAMPLE SIZE

There are 632 household and 1,792 female populations between age group 15 to 49 years in the Sheshnarayan VDC. Out of nine wards, four wards are selected randomly. Out of these 25 households from each ward is selected by using systematic random sampling so that each household of the VDC has equal chance of being selected. Total household sample is 100 as a whole. From one household, only one currently married women of reproductive age group has been selected. In the study, the respondents are the currently married women of reproductive age group (15 – 49 years).

3.4 QUESTIONNAIRE DESIGN

One set of questionnaire is used for collecting information. The household questionnaire is used to collect background information of the respondents such as age, sex, religion, age at marriage, educational attainment, number of children and age of respondent at the birth of first child. The questionnaire also used to collect socio-economic condition of respondent such as occupation and income. The questionnaires also include the main questions, which provide the information of knowledge, attitude and practice of family planning of the respondents.

3.5 METHOD OF DATA COLLECTION

The currently married women of reproductive age group (15 – 49 years) are taken as respondents for the study. The data are collected from each selected

households by researcher himself. By using questionnaire, related information is collected from selected respondents.

3.6 DATA ANALYSIS

Data analysis is the main part of the research study. We can get the raw data from field then it should be manipulated in suitable way of analysis. First, the collected data are edited to ensure their accuracy and completeness. Frequency table, percentage distribution, graphs and other method are also used to present the edited data. The required tables are generated with the help of SPSS/PC programme.

CHAPTER – IV

DEMOGRAPHIC AND SOCIO – ECONOMIC CHARACTERSTICS OF STUDY POPULATION

This chapter consists of some descriptions of demographic and socio – economic characteristics of households and the respondents in the study area of Sheshnarayan VDC. Demographic characteristics provide age composition, child ever born, age at marriage, and socio- economic characteristics provide educational attainment, major occupation, monthly family income and household facilities of the study area.

4.1 AGE OF RESPONDENTS

Respondents' age plays an important role in determining the contraceptive behavior because only females of reproductive age group can bear child. Table 4.1 shows the distribution of respondents' age by 5 year's age group.

Table 4.1
Distribution of respondents by age group

Age group	Number of respondents	Percentage (%)
15 – 19	2	2
20 – 24	13	13
25 – 29	18	18
30 – 34	18	18
35 – 39	23	23
40 – 44	16	16
45 – 49	10	10
Total	100	100

Source: Field survey, 2007.

Among the study population, highest number is observed in age group 35–39 (23%), followed by age group 25–29 and 30–34 (with 18% each). Only 2 percent of the respondents are found in age group 15–19 years.

4.2 AGE AT MARRIAGE

Age at marriage is one of the major factors that determine the fertility of women. The legal age at marriage for girls in Nepal is 16 with consent from parents and 18 with out consent from parents. If age at marriage is low higher will be the children ever born. Table 4.2 presents the age at marriage of the respondents.

Table 4.2
Distribution of the respondents by age at marriage

Age at marriage (in years)	Number of respondents	Percent (%)
10 – 14	4	4
15 – 19	55	55
20 – 24	37	37
25and above	4	4
Total	100	100

Source: Field survey, 2007.

Table 4.2 shows the majority of women 55 percent have married at age 15–19 years similarly, 37 percent of respondents have married at the age 20–24, 4 percent respondents have married before their fifteenth years and 4 percent have married above 25 years of age. The age at marriage closely linked with the level of education, economic status and employment. The age at marriage directly linked with number of children. The women who married at low age found high number of children then who marry late.

4.2 AGE AT BIRTH OF FIRST CHILD

Women who marry in the early ages bear children in the early; likewise, who marry in late ages bear the children lately. Who bear the children in the early ages is likely to bear more children than that of the women who bear the children in their late ages. Table 4.3 represents the age at birth of first child of the respondents.

Table 4.3
Distribution of respondents by age at birth of first child

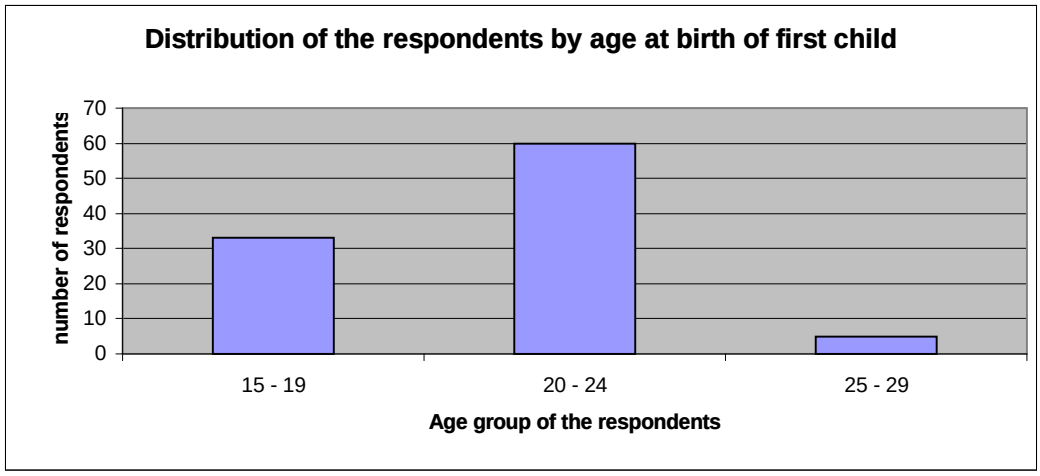
Age at birth of first child	Number of respondent	Percent (%)
15 – 19	33	33.7
20 – 24	60	61.2
25 – 29	5	5.1
Total	98*	100.0

Source: Field survey, 2007.

*Note: Only those who have had at least one live birth.

Table 4.3 shows that majority of women 61.2 percent have born their first child at ages 20–24 and is followed by 33.7 percent who have born their first child at ages 15–19 and 5 percent born their child at ages 25–29. 33.7 percent of women bear their first child at age group 15–19, which carry high risk for both mother and child. But, the result comparatively satisfactory because large proportion of women (61.2%) have born their first child at age group 20–24.

Figure 1



4.4 NUMBER OF LIVING CHILDREN

Number of living children also determines the use and non-use of contraception and desire for children. If there are already a desired number of children to women, they are likely to use long-term birth spacing methods or to use permanent method of contraception.

Table 4.4
Distribution of respondents by number of living children

Child ever born	Number of respondents	Percentage (%)
0	2	2
1	25	25
2	38	38
3	23	23
4	6	6
5	4	4
6	1	1
7	1	1
Total	100	100

Source: Field survey, 2007.

From the table 4.4, most of the women (38%) have two children followed by 25 percent of women who have two children, 23 percent women have three children, 6 percent have four children, 4 percent have 5children and 1 percent have six percent and another 1 percent have seven children. Two percent of women have no children.

4.5 CASTES AND ETHNICITY

Different caste/ethnic groups have their own beliefs, tradition and costumes. In some ethnic groups, there is prevalence of superstitions that they are not ready to change. Caste ethnicity also determines the age at marriage, major occupation, number of children etc. Because of this study focus on a small area, only seven castes are found which is given below.

Table 4.5

Distribution of respondent by caste / ethnicity

Caste / Ethnicity	Number of respondents	Percent (%)
Chhetri	73	73
Brahmin	8	8
Tamang	7	7
Newar	5	5
Damai	3	3
Gharti	2	2
Magar	2	2
Total	100	100

Source: Field survey, 2007.

Table 4.5 shows that there is majority of Chhetri cast/ethnic group of women with 73 percent. Brahmin was found in second position with 8 percent followed by Tamang with 7 percent.

4.6 EDUCATIONAL ATTAINMENT

Nepal has made considerable progress in developing the national educational system and providing educational facilities for its people through out the country. The government of Nepal has provided free primary education facilities in order to increase educational status. The government also emphasize in girls participation.

Education is the backbone for advancement of society and development. Education plays vital role in every field. Women education rather plays duel role in family as well as society. However, in Nepal the gap of literacy between male and female still exist very wide. The educational attainment of respondents is presented in Table 4.6 below.

Table 4.6

Distribution of respondents by literacy and educational attainment

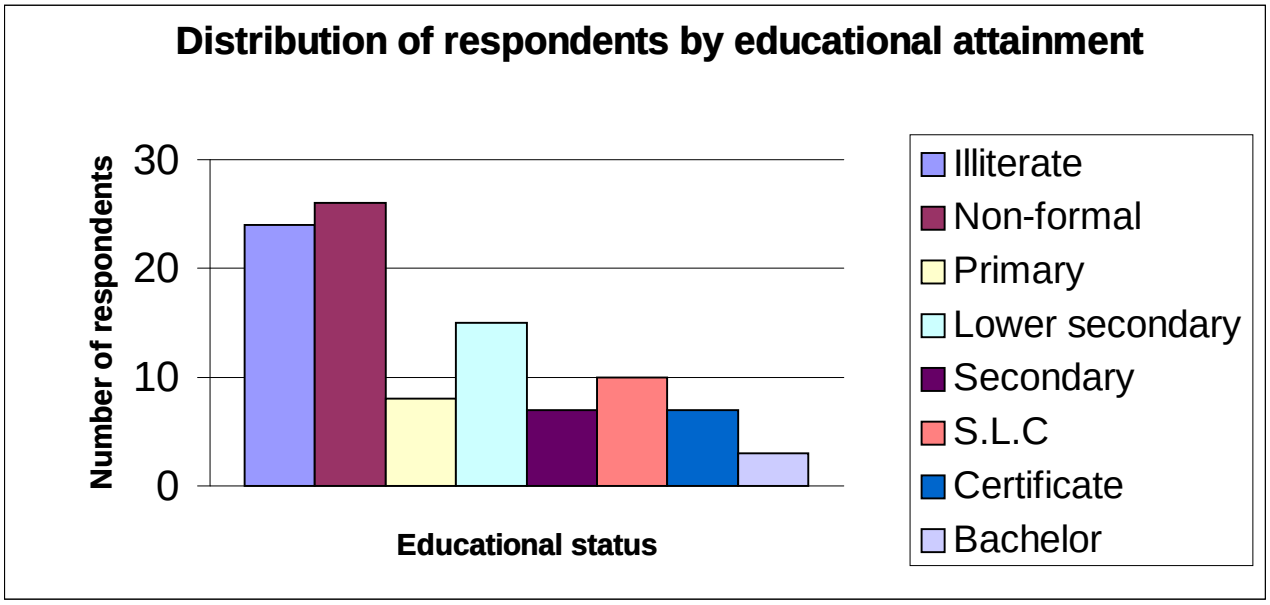
Educational status	Number of respondents	Percentage (%)
Illiterate	24	24
Non-formal	26	26
Primary	8	8
Lower secondary	15	15
Secondary	7	7
S.L.C	10	10
Certificate	7	7
Bachelor	3	3
Total	100	100

Source: Field survey, 2007.

