

CHAPTER - I

INTRODUCTION

1.1 Background

Family planning means to enable couple and individual to decide freely and make responsible for the number and spacing of their children. In short, family planning means family management, family welfare programme and Planned Parenthood. Family planning programme play a key role in providing information and services that help people make informed reproductive choices and use contraception safely and effectively (Wagle, 2005). It can also be defined as a systematized process through which medical science is applied to control and plan the number of children and their spacing as desired by the parents. It is adopted with the view to ensure mothers, happy babies and happy family life through appropriate management and mobilization of income and other sources. It is subjected to save mothers health and life.

Family planning is being recognized as one of the most important issue in Nepal not only as popular “number” problem but as an issue which affects the health and lives of thousands of women and children. The full range of family planning and family welfare benefits available for the responsible planning of families itself has often been hidden and lost from public view by religious socio-cultural and ethnic controversies. Even though the awareness of at least are method of family planning among the women of reproductive age has increased to over 92.5 percent more than 50 percent are interested in the use of contraceptive method. The reported percentage did not exceed 24 percent in 1996. (Manandhar, 1996, 62-63)

The greatest contribution of family planning programme lies avoiding unwanted pregnancies and their by unplanned birth making sure that all the births are planned. According to world data less than half of the births are unplanned. Many women have terminated unwanted pregnancies in induced abortion.

Family planning has been a central component of population policies and programme and is an integral part of reproductive health. It allows couple and individuals to realize the basic right of deciding freely and responsibly the number, spacing and timing of their children, a right well established at the United Nations World population conference in 1974 has reaffirmed at the International conference on population and development held in Cairo in 1994. (United Nation 1994) by allowing couple and individual to control their own reproductive process which is the central to the quality of their lives. In fact, it has been widely shown that both women's and children's health are at high risk if women have pregnancies too soon, too late, too often or too close the each other.

The meaning of family planning is not to postpond birth to give freedom to the people about the number and spacing of their children, to have the information and means to do so and to ensure informed choices and make available to full range of safe and effective methods are the aim of the FP programme in a variety of setting demonstrate that informed individual everywhere can and will act responsible in the right of their own needs and those families and communities. The principal of informed free choice is essential to the long term success of FP programme. (ICPD, 1994)

In Nepal, Family Planning Programme was started with the organization of Family Planning Association of Nepal in 1958. In fact, Nepal was one of the first countries of South Asia where information

about family planning was available through non-governmental programme since 1986 (MOH 2004). Initially the services were limited only in Kathmandu valley with limited services that is maternal child health, services. Since nineties, all of the health services were brought together and family planning has become an integral part of the country's health service. Now FP services has been expanded all 75 district of Nepal.

Knowledge of family planning service is nearly universal in Nepal. A greater percentage of currently married women reported knowing a modern method (98%) than traditional method (44%). (Pradhan et. al., 1997:64)

Reproductive and sexual health is including family planning services and information was recognized not only as a key intervention for improving the health of women, men and children but also as a human right. All individual have the right to access, choice and the benefits of scientific progress in the selection of FP methods. A right based approach to the provision of contraceptive assumes a holistic view of clients which includes taking into account clients sexual and reproductive health care as well as considering all appropriate eligibility criteria and practice recommendation in helping clients choose and use of FP (WHO, 2005: 4)

Family Planning helps individual and couple to avoid unwanted pregnancies, bring about wanted births and determine the timing of pregnancies and the number of children in their family. It also shows the rapid population growth that contributes to poverty and environmental degradation. (UNFPA, 1997:9)

Family Planning is the central component of reproductive health which play a vital role in improving information and services. FP helps people make informed to use any contraception, safely effectively and

reproductive care. The greatest contribution of FP programme which are meeting demand for family planning, saving women's life encouraging safer sex, saving children's life, offering women's choice and reaching out to youth to maintain and promote their RH (Pathak, 2001, 1-10)

Development is the best contraceptive in itself. Family Planning programme is the most effective way to control the high fertility. In fact, the idea of family planning evolved with an understanding of balance between the resources and the number of users, so that the quality of life could be maintained. A caution is explaining family planning was that there would be until ;and unless a great deal of understanding of reproductive need of people or demand for children would be able to successfully implemented by effective family planning programme. Like wise the family planning was also inevitable and the simple and straight forward way of applying the method were also not seen. People have different social, cultural, ethnic, religious, economic and psychological values and norms and thus reproductive need were governed by all of these factors. The family planning programme were only urban oriented and rural areas are negligible in Nepal. (Acharya 1996; 134-141)

1.2 Statement of the Problem

Population growth is a serious problem in every developing countries like Nepal so government of these countries are motivating the people towards small family norms. But being developing and the poorest country in the world, Nepal is facing the problem of rapid population growth which is caused by lack of industrialization, low productivity, illiteracy and unemployment. On the one hand, Nepal is conducting many programme through NGO, INGO for the maximum distribution of contraceptives to reduce fertility rate. On the other hand, it is found that contraceptive prevalence rate in Nepal is very low in the world, though

Nepal has invested 15 percent – 19 percent of its total expenditure in family planning programme. (CBS, 1987: 33)

Utilization of family planning service also differs according to geographical region, caste and ethnicity. Tribhuwan Municipality lies in Dang district which contains various castes, religions. It has PGR 2.6 percent and CPR 41.8 percent which is greater than national level. Females are less educated than male because about 47 percent female are literate. Though this municipality is multi regions and multi castes but no one has conducted the studies regarding the knowledge, perception and utilization of family planning methods so it is needed to conduct this research on these issues to give some new information. This study explores the knowledge, perception and utilization of family planning method of the research area.

1.3 Significance of the Study

This study provides knowledge, perception and utilization of family planning methods of the women aged 15 – 49 years of Tribhuwan Municipality of Dang districts. Policy makers, administration, demographer, NGO, INGO are always seeking more detail information about not only national level but also about grass root level. So it provides reliable information on knowledge, perception and utilization of Family Planning methods which helps to implement the family planning programme in related municipality.

1.4 Objectives of the Study

The general objective of this study is to know the knowledge, perception and utilization of Family Planning methods.

The specific objectives of this study are:

- a. To find the socio-economic background of the women of reproductive age 15-49 yrs.

- b. To identify the cause for use and non use of family planning methods among the women of reproductive age 15-49 yrs.
- c. To find the educational status of women.

1.5 Organization of the Study

The study on Knowledge, perception and utilization of family planning methods in Tribhuwan Nagarpalika of Dang district is divided into six chapters. The first chapter deals with background of the study, statement of the problem, significance of the study, objective of the study, organization of the study and limitation of the study. Chapter second deals about the review of literature and conceptual framework. Chapter third deals about research methodology which contains introduction to study area, research design, sources of data, Questionnaire design, methods of data collection, techniques of data processing and analysis. Similarly the fourth chapter deals about socio-economic and demographic characteristics of the study population. The chapter fifth provides the information about family planning mainly knowledge, perception and utilization and the last chapter concludes summary, conclusion and recommendations.

1.6 Limitation of the Study

This study has the following limitations. They are:

- This study is limited only in Tribhuwan Municipality.
- This study is concentrated only to the married women of reproductive age 15-49 yrs.
- This study is based on small sample size so finding may not be generalized for national level.

- This study covers only knowledge, perception and utilization of family planning methods of related area.

CHAPTER - II

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 Literature Review

On the past three decades, the availability of safer method of modern contraception was increasing in the world. Currently about 55 percent of couples were using some family planning methods in developing countries. Family planning programme helps to decline in the average fertility rate for developing countries. But the full range of modern family planning method still remains unavailable to at least 350 million of couples in worldwide. Only 120 million women worldwide were using a modern family planning methods. During the decades of 1960s the number of couple of reproductive age i.e. 15-49 yrs will grow by about 18 million per year. Thus family planning and contraceptives supplies will need to expand very rapidly over the next several years. (ICPD, 1994: 49-50)

UN (1999) estimated that 570 million of couple were using modern method of contraception worldwide in 1998. At the same estimated, the world Contraceptive Prevalence Rate (CPR) for 1998 was 58 percent, for less developed countries was 55 percent and more developed countries was accounted 70 percent. In the contrast of South Asian countries, family planning indicators showed that the CPR was highest in Sri Lanka (66%) followed by Bangladesh (49%), India (41%), Nepal (29%),

Pakistan (18%) and the lowest percent in Afghanistan which was accounted only 2 percent (UN, 1999: 1-5).

More than 50 percent married women in child bearing age (15-49 years) were using one or another form of contraception. This contraceptive prevalence varies widely between countries ranging from 1 percent to 75 percent. The trend for increasing contraceptive use was however universal in developing countries. Between 1960–1975 and 1995-1990, the number of contraceptive users in Nepal all developing countries had increased from 31 to 381 million in the East Asia from 18 to 217 million in L. America from 4 to 44 million in South East Asia from 8 to 94 million and in Africa from 2 to 18 million. Most of the users were women. The number of male user of contraceptive method was only one third of the number of female users in worldwide. (Fathalla, 1992: 15-16)

The study on contraceptive failure rates in 15 developing countries includes that average first-year failure rates for oral contraceptives, IUD, rhythm and withdrawal were generally comparable to these in developed countries but vary considerably within and between regions. The major difference between developing and developed countries, in developing countries the average first year failure rate for contraceptive (6.8%) was higher than that for IUDs (19.3%) and withdrawal (16.3%) were comparable to developed country rate (WHO, 1994: 24)

Population growth has been a matter of great concern. The population increased from 15.0 million in 1981 to 18.4 million in 1991 and 3.1 million in 2001. The annual population growth rate (PGR) during the last inter-censal period is 2.25 percent and it was increased by 34 percent during the year 1981-1991. The literacy rate among males increased from 34 percent in 1981 to 55 percent in 1991 and reached 65.5

percent in 2001. The corresponding figures of female were 12 percent, 25 percent and 42.8 percent in the year 1981, 1991 and 2001 respectively (CBS 2003). The birth rate has been declined from 41.2 to 33.58 per thousands population during 1991-2001. The total fertility rate (TFR) has declined from 5.6 to 4.1 in the same year. (MOPE, 1998)

In one hand, Nepal's Population has been increasing rapidly as a result of continuous decline in death rate and on the other hand, continuing high fertility rate. Nepal has been facing highest population growth rate 2.6 percent per annum during 1971-1981 but decline to 2.08 percentage per annum 1981-1991. (CBS, 1995:43). But according to 2001 census the rate overage annual growth rate of population would be double within the next 31 years.

The family planning association of Nepal was established in 1958 B.S. on a limited scale it undertook to create awareness among people regarding the need and importance of offering family planning services. The family planning project was established in 1965 and was put in the maternal and child health section of the department of health. Efforts were made to offer family planning services and information through the existing maternal and child health clinic (CBS, 1995). These services were available at first only to the population of Kathmandu valley. Later the services were gradually expanded including other part of the country. In 1968, Nepal family planning and maternal child health (FP/MCH) based was established as FP/MCH project. FP/MCH project is responsible for the delivery of FP/MCH services to the entire population of the whole society. There are 40 districts offices of the project which carry the national programme in 52 out of 75 districts of the kingdom. The community health and integrated project, under the ministry of

health, is responsible for providing family planning services in the rest of the 23 districts. (NCPS, 1983)

Knowledge about family planning is almost universal in Nepal with 99.5 percent of currently married women have heard at least one method of family planning. (MOPE, 2003: 33)

Approximately five times increase was found in the percentage of currently married women who know about modern method over the last two decades. The major sources of knowledge about family planning method is media, 53 percent of ever married women have been exposure to family planning message on radio or television and about 23 percent have been exposed to message through the print media. In addition, about one out of four women have heard at least specific family planning programme on radio (NFHS, 1996: XXVI).

