CHAPTER ONE

INTRODUCTION

1.1 General Background

World population growth was balanced by the nature in the early period of human settlement. It started to increase after the agricultural revolution. After 1950 world population started to increase rapidly and at present it is increasing by more than 1.23% per annum (0.16% in DCs, 1.48% in LDCs and 2.25% in Least developed countries). The continental distribution and growth rate of population is not uniform. In almost all developing countries, the population is growing by more than the growth of the GNP and their natural resources are overexploited.

The population of the world is growing rapidly. As per to the data, it was observed that 256 million in 1000 AD, 400 million in 1300, 0.6 billion in 1700, 1.2 billion in 1800, 2 billion in 1930, 4.4 billion in 1980 and 5.9 billion in 1998. The population of the world has been increasing rapidly in the 20^{th} century and annual growth rate has been consistent except in the period 1940 – 1950. During the period 1900 – 1950, the average annual growth rate of world population was 0.8 percent. It rose to 1.9 percent during 1950 – 1970, that is more than twice the rate in the earlier period.

The high rate of population growth in Nepal has affected both social and economic aspect of Nepalese people in general. Excessive population growth has caused increased pressure on limited resources

available in the country. In essence, population growth in Nepal has not coincided with similar growth in food and other productions of the country. There has been a growing tendency to cultivate marginal land and steep terrain, thereby causing further land degradation and erosion. It has led to adverse effects on natural resources leading to negative impact on environment. Likewise, the pressure of rapid population growth in urban and semi-urban area has increased excessive pressure on social and physical infrastructures. Increase in population size of the country has caused malnutrition, high maternal and infant mortality rate and growing unemployment, particularly in rural areas. Despite, it should be understood that population growth is not a problem in itself, rather its unbalanced growth has caused various problems. Change in population of the country and its pattern, level of use of natural resource and socio-economic development are very much interrelated.

Nepal is one of the poorest countries in the world with annual per capita income of approximately US$ 240 per year. About 38% of total population live with below $1 a day. Infectious and parasitic diseases, nutritional disorders, maternal and childhood problems are the dominant health problems in Nepal. Demographically, Nepal is among the countries with high percentage of child population. Children under five accounts for about 16 percent of total population, higher than that in neighboring countries India and Bangladesh. Childhood development and survival is gateway to overall development of Nepalese people.

Nepal has long history in census taking. The first census of Nepal was taken in 1911. At that time the total population was 5.64 million and this practice was being continued roughly in every ten years. Among them the first scientific and modern census was taken in 1952/54, recorded a total population of 8.25 million. Now, the population of Nepal has reached at 23.2 million in 2001 census. The annual growth rate was 2.24 percent during 1991 to 2001.If the growth rate of population increases in the same manner, the population of Nepal will be double in coming 28 years.

In fact fertility is the main cause of rapid population growth. Nepal has already high population density in relation to the availability of land and modest known resources base. 2.24 percent population growth rate will no doubt pose major economic, social and ecological problems. It is thus necessary to check to enormous population growth in a concentrated way by adopting effective family planning method. In this context, birth control is most necessary to get the solution of population problem by using means of family planning.

In spite of this fact, the level of fertility is gradually decreasing, knowledge of family planning means is considerably high, peoples attitude towards family planning means are positive. But practice of family planning is considered to be very low.

1.2 History of Family Planning in Nepal

The year 1976 marks the beginning of the first national level family planning and fertility survey in Nepal. Since then a survey is being carried out at five years intervals. The first survey was the Nepal Fertility Survey (1976) and the latest is the Nepal Demographic and

health survey (2006). There has been about five-fold increase in the percentage of current married women who had heard about modern method of contraception in the last 30 years.

The service of family planning programme was started in Nepal in 1956 through Nepal Medical Association in collaboration with the path finder fund which established the voluntary organization referred to as the Family Planning Association of Nepal. This organization provided services and information about family planning only in Kathmandu valley. But official programme was started only in 1965. Then the government supported family planning programme. It was initiated in 1968 with the establishment of a semi-autonomous body called Nepal Family Planning and Maternal Child Health (FP/MCH). The board, which is chaired by the Ministry of Health and is responsible for the delivery of FP/MCH services to the entire population of the country.

In fact, Nepal was one of the first country of South-Asia, where information about family planning was available through a non-governmental programme. Since the mid 1960s Government of Nepal has been actively involved in providing FP services with the establishment of NFP/MCH project. Since 1990s as all the health services were brought together, FP has become an integral part of the country's health services.

Besides the government programme different NGOs like Nepal family Planning Association, Care Nepal, Plan International, Nepal Red Cross Society have been also providing Family Planning services as

well as information, education and communication (IEC) services related to the family planning.

In Nepal family planning services are available to most of the health institutions and a client options to choose the method that suits his/her objectives or wills. This approach is known by “cafeteria approach” that is expected that it will not only increase the prevalence of contraceptive use but also reduce the fertility.

1.3 Statement of problem

The rapid growth of population is not only the problem of any family, society or nation but also it’s a worldwide problem. Its impact is faced by family at first, then the society and the nation at last. In this context rapid growth of population (2.24%) is one of the serious problem for Nepal. In comparison to other developing countries, Nepal has started declining fertility at high level.

On one hand, Nepal is one of the least developed country among the developing countries and on the other hand, it has the poorest characteristics. Therefore, current population trend has not showed its positive image to control rapid population growth. This means that family planning programme still cannot meet a large proportion of the people. In this situation, development may not be possible as long as the current high rate of population growth continues.

Nepal has been investing large amount of money for the process of development during last 40 years. Still it is one of the poorest countries of the world and industrial sector is at a very nascent stage. In current situation, it is estimated that 31 percent of the people are

under the poverty line (http://www.npc.gov.np/recentactivities/nisspoverty2.pdf). In this way the process of development in the country has suffered by heavy obstacles, such as low saving rate, continuous increasing of foreign loans, traditional technology in agricultural production, limited exports and high rate of population growth. Among the different sort of problems, high rate of population growth is one of the most challenging and serious problem in Nepal.

Birth control can be the most suitable solution to solve the problem of population growth through the use of contraceptives. It is clear that, the level of fertility is considerably high on one hand and on the other hand, is practice of family planning is considered to be very low. To escape from the problem of rapid population growth it is necessary to bring down the birth rate via effectively implementation of the family planning programme in rural areas.

1.4 Objectives of the Study

The specific objectives of the study are as follows:

- ☞ To find out the level of knowledge and practice of family planning in Chilaunebas VDC of Syangja District.
- ☞ To examine the attitude of the women towards family planning.
- ☞ To analyze the factor which influence in using contraceptive.

1.5 Significance of the Study

This study tries to find out the knowledge and use of family planning method among currently married women of reproductive age 15-49 of a specific area. Collecting information is quite difficult than other fields. So, the findings of this study will be significant to the planner,

program manager and to those who are interested in future research in this fields likewise, this study will be useful for population planning and effective implementation of a family planning programme in the future particularly in rural areas.

1.6 Limitation of the Study

No studies can be free from the limitations, this study is not an exception of this fact. So, this study has the following limitations:

- ☞ This study is only based on VDC level. So, its findings cannot be generalized.
- ☞ The whole study focuses only on the use and knowledge of family planning.
- ☞ Males are not included in this study.
- ☞ This study concentrates only on married women of aged 15-49 years.

CHAPTER TWO

REVIEW OF LITERATURE

Family planning programs are a wise investment. Since the 1960 family planning programs have played a key role in slowing population growth. Nearly 500 million women in developing countries use family planning to prevent unintended pregnancies. In the last 40 years the percentage of couples in developing countries using contraception has risen five fold, from less than 10% in the 1960s to over 55% today. The total fertility rate has dropped from an average of about six children per women in 1960s to about four today.

In this context, fertility plays a vital role to determine population growth and change. It is clear that high rate of population growth may be due to the low level of education of the country's population, socio-cultural perception about the number of children and sex preferences and along with low level of knowledge and practice of family planning. Therefore, an attempt has been made here to review the related literature.

Family planning programs provide people with contraceptive information, supplies and services. Successful family planning programs, as defined here are those that make possible the rapid spread of voluntary use of modern contraceptive method throughout a country .Such programs help people to achieve their personal reproductive goals.

Family planning offers individuals the means to have the number of children they want at the intervals they desire. Therefore, it embraces two types of services, one for the spacing and prevention of births for those who otherwise would have too many children and the other for helping infertile couples to have the children they desire.

For the safety and goodness of child and mother, mother's age plays vital role .Too early and late pregnancy can't be safe for mother and child. The concept of family planning includes all these matters.

The uses, attitude and knowledge are the most important factors in reference to family planning which determine the fertility rate. Proper knowledge and positive attitude lead people to use family planning means. Easy access on the means and proper knowledge of using it will help people to adopt the family planning means .Family planning means having side effects makes negative impact on people .General public observing this fact have negative attitude on all means of family planning .Thus the study on the knowledge, use and attitude on family planning plays vital role on conducting family planning programmes.

2.1 Survey Related to Family Planning in Nepal

Many surveys have been conducted based on Fertility and Family Planning in Nepal. Most of the surveys collected the data on the use of contraceptives because it is directly related to lowering the level of fertility. These important surveys which give the data on the use contraceptives are briefly described below.

2.1.1 Nepal Fertility Survey (NFS) 1976

The Nepal fertility survey 1976 was conducted by FP / MCH project in Nepal. That was considered as the base line survey on socioeconomic and demographic characteristics of ever married women of reproductive age 15 – 49 years. The survey found that there were only 3 percent of women using family planning methods and only 21 percent indicated they had heard of at least one modern method of contraception. Likewise only 6 percent of the whole sample reported that they knew where to go for family planning advice or supplies.

2.1.2 Nepal Contraceptive Prevalence Survey (NCPS) 1981

This was the next national survey conducted by the FP / MCH project. It was under taken with technical and financial support of USAID and Westinghouse Health System. The main findings of the survey are briefly pointedout below:

- ☞ The survey showed that almost 52 %(51.9 %) of currently married women 15 – 49 years of age knew at least one method of family planning.
- ☞ Literacy has a positive impact on the level of contraceptive knowledge. More than 80 % literate women knew at least one method. But in the case of illiterate women, only 49 % knew at least one method of contraception.
- ☞ Women living in the Terai region have a higher level of contraceptive knowledge (64 %) compared to those from the Hill and Mountain regions 44 % and 20 % respectively.

2.1.3 Nepal Fertility and Family Planning Survey (NFFS) 1986

Nepal Fertility and Family Planning Survey, 1986 was conducted by the FP / MCH project .This survey provided data to measure the changes in levels, trends and pattern of fertility, mortality and contraceptive use for the decade 1976 – 86 .Main findings of this survey in relation with contraceptive used are pointed below.

- ☞ The survey showed that overall knowledge of at least a method of family planning among currently married women aged 15 – 50 years is 55.9 %.
- ☞ Oral pills was the most commonly heard methods of contraception (27.8); followed by condom (16.8); injectables (13.5) and IUD (6.7).
- ☞ This survey showed that the current use of contraception among currently married women of reproductive age was 15.1 percent.

2.1.4 Nepal Fertility, Family Planning and Health Survey (NFFHS) 1991

The Nepal Fertility, Family planning and Health Survey 1991, was carried out by a consortium of three research organization .New ERA, Integrated Development Studies and Valley Research group, jointly called NIV, under the overall coordination of the FP /MCH project. This survey provides the data on fertility, infant and child mortality, family planning etc. Main findings of this survey are pointed below.

- ☞ The prevalence of contraceptive use was 25.1 percent for currently married non – pregnant women of reproductive age group.
- ☞ The survey showed that overall knowledge of at least one modern contraceptive was 92.7 %.

- ☞ Among the traditional methods, withdrawal and abstinence, each was reported to be used by less than two percent of currently married women.
- ☞ This survey also showed that, the top three sources of contraceptive supplies or services were,Government Hospitals (47 %), Mobile Clinics (22 %) and Health Posts (17 %).
- ☞ This survey stated that the major reason for non use of contraception were want child (38 %), side effect (13 %) , menopause / hysterectomy (12 %) , difficult to be pregnant (11 %) , health reason (6 %), lack of knowledge and religion (5 %) , infrequent sex (2 %) and oppose to family planning (1.2 %).

2.1.5 Nepal Family Health Survey (NFHS) 1996

This survey was conduct in 1996 under the support of family health division, department of health service, Ministry of Health of government of Nepal .It was funded by USAID and was implemented by New ERA with the technical support of Macro International .Main conclusions of this survey are pointed below:

- ☞ The survey showed that, almost all people knew about the means of family planning .Among the reproductive aged married women, 98 % knew about at least one means of family planning.
- ☞ 44 % women of 15 -49 aged group knew modern means of family planning while 96 % married women were aware of laparoscopy operation.
- ☞ Similarly this survey stated that 85 % married women knew about injection, 75 % knew about condom and about 20 % women knew periodic abstinence.

- ☞ The Nepal Family Health Survey 1996,also showed that , 48 % women of urban area, 8 % of rural area, 12 % of Terai and 3 % of mountain regions women had got information about family planning through Radio and Television .Likewise 60 % educated and 7 % uneducated women got information about family planning from Radio and Television.
- ☞ Religious reasons , desire of more children, demand of son , medical reason, disagreement among husband and wife, sided effects of the means, no easy access on the means were the main reason for not using family planning means in Nepal, showed the NFHS 1996.
- ☞ This survey also showed that, the majority of women were using modern methods (26 %) at the time of survey .This was followed by traditional method (2.5 %). At that time the most widely used method was female sterilization followed by male sterilization and injectables.

In this context, Ministry of Health (1997) studied near about 8000 eligible women from 34 urban area and 219 rural area. This study found that knowledge of family planning was virtually universal in Nepal, with 99 percent of currently married women having heard of at least one method of family planning. This was fivefouled increase over the last two decades. This study found the CPR (Contraceptive Prevalence Rate) among the currently married women was 29 percent with the majority of women using modern methods (26 %).

Government hospitals, health posts, mobile clinics, family planning clinics and Village Health Workers.(VHWS) are the common source of contraceptives in Nepal. All these sources are government owned

sources and the government largely determines the supply of contraceptive service in Nepal. (Pathak, 1996).

2.1.6 The Birth Death and Contraception Survey (BDCS) 1996

This survey was carried out by the Central Department of Population studied (DPS) with finical support of UNFPA. This survey showed that almost 34 percent of currently married women reported to ever using any form of conceptive methods and the Contraceptive Prevalence Rate (CPR) was 32. 3 percent among the currently married women.

