

# CHAPTER 1

## INTRODUCTION

### 1.1 Background of the Study

Human fertility is one of the major components of the population growth. Most of the developing countries are suffering from higher fertility rate and our country is also facing the same problem. One of the important factors for such problem is low contraceptive prevalence rate, that is also essential proximate determinant of fertility.

Family planning plays a central role in reproductive health care because it allows women to plan for healthy reproductive lives. By exercising control over the number and spacing of the children they bear, women can ensure that pregnancy does not undermine their health, especially when they face other compounding problems such as insufficient nutrition, infections or emotional instability (PRB 1987).

Family planning program was initiated in Nepal in 1959 by a group of medical doctors under the umbrella of Nepal Medical Association. Later in the same year, with the help of the Medical Association, an in collaboration with the path founder fund a volunteer organization called Family Planning Association of Nepal (FPAN) was established. Information Education and Family Planning Services were subsequently provided to a limit population in and around Kathmandu valley. The government however provided family planning services only from 1965. Later government supported family planning services started at the beginning of 1968. A huge network from central to village including both governmental and non-governmental organization (NGOS) has been set

up to provide family planning services in the country. A large amount of foreign aid from USAID, WHO etc has been channeled in this sector to promote adoption of family planning methods.

In Nepal, the contraceptive prevalence rate was 3.0 percent in 1976, 7.0 percent in 1981, 15.0 percent in 1986 (Tuladhar, 1989) and it increased to 24.0 percent in 1991 (NFFHS 1991), 39.3 percent in 2001 (DHS 2001). The contraceptive prevalence rate has been gradually increasing with the women's education level.

The NDHS 2006 found that 48 percent of currently married women are using some method of contraception. The majority of users rely on a modern method. Use of modern contraceptive methods has increased markedly from 26.0 percent of currently married women in the 1996 DHS to 44.2 percent in the 2006 NDHS. The most commonly used modern method is female sterilization 18.0 percent, followed by injectable 10.1 percent and male sterilization 6.3 percent. (NDHS 2006)

Findings from the 2001 NDHS show that knowledge of family planning is nearly universal among Nepalese women and men. Knowledge of modern methods is generally much higher than knowledge of traditional methods with women and men being most familiar with female and male sterilization. Dissemination of information on family planning and the use of its methods have been gradually spreading since initiation of the family planning programme.

Various studies show that there has been a positive association between the use of contraception and level of urbanization (Risal and Shrestha; 1989). More than 85 percent of Nepalese people reside in rural areas (CBS 2001) may be the reason for low use of contraception. Nepal

fertility, family planning health survey 1991, noted that the proportion of the currently married non-pregnant women using any modern method, 44 percent in urban and 23 percent for rural women. Similarly, family health survey (1996) indicated that contraceptive prevalence rate is nearly twice as high urban area (50.0%) as in rural area (26.5%).

Population policy was included since in the third development plan (1967-70). The objectives were setup to reduce the crude birth rate from an estimated 39 in 1967 to 38 per thousand per annum. The eight plan emphasized on raising the contraceptive prevalence rate from 23 to 31.7 percent by the year 2000 through and demand generation for family planning services.

The ministry of population and environment (MOPE) was established during the fourth year of Eighth plan keeping in view the need of the taking a head of population programme in an integrated manner as stipulated in international level of population education at the school level (CBS 1995)

Information on knowledge of specific methods was collected for eight modern methods the pill, IUD, injectable, Norplant, vaginal method (diaphragm foam or jelly) the condom, female sterilization and male sterilization and two traditional methods, periodic abstinence and with drawal. In addition, there was also provision to record any other methods mentioned spontaneously (NFHS, 1996:49)

The Kumal has very little share of total population. In Nepal according to the 1991 census Kumal population constituted 76,635 or (0.4%) of the total population (CBS 1991) but, in 2001 census Kumal population constitutes 99,389 (0.44%) of the total population. Among

them 44,883 were male and 50,506 were females (Devkota, Shobha 2004)

The majority of Kumal community are found in Tanahu, Gulmi, Syanja, Lamjung and Arghakhachi district of western development region (Gyawali, 1994:130)

Although all Kumal do not pottery, their main occupation is potter making which helps to recognize them, due to lack of materials and sources, this industry is being reduce in most of the places.

As Kumal are interested in fishing they like living near streams and rivers. They are culturally neglected and discriminated. It is how remarkable and essential to study the factors that play important role in adoption of family planning method in this community.

## **1.2 Statement of Problem**

Nepal is multi linguistic, multi religious and multi ethnic country. Among them Kumal is one ethnic group. They are socio-economically and politically depressed and dominated ethnic group in Nepal. That is why their condition of using family planning method is depend on their socio – economic circumstances.

Although this study is Vyas municipality, but their education status is low, their living standard is low and high fertility. In Kumal community generally there is low socio – economic status of women in the society, high economic value of children, high IMR, low socio – economic tradition favouring son, low literacy rate of the women etc. are the main factors that contributing high fertility contraceptive prevalence method is also effective component of reducing fertility.

There are several studies made in contraceptive knowledge, attitude and use in different ethnic group, but only few research/studies are relating to the Kumal ethnic group has been till now. But this Vyas municipality have not previous studies about knowledge attitude and use contraception in Kumal ethnic group. Kumal is one of the ethnic group the “JANAJATI” of Nepal. This is also burning issue of Nepal. The selection of Kumal community for the study is straight. The selection of the study area i;e Vyas municipality ward 6 and 8 Tanahun district is relatively new as it is not cared by both Nepali and foreign scholars and the majority of the Kumal are living in these two ward of Vyas municipality.

So it is being essential to focus on contraceptive knowledge attitude and use in Kumal community.

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

The major objective of the study is to find the knowledge, attitude and use of contraceptives method among currently married women of age 15-49 of selected ward of Vyas municipality. The specific objective of the study are as follows:

1. To examine the knowledge and attitude of any contraceptive method among currently married women of reproductive age.
2. To examine the use of contraceptive methods among the currently married women of reproductive age.
3. To examine the reasons for non use of contraception among the currently married women of reproductive age.

## **1.4 Significance of the Study**

This research study is based on the Vyas municipality of selected ward in Tanahu district of Kumal ethnic group. The main objectives of this study is to find out the knowledge attitude and use of contraceptives method in Kumal community policy makers, planners, administrators and demographers are always seeking more detail information not only in the national level but also at grass root level. This study will provide little but essential information to this community as well as government, that will be also helpful in changing attitude towards use of contraceptive method and implement in the effective family planning programme in related sectors.

## **1.5 Limitations of the Study**

This study is based on a small sample data collection from Vyas municipality ward no. 6 and 8 of Tanahu district, so the finding may not be generalize for other groups of population and other parts of the country. Due to the lack of resources and time this study is limited in following points.

- a) This study covers the knowledge attitude and use of contraceptive methods.
- b) This study is mostly limited to the Kumal community of Vyas municipality ward no. 6 and 8 in Tanahu district. The other community won't be considered.
- c) This study is mostly limited to the currently married women of age 15-49 years.
- d) This study is based on sample size therefore the finding may not be generalized to the whole nation, as well as other ethnic group.

## **1.6 Organization of the study**

This study is divided into six chapters. The first chapter deals with background of the study, statement of the problem, significance of the study, objectives of the study, limitation of the study and organization of the study. The second chapter deals with review of literature and conceptual framework. The third chapter provides methodology which includes research design, population of the study area, selection of the study area, sample design, sources of data, questionnaire design, method of data collection, selection of dependent and independent variables. The fourth chapter provides background characteristics of household population. Which includes demographic and socio-economic characteristics of the population. The fifth chapter deals with the respondents, Knowledge of contraceptives, use of contraceptives, differential in current use, reason for non use of contraceptives, accessibility of contraceptives, side effects of contraceptives, and attitude towards contraceptives. Finally sixth chapter summary, conclusions and recommendations are presented.

## **CHAPTER 2**

### **REVIEW OF LITERATURE AND CONCEPTUAL FRAMEWORK**

#### **2.1 Review of Literature:**

The massive literature in the field of family planning shows the academic richness of this sector. Various institutions, research scholars, demographers and public workers concerning knowledge, attitude and use of contraceptive method. But in Vyas municipality had not been done till now. So I am trying to review those literature related to this study.

Generally, fertility determined by the physiological factors and their interplay with social, cultural, economic and modernization factor also. Economic and population subject groups with in societies categories by their socio-economic characteristics have different level of fertility. Much more fertility is determined by various social economic and demographic variables. Also caste ethnicity, religion , cultures. Women's education occupation, sex performance use of divices and community. Being these variables supports and Brahman, Chhetri and Newar has lower fertility than other ethnic group(Risal and Shrestha,1989).

Excluding china, 38 percent of all women of reproductive age in the developing world who are married or living in consensual unions are currently using family planning, according to an estimate by Mary Beth we in Berger based on survey data. This level is well below the contraceptive prevalence of over 70.0 percent estimated for the developed world, ranging from 58.0 percent in Japan through 74.0



percent in the United states and 81.0 percent in United Kingdom to 84.0 percent in Norway

Contraceptive use varies by women's characteristics including age, number of children, education and urban or rural residence. According to women's age in most of the developing countries contraceptive prevalence is lowest among young women, reaches, a peak among women in their thirties and declines among older women. Like in Bangladesh in 1991 DHS 33.0 percent of married women age 20-24, used family planning, rising to 57.0 percent among women aged 35-39, than declining to 46.0 percent in the age group 40-44. For example, in the 1991 Indonesia DHS 36.0 percent women with one or no child use family planning, rising to 59.0 percent of women with two or three children but falling to 53.0 percent of women 4+ children. Similarly regarding to the number of the children use of contraception increase sharply with the number of children a women has up to the third child, as many women who have reached their desired family size to stop having more children.

The population and family study centre of the ministry of public health and family has conducted a national survey of fecundity and fertility in Belgium in 1966, covering a sample of 2372 married women under 41 years. This survey has shown the knowledge practice and effectiveness of contraceptives prevailing Belgium. According to the study 98 percent of the respondents have been able to know at least one contraceptive method, calendar (rhythm) method and oral contraceptives are the best known methods more than 70 percent of the respondents know about them IUD was almost known in 1976. (Cliquit R.L. 1997: 190-191)

In Nepal his majesty's government adopted a policy of family planning and supported the provision of contraceptive service through maternal and child health section of Department of health. This services, however were available at first only to the population of Kathmandu valley. Later the services were gradually expanded including other part of the country. In 1968 a semi autonomous body called Nepal Family Planning and Maternal Child Health (FP/MCH). Board was established as FP/MCH project. FP/MCH services to the entire population to the whole society. There are 40 districts office of the project with carry the national programs in 52 out of 75 districts of the kingdom in 1996. The community health and integrated project under the ministry of health is responsible for providing family planning services in the rest of the 23 district (NCPS 1983: 10-13).