The increase in family planning use and the related smaller family size reflect the growing desire of couple and individual to choose the number and living of children they want to have. In the great majority of developing countries, recent survey shows that there have been considerable reduction in the average number of children desired by the women over the past 30 years. (Bankole and West off, 1995)

Current use of family planning service sharply varies with living children a women. Women who had no living children are of those women who had already three living children 43 percent. This is common in Nepal that women make use of FP when they have completed their desired family size. The current use of permanent method increased with the number of living children upto 3 and peaked around 43 percent currently married women who had three living children. (MOPE 1996:72)

The concept of reproductive health gained currency in 1980s as a symbol of a fresh perspective on women's right and family planning. The premises of this perspective is the principle the every women has right to reproductive health that is to regulate her fertility safely and effectively, to understand and enjoy her own sexual, to remain free of disease, disability or death associated with her sexuality and reproduction, to bear and rear healthy children. A reproductive health programme involves more than the delivery of maternal and child health or family planning services as conventionally defined. It is multi-dimensional. It is right oriented as well as health oriented, and it recognizes that sexual as well as reproductive health as rights are vital elements of physical and emotional well being. (Muller, 1993).

A little less than three fourth of currently married women (73.5%) were familiar with at least one method family planning. Almost all the women who reported such knowledge knew a modern method (73.3%). Among the individual method, female sterilization appears to be the best known contraceptive method followed by male sterilization, pills and injectable. (K.C. et. al., 1997)

Modern family planning method in Nepal are sterlization (male and female), pills, IUD, Depoprovera, Norplant, and condom. The contraceptive methods are made available under the national health services, delivery system. The services are provided by different health institution at various level through static service as well as by holding mobile camps voluntary surgical contraception (VSC) was provided through district hospital or mobile camps. Spacing methods of contraception such as Depo-Provera, oral pill, condom are available at the community level where as Norplant and IUD are available at selected HPs, PHCs, and hospitals. The private sector including NGOs and social

marketing programme provides Depo-Provera, oral pills, condom while some other private sector, institution also provides Norplant and IUD service. (MOPE, 2004: 75)

Lower percent of currently married rural women are practicing sterilization comparing to urban women. It is also noted that female sterilization is popular among currently married women of Terai Region and male sterilization in Mountain and Hill region (Pathak, 1996: 75). People believing that they can't work well if they have sterilization, may be the possible cause of it. His study also reveals that working class Nepalese are less likely to use female sterilization.

In the context of Nepal, there was readily accessibility to contraceptive to 53 percent of current users in 1996 which increased from 29 percent in 1991. This is probably due to the development of health institution as envisaged by new health policy, 1991. Although there is substantial increase in ready accessibility in rural area in 1996 compared to 1991, there is however, marked differential in rural-urban. Still more than 50 percent of current users had no ready accessibility to contraceptive in rural area in 1996, while 82 percent of current users in urban area were getting contraceptive locally. (Pathak, 2000: 49)

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In Nepal, the most widely used modern method of contraception were female sterilization (15%) among currently married women

followed by injectables (8%), male sterilization (6%) and condom (3%). The most important causes for not intending to use contraceptive in future among the currently married women were sub fecundity or infecundity and fear of side effects. More than one in two currently married women did not use any method in future because of their wife's menopause, one in ten cited religion opposition and percent cited fear of side effects. Similarly, 28% of currently married women have unmet need for family planning service in Nepal of whom 11 percent have a need for spacing and 16 percent for limiting purpose (NDHS, 2001: xxii-xxiii)

Since the initiation of FP programme, the knowledge and utilization FP services have been rising gradually over the years. Substantial increase in the level of knowledge has been observed since the mid 1970's. In 1976, the proportion of currently married woman aware at least one family planning method was 22 percent. By 2001, almost all (99.5%) married women of reproductive age knew at least one modern method of contraceptive method which showed the knowledge of at least one modern method of contraceptive method which showed the knowledge of at least one modern method of contraceptive among ever married women was universal. (New Era, 2001: 10)

CBS 2000 states 99.7 percent of currently married women have heard of contraception. The level of modern contraceptive use in Nepal has increased gradually in the last two decades. For the year 197 the CPR was 2.9 percent (NFS) which increased upto 7.6 percent in 1981 (NCPS). For the period 1991, CPR was 24.1 percent (NFFS) which increased upto 28.8 in 1996 (NFHS) and in 2001, it was 39.3 percent (NDHS, 2001). This trend of CPR of Nepal shows that the current use of contraceptive has gone up from 3 percent in 1976 to 30 percent in 2001 of this 39 percent sterilization accounts for 24 percent points and the user of

temporary method of contraceptives accounts for 15 percent points (MOPE 2003). Among those female sterilization has become the most popular.

In Nepal, unmet need of family planning is very high. Unmet need for family planning has been defined as proportion of women who want no more children or want children only after two years but are not using any contraception. The total demand of family planning is defined as the sum of met need and unmet need. The total demand for family planning has been increasing over the years. For the year 2001, unmet need for contraception was 27.8 percent which was 27.7 percent in 1991 (MOH, New Era, and ORC macro, 2002)

Finding from NDHS 2006 shows that knowledge of at least one modern method of family planning in Nepal is almost universal among both women and men. The most widely known modern contraceptive methods among currently married women are: injectable (99%), female sterilization (99%), condoms (97%), male sterilization (96%) and contraceptive pills (95%). Eighty four percent of married women know of implants, about two in three women have heard of IUD and 7 percent of women have heard of emergency contraceptive. (NDHS, 2006:75)

In Nepal, knowledge of contraceptive method among currently married adolescent women was very high (97%) but their use was very low. At the national level, no more than 7 percent of currently married women aged 15-19 were using contraceptive method which was much lower compared with the national average level of 29 percent. Even when compared with the slightly higher age group i.e. 20-24, it was less than half practicing contraception because of lack of choice of contraceptive and many other reasons, the unmet need for contraception among currently married adolescent women was highest particularly for spacing

purpose. The NFHS 1996 result indicated 41 percent total unmet need (39%) for spacing between 1991 to 1996 and this increase was almost only for spacing purpose. The increase in unmet need among adolescent during this period was much higher as compared to women of older age group. (Ban, 1998: 85-86)

Joshi (1998) has studied on utilization of Family Planning Service: An Evaluation of Byansi community of khalanga VDC in Darchula district. The study reveals that almost all (99.2%) currently married women of reproductive age group are familiar with at least one methods of family planning. Among the individual method, female sterilization appears to be the best known method (99.2%) followed by male sterilization (96.5%), injectable (93.9%) and pills (62.6%). The overall knowledge of traditional method is found very low (53%).

Use of contraception is associated with the level of education that the clients have higher educational attainment is positively correlated with current use of family planning. Use of modern method increases from 34 percent among currently married women with no education to 46 among women with S.L.C. and above is condoms. 14 percent whereas the most popular method among women who have no education is female sterilization is 16 percent. In fact, female sterilization is the most popular method, among all women who have less than S.L.C. level or no education. In general as women's level of education increases they are more likely to use modern spacing methods. A similar patten between education and use in observed for men (MOH, 2001)

There is strong positive association between use of contraceptives and number of living son and between contraceptive use and education of women and husband. The level of current use varies from 14.2 percent

among women with no education to 39.9 percent among those with middle schooling. (Risal and Shrestha 1989: 33)

Contraceptive choice was dependent on the effectiveness of the contraceptive method in preventing unwanted pregnancies, which was dependent for some method not only on the protection offered by the method itself, but also on how consistently and correctly used. Most of the men and women tend to be more effective users as they become more experienced with the methods. However, programmatic aspects also have a profound effect on how effectively the method will be used. (WHO, 2004: 5)

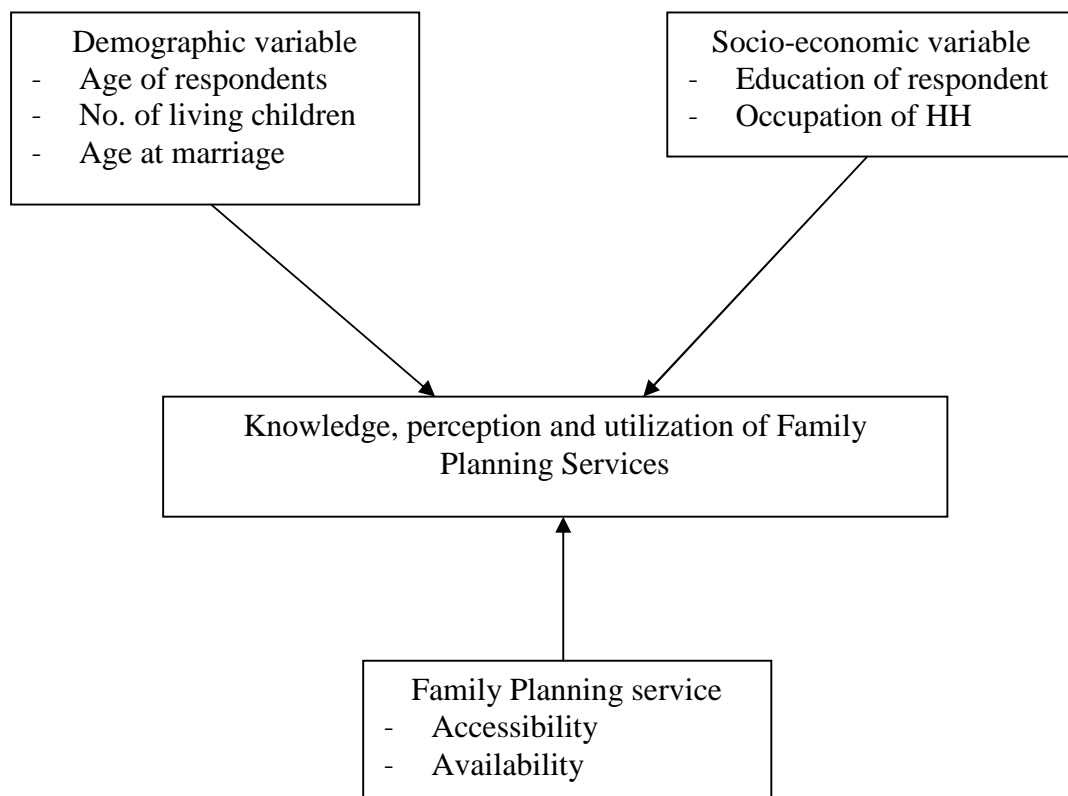
Knowledge of contraceptive method is presented for ever married and currently married women and men by specific method. NDHS, 2001 shows that knowledge of at least one method of modern FP is nearly universal in Nepal with the little difference women and men. The most widely known modern contraceptive method among both ever married and currently married women are female sterilization (99%) and condom (91%). Four in five women know Norplant, a little more than one in two women have heard of IUD, while two in five women have heard of vaginal methods. This pattern is similar for ever married and currently men except that men are relatively more likely than women have heard of condom, vaginal methods and the IUD and are less likely than woman to have heard of injectable and pills. A greater proportion of women and men reported knowing a modern method than a traditional method. This is more pronounced in use of women, only 55% of them know of any traditional method. Reported knowledge of traditional method is much higher among men. (more than 80%). (NDHS, 2001: 67)

Inter spouse communication enable both husband and wife to know each others attitude towards family planning and contraceptive use.

