

CHAPTER - ONE

Introduction

1.1 Background

Contraception is the methods of Family Planning. This limits and space the births. Taking on Family Planning Methods is specially a new Phenomenon in Nepal. Each topic relating the reproductive health was considered as taboo. So that no any open discussion on it was allowed either in family or in the Society. World population is increasing day by day. In many developing countries there is high birth rate and low death rate. Nepal is not an exceptional.

Human fertility is one of the major components of the population growth. The fertility rate is very high, which is one of the problems of developing countries. The rapid population growth has affected almost every aspect of the economy mainly in the agriculture, forest, social service, environment, health, education and employment. One of the important and responsible factors is such problem due to low contraceptive prevalence rate. This low contraceptive prevalence rate is due to low status of female population as a result of low status of women. There is no knowledge of family Planning method. Thus we have only one way of checking population growth and to check birth rate is by launching the family planning programme.

Nepal is one of the developing countries of the world. The population of Nepal has been rapidly increasing. Nepal is predominantly rural with 86% of the total population residing in the rural areas and 14% of the population in urban areas. The population increment at a rate of higher than that of development rate. In developing countries, the population remains as pressure for lack of its proper mobilization. Where there is population pressure the gross national production falls short. This in turn, leads the country to underdevelopment. Underdevelopment leaves negative impact on the national economy. The increasing world population causes environment destruction has created a situation to be feared at.

Nepal's most urgent social problem is keeping its population increasing faster. The main cause to increase the population growth rate is continuous decline in death rate and the remaining fertility rate due to the low level of contraceptive use.

The growth of population is not a problem in itself, its unsystematic growth brings about various problems. As the problem of population management is multidimensional and multi-sectoral, its solution has to be sought accordingly. Hence according to the concept of population and development, the problem and programme of integrating population have been accepted as multidimensional and multi-sectoral. Previously, the population programme was acknowledged to be the responsibility of the state considering the growth of population as a problem of national development. But now it is obvious that it is also an individuals and families problem.

Family Planning services are designed to provide a constellation of contraceptive method / services that reduce Fertility, enhance maternal and neonatal health child survival, and contribute to bringing about a balance in population growth and socio-economic development resulting in an environment that will help the Nepalese people improve their quality of life.

There are several definitions of family planning an expert committee (1971) of the WHO defined family planning as “a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contributes effectively to the social development of country”. Another expert committee defined and described family planning as following “family planning refers to practices that help individuals or couples to attain certain objectives”.

- To bring about wanted births.
- To avoid unwanted births.- To regulate the intervals between pregnancies.
- To control the time at which births occur in relation to the ages of the parent and
- To determine the number of children in the family.

1.2 Statement of the Problem

Population growth is a burning problem for developing country. Nepal is facing this problem due to lack of industrialization, low productivity, education and unemployment. Economically active population of Nepal is facing a problem of unemployment. Because of the application of traditional methods, thus the only way to balance the ratio of total production to population growth is to control the population.

Family planning services are said to be important tools to control population growth. But the problem is that, such services are not available to the grass-root population in practical in our country. The government as well as other agencies including NGOS / INGO are now working in this field so as to provide not only the facilities of family planning but also making the gross-root people basically women aware about making the size of the family small. These agencies are also responsible for making the couples convince of why to have a small family rather than now to make the size of the family small.

Apart from this, the basic problem of the women in our country is sense of hesitation to se various types of contraceptive services as they think that using then is something like sin. The problem as mentioned above also previous in Chock Chisapani VDC, Tanahun where most of the girls to get married at the age 16 -17 such consequences has further led to increase in population as getting married at that age without the proper knowledge of family planning education and use contraceptive devices lacks in then.

1.3 Objectives of the Study

The general objective of the study is to analyze the roleof contraceptive devices among married women of Chock Chisapani VDC of Tanahun district. The specific objectives of the study are as follows.

- a) To find out the knowledge of contraceptive among married women of age 15-49 years.
- b) To identify the attitude and behavior of the married women towards the use of contraceptive devices.To assess the practice of Family Planning by married women
- c) To examine the reasons for non-use of contraceptive devices.