At the beginning of the programme the family planning and MCH centers utilize a "cafeteria approach" of offering services oral contraceptives, pills and condoms were available free through all the centers and to some extent they could be obtained from registered shops at 50 paisa per cycle of pills and 50 paisa per dozen of condoms. In centers where there are medical doctors vasectomy and laparoscopy services were offered through mobile camp (Tuladhar, 1978-54).

There are several studies related to family planning in Nepal, many national levels surveys have tried to collect the information related to family planning since the last 30 years. The major surveys, which have collected overall information, where NFS (1976), NCPS (1981), NFFS(1986) and NFFTS(1996). Nepal fertility survey (1976) was the first survey. Which covers the data in the field of family planning. It gives useful data on fertility related to knowledge attitude and practice of family planning. Family size preferences and breast feeding.

Based on Nepal contraceptive prevalence surveys data (Tuladhar, 1986) found that the preparation of currently married women with knowledge of family planning significantly higher among women who were interviewed by male interviewers.

According to Nepal contraceptive prevalence survey 1981, overall knowledge of at least one method of family planning among currently married women aged 15-49 years was 15.9 percent (NCPS,1981).

The aim of family planning programme must be to enable and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and ensure informed choices and make available to full range of safe and effective methods. The success of population education and family planning programme in a variety setting demonstrates that informed individual everywhere can and will act responsibly in the light of their own need and those families and communities. The principle of informed free choice is essential to the long term success of family planning programme (ICPD, 1994).

Survey's in almost all countries find out that urban women are more likely to use contraception than rural women. The differences are largest in countries with low contraceptive prevalence and smallest where prevalence is highest for example, in Cameroon, where the 1991 DHS reports contraceptive prevalence of 16.0 percent, 25.0 percent among rural women. In South Korea, however where total contraceptive prevalence is 77.0 percent 78.0 percent of urban women and 76.0 percent of rural women use family planning (Robey, et al 1992).

Family planning services are essential parts of reproductive health care and have saved the lives and protected the health of millions of women and children. Over the past thirty years, the development of modern contraceptive methods have given people greater individual freedom and enhanced their ability to plan their families. Contraceptive use has increased from less than 10.0 percent of couples 30 to 60 percent of couples today and family size has fallen from an average of six children in 1960 to less than three. However today at least 350 million couples do not have access to full range of safe and effective modern method of family planning.

Knowledge of family planning is virtually universal in Nepal with 98 percent of currently married women have heard at least one method of family planning. This five fold increase in the percentage of currently married women who know about modern method over the last two decades from 21 percent in 1976 to 90 percent in 1996. Much of this knowledge comes from media exposure; fifty – three percent of ever married women have been exposure to family planning message through the print media. In addition about one in four women has heard at least specific family planning programmes on the radio (NFHS 1996: 49).

The majority of the currently married women (73.5%) were familiar at least one method of family planning. Among the individual methods female sterilization to be the best known method (62.5%) followed by male sterilization (55.3%), pill (49.5%) and injectable (47.9%). Contraceptive knowledge varies with women age, place of residence, development region, ecological zone and women education. (K.C. et. al 2000)

NDHS 2001 also show that knowledge family planning is nearly universal among Nepalese men and women. Most familiar method is male and female sterilization. The mass media are important sources of information on family planning. Three in five women and seven in ten men heard or seen about family planning on the radio, television or in print media.

Less than three out of four of the currently married women (73.5 %) were familiar with at least one method of family planning. Almost all reported about the modern method of contraception, where the female sterilization, which also proves that the females are dominated. (K.C. et. al. 2000)

Almost 34 percent of currently married women reported to ever practical any form of contraception. Those who had used modern method constituted about 34 percent. The most commonly used method were female sterilization (14.4%) followed by male sterilization (7.1%) injectable (6.3%) pill (40%) and condom (3.1%). Ever use of IUD, Norplant and vaginal methods was nominal constituting less than 1 percent of currently married women using each method. Their share of traditional method to the overall ever use of contraception were negligible (KC et.al 1998).

29.9 percent of currently married women were using contraception at the time of survey. This figure is 1.5 percent higher than that found in the DHS, 1996. Seven – tenth of the prevalence rate was contributed permanent methods. The other mostly used methods were injectable (45%) pills (1.8%) and condom (1.8%). Differential in contraceptive use is widely pronounced while considering the place of residence, women education and number of living sons. These findings can be important

policy implications in that increases in women's education can have a tremendous effect in increasing the reversible method users in Nepal. (Subedi, 1997)

Among Nepalese ethnic group has found that the highest contraceptive prevalence rate (CPR) among Brahmins 14.6 percent, Chettris, 11.6 percent, Thakuris 6.6 percent, Tharu 5.1 percent, Magar 4.9 percent and Muslim 1.8 percent. Tuladhar 1986 also noted that the contraceptive prevalence rate increase as may be expected with the number of living children. Couples who have had three or more living children are more likely to be current users than those smaller numbers. Further, no living son is another important factor affecting the use of contraceptive in Nepal. (Tuladhar, 1989: 223)

Lower percentage of current married rural women are practicing sterilization compared to urban women. It is noted that female sterilization (FST) is popular among currently women in Terai region and male sterilization is popular in mountain and hill region people believe that they can not work, if they sterilized, so working female people less like to use sterilized. MEBDC survey 1996 showed that contraceptive knowledge varies with women age, place of residence and women education. (Pathak,1996:75)

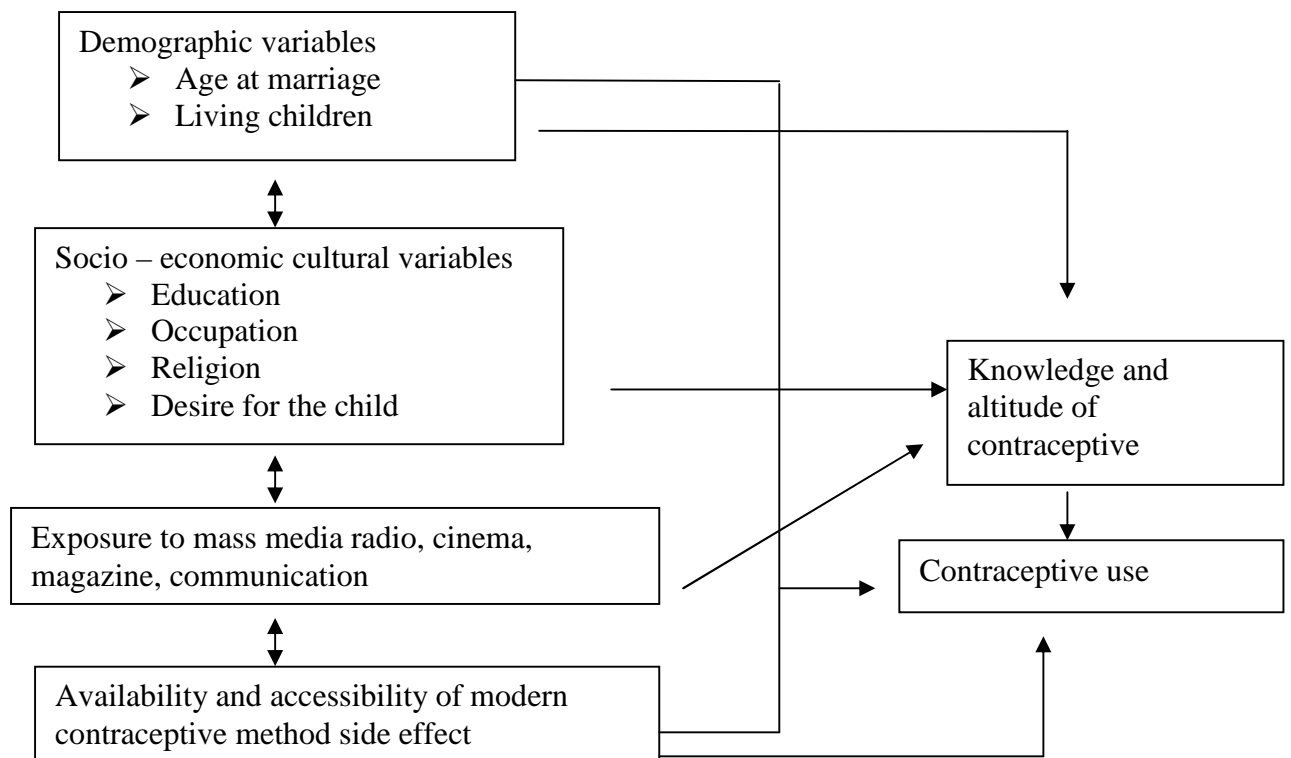
New ERA, 1990 conducted a base line survey on health status in Sindhuli district for integrated hill development project (IHPO) and Swiss Development Co-operation (SDC) in Nepal concluded that 89.0 percent women know at least one method of family planning. This study find out in ethnic groups knowledge, Tamang, Magar, Chettris and Brahmins have 61.8, 85.5, 90.0 and 85.5 percent respectively but current use 7.5, 11.3, 27 and 34.3 percent respectively (New ERA 1990).

Various studies show that the knowledge of family planning is universal in Nepal. There has been an impressive increase in the use of contraception in Nepal over the last 15 years. Two main reasons for not intending to use contraception in the future among currently married women are sub fecundity/infecundity and fear of side effects.

## 2.2 Conceptual Framework

The analysis presented the study based on the following conceptual framework.

Women, who are currently, married in the early age, at age the last stage of fertile age they will desire to use of contraceptive. The use of contraceptive depends upon various factors as shown in the framework.



The conceptual framework attempts to show the relationship between dependent and independent variables and shows that independent variables are: Exposure to media demographic factors, socio – economic factors and availability of side effect of the method and the dependent variables knowledge, attitude and use of contraceptives.



## **CHAPTER 3**

### **METHODOLOGY**

#### **3.1 Research Design**

This is an exploratory research based on descriptive and analytical research design. This research has been conducted at ward no.6 and 8 of Vyas municipality of Tanahu district. In this research investigator tries to explore and analyze contraceptive knowledge, attitude and use of currently married women of reproduction ages with the consideration of their various background variables. This study also reveals that almost status of contraceptives among the women of Kumal community.

#### **3.2 Population of Study area**

According to population census 2001, the total population of Vyas municipality was 28245 (13449 are male and 14796 are female). The total numbers of households were found to be 6511. In Nepal total Kumal's population was 99389 (0.44%) in 2001 census.