Studies conducted in various developing countries have revealed the fact that the couple communication about FP is low. For example between 23 percent to 43 percent married man reported to have discussion about FP with their wives in the past years. In many developing countries like Nepal interspouse communication about FP is low. (MOH, 1996)

2.2 Conceptual Framework of the Study

Use of family planning service is one of the intermediate, determinants of fertility. It is determined by various socio economic and demographic cultural and other variables. The main objective of the study is to study the family planning knowledge, perception and utilization, keeping in view the socio-economic and demographic norms. The knowledge and utilization of family planning methods are affected by availability, accessibility, side effect and effective counseling of family planning methods.



CHAPTER - III

METHODOLOGY

There is a vital role of methodology in any type of research. To collect the reliable data from research area and for the presentation of collected data, various types of research methods were used.

3.1 Introduction of Study area

The study area of my research is Tribhuvan Nagarpalika of Dang district. Dang district lies in the mid-western development region of Nepal. The district is surrounded by CHURE PAHAD in the south and MAHABHARAT PAHAD in the north. Mahabharat Pahad is the north, Dang valley in the middle, Chure Pahad beyond the valley and Terai adjoining Uttar Pradesh of India are the geographical areas of the district. Majority of Dangali people live in foothills of Chure and Mahabharat range.

The district has altogether 39 VDCs and 2 Municipalities namely Tribhuwaqn Municipality and Tulsipur Municipality. My study area is Tribhuvan Municipality which has 8945 households and population 43,126 among that male are 21576 and female are 21550 (CBS 2001).

This municipality is densely populated. Settlement pattern is multi-lingual, multi-religious and multi-castes. It has eleven wards. Various types of infrastructure of development like hospital, pitch road, one T.U. affiliated campus having degree class, nearly one government higher school and five private higher schools are existed there. There are good transportation and communication services. Various districts offices have been established here.

3.2 Research Design

Research design is the plan, structure and strategy of investigation conceived so as to obtain answer to research questions. It refers to the procedures for the collection of data and its analysis. The research design for my study was descriptive which is fully based on field study method to explore and analyze the knowledge, perception and utilization of family planning methods.

3.3 Sources of Data

My study was based on primary data that researcher had collected on actual field. The data was collected by face to face interview with the women of 15-49 years who were purposively selected in the ward. As supplementary source, I used some secondary data published in journal, bulletins, survey report, previous studies etc.

3.4 Sampling Size and Sampling Procedure

Only one ward is selected by random sampling. From that ward 110 household is chosen by purposive sampling and total respondent is 145. The information of HH has been collected from the respondents, i.e. Women of 15-49 yrs of these are more than 2 women of RA in one household, such respondent will be chosen who have only one living

child. Similarly in case of one woman in HH without children such respondent was avoided.

3.5 Questionnaire Design

The questionnaire was designed in such a way that it would be easy collect required information. Questionnaire will be designed into 5 groups. They are Household Questionnaire Individual question. The purpose of HH questionnaire in my study was to collect HH information and individual questionnaire was for the purpose of calling individual information about knowledge perception and utilization of FP methods. Questionnaire is designed with time limited of 30 min with one respondent.

3.6 Tools of Data Collection

The main tool of data collection of my research was questionnaire sheet which was filled by asking the question to respondent directly.

3.7 Data Processing and Analyzing Techniques

After the collection of raw data, they were checked and verified at the field manually to reduce its errors. Then those raw data collected from the field is processed in the micro computer and entered in the software programme and eventually required table was generated by translating into SPSS software programme.

CHAPTER - IV

BACKGROUND CHARACTERISTICS OF RESPONDENTS

This chapter deals the basic characteristics of respondents (currently married women aged 15-49 years). The subsequent section of this chapter deals with demographic and socio-economic characteristics of the respondents. The total numbers of respondents were 145 from ward no. 10 of Tribhuwan Municipality of Dang district.

4.1 Individual Characteristics

In this section, individual characteristics of respondent are described which include distribution of respondent by age, relationship with household, caste, religion, occupation, household facilities, land holding, literacy status, husband's education, occupation, age at marriage, etc.

4.1.1 Distribution of Respondents by Age

The following table shows the distribution of respondent by age.

Table 1: Percentage Distribution of Respondents by Age Group

Age Group	No. of Respondents	Percent
15-19	5	3.4
20-24	27	18.6
25-29	39	26.9
30-34	30	20.7

35-39	30	20.7
40-44	10	6.9
45-49	4	2.8
Total	145	100

Source: Field Survey, 2007.

Above table clearly shows that the proportion of women at age group 25-29 is highest with the percent 26.9, then followed by age group 30-34 and 35-39 with the percentage 20.7 each.

4.1.2 Distribution of Respondents by Caste

The following table shows the distribution of respondents by caste.

Table 2: Percentage Distribution of Respondents by Caste

Caste	No. of Respondents	Percent
Brahmin	30	20.7
Chhetri	32	22.1
Magar	31	21.4
Kami	19	13.1
Newar	13	9.0
Muslim	3	2.1
Sunar	9	6.2
Tharu	4	2.8
Thakuri	3	2.8
Giri	1	0.7
Total	145	100

Source: Field Survey, 2007.

Above table shows that among the total respondents 145, 22.1% respondents are seen Chhetri, followed by Magar, Brahmin, Kami,

Newar, Sunar, Tharu, Thakuri, Muslim, Giri and the percentage is 21.4%, 20.7%, 13.1%, 9%, 6.2%, 2.8%, 2.1% and 0.7%.

4.1.3 Distribution of Respondents by Religion

The following table shows the distribution of respondents by religion.

Table 3: Percentage Distribution of Respondents by Religion

Religion	No. of Respondents	Percent
Hindu	132	91
Buddhist	6	4.1
Muslim	4	2.8
Christian	3	2.1
Total	145	100

Source: Field Survey, 2007.

From the above table, it is concluded that among the 145 respondents 91 percent are Hindu followed by Buddhist (4.1%), Muslim (2.8%) and Christian (2.1%).

4.1.4 Distribution of Respondents by Occupation

People of any society are engaged in any types of works. Occupation of people affects the knowledge, perception and utilization of family planning method. It also affects the fertility behaviour and quality of life of people. In the study area respondents are found engaged in various types of occupation. The major occupations of respondent of study area are given in the following table which shows the percentage distribution of respondent by occupation.

Table 4: Percentage Distribution of Respondents by Occupation

Occupation	No. of Respondents	Percent
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Service	8	5.5
Business	15	10.3
Daily wage	11	7.6
Housewife	111	76.6
Total	145	100

Source: Field Survey, 2007.

Above table shows that among the total respondents 145, highest proportion of women falls in Housewife (76.6%) followed by business (10.3%), Daily wage (7.6%) and service (5.5%).

4.1.5 Distribution of Respondents by Relationship with Household Head

Relationship of respondent with household head shows the structure and size of family. If the head of HH is father in law of respondent, the family may be large family whereas the husband as head of family shows lower number of family size. The following table shows the distribution of respondents by relationship with household head.

Table 5: Percentage Distribution of Respondents by Relationship with HH Head

Relationship with HH Head	No. of Respondents	Percent
Husband	98	67.6
Father in law	47	32.4
Total	145	100

Source: Field Survey 2007

* HH = Household

Above table shows that only 32.4 percent respondents have joint family and 67.6 percent respondent have single family and are lower in size.

4.1.6 Distribution of Respondents by Literacy Status

Literacy status is very important ingredient of human life. It determines the quality of life of people and level of education represents the progress of nation/area. It directly affects the various aspects of life. Literacy status of respondent affects the knowledge, perception and utilization of family planning method. The data about literacy status have been collected by asking the respondents whether they have attended the school or not. The respondents who have attended school were 120 and the respondents who have never attended school were found 25.

Table 6: Percentage Distribution of Respondents by their Educational Status

Education Level	No. of Respondents	Percent
No education	25	17.2
Primary	37	25.5
Lower Secondary	21	14.5
Secondary	19	13.1
SLC+	43	29.7
Total	145	100

Source: Field Survey, 2007

Above table shows that among 120 respondents who have attended school, 25.5 percent have attended upto primary level, similarly 14.5 percent, 13.1 percent and 29.7 percent respondent have attended lower secondary, secondary, and SLC+ respectively. Only 17.2 percent respondents are uneducated.

4.1.7 Distribution of Respondents by their Husband's Education Status

The following table shows the distribution of respondents by their husband's education.

Table 7: Percentage Distribution of Respondents by their Husband's Education

Education Level	No.	Percent
Primary	29	20.0
L. Secondary	24	16.6
Secondary	20	13.8
SLC+	72	49.6
Total	145	100

Source: Field Survey, 2007

Above table shows that all the respondent's husband have attended school among them about one fifth of respondents reported that they had primary education, 16.6% have attended lower secondary, 13.8% have attended secondary level and 49.6% have attended the SLC and above level. In conclusion, the level of husband's education of respondent is satisfactory. It also affects the knowledge, perception and utilization of family planning methods.

4.1.8 Distribution of Respondents by Their Husbands Occupation

The following table shows the distribution of respondents by their occupation.

Table 8: Percentage Distribution of Respondents by Their Husband's Occupation

Occupation	Number	Percent
Service	48	38.1
Business	53	36.5
Daily wage	27	18.6
Farmer	2	1.4
Foreign Labour	13	9.0
Nothing	2	1.4
Total	145	100

Source: Field Survey, 2007

Above table shows that most of the respondent's husband are engaged in business because among the total number, 36.5 percentage are seen having engaged in business followed by service (33.1%), daily wage (18.6%), Foreign labour (9%), farmer (2%) and 1.4% are not engaged in any occupation.

4.1.9 Distribution of Respondents by Age at Marriage

Age at marriage is the age at which one enters into marital union. Age at marriage is one of the proximate determinants of fertility, if a woman's age at marriage is high, she will have chance of less number of children. High age at marriage not only restricts the number of children but it is also necessary for good health of both mother and child. But age at marriage over 35 is not considered good and age at marriage should be more than 20 years. The following table shows the distribution of respondents by their age at marriage.

Table 9: Percentage Distribution of Respondents by Their Age at Marriage

Age at Marriage	No. of Respondents	Percent
Below 16	28	19.3
17	38	26.2
18	34	23.4
19	23	16.0
20+	22	15.1
Total	145	100

Source: Field Survey, 2007

*Median age at marriage – 18 years.

Above table shows that highest percent (26.2%) respondent were married at the age of 17 years followed by at the age of 18 (23.4%), below 16 years (19.3%), at the age of 19 (16%) and 15.1% of the

respondent were married at 20 years and above. It shows that most of the women in study area get marriage before the age of 20.

4.2 Household Characteristics

4.2.1 Distribution of Respondent by Household Facilities

Household facilities are the important variable for the determination of quality of life. These facilities are the knowledgeable for human life and that helps to make easy human life. It includes the electronic facilities, sources of drinking water, toilet facilities and fuel facilities.

The following table shows the percentage distribution of respondents by household facilities.

Table 10: Percentage Distribution of Respondents by Household Facilities

Facilities		No. of Respondents	Percent
Electronic	Electricity	137	94.5
	Telephone	63	43.4
	Radio	128	88.3
	TV	54	37.2
	Mobile	4	2.8
Total		145	100
Drinking water	Piped	129	89
	Stone	1	0.7
	Pond	5	3.4
	Well	10	6.9
Total		145	100
Toilet	Flush	13	9.0
	Traditional	1	0.7
	Latrine	15	10.3
	No facility	116	80.0

Total		145	100
Fuel	Firewood	59	40.7
	Dung	2	14
	Kerosene	28	19.3
	Smokeless Chulo	1	0.7
	Gas stove	55	37.9
Total		145	100

Source: Field Survey, 2007.