Table 4.6 shows that 24 percent of the respondents are illiterate and 76 percent of respondents are literate. Among the total respondents 26 percent have reported non-formal educational attainment, 15 percent attained lower

secondary, 10 percent attained S.L.C, 8 percent attained primary, 7percent attained secondary and 10 percent have attained certificate and above education. One forth of the respondent are illiterate, it shows that women are still far from their right to education. Only few percent of women are found having higher-level education.

Figure 2



4.7 OCCUPATION

Although, women are vital productive worker in the national economy, their participation in the labour force and their economic contributions is under-reported. This is because much of the works that women do is in subsistence farming and in the households, which are not classified as economically active. Women have less access to income, wealth and paid employment. This is partly due to their limited access to education and information as well as productive resources and partly due to the traditional social perception about women's activities. Moreover, the everyday tasks of family life in rural areas involve

women in labour intensive farm work and in time-consuming domestic chores such as gathering fuel wood, hauling water and providing food for the children and other household members. Thus, very little time is left for activities with potentially higher economic returns, or to contribute directly to national economic development.

Farming is the major or even sole occupation for the rural people. Occupation is one of the most influencing variables in use and non-use of family planning methods. Table 4.7 presents the occupational status of respondent's family.

Table 4.7

Distribution of respondents by family occupation

Main occupation	Number of respondent	Percentage (%)
Agriculture	51	51
Service	31	31
Labour	11	11
Business	5	5
Total	100	100

Source: Field survey, 2007.

Figure 3

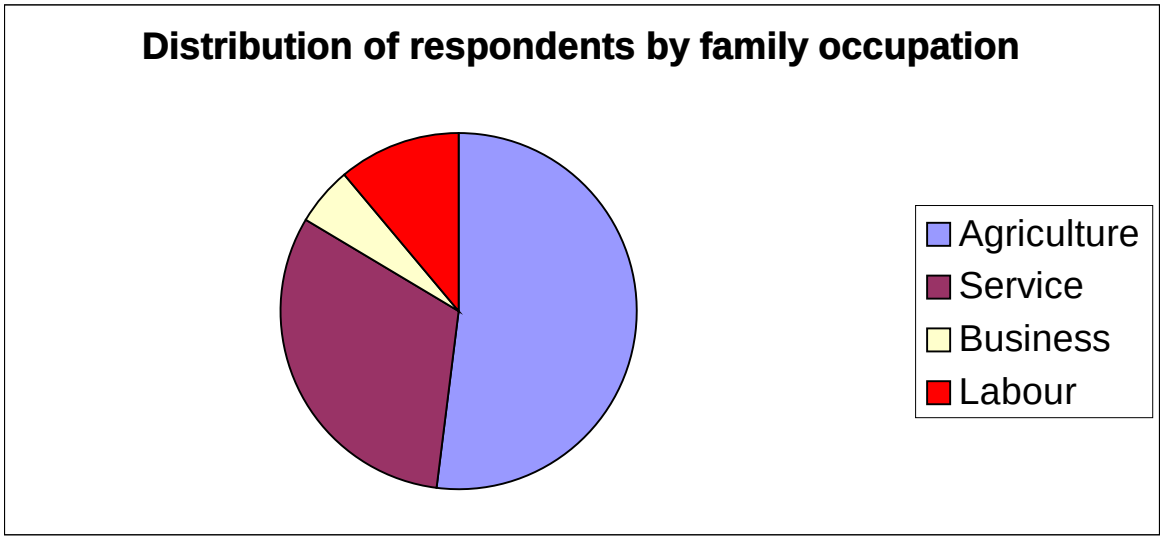


Table 4.7 shows that respondents' family are involved in four occupations. Out of these four occupations, agriculture is much popular. Agriculture is the main occupation for 51 percent of respondents' family, 31 percent have found in service sector and 11 percent are in labour. Only 5 percent are involved in business sector.

4.8 FAMILY INCOME

Family income represents the overall status of household because income depends on education, occupation, opportunities, and skill. The respondents according to family income are presented in Table 4.8.

Table 4.8

Distribution of the respondents by monthly family income

Income level	Number of respondents	Percentage (%)
RS 1,000 – 2,000	1	1
RS 3,000 – 4,000	18	18
RS 5,000 – 6,000	38	38
RS 7,000 – 8,000	12	12
RS 9,000 – 10,000	12	12
RS 11,000 – 12,000	5	5
RS 13,000 – 14,000	4	4
RS 15000 and above	10	10
Total	100	100

Source: Field survey, 2007.

Table 4.8 presents the income distribution of household of study population. Data presented in table reveals that most of the households (38%) have income ranges between Rs. 5,000 to 6,000. 18 percent of the household have income ranges between Rs. 3,000 to 4,000, 12 percent have income ranges between Rs.

7,000 to 8,000 and another 12 percent have income ranges between Rs. 9,000 to 10,000. There are 10 percent of the households' monthly income is above Rs. 15,000.

4.9 HOUSEHOLD FAC ILITY

Facilities in the household show the status of household as well as respondents and the development of the area. Information technology plays an important role in obtaining knowledge, change the attitude of respondent as well as increase in use of family planning.

Table 4.9

Distribution of respondents having various facilities at their home

Type of facilities	Number of respondents	Total	Percentage (%)
Electricity	100	100	100
Radio	98	100	98
Toilet	98	100	98
Television	88	100	88
Piped water	81	100	81
Telephone	60	100	60

Source: Field survey, 2007.

Note: the number and percent are based on multiple responses.

Table 4.9 shows that each respondent’s household have electricity facilities, 98 households out of hundred have radio facilities, followed by Television facilities (88 out of 100), 81 household have piped water, 60 household have telephone and 98 households out of 100 have toilet facilities.

4.10 FATHER'S OCCUPATION

Father's occupation also play major role in the education and age at marriage of their children. Table 4.10 presents the occupational status of the respondents' father.

Table 4.10

Distribution of respondent by father's occupation

Father's occupation	Number of respondents	Percentage (%)
Agriculture	60	60
Service	25	25
Labour	11	11
Business	4	4
Total	100	100

Source: Field survey, 2007.

Table shows that main occupation of the respondents' father is agriculture. Among the respondents 60 percentage of the respondents' father are involved in agriculture, one forth (25%) of the father of respondents are engaged in service, 11 percent works as labour and only 4 percentage of the respondents father are involved in business. This data reveal that more people are engaged in low-income agricultural sector rather than high-income business sector.

4.11 FATHER'S EDUCATION

Father's education plays an important role for their daughter's education and age at marriage. If father is educated, their children are also found educated.

Children of educated parents are married at late ages than illiterate parent's children. Table 4.11 presents the educational status of respondent's father.

Table 4.11

Distribution of respondent by father's education

Educational status	Number of respondents	Percentage (%)
Illiterate	49	49
Non-formal	31	31
Primary	8	8
Lower secondary	1	1
Secondary	7	7
S.L.C and above	4	4
Total	100	100

Source: Field survey, 2007.

Table 4.11 shows that 49 percent of the respondent's father is illiterate, it shows that nearly half of the respondent's fathers are illiterate which also affect the life of the respondents. Among them, 51 percent are literate, 31 percent of respondent's father are informally educated, 8 percent have primary education, 7 percent have secondary level education and 4 percent have passed S.L.C and above level education.

CHAPTER – V

KNOWLEDGE ATTITUDE AND PRACTICE OF FAMILY PLANNING

The principle objective of this chapter is to examine knowledge, attitude and practice (use) of family planning among currently married women of reproductive age group 15–49. The first section deals with respondent's knowledge of family planning. The second section deals with attitude towards family planning and third section deals with practice of family planning.

5.1 KNOWLEDGE OF FAMILY PLANNING

5.1.1 LEVEL OF KNOWLEDGE OF FAMILY PLANNING

Knowledge of contraceptives among people is almost universal in Nepal. Knowledge of contraceptive method is an important pre-condition toward gaining access and then using a suitable contraceptive device in a timely and effective manner.

A question has been asked to all selected currently married women of reproductive age group 15 – 49, "Have you heard any method of family planning?" to access the knowledge about family planning. Table 5.1 shows that about 98 percent of the respondents are familiar with at least one contraceptive method whereas 2 percent of the respondents are unknown about contraceptive method.

Table 5.1

Distribution of respondents by heard of at least one method of family planning

Heard any method	Number of respondents	Percentage (%)
Yes	98	98
No	2	2
Total	100	100
If heard, Name of method	Number of respondents	Percentage (%)
Injection	87	87
Pills	85	85
Female sterilization	85	85
Condom	74	74
Male sterilization	72	72
Norplant	57	57
IUD	23	23

Source: Field survey, 2007.

Note: The number and percentage are based on multiple responses.

Among the contraceptive methods, injectable appears to be the best-known contraceptive method 87 percent known this method as family planning method. Pills and female sterilization come in second position with 85 percent each, followed by condom (74%) and male sterilization (72%). Norplant (57%) appear in second last position and only 23 percent of the respondent known IUD as the method of family planning.