The total population of Kumal in Vyas municipality ward no 6 and 8 was 421. Among them 204 were female and 217 were female. The total no. of households were found to be 94. The study covers all of the 94 households.

#### **3.3 Selection of the Study Area**

The study area is purposively selected for this Vyas municipality, which is locate in Tanahu district of Western Development Region of Nepal. There are various castes and ethnic groups out of them, Kumal is major ethnic group. This municipality is surrounded by Jamune VDC in

west, Chudi VDC in east, Shyamgha VDC north and Kahu Shivapuri in the south. Chapter, thulotar and Kapat (ward no 6 and 8) of Vyas municipality selected of the study areas.

### **3.4 Sample Design**

The sample survey was designed for the homogenous population of Kumal community only. Which is selected in Vyas municipality Tanahun because this is one of the municipality where indigenous people Kumal inhabited densely. The total household of the study area is nearly hundred the majority of Kumal are in ward number 6 and 8 of Vyas municipality. Out of them 94 household are in these two wards. This study over all 94 household is selected directly by census method. All together others population was recorded and at least one person is taken as respondent from each house hold to administer the question relating to the research topic. The sample size is relatively small due to limit of time and other factors as well. How ever, the intention was to collect sufficient data on contraception in short time period

The total households in the study area (6 and 8) are 94 households out of which 94 households are selected by 100 percent census method. During the study one married women aged 15-49 years from each house is involved.

### **3.5 Sources of Data**

This study is based on primary data collected by using quantitative technique. The information has been collected from the census basis sampling in wards (6 and 8) of Vyas municipality of Tanahu district. Among the total population of these ward 94 currently married women of 15-49 age group are the main sources of information of this study. As a

complementary data, the secondary data are obtained from Journal, Educational Statistics, Books, Bulletins Previous Studies, Census Data, Survey Reports etc.

### **3.6 Questionnaire Design**

Two types of close questionnaire (i.e household and individual question) were designed to obtain information on various aspects of contraception as well as demographic and socio-economic background characteristics.

Generally household questionnaire is designed to collect the information on age, sex, education and marital status of the study population, relation with head of the household, sources of drinking water, toilet facility, size of land holding and other demographic and socio-economic measures of each household. The main objective of the household is to obtain the information about the background characteristics of the respondents. The individual questionnaire were designed which constitutes completed age, age at marriage education, religion of the respondents. Individual questionnaire was divided in three sections. Section one provides information on knowledge of family planning method. Section two provides information on attitude towards family planning method. and section three provides practice of contraceptives

### **3.7 Method of Data Collection**

Researcher herself involved in data collection along with on graduate from the same community .For the collection of data, the interview of respondents were used. Besides this municipality secretary and local women were also contacted for the supplementary information.

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

This study consists of dependent and independent variables.

#### **I. Independent Variable**

Independent variable could be divided into two parts. That is demographic variables and socio – economic variables.

#### **II. Demographic Variables**

➤ Age at marriage, Living children

#### **III. Socio – economic variables**

➤ Education , Occupation, Religion, Desire for the child

#### **IV. Dependent variables**

➤ Knowledge and attitude of contraceptives, Use of contraceptives

## CHAPTER 4

### BACKGROUND CHARACTERISTICS OF HOUSEHOLD POPULATION

This chapter deals with some demographic and socio economic characteristics of the household population of KUMAL community. Demographic characteristics include age, sex, structure and marital status and socio-economic characteristics include education attainment, major occupation, and size of land holding and level of annual income of the study area

#### 4.1 Demographic Characteristics

This section deals with demographic characteristics of the study population.

##### 4.1.1 Age-Sex structure

**Table:4.1 Distribution of Household Population According to Sex by 5 Years Age group**

Age group	Male	Percent	Female	Percent	Total	Percent	Sex ratio
0-4	16	7.8	14	6.5	30	7.1	114.3
5-9	16	7.8	25	11.5	41	9.7	64.0
10-14	30	14.7	27	12.4	57	13.5	111.0
15-19	12	5.9	33	15.2	45	10.7	36.4
20-24	29	14.2	28	12.9	57	13.5	103.6
25-29	19	9.3	19	8.8	38	9.1	50.0
30-34	21	10.3	20	9.2	41	9.8	53.8
35-39	20	9.8	21	9.7	41	9.8	48.8
40-44	15	7.4	15	6.9	30	7.1	50.0
45-49	11	5.4	5	2.3	16	3.8	68.8
50-54	3	1.5	2	0.9	5	1.2	60.0
55-59	2	1.0	2	0.9	4	1.0	50.0
60-64	4	1.9	3	1.4	7	1.7	57.1
65-69	3	1.5	2	0.9	5	1.2	60.0
70-74	2	1.0	1	0.5	3	0.7	66.7
75+	1	0.5	-	-	1	0.2	-
Total	204	100.0	217	100.0	421	100.0	94.0

Source – Field Survey, 2007

Distribution of population by sex and five years age group has been presented in table 4.1. From the table it is clear that for both the sexes a higher proportion fall in early age group. Among total household population 48.5 percent of the population are male and 51.5 percent are female. Their average size of household is 4.47 percent per house which is lower than average national figure (5.44) based on 2001 census. The sex ratio of the house hold is found 94.0 percent which is lower than national figure.(99.8 percent)

This table indicates that out of the total population highest percent of population falls in the age groups 10-14 and 20-24 i.e 14 percent. By sex, highest percent of male is in 10-14 age group (14.7 percent) and the highest percent of female is in 15-19 age group (15.2 percent). The lowest percentage of male population in the age group 75+ and for female 70-74 age groups i.e. 0.5 percent. The sex ratio according to age group is higher for 0-4 years age group population which is 114 and lowest for 15-19 years age i.e. 36.4 percent.

#### 4.1.2 Marital Status

Marriage is an important determinant of fertility behaviour particularly in a non-contraceptive society where most of the birth take place within marital union as in Nepal.

**Table: 4.2 Distribution of Household Population Age 10 Years and Above According to Sex by Marital Status**

Marital Status	Male	Percent	Female	Percent	Total	Percent
Unmarried	66	38.4	47	26.4	113	32.3
Married	101	58.7	124	69.7	225	64.3
Widow/widower	4	2.3	7	3.9	11	3.1
Divorce	1	0.6	-	-	1	0.3
Total	172	100.0	178	100.0	350	100.0

Source – Field Survey, 2007

In the study area, out of 350 population of aged 10 years and above, 225 population are married which is 64.3 percent. Thirty two percent are unmarried and 3 percent are found widows/widower. By sex percentage of married population is higher for female (69.7 percent) than male (58.7 percent) and unmarried percent is higher for male than females. In case of widow/widower female percentage is higher than males.

#### **4.1.3 Education Attainment**

The data on educational attainment are collected for all those household population aged 5 years and above. The educational attainment of couples have a very strong effect on contraceptive knowledge, attitude and use. The education status is divided into 6 (six) categories. No Education, Primary, Lower Secondary, secondary, S.L.C. Passed H.S + above which are presented below.

**Table: 4.3 Distribution of Population Aged 5 Years and Above by Education Attainment**

<b>Education status</b>	<b>Percent</b>	<b>Number</b>
No education	20.7	81
Primary	32.5	127
Lower secondary	25.8	101
Secondary	14.1	55
S.L.C. passed	4.3	17
H.S.+ above	2.5	10
Total	100	391

Source – Field Survey, 2007

Of the total population aged 5 years and above, 79.3 percent were literate which is higher than national level figure (53.7 percent). Among literate 32.5 percent had attained Primary level, 25.8 percent had attained

Lower Secondary level,6.8 percent had attained S.L.C. and above .Out of the total population 20.7 percent were illiterate.

#### **4.1.4 Major Occupation**

Occupation distribution of household head or person plays a vital role in the economic status of household. Economic status also determines the level of education, the level of knowledge and use of contraception. So the occupation of the household is most important variables. The occupational status of the study population aged 10 years and above is presented in table 4.4.

**Table:4.4 Distribution Of Population by Occupational Status**

<b>Major occupation</b>	<b>Percent</b>	<b>Number</b>
Agriculture	62.0	217
Business	1.4	5
Service	10.9	38
Labour	2.6	9
Students	22.3	78
Others	0.8	3
Total	100.0	350

Source – Field Survey, 2007

From the displayed data we know that 62.0 percent of the population reported their occupation is agriculture followed by student (22.3 percent), service (10.9 percent). Business (1.4 percent), Labour (2.6 percent) and others 0.8 percent. (The population who had reported their age 65 years and above they had also reported their occupation.)



#### 4.1.5 Access of Drinking Water and Sanitary Facility

The status of the public health nutrition health facilities and services depends on level of socio-economic condition and water and sanitary facilities. The source of drinking water and types of latrine facilities of household is given below.

**Table: 4.5 Distribution of Household by Sources of Drinking Water**

<b>Sources of water</b>	<b>Percent</b>	<b>Numbers</b>
Piped water	76.6	72
Kuwa	17.0	16
Stone tap	4.3	4
Stream	2.1	2
Total	100.0	94

Source – Field Survey 2007

Out of the total household, majority (76.6 percent) of the household used pipe water for drinking, followed by kuwa (17.0 percent), stone tap (4.3 percent) and stream (2.1 percent).

**Table: 4.6 Distribution of Household by Latrine Toilet Facility**

<b>Kind of toilet</b>	<b>Percent</b>	<b>Numbers</b>
Flush toilet	61.7	58
Traditional pit toilet	25.5	24
Ventilated improved pit	6.4	6
No facility/Bush/Field	6.4	6
Total	100	94

Source – Field Survey, 2007

The majority of the household (61.7 percent) reported that they used flush toilet followed by traditional pit toilet (25.5 percent) 6.4 percent had reported ventilated improved pit and 6.4 percent reported that they used bush field as a toilet.

#### 4.1.6 Size of Land Holding

Nepal is an agricultural country and most of the people are dependent upon agricultural sectors.

The following table presents the land holding size as the household in the study area.

**Table: 4.7 Distribution of Household by Size of Land Holding**

<b>Size of land holding</b>	<b>Percent</b>	<b>Number of household</b>
Land less	11.7	11
1-2 Ropani	38.3	36
3-5 Ropani	34.0	32
6-8 Ropani	7.4	7
9-10 Ropani	6.4	6
11+ Ropani	2.1	2
Total	100.0	94

Source – Field Survey, 2007

The above table shows that 12 percent households are landless followed by 38 percent who have 1-2 ropani land, 34 percent have 3-5 ropani, 7 have 6-8 ropani, 6 percent have 9-10 ropani and 2 percent have 11 percent land. This study shows more household have low living standard.