*Percentage may exceed 100 due to multiple responses.

Above table indicates that out of 145 respondents 94.5% have electricity, 43.4% telephone, 88.3% have radio, 37.2% have TV and 2.8% have mobile. In conclusion, above table shows that most of the respondents have electronics facilities

Similarly, out of the same respondent, they are using various sources of water like piped (89%), well (6.9%), pond (3.4%) and stone tap (0.7%).

Similarly, out of the same respondent of reproductive age 45-49 years women, most of them, they have not toilet facilities. The respondent who have toilet facilities is very less because according to above table only 9 percent have flush toilet, 10.3 percent have latrine and 0.7 percent respondent have traditional toilet while taking about fuel facilities, most of the respondent are using firewood (40.7%), gas stove (37.9%), kerosene (19.3%) and smokeless chulo (0.7%). In conclusion, most of the respondent uses firewood.

4.2.2 Distribution of Respondents by Size of Land Holding

The respondents who have their own cultivated land are found 33.1 percent. Among 145 respondent only 48 respondent have own cultivated land remaining 97 respondents did not have land. The respondent who have own cultivated land are categorized in the following table.

Table 11: Percentage Distribution of Respondents by Size of Land Holding

Size of Land Holding	Number	Percent
Landless	97	66.9
Below 1 bigha	18	37.5
2 bigha	9	18.8
3 bigha	12	25
4 bigha and above	9	18.8
Total	145	100

Source: Field Survey, 2007

Above table shows that most of the respondents (66.9%) are landless only 33.1 percent have land. Among them 37.5 percent respondent have below 1 bigha, 18.8 percent respondent have 2 bigha, 25 percent respondent have 3 bigha and 18.8 respondent have 4 bigha and above.

CHAPTER – V

FAMILY PLANNING KNOWLEDGE, PERCEPTION AND UTILIZATION

This chapter illustrates the knowledge, perception and utilization of family planning methods among the respondents. This chapter has three sub chapters. The first chapter deals with the respondent's knowledge of family planning methods and the second chapter deals with the utilization of family planning methods. Similarly, the third chapter deals with the perception of respondents towards family planning methods.

5.1 Knowledge of Family Planning Methods

In 1996, NBDCS, knowledge of family planning method was determined by first asking respondent to mention all the methods they heard about and then by reading the names and brief description about the use of methods, they had not mentioned spontaneously and asking whether they had heard about use of each method. The former is formed as spontaneous knowledge of family planning methods while the later is referred to as probed knowledge. The sum of these two knowledge,

spontaneous and probed, is the total knowledge of the family planning methods. (K.C. et. al., 1998)

5.1.1 Introduction

This chapter presents the knowledge, perception and utilization of family planning methods among the married women aged 15 – 49 years. In this section, only the knowledge about family planning methods is examined. The married women aged 15 – 49 years are initially asked whether they have heard about any family planning method or not. If they said “yes” then they are asked the name of those methods. Thus, their response is in the basis of spontaneous knowledge of family planning methods.

5.1.2 Knowledge about Family Planning by Age Group

Table 12: Percentage Distribution of Respondents According to Knowledge of FP by Age Group

Heard of FP	Age Group							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Yes	100.0	92.6	97.4	100.0	96.7	70.0	100.0	95.2
No	-	7.4	26	-	3.3	30.0	-	4.8
Total	5	27	39	30	30	10	4	145

Survey: Field Survey, 2007

Above table clearly shows that among the total respondent 95.2% respondent have heard about FP and 4.8% have never heard of FP. Highest proportion of knowledge of FP is seen in age group 15–19, 30–34 and 45–49 (exactly 100%) and least knowledge in age group 40–44.

5.1.3 Knowledge of Family Planning Methods

Out of the 145 respondents, 95.2% married women have knowledge of at least one method of family planning method and 4.8% respondent were unknown about family planning methods. The following table clearly shows the age group-wise knowledge on family planning methods.

Table 13: Percentage Distribution of Respondents according to Knowledge, on Family Planning Methods by Age Group

Knowledge	Age Group							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Female Sterilization	100.0	88.0	94.7	86.7	96.6	85.7	100.0	92.0
Male Sterilization	100.0	95.0	94.7	90.0	93.1	100.0	100.0	93.5
Pills	100.0	80.0	97.4	90.0	89.7	71.4	75.0	89.1
Condom	100.0	96.0	92.1	80.0	82.8	57.1	75.0	56.2
Injectable	100.0	20.0	7.9	13.3	10.3	28.6	-	12.3
Norplant	100.0	-	2.6	6.7	-	14.3	-	2.9
IUD	100.0	-	2.6	-	-	-	-	0.7
Total	5	25	38	30	29	7	4	138

Source: Field Survey, 2007.

* Percent may exceeds 100 due to multiple responses

* Respondents are those who have knowledge on FP

Above table shows that majority of respondents 93.5% have knowledge about male sterilization followed by female sterilization (92.0%), pills (89.1%), condom (86.2%), injectable (12.3%), Norplant

(2.9%) and IUD (0.7%). Among the total respondents, 138 respondents have knowledge on FP methods. Among the respondents 138, all respondents in age group 15 – 19 have knowledge on FP methods and in age group 20 – 24, the respondents have more knowledge on condom (96%) followed by male sterilization (95%), female sterilization (88%), pills 980%) and injectable (20%), the respondent have no knowledge on Norplant and IUD in the same age group. In age group 25 – 29, most of respondents (97.4%) have knowledge on pills. Similarly, in age group 30 – 34, majority of respondents (90%) have knowledge on pills and male sterilization. Similarly in age group 35 – 39, 40 – 44 and 45 – 49, majority of respondents have knowledge on female sterilization, male sterilization and female sterilization respectively.

5.1.4 Exposure to Family Planning Messages

The electronics media such as radio, television are important for community message about family planning. Information on the level of exposure to such media is important for program managers and planners to effectively target population for information, education and communication campaigns. In Nepal, radio is being more reliable service to provide any information. Beside, the other sources are facing difficulties being underdeveloped as electricity, education, transportation etc. The following table shows the distribution of respondents by exposure to family planning message according to age group.

Table 14: Percentage Distribution of Respondents according to Exposure to FP Message by Age Group

Exposure to FP message	Age Group							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Radio/TV	100.0	76.0	86.8	83.3	75.9	57.1	50.0	79.7
Newspaper/	20.0	28.0	28.9	23.3	24.1	42.9	25.0	26.8

Magazine								
Relative	-	8.0	7.9	20.0	31.0	42.9	50.0	18.1
Family members	-	20.0	10.5	13.3	17.2	42.9	-	15.2
Friends	60.0	32.0	36.8	26.7	24.1	28.6	50.0	31.9
Health Workers	-	12.0	13.2	20.0	13.8	28.6	25.0	15.2
Neighbour	40.0	8.0	26.3	20.0	37.9	14.3	50.0	24.6
Total	5	25	38	30	29	7	4	138

Source: Field Survey, 2007

* Percent may exceed 100 due to multiple responses.

* Respondents are those who have FP knowledge.

Above table shows that the respondents who have heard of family planning, 79.7% respondents have heard through radio/TV followed by friends (31.9%), newspaper/magazine (26.8%), neighbour (24.6%), relative (18.1%), family member and health workers (15.2%).

5.1.5 Knowledge on Sources of Contraceptive Supply

Among the respondents who have heard of family planning 96.4% respondent have knowledge about contraceptive supply and only 3.6% respondent have no knowledge about contraceptive. The following table shows the distribution of respondents by the sources of contraceptive supply by age group.

There is little difference in women's exposure to media message on family planning by age. Older women (aged 45 – 49) are least likely to expose to family planning method because only 50 percentage respondents have heard FP message through Radio/TV. It sharply increase in age group 15 – 19. About 27 percentage respondent who have heard FP message through news paper and magazine, majority of respondents falls in age group 40 – 44. Among the respondent who have

heard FP message through relative most of them falls in age group 45 – 49. Very least respondents (15.2%) have heard FP message through family member and health worker, majority of them falls in age group of 40 – 44. In age group 15 – 19, no respondents were found who heard FP message through relative, family member and health workers.

Table 15: Percentage Distribution of Respondents according to Knowledge on the Sources of Contraceptive Supply by Age Group

Knowledge on sources of contraceptive supply	Age Group							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Yes	100.0	96.0	97.4	96.7	96.6	100	75.0	96.4
No	-	4.0	2.6	3.3	3.4	-	25.0	3.6
Total N	5	25	38	30	29	7	4	138
Hospital	60.0	54.2	18.9	17.2	35.7	57.1	100.0	33.8
Health Post	-	-	5.4	3.4	3.6	14.3	-	3.8
Sub Health Post	-	-	2.7	3.4	-	-	-	1.5
FP Office	60.0	33.3	56.8	75.9	82.1	71.4	66.7	63.2
Medical	40.0	33.3	29.7	20.7	32.1	42.9	66.7	30.8
Total	5	24	37	29	28	7	3	133

Source: Field Survey, 2007.

Above table shows that among the respondent who have knowledge on the supply of contraceptive supply, majority of respondent 63.2 percent they stated that contraceptive are available at family

planning office followed by Hospital (33.8%), medical (30.8), Health Post (3.8%) and Sub Health Post (1.5%).

Hundred percent respondents in age group 15–19 and 40–44 have knowledge on the sources of contraceptive supply, the least respondents (75%) age group (45 – 49). It is in increasing trend from age group 25 – 29 to 35 – 39.

5.1.6 Knowledge on Suitable Age for Child Bearing (For First Birth)

After getting married, child bearing is natural process. Child bearing age may differ from person to person because of various reasons. The following table shows the distribution of respondent by knowledge on suitable age for child bearing for first birth.

Table 16: Percentage Distribution of Respondents According to Knowledge on Suitable Age for Child Bearing by Age Group

Age Group	Suitable age for child bearing								Total
	Below 16 yrs		16 – 18 yrs		18 – 20 yrs		20 yrs and above		
	%	No.	%	No.	%	No.	%	No.	
15 – 19	-	-	-	-	-	-	100	5	5
20 – 24	12.0	3	4.0	1	12.0	3	72.0	18	25
25 – 29	2.6	1	5.3	2	5.3	2	86.8	33	38
30 – 34	-	-	3.3	1	13.3	4	83.3	25	30
35 – 39	-	-	-	-	20.7	6	79.3	23	29
40 – 44	-	-	14.3	1	-	-	85.7	6	7
45 – 49	-	-	-	-	25.0	1	75.0	3	4
Total	2.9	4	3.6	5	11.6	16	81.9	113	138

Source: Field Survey: 2007

* Respondents are those who have FP knowledge.

Above table shows that among respondent 138, most of the respondents (81.9%) reported that 20 yrs+ is the suitable age for child bearing followed by 11.6% respondents who reported that 18 – 20 yrs is suitable age for child bearing, 3.6% reported that 16 – 18 yrs is the

suitable age for child bearing and very few respondents reported that it is suitable to bear children below 16 years. It can be concluded that respondents have good knowledge on suitable age for child bearing.

Among the respondents who reported 20 years and above is the suitable age for child bearing, majority of respondents falls in age group 15 – 19 then followed by age group 25 – 29, 40 – 44, 30 – 34, 35 – 39, 45 – 49 and 20 – 24.

Similarly, among the respondents who reported below 16 yrs, majority of them falls in age group 20 – 24 followed by 25 – 29 and there were no respondent in other age group.

5.1.7 Knowledge on Birth Spacing

The time interval between two birth is called birth spacing. Many studies has shown that there is negative relationship between children and mother, that is shorter the birth interval, higher the chance of death of both child and mother.