1.4 Significance of the Study

Family planning is important part of life which helps to improve the health of mother and child. Family planning plays vital role in birth control. Although family planning programme was conducted 40 Year before, the result is not satisfactory. The problem such as high infant and child mortality rate, high illiteracy rate preference of son than daughter dependent on agriculture etc are as it was before. This study will be trying to find out the reason of why family planning method has not been successful as it deserves to be. Its study will give knowledge, attitude and practice of contraceptive use in married women in the Chock Chisapani VDC ward No-3, and 4 Tanahun district, and this study will focus through

two methods temporary and permanent method. This study will help policy makers, planners, administrators and researchers to provide little but essential information which will help to implement the effective family planning programmes in the related sectors.

1.5 Limitations of the Study

This study has its own limitations due to time and resource constrains. So, it focus only on a particular area the limit of the researcher's capacity the specific limitation include the following.

- a) The study has been focused on the family planning system.
- b) It has covered only the Chock Chisapani VDC ward No-3 and 4.
- c) It has focused on the knowledge, attitude and practice in family planning with marriage women 15-49 years.

1.6 Organization of the Study

The study is organized into six chapters. The first chapter discusses the background of the study, statement of the problem, objectives of the study, significance of the study, and limitation of the study. The second chapter presents the review of literature. The third chapter contains the methodology adopted for the study in which various methods of data collection and analysis are described. The fourth chapter describes the setting at the study area. The fifth chapter discusses knowledge attitude and practice towards contraceptive devices and finding at the study. Final chapter six presents the summary, conclusion and recommendations of the study.

CHAPTER - TWO

Literature Review and Conceptual Framework

2.1 Literature Review

In this chapter, it is attempted to review the literature related to this study, many researches and specialists have developed various norms and recommendation in the field of contraceptive devices. These norms, recommendation and results of previous studies have been reviewed here. Literature review has an important in every research. The necessary materials for this study are reviewed below.

The problem of fast growing population has been one of the frightening issues for every living being in this planet. For many nations, the rate of population growth is much higher compared to the economic growth. This has created a number of imbalances in the socio-economic conditions. People's expectation has increased but the supply sources for these expectations are limited. The gap between 'Haves' and 'Haves not' has been increasing. The environment issue is challenging every one of us.

The unsystematic growth of population brings about various problems. The rapid population growth in underdevelopment countries has affected almost every aspects of the economy. The uncontrolled population growth has negative impact to control the high growth rate family planning should be used knowledge attitude and contraceptive use depends upon various factors. Therefore, an effort is made to review literature related to explanatory capacity of various valuables.

Egypt regained its independence following the British protectorate in 1992. Its population was estimated at 13.5 million people. Subsequent investments in public health and sanitation substantially decreased infant mortality and increased longevity, resulting in an annual population growth rate of 2.9 percent. Current population is 55 million. That figure may reach 105 million by 2025.

When Zahid Marzouk founded that first family planning association in Egypt. In the Mediterranean part of Alexandria in 1962, she was well aware of the demographic trends of her country. Her main concern, however, was for women's health and well being in her view essential if the quality of life Egypt's families were to improve. Her life commitment to this goal led her to create several institutions for service to family welfare the Happy Childhood

Association, the institute for training and research in family planning, the Alexandria Family Planning Association and The Regional Federation of Social Services (Mother by choice, 1992).

In developing countries for the purpose of family limitation a substantial minority in most countries, amounting on average to over one third of the contraceptors, wanted another child although many of them didn't want it soon. This finding suggests that Family Planning Programme should focus on potential users to contraception for child spacing as well as on couples who don't want make children promotion of contraceptive use for spacing purposes can actually contribute to fertility decline, WFS data show that a fairly high proportion of women who had ever used contraception were continuing to use it at the time of the survey can average 61 percent of all ever-users an 57 percent of women wanting more children. Women who use contraception for spacing purposes are more likely to use it successfully if they want to cease child bearing later on spacing also has a demographic impact by reducing fertility of women in the younger and more fertile age groups and by increasing the average birth intervals and there by extending the interval between generations. Therefore, family planning programmes should aim at informing, educating and servicing all individuals from the beginning of their reproductive lives (World Fertility Survey, 1987).