#### 4.1.7 Income Distribution

The main sources of income in Kumal people is agriculture. Mostly of them are engaged in agriculture their field and some are in Service Business, Labour and others. Annual income determines the level of living standard and economic activities. The income status of households has been given below in table 4.8.

**Table: 4.8 Distribution of Households by Level of Income**

<b>Annual Income</b>	<b>Percent</b>	<b>Numbers</b>
Less than 10 thousand	19.1	18
Rs. 10-20 thousand	13.8	13
Rs. 20-30 thousand	10.6	10
Rs. 30-40 thousand	17.0	16
Above 40 thousand	39.5	37
Total	100	94

Source – Field Survey, 2007

Table 4.8 shows that the annual income of the household is ranged between 5 to 40 thousand and above per year. 19.1 percent of the household have less than 10 thousands per year. Majority of the household 39.5 percent have an income of above 40+ thousands per year. Similarly, 17 percent of the household have 31- 40 thousands per year.

## **4.2 Characteristics of the Respondents**

### **4.2.1 Age Composition of the Respondent**

Age is an important factor for family formation. Fertility behavior varies the age of the respondents. Age also denoted more or less individual mental, physical maturity and responsibilities. In this view age of the respondents has been considered as one of their most important personal characteristics.

**Table: 4.9 Distribution of Respondents by 5 years Age Group**

<b>Age group</b>	<b>Percent</b>	<b>Number of the students</b>
15-19	6.4	6
20-24	22.3	21
25-29	16.0	15
30-34	19.2	18
35-39	22.3	21
40-44	9.6	9
45-49	4.3	4
Total	100.0	94

Source – Field Survey, 2007

Table 4.9 indicates that the highest proportion of respondents are 20-24 years age group and 35-39 years age group i.e. 22.3 percent followed by 19.2 percent in 30-34 years age group, 16 percent in 25-29 years age group, 9.6 percent in 40-44 years age group, 6.4 percent in 15-19 years and 4.3 percent in 45-49 years age group.

#### **4.2.2 Age at Marriage of the Respondents.**

The legal age at marriage for girls is 16 and boys is 18 years with consent of parents .However this legal provision of marriage has not observed or practiced in social life as a result, a significant proportion of population of higher sex get marriage as early age of 16.Which influences the early marriage in rural area. (Mulukeyan 2020 B.S).There is some situation in this study area.

**Table: 4.10 Percentage Distribution of Respondents by Age Group at Marriage**

<b>Age group</b>	<b>Percent</b>	<b>Number</b>
Less than 15	5.3	5
15-19	66.0	62
20-24	27.6	26
25-29	1.1	1
Total	100.0	94

Source – Field Survey, 2007

The table 4.10 shows that majority (71.3 percent) of the respondents got married at the age of before 19 years followed by 28.0 percent of the respondent reported that they got married between 20-24 years, 5.3 percent of the respondents got married before the age of 15 and

1.1 percent of the respondents got married at the age of 25-29 years and above.

#### **4.2.3 Living Children Of The Respondents.**

The table 4.11 shows that the number of living children of the respondents. It shows that majority 30.0 percent of the respondents reported that they have 3 living children, followed by 17.0 percent of the respondents reported they have 4 children, 17 percent respondents reported that they have 2 living children and only 7.4 percent of the respondent reported they have not any living children.

**Table: 4.11 Distribution of Respondent by Number of Living Children**

Number of Living Children	Percent	Number
None	7.4	7
1	16.0	15
2	17.0	16
3	29.8	28
4	17.0	16
5+	12.8	12
Total	100.0	94

Source – Field Survey, 2007

#### **4.2.4 Educational Status of the Respondents**

Education is an important variable for contraceptive knowledge and use. It plays important role to determine the family size. The education status of respondents of study area has been given below in table 4.12.

**Table: 4.12 Percentage Distribution of Respondent by Educational Status**

<b>Level of Education</b>	<b>Percent</b>	<b>Number</b>
No education	38.3	36
Primary	20.2	19
Lower S. Secondary	28.7	27
Secondary	6.4	6
S.L.C passed	4.3	4
H.S. + above	2.1	2
<b>Total</b>	<b>100.0</b>	<b>94</b>

Source – Field Survey, 2007

Out of 94 respondents 38.3 percent respondents were illiterate ,20.2 percent respondent completed primary, 28.7 percent completed lower secondary, 6.4 percent completed secondary and 2.1 percent completed SLC and above.

### **4.3 Occupational Status of the Respondents**

Occupation is one of the most important factor of socio-economic characteristics. It indicates the socio-economic status of a person .More than ninety percent of respondents depend up on agriculture for livelihood followed by labour (3.2 percent), business (2.1 percent), service (1.1 percent) and (2.1 percent) said that their occupation is student

**Table: 4.13 Distribution of Respondents by Occupational Status**

<b>Occupational Status</b>	<b>Percent</b>	<b>Number</b>
Agriculture	91.5	86
Business	2.1	2
Service	1.1	1
Labour	3.2	3
Students	2.1	2
<b>Total</b>	<b>100.0</b>	<b>94</b>

## **CHAPTER 5**

### **CONTRACEPTIVE KNOWLEDGE, ATTITUDE AND USE**

The main objectives of this chapter is to examine the knowledge used and attitude towards contraceptive methods among currently married women of reproductive age (15-49) years. The chapter consists of seven sections. The first section deals with the respondent's knowledge on contraceptives. The second section provides with use of contraceptives .the third section describes differentials in current use of contraceptives. The fourth section provides the accessibility of contraceptive interms of sources of supply of most recent method and travel time required to reach a source of contraceptive out let the respondent's house. The fifth section provides the information on side effects of modern contraceptives being use. The sixth section provides the reason for non use of contraceptive. The seventh section provides the attitude towards contraceptives.

#### **5.1 Knowledge of Contraceptives**

##### **5.1.1 Introduction**

Acquiring knowledge of contraceptive methods is an important precondition to ward gaining access to and then using a suitable contraceptive method in a timely and effective manner. The ability to name or recognize a family planning method is a nominal test of the respondent's knowledge.

Information on knowledge of contraception was collected by first asking the respondent to name ways or method by which a couple could delay or avoid pregnancy. If respondent failed to mention a particular method spontaneously, the interviewer then described the method and asked whether the respondent recognized if eight modern family planning methods. Female and male sterilization, the pill, the IUD, injectables, implants, condoms and vaginal methods (foam/jelly) were described, as well as two methods categorized as traditional – periodic abstinence and with drawal.

### 5.1.2 Level of Knowledge of Contraceptive Methods

**Table: 5.1 Distributions of Currently Married Women who Know Any Contraceptive Method by Specific Method.**

Contraceptive method	Know spontaneous	
	Percent	Numbers
Any methods	89.4	84
Any modern method	84.1	79
Male sterilization	80.9	76
Female sterilization	78.7	74
Depo – provera	74.5	70
Condom	66.0	62
Norplant	29.8	28
Pill	45.7	43
IUD	20.0	19
Foaming tablet	2.1	2
Any traditional method	5.3	5
With – drawl	3.2	3
Periodic Abstinence	2.1	2

N=94

Source – Field Survey, 2007

Note: Total Percentage may exceed 100 due to multiple response.

From the table 5.1 it can be seen that out of 94 currently married women 89.4 percent know at least on contraceptive method while



national figure is found 99.5 (NDHS, 2001:68). For analytical purposes contraceptive methods are grouped in two types in the table; modern and traditional, modern method include female sterilization, male sterilization, pill, IUD, injectable, implants, foaming tablets and condom. Traditional methods include rhythm method, with drawl and folk method. A greater proportion (84.0 percent) of currently married women reported of knowing at least one modern method and 5.3 percent reported traditional method. By methods male- sterilization appears to be the best know contraceptive method (80.9 percent) followed by female sterilization (78.7 percent) , Depo -provera (74.5 percent) ,condom (66.0 percent) , Norplant (29.8 percent) , pill (45.7 percent) , IUD (20.0 percent). Only few respondents are familiar with foaming tablet with drawl, and periodic abstinence.

### 5.1.3 Sources of Information

The electronic media, such as radio and television, are effective means for communicating message about family planning.

**Table: 5.2 Distribution of Respondent by Sources of Information about Contraceptive Method.**

Source of Knowledge	Percent	No of Respondent
Radio	50.6	45
Television	15.7	14
Friends	11.2	10
Relative	14.6	13
News/Papers	3.4	3
Parents	1.1	1
Others	3.4	3
Total	100.0	84

Source – Field Survey, 2007

The majority of women (50.6 percent) have heard a family planning message recently on the radio. Only 15.7 percent of women

heard family planning message on television. 14.6 percent of women heard about family planning by relatives. 11.2 percent of women heard about family planning by friends. 3.4 percent of women heard family planning message i.e. News, papers and others and 1.1 percent of women heard family planning message by parents.

#### 5.1.4 Differentials in Knowledge of Modern Methods

There is little difference in the percentage who have heard of at least one method of contraception by background characteristics. There is little difference between age of women and knowledge of contraception. Similarly differential by knowledge of contraception by education and age which is given below.

**Table: 5.3 Distribution of Currently Married Women Knowing at Least One Modern Method of Selected Background Characteristics**

Characteristics	Percent	Numbers	Women
<b>1. Age of Women</b>			
15-19	83.3	5	6
20-24	95.2	20	21
25-29	93.3	14	15
30-34	77.8	14	18
35-39	85.7	18	21
40-44	66.6	6	9
45-49	50.0	2	4
<b>2. Education of Women</b>			
No education	77.7	28	36
Primary	84.2	16	19
Lower secondary	88.9	24	27
Secondary	83.3	5	6
S.L.C.	100.0	4	4
H.S. + above	100.0	2	2
Total	84.0	79	94

Source – Field Survey, 2007

From the table 5.3 it can be said that 84.0 percent of currently married women reported knowing at least one method. From the table it can be indicated that younger and older aged women's knowledge on modern methods has been obtained lower as compared to the intermediate aged women. For example 83.3 percent , and 50.0 percent currently married women aged 15-19 years and 45-49 years known at least on modern method where as 95.2 percent and 93.3 percent currently married women aged 20-24 and 25-29 years are familiar with this method respectively.

Similarly, the knowledge of contraceptive methods varies with education of women. Knowledge of at least one modern method of family planning is universal for women who have completed SLC, higher secondary and above. The knowledge found 77.7 percent women with no education followed by primary level (84.2 percent) primary level , lower secondary level (88.9 percent), secondary level (83.3 percent). So there is positive association between education and knowledge of contraception or higher the education higher the knowledge of contraceptive methods.