The following table shows the distribution of respondents according to knowledge on birth spacing by age group.

Table 17: Percentage Distribution of Respondents According to Knowledge on Birth Spacing by Age Group

Birth Spacing	Age Group							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
1 yr	-	-	-	3.3	-	-	-	0.7
2 yrs	-	4.0	5.3	6.7	-	-	-	3.6
3 yrs	-	4.0	10.5	20.0	31.0	14.3	25.0	15.9
4 yrs and above	100	92.0	84.2	70.0	69.0	85.7	75.0	79.7
Total	5	25	38	30	29	7	4	138

Source: Field Survey, 2007

* Respondents are those who have FP knowledge.

Above table shows that 79.7% respondents preferred at least 4 yrs and above year of birth spacing between two births followed by 3 yrs (15.9%), 2 yrs (3.6%), 1 yr (0.7%). But they are not successful to adopt their opinion in their own case because of various causes and problems prevailing in society/community.

Among the respondents who reported in 4 yrs and above, 15 – 19, 75 percent falls in age group 45 – 49, then it is decreasing trend in age group 20 – 24 to 35 – 39 then rises sharply in age group 40 – 44.

Similarly, the respondents who reported on 3 yrs majority of them falls in age group 35 – 29 and no respondents in age group 15 – 19.

Similarly, among the respondents who reported on 2 yrs and 3 yrs majority of respondents falls in age group 30 – 34.

5.2 Utilization of Family Planning Method

Generally, family planning methods are used to reduce number of birth. So, it is regarded as one of the most important proximate determinants of the level of fertility. If we increase contraceptive prevalence rate, the fertility may decrease consequently. Therefore, the utilization of FP methods may have significant impact on declining population growth. Family planning methods are not only used to reduce fertility rate but it helps people to be safe from various types of STDs.

5.2.1 Ever Use of FP Methods

The following table shows the distribution of respondents according to ever use of family planning methods.

Table 18: Percentage Distribution of Respondents According to Ever use of Family Planning Methods

	Age Group							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	

Ever Used FP	Yes	60.0	88.0	89.5	90.0	93.1	100	100	89.9
	No	40.0	12.0	10.5	10.0	6.9	-	-	10.1
Total		5	25	38	30	29	7	4	138
Ever Used FP Before the first Child	Yes	33.3	9.1	17.6	22.2	14.8	-	-	15.3
	No	66.7	90.9	82.4	77.8	85.2	100	100	84.7
Total		3	22	34	27	27	7	4	124
Name of Method	Condom	100	50.0	83.3	83.3	75.0	-	-	78.9
	Injectable	-	50.0	16.7	16.7	25.0	-	-	21.1
Total		1	2	6	6	4	-	-	19

Source: Field Survey, 2007.

* Respondents are those who have FP knowledge.

* Respondents are those who have ever used FP.

Above table shows that among 138 respondents 89.9% respondents have ever used FP methods and only 10.1% respondents have not ever used any FP methods. Among them 124 respondents who have ever used FP 15.3 have used FP methods before the first child birth and 84.7% respondents have not used any FP method before first child birth. The respondents who have ever used FP method before 1st child birth have used condom (78.9%) among them majority respondents falls in age group 15 – 19 and injectable (21.1%). 19 respondents have used condom and injectable before the first child birth.

Among the respondents who have ever used FP method majority of respondents falls in age group 40 – 44 and 45 – 49 then it is gradually increasing from age group 15 – 19 (60%) to 35 – 39 (93.1%). In overall age group wise ever used FP methods is seen in increasing trend and age group wise not ever used FP methods is in decreasing trend.

Similarly, among the respondents who have ever used FP methods before 1st child birth, majority of them falls in age group 15 – 19, only 9 percentage respondents falls in age group 20 – 24, then it is increasing

trend in age group 25 – 29 and 30 – 34, finally decrement in age group 35 – 39.

5.2.2 Current Use of Any FP methods by Age Group of Respondents

The following table shows the distribution of respondents according to current use of any methods.

Table 19: Percentage Distribution of Respondents According to Current Use of Any FP Methods by Age Group

Age Group	Currently Using Methods									Total No.
	Any Modern Method	Female sterilization	Male Sterilization	Pills	Condom	Injectable	Norplant	Foam Jelly	Not Current Using	
15 – 19	20	-	-	20.0	-	-	-	-	80.0	5
20 – 24	80	-	4.0	28.0	-	48.0	-	-	20.0	25
25 – 29	81.6	-	7.9	10.5	13.2	34.2	10.5	5.3	18.4	38
30 – 34	73.3	-	13.3	10.0	10.0	26.7	6.7	6.7	26.7	30
35 – 39	89.7	6.9	13.8	24.1	-	44.8	-	-	10.3	29
40 – 44	15.7	-	28.6	28.6	-	28.6	-	-	14.3	7
45 – 49	75.0	50.0	-	25.0	-	-	-	-	25.0	4
Total	79.0	2.9	10.1	18.1	5.8	34.8	4.3	2.9	21.0	138

Source: Field Survey, 2007

* Respondents are those who have FP knowledge.

Above indicates that 79 percent of respondents are using modern methods of family planning. Highest proportion of respondents are currently using injectable (34.8%), followed by pills (18.1%), male sterilization (10.1%), condom (5.8%), Norplant (4.3%) and finally female

sterilization and foam jelly 2.9%. Contraceptive use varies by age. Current use of any modern method is 20 percent for married women age 15 – 19 and rises to 90 percent among age group 35 – 39 and drop sharply to 75 percentage group 45 – 49. Most of the women who are sterilized are over age 35 yrs and injectables are popular mainly among the women of age group 20 – 44.

Condom is used by 13.2% respondent of age group 25 – 29. Injectable is used in highest proportion age group 20 – 24 because 48% respondents are using injectable followed age group 35 – 39, 25 – 29, 40 – 44 then 30 – 34. In age group 15 – 19, no respondents were seen who were using injectable. Norplant is used by very few respondents in age group 5 – 29 and 30 – 34. Similarly, foam and Jelly is also less used in study area.

80% respondents in age group 15 – 19 are not current using any family planning methods followed by 26.7% in age group 30 – 34, 25% in age group 45 – 49, 20% in age group 20 – 24, 18.4% in age group 25 – 29, 14.3% in age group 40 – 44, finally 10.3% in age group 35 – 39.

5.2.3 Current Use of Any FP Methods by Education

The following table shows the distribution of respondents according to current use of FP methods by education.

Table 20: Percentage Distribution of Respondents According to Current Use of FP Methods by Education

Education	Currently Using Methods								Total No.
	Female sterilization	Male Sterilization	Pills	Condom	Injectable	Nor plant	Foam Jelly	Not Current Using	
No Education	9.5	14.3	14.3	-	33.3	-	-	28.6	21
Primary	2.9	8.6	17.1	2.9	45.7	-	2.9	20.0	35
Lower Secondary	-	5.0	40.0	5.0	30.0	-	10.0	10.0	20

Secondary	-	10.5	15.8	-	36.8	5.3	-	31.6	19
SLC+	2.3	11.6	11.6	14.0	27.9	11.6	2.3	18.6	43
Total	2.9	10.1	18.1	5.8	34.8	4.3	2.9	21.0	138

Source: Field Survey, 2007

* Respondents are those who have FP knowledge.

Above table shows that among the respondent 138, the respondents who have no education are mostly using injectable and 28.6 percent are not currently using any methods. Similarly, the respondent who have primary education are also using injectable (45.7%) and 20 percent are not currently using any methods. The respondents who have lower secondary level education majority of them are using pills and only 10 percent are not using any methods. The respondents who have secondary level education, they are also using injectable (36.8%) and 31.6 percent respondent having secondary level education are not using any methods.

Those respondents having SLC and above education are also using injectable (27.9%) and 18.6 percent respondents having the same education are not currently using any FP methods. In conclusion, Injectable is seen the most popular methods of FP in study area and followed by pills (34.08%), male sterilization (18.1%), condom (10.1%), Norplant (5.8%), foam jelly (4.3%) and female sterilization (2.9%).

5.2.4 Current Use of FP Methods by Number of Children

The number of children to women is determined by the use of family planning methods. And the use of family planning method is also influenced by the number of living children to women. In the Nepalese context, most of the women don't use FP methods until they bear a child to prove them fertile which secure their marriage.

Table 21: Percentage Distribution of Respondents According to the Current Use of FP Methods by Number of Children

No. of Children	Currently Using Methods								Total No.
	Female sterilization	Male Sterilization	Pills	Condom	Injectable	Norplant	Foam Jelly	Not Current Using	
0	-	-	11.1	11.1	-	-	-	77.8	9
1	-	-	21.7	4.3	47.8	-	-	26.1	23
2	-	8.3	16.7	10.4	33.3	8.3	6.3	16.7	48
3	6.3	21.9	25	3.1	31.3	3.1	-	9.4	32
4	6.3	12.5	6.3	-	43.8	6.3	6.3	18.8	16
5	11.1	11.1	22.2	-	33.3	-	-	22.2	9
6+	-	-	-	-	100	-	-	-	1
Total	3.0	10.1	18.1	5.8	34.8	4.3	2.9	21.0	138

Source: Field Surveys, 2007

* Respondents are those who have FP knowledge.

Above table shows that 77.8 percent of the respondents who have not any children are not using any family planning method followed by 22.2 percent of the respondent who have 5 children are also not using any family planning methods. Similarly, the respondent who have 3 children are not using currently any methods. Among the respondents 138 having knowledge of FP methods 32 respondents who have 3 children are using any methods of family planning. Only 1 respondent is seen using any FP methods having 6 and above children.

5.2.5 Side Effects of Family Planning Methods

To manage their family size, the respondent in study area are using various types of family planning methods but by using them they are facing various problems or side effects which is which is shown in the following table.

Table 22: Percentage Distribution of Respondents According to Side Effect of FP Methods

Side Effect	Currently Using Method								Total	
	Female	Male	Pills	Condom	Injectable	Norplant	Foam	No.	%	

	Sterilization	Sterilization					Jelly		
Yes	3.1	3.1	29.2	1.5	56.9	1.5	4.6	65	59.6
No	4.5	27.3	13.6	15.9	25.0	11.4	2.3	44	40.4
Total	4	14	25	8	48	6	4	109	100

Source: Field Survey, 2007

* Respondents are those who are currently using any FP methods.

Above table shows that among the respondents 109 who are currently using any FP method. 65 respondents (59.6%) reported that they have side effects and 44 (40.4%) respondents reported not having any side effect by using FP methods.

Among the respondents 109, who are using FP methods, majority of respondents (56.9%) felt side effects from injectable followed by pills (29.2%), foam jelly (4.6%), female and male sterilization (3.15) and condom, Norplant (1.5%).

Table 23: Percentage Distribution of Respondent According to Types of Side Effects of FP Methods

Types of Side Effect	Currently Using Method							Total Number
	Female Sterilization	Male sterilization	Pills	Condom	Injectable	Norplant	Foam Jelly	
Irregular menstruation	3.2	-	9.7	3.2	80.6	3.2	-	31
Irregular bleeding during menstruation	-	7.1	28.6	-	57.1	-	7.1	14
Vomiting	20.0	-	60.0	-	20.0	-	-	5
Headache	-	3.7	51.9	-	40.7	-	3.7	27
Weakness	-	-	47.1	-	52.9	-	-	17
Stomach pain	-	-	-	-	-	-	100	1

Less interest in sexual intercourse	-	100	-	-	-	-	-	1
Total	2	2	19	1	37	1	3	65

Source: Field Survey, 2007.