5.1.2 DIFFERENTIAL IN KNOWLEDGE OF FAMILY PLANNING BY AGE AND EDUCATIONAL ATTAINMENT

Knowledge of family planning method varies with educational status of women. The level of knowledge of family planning is found only 91.7 percent for women with no education; on the other hand, women who are educated knew at least one modern family planning method. Table 5.2 presents differential in knowledge of family planning by age and educational attainment.

Table 5.2
Distribution of currently married women knowing at least one modern method by age and educational attainment

Age of women	Known modern method		Total number of women
	Number of women	Percent	
15 – 19	2	100.0	2
20 – 24	13	100.0	13
25 – 29	18	100.0	18
30 – 34	18	100.0	18
35 – 39	23	100.0	23
40 – 44	15	93.8	16
45 – 49	9	90.0	1
Total	98*	98.0	100
Education of women	Known modern method		Total number of women
	Number of women	Percent	
Illiterate	22	91.7	24
Non-formal	26	100.0	26
Primary	8	100.0	8
Lower secondary	15	100.0	15
Secondary	7	100.0	7
S.L.C	10	100.0	10
Certificate	7	100.0	7
Bachelor	3	100.0	3
Total	98*	98.0	100

Source: Field survey, 2007.

Note: Only those who have heard at least one method of family planning.

*Note: Only those who have heard at least one method of family planning.

Table 5.2 shows that 98 percent of currently married women knew at least one modern contraceptive method. The table indicates that elder women's knowledge on modern method of contraceptive is lower as compared with younger aged women. For example, only 93.8 and 90 percent of currently married women aged 40–44 and 45–49 knew at least one modern method, whereas all currently married women of other age groups are familiar with this method.

5.1.3 DIFFERENTIAL IN KNOWLEDGE OF SPECIFIC METHOD OF FAMILY PLANNING BY FAMILY INCOME

There is differential in knowledge of specific method on family planning according to family income. More respondent's major family occupation is low wage agriculture sector (53%). Few percent of respondents are found in high wage business sector (5%), which directly associates with the knowledge of family planning. The having heard family planning methods are cross-tabled with family income in Table 5.3.

Table 5.3 shows that huge proportion of women's income ranges between Rs 4,000 to 6,000. Therefore, women of this income group having heard more methods than other income group. Among the various methods, most known method is injectable for women whose income range between Rs. 4,000 t0 6,000 and least known method is IUD. Out of 98 women who heard at least one modern method of family planning, 87 heard about injectable. Among the women who heard about injectable 48.3 percent of women's income ranges between Rs. 4,000 to 6,000 and 11.5 percent of women income ranges between

Rs 1,000 to 3,000. Among 85 women, who heard about pills 42.4 percent of women's income ranges between Rs. 4,000 to 6,000 followed by 16.4 percent of women whose income is above 13,000 and only 10.6 percent of women heard about pills having income range between Rs. 1,000 to 3,000.

Table 5.3

Differential in knowledge of specific method of family planning by family income

Method / Income	Pills	Condom	Female sterilization	IUD	Norplant	Injection	Male sterilization	Total
1,000 – 3,000	10.6 (9)	10.8 (8)	11.8 (10)	8.8 (2)	14.0 (8)	11.5 (10)	11.1 (8)	11.2 (11)
4,000 – 6,000	42.4 (36)	40.5 (30)	42.4 (36)	30.4 (7)	38.6 (22)	48.3 (42)	43.1 (31)	45.9 (45)
7,000 – 9,000	15.3 (13)	14.9 (11)	15.3 (13)	13.0 (3)	17.6 (10)	13.8 (12)	13.8 (10)	14.3 (14)
10,000 – 12,000	15.3 (13)	14.9 (11)	14.1 (12)	21.7 (5)	14.0 (8)	13.8 (12)	15.3 (11)	14.3 (14)
13000 and above	16.4 (14)	18.9 (14)	16.4 (14)	26.1 (6)	15.8 (9)	12.6 (11)	16.7 (12)	14.3 (14)
Total	100.0 (85)	100.0 (74)	100.0 (85)	100.0 (23)	100.0 (57)	100.0 (87)	100.0 (72)	100.0 (98)

Source: Field survey, 2007.

Note: Figures in parentheses are number of cases.

Note: The number and percentage are based on multiple responses.

The table also shows that level of knowledge of family planning increase with level of income. Women whose family income is more than 7,000 are more familiar with family planning methods than low-income groups. From the table, the most known methods are Injectable, Pills and Female Sterilization where as least known method is IUD. Out of 98 women, only 23 women heard about it.

5.1.4 DIFFERENTIAL IN KNOWLEDGE OF SPECIFIC METHOD OF FAMILY PLANNING BY EDUCATIONAL ATTAINMENT

Education is the most important factor to have the knowledge about family planning. It is true that "higher the education, higher the knowledge about contraceptive". Table 5.4 shows the differential in knowledge of contraceptive by educational attainment is cross table with the respondents.

Table 5.4
Differential in knowledge of specific method of family planning by educational attainment (heard methods)

Method / Education	Pills	Condom	IUD	Norplant	Injection	Female sterilization	Male sterilization	Total
Illiterate	18.8 (16)	17.5 (13)		15.8 (9)	19.6 (17)	19.5 (17)	16.7 (12)	22.4 (22)
Non-formal	25.9 (22)	24.3 (18)		22.8 (13)	25.3 (2)	24.1 (21)	23.6 (17)	26.5 (26)
Primary	7.1 (6)	8.1 (6)	8.7 (2)	7.0 (4)	8.0 (7)	8.2 (7)	8.3 (6)	8.21 (8)
Lower secondary	16.5 (14)	14.9 (11)	17.4 (4)	10.5 (6)	16.1 (14)	15.3 (13)	15.3 (11)	15.3 (15)
Secondary	8.2 (7)	8.1 (6)	8.7 (2)	10.5 (6)	8.0 (7)	8.2 (7)	8.3 (6)	7.1 (7)
S.L.C	11.8 (10)	13.5 (10)	21.7 (5)	15.8 (9)	11.5 (10)	11.8 (10)	13.8 (10)	10.2 (10)
Certificate	8.2(7)	9.5(7)	30.4(7)	12.3(7)	8.0(7)	8.2(7)	9.7(7)	7.1(7)
Bachelor	3.5(3)	4.1(3)	13.0(3)	5.3(3)	3.4(3)	3.5(3)	4.2(3)	3.1(3)
Total	100.0 (85)	100.0 (74)	100.0 (23)	100.0 (57)	100.0 (87)	100.0 (85)	100.0 (72)	100.0 (98)

Source: Field survey, 2007.

Note: Figures in parentheses are number of cases.

Note: The number and percentage are based on multiple responses.

Table 5.4 shows that in most of the contraceptive methods, there is high-level knowledge about contraceptive as increased level of knowledge of education. The women with education of certificate and bachelor are familiar with all methods. Among 87 women who heard about injection 25.3 percent have non-formal education, 19.6 percent are illiterate and only 3.4 percent women have cleared bachelor level education. Women with non-formal education heard all methods except IUD. Out of 98 women, 85 heard about pills and among them 25.9 percent of respondents have non-formal education and only 3.5 percent have bachelor level education. Condom came in forth position, 74 respondents heard about it. Among them 24.3 percent of respondents have non-formal education. Among the women who heard about IUD, 30.4 percent have certificate level education however, women with non-formal education and illiterate women are unknown about IUD. Female sterilization came among popular methods, 85 respondent heard about it. Among them 24.1 percent women have non-formal education, 19.5 percent are illiterate and only 3.5 percent have cleared bachelor level education.

5.1.5 DIFFERENTIAL IN KNOWLEDGE OF SPECIFIC METHOD OF FAMILY PLANNING BY CASTE/ ETHINICITY

The knowledge of specific method of contraceptive also varies by caste / ethnicity. Chhetri occupied the first position among the seven casts in the study population so that each method is heard more by this cast respondents than other. Most of the women in all castes in the study area are well known about pills, injections and sterilization. Lower caste respondents did not heard about

IUD. The collected data has been shown in the cross–table with heard method of family planning in Table 5.5.

Table 5.5

Differential in knowledge of specific method of family planning by caste/ethnicity

Method / Caste	Pills	Condom	IUD	Norplant	Injection	Female sterilization	Male sterilization	Total
Chhetri	78.8 (67)	79.7 (59)	87.0 (20)	79.0 (45)	77.0 (67)	80.0 (68)	79.2 (57)	74.5 (73)
Brahmin	4.7 (4)	4.1 (3)	8.7 (2)	7.0 (4)	5.7 (5)	4.7 (4)	4.2 (3)	8.2 (8)
Tamang	4.7 (4)	4.1 (3)		1.8 (1)	5.7 (5)	4.7 (4)	5.6 (4)	5.1 (5)
Newar	4.7 (4)	4.1 (3)	4.3 (1)	3.5 (2)	4.6 (4)	4.7 (4)	4.2 (3)	5.1 (5)
Damai	3.5(3)	4.1 (3)	-	3.5 (2)	3.4 (3)	3.5 (3)	4.2 (3)	3.1 (3)
Gharti	2.4 (2)	2.7 (2)	-	3.5 (2)	2.3 (2)	1.2 (1)	1.4 (1)	2.0 (2)
Magar	1.2 (1)	1.4 (1)	-	1.8 (1)	1.1 (1)	1.2 (1)	1.4 (1)	2.0 (2)
Total	100.0 (85)	100.0 (74)	100.0 (23)	100.0 (57)	100.0 (87)	100.0 (85)	100.0 (72)	100.0 (98)

Source: Field survey, 2007.

Note: Figures in parentheses are number of cases.

Note: The number and percentage are based on multiple responses.