The level of current use varies greatly among the developing region from an estimated 17 percent of couples using contraception in sub Saharan Africa to 39 percent in South Asia and 68 percent in Latin American and Caribbean. For individual developing counties, for which data are available, the proportion range from 1 percent to 80 percent while in developing countries at least 50 percent couples are currently using contraceptives and in most developed countries 65 percent to 80 percent are using it (UNICEF, 2000).

Worldwide, more than 620 million married women of reproductive age 57 percent of all such women were using contraception in 2000. The percentage of all such women were using contraception is higher in developed world at 68 percent than in developing world, at 55 percent (Zlidar et. al, 2003).

2.2 Family Planning in Nepal its Objectives and Targets

The main thrust of National Health Policy (1991) related to national reproductive health and family planning programme is to expand and sustain adequate quality of family planning services to the community level through all health facilities.

Nepal family planning has placed greater emphasis on prompting temporary methods of contraception especially for spacing of births. Nepal family planning services are designs to provide a constellation of contraception methods that reduced fertility enhance material and natural health, child survival and contribute to bring about a balance in population growth and socio-economic development that will help the Nepalese people to improve their quality of the life. While reviewing family planning policy of Nepal, in 1991 the main objectives are to assist individuals and couples to:

- Space and limit their children
- Prevent unwanted pregnancies
- Improve their over all reproductive health

2.2.1 Targets of Family Planning Programme

The family planning programmes have the target to reduce the total fertility rate (TFR) from 4.1 per women in 2001 to 3.5 per women by the end of tenth five year plan and to 3.05 in 2017 MOH (2002/2003). Similarly family planning program targets to raise the contraceptive prevalence rate (CPR) to 47 percent by the end of tenth five year plan period and to 58.2 percent by 2017.

2.2.2 Family Planning Services Available in Nepal

The following family planning services are available in Nepal.

2.2.2.1 Voluntary Surgical Contraception

VSC includes vasectomy, Minilap and laparoscopy. Sterilization services are limited to district hospitals where trained medical doctors are available. In districts where these services are not available on a regular basis a number of mobile sterilization camps are organizes to provide these services at the peripheral level.

2.2.2.2 Spacing Methods

There are five temporary methods of contraception available through government programmes viz. Depo-Provera oral pills, condoms. Nor Plant, and IUDs among these methods Depo-Provera, condoms and pills are available at community level and Norplant and IUDs are available at selected health posts (HP), primary health centers (PHC) and Hospitals. Furthermore, spacing methods are also available through practitioners, contraceptive retail sales (CRS) company outlet pharmacies and other NGOs and INGOs. Study increment in the use of spacing methods has been maintained over the year (MOPE, 2004).

2.3 Family Planning in the Tenth Plan

The Ninth plan's long term schemes were to materialize the concept of two children only in the ninth plan period and to get the total rate of fertility to the replacement level in 20 years. Similarly in the Ninth plan, the major objective were to carry out various population related programmes for attracting the common people to a small family size according to the concept to two children to conduct different population related programmes to get the total fertility rate to the replacement level of fertility, and to make easily available or accessible the family planning related devices as well as the standard maternal child health services to the people. In the period, the main goals were to bring the total fertility rate from 4.68 to 4.2 to increase the users of the family planning devices from 30.1 to 37.0 to decrease the infant of married women of 15-19 ages from 42.1 to 36.1 to decrease the infant mortality from 74.7 to 61.5 (per 1000 live births) and to decrease child mortality (per 1000 live at birth under 5 years of age) from 118 to 102.3 persons (NPC, 2002).

Strategies

- Reproductive health services will be made easily available and the late marriage and breast feeding will be encouraged.
- Emphasis will be given to raise public awareness extensively in the management of population policy/action plan.
- Encourage availability of reproductive health services to all, encourage marriage, and promote of breast feeding.