* Respondents are those who are currently using any FP methods.

* Vertical and Horizontal total may not be equal because of one respondent may have more than one side effects.

The respondents who are currently using any family planning methods, most of them reported the problem of irregular menstruation and headache. Those respondents who are using injectable, majority of them reported the problem of irregular menstruation and irregular bleeding during the menstruation where as the respondents who are using pills, majority of them reported the problem of vomiting and headache.

5.2.6 Treatment of Side Effects of Family Planning Methods

The following table shows the percentage distribution of the respondents according to the treatment of side effects of Family Planning.

Table 24: Percentage Distribution of Respondents According to Treatment and Satisfaction with the Treatment

Treatment and Satisfaction		Currently Using Methods							Total
		Female Sterilization	Male Sterilization	Pills	Condom	Injectable	Norplant	Foam Jelly	
Treatment	Yes	-	-	29.4	-	70.6	-	-	17
	No	-	4.4	31.1	-	55.6	2.2	6.7	45
Total			2	19		37	1	3	62
Satisfaction with treatment	Yes	-	-	33.3	-	66.7	-	-	6
	No	-	-	27.3	-	72.7	-	-	11
Total		-	-	5	-	12	-	-	17

Source: Field Survey, 2007.

* Respondents are those who are using currently Family Planning Methods.

Above table shows that majority of respondents have not treated the side effect of Family Planning methods and among those respondents who treated the effects. Majority of them are not satisfied with the treatment and only few respondents are satisfied with the treatment.

5.2.7 Reason for Currently not Using FP Methods

Knowledge about family planning methods and side effects of these methods play vital role for using family planning methods. In some caste, using FP method is considered as against the religion. In the study area most of the respondents want to have son so they are not using any FP methods. Some of them reported that due to lack of knowledge and fear of side effect they are not using any family planning methods.

The following table shows the distribution of respondent according to the reason for currently not using any FP method by age group.

Table 25: Percentage Distribution of Respondents According to Their Reasons for Currently not Using Any FP Methods

Reasons	Age Group							Total	
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	%	No.
Desire for son	-	40.0	14.3	50.0	-	-	100	27.6	8
Religion	-	-	28.6	-	-	-	-	6.9	2
Due to negative side effort	-	-	-	-	-	100	-	3.4	1
Sexual displeasure	-	20.0	-	-	-	-	-	3.4	1
Lack of knowledge	25.0	-	14.3	25.0	66.7	-	-	20.7	6
Fear of side effect	50.0	40.0	14.3	12.5	-	-	-	20.7	6
Husband oppose	-	-	28.6	-	-	-	-	7.0	2
Don't know	25.0	-	-	12.5	33.3	-	-	10.3	3
Total	4.0	5.0	7.0	8.0	3.0	1.0	1.0	100	29

Source: Field Survey, 2007

* Respondent are those who are not currently using any FP method.

Above table shows that respondents who are not currently using any family planning methods reported various reason due to which they are not currently using any FP methods. Among 29 respondents who were not currently using any FP methods, most of them (27.6%) reported that due to desire of son they are not using any FP method followed by reason lack of knowledge and fear of side effect (20.7%), don't know (10.3%), religion reason and husband oppose (6.9%), due to negative effect and sexual displeasure (3.4%).

In age grope 15 – 19, 50 percent respondents were not using currently any family planning methods because of the fear of side effects. Similarly in age group 25 – 29, because of the husband's opposition most of the respondents are not using any methods and in age group 30 – 34 and 45 – 49 most respondents are using any methods because fo the desire for son.

5.2.8 Future Intension to Use FP Method

The respondents were asked about the method that will be used in future. Different respondents gave different responses. The following tables give the distribution of respondent according to their intension to use family planning method in future.

Table 26: Percentage Distribution of Respondents According to Their Future Intension to Use FP Method by Age Group

Future Intension	Age Group							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Yes	80.0	64.0	60.5	50.0	41.4	42.6	25.0	53.6
No	20.0	36.0	39.5	50.0	58.6	57.1	75.0	46.4
Total	5	25	38	30	29	7	4	138

Source: Field Survey, 2007.

*Respondents are those who have FP knowledge.

Above table shows that among the 138 respondents having family planning knowledge 53.6 percent respondents' intension is seen to use FP method and 46.4 percent didn't want to use any method in future. In age group 15 – 19, most of the respondents (80%) have intension to use any FP methods then it is in decreasing trend upto age group 35 – 39 then it increased 1 percent then decreased sharply.

Table 27: Percent Distribution of Respondents According to the Method to Use in Future by Age Group

Types of Methods	Age Group							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Male Sterilization	50.0	6.3	8.7	13.3	-	-	-	9.5
Female Sterilization	-	12.5	30.4	13.3	16.7	33.3	-	18.9
Pills	-	18.8	8.7	13.3	-	-	-	9.5
Condom	-	6.3	13.0	-	-	-	-	5.4
Injectable	25.0	43.8	8.7	-	41.7	66.7	100	24.3
IUD	25.0	-	8.7	26.7	8.3	-	-	10.8
Don't Know	50.0	6.3	8.7	13.3	-	-	-	9.5
Total	4	16	23	15	12	3	1	74

Source: Field Survey, 2007

* Respondents are those who have FP knowledge.

Above table shows among the respondents who are using any FP methods in future were seen attracted towards injectable in future followed by female sterilization (18.9%), IUD (10.8%), male sterilization and pills (9.5%) and condom (5.4%).

Injectable is used by 100 percent respondent of age group 45 – 49 female sterilization is used mostly in age group 40 – 44 (33.3%) followed by age group 25 – 29. Finally condom is the most popular in age group 25 – 29 followed by age group 20 – 24.

5.3 Perception Towards FP Methods

This section deals about the respondents towards FP service, health worker, distribution of respondents according to their perception on specific method knowledge on why FP methods are used, purpose of visiting, advantage of FP and suggestion to promote the use of FP methods.

5.3.1 Distribution of Respondents According to Their Perception Towards FP Methods

The following table shows the opinion of respondents towards FP methods.

Table 28: Percentage Distribution of respondents According to Their Perception on Family Planning Method

Age Group	Perception on Family Planning Method				Total Number
	Good	Bad	Excellent	Better	
15 – 19	80.0	-	-	20.0	5
20 – 24	36.0	4.0	4.0	56.0	25
25 – 29	47.4	-	7.9	44.7	38
30 – 34	46.7	-	-	53.3	30
35 – 39	55.2	-	10.3	34.5	29
40 – 44	57.1	14.3	-	28.6	7
45 – 49	50.0	-	-	50.0	4
Total	67	2	7	62	138

Source: Field Survey, 2007.

* Respondents are those who have FP knowledge.

Above table shows that among 138 respondents having FP knowledge, 67 respondents have good perception towards FP methods and majority of respondents falls in age group 15 – 19 (80%). Very few respondents expressed bad perception. They are from age group 40 – 44 and 20 – 24. Majority of respondents from age group 20 – 24 expressed better perception towards family planning methods. 10.3 percent of the

respondents expressed excellent perception from age group 35 – 39 followed by age group 25 – 29 and 20 – 24.

5.3.2 Distribution of Respondents According to their Perception Towards Health Workers

The following table shows the percentage distribution of respondents according to their perception towards health workers.

Table 29: Percentage Distribution of Respondents According to their Perception Towards Health Workers

Age Group	Are health worker giving good facility of FP?				Total Number
	Yes		No		
	Number	Percentage	Number	Percentage	
15-19	5	100.0	-	-	5
20-24	22	88.0	3	12.0	25
25-29	37	97.4	1	2.6	38
30-34	29	96.7	1	3.3	30
35-39	27	93.1	2	6.9	29
40-44	7	100.0	-	-	7
45-49	3	75.0	1	25	4
Total	130	94.2	8	5.8	138

Source: Field Survey, 2007.

* Respondents are those who have FP knowledge.

Above table shows the perception of respondents towards health workers among the 138 respondents 94.2 percent respondents said that the health workers are giving good facilities of FP and only 8 respondents said that they are not giving good facilities. The 100% of respondents of age group 15-19 and 40-44 said that health workers are giving good facilities of FP. The majority of respondents falls in age group 25-29 followed by age group 30-34, 35-39, 20-24, 40-44, 15-19 and 45-49.

5.3.3 Distribution of Respondents According to Perception on Why FP is Good

The perception of respondents having the knowledge of FP methods were categorized into three categories. They are expressed in the following table with percentage distribution.

Table 30: Percentage Distribution of Respondents According to why FP is Good

Why good	Age Group							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Improves the economic status family	-	4.2	10.5	3.3	10.3	-	-	6.6
Helps to maintain “Saano Pariwar Sukhi Pariwar”	60.0	62.5	63.2	70.0	75.9	83.3	100	69.1
Helps for the good health of mother and child	40.0	37.5	31.6	26.7	34.5	50.0	25.0	33.1
Total	5	24	38	30	29	6	4	136

Source: Field Survey, 2007.

* Respondents are those who have FP knowledge and 2 respondents are excluded who response bad.

Above table shows among the respondents 136 who said FP is good they had different perception about Family Planning. 6.6 percent of the respondents said that FP is good because it improves the economic status of family, 33.1 percent of respondents said that FP is good because

it helps to maintain “Saano Pariwar, Sukhi Pariwar”. The majority of respondents who said FP good because it helps to maintain “Saano Pariwar, Sukhi Pariwar”. It rises from 60 percent in age group 15 – 19 and raising up upto age group 45 – 49. Majority of respondents were from age group 25 – 29 who said that FP is good because it improves the economic status of family.

Similarly, the respondents who said FP is good in point of view of helping good health of mother and child in decreasing pattern up from age group 15 – 19 to age group 30 – 34 and increasing pattern from age group 35 – 44 then sharply decreases in age group 45 – 49.

5.3.4 Distribution of Respondents According to Their Perception on Best Method for Birth Spacing

Among the respondents having FP knowledge they are asked about the best method for birth spacing and they told the name of various FP methods which is shown in the following distribution table.

Table 31: Percentage Distribution of Respondents According to their Perception on Best Method for Birth Spacing

Best Method	Age Group							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Pills	40.0	20.0	26.3	20.0	17.2	28.6	-	21.7
Condom	-	4.0	21.1	13.3	13.8	14.3	25.0	13.8
Injectable	40.0	72.0	39.5	43.3	65.5	57.1	75.0	53.6
IUD	20	-	7.9	6.7	3.4	-	-	5.1
Norplant	-	4.0	5.3	16.7	-	-	-	5.8
Total	5	25	38	30	29	7	4	138

Source: Field Survey, 2007.

* Respondents are those who have FP knowledge.

Above table shows that among the respondents 138, most of them (53.6%) were in favour of injectable for birth spacing followed by pills

(21.7%) condom (13.8%) Norplant (5.8%) and IUD (5.1%) majority of respondent were using pills and injectable in every age group except 45 – 49 because in this age group pills is not used.

5.3.5 Distribution of Respondents According to Their Perception on Causes of Using FP Methods

The following table shows the distribution of respondents according to their perception on the cause of using FP method.

Table 32: Percentage Distribution of Respondents According to Their Perception on the Cause Using FP Method

Causes	Age Group							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
To keep the birth interval	-	16.0	10.5	23.3	20.7	28.6	-	16.7
To control the birth	-	16.0	23.7	16.7	10.3	28.6	25.0	17.4
To prevent pregnancy	60.0	52.0	52.6	60.0	75.9	57.1	75.0	60.1
To prevent STDs/AIDS	20.0	8.0	-	-	3.4	14.3	-	3.6
Don't know	20.0	8.0	13.2	3.3	-	-	-	6.5
Total	5	25	38	30	29	7	4	138

Source: Field Survey, 2007.