2.1.7 Nepal Demographic and Health Survey (NDHS) 2001

The NDHS 2001 was the second nationally representative comprehensive survey conducted as part of the worldwide Demographic and Health Surveys (DHS) project. Main findings of this survey are pointed out below:

- ☞ According to this Survey, the Contraceptive Prevalence Rate (CPR) among currently married women age 15 – 49 was 39.3 percent .The higher proportions of women were using modern methods 35.4 percent and 3.9 percentages of women were practicing the traditional method at the time of survey 2001.
- ☞ The knowledge of family planning was also more than 98 percent of currently married women age 15 – 49.
- ☞ The most widely known modern contraceptive methods among both ever married and currently married women were female serilization (99 %), male sterilization (98 %), injectables (97 %), the pills (93 %) and condom (91 %).

- ☞ The use of contraceptive varies by place to place, this fact showed that, use of a modern method among currently married women was highest in the Terai (39 %), followed by the hills (33 %) and mountains (27 %).Similarly female sterilization was extremely popular in the Terai where 23 % of women were using it.

In this context, CBS report 2001 showed that, only 38.9 percent people use any modern method of contraception. Among them, 16.5 percent people used female sterilization, followed by injectable (9.3 percent), male sterilization (7.0 percent), condom (3.2 percent), pills (1.8 percent), Norplant (0.7 percent) and IUD (0.4 percent)

2.1.8 Nepal Demographic and Health Survey (NDHS) 2006

The 2006 Nepal Demographic and Health Survey (NDHS) was the seventh in the series of national level population and health surveys conducted in Nepal and third nationally representative comprehensive survey conduced as part of the worldwide Demographic and Health Surveys (DHS) project. It was sponsored by the Ministry of Health and Population (MOHP).The survey was implemented by NEW ERA, a private local research firm. ORC Macro provided technical assistance through its MEASURES DHS project. This survey was funded by the United States Agency for International Development (USAID) through its mission in Nepal. According to (NDHS) Survey. Preliminary finding showed that, 48 percent of currently married women were using some method of contraception. The majority of users rely on a modern method. Use of modern contraceptive methods was 44 percent in the 2006 DHS. Similarly, the most commonly used

modern method was female sterilization (18 percent) followed by injectables (10 percent) and male sterilization (6 percent).

2.2 Demographic Long Term Plan

The rapid population growth rate in Nepal has affected every aspect of the economy. It is difficult to meet the growing demands of people for improved access to education, health services, drinking water and other basic needs. The problem of population growth is so grim that something need to be done quickly in the grassroots level. Here, National Planning Commission/Government of Nepal has formulated the long term goals during 9th plan (in 1997) by the year 2017 A.D. The 9th plan was developed as a part of a 20 years long term plan. The long-term objective of reducing the total fertility rate to the replacement level and reducing the population growth rate to 1.5 percent per annum within the 20 years has been adopted.

2.3 Major Policies and Strategies Adopted by the 10th Plan to Meet Effective Family Planning Services

- ☞ To increase awareness and use rate of both the temporary and permanent methods of contraception, a two pronged strategy will be launched. Firstly, to increase awareness, IEC activities will be carried. Secondly, to increase the use rate of contraception, availability of family planning services will also be increased.

- ☞ Counseling services will be established in fields such as education, skill development, population education, sex

education, reproductive health, employment and self employment.

- ☞ Mobilizing the local level institutions, community based organizations to educate and awareness among the guardians in the following areas such as: education of children, late marriage, reproductive health, importance of family planning information, education and communication program will be extended to the rural areas to establish the importance of small family size norm in the society.

- ☞ IEC programs related to population, maternal child health and sanitation will be integrated in to vocational education, agricultural extension, rural micro-credit, community forest development and poverty alleviation programs.

There are so many factors that affect the utilization of family planning services. Each factor may have more or less effect in practice of family planning methods.

2.4 Trends in Knowledge ,Ever use and Current use of Family planning methods in Nepal

Trends in contraceptive knowledge over the past three decades are presented in Annex B. As shown in the table knowledge of specific methods has become more widespread. The proportion of currently married women who have heard of the pills has increased from 12 percent in 1976 to 93.4 percent in 2001 .Similarly the level of ever use of any family planning means among currently married women increased from 3.4 percent in 1976 to 53.1 percent in 2001. Ever use

of injectable increased from 0.4 percent in 1981 to 20.6 percent in 2001 .It was the major indicator of contraceptive used in Nepal during the period 1975 to 2001.

Likewise, the specific modern family planning methods, the percentage of current use of female sterilization raised from 0.1 percent in 1976 to 15 percent in 2001 and reached 18 percent in 2006 (showed by NDHS preliminary report 2006). At the same time male sterilization increased from 2 percent to 6.3 percent and there was no change in 2006. Similarly, the use of condom increased from 0.3 percent in 1976 and reached 4.8 percent showed the preliminary report 2006. Other remarkable point was that the share of injectable was risen from 0.5 percent in 1986 to 8.4 percent in 2001 and reached 10.1 percent in 2006. All these facts are showed in the Annex B.

In this context, the 1976 NFS and the1986 NFFS data on breast feeding indicated that it is still nearly universal: over 95 percent of married women feed breast to their children an average of 24 months, all religious groups in Nepal place a high value on the practice of breast feeding. There is no doubt that the prevalence of breast feeding will continue in the future, but breast feeding is unreliable as a method of family planning for individual women.

Much of the literature dealing with social, economic and demographic characteristics of Nepali society, suggest that fertility is high in Nepal because there is a great demand for children for economic reason as well as for social and cultural reasons. They implicate low income, mass illiteracy and minimal knowledge and use of family planning methods in the country. The surveys, particularly the NFS-1976 and

NCPS 1981 and NFFS 1986 indicated a desired family size of 3.5 to 4 children. The surveys suggest that the desired family size increases with the age of women. This desired family size is also a reflection of the number of living children particularly sons.

In 1996, an interview survey was conducted on married women about the altitude of their husband on the use of family planning means. About 70 percent women answered that their husband were ready to use any kind of family planning means and about 15 percent husband were not ready to use the means. In comparison to uneducated, educated husbands were more positive on the use of family planning means.

It has been more than 4 decades that the family planning services started in Nepal. But still we are far behind the target of family planning programmes. We launch targets on every fiscal year and every five year plans but our efforts are not much effective so that the target could be achieved. Along with the economic backwardness, our geographical difficulties, socio-cultural traditions are also the causes which weakens our efforts in this regard. In many remote places, the family planning means are not available. In many context even if the means are distributed freely, due to shame and prestige people hesitate to take it openly. Likewise majority of the people are illiterate and thus, it is not easy to make them ready to use the family planning means. It is great need to spread over the knowledge to make the family planning programmes successful and thus to achieve the target, such studies will be helpful.

CHAPTER THREE
RESEARCH METHODOLOGY

There is vital role of methodology in any type of research process. To collect the reliable data from research area and presentation of collected data one can use various types of research methods. Methods are different from one problem to another and can be used specific methods on the basis of community area and nature of subject matter. So, the researcher should choose carefully which methods have to be used to solve the problem.

3.1 Research Design

This study was conducted in Chilaunebas VDC of Syangja district since the problem has been chosen as knowledge and practice of family planning at the study area. Chilaunebas VDC is chosen because the VDC represents hilly area and socio-economic context which may be quite different from Kathmandu valley and Terai region. Descriptive and analytical research method was conducted in this study. The report focuses and tries to analyze knowledge and practice of family planning of married women of reproductivge age 15-49 years in Chilaunebas VDC of Syangja District.

3.1.1 Source of Data

This study is based on primary data collected from the field survey. The respondents were currently married women aged 15-49 years. Structured questionnaire were used to collect information about knowledge attitude and practice of family planning using interview to each of the selected currently married women aged 15-49 years.

Likewise, secondary data were used for the study from different sources such as demographic journal of different organization, research papers, government and non-government publication etc.

3.1.2 Method of Data Collection and Sampling Technique

For the collection of data interview and field observation methods were used. The data were collected from all selected household. Data were collected by researcher himself with the help of well structured questionnaire.

3.1.3 Size of Sample

Chilaunebas VDC is divided altogether into nine wards with 649 households. The population of this VDC is estimated to be 4056. Out of them 1793 are males and 2263 females. The information about the households of the VDCs was obtained from VDC records. Listing of households from each ward, 15% from each and every wards were selected for interview by conducting systematic sampling method. Each ward was treated as a sample unit. Thus, out of 649 household of Chilaunebas VDC 95 head of the households were interviewed and same household currently married women of reproductive age were selected for interview.

3.2 Questionnaire Design

Questionnaire is the main tool of obtaining the information from study area and respondents. So questionnaire was designed to obtain two types of information: household information and individual information.

3.2.1 Household Questionnaire

The household questionnaire was designed to cover two aspects. The first aspect to generate a list of family members and other persons residing at the household at the time of survey. The main purposes of household questionnaire was to identify the eligible women for interview and obtain information about age, sex, education, occupation and the relationship with the head of the household.

3.2.2 Individual Questionnaire

The individual questionnaire was administered to currently married women in the reproductive age of 15-49 to collect the information of respondents background, marriage history, knowledge of family planning, contraceptive behavior and socio-economic status. This type of questionnaire is also intended to find out women's age, practice of family planning, contraceptive behavior and socio-economic status. This type of questionnaire is also intended to findout women's age, practice of family planning, attitude and side effect of contraception.

3.3 Methods of Data Analysis and Interpretation

Editing of the filled questionnaire was classified, categorized and subcategorized. Frequencies, percentage, ratio, cross table were applied to analyze the data of the study. Interpretation of the study was made on the basis of the respondents knowledge, attitude, and use of family planning methods. Different variables like education, income, caste, religion, age at marriage, occupation were also considered to examine on contraception. Beside these, simple table and cross table with appropriate variable, bar diagram, line diagram, pie-chart are used for presentation of information.

CHAPTER FOUR

GENERAL DESCRIPTION OF THE STUDY AREA

4.1 Location and Physical Features

Syangja, a hilly district lies in the western development region of Nepal. Its headquarter is in Putalibazar Municipality which is a historical place known as Syangja bazar. Its neighboring districts are Kaski, Parbat, Tanahun, Gulmi and Palpa. It was divided into six small states in the period of “Chaubise Rajya” that is its own historical identity.

Syangja district lies at 366 to 2512 meters height from sea level. According to geographical division, it covers about 1164 square km. of area and lies between 83^{o}, 27' to 84^{o},46' E longitude and 27^{o}, 52' to 28^{o},13' N latitude. There are 60 VDCs, 2 municipalities, 3 constituency. Among 60 VDCs, Chilaunebas is one of them. This VDC lies 13km north from Syangja bazar, headquarter of Syangja. It is surrounded by Parbat District in west, Bichari Chautara and Wangsing Deurali in north, Seti-dovan and Faparthum in east and Pnchamul in south. The Siddhartha Highway crosses from the southern side of the VDC. The total area of the VDC is 15 square km. The total average altitude of this VDC is about 700 meters above from the sea level.

In this context, Chilaunebas VDC can be considered as an ancient and historical place, it has great possibility of tourism development. Famous Andha Andhi Pond, which has its historical value, also lies in this VDC. This VDC is facing some problems like lack of

advertisement, lack of public consciousness, lack of public and sectors accessibility, carelessness of local institutions etc. If these problems are solve the development of tourism sector may automatically be increased. The people of this VDC have started cash crops like orange, ginger and coffee. By producing such crops, the people of the VDC are attracting towards these crops, but they need hybrid seeds, vocational training etc. The people of this historical VDC can economically be benefited, if the above mentioned problems are solved.

4.2 Climate

The climate of this VDC is similar to rest part of Syangja district. Most of the VDCs are located in hilly region. So, the climate of the VDC is neither hot nor cold i.e. warm temperate climate. The climate of the Syangja district can be divided into three categories. Warm temperate is found in 70% of the total area where as Tropical Monsoon (15%) and cold Temperature are found (15%).

The average annual rainfall is about 2665 MM and the maximum and minimum temperature is 30.9 and 8.2 celcious respectively.

4.3 Natural Resources

Natural resources are the crux to make the country rich. Their proper utilization and management take important role, but it is found unsatisfactory to be used in our country due to different reasons like lack of infrastructure, lack of interpenureship, education and so on. If the natural resources like water, land, forest etc are utilized properly, the country’s economic status will be strong.

4.3.1 Water Resources

Water is very essential for living beings. It is used for drinking, irrigation and other many purposes. Nearly 75% pipe water is distributed in the VDC, nearly 15% people use running water, 8% use dugwell water and 2% people use other sources for drinking water and household purposes. Most of the land is irrigated by traditional Kulo. There is a stream called Andhikhola which is started from historical place, Andha Andhi pond.

4.3.2 Land

Most of the people are depending on agriculture. Roughly 40% land is cultivated and 60% land is occupied by the forest. Generally, there are four types of soil: sand mixed soil, black soil, yellow soil and concrete mixed soil. Sand mixed soil is used for growing vegetables, black soil is used for growing paddy and yellow and concrete mixed soil are used for growing maize, wheat, millet, ginger, orange and coffee are mainly cultivated on such lands as their main income sources.

4.3.3 Forest

Forest is very important natural resource for ecological balance and healthy atmosphere. Forests are the sources of timber, firewood and also add beauty in nature, preserve environment and resist excessive soil erosion. Roughly 60% land is covered by forest. There are only 3 community forests which occupy nearly 25% forest out of total forest. Some common trees are Chilaune, Katush, Pine, Saal, Koiralo, Saaj, Pakhari etc, common shrubs are bamboo, niyalo, kursimlo etc. and some common medical plants are chutro, kurilo, timmur etc. Forest also provide shelter for wild animals like monkeys, panther, bears,

rabbits, deer, foxes etc. and some common birds like sparrow, crow, parrot, dove etc.

4.4 Population and Social System

Chilaunebas VDC is an ancient village because of its historical identity. Different ethnic groups like Brahmins, Chhetris, Gurungs, Magars, Kamis, Damais and Sarkis. The people follow their own religion, tradition and customs except gurungs and magars.

4.4.1 Population

The total population of the VDC is about 4056 in the year of 2004/05. Out of the total population Brahmins occupy first position (i.e. 50.3%) Chhetris occupy 2^{nd} position (i.e. 22.6%) similarly 3^{rd}, 4^{th}, 5^{th}, 6^{th} and 7^{th} positions are occupied by Kamis, Damais, Gurungs, Sarkis and Magars respectively.