## **5.2 Use of contraceptives**

Contraceptives use is one of the most important proximate determinants of aggregate level of fertility .It generally assumed to play the vital role in transition to lower fertility .The use of contraceptive may have significant impact on declining population growth.

### **5.2.1 Ever Use of Contraceptives**

Data on ever use has special significance since it reveals the cumulative success of programs promoting the use of family planning among currently married women of reproductive age. Ever use refers to

use of a method at any time, with no distinction between past and present use.

**Table: 5.4 Distribution of Currently Married Women who are Reported Ever Users of Contraceptive Methods**

Contraceptive method	Ever users	
	Percent	No of users
Any methods	74.5	70
Any modern method	69.1	65
Male sterilization	25.5	24
Female sterilization	10.6	10
Depo – provera	19.2	18
Condom	7.4	7
Pills	3.2	3
Norplant	1.1	1
IUD	2.1	2
Any traditional method	5.3	5
Withdrawal	3.2	3
Periodic abstinence	2.1	2

Source – Field Survey, 2007

Table 5.4 shows the percent distribution of currently married women who have ever used family planning by specific method. Seventy five percent of currently married women had used a method in the past, and 69.1 percent of currently married women have used a modern method. Among currently married women, the most commonly used modern methods were male sterilization (25.5 percent), injectables (19.2 percent), female sterilization (10.6 percent), condom (7.4 percent), pills (3.2 percent) and traditional methods (5 percent), use of traditional method is lower than the use of modern contraceptive method.

## 5.2.2 Ever Used Contraceptive Method by Specific Method and Age

**Table: 5.5 Percentage Distribution of Currently Married Women who have Ever Used Any Modern Contractive Method by Specific Method and Age Vyas, Tanahun**

Contraceptive method	Age Group of Women							Total percentage
	Total							
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Any method	83.3	88.2	96.7	83.4	81.1	77.7	75.0	74.5
Any modern method	50.0	38.2	80.0	83.4	81.1	77.7	75.0	69.1
Male sterilization	-	-	26.7	27.8	38.1	55.5	50.0	25.5
Female sterilization	-	-	13.3	16.7	14.3	11.1	25.0	10.6
Depo	16.7	28.6	20.0	27.8	14.3	11.1	-	19.2
Condom	33.3	4.8	13.3	5.6	4.8	-	-	7.4
Pills	-	4.8	6.7	-	4.8	-	-	3.2
Norplant	-	-	-	5.6	-	-	-	1.1
IUD	-	-	-	-	4.8	-	-	2.1
Any traditional method	33.3	33.3	16.7	-	-	-	-	-
Withdrawal	33.3	-	16.7	-	-	-	-	-
Periodic abstinence	-	33.3	-	-	-	-	-	-
Total	6	21	15	18	21	9	4	94

Source – Field Survey, 2007

The ever uses of contraception varies with the women's age. The patterns of ever use is curvilinear with use being lowest among women in the oldest age group 45-49, increasing with the age and reaching a plateau among women in their thirties before declining. The level of ever use of any method among currently married women rises to a high of 96.7 percent among the 25-29 age group and then declines to 75.0 percent among women age 45-49 age group.

It can also be seen that 74.5 percent currently married women ever used of contraceptive methods. Among them most commonly used modern methods are male sterilization (25.5 percent) followed by Depo-Provera (19.2 percent), female sterilization (10.6 percent), IUD (2.1 percent) and Implant (1.1 percent) respectively and traditional method (5.3 percent) foam and jelly is not found in this study area.

### 5.2.3 Current Use of Contraceptives

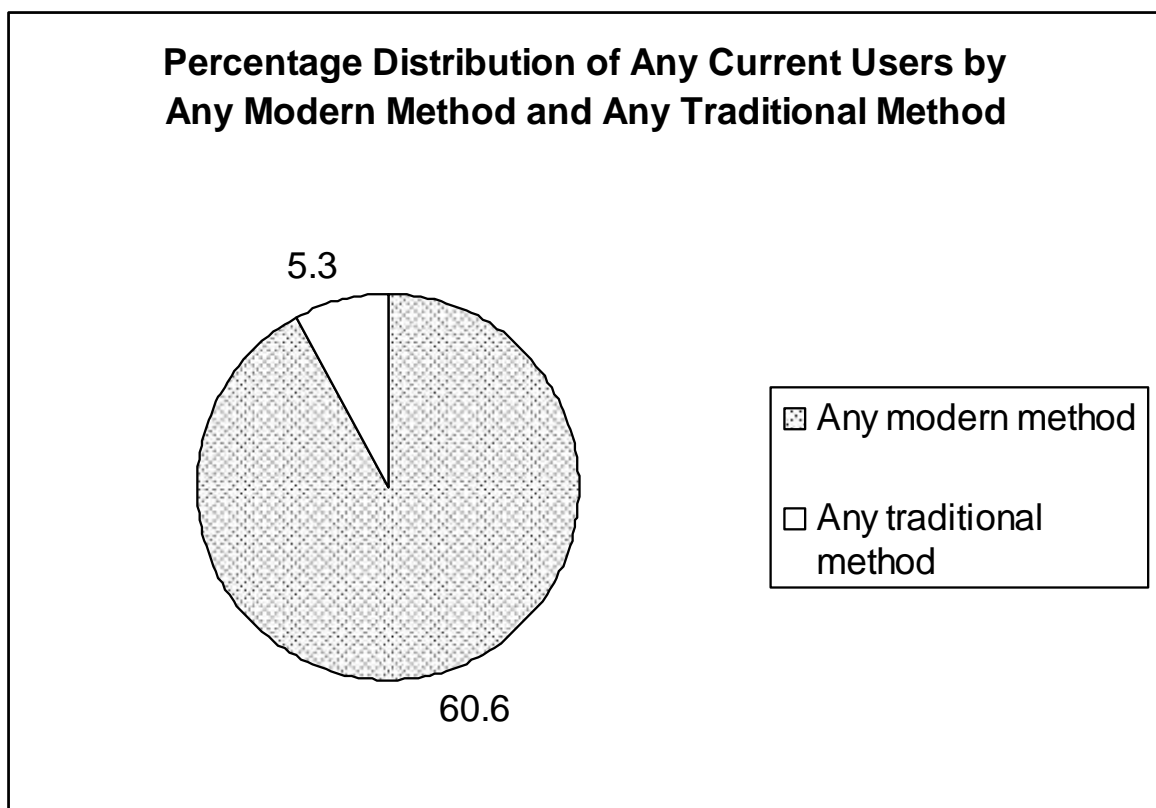
Current use of contraception is defined as the proportion of women who reported they were using planning method at the time of interview. The level of current use is most widely used and valuable measure of the success of family planning programs. Table 5.6 shows the percent distribution of currently married women who are currently using specific family planning method.

**Table: 5.6 Percentage Distribution of Currently Married Women who have Reported Current Users of Contraceptive Methods of Kumal in Vyas Municipality Tanahun**

Contraceptive method	Current users	
	Percent	Numbers
Any methods	65.9	62
Any modern method	60.6	57
Male sterilization	25.5	24
Female sterilization	10.6	10
Depo – provera	13.8	13
Condom	5.3	5
Norplant	1.1	1
Pill	2.1	2
IUD	2.1	2
Any traditional method	5.3	5
With – drawl	3.2	3
Periodic Abstience	2.1	2

Source – Field Survey, 2007

Table 5.6 indicates that 66 percent of currently married women are using a method of family planning. The 60.6 percent who are using modern contraceptives methods and only 5.3 percent are using traditional methods. Among them male sterilization is using by (25.5 percent), followed by Depo-provera (13.8 percent), male sterilization (10.6 percent), condom (5.3 percent) pills (2.1 percent), IUD (2.1 percent) and Norplant (1.1 percent). In the case of traditional method with drawl (3.2 percent) and periodic abstinence (2.1 percent).



### 5.3 Current Use of Contraception by Background Characteristics

The study of differentials in current use of contraception is important because it helps identify sub groups of the population to target for family planning services. Table 5.7 present the percent distribution of currently married women by their current age of family planning methods according to background characteristics.

**Table: 5.7 Distribution of Currently Married Women who Are Currently Using Contraceptive Methods according to the Selected Background Characteristics Kumal in Vyas Tanahun.**

<b>Background variables</b>	<b>Percent</b>	<b>No. of any method user</b>	<b>No of women</b>
Women's current Age			
15-19	33.3	2	6
20-24	71.4	15	21
25-29	53.3	8	15
30-34	77.8	14	18
35-39	81.0	17	21
40-44	55.6	5	9
45-49	25.0	1	4
Women's Education			
No Education	47.2	17	36
Primary	73.7	14	19
Lower Secondary	81.5	22	27
Secondary	66.7	4	6
S.L.C.	75.0	3	4
H.S. + above	100.0	2	2
Number of living Children			
0	25.0	2	8
1	55.6	10	18
2	77.1	27	35
3	79.0	15	19
4+	57.1	8	14
Total	66.0	62	94

Source – Field Survey, 2007

Above table shows that the percentage distribution of currently married women who are currently using contraceptives method by background characteristics. The table indicates (81.0 percent) of women in the age 35-39 are using followed by 30-34 age group (77.8 percent),



20-24 age group (71.4 percent), 40-44 age group (55.6 percent), 25-29 age group (53.3 percent). As in the table it indicates that current use is lower for younger and older women compared to women in intermediate ages. Only 33.3 percent of currently married women aged 15-19 are using any contraception at the time of survey, while the contraceptive figures for women aged 45-49 years is 25.0 percent. The higher percentage of current users (81.0 percent) are concentrated in the age group 35-39 and lowest percentage of current users (25.0 percent) are in age group of 45-49 during the period of survey in this study area.

Higher the Educational attainment is positively correlated with current use of family planning. Use of modern methods is 47.2 percent among currently married women with no education. Use of at least one modern method of family planning, universal for women who have completed SLC, higher secondary and above.

### **5.3.1 Number of Living Children and Use of Contraceptives.**

There is a direct association between use of modern family planning methods and the number of children women have.