* Respondents are those who have FP knowledge.

* In some age groups percentage may exceeds due to multiple response.

Above table shows that 138 respondents expressed different view on the causes of using FP methods. Among the total respondents majority of respondents (60.1%) said that FP method is used to prevent from being pregnancy followed by (17.4%) to keep the birth interval (16.7%) don't know (6.5%) and to prevent STDs/AIDS (3.6%) of the total respondents.

Majority of the respondents in every age group are using FP methods to prevent pregnancy.

5.3.6 Distribution of Respondents According to Their Perception on Purpose of Visiting FP Centre

The following table shows the distribution of respondents according to their perception on purpose of visiting FP centre.

Table 33: Percentage Distribution of Respondents According to the Purpose of Visiting FP Centre

Purpose of visiting	Age Group							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
To get information	100	52.9	36.4	60.7	40.0	60.0	66.7	48.2
To use suitable FP method	-	35.3	57.6	25.0	48.0	40.0	33.3	42.0
Pregnancy Test	-	11.8	6.1	14.3	8.0	-	-	8.9
To get contraceptives	-	-	-	-	4.0	-	-	0.9
Total	1	17	33	28	25	5	3	112

Source: Field Survey, 2007.

* Respondents are those ever visited FP centre.

Above table shows that among the respondent 138 having knowledge on Family Planning, 112 respondents (81.8%) have ever visited FP centre and among them majority of respondents (48.2%) have visited for the purpose of getting information about Family Planning followed by 42% of the respondents for the purpose of using suitable Family Planning method, 8.9% for the purpose of pregnancy test and very less percentage (0.9%) of respondents for the purpose of getting contraceptives. The majority of respondents from age group 15 – 19

visited FP centre to get information and only 36.4 percentage respondents from age group visited FP centre for the purpose of getting information. Similarly, the majority of respondents who visited FP centre for pregnancy test is from age group 30 – 34 and very few respondents visited FP center to get contraceptives.

5.3.7 Distribution of Respondents According to Their Perception on the Advantage of FP Method

The following table shows the distribution of respondents according to the perception on the advantage of FP methods.

Table 34: Percentage Distribution of Respondents According to the Perception on the Advantage of FP

Advantages	Age Group							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Safe sexual life	-	-	5.3	-	-	-	-	1.4
Keeps birth interval	60.0	52.0	44.7	46.7	48.3	42.9	25.0	47.1
Prevents STDs/HIV/ AIDS	20.0	12.0	2.6	10.0	6.9	14.3	-	8.0
Maintain the good health of mother and child	20.0	36.0	44.7	43.3	55.2	57.1	75.0	45.7
Don't know	-	4.0	5.3	-	-	-	-	2.2
Total	5	25	38	30	29	7	4	138

* Respondents are those who have Family Planning knowledge.

Above table shows the respondents perception on the advantage of FP methods. Among the 138 respondents majority of the respondents (47.1%) expressed that the advantage of FP method is to keep the birth interval followed by maintain the good health of mother and child (45.7%), prevents STDs and HIV/AIDS (8.0%), safe sexual life (1.4%) and 2.2 percent of the respondents they do not know the advantage of FP

methods. Among the respondents who expressed to keep the birth interval is the advantage of FP, majority of them were from age group 15 – 19, and least respondent were from age group 45 – 49. Similarly, the respondents who said safe sexual life is the advantage FP were from age group 25 – 29.

5.3.8 Distribution of the Respondents According to Their Perception on the Suggestion to Promote the Utilization of FP Methods

The following table shows the perception of respondents on the suggestion to promote the use of FP methods.

Table 35: Percentage Distribution of Respondents on the Suggestion to Promote the Use of FP Method

Suggestions	Age Group							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Emphasizing FP education	20.0	12.0	10.5	10.0	17.2	28.6	75.0	15.2
Making FP service accessible	20.0	24.0	46.7	56.7	51.7	28.6	-	42.0
Providing the facility at the time of side effect	-	-	-	6.7	3.4	-	-	2.2
Increasing the facilities for both FP workers and user	-	12.0	10.5	3.3	10.3	14.3	-	8.7
Don't know	60.0	52.0	34.2	23.3	17.2	28.6	25.0	31.9
Total	5	25	38	30	29	7	4	138

Source: Field Survey, 2007.

* Respondents are those who have knowledge on FP method.

Above table shows the perception of respondents on the suggestion to promote the utilization of FP methods. Majority of the respondent 42.0 percent emphasized to make FP service accessible easily. This is followed by don't know (31.9%), 15.2 percent of the respondents focused on the emphasizing FP education. 8.7 of the respondents said to increase the facilities for both FP workers and users. Finally 2.2 percent of the respondents gave priority on providing the facilities at the time of side effect.

Majority of the respondents who suggested to make FP service accessible were from age group 30 – 34, 25 – 29, 40 – 44, 20 – 24 and 15 – 19. Some respondents from age group 30 – 34 and 35 – 39 reported to provide facilities at the time of side effect.

CHAPTER – VI

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary

Rapid population growth is one of the most pressing and cruel economic issues faced by our society and so the major preference is to be given to this sector. It has not only caused unemployment, but also has created many problems in environmental degradation, health and other development oriented programme launched by the nation. Nepal is a country of villages where people related with different castes, customs and economic standard live together. Until we go to multi classes development of the nation is not possible it will be just slogan. To flow the multi classes in the main steam of development is a challenge of now. Due to this issue, researcher steps forward to research in this municipality.

This study analyzes the knowledge, perception and utilization of family planning methods among the currently married women of 15 – 49 years in Tribhuwan Municipality ward no. 10 of Dang district. This study is mainly based on the primary data obtained from the field survey 2007. It provides the information about knowledge, of family planning methods, their current use, ever use, exposure to family planning methods, sources of knowledge on family planning methods, side effects of the methods treatment of those side effects. Reason for not using any family planning methods, knowledge on suitable age for child bearing and birth spacing.

This study is fully based on primary data collected from the perception of 145 respondents of 110 household by using structured questionnaire which was directly asked to the respondents by researcher. From those respondents, the following findings are drawn.

- Among the respondents of 145, majority of respondents (26.9%) falls in age group 25 – 29 and least respondents (2.8%) falls in age group 45 – 49.
- Majority of respondents were Chhettri 22.1% and followed by Magar (21.4%), Brahmin (20.7%), Kami (13.17%), Newar (9%), Sunar (6.2%), Tharu (2.8%), Thakuri (2.1%), Muslim (2.1%), and Giri (0.7%).
- Majority of respondents (91%) were Hindu religion follower followed by Buddhist (4.1%), Muslim (2.8%) and Christian (2.1%).
- Most of the respondents (76.6%) were housewife, followed by business (10.3%), daily wage (7.6%) and least respondents (5.5%) were engaged in service sector.
- 67.6 percent respondents have husband as household head and 32.4 percent respondents have father in law as household head which shows that most of the respondents were in favour of small family.
- Among the respondents 145, 120 respondents were attended school and 25 respondents have never attended school. Among the 120 respondents who have attended school, 25.5 percent respondents have attended upto primary level followed by 14.5 percent lower secondary level, 13.1 percent secondary level and 29.7 percent SLC+ level. Most of the respondents were literate only 17.2 percent were illiterate.

- All the husbands of respondents have attended school. Among them 20% have attended upto primary level, 16.6% upto lower secondary level, 13.8 percent upto secondary level, and majority of husband of respondents have attended the SLC and above level.
- Most of the husbands of respondents were engaged in service sector (38.1%) followed by business (36.5%), daily wage (18.6%), foreign labour (9%), farmer (1.4%) and 1.4% of the respondents husband were not engaged in any sector.
- Majority of the respondents have various types of household facilities. Those facilities were categorized into various sections. Among the respondents 94.5 percent respondents have electricity 89% of the respondents were using piped water for drinking, 80 percent respondents have not latrine and 40.7 percent of the respondents are using firewood for cooking.
- Among the respondents 145, 15.1 percent respondents got married after 20 years. Most of them in the area have got married before 20 years. Early marriage trend is seen and median age at marriage in 18 yrs.
- 66.9 percent of the respondents were landless only 33.1 percent respondents have their own land. Among the respondents having own land 37.5 percent of the respondents have below 1 bigha land.
- 95.2 percent of the total respondents have knowledge on family planning methods and 4.8 percent respondents have no knowledge on it.
- Among the respondents having knowledge on family planning 93.5 percent of the respondents were known about the male sterilization,

followed by female sterilization (92%), pills (89.1%), condom (86.2%), injectable (12.3%), Norplant (8.9%) and IUD (0.7%).

- Among the respondents having family planning knowledge 79.7 percent have heard through radio/TV followed by friends (31.9%), newspaper magazine (26.8%), neighbour (24.6%), relative (18.1%), family member and health worker (15.2%).
- 96.4 percent of the respondents having knowledge in family planning have knowledge on the sources of contraceptives supply and 3.6 percent have no knowledge on contraceptive supply. Among the respondent having knowledge on contraceptive supply, most of them (63.2%) are familiar with family planning offices followed by hospital, medical, health post and sub health post.
- Among the respondents having knowledge on family planning methods 81.9 percent reported that 20 years and above is the suitable age for child bearing followed by 11.6 percent reported 18.20 years, 3.6 percent reported 16 – 18 years and only 2.9 percent reported that below 16 years is suitable age for child bearing.
- Various respondents reported various views on birth spacing. Among them, 79.7 percent of the respondents preferred 4 years and above birth spacing followed by 15.9 percent preferred 3 years, 3.6 percent preferred 2 years and 0.7 percent preferred 1 year birth spacing between two children.
- Among the 138 respondents, 89.9 percent have ever used family planning and 10.1 percent have not used family planning methods. Among those respondents who have ever used family planning methods 15.3 percent have used before the first child birth and 84.7

percent have not used any method of family planning before first child birth. The respondent who have used family planning method before 1st child birth, condom and injectable were familiar with them.

- In current use of family planning method injectable was seen common to respondents of study area followed by pills, male sterilization, condom, Norplant and female sterilization.
- 28.6 percent of the respondents having no education are not currently using any method 18.6% of the respondents having SLC and above education are not currently using any family planning method. Among 138 respondents, 43 respondents having SLC+ education are using any one method of family planning. But only 21 respondents having no education are using any one method of family planning.
- 77.8 percent of the respondents having no children are not using any family planning method followed by 22.2 percent of the respondents having 5 children are not currently using any method.
- Among the 109 respondents, 59.6 percent have felt side effect and 40.4 percent have not felt any side effect. Among the 62 respondents who felt side effect of family planning method, 17 respondents have treated and 45 have not treated. Only 6 respondents were satisfied with the treatment.
- Most of the respondents reported various types of side effects. Among these side effects irregular menstruation is reported mostly then after headache followed by weakness, irregular bleeding, vomiting. Some of the respondents reported about the stomach pain and less interest in sexual intercourse.