Out of 4056 people, male population is about 1793 and female population is about 2263 (i.e. 55.8% out of 100). The total household of the VDC is 649 according to VDCs census 2004/05. Most of the people of the VDC are depending on agriculture. Except this some are engaged in business and service sector and some others are engaged in foreign employment.

4.4.2 Language

There are different ethnic groups all of them can speak and understand the Nepali language. Some of the ethnic groups like gurungs and magars use their own mother tongue at their home and society.

4.4.3 Festivals

The different ethnic groups have their own culture, yet some of the festivals and customs are celebrated and followed by all. The common and important festivals like Dashain, Tihar, Holi, Shivaratri, Teej, etc. All these festivals have their own importance and they encourage people to be gathered in the village and to share their experiences with their relatives and friends. The above mentioned festivals are locally important. Tohote is locally important festival among Gurung community. Festivals are celebrated with varying degree of intensity, depending upon their religion, locality economic and social status.

4.5 Economy

The economic condition of a place reflects the living standard of the people. It includes income sources, performance of works for livelihood and necessary expenditure as well. People are bounded to be involved in at least one occupation to maintain their livelihood. It seems that the occupations sometimes depend on geographical behavior and resources endowment of particular places.

Like the general scenario of most of Nepalese villagers, the main occupations of Chilaunebas VDC are agriculture, trade and commerce, wage laboring, services and foreign employment. Being a rural area, a single man is engaged in different occupations in different times. So, the term ‘occupation’ does not tie anybody to a certain profession.

CHAPTER FIVE

SOCIOECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF HOUSEHOLD POPULATION

This chapter provides a summary of the demographic and socioeconomic characteristics of the sampled household population of Chilaunebas VDC of Syangja district. It is useful to know and identify the major factors that influences the basic demographic indicators of the population and also provides valuable input for social and economic development. The field survey, collected information about all usual residents of a selected household. Household is defined as a person or group of person living together in a house.

5.1 Distribution of Sampled Household

Table No.: 5.1: Distribution of Sampled Household

Ward	Total HH	Selected HH
1	91	13
2	137	20
3	103	15
4	82	12
5	33	5
6	45	7
7	38	6
8	70	10
9	50	7
Total	**649**	**95**

Source: Field Survey, 2007

All the nine wards of Chilaunebas VDC were selected for the study by using systematic sampling procedure. In total, 95 households were selected out of the total of 649 households of the VDC. 15% of households were randomly sampled from each and every ward for the interview.

5.2 Age and Sex Composition of the Household Population

Information on the age and sex of each household member was obtained from head of household or some other responsible adult member of the household. Table 5.2 shows the age, sex, structure of the household population.

Table No.: 5.2: Household Population by Age and Sex

Distribution of age and sex by five years age group.

Age Group	Male		Female		Total		Sex Ratio
	Number	%	Number	%	Number	%	
0-4	41	13.7	40	12.1	81	12.9	102.5
5-9	30	10.0	41	12.5	71	11.3	73.2
10-14	24	8.1	24	7.3	48	7.7	100.0
15-19	13	4.4	28	8.5	41	6.5	46.4
20-24	15	5.0	26	8.0	41	6.5	56.7
25-29	29	9.7	28	8.5	57	9.1	103.6
30-34	33	11.0	24	7.2	57	9.1	137.5
35-39	20	6.7	17	5.2	37	5.9	117.6
40-44	17	5.7	9	2.7	26	4.1	188.8
45-49	5	1.7	10	3.1	15	2.4	50.0
50-54	16	5.4	24	7.3	40	6.4	66.7
55-59	20	6.7	15	4.6	35	5.6	133.3
60-64	12	4.1	16	4.8	28	4.5	75.0
65-69	13	4.4	17	5.2	30	4.8	76.5
70-74	5	1.7	7	2.1	12	1.9	71.4
75+	5	1.7	3	1.0	8	1.3	166.6
Total	**298**	**100**	**329**	**100**	**627**	**100**	**90.6**

Source: Field Survey, 2007

Out of 627 populations of 95 sample household among them 298 (47.5 percent) were males and 329 (52.5 percent) were females. The

total of the study population below age 15 years was 200 (31.9 percent). Among the study population highest number is observed in age group 0-4 (12.9 percent). By sex highest number of female population was age group 5-9 (12.5 percent) and male population was in age group 0-4 (13.7 percent). Likewise, the population aged 64 above is 50 (8.0 percent). The overall sex ratio is 90.6, (which shows the number of male per 100 female population).

5.3 Educational Attainment of the Household Population

The level of education attained by the population is an important indicator of social development. Moreover, education is a mirror of society which shows positive image of person, family, society and nation. Table 5.3 shows the distribution of the male and female household population aged 5 years above by the level of education attained or completed. Those who have never been to school are categorized as having no education.

Table 5.3 shows that 512 household population were above 5 years out of 627 population. Among 512 household population 144 (28.2 percent) have had no education. The proportions of no education were higher for female as compared to male. Whereas, 41 (15.0 percent) of male have no education and 103 (43.1 percent) of female have no education. Overall 34.4 percent of male and 31 percent of female have completed their primary education. Likewise, 28.2 percent of male and 17.5 percent of female have only secondary education, while nearly three times as many males (22.4 percent) as female (8.4 percent) have passed SLC and above education. Education status in study is found 85 percent for male and 57 percent for female which is higher than national figure. It shows that awareness of people toward education is high.

Table 5.3: Educational Status of the Household Populations

Distribution of sampled household according to educational attainment.

Educational attainment	Male		Female		Total	
	Number	%	Number	%	Number	%
No education	41	15.0	103	43.1	144	28.2
Primary	94	34.4	74	31.0	168	32.8
Secondary	77	28.2	42	17.5	119	23.2
SLC and Above	61	22.4	20	8.4	81	15.8
Total	**273**	**100**	**239**	**100**	**512**	**100**

Source: Field Survey, 2007

5.4 Religion

Religion is considered as being an important factor affecting fertility. But it is difficult to determine the exact role of religion in influencing fertility. Table 5.4 shows the percentage of household who were following a certain religion.

Table 5.4: Religion of Household

Distribution of household by religion.

Religion	Number of HH	Percent
Hindu	90	94.7
Buddhist	5	5.3
Muslim	00	00
Total	**95**	**100**

Source: Field Survey, 2007

5.5 Housing Characteristics

The general socio-economic conditions of the people was measured by asking some questions depending on their assessibility of the

following things like electricity, sources of drinking water, toilet facility, roof and types of cooking fuel. Such physical characteristics of household show good economic condition in the context of that VDC.

Table 5.5: Housing Characteristics

Distribution of households by background characteristics

Background Characteristics	Number of HH	Percent
Electricity		
Yes	77	81.1
No	18	18.9
Total	**95**	**100**
Source of Drinking Water		
Pipe water	84	88.4
Running water	7	7.4
Dung-well	3	3.1
Others	1	1.1
Total	**95**	**100**
Toilet Facility		
Yes	89	93.7
No	6	6.3
Total	**95**	**100**
Types of Cooking Fuel		
Traditional Firewood	81	85.3
Bio-gas	9	9.5
LPG Gas	5	5.2
Others	00	00
Total	**95**	**100**
Types of Roof		
Tile/Stone	7	7.4
Cemented	2	2.1
Zink Sheet	76	80.0
Dry Grass	10	10.5
Total	**95**	**100**

Source: Field Survey, 2007

Table 5.5 reveals that, there were 81 percent households who were using electricity. Most of the households were using electricity for residential purposes not for business and profitable purposes. This facts shows that the people in the study area were very nascent stage of development process. Similarly most of the people of this VDC use pipe water for drinking purposes as being a hilly area. This fact was proved by the table 5.5 where 88.4 percent households used pipe-water for drinking purposes. And other sources of drinking water were running water and dug well which were used by few households. In this context, pure drinking water is important for health, sanitation and social development.

Likewise most of the households (94%) had toilet facility. Households who had no toilet facility used jungle or river side for their toilet. Majority of the people (85%) were using traditional fuel i.e. firewood and minority of the households were using bio-gas and LPG gas for their purposes.

Maximum households (i.e. 80%) had zink-sheet roof, dry grass 10.5%, stone 7.4% and the cemented roof has accounted 2.1%. it is noted that zink-sheet roof was more familiar in Chilunebas VDC. Above mentioned types of roof indicate that most of the households had semi-pakki in constructional point of view.

Table 5.6: Durable goods of Households

Distribution of households possessing various durable consumer goods

Durable consumer goods	Number of households	Percent
Radio		
Yes	89	93.7
No	6	6.3
Total	**95**	**100**
Television		
Yes	17	17.9
No	78	82.1
Total	**95**	**100**
Telephone		
Yes	7	7.4
No	88	92.6
Total	**95**	**100**
Non of above	3	3.2

Source: field Survey, 2007

Table 5.6 depicts that 93 percent households had radio. Similarly only 17 percent households had television sets. Both of the electronics devices were the main sources of information about health, education, sanitation and social development. Besides this, telephone was a main source of communication which indicates the well being of

households. At the study area, only 7.4 percent households had telephone sets. Nearly 93 percent households had not telephone but all of the households used telephone facility. At last, 3 percent of households were not possessing any consumer durable goods.

5.6 Availability of Food

Table 5.7: Availability of Food

Group	No. of HH	Percent
Sufficient food	29	30.5
0-3 month insufficient food	33	34.7
3-6 month insufficient food	24	25.3
6+ month insufficient food	9	9.5
Total	**95**	**100**

Source: Field Survey, 2007

Figure 5.1: Availability of Food

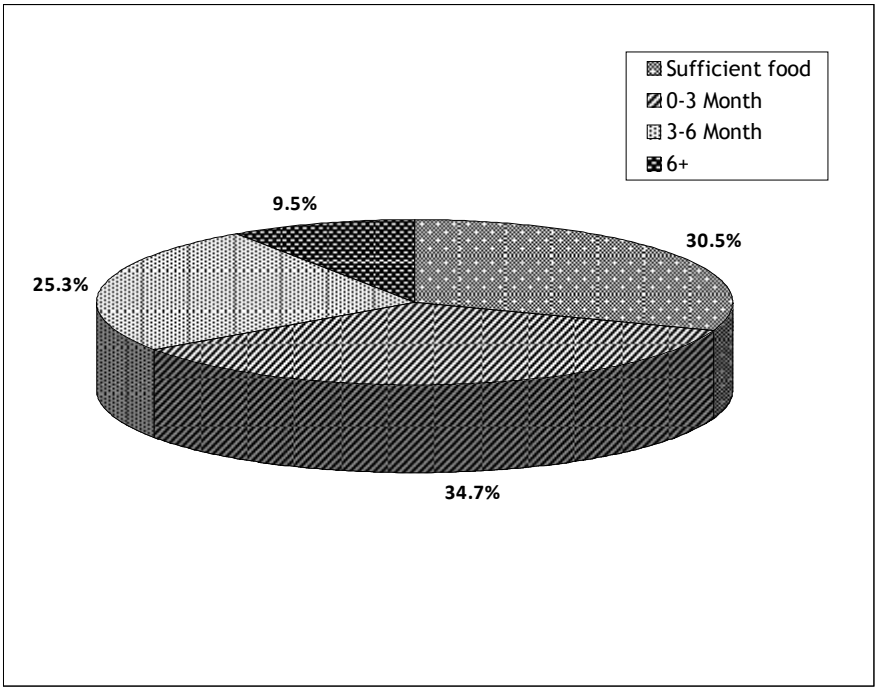


Table 5.7 shows that only 30% households had no fooding problem. Rest of the 70 percent households had food deficiency. Among them nearly 35 percent households had 0-3 month fooding problem. Similarly 25.3 percent household had 3-6 month fooding problems. Likewise, nearly 10 percent households had six and above month fooding problem for a whole year. This shows that there was more food deficiency as being a hilly area. The pie-chart makes it clear about the availability of food in the study area.

5.7 Occupational Distribution of Household

Every person is engaged in any occupation to spend his/her life. In Nepal most of the people (i.e. 80 %) are engaged in agriculture occupation. The study area especially occupied agricultural as the main occupation. The next occupation after that was mainly the foreign employment. Relatively low people were engaged in service and business sectors. These all things are shown in the following data.

Table 5.8: Occupational Distribution of Household

Occupation	Number of People	Percent
Agriculture	319	84.6
Foreign Employment	26	6.9
Services	19	5.0
Business	13	3.5
Total	**377**	**100**

Source: Field Survey, 2007

Table 5.8 shows that there were 377 households population is found economically active ones. Among them 319 (i.e. 84.6%) people were

engaged in agriculture, 26 (i.e. 6.9%) people were engaged in foreign employment, 19 (i.e., 5.0%) people were engaged in indifferent services and 13 (i.e. 3.5%) people were engaged in business.

Out of 627 population the economically active ones are 377 (i.e. 60.1%) and economically inactive ones are 250 (i.e. 39.9%). From the data, it is clear that the dependency ratio is very high which is not a good sign for economy of the VDC.

5.8 Household Characteristics

5.8.1 Household Population by Sex

Household population determines the standard living of the household. When there is large family size in a household, the members of household may be deprived of education, food and nutrition, care of children and so forth. The situation determines the fertility behavior of the couple of such households. Table 5.9 presents the population of respondents households by sex.

Table 5.9: Distribution of Household Population by Sex

Sex	Population	Percent
Males	298	47.5
Females	329	52.5
Total	627	100
Total HHs	**95**	

Source: Field Survey, 2007

Table 5.9 shows that out of the total households of 95 there were total of 627 members. Among them 52.5 percent were females and 47.5 percent were males. It seems that there are more females than males.

5.8.2 Family Size

Family size determines the economic, health, nutrition and other living standard of women and children. These variables contribute in determining desire for the size and number of male and female baby in a house. Considering this fact, the study has included the question of family size in the households where the survey was conducted. The household are separated by the number of family member in the household.

Table 5.10: Distribution of Households by Family Size

Family Size	Number	Percent
<=4	2	2.1
5-6	49	51.6
7+	44	46.3
Total	95	100
Average Family Size	6.6	

Source: Field Survey, 2007

Table 5.10 clearly shows that the average households size of the study population was 6 members. Most of the households had 5-6 members which were accounted for 51.6% followed by households with family size of seven and above members (46.3%) and less than of equal to 4 members (2.1 percent). The mean number of family was found to be 6.6 members.