Table 5.5 shows that among 87 respondents who heard about injection Chhetri cover the first position with 77.0 percent and it is followed by Brahmin and Tamang with 5.7 percent each. Magar respondents came in last position only 1.1 percent of respondents of this cast heard about injection the cause is few (only two) respondents are found in this cast. The situation of heard of female sterilization is same as injection. Out of 85 respondents who heard about pills, like in pills and female sterilization huge proportion covered by Chhetri with 78.8 percent followed by Brahmin (4.7), Tamang (4.7), Newar (4.7), Damai (3.5), Gharti (2.4) and Magar (1.2). The heard of male sterilization is slightly

different, among 72 respondents who heard about male sterilization, first position cover by Chhetri (79.2) followed by Tamang (5.6). Out of 98 respondents who heard at least one modern method of family planning, 23 respondents heard about IUD. Among them 87.0 percent is heard by Chhetri cast, followed by Brahmin (8.7%) and Newar (4.3%). Tamang, Damai, Gharti and Magar respondents are unknown about IUD. The heard of methods also varies from cast to cast upper casts respondents are more familiar with various methods of family planning rather than lower cast respondents.

5.1.6 PLACE KNOWN FOR FAMILY PLANNING

All of the respondents knew the different sources for family planning services currently provided. The most commonly known sources are health post, family planning clinic, medical clinic and hospital.

Table 5.6

Distribution of respondents by knowledge about source for family planning

Source of family planning	Number of respondents	Total	Percent (%)
Health post	95	100	95
Family planning clinic	82	100	82
Medical clinic	75	100	75
Hospital	56	100	56
Shop	28	100	28

Source: Field survey, 2007.

Note: The number and percentage are based on multiple responses.

Above table shows that 95 out of 100 respondents knew health post as a center for family planning services. Out of 100 respondents, 82 respondent replied

family planning clinic as a center for family planning services and it is followed by medical clinic with 75 respondents out of 100. In brief, most of the respondents have knowledge about more than one place where family planning services are currently provided.

5.1.7 SOURCES OF INFORMATION ON FAMILY PLANNING

All currently married women of aged 15–49 years who have heard any type of methods were asked from where they had heard about family planning methods. Table 5.5 shows that 94 respondents out of 100 have heard about family planning from television and radio. 81 out of 100 respondents have heard about family planning through friends and neighbors, followed by health worker (78 out of 100), husband (42 out of 100) and through news paper (34 out of 100).

Table 5.7

Distribution of respondents who have heard any family planning method from different sources

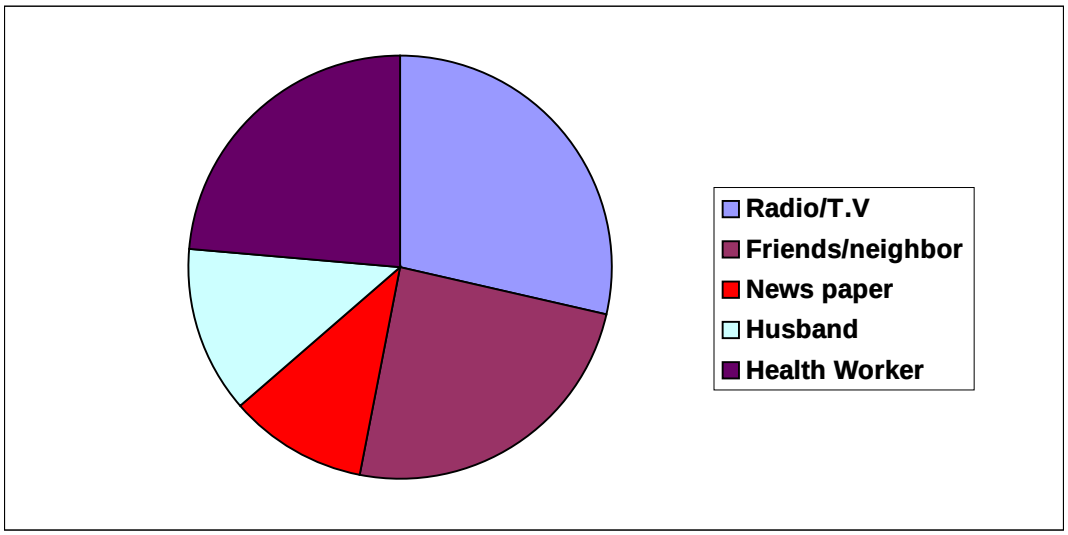
Source of information	Number of respondents	Total	Percent
Radio / T.V	94	100	94
Friends / Neighbors	81	100	81
Health worker	78	100	78
Husband	42	100	42
News paper	34	100	34

Source: Field survey, 2007.

Note: The number and percentage are based on multiple responses.

Figure 4

Heard of family planning methods from different sources



5.2 ATTITUDE TOWARDS FAMILY PLANNING

The attitude towards family planning in recent have changed significantly. Now people in general, have better understanding about the need for family planning for spacing as well as limiting the number of children. Therefore, they have much more positive attitude towards family planning. The attitude of people towards the family planning plays vital role in the acceptance and adoption of family planning methods in any given community. People having positive attitude towards the method of family planning do better in adopting a method of family planning than the people with negative attitude. The study also attempts to identify the general attitude towards family planning.

5.2.1 ATTITUDE OF RESPONDENTS TOWARDS FAMILY PLANNING

Attitude towards family planning is responsible factor for use and non-use of family planning. If the attitude is positive, the use of family planning increases similarly, if the attitude is negative, the use of family planning decreases. Table 5.8 presents the respondents attitude towards family planning.

Table 5.8

Distribution of respondent by their attitude towards family planning

Attitude	Number of respondents	Percent
Good	66	66
Excellent	27	27
Bad	-	-
Satisfactory	7	7
Total	100	100

Source: Field survey, 2007.

Table 5.8 shows that the respondents' attitude towards family planning is positive. 66 percent of respondents replied family planning is good, followed by excellent with 27 respondents and seven respondents replied that family planning is satisfactory.

5.2.2 ATTITUDE TOWARDS CHILD BEARING AGE

Attitude towards family planning also affect by their knowledge about best childbearing age. All selected respondents are asked about best childbearing age in order to find their attitude toward family planning methods. The respondents are tabulated in below table.

Table 5.9

Distribution of respondents by perception about appropriate age for child bearing

Best child bearing age	Number of respondents	Percent
Under 20	16	16
Above 20	79	79
Don't know	5	5
Total	100	100

Source: Field survey, 2007.

Table 5.9 shows that the majority of women (79%) replied best childbearing age is above 20 years, 18 percent replied that best childbearing age is below 20 years and 5 percent are unknown about best child bearing age. The table also shows that most of the women have better knowledge about best childbearing age.

5.2.3 INFORMATION ABOUT FAMILY PLANNING PROVIDED TO OTHERS

The attitude of respondent towards family planning also known by the information about family planning provided to other people. If respondents are familiar with family planning methods they provide information to others, the attitude of respondents towards family planning is also known by the information provided to others by respondents. The knowledge of family planning is popular but women shy to discuss or share their knowledge to other. Table 5.10 present the respondents by the information about family planning provided to others.

Table 5.10

Distribution of respondents according to the information about family planning provided to others

Information provided	Number of respondents	Percent
Yes	54	54
No	46	46
Total	100	100

Source: Field survey, 2007.

Above table shows that only 54 percent of respondent provide information about family planning to others where as 98 percent of women know about family planning methods. Nearly half of the respondent (46%) did not provide information about family planning to others the reason for not providing information is presented in below table.

Table 5.11

Distribution of respondents by reason for not providing information about family planning to others

Reasons	Number of respondents	Percent
Shy	21	44.7
Other	13	27.7
Social causes	9	19.1
Lack of knowledge	4	8.5
Religious causes	-	-
Total	47	100.0

Source: Field survey, 2007.

Above table shows that the main reason for not providing information about family planning is shame to discuss about family planning which is accounted

for 44.7 percent, 19.1 percent replied social causes for not providing information and 8.5 percent replied as lack of knowledge.

5.2.4 OPINION ABOUT ADVANTAGES OF FAMILY PLANNING

If people are more familiar with the advantages of family planning they are more likely to use family planning methods. If respondent knows more advantages then disadvantages then, their attitude towards family planning becomes positive. Table presented below shows the opinions about advantages of family planning based on multiple choices.

Table 5.12

Distribution of respondents by opinion about advantages of family planning

Advantages	Number of respondents	Total	Percent
Make better health of mother and child	65	100	65
Make small and happy family life	84	100	84
Improve the economic condition of family	58	100	58
Provide better economic and appropriate care for children	29	100	29

Source: Field survey, 2007.

Note: The number and percentage are based on multiple responses.

Table 5.12 shows that the majority of respondents have perceived that advantage of family planning is to 'make small and happy family life', which is accounted for 84 percent. Out of 100, 65 respondents replied it helps to 'make better health of mother and child', followed by 'improve the economic condition of family' with 58 percent and 29 respondents out of 100 replied that family

planning helps to 'provide better education and appropriate care for the children'.

5.2.5 ATTITUDE TOWRDS THE PROMOTION OF FAMILY PLANNING METHODS

All currently married women of age group 15–49, were asked "how best the family planning methods could be promoted?". The response is presented in below table.

Table 5.13

Distribution of currently married women by their view about promotion of family planning methods

Measures for the promotion for family planning methods	Number of respondents	Total	Percent
Increase both availability and use of family planning	48	100	48
Make family planning service easily accessible	35	100	35
Provide information about family planning	33	100	33
Provide facilities for treatment of side effect	18	100	18
Don’t know	6	100	6

Source: Field survey, 2007.

Note: the number and percentage are based on multiple responses.

From the above table, it can be observed that 48 percent of the respondents suggested that increase in both availability and use of family planning. Respondents think that if family planning is available in easily accessible place

the use of family planning automatically increased. 35 respondents replied that 'making family planning services easily accessible' is the way for promotion of family planning methods followed by 'provide information about family planning' with 33 percent of respondents. 'Treatment of side effect' also helps in promotion of family planning replied by 18 respondents out of 100 and 6 respondents out of 100 replied that they are not known about it.