**Table: 5.8 Distribution of Respondents by Living Children and Use of Contraceptives**

Contraceptive method	No.of living children					Total
	1	2	3	4	5+	
Any methods	3.2	16.1	43.5	24.2	13.0	100.0
Any modern method	1.7	15.2	44.1	25.4	11.9	95.2
Male sterilization	-	40.0	51.9	46.7	62.5	50.0
Female sterilization	-	20.0	14.8	33.3	25.0	21.0
Depo – provera	-	10.0	11.1	6.7	-	8.1
Condom	50.0	-	7.4	-	-	4.8
Pill	-	-	7.4	-	-	3.2
Norplant	-	-	3.7	6.7	-	3.2
IUD	-	20.0	-	6.7	-	4.8
Any traditional method	-	1.6	1.6	-	1.6	4.8
With – drawl	50.0	100.0	3.7	-	12.5	4.8
Total	2	10	27	15	8	62

Source – Field Survey, 2007

From the table 5.8 it can be seen that the current use of contraceptives increases with increasing number of living children up to four and it has been slightly decline as increasing number, number of living children in this study. Table 5.8 also shows that women with none or one living children are less likely to use contraceptives than women having four children. The percentage of currently married women using permanent methods especially male sterilization with number of living children up to far and than adopted of this method . The percentage of currently married women using male sterilization is found 62.5 percent for those who have 5 or more children , where as temporary method like Depo - Provera is found 11.1 percent for those who have 3 children . Condom, pill, IUD and Norplant are founds used more by those women who have less than four children.

### 5.3.2 Family incomes and use of contraceptive

Respondent's family income effect the current use of contraceptive method. Respondents who are in low income they are less use of contraceptives than respondents who are in high income family members. They are more use of contraceptives which is shown in table 5.9.

**Table: 5.9 Percentage Distribution of Respondent by Family Income and Current Use of Contraceptive Vyas, Tanahun**

<b>Annual ion 000</b>	<b>No. of respondent</b>	<b>Number of users</b>	<b>Percent</b>
Less than 10 thousand	18	9	50.0
Rs. 10-20 thousand	13	7	53.8
Rs. 20-30 thousand	10	6	60.0
Rs. 30-40 thousand	16	10	62.5
Above 40 thousand	37	30	81.1
Total	94	62	66.0

Source – Field Survey, 2007

Table 5.9 present the respondents who are in low income family members they are less use of contraceptives. The lowest contraceptive use 50.0 percent respondents among the income group of less than 10 thousand per years per annum on the other hand highest contraceptive use 81.1 percent is recorded among the income Rs.40 + and above. It clearly shows that the use of contraceptive level increased with the level or higher the level of income higher the use of contraceptive method and lower the level of income lower the use of the contraceptive method.

### 5.3.3 Future Use of Contraceptives

An important indicator of the changing demand for family planning is the extent to which non users of contraception plan to use family planning to future .Currently married women who are not using

contraception at the time of survey were asked about their intention to use family planning in future. The results are shown in table 5.10.

**Table: 5.10 Percentage Distribution of Currently Married Women who Are Not Using Contraceptive Method by Intension to Use in Future Vyas, Tanahun**

<b>Future use</b>	<b>Percent</b>	<b>Numbers of respondents</b>
Yes	84.4	27
No	15.6	5
Total non users	100.0	32

Source – Field Survey, 2007

Table 5.10 shows that the distribution of currently married women who are not using contraceptive method by intension to use in future. Among the currently married women who are not using contraception, 84.4 percent reported that they intend to adopt family planning method in future and 15.6 percent said that they did not intend to use a method.

#### **5.4 Reason for Non Use of Contraceptives**

An under standing of the reasons, that people do not like to use family planning method critical in designing programme that could improve the quality of services the percent distribution of currently married women who are not using a contraceptive method asked about the reason for non use of contraceptive method at the time of survey which is below table 5.11.

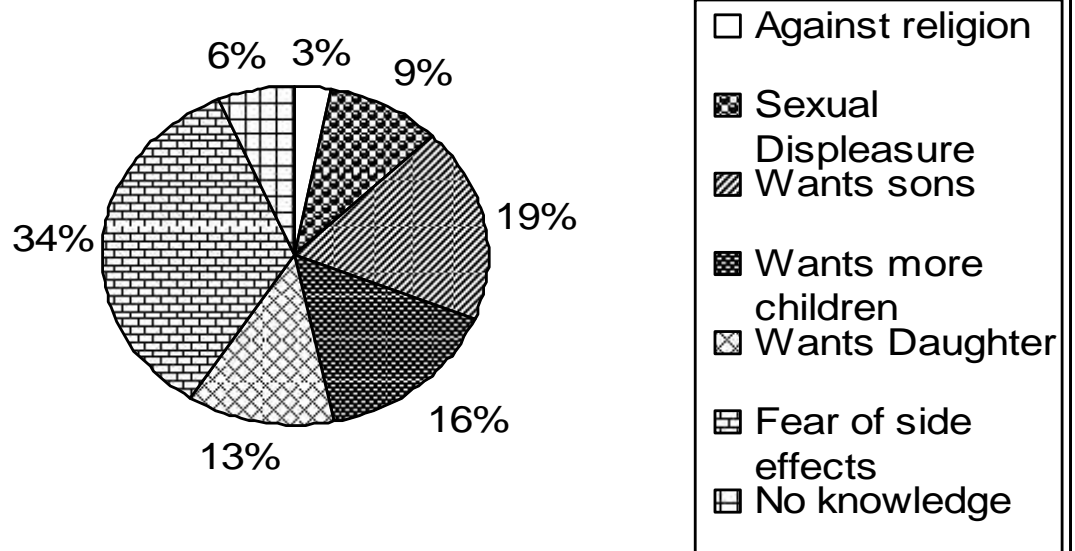
**Table: 5.11 Percentage Distribution of Currently Married Women by Main Reason for Not Using Contraceptive Kumal in Vyas Municipality Tanahun**

<b>Reason for non use of contraception</b>	<b>Percent</b>	<b>Numbers</b>
Against religion	3.1	1
Sexual Displeasure	9.4	3
Wants sons	18.6	6
Wants more children	15.7	5
Wants Daughter	12.5	4
Fear of side effects	34.4	11
No knowledge	6.3	2
Total	100.0	32

Source – Field Survey, 2007

From the table 5.11 it can be said that 34.4 percent non-users stated that their main reason for not using contraceptive method is fear of side effects followed by wants sons 18.6 percent. wants more children 15.7 percent, wants daughters 12.5 percent, sexual displeasure 9.4 percent, have no knowledge 6.3 percent and against the religions 3.1 percents.

**Percentage distribution of currently married women by main reason for not using contraceptive Kumal in Vyas Municipality Tanahun**



**5.5 Accessibility of Contraceptives**

This section provides accessibility of contraceptives in terms of sources of supply of the most recent methods and travel time required to reach a sources of contraceptive from the house of respondents.

**5.5.1 Sources of Contraceptives**

Table 5.12 on source of contraception is intended simply document the main sources of contraception for users of different modern method of contraception. Such information on where women obtain their contraceptive method is important for program managers and implementers in designing family planning policies and programs. All current users of modern contraceptive method were asked the most recent sources of their methods which is given below.

**Table: 5.12 Percentage Distributions of Current Users of Modern Contraceptives by Most Recent Sources of Supply.**

<b>Sources of supply</b>	<b>Total</b>	<b>Depo</b>	<b>Pill</b>	<b>Condom</b>	<b>IUD</b>	<b>Implants</b>	<b>Male Sterilization</b>	<b>Female Sterilization</b>
Public sector	93.0	92.4	100.0	60.0	100.0	100.0	100.0	100.0
Health post	63.2	77.0	50.0	60.0	50.0	100.0	37.5	30.0
Hospital	29.8	15.4	50.0	-	50.0	-	62.5	70.0
Mobile clinic	7.0	7.6	-	40.0	-	-	-	-
Number of women	57	13	2	5	2	1	24	10

Source – Field Survey, 2007

In table 5.12 it can be seen that 93.0 percent of current users get their method from public sector. The public sector health post and hospital are also the main sources of supply respectively. Overall public sector is the main source of supply for Male Sterilization, Female Sterilization, Pills, Implants and IUD. In contrast only, 7.0 percent of modern contraceptives is obtained from private sector. In the private sector only, private doctors contribute an important role for providing Condom and Depo- Provera. So we can say that government sector is the main source of supply for modern contraceptive methods in this study area than the non-governmental sector.

## 5.5.2 Access to Sources Of Contraceptives

**Table: 5.13 Percentage Distribution of Current Users of Modern Methods who Reported Travel Time to Reach Sources of Supply in Vyas Municipality Tanahun.**

<b>Travel time (in minute)</b>	<b>Percent</b>	<b>No. of users</b>
0-30	28.0	16
31-60	66.7	38
60+	5.3	3
Total	100.0	57

Source – Field Survey, 2007

Table 5.13 provides distribution of modern contraceptive of current users who respond to travel time to reach sources of supply. About 28.0 percent current users expressed that they have required 0-30 minute to reach sources of supply, while 66.7 percent of current users required 31-60 minute and 5.3 percent respondents reported 60 minute and above. Travel time is effective factor for the use of contraceptives. While the average travel time is 45.7 minutes and median travel time is 45-55 minutes respectively to get sources of modern contraceptive methods.

## 5.6 Side Effects of Contraceptives

Currently married women who were using currently any modern methods of contraceptives were asked if they had any side effect during the period .Result are presented in the table 5.14.



**Table: 5.14 Percentage Distribution of Current Users who Reported a Side Effect of Specific Method Vyas, Tanahun.**

Side effect	Depo	Pill	Male sterilization	Female sterilization	IUD	Total percent
Irregular menstruation	53.9	-	-	-	-	42.5
Over bleeding	7.7	-	-	-	-	2.5
Weakness	-	50.0	62.5	57.2	50.0	15.0
Weight gain	30.7	-	-	-	-	10.0
Weight loss	7.7	-	-	-	-	2.5
Back/waist pain	-	-	37.5	42.8	-	22.5
Headache	-	50.0	-	-	50.0	5.0
Total	13	2	16	7	2	

Source – Field Survey, 2007

Table 5.14 present the distribution of current users by using method and side effects out of total who felt side effects among them 42.5 percent of the respondents reported irregular menstruation followed by 22.5 percent of the respondent reported back/waist pain, 15.0 percent of the respondents reported weakness, 10.0 percent of the respondent reported weight gain 10.0 percent of the respondent reported over bleeding headache and weight loss. Similarly side effects associated to use of depo- provera are irregular menstruation 53.9 percent, over bleeding 7.7 percent, weight gain 30.7 percent and weight loss 7.7 percent. Similarly major side effects related to male sterilization and female sterilization are weakness 62.5 percent for male sterilization.37.5 percent back/waist pain for male sterilization and 42.8 percent for male sterilization Major side effects related to IUD and pill are weakness and headache.

## 5.7 Attitudes towards Contraceptives

Attitudes towards contraceptives deals with different subsection i.e attitude to wards birth spacing, attitude to wards child bearing age of women, attitudes to ward knowledge of fertile period, attitudes towards advantages of contraceptives and discussion of family planning with spouse.