5.8.3 Male and Female Size in the Family

The number of males and females in the family may play an important role in decision making of women in household. For example, if there

is a majority of male in the household, the female may be dominated and would be thought inferior. There are evidences that where there is the majority of a female in household, the households are headed by female. In this report, to analyze the some fact, number of male and female in the households were collected. The findings are tabulated in table 5.11

Table 5.11: Distribution of Households by Male and Female Size

Member	Male		Female	
	Number	Percentage	Number	Percentage
<=2	12	12.6	23	24.2
3-4	57	60.0	59	62.1
5+	26	27.4	13	13.7
Total	**95**	**100**	**95**	**100**
Mean	**3.1**		**3.5**	

Source: Field Survey, 2007

Table 5.11 clearly shows that there were more females in the households where the survey was conducted. There was the mean of 3.1 males in a household where as a mean of 3.5 females were residing in a household. Most of the households (62.1%) have 3-4 female members and 60 percent households have the same number size of males.

5.9 Background Characteristics of Respondents

Table 5.9 shows the distribution of respondents by selected background characteristics including age, education, religion and

caste/ethnic group. Respondents were ever married women at reproductive age i.e. 15-49 years.

Relatively high proportion of respondents were in the young age group who were nearly 61 percent. Nearly 30 percent (i.e. 29.9 percent) respondents were selected at the age group of 25-29 years which was the highest proportion of respondents. And there were not any respondents at the age group of 45-49 years.

In total 95 households were selected, where 97 currently married women were found and they were selected for interview as well. All of them were currently married women having reproductive age (i.e. 15-49 years). In course of interview, 23.7 percent women had no education, nearly 30 percent women had primary education, 32 percent women had secondary level of education and 14.5% women had obtain SLC and above level of education (among them there are few percent women had completed bachelor and above level of education).

Chilaunebas VDC is dominated by Hindu religion where 95% respondents were Hindu only, 5% respondents were Buddhist and no one was found from other religions out of Hindu and Buddhist on the basis of ethnic group 42.3% were from Brahmin women, 29.9% from Chhetris, 11.3% from Kami, 8.2% from Damai, 5.2% from Gurung and 3.1% from Sarki women. In this way, all of the respondents women were from different ethnic groups which respondent the total VDC.

Table 5.12: Background Characteristics of Respondents

Distribution of women by selected background characteristics.

Age Group	Number of Respondent	Percent
15-19	3	3.1
20-24	27	27.8
25-29	29	29.9
30-34	20	20.6
35-39	13	13.4
40-44	5	5.2
45-49	0	0
Total	**97**	**100**
Education		
No Education	23	23.7
Primary	29	29.9
Secondary	31	31.9
SLC and Above	14	14.5
Total	**97**	**100**
Religion		
Hindu	92	94.8
Buddhist	5	5.2
Muslim	00	00
Total	**97**	**100**
Caste/Ethnic Group		
Brahmin	41	42.3
Chhetri	29	29.9
Kami	11	11.3
Damai	8	8.2
Gurung	5	5.2
Sarki	3	3.1
Total	**97**	**100**

Source: Field Survey, 2007

5.10 Occupation of Women

Occupation is one of the most influencing variable in determining the contraceptive and family planning behavior. Several studies have found that women with white collar occupation are tend to use contraceptive and have less number of children but women with blue collar occupation tend to have more children. Occupation also determines the economic condition of women and household. A question to find the subsidiary occupation of women was included in the questionnaire so the result is tabulated below.

Table 5.13: Occupation of Women

Distribution of Respondents Women by Subsidiary Occupation

Subsidiary Occupation	Number of Women	Percent
Farming	19	19.6
Housework	51	52.6
Service	4	4.1
Labouring	23	23.7
Total	**97**	**100**

Source:- Field Survey, 2007

Table 5.13 clearly shows that more than half (i.e. 52.6 %) women were engaged in housework. Similarly 23.7 percent women adopted laboring, 19.6 percent women adopted farming as their subsidiary occupation. Women who adopted service as a subsidiary occupation were few i.e. 4.1 percent, for example female health volunteer. This data indicates that women are still backward.

5.11 Age at Marriage

Age at marriage is one of the factors which determines the fertility of women. It is almost universal that lower the age at marriage higher will be the children ever born. Women who tend to marry early in their reproductive ages are likely to bear more children than that of women who tend to marry lately. In the study, age at marriage of women is found too early in ages. The sample women were in their middle ages and everybody has at least one child. Therefore, their age at marriage represents the earlier norms of marriage. Table 5.14 represents the age at marriage of the respondents.

Table 5.14: Age at Marriage

Distribution of Respondents by Age at Marriage

Age at Marriage	Number	Percent
<15	13	13.4
15-19	46	47.7
20-24	32	33.0
25 and above	6	6.2
Total	**97**	**100**

Source: Field Survey, 2007

Figure 5.2

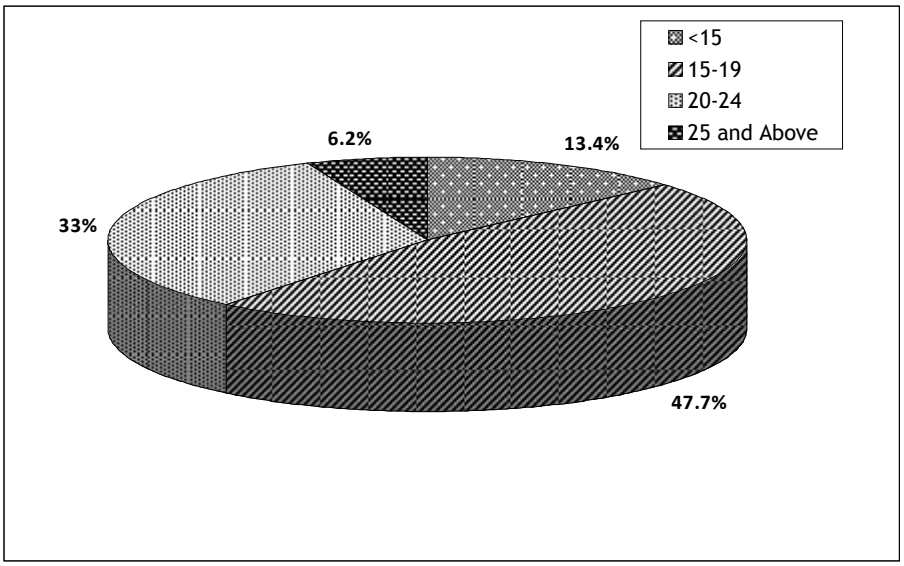


Table 5.14 shows that the majority of women (47.4%) married at the ages of 15-19 years. Similarly 33 percent married at the ages 20-24 years. And 13.4 percent of the respondents married before their fifteenth spring. There were only 6.2 percent women who married above 25 years of age.

5.12 Husband's Background (Educational and Occupational)

Husband's background (educational and occupational) plays very important role in all aspects of women life from reproductive health to economic progress. Education is one of the basic components to change a society or nation. If educational status of family is high, definitely that family can use/consume more durable goods, modern physical facilities and so on. This facts shows that the family is happy and pretty. Similarly occupation of husband plays a vital role for socio economic development or determines the economic status of the family.

Table 5.15: Husband's Background (Educational and Occupational)

Educational Attainment	**Number**	**percent**
No Education	9	9.3
Primary	37	38.1
Secondary	29	29.9
SLC and above	22	22.7
Total	**97**	**100**
Occupation		
Agriculture	39	40.2
Foreign Employment	22	22.7
Business	8	8.2
Service	28	28.9
Total	**97**	**100**

Source: Field Survey, 2007

Table 5.15 clearly shows that 9.3% husbands had never got a chance to have at least primary education. 38.1% husbands had obtained at least primary education, 29.9% had got secondary level of education and 22.7% husbands had attained SLC and above level of education.

40.2% husbands were engaged in agricultural occupation. Similarly 28.9% husbands were engaged in services sectors, 22.7% were engaged in Foreign employment and there were only 8.2% husbands were engaged from small to middle type of businesses.

CHAPTER SIX

KNOWLEDGE, ATTITUDE AND PRACTICE OF FAMILY PLANNING METHODS

This chapter assesses the knowledge of different contraceptive methods, the sources of information about the various methods of family planning and contraceptives supplies. The special attention focused on the knowledge of ever use, current use of contraceptive methods, use and non-use of contraceptive decision on family planning methods between spouses. This chapter also describes the fertility behaviours. All these topics are of practical use and giving particular attention to detail of knowledge, attitude and practice of family planning.

Family planning is a simple and effective means of birth control and to assist individuals and couple to: space their children, prevent unwanted pregnancies, manage infertility and improve their overall reproductive health. Family planning programme can not do anything itself only by programme but its effectiveness depends upon the knowledge attitude and practice of among the people. In fact, there is nothing sweet other than the voice of own child for couples but lack of the knowledge of family planning no any couples can accept it through the use of different methods. So far as, the importance and effectiveness of family planning is sharply related the present knowledge among the couples about it. From this point of view, it is mostly necessary to be knowledge in grass root level. This chapter tries to find out the level of knowledge about family planning like a rural area of Chilaunebas VDC.

6.1 Knowledge of Contraceptive Methods

Acquiring knowledge of contraceptive methods is an important precondition toward 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 normal test of the respondents' knowledge and not a measure of how much they might know about the method. However, knowledge of specific methods is a precursor to use.

In this regard an attempt has been made to know the knowledge of contraceptive method of the women. For this, information was collected on the basis of knowledge of women. Respondents (women) were first asked to name the ways or methods by which a couple could delay or avoid pregnancy. Each method mentioned was recorded as a spontaneous knowledge. If the respondent (women) failed to mention a particular method spontaneously, the interviewer then described a short description of the method and asked whether the respondent recognized it. If the respondents recognized the method it recorded as a probed knowledge.

The field survey collected information on several modern family planning methods- pills, condoms, Nor-plant, Depo-provera, male sterilization, female sterilization and foam/jelly and one traditional method – periodic abstinence. The knowledge of contraceptive method was taken from currently married women. Findings from field survey 2007, shows (i.e. table 6.1) that knowledge of at least one method of family planning was nearly universal in the study area. The most widely known modern contraceptive method among currently

married women were condom (99%), depo-provera (98%), female sterilization (97.9%), pills and male sterilization (92.8%), norplant (82.4%). The table 6.1 clearly shows that foam and jelly are known to very few women (i.e. 41.2%)

Table 6.1: Knowledge of Contraceptive Methods

Distribution of Currently Married Women Knowing any Contraceptive Methods

Methods	Spontaneous Knowledge	Probe Knowledge	Total Knowledge	Don't Know	Number of Women
Pills	89.7	3.1	92.8	7.2	97
Condom	96.9	2.1	99	1.0	97
Norplant	61.8	20.6	82.4	17.6	97
Depo-provera	95.9	2.1	98	2.0	97
M. Sterilization	90.7	2.1	92.8	7.2	97
F. Sterilization	93.8	4.1	97.9	2.1	97
Foam and Jelly	00	41.2	41.2	58.8	97
Periodic Abstinence	57.6	6.2	63.9	36.1	97

Source: Field Survey, 2007

This figure is nearly similar to national level data about the knowledge of contraceptive methods. According to NDHS 2006, the knowledge of pills is 95% whereas the knowledge about pills in Chilaunebas VDC is 92.8% which is slightly fewer than the national level. Similarly the knowledge of Norplant is 67.2% which is fewer than the CVDC (82.5%). The knowledge of other means of family planning methods in Chilaunebas VDC is found higher than National level data. It is due to level of education, media accessibility of these methods and so on.

6.2 Knowledge of Family Planning Method by Age Group

Table 6.2 clearly shows that the knowledge of all family planning methods was found high at the age 15-19 and 20-24. All the currently married women age 15-49 had known the condom i.e. most familiar means of family planning. The knowledge of pills, dipo-provera, male and female sterilization was found more familiar i.e. 92.8%, 98.0% and 97.9% respectively. The lowest known method among women were foam and jelly which was 0 percent known in age between 15-19, 40-44 and less than 41 percent know in age except 20-24. At last the knowledge of foam/jelly and periodic abstinence was found very low at all age group.

Table 6.2: Knowledge of Family Planning Method by Age Group

Distribution of currently married women knowing family planning methods by age of women.

Age	Pills	Condom	Norplant	Depo-Provera	M Sterilization	F Sterilization	Foam and Jelly	Periodic abstinence	Number of Women
15-19	3 (100.0)	3 (100.0)	2 (66.7)	3 (100.0)	2 (66.7)	3 (100.0)	-	1 (33.3)	3
20-24	27(100.0)	27(100.0)	25(92.6)	27(100.0)	27(100.0)	27(100.0)	20(74.1)	13(48.2)	27
25-29	25(86.2)	29(100.0)	27(93.1)	29(100.0)	27(93.1)	29(100.0)	12(41.4)	19(65.5)	29
30-34	19(95.0)	20(100.0)	16(80.0)	19(95.0)	19(95.0)	20(100.0)	6(30.0)	16(80.0)	20
25-39	13(100.0)	12(92.3)	9(69.2)	12(92.3)	10(76.9)	12(92.3)	2(15.4)	10(76.9)	13
40-44	3(60.0)	5(100.0)	1(20.0)	5(100.0)	5(100.0)	4(80.0)	-	3(60.0)	5
45-49	0	0	0	0	0	0	0	0	0
Total	**90(92.8)**	**96(99.0)**	**80(82.5)**	**95(98.0)**	**90(92.8)**	**95(97.9)**	**40(41.2)**	**62(63.9)**	**97**

Source: Field Survey, 2007

Note: The number in parentheses is the percentage of corresponding values.

6.3 Knowledge of Contraceptive Method by Educational Attainment

Knowledge of contraceptive methods varies with level of education. The field survey reveals strong association between the educational attainment and the level of knowledge of a family planning method i.e. positive relationship between level of education and knowledge of contraceptive methods.

Table 6.3 clearly shows that in most of the contraceptive methods, there was high level of knowledge with the level of education increases. Most of the women in the study area were well known about condom, depo-provera male and female sterilization and so on. But the females had very low knowledge about foam/jelly (41.2%) and periodic abstinence (63.9%). No significant difference was found in knowledge about condom, depo-provera and female sterilization by educational attainment of women. There was gradual increase in knowledge on norplant, foam/jelly and periodic abstinence with the increase in women's educational level.

The currently married women who had no education also knew about condom, depo-provera, male and female sterilization (95.6%), pills (82.6%) norplant (60.9%) periodic abstance (52.2%). Similarly foam and jelly (13.1%) were found to be known as contraceptive devices by very less women.