5.3 USE (PRACTICE) OF FAMILY PLANNING

Use of the contraceptive is one of the most important proximate determinants of level of fertility. If use of family planning increases that helps to reduce fertility. Thus, the use of family planning methods may have significant impact on rapid growing population. The use of family planning methods also help to avoid unwanted pregnancy, spacing birth, reducing maternal mortality and so on. Therefore, the use of family planning is most important.

5.3.1 EVER USE OF FAMILY PLANNING

Ever use means use of any method of family planning at least once currently or in the past. The currently married women aged 15–49 years, who have heard of at least one method of family planning are asked whether they have ever used any method of family planning. The following table shows the number and percentage of respondents using any method of family planning based on multiple responses.

Table 5.14

Distribution of respondents by ever use of family planning methods

Use of Family planning methods	Number of respondents		Percent
Ever used	85		85
Never used	15		15
Total	100		100
Types of Family planning methods	Number of respondents	Total	Percent
Pills	42	100	42
Condom	33	100	33
IUD	-	100	-
Norplant	8	100	8
Injection	54	100	54
Female sterilization	22	100	22
Male sterilization	8	100	8

Source: Field survey, 2007.

Note: The number and percentage are based on multiple responses.

Among the ever-used respondents, many respondents use more than one method. Above table shows that 85 percent of respondents have used at least one method of family planning. And 15 percent of the respondents have never use any type of family planning methods. With respect to the methodwise distribution of respondents, 55 respondents out of 100 have ever used injection followed by pills (42), condom (33) and female sterilization (22). Male sterilization and Norplant is ever used by 8 percent of respondent in each. The table shows that injection and pills is much popular method than other.

5.3.2 EVER USE OF FAMILY PLANNING BY AGE

Table 5.15 provides the information on currently married women who have ever used any family planning methods by age. The ever use of family planning

methods varies with age interval of women. The large proportion of users (24.7%) is found in age group 35–39. The elder women ever use more methods than younger aged women do. Among the modern methods, injection is much popular for women of age group 15–39. Among permanent methods of family planning, female sterilization is more popular than male sterilization.

Table 5.15

Percentage distribution of respondents who have ever used any family planning method by specific method and age

Age / Method	20 – 24	25 – 29	30 – 34	35 – 39	40 – 44	45 – 49	Total
Any method	11.8 (10)	17.6(15)	18.8(16)	24.7(21)	17.6(15)	9.4 (8)	100.0(85)
Pills	50.0 (5)	53.3 (8)	31.3 (5)	33.3 (7)	60.0 (9)	100.0(8)	49.4 (42)
Condom	50.0 (5)	66.7(10)	31.3 (5)	23.8 (5)	33.3 (5)	37.5(3)	38.8 (33)
Norplant	30.0 (3)	-	12.5 (2)	4.7 (1)	6.7 (1)	12.5(1)	9.4 (8)
Injection	20.0 (7)	80.0(12)	68.8(11)	76.2 (6)	33.3 (5)	37.5(3)	63.5 (54)
Female sterilization	-	13.3 (2)	18.8(3)	19.0 (4)	60.0 (9)	50.0(4)	25.9 (22)
Male sterilization	-	6.7 (1)	25.0 (4)	9.5 (2)	6.7 (1)	-	9.4 (8)
Total	100.0 (10)	100.0 (15)	100.0 (16)	100.0 (21)	100.0 (15)	100.0 (8)	100.0 (85)

Source: Field survey, 2007.

Note: Figures in parentheses are number of cases.

Note: The number and percentage are based on multiple responses.

The respondents of younger age group 20–24 ever used injection (70%) more than other method followed by Pills (50%), Condom (50%) and Norplant (30%)

ever used likewise, permanent methods are not used by respondents of this age group. The respondents of age group 25–29 slightly increase in using permanent method of family planning.

Out of 85, 54 respondents replied that they have ever used Injection. Among them 12 respondents are in age group 25–29 followed by respondents of age group 30–34 (11 women ever used it) and only 3 respondents of age group 45–49 replied that they have ever used injection. Pills came in second position, 42 respondents ever used this method. Among them, respondents of age group 40–44 cover first position (9 women ever used it). Out of 85, 33 respondents ever-used condom, among them, 10 respondents of age group 25–29 ever used this method and only 3 respondents of age group 45–49 ever used Condom. Out of 22 respondents who have ever used female sterilization 9 respondents from age group 40–44 and only 2 respondents of age group 25–29 ever used female sterilization. Ever use of male sterilization is high in age group 30–34 and low in age group 25–29. The use of permanent method increases with the age of the respondents'. Younger age respondents ever used more temporary method and elder age respondents ever used more permanent methods of family planning.

5.3.3 NUMBER OF LIVING CHILDREN AND EVER USE OF FAMILY PLANNING METHODS

Table 5.16 shows that, those women who have one and two children use family planning more than other. The number of children also determine the specific method of family planning the women who have no or 1-child use methods for birth spacing and women who have 2 or more than 2 children use permanent method.

Table 5.16

Percentage distribution of currently married women who have ever used any family planning method by methods and number of living children

No. of children / Methods	None	1	2	3	4	5	6	7	Total
Any method	1.2 (1)	24.7 (21)	40 (34)	22.4 (19)	5.9 (5)	3.5 (3)	1.2 (1)	1.2 (1)	100.0 (85)
Pills	-	28.6 (6)	47.1 (16)	63.2 (12)	80.0 (4)	66.7 (2)	100.0 (1)	100.0 (1)	49.4 (42)
Condom	-	38.1 (8)	11.8 (4)	31.6 (6)	40.0 (2)	66.7 (2)	100.0 (1)	-	38.8 (33)
Norplant	-	19.0 (4)	5.9 (2)	5.3 (1)	-	33.3 (1)	-	-	9.4 (8)
Injection	100.0 (1)	71.4 (15)	58.8 (20)	63.2 (12)	80.0 (4)	33.3 (1)	-	100.0 (1)	63.5 (54)
Female sterilization	-	4.8 (1)	38.2 (13)	26.3 (5)	20.0 (1)	33.3 (1)	100.0 (1)	-	25.9 (22)
Male sterilization	-	-	11.8 (4)	15.8 (3)	20.0 (1)	-	-	-	9.4 (8)
Total	100.0 (1)	100.0 (21)	100.0 (34)	100.0 (19)	100.0 (5)	100.0 (3)	100.0 (1)	100.0 (1)	100.0 (85)

Source: Field survey, 2007.

Note: Figures in parentheses are number of cases.

Note: The number and percentage are based on multiple responses.

Among the respondents who have 2 children, 58.8 percent have ever used injection. It is ever used more than other methods and 5.9 percent of respondent who have 2 children reported of using Norplant. The use of permanent method is high for respondents who have 2 or 3 children. Out of 21 who have 1 children, 71.4 percent ever used injectable followed by Condom (38.1%), Pills (28.6%), Norplant (19.0%) and female sterilization (4.8%). The table also shows the respondents attraction towards small family because out of 100

samples 34 respondents have ever used family planning those have two children.

5.3.4 REASON FOR USING FAMILY PLANNING AMONG EVER USERS

The various methods of family planning are available. The respondents use the specific method of family planning. Table illustrated below shows the reason for using specific method of family planning.

Table 5.17

Percentage distribution of ever users by reasons for using specific method of family planning

Reason for use	Number of respondents	Percent
Easily accessible	35	41.2
Effective	31	36.5
No side effect	8	9.4
Advice by health worker	6	7.1
Cheap	5	5.9
Total	85	100.0

Source: Field survey, 2007.

Table 5.17 shows that 41.2 percent of ever-used respondents use specific method of family planning because they are easily accessible. 36.5 percent replied that they ever used the specific method of family planning because these methods are 'effective'. 9.4 percent replied that the reason for using specific method of family planning is 'lack of side effect'. 7.1 percent ever used specific method because they are 'cheap'. Over all the table shows that respondents used those methods, which are easily accessible and effective.

5.3.5 REASON FOR NOT USING FAMILY PLANNING AMONG NEVER USERS

Out of 100 respondents, 85 respondents have already used family planning methods but 15 percent not using family planning the reason for not using family planning is presented in below table.

Table 5.18

Percentage distribution of respondents by reasons for not using family planning methods ever

Reasons	Number of respondents	Percent
Desire for children	7	46.7
Husband &family disagreement	5	33.3
Lack of knowledge	2	13.3
Other	1	6.7
Total	15	100.0

Source: Field survey, 2007.

Table 5.18 shows that desire for children is the main cause for not using family planning which cover 46.7 percent and it is followed by husband and family disagreement with 33.3 percent. 2 respondents replied that they are unknown about the method so they have not used the family planning methods.

5.3.6 CURRENT USE OF FAMILY PLANNING

Respondents were asked about the status of use of family planning in order to find the current behavior. The contraceptive prevalence rate (CPR) is found to be 79 percent among currently married women of reproductive age group 15–49

years. The prevalence rate of study area is higher than the average national prevalence rate. The collected data on current use of family planning is presented in table below.