### 5.7.1 Attitudes towards Birth spacing

The different between the one birth and the another birth interval is called as birth spacing. Many studies show that there is negative relationship between birth spacing and the risk of death of child and mother.

**Table: 5.15 Percentage Distribution of Currently Married Women according to their View on Birth Spacing in Vyas Tanahun**

<b>Minimum Birth Interval</b>	<b>Percent</b>	<b>Numbers</b>
1 year	1.1	1
2 year	19.1	18
3 year	24.5	23
4 year	31.9	30
4 year above	23.4	22
Total	100.0	94

Source – Field Survey, 2007

From the table 5.15 to see that 31.9 percent of the currently married women preferred at least 4 years of birth spacing between two birth followed by 3 years (24.5 percent), 4 + years (23.4 percent), 2 years (19.1 percent) and 1 year (1.8 percent). But almost are currently married women are not success to follow. This opinion due to the various causes and problem prevailing in this community.

### 5.7.2 Attitude towards Child Bearing Age of Women

All currently married were asked about appropriate child bearing age of women at the time of survey.

**Table: 5.16 Percentage Distribution of Currently Married Women according to their View on Child Bearing Age in Vyas, Tanahun.**

Age	Women View on Child Bearing Age Percent	Numbers
Under 20 years	38.3	36
20-24	51.1	48
25-29	10.6	10
Total	100.0	94

Source – Field Survey, 2007

The above table 5.16 shows that 38.3 percent of currently married women have said that women's appropriate child bearing age is under 20 years .Followed by age between 20-24 years (51.1 percent) and about 10.6 percent of the women have said that their suitable child bearing age is 25 and above years. The majority of the women viewed is age 20-24 years is suitable for the child bearing.

### 5.7.3 Knowledge of Fertile Period

All women interviewed this survey were asked about their fertile period .The table shows respondents knowledge about the time during the menstrual cycle when a women is most likely to get pregnant.

**Table: 5.17 Percentage distribution of currently married women by knowledge of fertile period**

<b>Perceived fertile period</b>	<b>Percent</b>	<b>Numbers</b>
Just before period begins	2.1	2
During period	1.1	1
Right after period has ended	52.1	49
Halfway between two period	34.1	32
No specific time	4.2	4
Don't know	6.4	6
<b>Total</b>	<b>100.0</b>	<b>94</b>

Source – Field Survey, 2007

Table 5.17 shows that, only 34 percent of women currently reported the most fertile period as being half way between two menstrual period. Among the users one third were able to correctly identify when during a women cycle she is most likely to get pregnant more than one in two stated a women is most susceptible to pregnancy just after her period end , indicating that there is still much scope for education women about their physiology.

### **5.7.3 Discussion of Family Planning between Spouses**

Although discussion between husband and wife about contraceptive use is not a precondition for the adoption of contraception. Its absence may be an impediment to use.

Inter-spousal communication is important intermediate step along the path to eventual adoption and especially continuation of contraception .Look of discussion may reflect a lack of personal interest hostility to the subject (NDHS 2001) to explore this subject. Currently married women and men interviewed in this survey asked the number of times they discussed family planning with their spouse .Among 94 currently married

women 47.0 percent discussed about family planning method and 54 percent never discussed about family planning methods.

**Table: 5.18 Percentage Distribution of Currently Married Women Who Know Contraceptive Method by the Number Of Times they Discussed Family Planning with their Spouse according to Age**

<b>Age</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Total Number</b>
15-19	50.0	33.3	16.7	-	5
20-24	47.6	28.6	14.3	9.5	20
25-29	46.7	16.7	13.3	13.3	14
30-34	55.6	27.8	11.1	5.5	17
35-39	57.2	23.8	9.5	9.5	19
41-44	66.7	22.2	11.1	-	7
45-49	75.0	25.0	-	-	2
<b>Total</b>	<b>54.3</b>	<b>26.6</b>	<b>11.7</b>	<b>7.4</b>	<b>84</b>

Source – Field Survey, 2007

Above table shows the present distribution of currently married women who know about family planning by the number of times they discussed family planning with their spouse in the year before the survey. Fifty two percent of currently married women had not discussed family planning with their husband in the past year. 28.6 percent of women discussed family planning once time with spouse while 11.7 percent of women discussed family planning two times and 7.4 percent discussed family planning with their spouse three or more times in the past years. Inter-spousal communication is more common among women age 20-39 years than the other age groups.

### 5.7.5 Attitude towards Advantage of Contraceptive Use

All currently married women were asked about the advantage of family planning methods during the period of survey. The result is presented in table 5.19.

**Table: 5.19 Percentage Distribution of Currently Married Women According to their Opinion on Advantage of Contraceptive Method in Vyas Municipality, Tanahun**

<b>Advantages of Contraceptive</b>	<b>Percent</b>	<b>Numbers</b>
To make better economic condition	13.8	13
To make better child and mother health	17.8	16
To make better education and appropriate care of child	10.6	10
To make happy family life	52.1	49
Don't know	6.4	6
Total	100.0	94

Source – Field Survey, 2007

From the table 5.19 it is clear to see that more than half of the respondents have stated that main advantage of contraceptives is to make happy family life of them about 17.8 percent of the respondents stated that the main advantages of contraceptive methods is to make better child and mother health followed by 13.8 percent respondents have said that the advantage of contraceptive method is to make better economic condition. About 11 percent of respondent have said that the advantage of contraceptive methods are to make better education and appropriate care of child and 6.4 percent of respondents have not stated advantage of contraceptive method.

# **CHAPTER VI**

## **SUMMARY CONCLUSIONS AND RECOMMENDATIONS**

### **6.1 Summary**

This study has been analyzed knowledge use and attitude towards contraceptive among currently married women of reproductive ages of Kumal community in Vyas municipality in Tanahun district. This study is mainly based on the data obtained from field survey, 2007 which provides data on contraceptive knowledge and use, differential in current use, accessibility of contraceptives and side effects associated with a particular method being use reason for non use of contraceptives and attitude towards contraceptives. This study is based on primary data gathered from the perception of 94 respondents of 94 households through the census method.

Out of 421 total sample population 204 are males and 217 are females their average size of household is 4.47 per person per household. The sex ratio has been found 94.0 which is lower than national figure.

The dependency ratio has been found to be 51.9 percent . The highest proportion of population in age group 20-24 years and 10-14 years is found 13.5 percent in both age group. Almost 64.3 percent of population are married followed by unmarried 32.3 percent.

The literacy rate has been found to be 79.3 percent (population of five years and above) of kumal community of the study area which is higher than average national figure is (53.7 percent). The major occupation is agriculture 62.0 percent. Almost 39.5 percent of households

annual income is above 40 thousand. Almost 38.3 percent of the household size of land is 1-2 Ropani in contrast 11.7 percent households are found to be landless. Almost 76.6 percent household have using piped water and 61.7 percent household have flush toilet in contrast 6.4 percent have no toilet facility /Bush/fields.

The study showed that out of 94 respondents 22.3 percent respondents in age groups 20-24 age group and 22.3 percent 35-39 years age group. Almost 71.3 percent respondents age at marriage is under 20 years age group. The study also showed that majority of the respondents 29.8 percent had 3 living children. Among the total respondents 38.3 percent respondents completed primary education. In contrast Higher Secondary and above respondents were only 2.1 percent.

Majority of the currently married women 89.4 percent are familiar with at least one contraceptive method . Among individual method male sterilization appears to be the best known method 80.9 percent followed by female sterilization 78.3 percent, Depo-provera 74.5 percent and less than 5.3 percent of women are familiar with traditional methods. Out of the 94 currently married women 74.5 percent are ever user.

The contraceptive prevalence rate has been found 65.9 percent of currently married women of reproductive ages in this community which is higher than average national figure (48.0 percent) based on NDHS 2006. Almost 25.5 percent of total CPR is contributed by male sterilization followed by Depo-provera 13.8 percent , female sterilization 10.6 percent, condom 5.3 percent, IUD 2.1 percent , pills 2.1 percent and Norplant 1.1 percent. Traditional methods are less than 5 percent. The current users of foam and jelly is not found, in this area.



There is non linear relationship associated between age of women and current use of contraceptives. The highest 81.1 percent and lowest 25.0 percent of current users are concentrated in 35-39 and 45-49 years age group respectively. There is positive relationship between education of women and use of contraceptive methods. The overall CPR is increased with women educational attainment which is range from 47.2 percent of any contraceptive method for women of no schooling and 100.0 percent of women have higher secondary and above education.

The number of living children and current use of contraceptive method is direct relationship. The proportion of current users increased with increase in number of living children. The highest proportion is found among the women having 3 and above living children (79.0 percent) in this study.

There is also positive relationship between family annual income and current use of contraceptive methods. The lowest contraceptive use 50.0 percent was respondents among the income group of less than 10 thousand. In contrast highest contraceptive use 81.1 percent was recorded among the income Rs.40 thousand and above. The majority of current users have reported to receive any from of modern contraceptive. Public sector is the most important sources of supply for male sterilization, female sterilization, depo-provera, IUD and implant. 93.0 percent current users are obtaining this method from public sector but the share of private sector is about 7.0 percent of total current users.

About 66.7 percent of current users have required travel time 31-60 minutes where as 28.0 percent current users have need 10-30 minutes and only 5.3 percent respondent have need travel time 60 minutes and above. Among the current users 57.2 percent feel side effect of male sterilization

is reported weakness and the side effect of depo-provera is irregular menstruation(53.9 percent).

Almost 34.4 percent respondents have stated that their main reason for not using contraceptive method is fear of side effect, wants sons 18.6 percent, wants more children 15.7 percent, wants daughter , sexual displeasure , have no knowledge and against religion 3.1 percent.

Almost 31.9 percent of currently married women prefer at least four years birth space is to be better. In contrast 1.1 percent of currently married women preferred 1 year birth interval is to be better. About 61.7 percent of currently married women have said that their appropriate child bearing age is above 20 years in contrast 38.3 percent of currently married women have said that their appropriate child bearing is under 20 years. About 52.1 percent currently married women said that most fertile period is right after period has ended and 34.1 percent half way between two periods. Above 52.3 percent currently married women were not discussed family planning with their spouse, followed by 28.6 percent were discussed one time in a year, 52.1 percent respondents said that the main advantage of family planning is to make happy family life.

## **6.2 Conclusions**

1. The current pattern of contraceptive use among users is obtained dominated by male sterilization and depo-provera in this study.
2. There is strong evidence that the women who have secondary and above education have strong power of knowledge and use of contraceptives. So we can conclude that higher the education higher the knowledge and use of contraceptive.