- Among the 138 respondents, 53.6 percent of the respondents were mentally prepared to use any family planning method in future and 46.4 percent of the respondents were not mentally prepared to use any methods. Among the respondents who were mentally prepared to use any family planning method in future reported to use injectable and female sterilization.
- Majority of respondents reported good perception towards family planning methods and the health workers who provide family planning services because the respondents who said family planning is good, they have various perceptions about family planning. 69.1 percent of the respondents reported that family planning is good because it helps to maintain “Saano Pariwar Sukhi Pariwar” followed by 33.1 percent reported on “helps for the good health of mother and a child”, only 6.6 percent respondents reported on “Improves the economic status of family”.
- Majority of the respondents reported that injectable is the best method for birth spacing.
- 60.1 percent respondents reported that family planning method is used to prevent pregnancy.
- Majority of the respondents (48.2%) of 112 respondents visited FP centre to get information. Very few respondents only 0.9 percent visited family planning centre to get contraceptives.
- Among 138 respondents, 47.1% respondent reported that “keeping the birth interval” is the advantage of family planning methods followed by maintain the good health of mother and child (45.7%), prevents STDs, HIV/AIDS (8%), safe sexual life (1.4%) and 2.2%

of the respondents were not known about the advantage of family planning method.

- Majority of the respondents (42.0%) suggested to make family planning service accessible followed by emphasizing family planning education (15.2%), increasing the facilities for both family planning workers and user (8.7%), providing the facilities at the time of side effect (2.2%).

6.2 Conclusions

It is the case study of married women aged 15 – 49 years of Tribhuvan Municipality of Dang district. The principal feature of the study is to know the knowledge, perception and utilization of family planning method in the study area. Most of the women in study area are familiar with the method of family planning. Majority of the respondents have knowledge on male sterilization followed by female sterilization, pills, condom, injectable, Norplant and very least known method is IUD. There is low use of temporary method of family planning comparing to permanent. For the knowledge of family planning method, radio/TV is seen playing vital role in study area. The main source of currently using family planning method is private medical followed by family planning office and hospital. From the field survey respondents reported that 20 years and above is the suitable age for child bearing though due to various socio-cultural reason. They did not adopt in practice and very few respondents reported that below 16 years is suitable for child bearing.

Majority of the respondent have good knowledge on birth spacing because most of the respondent focused 4 years and above for birth spacing.

Before the first child birth, very few women are seen using family planning methods, among those methods condom and injectable is seen the most common used methods.

The pattern of current use of family planning methods among married among married women is dominated by injectable and pills. The reason for not currently using any family planning method seems to be desire for son which indicates that sex preference is the main barrier for not using family planning methods.

The use of family planning method is affected by the education and occupation of respondents. From the field study, female literacy rate is lower than male literacy in the area. It is seen that the respondents having only one child, they are using the family planning method the most which shows that the most of the respondents are highly sensitive to main their family size, it means they are in favour of small family.

The respondents who are using any family planning methods reported that they are suffering from the various side effects; among those side effects irregular menstruation and headache were the most reported. The respondents are very positive towards family planning method because it has helped to maintain the “Saano Pariwar Sukhi Pariwar”.

6.3 Recommendations

We know that knowledge helps to make good attitudes to determine the scale of utilizations. In this research, the researcher has tried to find out the various determinants of the use of family planning methods and also recommended some effective measures for the betterment of the study area on the basis of findings of the study.

- Knowledge and utilization of family planning methods are dependent upon the level of education so women formal and non

formal women education should be carried out to raise the knowledge and utilization of family planning methods.

- Son preference is prevailing among the married women. So, GON and other social organization should give greater priority for balancing the sex discrimination by implementation people awareness and development programmes.
- The most of the married women use any method of the family planning only after getting some children because they think that before getting children family planning method should be used. Such types of concept should be changed through the educational programme.
- Injectable and pills are the most familiar method in the area comparing to female and male sterilization so it is necessary to provide effective counseling and different educational programme.
- Age at marriage plays vital role on the use of family planning methods. So special emphasis should be given to increase the age at marriage.
- Many women are not using any family planning methods due to fear of side effects and health hazardous. Therefore, effective and appropriate IEC programme should be organized from grass root level to national level.
- Family planning service and programme should be organized in proper manner.
- The state should manage the free distribution of contraceptives in all parts of the nation.

6.3.1 Recommendation for the Future Study

This study is based on knowledge perception and utilization of family planning methods among currently married women of aged 15–49. Other studies can be carried out in same approach among the adolescents and other approaches like maternal and child health care, knowledge, altitude and prevention of STDs, HIV/AIDS, Adolescent and their reproductive health etc.

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APPENDIX

Tribhuvan University

Central Department of Population Studies

Questionnaire for the purpose of M.A. dissertation 2007

Field Survey on “**Knowledge, Perception and Utilization of Family Planning Service: A Case Study of Ward NO. 10, Tribhuvan Municipality, Dang District**”.

Form S.N. :

Date :

Name of Respondent : Ward No. :

.....

Name of Household Head :

Relation with Household Head :

No. of Family Members in the Household: Total Male Female

S.N.	Questions	Coding categories (CODE)	Skip
Group A. Household Questionnaire			
Q. 1	What is the main source of drinking water?	Piped water1 Stone tap2 Pond3 Well4	
Q. 2	What kind of toilet facilities does your household have?	Flush Toilet1 Traditional pit toilet2 No facility3 Latrine4	
Q. 3	What type of fuel does your household mainly use for cooking?	Firewood1 Dung2 Kerosene3 Smokeless improved chulo4 Other5	
Q. 4	Do you have own cultivated land?	Yes1 No2	→ Skip 17
Q. 5	How much land?	below 1 bigha1 2 bigha2 3 bigha3 4 bigha & above4	
Q. 6	Do you have the following thing?	Electricity1 Telephone2 Radio3 TV4 Mobile5	
Group B. Individual Questionnaire			
Q. 7	How old are you?	Completed year <input type="text"/>	
Q. 8	What is your caste?	Brahmin1 Chhettri2	

		Magar3 Karki4 Other5	
Q. 9	What is your religion?	Hindu1 Buddhist2 Muslim3 Christian4 Other5	
Q. 10	What is your occupation?	Service1 Business2 Agriculture3 Daily wage4 Other5	
Q. 11	Have you attended school?	Yes1 No2 → Skip 7	
Q. 12	Which level have you passed?	Primary1 L. Secondary2 Secondary3 SLC and above4	
Q. 13	What is your husband's education?	Primary1 L. Secondary2 Secondary3 SLC4 Intermediate5 Diploma and above6	
Q. 14	What is your husband's occupation?	Mention	
Q. 15	How old were you when you get married?	Age in year <input type="text"/>	
Q. 16	Do you have any children?	Yes1 No2 → Skip 10	
Q. 17	How many children do you have?	No. of Children <input type="text"/> No. of Son <input type="text"/> No. of Daughter <input type="text"/>	
Q. 18	What was your age when you got the first child?	Below 16 yrs1 16 – 18 yrs2 18 – 20 yrs3 20 & above yrs4	
Q. 19	Do you want to have any children in future?	Yes1 No2	
Group C. Know ledge of Family Planning Method			
Q. 20	Have you ever heard about family planning?	Yes1 No2	End of interview
Q. 21	Which of the following method have you got information?	Female Sterilization1 Male Sterilization2 Pills3 Condom.....4 Injectable5 Norplant6 IUD.....7 Foam Jelly8 Periodic abstinence9 With drawl10	
Q. 22	What are the sources of knowledge about Family Planning methods?	Radio/TV1 Newspaper/Magazine2 Relatives3 Family member4 Friends5 Health worker6	

		Neighbour7 Others (specify)8	
Q. 23	Do you know the sources of contraceptive supply?	Yes1 No2 →	Skip 23
Q. 24	Where are they available	Hospital1 Health Post2 Family Health Post3 Family planning office4 Medical5 Other (specify)6	
Q. 25	Have you ever discussed about family planning methods with your husband?	Yes1 No2 Don't Know3 →	Skip 25
Q. 26	How many times?	1 time1 2 times2 3 times and more3 don't know4	
Q. 27	What would be the suitable age for child bearing?	below 16 yrs1 16 – 18 yrs2 18 – 20 yrs3 20+ yrs4	
Q. 28	Do you want to have any children in future?	Yes1 No2	
Q. 29	What should be the better year of birth spacing for the better health of mother and child?	1 yr1 2 yrs2 3 yrs3 4 yrs and above4	
Group D. Utilization of Family Planning methods			
Q. 30	Have you ever used any family planning methods?	Yes12 → No	Skip 33
Q. 31	Have you or your husband ever tried any way to delay or avoid getting pregnant?	Yes1 No2	
Q. 32	Have you ever used any family planning methods before the first child birth?	Yes1 No2 →	Skip 32
Q. 33	Which method have you used?	Any used method	
Q. 34	From where did you obtain that method?	Hospital1 Health Post2 S. Health Post3 Family Planning Office4 Private Medical5 Others (specify)6	
Q. 35	Which family planning method are you using presently?	Female sterilization1 Male sterilization2 Pills3 Condom4 Injectable5 IUD6 Foaming tablet7 Norplant8 Periodic abstinence9 With drawl10 Nothing11	
Q. 36	Have you felt any side effect of family planning method?	Yes1 No2 →	Skip 41

Q. 37	If yes, what are they?	Irregular menstruation 1 Irregular bleeding during Menstruation.. 2 Vomiting 3 Headache 4 Weakness 5 s 6	
Q. 38	Have you treated those effects? 1 2	→ Skip 41
Q. 39	Were you satisfied with the treatment? 1 No 2	
Q. 40	Have you ever got pregnant while using a family planning method?	Yes 1 No 2	
Q. 41	If yes, which was the method?	Mention the method	
Q. 42	If you are using nothing, what is the reason?	Desire for son 1 Religions reason 2 Due to negative effect 3 Sexual displeasure 4 Lack of knowledge 5 Fear of side effect 6 Too much cost 7 Husband oppose 8 Don't know 9 Others (specify) 10	
Q. 43	Have you planned to use any family planning methods in future?	Yes 1 No 2	→ Skip 36
Q. 44	If yes, mention the method?	
Q. 45	Have you heard about the method of breast feeding for birth spacing?	Yes 1 No 2	
Group E. Perception of Family Planning Methods			
Q. 46	What is your opinion about family planning method?	Good 1 Bad 2 Excellent 3 Better 4	
Q. 47	Is family planning method is good, why? please tick	Improve the economic status of family. 1 Helps to maintain "Saano pariwar sukhi pariwar" 2 Helps for the good health of mother and child. 3	
Q. 48	In your opinion which family planning method is the best one for birth spacing?	Pills 1 Condom 2 Injectable 3 IUD 4 Narplant 5 Periodic abstinence 6 With drawl 7	
Q. 49	Are they easily accessible?	Yes 1 No 2	
Q. 50	Do you know why family planning methods are used?	To keep the birth interval 1 To control birth 2 To prevent pregnancy 3 To prevent STDs/AIDs 4 Don't know 5	
Q. 51	Have you ever visited family planning centre?	Yes 1 No 2	→ Skip 50
Q. 52	For what purpose?	To get information 1 To use suitable family planning method 2	

		Other (specify)3	
Q. 53	Where do you visit the most for family planning service?	Health Post1 S. Health Post2 Hospital3 Family Planning Office4 ate clinic5	
Q. 54	Have you ever bought (pills or condo yourself)?12 →	Skip 52
Q. 55	Have you ever felt shame at the time of buying?	Yes1 No2	
Q. 56	Can you tell me what the advantage of family planning methods is?	Safe sexual life1 Keeps birth space2 Prevent STDs & HIV/AIDs3 Maintain the good health of mother and child4 Other5	
Q. 57	Do you think that the health workers are giving good facilities of family planning?	Yes1 No2	
Q. 58	What is your suggestion to promote the use of family planning methods?	Emphasizing family planning education 1 Making family planning service accessible easily2 Providing the facilities at the time of side effect3 Increasing incentives for both family planning workers and users4 Don't know5	