The currently married woman who had completed their primary education knew of nearly cent percent about condom, pills, dipo-provera and female sterilization among contraceptive methods. The women who had no education only 13.1% knew of foam and jelly but

the women who had completed their primary education 37.9 percent of them known of the method. The data clearly shows that women who have at least primary education knowledge of all contraceptive methods grater than who have no education.

Similarly, the currently married women who attained secondary level of education knew about female sterilization, condom and dipo-provera 100 percent. The pills is only one method which have higher knowledge of no educated group than primary level of educational group. The women who were SLC and above, were found to be known 100 percent contraceptive methods except foam/jelly and periodic abstinence. The data revealed that as the level of education increases the knowledge of contraceptive methods also increases.

Table 6.3: Knowledge of Contraceptive Method by Educational Attainment

Distribution of currently married women knowing contraceptive method by educational attainment.

Method / Education	Pills	Condom	Norplant`	Depo provera	Male Sterilization	Female Sterilization	Foam and Jelly	Periodic Abstinence	No. of Women
No Education	19(82.6)	22(95.6)	14(60.9)	22(95.6)	22(95.6)	22(95.6)	3(13.1)	12(52.2)	23
Primary	28(96.6)	29(100.0)	25(86.2)	28(96.6)	27(93.1)	28(96.6)	11(37.9)	18(62.1)	29
Secondary	29(93.5)	31(100.0)	27(87.1)	31(100.0)	27(87.1)	31(100.0)	15(48.4)	20(64.5)	31
SLC and Above	14(100.0)	14(100.0)	14(100.0)	14(100.0)	14(100.0)	14(100.0)	11(78.6)	12(85.7)	14
Total	**90(92.8)**	**96(99.0)**	**80(82.5)**	**95(98.0)**	**90(92.8)**	**95(97.9)**	**40(41.2)**	**62(63.9)**	**97**

Source: Field Survey, 2007

Note: The number in parentheses is the percentage of corresponding values.

6.4 Source of Information About Family Planning

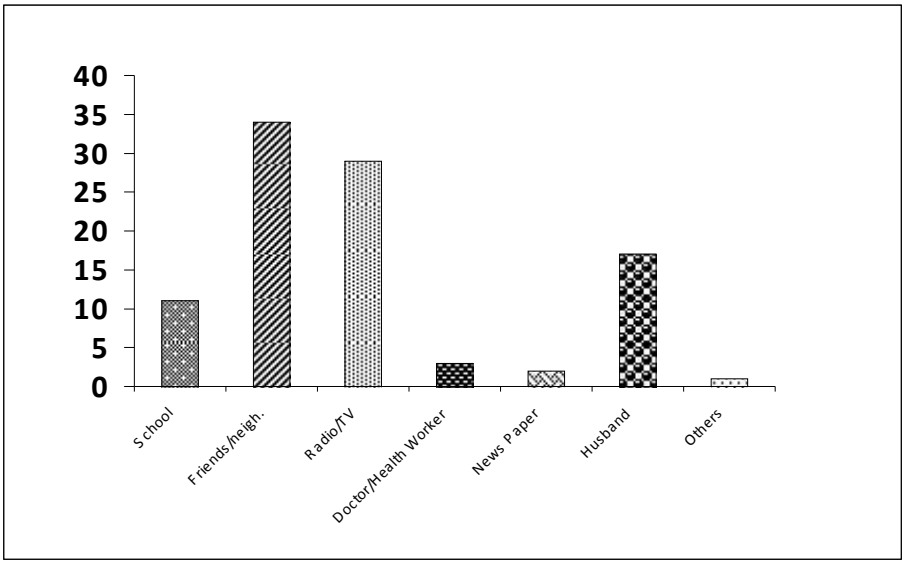
Nepal is a mountainous country, where media cannot able to provide the full range of information about the contraceptives. Because of the geographical diversity, poor transportation, lack of education and skilled manpower uneducated people and lack of poor management/progress of development required or infrastructure interrupting to provide the information about family planning methods. In Nepal, radio is being more reliable source to provide any information. The other sources are facing difficulties being underdeveoloped as electricity, education, transportation and lack of public awareness. Similarly it was necessary to know the source of information about contraceptive method at the study area. So that women were asked to maintain the source of information about family planning. The mentioned answers of women were as follows in table. Table 6.4 presents the most commonly mentioned sources of contraceptive methods by multiple responses.

Table 6.4: Source of Information about Family Planning

Source of Information	No. of Women	Percent
School/college	11	11.3
Friends/neighbor	34	35.1
Radio/TV	29	29.9
Doctor/Health Worker	3	3.1
News Paper/Magazine	2	2.1
Husband/Family Member	17	17.5
Others	1	1.0
Total	**97**	**100**

Source: Field Survey, 2007

Figure 6.1



Above tables shows that the main sources of information were friends/neighbor (35.1 percent) followed by Radio/TV (29.9%) husband family members (17.5%), school/college (11.3%) and the

account of doctor/health worker is 3.1 percent. Therefore we can say that friends/neighbor, radio/tv, husband/family members and school/college were the main source of information about family planning method in Chilaunebas VDC of Syangja district. The bar diagram makes clear more about sources of information of contraceptives in the study area.

6.5 Source of Contraceptive Supplies

Source of supplies of contraceptive also helps to determine the contraceptive prevalence rate. If a woman or man has to trip long to obtain a method of contraceptive, she/he may have to postpone to go to the place of supply. Nearly and easily accessible contraceptive supply would help to increase the level of use. In Nepal, family planning organizations and hospitals in rural area are rarely available. Even to reach up to primary health center and health post, people have to walk for hours. The information collected about supplies of contraceptive methods classified into 4 categories namely Hospital, health posts, FP organization and medical store (pharmacies). The responses of the respondents have been presented in table 6.5.

Table 6.5: Sources of Contraceptive Supplies

Source of Supply	Number	Percent
Hospital	11	11.3
Health Post	48	49.5
FP Organization	3	3.1
Medical Store	35	36.1
Total	**97**	**100**

Source: Field Survey, 2007

Figure 6.2

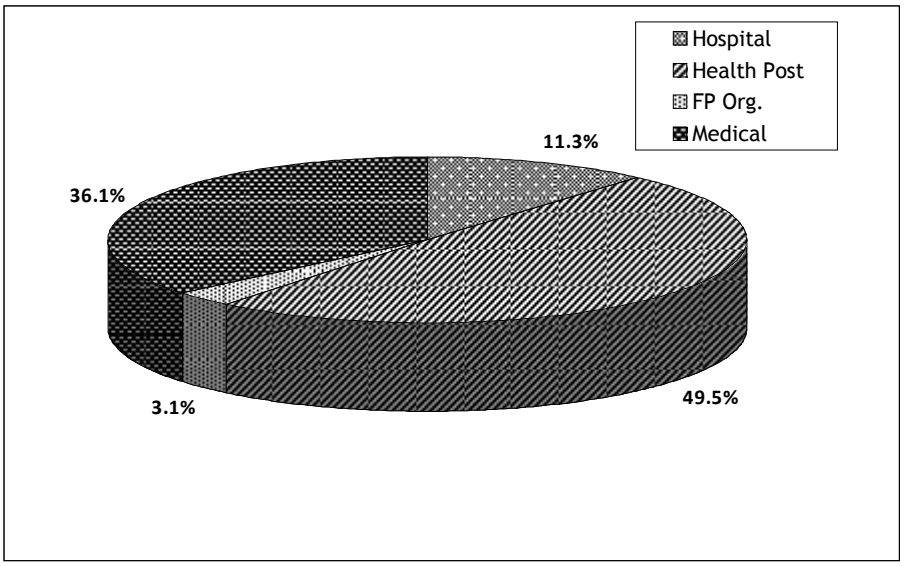


Table 6.5 shows that the most important contraceptive supply for the ever users was health post, nearly 50 percent (i.e. 49.5 percent) of the ever users of contraceptive were obtaining the contraceptive from health post. The following figure represents to medical store (i.e. Pharmacies) which is accounted for 36.1 percent of the ever users (respondents) of contraceptive. Similarly, 11.3 percent ever users of contraceptive were found that their main source of supply of family planning devices was hospital. There is no significant role of FP organization as a source of contraceptive supplies. Only 3.1 percent respondents had obtained the contraceptive methods from FP organization.

The findings presented in table 6.5 when compared with the findings of the Nepal Demographic and Health Survey (NDHS) 2006 show clear differences in the study area (i.e. Chilaunebas VDC). According to the 2006 NDH Survey, 32 percent of users obtained their methods from hospital, which was the top most source of contraceptive

suppliers. Similarly, NDHS 2006 shows that nearly 17 percent (16.6%) of users obtained their methods from health post and medical store was the source, providing contraceptive methods to 10 percent of all users of modern methods. Above data clearly shows that hospital was the major source of contraceptive methods in national level. But in the Chilaunebas VDC health post was the major source of contraceptive methods.

6.6 Ever Use of Family Planning Methods

The ever use of contraceptive methods focus on the tendency to discontinue the use of contraception or lifetime experiences of contraception. Ever use of contraception also shows the tendency to choice of specific method and their popularity. The respondent who had knowledge about at least one method of family planning were asked whether they had ever used any modern method of family planning in their lifetime. Everuse refers to use of a method at any time, with no distinction between past and present use. Therefore, the ever use refers to the percentage of women using contraceptives at least once.

Table 6.6 shows the percentage of currently married women who have ever used family planning by specific method and age. In the study area, 73 percent of currently married women used a method of contraception, and 63 percent used a modern method. The data shows that 26.8 percent of the respondents had never used any type of contraceptive. With respect to method wise distribution of respondents, 22.7 percent used depo-provera, 12.4 percent used 'Condom', 10.3 percent ever used female sterilization and periodic

abstinence. Very few women used long term spacing method, only one percent reported ever use of norplant.

Ever use of contraception varies with women's age. The pattern of ever use being the lowest among women in the youngest age group (15-19); increasing with age and reaching at peak among women in their thirties before declining thereafter. The level of ever use of any method among currently married women rose to a high of 92.3 percent among those age 35-39 and then sharply declined to 40 percent among women age 40-44. Dipo-provera was very popular method at the age between 25-29. Male sterilization mostly used at the age group between 30-34. Whereas, female sterilization mostly in age group 35-39.

Table 6.6: Ever use of Family Planning Method

Distribution of currently married women who had ever used any family planning methods by age groups

Age	Any Method	Modern Methods	Pills	Condom	Norplant	Depo-Provera	M Sterilization	F Sterilization	Foam and Jelly	Periodic abstinence	Number of Women
15-19	1(33.3)	1(33.3)	00	1(33.3)	00	00	00	00	00	00	3
20-24	18(66.7)	15(55.5)	4(14.8)	6(22.2)	1(3.7)	4(14.8)	00	00	00	3(11.1)	27
25-29	22(75.9)	18(62.1)	4(13.8)	2(6.9)	00	9(31.0)	1(3.4)	2(6.9)	00	4(13.8)	29
30-34	16(80.0)	14(70.0)	1(5.0)	2(10.0)	00	5(25.0)	4(20.0)	2(10.0)	00	2(10.0)	20
25-39	12(92.3)	11(84.6)	00	1(7.7)	00	4(30.7)	1(7.7)	5(38.5)	00	1(7.7)	13
40-44	2(40.0)	2(40.0)	00	00	00	00	1(20.0)	1(20.0)	00	00	5
45-49	00	00	00	00	00	00	00	00	00	00	0
Total	**71(73.2)**	**61(62.9)**	**9(9.3)**	**12(12.4)**	**1(1.0)**	**22(22.7)**	**7(7.2)**	**10(10.3)**	**00**	**10(10.3)**	**97**

Source: Field Survey, 2007

Note: The number in parentheses is the percentage of corresponding values.

6.7 Current Use of Contraception

Current use of contraception is defined as the proportion of women who reported the use of a family planning method at the time of interview. Table 6.7 shows that, overall 54.6 percent of currently married women in the study area were currently using contraceptive method. Among them 4.1 percent were using traditional method. The most widely used method was dipo-provera (13.4 percent) followed by condom (11.3 percent) and female sterilization (10.3 percent). 7.2 percent of currently married women were using male sterilization and pills. Proportions of women using the long-term spacing method i.e. norplant was insignificant which was only one percent. Combined together, permanent methods accounts for only 17.5 percent of total use.

The field survey (54.6%) reveals that the level of current use of family planning in the study area (i.e. Chilaunebas VDC) is 6.6 percentage point higher than the national estimates (48%) provided by the NDHS, 2006. Furthermore, level of current use of permanent methods in the study area is below par with the national estimates, while that of spacing methods, mainly the dipo-provera, condom, and pills is higher than the national average as estimated by the Nepal Demographic and Health Survey 2006 (NDHS). This indicates that the higher contraceptive prevalence rate (CPR) observed in the study area. (i.e. CVDC) is mainly due to the higher use of above mentioned spacing methods.

The level of current use of family planning is increasing with the incease in the age of women and reaches at the peak at the ages 30-34,

which was nearly two times higher than that of the women age less than 20 years. The drop in contraceptive use among the older currently married women may reflect the declining fertility, while lower levels among women under 25 are to be expected as many may not yet have reached their desired family size. The data shows that widely used method is female sterilization (38.5%) among the women age group 35-39 years, and followed by condom 33.3% among age group 15-19 years. Foam and jelly current use were reported 0 percent, cause may not be available facility to insert in the study area. The use of traditional methods and long-term spacing method were reported very few 4.1% periodic abstinence and 1% Norplant between age group 25-34.

Table 6.7: Current Use of Family Planning Methods

Distribution of currently married women who are currently using family planning methods by age group

Age Group	Any Method	Modern Methods	Pills	Condom	Norplant	Depo-Provera	M Sterilization	F Sterilization	Foam and Jelly	Periodic abstinence	Number of Women
15-19	1(33.3)	1(33.3)	00	1(33.3)	00	00	00	00	00	00	3
20-24	12(44.4)	11(40.7)	2(7.4)	5(18.5)	1(3.7)	3(11.1)	00	00	00	1(3.7)	27
25-29	17(58.6)	15(51.7)	4(13.8)	2(6.9)	00	6(20.7)	1(3.4)	2(6.9)	00	2(6.9)	29
30-34	13(65.0)	12(60.0)	1(5.0)	2(10.0)	00	3(15.0)	4(20.0)	2(10.0)	00	1(5.0)	20
25-39	8(61.5)	8(61.5)	00	1(7.7)	00	1(7.7)	1(7.7)	5(38.5)	00	00	13
40-44	2(40.0)	2(40.0)	00	00	00	00	1(20.0)	1(20.0)	00	00	5
45-49	00	00	00	00	00	00	00	00	00	00	0
Total	**53(54.6)**	**49(50.5)**	**7(7.2)**	**11(11.3)**	**1(1.0)**	**13(13.7)**	**7(7.2)**	**10(10.3)**	**00**	**4(4.1)**	**97**

Source: Field Survey, 2007

Note: The number in parentheses is the percentage of corresponding values.