3. This study shows that there is curvilinear relationship between women age and use of contraceptive method. This study areas usually low use of temporary method indicate that most of respondents want to fulfill desire family size. It is also concluded that women use any kind of modern method after having two child.
4. The most popular methods are male sterilization, depo-provera ,female sterilization ,condom and others methods are nominal.
5. There is positive relationship between number of living children and contraceptive use. It also concluded that there is positive relationship between education and knowledge, attitude and contraceptive use.
6. The most important reason for not using contraceptive is fear of side effect, desire for son and daughter.

### **6.3 Recommendations**

The following given recommendation have been drawn out of the up-liftment of socio-economic condition of the people in the study area and accept small family norms.

1. Knowledge,attitude and use of contraceptives are depened of on level of women education in order to raise the KAP of contraceptive among currently married women formal and non-formal education programme should be carried out for emphasizing contraceptive method considering the different level.
2. Study shows that couples using contraceptive only when the desired family size, desire number of children attained.Therefore contraceptive programme should be lunched through community health workers to developed concept of birth spacing.
3. The findings suggest that son preferences in prevailing among the married kumal women.This types of traditional concept should be

removed by effective educational programme and modernized through.

4. Government and other related bodies should encourage the people to have small family norms by rewarding them different opportunities, free education etc.
5. The free distribution of contraceptive through public sectors (Health post, Sub health- post, Health centre) should be well managed.
6. This study suggests that many women are not using any contraceptive method due to the fear of side effects on their health. So effective and appropriate counseling IEC programme should be operated in grass-root level.

#### **6.4 Recommendation For The Further Area Of Research.**

1. This study cover the few selected socio-economic and demographic variables. So future study should be conducted with the other in variables, like cultural values and norms, socio-economic status which determines the knowledge, attitude and use of contraceptives methods.
2. The study of contraceptive knowledge , attitude and use is based on Kumal community. Further study may be carried out in other specific community.

**Appendix**  
**Contraceptive Knowledge, Attitude and Use in Kumal Community**  
**A. Household Questionnaire**

Name of the District .....  
 Name of the Village/Municipality ..... Ward no. ....  
 Name of household head ..... Date .....  
 Name of the respondent .....  
 Name of locality ..... Household No. ....

**Household Background**

S.N.	NAME	RHH	SEX	Age	ED.	Occupation	MS
1.							
2.							
3.							
4.							
5.							
6.							
7.							

S.N – Serial Number, RHH – Relation to Household Head  
 MS – Marital Status, EMW – Ever Married Women  
 Ed – Education

**Relation of Household head**  
**Occupation**

- 01: Head of the household
- 01.Agriculture
- 02: Wife or husband
- 02.Business
- 03: Son or daughter
- 03.Service
- 04: Son in law or daughter in law
- 04.Labour
- 05: Father or Father in law
- 06: Sister or Sister in law
- 06.Others
- 07: Mother or Mother in law
- 08: Brother or sister
- 09. Grand son/Grand daughter
- 10. Other relatives

**Sex**

- 01: Male
  - 02: Female
- Marital Status**
- 01: Married
  - 02: Unmarried
  - 03: Widow/ Widower
  - 04: Separated

**Education**

- 01.No education
- 02. Primary
- 03. Lower secondary
- 04. Secondary
- 05. SLC passed
- 06. H.S. and above

S.N	Question	Coding	Description	Remarks
1	Do you have own cultivated land?	01 02	Yes No	Go to Q 3.
2	If yes how much? (in ropani)	.....		

3	What is the main sources of drinking water for members of your household?	01 02 03 04 05 06	Piped water Stone tap Kuwa Pond Well Other (Specify)	
4	What kind of toilet facilities does your household have?	01 02 03 04 05	Flush toilet Traditional pit toilet ventilated improved pit No facility/Bush/Field Other (specify)	
5	Does your household have? Electricity? A Radio? A television? A telephone? A bicycle?		Electricity    Yes    No Radio            1        2 Television      1        2 Telephone      1        2 Bicycle          1        2	
6	How much do you earn in a year?	01 02 03 04 05	Rs less than 10 thousand Rs 10-20 thousand Rs 20-30 thousand Rs 30-40 thousand Above 40 + thousand	
7	What is the religion of the head of the household?	01 02 03 04 05	Hindu Buddhist Muslim Christian Other (specify)	

### B. Individual Questionnaire

Name of the Respondent .....

Household number.....

Age of the respondent .....

Religion of the respondent.....

Q.N.	Questions	Code no.	Description	Remarks
8.	In what month and year were you born?	01 02 03	.....year .....month .....don't know	
9.	Have you ever attended school?	01 02	Yes No	Go to Q11
10.	Which is the highest grade you completed?	Grade .....		
11.	Do you usually listen to the radio every day?	01 02	Yes No	
12.	Do you usually watch television at least once a week?	01 02	Yes No	
13.	How old were you when you first got marriage?	Years .....		

14 .	Do you usually read a news paper or magazines at least once a week?	01 02	Yes No	
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### C. Knowledge of contraception

Q.N.	Questions	Code no.	Description	Remarks
15.	Do you know the F.P. method?	01 02	Yes No	End the inter view
16.	FEMALE STERILIZATION women can have an operation to avoid having any more children (also known as tubal ligation)	01 02	Yes No	
17.	MALE STERILIZATION men can have an operation to avoid having more children (also known as vasectomy)	01 02	Yes No	
18.	INJECTABLES women can have an injection by a health provider which stops them from becoming pregnant for one or more monthly (example Depo provera, Sangini)	01 02	Yes No	
19	PILLS women can take a pill everyday to avoid becoming pregnant example (Nilocon)	01 02	Yes No	
20.	IUD women can have a loop or coil placed inside them by doctor or a nurse (example copper T; loop)	01 02	Yes No	
21.	CONDOM man can put a rubber sheath on their penis before sexual intercourse (example Dhal)	01 02	Yes No	
22.	FOAM OR JELLY women can place a suppository, bming tablets, jelly or cream in their vagina before intercourse (example kamel)	01 02	Yes No	
23.	RHYTHM OR PERIODIC ABSITENCE every month that women's sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	01 02	Yes No	
24.	How did you know contraceptive method?	01 02 03 04 05 06	Radio Television Friend Relative News papers Others	
25.	When did you know about contraceptive	01	After marriage	

	methods?	02 03	Before marriage No remember	
26.	Have you or your husband ever used any method of FP?	01 02	Yes No	Go to Q.No.29
27.	Any Method I. Any Modern Method 1. Female Sterilization 2. Male Sterilization 3. Depo – Provera 4. Condom 5. Pill 6. Norplant 7. IUD 8. Foaming tablet II. Any traditional method 1. With drawal 2. Periodic absence		Yes      No 1          2 1          2 1          2 1          2 1          2 1          2 1          2 1          2 1          2 1          2 1          2	
28.	How many children did you have when you used the contraception at first time?	.....		

### Attitude towards contraception

	Questions	Code no.	Description	Remarks
29.	In your opinion, which is the best child bearing age?	01 02 03 04	15-19 years 20-24 years 25-29 years 30+	
30.	In your opinion which is the best fertile period?	01 02 03 04 05 06 07	Just before period begins During period Right after period has ended Halfway between two period Others No specific time Don't know	
31.	What should be child bearing space for the better health of mother and child?	01 02 03 04	1 year 2 year 3 year 4 + year (specify)	
32.	Have you ever visited the centre for family planning services?	01 02	Yes No	Go to Q 35
33.	If yes which place do you prefer to go?	01 02 03 04 05 06	Healthpost Hospital Health centre Mobile Clinic Private doctor Others (specify)	
34.	How long does it usually take to travel time for family planning services?	01 02 03	.....hour ..... minute ..... don't know	



35	What do you think the advantages of F.P.?	01 02 03 04 05	To make better economic condition of a family To make better child and mother health To make better education and appropriate care of child To make happy family life Don't know	
36	Do you discuss F.P. method with your husband?	01 02	Yes No	Go to Q 40
37	If yes how many time do you discussing with your husband about family planning method?	01 02 03 04	1-2 times in a year 2-3 time in a year 3+times No discussing	
38	Why do you think (method) is a good method for a couple to use if they want to plan their family?	01 02 03 04 05 06 07	Simple to use Effective Affordable No/few side effect Can stop when children desired Others Don't know	

### E Use of contraceptive method

Q.N.	Questions	Code no.	Description	Remarks
39.	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant?	01 02	Yes No	Go to Q 43
40.	Which method are you using?	01 02 03 04 05 06 07 08 09 10 11	Female sterilization Male sterilization Pills IUD Injectables Implants Condom Foam/jelly Periodic abstinence With drawal Other (specify)	
41.	Why did you use contraceptive method?	01 02 03 04 05	To avoid pregnancy To avoid getting HIVAIDS To avoid getting STDs To avoid infecting	

		06	partners Partner insisted	
42.	Why do you not using the family planning method?	01 02 03 04 05 06 07	Against religion Sexual displeasure Wants son Wants more children Wants more daughter Fear of side effect No knowledge	
43	Did you treat any side effect?	01 02	Yes No	
44.	How long have you or your spouse been using the current family planning method?	.....year .....month , ..... don't know		
45.	Have you ever got pregnant while using a family planning method?	01 02	Yes No	Go to Q 48
46.	If yes which method was? (name of the method)	.....		
47.	Do you notice any side effect while using contraceptives?	01 02	Yes No	Go to Q 50
48.	If yes please mention what type?	01 02 03 04 05 06 07	Irregular menstruation Over bleeding Weakness Weight gain Weight loss Back/waist pain Headache	
49.	Do you want to use FP methods in future?	01 02 03	Yes No Uncertain	Go to Q 52
50.	If yes, which method will you use in future?	01 02 03 04 05 06 07 08	Female sterilization Male sterilization Pills IUD Injectables Implants Condom Others (specify)	
51.	Where did you take the FP service at last time?	01 02 03 04 05	Governmental sector Non governmental sector Private medical sector Others Don't know	
52.	Why do you regret the operation?	01 02 03 04	Want another child Husband want another child Side effect Marital status has changed	

		05 06 07	Operation failed Child died Other (specify)	
53.	<p>I am going to read you some statements about contraception. Please tell me if you agree or disagree each statement:</p> <p>a) Contraception is women's business and a man should not have to worry about it.</p> <p>b) Women who are sterilized may become promiscuous.</p> <p>c) Being sterilized for a man is the same as castration.</p> <p>d) A women is the one who gets pregnant so she should be the one to get sterilized.</p>	01 02 03 04	<p>Man shouldn't worry ....</p> <p>Promiscuous .....</p> <p>Castration .....</p> <p>Woman should .....</p>	

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