Table 5.19

Distribution of respondents by current use of contraception

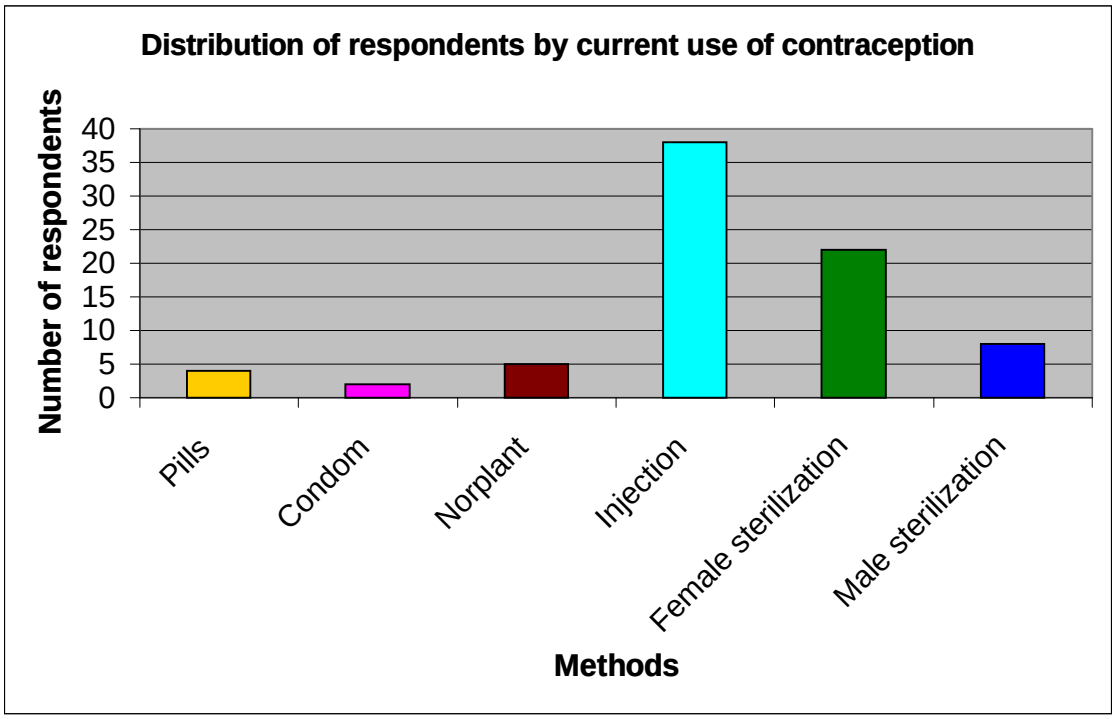
Current use	Number of respondents	Percent
Yes	79	92.9
No	6	7.1
Total	85*	100.0
Methods	Number of respondents	Percent
Pills	4	5.1
Condom	2	2.5
Norplant	5	6.3
Injection	38	48.1
Female sterilization	22	27.8
Male sterilization	8	10.1
Total	79	100.0

Source: Field survey, 2007.

*__Note:__ Only those who have ever used family planning methods.

The table presents that the injection is used by 48.1 percent and it is the mostly used method, which is followed by female sterilization with 27.8 percent. 10.1 percent respondents are using male sterilization. Norplant is using by 6.3 percent respondents. 5.1 percent are using pills and only 2.5 percent are using condom.

Figure 5



5.3.7 AGE OF WOMEN AND CURRENT USE OF FAMILY PLANNING

Table presented below provides the distribution of currently married women who are currently using family planning method by methods and age. The use of family planning is found higher (24.1%) in women of age group 35–39 years followed by 25–29, 40–44 and 30–34 age group with 19.0, 17.8 and 16.5 percent respectively. Table also reveals that there is greater variation in current use of family planning between the younger women and elder women. There are 12.6 percent of currently married women in age group 20–24 years using family planning, while in age group 35–39 years using of family planning is 24.1 percent. The highest use of female sterilization (64.3%) is found in age group 40–44 and the highest use of injection (63.2%) is found in age group 35–39. Condoms are used only by 13.3 percent of respondents of age group 25–29.

Table 5.20 shows that Injection is using by respondents of each age group more than other method and it is followed by female sterilization.

Table 5.20

Percentage distribution of respondents who are currently using family planning methods by method and age

Age / Method	20 – 24	25 – 29	30 – 34	35 – 39	40 – 44	45 – 49	Total
Any method	12.6 (10)	19.0 (15)	16.5 (13)	24.1 (19)	17.8 (14)	10.1 (8)	100.0 (79)
Pills	20.0 (2)	6.7 (1)	-	5.3 (1)	-	-	5.1 (4)
Condom	-	13.3 (2)	-	-	-	-	2.5 (2)
Norplant	30.0 (3)	-	7.8 (1)	-	-	12.5 (1)	6.3 (5)
Injection	50.0 (5)	60.0 (9)	38.5(5)	63.2 (12)	28.6(4)	37.5 (3)	48.1 (38)
Female sterilization	-	13.3 (2)	23.1(3)	21.1 (4)	64.3(9)	50.0 (4)	27.8 (22)
Male sterilization	-	6.7 (1)	30.8(4)	10.6 (2)	7.1 (1)	-	10.1 (8)
Total	100.0 (10)	100.0 (15)	100.0 (13)	100.0 (19)	100.0 (14)	100.0 (8)	100.0 (79)

Source: Field survey, 2007.

Note: Figures in parentheses are number of cases.

5.3.8 NUMBER OF LIVING CHILDREN AND CURRENT USE OF FAMILY PLANNING

The number of living children and use of family planning is directly related with each other. The women having two or more children are using permanent method then women with no or one child. Table 5.21 presents the current use of family planning with number living children.

Table 5.21

Percentage distribution of respondents who are currently using family planning methods by number of living children

No. of children / Methods	None	1	2	3	4	5	6	7	Total
Any method	1.3 (1)	22.7 (18)	40.7 (32)	22.7 (18)	6.4 (5)	3.9 (3)	1.3 (1)	1.3 (1)	100.0 (79)
Pills	-	11.1 (2)	3.1 (1)	5.6 (1)	-	-	-	-	5.1 (79)
Condom	-	-	3.1 (1)	5.6 (1)	-	-	-	-	2.5 (2)
Norplant	-	16.7 (3)	3.1 (1)	-	-	33.3 (1)	-	-	6.3 (5)
Injection	100.0 (1)	66.7 (12)	40.6 (13)	38.9 (7)	60.0 (3)	33.3 (1)	-	100.0 (1)	48.1 (38)
Female sterilization	-	5.6 (1)	37.5 (12)	33.3 (6)	20.0 (1)	33.3 (1)	100.0 (1)	-	27.8 (22)
Male sterilization	-	-	12.5 (4)	16.7 (3)	20.0 (1)	-	-	-	10.1 (8)
Total	100.0 (1)	100.0 (18)	100.0 (32)	100.0 (18)	100.0 (5)	100.0 (3)	100.0 (1)	100.0 (1)	100.0 (79)

Source: Field survey, 2007.

Note: Figures in parentheses are number of cases.

There is positive relationship between desired number of children and use of family planning. Women who have 1 or 2 children are found using temporary method but women who have 3 or more children want to use permanent method because they want to stop childbearing. The table shows that few women have many children and large proportion have 2 or 3 children. The women who have 2 children currently using injection (40.9%) is higher than any other method (3.1%) of the women using Pills, Condom and Norplant each who have 2 children. Male sterilization is being used by those who have 2 or more than 2

children. Respondents having only one child are using injection (66.7%) that is more than any other method.

5.3.9 EDUCATION OF WOMEN AND CURRENT USE OF FAMILY PLANNING

Education of women directly related with use of family planning. The choice of methods also varies with educational attainment. Table 5.22 presents the current use of family planning by educational attainment and by methods.

Table 5.22

Percentage distribution of respondent who are currently using family planning methods by methods and educational attainment

Education / Method	Illiterate	Informal	Primary	Lower secondary	Secondary	S.L.C & above	Total
Any method	17.8 (14)	26.6 (21)	7.7 (6)	16.4 (13)	8.9 (7)	22.9 (18)	100.0 (79)
Pills	-	-	16.7(1)	15.4(2)	-	5.6 (1)	5.1 (4)
Condom	7.1 (1)	-	-	-	14.3(1)	-	2.5 (2)
Norplant	7.1 (1)	4.8 (1)	-	-	28.6(2)	5.6 (1)	6.3 (5)
Injection	28.6(4)	52.4(11)	50.0 (3)	69.2(9)	28.6(2)	50.0(9)	48.1(38)
Female sterilization	35.7(5)	33.3(7)	16.7 (1)	15.4(2)	14.3(1)	33.3(6)	27.8 (22)
Male sterilization	21.4(3)	9.5 (2)	16.7 (1)	-	14.3(1)	5.6 (1)	10.1 (8)
Total	14	21	6	13	7	18	100.0 (79)

Source: Field survey, 2007.

Note: Figures in parentheses are number of cases.

Above table shows that among the current users 17.8 percent of women are illiterate, 26.6 percent are informally educated and 22.9 percent of current users have passed S.L.C and above education. Among educated women, injection is much popular than other method. Among uneducated women sterilization is popular than other methods. Pills is being used by women with primary, secondary and S.L.C and above level educational status. Injection is more using by educated women, out of 38 only 4 illiterate women are using injection.

Among illiterate women female sterilization is popular; 35.7 percent of illiterate women are currently using this method and none of the illiterate women are using Pills. Among illiterate women injection is being used more than other methods and it is followed by female sterilization.

5.3.10 REASON FOR CURRENT USE AND NON USE OF FAMILY PLANNING

Reason for current use of family planning

The respondents who are currently using family planning are asked for the reason for using specific method of family. The reason for using family planning is categorized in five segments as easily accessible, effective, no side effect and health worker advice. Table shows that more respondents gave importance in easily accessible method. Table 5.23 presents the reasons for using specific method of family planning.