6.8 Comparison between Knowledge and use of Family planning

It was observed that about 99% of currently married women know about at least one contraception method. In the NDHS 2006 shows that nearly 100% (i.e. 99.9%) currently married women know about at least one contraception method, which indicates nearly equal knowledge of field survey 2007 and NDHS national estimates. Similarly 73.2% women were ever using at least one contraception method in the study area, which is 5.3% higher than the national estimates provided by NDHS 2006. In the case of current use of contraception method there was 54.6% currently married women using at least one family planning devices. Which figure is nearly 7% higher than the national figure. All these facts about family planning have been presented in figure 6.2 and table 6.8

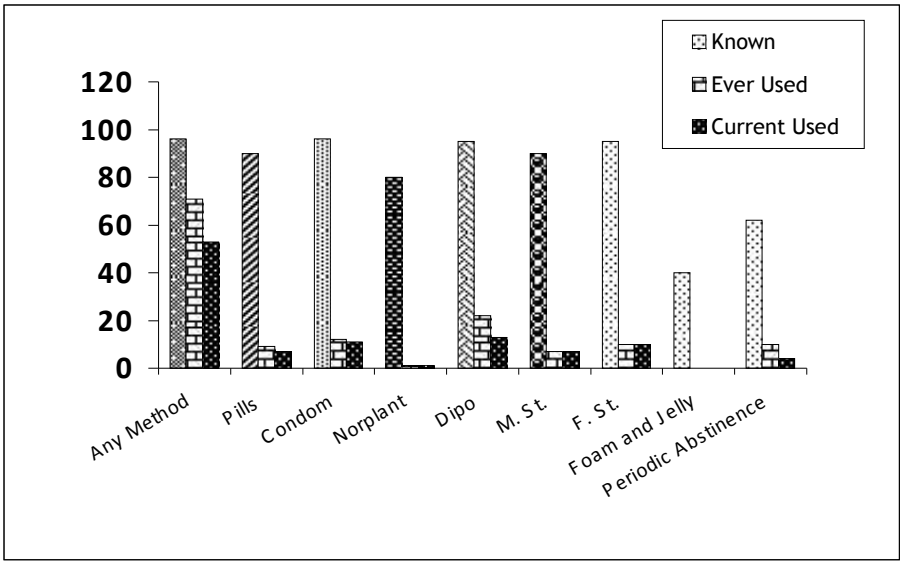
Table 6.8: Distribution of MWRA According to Knowledge, Ever-use and current use of FP Methods by Methods

Methods	Know method		Ever-used		Currently using	
	Number	Percent	Number	Percent	Number	Percent
Any method	96	99.0	71	73.2	53	54.6
Pills	90	92.8	9	9.3	7	7.2
Condom	96	99.0	12	12.4	11	11.3
Norplant	80	82.2	1	1.0	1	1
Depo-provera	95	98.0	22	22.7	13	13.4
M. Sterilization	90	92.8	7	7.2	7	7.2
F. Sterilization	95	97.9	10	10.3	10	10.3
Foam and Jelly	40	41.2	00	00	00	00
Periodic Abstinence	62	63.9	10	10.3	4	4.1

Source: Field Survey, 2007

Total Number of Women = 97

Figure 6.2: Knowledge, Ever Use and Current Use of FP in CVDC



6.9 Level of Current Use of Contraception

The study area (i.e. Chilaunebas VDC), indicates that contraceptive prevalence rate (CPR) is found 54.6 percent among currently married women of reproductive age between 15-49 years. On the average, the corresponding national figure is accounted 48.0 percent (NDHS, 2006). The reason that the higher percent of women were using contraception was due to small sample size, easily accessible services or growing consciousness of people towards family planning.

Table 6.9: Level of Current Use of Contraception

Distribution of currently married women who are currently using contraceptive methods by types.

Methods	Number	Percent
Any Methods	53	54.6
Modern Methods	49	50.5
Pills	7	7.2
Condom	11	11.3
Norplant	1	1
Dipo-provera	13	13.4
M. Sterilization	7	7.2
F. Sterilization	10	10.3
Foam and Jelly	00	00
Periodic Abstinence	4	4.1

Source: Field Survey, 2007

The overall, contraceptive prevalence rate was found 54.6 percent among currently married women in the study area. It was found that

the dipo-provera 13.4 percent in for runner. The other methods were condom in second stage 11.3 percent, female sterilization 10.3 percent, pills and male sterilization both were 7.2 percent respectively. Similarly periodic abstinence and norplant were found 4.1 percent and 1.0 percent respectively while foam/jelly was found 0 percent. This indicates that the higher contraceptive prevalence rate (CPR) observed in the study area (i.e. Chilaunebas VDC) was mainly due to the higher use of spacing methods.

6.10 Educational Attainment of Women and Current Use of Contraceptive Method

Higher educational attainment is positively correlated with current use of family planning. Use of modern methods increases from 43.5 percent among current married women with no education to 64 percent among women with SLC and above. The most popular method among women who have attained SLC and above is condom (i.e. 28.6 percent), where as the most popular method among women who have no education is female sterilization (i.e. 17.4 percent). The data shows that female sterilization is popular method between who have no education and primary level of education. This shows that the impact of education on contraceptive use is mixed. In general as women's level of education increase they are more likely to use family planning methods, which are shown following table 6.10.

Table 6.10: Educational Attainment of Women and Current Use of Contraceptive Method

Distribution of currently married women who are currently using contraception by level of their education.

Methods	Education				Total
	No edu.	Primary	Secondary	SLC and above	
Any Method	10(43.5)	15(51.7)	17(54.8)	11(78.6)	53(54.6)
Modern Methods	10(43.5)	15(51.7)	15(48.4)	9(64.3)	49(50.5)
Pills	1(4.3)	5(17.2)	1(3.2)	00	7(7.2)
Condom	00	3()	4(12.9)	4(28.6)	11(11.3)
Norplant	00	00	1(3.2)	00	1(1.0)
Dipo-provera	3(13.0)	1(3.4)	6(19.3)	3(21.4)	13(13.4)
M. Sterilization	2(8.7)	3(10.3)	1(3.2)	1(7.2)	7(7.2)
F. Sterilization	4(17.4)	3(10.3)	2(6.4)	1(7.1)	10(10.3)
Foam and Jelly	00	00	00	00	0
Periodic Abstinence	00	00	2(6.4)	2(14.3)	4(4.1)
No. of Women	**23**	**29**	**31**	**14**	**97**

Source: Field Survey, 2007

The findings presented in table 6.10 when compared with the findings of the Nepal Demographic and Health Survey (NDHS) 2006 show some similarities and some difference in study area and national estimates. According to NDHS 2006, contraceptive use is higher among women with no education (i.e. 49.3 percent) where as in the study area contraceptive use too low among same educational group (i.e. 43.5 percent). Likewise, some similarities can be shown in

national figure and study area (i.e. Chilaunebas VDC). The permanent method is most popular among women who have no education, where as the spacing method (i.e., condom, pills, dipo-provera) is the most popular among women who have attained SLC and above level of education.

The findings of the table 6.10 compared with the finding of Nepal Demographic and health survey (NDHS) 2006 has shown some similarities and dissimilarities in study area and national estimates. According to NDHS 2006, contraceptive use is higher among women with no education (i.e. 49.3 percent) where as in the study area contraceptive use is too low among same educational group (43.5 percent). Likewise, the similarities can be shown in national figure and study area (Chilaunebas VDC). The permanent method is most popular among women who have no education, where as the spacing method is the most popular among women who are SLC or above.

6.11 Number of Living Children and Current Use of Contraception

There is a direct association between use of modern family planning methods and the number of children women have. Women with no living children were less likely to use contraceptive method. The current use was found at the highest to those women who had already three living children (i.e. 58.6 percent) followed by 4 and more living children i.e., 50 percent, 2 living children i.e. 48.1 percent and women who had only one living children were using less i.e. 42.1 percent.

Table 6.11: Number of Living Children and Current Use of Contraception

Distribution of currently married women who are using contraceptive method by number of living children.

Methods	No. of Living Children				Total
	1	2	3	4+	
Any Method	10(52.6)	15(55.5)	17(58.6)	11(50.0)	53(54.6)
Modern Methods	8(42.1)	13(48.1)	17(58.6)	11(50.0)	49(50.5)
Pills	2(10.5)	3(11.1)	2(6.9)	00	7(7.2)
Condom	3(15.8)	5(18.5)	3(10.3)	00	11(11.3)
Norplant	00	1(3.7)	00	00	1(1.0)
Dipo-provera	3(15.8)	3(11.1)	7(24.1)	00	13(13.4)
M. Sterilization	00	00	1(3.4)	6(27.3)	7(7.2)
F. Sterilization		1(3.7)	4(13.8)	5(22.7)	10(10.3)
Foam and Jelly	00	00	00	00	00
Periodic Abstinence	2(10.5)	2(7.4)	00	00	4(4.1)
No. of Women	**19**	**27**	**29**	**22**	**97**

Source: Field Survey, 2007

Table 6.11 shows that the current use of permanent methods (i.e. male and female sterilization) were increasing with number of living children and peaked up at 4 or more children (i.e. 27.3% male sterilization and 22.7% female sterilization) of currently married women. This data indicates that, permanent methods were popular among high parity women. The use of dipo-provera was also increasing with children, at the number of 3 children use of method reached 24.1 percent, at the earlier, the number of 1 or 2 children 15.8

and 11.1 percent respectively. Traditional method was found to be used only one and 2 children afterward the use of method found zero. Similarly the use of condom was peaked at the number of 2 living children, this figure was same as the method pills.

6.12 Caste/Ethnicity and Current Use of Contraception

Uses of contraceptive methods among currently married women are varied by their ethnicity. Ethnicity is also one of the important factors, which determined use of contraceptive method. Table 6.12 clearly shows that use of modern contraceptive was the highest (60 percent) in Gurung community and use of modern contraceptive was higher in Brahmin and Chhetri community at the study area. Use of any contraceptive was the lowest (33.3%) in dalit i.e. sarki community. But use of permanent method was higher among sarki community. Note that the higher percentage of sarki women were using permanent method. It might be due to very small sample size. Depo-provera was the most popular method among all caste women except sarki community. The use of dipo-provera was found 25 percent in Damai, 17.2 percent in Chhetri, 9.7 percent in Brahmin and 9.1 percent in Kami community. In conclusion, the use of any contraception was more popular in Brahmin and Chhetri than other community.

Table 6.12: Caste/Ethnicity and Current Use of Contraception

Distribution of currently married women who are using contraceptive method by caste and ethnicity.

Methods	Caste and Ethnicity Group						Total
	Brahmin	Chhetri	Kami	Damai	Gurung	Sarki	
Any Method	24(58.5)	17(58.6)	5(45.4)	3(37.5)	3(60.0)	1(33.3)	53(54.6)
Modern Methods	21(51.2)	16(55.2)	5(45.4)	3(37.5)	3(60.0)	1(33.3)	49(50.5)
Pills	3(7.3)	1(3.4)	3(27.2)	00	00	00	7(7.2)
Condom	6(14.7)	3(10.3)	1(9.1)	00	1(20.0)	00	11(11.3)
Norplant	00	1(3.4)	00	00	00	00	1(1.0)
Dipo-provera	4(9.7)	5(17.2)	1(9.1)	2(25.0)	1(20.0)	00	13(13.4)
M. Sterilization	3(7.3)	3(10.3)	00	1(12.5)	00	00	7(7.2)
F. Sterilization	5(12.2)	3(10.3)	00	00	1(20.0)	1(33.3)	10(10.3)
Foam and Jelly	00	00	00	00	00	00	0
Periodic Abstinence	3(7.3)	1(3.4)	00	00	00	00	4(4.1)
No. of Women	**41**	**29**	**11**	**8**	**5**	**3**	**97**

Source: Field Survey, 2007

6.13 Occupation of Respondent and Current Use of Contraception

Occupation is one of the most influencing variable in determining the use of contraceptive and family planning method. In this context, several studies have found the fact that, white collar occupation is positively correlated with current use of family planning. Table 6.13 shows that, the current use of modern contraception is found highest to those women who are engaged in service sector (i.e 100 percent). The given data reveal the fact that the women of about 58.8% are engaged in housework activities have current used contraceptive.

Similarly, the women of about 47.4% and 43.5% who are engaged in farming and laboring respectively have used contraceptive. This shows that the women who are busy in service sector have used contraceptive in higher rate i.e., 100% than that of women who are engaged in other sectors. The use of condom to service sector women seems to be very much popular. Dipo-provera is the most popular method among the women who are engaged in laboring i.e. 30.4 percent. Although dipo-provera is the method which is used by all occupational women group shows only 2% housework women are using it. Similarly, permanent methods of family planning are more popular in housework women. Norplant and periodic methods are used by few women. Only 2 percent housework women are used norplant and around 5 percent farming and housework women are using periodic abstinence.

Table 6.13: Occupation of Respondent and Current Use of Contraception

Methods	Occupation of Respondent				Total
	Farming	Housework	Service	Laboring	
Any Method	9(47.4)	30(58.8)	4(100.0)	10(43.5)	53(54.6)
Modern Methods	8(42.1)	27(52.9)	4(100.0)	10(43.5)	49(50.5)
Pills	00	6(11.8)	00	1(4.3)	7(7.2)
Condom	2(10.5)	7(13.7)	2(50.0)	00	11(11.3)
Norplant	00	1(2.0)	00	00	1(1.0)
Dipo-provera	4(21.0)	1(2.0)	1(25.0)	7(30.4)	13(13.4)
M. Sterilization	1(5.3)	6(11.7)	00	00	7(7.2)
F. Sterilization	1(5.3)	6(11.7)	1(25.0)	2(8.7)	10(10.3)
Foam and Jelly	00	00	00	00	00
Periodic Abstinence	1(5.3)	3(5.9)	00	00	4(4.1)
No. of Women	**19**	**51**	**4**	**23**	**97**

Source: Field Survey, 2007

Note: The number in parentheses is the percentage of corresponding values.