Table 5.23

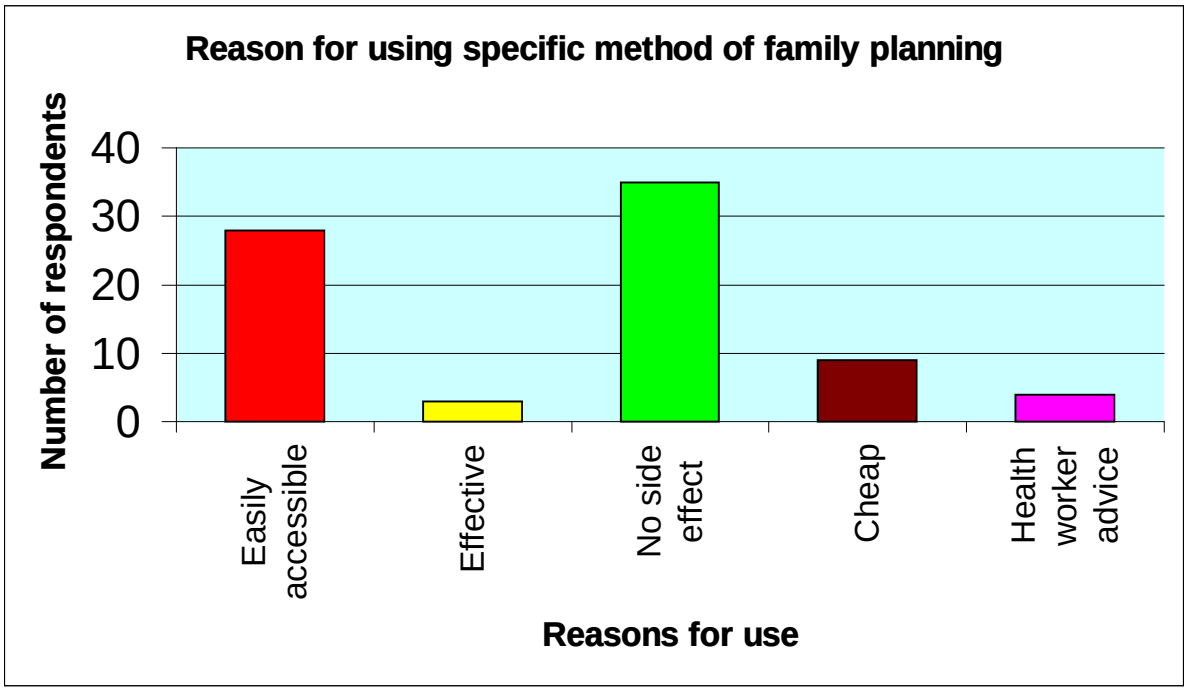
Distribution of currently use3rs by reason for using specific method of family planning

Reason for use	Number of respondents	Percent
No side effect	35	44.3
Easily accessible	28	35.4
Cheap	9	11.4
Health worker advice	4	5.1
Effective	3	3.8
Total	79	100.0

Source: Field survey, 2007.

Above table shows that 35 (44.3%) respondents use the specific method because these methods have no side effect. 28 (35.4%) respondents use the specific method of family planning because these method are easily accessible. Below figure also helps to clear about it.

Figure 6



Reason for non-use of family planning method currently

Among the 100 respondents, 79 are currently using family planning. 15 percent of respondents have never use family planning only 6 respondents who have ever used family planning but not using currently are present in Table 5.24 with reason for not using.

Table 5.24

Distribution of respondents by reason for not using family planning methods

Reason for not using	Number of respondents	Percent
Disagreement of husband and family	1	16.7
Desire for children	4	66.6
Other	1	16.6
Total	6*	100.0

Source: Field survey, 2007.

*Note: Respondents who have ever used family planning but not using currently.

Table shows that 66.6 percent of the respondents are not using family planning because they have desire for child. 16.7 percent are not using family planning because of disagreement of husband and family. Other 16.7 percent women are not using because of other reasons, as husband and wife are not living together, husbands are out side home for employment and other reasons.

5.3.11 SOURCES FOR SUPPLY OF FAMILY PLANNING METHODS

Sources for contraceptive also help to determine the contraceptive prevalence rate. Affordable and easily accessible contraceptive supply would helps to increase the level of use. The distribution of current users who are using contraceptive by sources for methods is presented in table below.

Table 5.25

Percentage distribution of currently users by sources of specific method

Methods / Sources	Pills	Condom	Norplant	Injection	Female sterilization	Male sterilization	Total
Health post	50.0 (2)	-	20.0 (1)	63.2 (24)	-	-	34.2 (27)
Hospital	-	-	60.0 (3)	-	40.9 (10)	37.5 (4)	19.0 (15)
Health center	50.0 (2)	100.0 (2)	20.0 (1)	36.8 (14)	-	-	24.0 (19)
Family planning clinic	-	-	-	-	59.1 (13)	62.5 (5)	22.8 (18)
Total women	100.0 (4)	100.0 (2)	100.0 (5)	100.0 (38)	100.0 (22)	100.0 (8)	100.0 (79)

Source: Field survey, 2007.

Note: Figures in parentheses are number of cases.

Table presented above describes that most important contraceptive supply for the current users is from health post and health center 34.2 and 24 percent women obtain contraceptive device from health post and health center respectively. The best supplier of sterilization is hospital and family planning clinic. Injection is best provided by health post and health center. Condom is

best provided by health center and the best suppliers for pills are health center and health post. The best supplier of Norplant is hospital. Among the contraceptive suppliers, health post is much popular than other.

5.3.12 ADVICE GIVEN TO USE FAMILY PLANNING

Various person or institutions provide advice to use family planning, which is presented below.

Table 5.26

Distribution of respondents according to advices given to use family planning by various sources

Adviser	Number of respondents	Percent
Health worker	33	41.8
Friend / Neighbors	24	30.4
Husband	14	17.7
Family planning clinic	5	6.3
Others	3	3.8
Total	79	100.0

Source: Field survey, 2007.

Above table presents that health worker come in first position in giving advice to use family planning with 41.8%, followed by friends/neighbors with 30.4%. Giving advice to use family planning plays an important role to use family planning methods and to choose specific method.

5.3.13 PURPOSE FOR USING FAMILY PLANNING

According to respondents' remark, about 64.6 percent of the respondents stated their principle reason for using family planning methods is that they want to space birth and it is followed by 35.4 percent of respondents to space birth. None of the respondent replied that they use family planning for personal reason or to prevent STDs and AIDS.

Table 5.27

Percentage distribution of respondents by purpose for using family planning methods

Reason	Number of respondents	Percent
To space birth	28	35.4
To stop child bearing	51	64.6
Total	79	100.0

Source: Field survey, 2007.

CHAPRET – VI

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter deals with summary of the study, draw major conclusions based on the study findings and provide a set of recommendations.

6.1 SUMMARY

The study has been carried out to examine the knowledge, attitude and practice of family planning among currently married women of reproductive age group 15-49 years of Sheshnarayan VDC. The information has been taken by asking currently married women of reproductive age group residing in different wards. This study is based on data from field survey, which provides the information on knowledge, attitude and practice of family planning methods.

- Total 100 households are selected for the study and one respondent from each house is been selected.
- The four major occupations have been identified in the study area. Among them 51 percent of respondents' family engaged in agriculture, 31 percent in service, 11 percent in labour and remaining 5 percent are involved in business.
- Most of the households (38%) are found generating income range between Rs. 5,000–6,000. 10 percent of the households have income range above Rs. 15,000.

- Among the 100 households each household have electricity facility, followed by radio and toilet facility (98% in each). 81 percent have piped water and 60 percent have telephone facilities.
- There are 7 caste/ethnic groups. Chhetri caste/ethnic group of women have majority in population, which is accounted for 73 percent followed by Brahmin with 8 percent.
- The highest percentage of the respondents is in age group 35–39 years with 23 percent followed by 25–29 and 30–34 years age group (18% in each). Only 2 percent respondents in age group 15–19 are found.
- Majority of the women (55%) have married at age group of 15–19 years followed by 37 percent who have married between 20–24 years and 4 percent women have married after 25 years.
- The majority of women (60%) have given birth at ages 20–24 followed by 33 percent who have given birth at ages 15–19 and only 5 percent give birth between 25–29 years.
- Most of the women (38%) have 2 children followed by 25 percent who have 1 child and 23 percent have 3 children.
- 76 percent of the respondents are literate and 24 percent are illiterate. Among the total literate respondents, 26 percent are literate with non-formal education. 15 percent of the respondents have lower secondary level of education, 10 percent of the respondents are S.L.C passed, 7 percent passed certificate and 3 percent have passed bachelor level of education.
- The main occupation of the respondent's father is agriculture (60%) followed by service (25%), labour (11%) and only 4 percent are found in business sector.

- 51 percent of the respondent's father is literate, 49 percent illiterate among them 31 percent are literate with non-formal education and 4 percent have passed S.L.C level education.
- The study found that 98 percent of the respondents have heard at least one method of contraception, most of the respondents have heard about injection (87%), pills (85%) and female sterilization (85%). Only 23 percent of the respondents have heard about IUD.
- 91.7 percent of uneducated respondents have heard about at least one modern method of contraception. Injection, female sterilization and pills were popular method than other. Knowledge of contraceptive is found increasing with level of education. The women with education of certificate and bachelor are familiar with all methods. In addition, none of the illiterate women has heard about IUD.
- The knowledge of family planning varies with family income. The respondents whose family income is more than 7,000 are much more familiar with family planning methods than low-income groups. Injection and Female sterilization are popular among those whose family income range between Rs 1,000 – 3,000.
- There is high level of knowledge found in Chhetri caste. Most of the respondents in all caste in study area, familiar with injection, pills and female sterilization. Lower caste respondents did not heard about IUD.
- Table 5.7 shows that 94 respondents (out of 100) have heard about contraceptive from television and radio, followed by 81 respondents (out of 100) have heard about contraceptive through friends and neighbor. 78 respondents have heard about contraceptive through health worker.

- Majority of women (79%) replied best childbearing age is above 20 years, 18 percent women said that the best child bearing age is less than 20 years and 5 percent were unknown about best childbearing age.
- 54 percent of the respondents have provided information about family planning to other people and 46 percents are not providing information about family planning. The main reason for not providing information about family planning is shame to discuss about family planning, which is accounted for 45 percent.
- 84 percent of respondents have perceived that advantage of family planning is to make small and happy family life. 65 percent perceived to make better health of mother and child.
- Various respondents provide different ideas for the promotion of family planning. 48 percent of the respondents suggest that the increase both availability and use of family planning is the best way for promotion of family planning. 35 percent of the respondents replied that making family planning services easily accessible (35%), and provide facilities for treatment of side effect (18%) and 6 percent of respondents are found unknown about it.
- 85 percent of the respondents have ever used at least one method of family planning. 54 respondent (out of 100) used injection followed by pills (42 out of 100), condom (33 out of 100) female sterilization (22 out of 100) and male sterilization and Norplant (8/8 out of 100). It shows that injection and pills is much more used by ever using respondents.
- The ever use of family planning varies with age interval of women. More users were found in age group 35–39. Elder women used many family planning methods than younger aged women. All age group of women ever used injection then other method.

- The ever used respondents replied that the main reason for using specific method of family planning is easily accessible (41.2%), followed by the effectiveness of the method (36.5%) and the main reason for not using family planning was desire for children (46.7%) followed by husband and disagreement (33.5%).
- 79 percent of the respondents are currently using contraceptive. 48.1 percent are currently using injection, followed by female sterilization (27.8%) and male sterilization (10.1%). Only 2.5 percent of women are currently using condom.
- Women who have 2 living children used contraception like injection (40.6%) and female sterilization (37.5%). women with one child use injection (66.7%). It is most popular method among women who have one child. Female sterilization is found more used with women having 3 children. Among the current users 17.8 percent are illiterate, 26.6 percent are non-formally educated, followed by 29.9 percent with S.L.C and above level education.
- Among the current users the main reasons for using specific method of family planning are no side effect (44.3%) and by easily accessible (35.4%). Reasons for not using family planning are desire for children (66.6) and husband family disagreement (16.7). 16.7 percent of non-user respondents replied other reasons for not using family planning.
- Among the current users, 34.2 percent of women obtain the contraceptive from health post. 24 percent obtain from health center, 22.8 percent obtain from family planning clinic and 19.0 percent obtain from hospital.
- Health worker came in first position in giving advice to use family planning with 41.8 percent and 24 percent of the respondents are advised by friend and neighbor to use family planning.

- According to the respondents' remarks 64.6 percent of respondents stated that the principle reasons for using family planning method are those, they want to stop child bearing followed by 35.4 percent of respondents to space birth.

6.2 CONCLUSIONS

On the basic of result obtain from the study, the level of family planning knowledge among currently married women of reproductive age group 15 – 49 is satisfactory. The knowledge about family planning is nearly universal. Most of the respondent’s concept about family planning method is found to be positive.

The main reason for using family planning is to space birth and to stop child bearing. The main reason for non-using family planning is desire for children and husband and family disagreement.

There is positive relationship observed between use of family planning and educational attainment of women. The heard of family planning is increased with the level of education. Now a days also, women shy to discuss about family planning, which is obstacle in the way of providing knowledge about family planning. Health post and health center are the main suppliers of contraceptive method. Injection, pills and sterilization are widely used method of family planning.

6.3 RECOMMENDATIONS

Knowledge, attitude and practice of family planning depend upon level of education. Therefore, in order to increase the uses of family planning, government should launch literacy programmes with population and family planning related texts.

- The method of family planning should be available in near places as possible so that users easily obtain the method. The users also be informed the importance of the effectiveness of the method so the importance play to improve the effectiveness of each method.
- Increase male participation in each family planning programme, which also helps to increase use of family planning because the decision of use or non-use of family planning is mainly depend on male rather than female in our society.
- The women who want to space birth choose temporary method and who want to stop child bearing choose permanent method. Therefore, each method should be available in easily accessible areas. So that, women would be able to choose the method according to their need.
- Popularize the importance of small family and role of family planning, which also helps in increasing the use of family planning.
- Information education and communicational (IEC) programme has important role in various field so launch family planning programme through IEC materials, which help in improving the level of contraceptive use and to reduce the rumor messages.

APPENDIX

Knowledge, Attitude and Practice of Family Planning among Currently Married Women of Reproductive Age Group (15 – 49)

(A Case Study of Sheshnarayan VDC, Kathmandu District)

Background information:

1. Name: ……
2. Age: …….. Religion:…… Cast:……..
3. Address: Ward No…… Household No……
4. Can you read and write? 1. YES:…… 2. NO:……
5. If yes, which level have you passed?
1. INFORMAL:…… 2. FORMAL…… (State the level)
6. How old are you when you are married? …… (Completed years)
7. Do you give any live birth till today? 1. YES:…… 2. NO:……
8. If yes, how many children do you have? (Live children)
1. TOTAL:…….. 2. SON:…… 3. DAUGHTER:…….
9. What was your age at the birth of your first child?……(Completed years)

Socio-economic information:

10. What is your family's main occupation?
1. AGRICULTURE… 2. SERVICE… 3. BUSINESS:…… 4.LABOUR:…….. 5.COTTAGE… 6.OTHER…
11. If agriculture, how many months your own food production can support your family?
……(Month)
12. What is the main occupation of your parent's?
1. AGRICULTURE… 2. SERVICE… 3.BUSINESS:…… 4.LABOUR:…….. 5.COTTAGE… 6.OTHER…
13. Can your parent's read and write? 1. YES:…… 2. NO…
14. If yes, which level have they passed?
1. INFORMAL:…… 2. FORMAL…… (State the level)
15. How much do your family earn in a month? …….
16. Which of the below facilities are available in your house?
1. RADIO:-- YES:… NO… 2. TELEPHONE: -YES… NO…
3. PIPED WATER: -YES… NO… 4. TOILET- YES… NO…
5. TELIVISION-- YES…NO… 6. ELETRICITY: - YES… NO…

Knowledge of Family Planning:

17. Have you ever heard any Family Planning method? **1. YES… 2. NO…**
18. If yes, what are they?
1. PILLS… 2. INJECTABLES:……. 3. IUD:……
4. CONDOM… 5.NORPLANT…… 6.MALESTERILIZATION:……
7. FEMALE STERILIZATION:…… 8. OTHER:…….
19. What are sources of information for Family Planning methods?
1.RADIO/T.V… 2.FRIENDS, NEIGHBOUR… 3.NEWSPSPER…
5. HEALTH WORKER… 6. HUSBAND…….. 7. OTHER….
20. Do you know where Family Planning methods are found? **1. YES… 2.NO….**
21. If yes, where did they found?
1. HEALTH POST… 2. HOSPITAL… 3. HEALTH CENTRE… 4.HELTH WORKER… 5. FAMILY PLANNING CLINIC…… 6. OTHER……

Attitude towards Family Planning:

22.What do you think about Family Planning method?
1. EXCELLENT… 2. GOOD… 3. BAD……4. SATISFACTORY…
23. If good, why? **Because it helps:**
……TO MAKE ECONOMIC CONDITION OF FAMILY
……TO MAKE SMALL AND HAPPY LIFE
……TO MAKE BETTER CHILD AND MOTHER HEALTH
…….TO MAKE BETTER EDUCATION AND APPROPRIATE CARE FOR CHILD
…….DON'T KNOW
24. In your opinion what is the best child bearing age of women?
(1). UNDER 20… (2). ABOVE 20… (4). DON'T KNOW……
25. Did you advice other to use family planning? **1. YES…. 2. NO….**
26. If no why? Because of
1. SOCIAL CAUSES… 3.LACK OF KNOWLEDGE…
2. RELIGIOUS CAUSES… 4.SHY TO DISCUSS…. 5. OTHER….
27. What measure do you recommended for the promotion of use Family Planning method?
…….. STRENGTH FAMILY PLANNING (FP) EDUCATION.
…….. MAKE FAMILY PLANNING SERVICES EASILY ACCESSIBLE.
……. INCREASE INCENTIVES FOR BOTH FAMILY PLANNING WORKERS AND USER
……. PROVIDE FACILITY FOR TREATMENT OF SIDE EFF
……. DON'T KNOW.

Practice of Family Planning Method:

28. Have you/your husband ever use any Family Planning method?
1. YES…… 2. NO…….
29. If yes, mention the specific method?
(CODE FOLLOW Q. NO. 18)…….
30. What is the main reason you chose to use this method?
1. EASY TO OBTAIN…2. EFFECTIVE METHOD… 3. INEXPENSIVE…
4. NOSIDE EFFECT… 5. RECOMMENDED BY HEALTH WORKER…
31. If you have not used any family planning method please specify your reasons?
1. SIDE EFFECT…… 2. FAMILY/HUSBAND DISAGREE…
3. RELIGION……. 4. NO EASY ACCESSIBLE……..
5. DESIRE FOR CHILD……. 8. OTHER……
32. Have you/your husband currently using any Family Planning method?
1. YES…… 2. NO……
33. If yes, mention the specific method?
(CODE FOLLOW Q. NO. 18)…….
34.What is the main reason you chose to use this method?
1. EASY TO OBTAIN…2. EFFECTIVE METHOD… 3. INEXPENSIVE…
4. NOSIDE EFFECT… 5. RECOMMENDED BY HEALTH WORKER…
35. If you are not using any method please specify your reasons?
1. SIDE EFFECT…… 2. FAMILY/HUSBAND DISAGREE…
3. RELIGION……. 4. NO EASY ACCESSIBLE……..
5. DESIRE FOR CHILD……. 6. OTHER……
36. How long have you/ your spouse been using this method?
……YEAR ……..MONTH ……
37. Who advise you to first use this method?
1. HEALTH WORKER… 2. FRIEND, NEIGHBOR… 3. HUSBAND…
4. FAMILY PLANNING CLINIC …. 5.OTHER…….
38. Have you ever been pregnant while using a Family Planning method?
1. YES…….. 2. NO…….
39. If yes, which method was that?
(CODE FOLLOW Q. NO. 18)……..
40. From where you get contraceptive method?
1. HEALTH POST… 2. HOSPITAL… 3. HEALTH CENTRE… **4.HELTH WORKER… 5. FAMILY PLANNING CLINIC……**
6. OTHER……
41. Why did you use contraception?
1. TO SPACE THE BIRTH…… 2. TO PREVENT STDs/HIV……
3. TO LIMIT THE BIRTH……4. FOR PERSONAL RESION……..
5. OTHER……
42. Did you experience any side effect while using contraceptive method?
1. YES…….. 2. NO……
43 IF yes, what is that? …….

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