6.14 Occupational and Educational Background of Husband and Current Use of Contraception

Employment of husband/wife and practice of family planning are correlated, in other words employment of wife and husband is also one of the important factors that determines the family planning method and use. Table 6.14 clearly shows that use of modern methods among currently married women were the highest (53.6 percent) whose husband were involved in any kind of services compared with the women whose husbands have involved in agriculture use of the methods is only (48.7 percent). Among women use of modern contraceptive methods was high whose husbands were involved in foreign employment and business i.e., 50 percent both respectively. Dipo-provera was the most popular method among women whose husbands were engaged in foreign employment. Although dipo-provera was the method which was used by all kinds of women. Similarly, condom was more popular among women whose husbands were busy in business sectors. Only 18.2 percent women were using periodic abstinence method whose husband earn the foreign money.

The differentials in terms of education are well observable. As the people get more education, the tendency to use the family planning methods has also increased. The educational background also provides a wider view for their thinking in terms of family, community, country and the world at large. Table 6.14 shows the distribution of husband's educational status and its relationship with the current use of family planning.

Table 6.14 shows the use of modern methods among currently married women were the highest (59.1 percent) whose husband attained SLC and above level of education. But the use of same methods among those women were the lowest (40.5 percent) whose husband completed at least primary level of education. Condom and traditional methods were more popular among women whose husband completed above secondary level of education. Similarly Dipo-provera was the most popular among women whose husband attained secondary level of education. In this context, permanent methods were more popular among women whose husband had less than secondary level of education. But spacing methods were more popular among women whose husbands attained SLC and above level of education, the fact has been proved by table 6.14.

Table 6.14: Occupational and Educational Background of Husband and Current Use of Contraception

Methods	Education of Husband				Occupation of Husband				Total
	No edu.	Primary	Secondary	SLC and above	Agriculture	F. Employment	Business	Service	
Any Method	4(44.4)	15(40.4)	19(65.5)	15(68.2)	19(48.7)	13(59.1)	5(62.5)	16(57.1)	53(54.6)
Modern Methods	4(44.4)	15(40.4)	17(58.6)	13(59.1)	19(48.7)	11(50.0)	4(50.0)	15(53.6)	49(50.5)
Pills	1(11.1)	2(5.4)	3(10.3)	1(4.5)	3(7.7)	1(4.5)	00	3(10.3)	7(7.2)
Condom	00	1(2.7)	4(13.8)	6(27.3)	1(2.6)	4(18.2)	2(25.0)	4(14.3)	11(11.3)
Norplant	00	00	00	1(4.5)	00	00	00	1(1.6)	1(1.0)
Dipo-provera	1(11.1)	4(10.8)	6(20.7)	2(9.1)	7(17.9)	2(9.1)	1(12.5)	3(10.7)	13(13.4)
M. Sterilization00	2(22.2)	3(8.1)	1(3.4)	1(4.5)	3(7.7)	1(4.5)	1(12.5)	2(7.1)	7(7.2)
F. Sterilization	00	5(13.5)	3(10.3)	2(9.1)	5(12.5)	3(13.6)	00	2(7.1)	10(10.3)
Foam and Jelly	00	00	00	00	00	00	00	00	00
Periodic Abstinence	00	00	2(6.9)	2(9.1)	00	2(9.1)	1(12.5)	1(3.6)	4(7.1)
No. of Women	**9**	**37**	**29**	**22**	**39**	**22**	**8**	**28**	**97**

Source: Field Survey, 2007

6.15 Attitude Towards Contraceptive

Attitude of contraceptives determines the level of use and non-use of contraceptives. Attitude towards birth spacing helps to reduce fertility and increase the level of contraceptive use. If the woman has already sufficient number of children and she has different attitude than that of actually she did in her life, it helps to change the fertility behavior of her children. In this study, attitude towards birth spacing has been included also.

6.15.1 Attitude Towards Birth Spacing

Perception and attitude about birth spacing plays a vital role in determining the contraceptive prevalence rate (CPR) because most of the couple use temporary method of contraception to space the birth. A question on the opinion about the year of birth space was included in order to find the attitude towards birth spacing among respondents so the result has been tabulated in table 6.15.

Table 6.15: Distribution of Respondents Birth Spacing Years

Spacing Year	Number	Percent
Less than two years	25	30.1
More than two years	58	69.9
Total	**83**	**100**

Source: Field Survey, 2007

Table 6.15 clearly shows that majority of women (70%) adopted birth spacing between children was more than two years. Only 30 percent

women adopted birth spacing between their children was less than two years.

6.16 Decision on Use of Contraception

The fact collected among currently married women who are ever using contraception. The table 6.16 shows the primary decision maker in the use of contraception among selected women. This could throw some light on the degree of autonomy on women exercise over their reproductive decision making. Findings from the survey indicate that using contraception is mainly a joint decision. Among women who say contraceptive use was joint decision, 88.7 percent, similarly among women who say contraceptive use was mainly their decision 8.2 percent and contraceptive use was mainly husband's decision 3.1 percent reported by respondents.

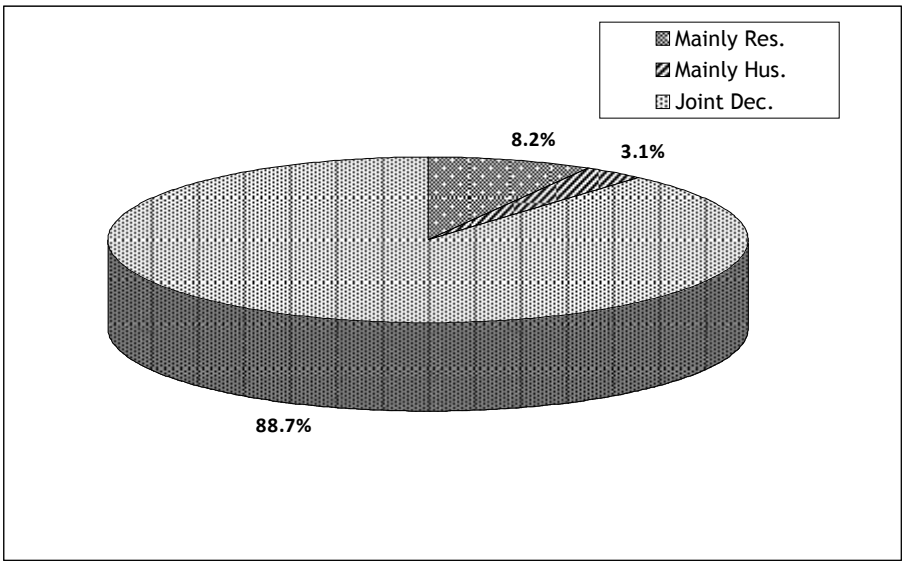
Table 6.16: Decision on Use of Contraceptive Method

Distribution of women who are currently using contraception, according to wife report on contraceptive decision making.

Decision	No. of Respondents	Percent
Mainly Respondent	8	8.2
Mainly Husband	3	3.1
Joint Decision	86	88.7
Total	**97**	**100**

Source: Field Survey, 2007

Figure 6.4



6.17 Time Taken to Reach Source of Contraception

One of the important indicators of accessibility of contraceptives is the travel time to get to the source of contraceptives. Studies have shown that improvement in accessibility can have a positive effect on contraceptive prevalence. The women who were currently married were asked to estimate the time to reach the place they obtain contraceptives. Table 6.17 shows the time taken to reach the source to get the the pills, dipo-provera, and condom.

Table 6.17: Time Taken to Reach Source of Contraception

Travel Time in Minute	No. of Current Users	Percent
0-14	4	7.5
15-29	21	39.6
30-44	17	32.1
45+	11	20.8
Total	**53**	**100**
Average time: 32 Minute		

Source: Field Survey, 2007

In general, it takes around half an hour (32 minutes) for current users to access a source. Only 7.5 percent of current users required time to access a source less than 14 minutes, nearly 40 percent users had to spend time to reach a source 15-29 minutes, similarly 32.1 percent and 20.8 percent users had to travel time 30-44 and more than 43 minutes respectively.

6.18 Breastfeeding as a Method of Contraception

Breastfeeding is another most important determinant of fertility and family planning. Although breastfeeding in Nepal is almost universal and prolonged, but most women are not aware of its contraceptive effect. In this context at the study area (Chilaunebas VDC) only 22.7% of the women knew that breast-feeding also works as a means of family planning.

6.19 Unmet Need and Demand of Family Planning

Unmet need for family planning has been defined as the proportion of women who want no more children or want children only after two years but are not using any form of contraception. On the other hand, current users of family planning methods are categorized as having a met need for family planning. The total demand for family planning is defined as the sum of these two components. Table 6.18 presents data on unmet need, met need and total demand of family planning. Where 13.4 percent of the women in the study area had an unmeet need for family planning services. The data shows that overall 54.6 percent of currently married women in the study area were currently using a contraceptive method where as the total demand for family planning was about 68 percent. That means if all currently married women,

who were identified to be in demand of family planning services had to use a means of contraception, the contraceptive prevalence rate (CPR) would increase from 54.6 percent to 68 percent of married women.

Table 6.18: Distribution of MWRA According to Unmet Need, Met Need and Total Demand for Family Planning Services by Age

Age	Need for Family Planning			No. of Women
	Unmet need for Contraception	Currently Using Contraception (Meet Need)	Total Demand for Contraception	
15-19	1(33.3)	1(33.3)	2(66.7)	3
20-24	4(14.8)	12(44.4)	16(59.2)	27
25-29	6(20.7)	17(58.6)	23(79.3)	29
30-34	2(10.0)	13(65.0)	15(75.0)	20
35-39	0	8(61.5)	8(61.5)	13
40-44	0	2(40.0)	2(40.0)	5
45-49	0	0	0	0
Total	**13(13.4)**	**53(54.6)**	**66(68.0)**	**97**

Source: Field Survey, 2007

Note: The number in parentheses is the percentage of corresponding values.

Table 6.18 shows that 13.4% of the women in the study area had an unmeet need for family planning services. The main cause of unmeet need for family planning is spousal separation due to foreign employment of their husband. Similarly others reasons may be desire of son, side effect of family planning devices etc.

6.20 Reason for Non Use of Contraception

The reasons which lead to the non-use of contraception are reported in this study. It especially signifies that the use of contraception will be low. Many reasons such as desire of son, religious reason, fear of side effect, husband opposed etc. is prevalence as well as low quality of contraceptive methods. Table 6.19 presents the cited reason for non-use of contraception by age.

Table 6.19: Reason for Non use of Contraception

Reason for Non Use	No. of Respondent	Percent
Desire of Son	11	23.4
Desire of Further Children	5	10.6
Religious Reason	1	2.1
Fear of Side Effect	21	44.7
Husband Opposed	6	12.8
Respondent Opposed	3	6.4
Don't Know About FP	0	0
Lack of Access	0	0
Total	**47**	**100**

Source: Field Survey, 2007

Table 6.19 shows that 44.7 percent non users stated that their main reason for non use contraceptive method was fear of side effect, followed by desire of son 23.4 percent, husband opposed 12.8 percent, desire of further children 10.6 percent, respondents opposed 6.4 percent, religious reason 2.1 percent and lack of access 0 percent.

In the national survey, NDHS 2006, it was noted that one of the main reason for not using family planning was fear of side effect (10 percent), which is 35 percent lower than the study area. It may be due to small sample size and being a hilly remote area. 12.8 percent respondents were not using any contraceptive methods in study area, due to husband opposed, this figure is also 9 percent higher than the national estimates provided by NDHS 2006.

CHAPTER SEVEN

SUMMARY, CONCLUSION AND RECOMMENDATION

7.1 Major Findings

This study has analyzed knowledge, attitude and practice towards family planning method among the married women of reproductive ages of Chilaunebas VDC of Syangja district. This study is based on the data obtained from the field survey, 2007 which provides the data on contraceptive knowledge and use of family planning methods. Furthermore, use of family planning methods provide the data on ever use, non-use, current use and reason for non-use. The study is based on primary data collected from the perception of 97 married women of reproductive aged 15-49 years of 95 households through the systematic sampling.

- ☞ Out of 627 total sample population, 298 (47.5 percent) males and 329 (52.5 percent) were females in 95 households. The average size of family was found 6.6 members. The total study of the population below age 15 year were 200 (31.9 percent) and the population aged 64 above were 50 (8.0 percent). The sex ratio had found 90.6 which is lower than national figure (99.8) based on 2001 census. The highest proportion of population found in 0-4 year group as 12.9 percent.

- ☞ The overall literacy rate has found (71.9 percent) age 6 years and above in the study area which is much higher than average

national figure (54 percent) base on 2001 census. Literacy level for male was found higher (85 percent) than women (56.9 percent), which are also higher than average national figure.

- There were only two religion group i.e., Hindu and Buddhist. Out of 95 households, 90 (94.7 percent) and 5 (5.3 percent) were Hindu and Buddhist religion respectively. Similarly 41.0 percent households were Brahmin, 30.5 percent Chhetri, 11.6 percent Kami, 8.4 percent Damai, 5.3 percent Gurung and only 3.1 percent households were Sarki community.

- Out of 95 households, 42 (44.2 percent) households meet their family expenses by their own production or job. 33 (34.7 percent) household meet their family expenses by wage laboring. To met family expenses, 8 (8.4 percent) households were work in other house/field. Similarly 12.6 percent households meet their family expenses by lend money.

- There were 81 percent households had electricity facility, most of the households (96.8 percent) had radio, 18 percent households had Television and account of CDMA Telephone was 7.4 percent.

- Majority of households (93.7 percent) had the toilet facility. Same percentage of households used pipe-water, only 4.1 percent and 2.1 percent households were using running water and dug-well water for drinking purposes. Similarly 83.1 percent households used traditional firewood for cooking

purpose. Use of LPG gas and bio-gas were very few 9.5 percent and 7.4 percent respectively.

- ☞ It was found that, 30 percent households had no fooding problem. Out of 95 households, nearly 35 percent had less than three month fooding problem. 25.3 percent household had 3-6 month fooding problems. Similarly 9.5 percent households had six and above month fooding problem for a whole year.

- ☞ Majority of households (i.e. 80 percent) had Zink-sheet roof in their house. Similarly 10.5 percent households had dry grass roof, 7.4 percent had stone roof and only 2.1 households stayed in cemented house.

- ☞ It was found that, majority of women (47.4 percent) had married at the age 15-19 years followed by 33 percent out of the age 20-24, 13.4 percent who had married before their fifteenth spring. And only 6.2 percent women had married at the age 25 and above.

- ☞ More than 76 percent of the respondents were literate and 23.7 percent were illiterate. Among the total respondents 30 percent were literate with primary education, 32 percent of respondents had attained secondary level of education. Only 14.5 percent of respondents had attained SLC and above level of education.

- ☞ The knowledge of at least one method of family planning was universal (99 percent) in the study area. The most widely known

modern method was condom (99 percent), female sterilization and dipo-provera both (98 percent), male sterilization and pills both (92.8 percent). Similarly, only 64 percent had known of periodic abstinence and few (41.2 percent) of women known of foam/jelly method.

- Among 97 currently married women, 35.1 percent of them had known about FP through their friends and neighbors, it was found that 29.9 percent of respondents know about method Radio and Television, 17.5 percent of women had known about method by their husband/family members, 11.3 percent of women had known about methods in school and college. Only 2.1 percent of women who known about methods through the newspapers and magazines in the study area.

- Knowledge of contraceptive method varies with level of education. The currently married women who have no education, condom, dipo-provera and permanent methods were most familiar known method (95.6 percent). The female has very lower knowledge about foam and jelly, which was accounted only 13.1 percent. It was found that, the women who attained SLC and above education known cent percent contraceptive methods except foam/jelly and periodic abstinence.

- About 73.2 percent of respondents have ever used at least one method of contraceptive. Among which 22.7 percent had used dipo-provera, 12.4 percent had used condom, 17.5 percent had

ever used sterilization (permanent method), 9.3 percent used pills and only one percent ever used Norplant. This shows that spacing methods were more familiar than permanent method in the study area.

- ☞ The contraceptive prevalence rate (CPR) was found (54.4 percent) among currently married women in reproductive age 15-49 years in the study area, which is 6 percent higher than national figure provided by NDHS 2006. It was found that, use of dipo-provera (13.4 percent) in for runner. The other methods were female sterilization (10.3 percent), condom (11.3 percent), male sterilization (7.2 percent), pills (7.2 percent) and norplant was found only one percent. Similarly traditional method i.e. periodic abstinence was found 4.1 percent.

- ☞ It was found that, nearly 50 percent of ever users of contraceptive were obtained from health post. Similarly 36.1 percent respondents obtained contraceptive from medical store and 11.3 percent respondents had obtained the contraceptive methods from hospital.

- ☞ Higher educational attainment is positively correlated with current use of family planning. Current use of contraception increase from 43.5 percent among currently married women with no education to 54.8 percent to those women who had secondary level of education and 78.6 percent to those women who attained SLC and above level of education.

- ☞ It was found that, women with no living children were less likely to use contraceptive method. The current use was found at the highest to those women who had already three living children (58.6 percent) followed by 4 and more living children i.e., 50 percent, 2 living children 48.1 percent and women who had only one living children were using i.e., 42.1 percent.

- ☞ Use of modern contraceptive was the highest (60 percent) in Gurung community and use of these methods was higher in Brahmin and Chhetri community. Likewise, use of any contraceptive was the lowest (33.3 percent) in dalit i.e., Sarkin community.

- ☞ It was found that the current use of modern contraception was found highest to those women who were engaged in service sector (i.e., 100 percent). 58.8 percent women used contraception who are engaged in housework activities. And only 43.5 percent women used contraception who were involved in laouring.

- ☞ Current use of modern contraceptive method was 33.3 percent for currently married women age between 15-19 rise with age and reach to 61.5 percent among women age 35-39, most of the women who sterilized were over age 35, while dipo-provera was very much popular among women age 25-34.

- ☞ Spacing methods (Condom, Dipo-provera, Pills, Periodic Abstinence) were very much popular among women whose

husband attained secondary and above level of education. While, permanent methods were more popular among women whose husband had less than secondary level of education.

- ☞ It was found that, majority of women (70 percent) responded that birth space between two children should be more than two years.

- ☞ Among women who say contraceptive use was joint decision 88.7 percent, among currently married women who say contraceptive use was mainly their decision 8.2 percent and contraceptive use was mainly husband decision reported only 3.1 percent.

- ☞ The majority of the users (39.6 percent) have required travel time 15-29 minute. 32.1 percent of current users required time to access a source 30-44 minutes, nearly 21 percent of users had to spend time to reach a source more than 45 minutes. And only 7.5 percent users had to travel time less than 14 minutes and in average, it takes around half an hour (i.e., 32 minute).

- ☞ It was found that, only 22.7 percent women had knowledge about contraceptive effect of breast feeding.

- ☞ In the study area, there were only 13.4 percent unmet need of family planning methods, which is less than the national average.

- ☞ Most of the respondents (44.7 percent) stated that their main reason for non-use contraception method was fear of side effect. Which is 35 percent higher than the national average provided by NDHS 2006.

7.2 Conclusion

On the basis of above analysis and result obtained from the study, the level of family planning knowledge among currently married women are found universal. And contraceptive prevalence rate (CPR) was higher than the national figure in study area.

Knowledge about different family planning methods was high. Among them condom, dipo-provera, female sterilization and male sterilization were well-known among the respondents. Out of modern contraceptive methods, knowledge and practice of norplant, foam and jelly has found to be very low. Concept about contraceptive method is found to be positive. It has found that mostly respondents prefer that birth space should be more than two years between two births.

There were factors that hinder the knowledge and practice of family planning methods such as fear of side effect, desire of son, respondents opposed, husband opposed etc. Another aspect of this study was that, the current use of contraceptive method is increasing as a level of education of respondents increasing. Similarly, it has been observed that, permanent methods (male and female sterilization) were more popular in less educational group or no educational group of women. While spacing methods were more popular among women who had SLC and above level of education.

Main sources of contraceptive supplies were health post and medical store (Pharmacies) in the study area. The average travel time to access sources of contraceptive method is 32 minutes and decision on family planning method was found both husband and wife jointly involved. Most of the respondents were used modern contraceptive methods for birth spacing, among them majority of respondents were found suffered from such contraceptive methods. Very few women used breastfeeding as a means of birth spacing.

7.3 Recommendations

The following recommendations are made on the basis of the findings of the study.

- ☞ Knowledge and practice of family planning are dependent on the socio-economic status of women and their education. Therefore education and socio-economic status of women should be encouraged.

- ☞ Knowledge on family planning method is universal among the respondents. It may increase contraceptive prevalence rate of the study area in future. To make the use of family planning methods more effective, everyone should be informed about the advantage and disadvantages of each family planning method.

- ☞ Low caste group, agricultural group and illiterate group had low prevalence of family planning methods. So, these group should be targeted for providing adequate knowledge and access in use.

- ☞ The government should provide employment opportunity and incentive program in different sector for the backward community and ethnic group in the study area.

- ☞ The finding suggest that son preference is existed in the study area therefore effective programmes to sensitize the people to convey the message of no difference between son and daughter should be launched.

- ☞ Most of the respondents were suffered from side effect of modern contraceptive when they once use, they should be provided appropriate information about the methods according to their physical condition.

7.4 Recommendation for Further Area of Research

- ☞ This study is based on knowledge and practice of family planning in Chilaunebas VDC of Syangja district. Further study may be carried out in specific caste or ethnic groups.

- ☞ This study is based on few demographic and socio-economic variables, so that other similar types of research can be carried out by using other unidentified variables.

BIBLIOGRAPHY

Acharya, (1996). *Fertility and Effectiveness of Family Planning in Lalitur District*: An Unpublished M.A. Thesis, Tribhuwan University.

Adhikari, C.P. (1996). *Knowledge attitude and practice of F.P.* Kathmandu, An unpublished M.A. Thesis, Tribhuwan University.

Bhende, Asha A and Kanitkar Tara, (2003). *Principles of Population Studies*. Delhi: Himalaya Publishing House.

CBS (2001). *Population Census (National Report)*. Kathmandu: Nepal.

Central Bureau of Statistics (CBS), 1995. *Population Monograph of Nepal*, Kathmandu: CBS.

Family Planning Association of Nepal (FPAN), 1994. *Strategic Plan* 1994-2003. Kathmandu, FPAN.

Ghosh, B.N. (1984). *A Dictionary of Demography*. Delhi: Arnold Heinemann Publishers.

Gyawali Damodar, (1998). *Population Education*. Kathmandu: Vidyarthi Pustak Bhandar.

Jesus, Amadeo, (1991). *The Profemilia, Family Planning Programmes, Columbia an economic prospective.* UN Publication.

Ministry of Health 1997. *Nepal Family Health Survey (NFHS)* 1996. Kathmandu: FP/MOH.

Ministry of Health 2001. *Nepal Demographic Health Survey* (NDHS) 2001. Kathmandu: MOH.

Ministry of Health 2006. *Nepal Demographic and Health Survey* (NDHS) 2006. Kathmandu: MOH.

Ministry of Health and Population, 2007. *Nepal Population Report* (NPR) 2007. Kathmandu: MOH.

Ministry of Health, 1977. *Nepal Fertility Survey* (NFS) 1976. First Report, Kathmandu: FP/MCH.

Ministry of Health, 1981. *Nepal Contraceptive Prevalence Survey* (NCPS) 1981. Kathmandu: FP/MCH.

Ministry of Health, 1987. *Nepal Fertility and Family Planning Survey* (NFFPS) 1986. Kathmandu: FP/MCH.

Ministry of Health, 1991. *Nepal Fertility, Family Planning and Health Survey* (NFFHS) 1991. Kathmandu: FP/MCH.

Ministry of Population and Environment, 1977. *The Birth, Death and Contraceptive Survey* (BDCS) 1996. Kathmandu: CDPS,TU.

Mishra U. (2004). *Knowledge and Use of Contraception in Kanu Community*. Kathmandu: An unpublished M.A. Thesis, Tribhuwan University.

Nepal Rastra Bank (NRB), 2006. *Achieving Millennium Development Goals*: Challenges for Nepal. Kathmandu: NRB.

Pathak, R.S. 1997, *The Quality of Family Planning Services in Nepal*: An Assessment, Nepal Population Journal. Kathmandu: CDPS, T.U.

Shrestha, D.P., 2000. *Determinates of Current Contraceptive Use Among Nepalese Women*: An Analysis of NFH Survey 1991, Nepal Population and Development Journal. Kathmandu: MOPE.

Subedi, Govind, 1997. *Contraceptive Use in Nepal* Bal Kumar K.C. (ed.), Nepal Population Journal. Kathmandu: CDPS, T.U.

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Annex A

Annex B

Trend in Knowledge, ever use and Current use of Family Planning methods.

Percentage distribution of currently married women who know, ever use and current use of specific contraceptive methods, Nepal 1976-2006

Characteristics	**NFS** [1] **1976**	**NCPS** [2] **1981**	**NFFS** [3] **1986**	**NFFHS** [4] **1991**	**NFHS** [5] **1996**	**NBDCS** [6] **1996**	**NDH** [7] **2001**	**NDHS** [8] **2006**
Total interviewed H.H.	5976	5500	5029	24745	8082	12876	8602	8742
Total interviewed MWRA	5940	5881	4012	25384	8429	9439	8726	10793
Husband interviewed	NO	No	Yes	No	No	No	Yes	Yes
Knowledge of contraception	**22.1**	**51.9**	**55.9**	**92.7**	**98.4**	**73.5**	**99.5**	**99.99**

Knowledge of contraception by specific methods

Characteristics	**NFS** [1] **1976**	**NCPS** [2] **1981**	**NFFS** [3] **1986**	**NFFHS** [4] **1991**	**NFHS** [5] **1996**	**NBDCS** [6] **1996**	**NDH** [7] **2001**
F. Sterilization	13.0	44.4	51.2	88.6	96.3	62.5	99.1
M. Sterilization	15.7	38.1	43.1	85.3	84.7	55.3	98.2
Pill	12.0	25.1	27.8	65.8	80.5	49.5	93.4
IUD	6.0	8.4	6.7	24.1	35.9	22.7	54.7
Injectable	-	9.0	13.5	64.7	85.0	47.9	97.3
Norplant	-	-	-	34.6	57.3	24.4	79.8
Condom	4.8	13.6	16.8	51.6	75.3	42.2	91.0

Foam/ jelly	-	-	-	19.0	28.3	15.0	40.2
Any traditional	-	1.5	0.6	18.8	24.4	11.8	55.4
Ever use of contraception	3.4	8.6	15.8	28.0	38.4	33.7	53.1

Ever use of contraception by specific method

Characteristics	**NFS** [1] **1976**	**NCPS** [2] **1981**	**NFFS** [3] **1986**	**NFFHS** [4] **1991**	**NFHS** [5] **1996**	**NBDCS** [6] **1996**	**NDH** [7] **2001**
F. Sterilization	0.1	2.4	6.2	11.0	12.1	14.0	14.9
M. Sterilization	1.4	2.9	5.7	6.8	5.6	7.1	6.4
Pill	1.7	3.1	1.8	5.4	8.3	4.0	12.0
IUD	0.2	0.2	0.2	0.6	0.8	0.4	1.1
Injectable	-	0.4	0.6	4.6	10.6	6.3	20.6
Norplant	-	-	-	0.3	0.6	0.5	1.2
Condom	0.6	1.2	1.2	2.3	6.5	3.1	11.6
Foam/ jelly	-	-	-	0.4	0.6	0.1	0.8
Any traditional	-	-	0.1	2.3	6.3	0.3	12.1
Current use of contraception	**3.0**	**6.8**	**15.1**	**25.1**	**28.5**	**32.3**	**39.3**

Current use of contraception by specific method

Characteristics	**NFS** [1] **1976**	**NFFS** [3] **1986**	**NFFHS** [4] **1991**	**NFHS** [5] **1996**	**NBDCS** [6] **1996**	**NDH** [7] **2001**	**NDHS** [8] **2006**
F. Sterilization	0.1	6.2	12.1	12.1	15.2	15.0	18.0
M. Sterilization	1.9	6.2	7.5	5.4	7.2	6.3	6.3
Pill	0.5	0.9	1.1	1.4	1.9	1.6	3.5
IUD	0.1	0.1	0.2	0.3	0.3	0.4	0.7
Injectable	-	0.5	2.3	4.5	4.0	8.4	10.1
Norplant	-	-	0.3	0.4	0.5	0.6	-
Condom	0.3	0.6	0.6	1.9	1.9	2.9	4.8
Foam/ jelly	-	-	0.0	0.1	0.0	0.0	-
Any traditional	0.1	-	1.0	2.5	0.2	3.9	3.7
Any modern method				26.0	-	35.4	44.2

Note: 1: Nepal fertility survey

2: Nepal contraceptive prevalence survey

3: Nepal fertility and family planning survey

4: Nepal fertility, family planning and health survey
5: Nepal family health survey
6: The birth, death and contraception survey
7: Nepal demographic and health survey
8: Nepal demographic and health survey (preliminary report)

Sources: Different National Survey