- The population related behavior change communication programmes will be taken to the village level with the help of the local bodies as well as and by mobilizing the community based organization to raise public awareness in such the areas as education to children and health, small family, late marriage, reproductive health, small family, late marriage, reproductive health, enhances social status of women, importance of FP involvement of men in family planning and so on (NPC, 2002).

2.4 Family Planning Services

In Nepal, family planning programme was started in 1959 which gave the birth of non-governmental organization called family planning association of Nepal and was given official reorganization in 1965. The family planning programme was formally established in 1988 under the programme of FPMCH project. So far, there are so many governmental, nongovernmental and international non-governmental organizations which are undertaking the responsibility of reducing fertility by implementing various programmes, that may be sensitizing programme through IEC distribution of contraception, enforcing the government in making proper laws and policies related to fertility and abortion and so on (FPAN, 2000).

FPAN has overall programme summary 2004. FPAN provided FP services to a total of 2,80,499 clients during the programme year. Overall achievement in providing FP service was 150% as against the stipulated target of 1, 86,195 clients. Percentage share of new clients in total clients (current users) was 24 percent. The total FP users increase by 35% over the year such as increase was attributed by revision of MIS system with inclusion of last years. Clients who have taken clinical services (IUD, Norplant and sterilization from FPAN clinics and non reporting of withdrawals) up to the FP period and relatively high continuous users in condom, pills and Depo-Provera, whereas the recruitment of new FP clients decreased by 16 percent compared to 2003. Such decrease in the recruitment of new FP clients was contributed by frequent strikes and band has called by the insurgents and political parties and apprehension of field worker to go at the door steps for FP counseling. Follow up services and contraceptives distribution during such days.

The method mix of family planning methods reveals higher preference for injectable Depo-Provera (35.5 %), followed by condom (30.6 %), oral pills (24.20 %), sterilization (6 %), Norplant (2.9 %) and IUD (0.6 %). Majority of FP clients in FPAN branch and out reach clinics were using spacing methods of the programmatic focus was given to birth spacing among young people.

Analysis of clients age profile indicates that majority of FP users were adults. The percentage share of adolescents in total FP users was 5.5 % followed by 26 % young and 68 % young adults. It is important to note that the CPR among young people was 12 in Nepal and one third of young FP users in total FP services indicated that the FPAN programmes were rightly focused towards adolescents and youth (FPAN, 2005).

2.5 Knowledge Attitudes and Practice of Family Planning Method

Aryal (1994) mentioned on his study that the knowledge of contraception was found in Brahmin 84.6 percent and lowest in Dami 41.7 percent. Similarly, Chhetri were found high in practice (58.3 %) of family planning devices while Brahmin was 53.8 percent. Only 86 percent of the respondent had positive attitude. He also recommended that the knowledge, attitude and practice of family planning are associated with the caste, occupation and economic status. Therefore, multicultural approaches should be applied in planning. He emphasized that in rural areas traditional healers should be trained about family planning that can play positive and important role.

New ERA, 1990 conducted a base line study on health status in Sindhuli district for IHDP and SDC in Nepal conduct that 89 percent women adopted at least one method of family planning . This study finds out knowledge among Tamang, Mager, Chhetris and Brahmins have 61.8, 85.5, 90.0 and 85.5 respectively but current uses 7.5, 11.3, 27.7 and 34.3 percent respectively (NEW ERA, 1990).

MOPE 1999 published a report on the occasion of population day 1999 MOPE emphasizing the role of IEC for the gradually increase in the knowledge of modern FP method in Nepal (MOPE, 1999).

In Nepal, there are several numbers of surveys conducted. The major surveys are Nepal Fertility Survey 1976, Nepal Contraceptive Prevalence Survey 1986, Nepal Fertility and

Family Survey 1986, Nepal Fertility and Family Health Survey 1991, and Nepal Fertility and Health Survey 1996.

NFS 1976 was First National Survey in Nepal conducted by FP/MCH project. NFS studied 5501 respondents of currently married women by specific method. It provides the data on family planning knowledge and practices. The NFS showed that 21.3 percent of every married woman knows at least one method. This survey showed contraceptive prevalence rate (CPR) 30 percent (NFS, 1976).

NCPS 1981 found that 51.9 percent overall knowledge of at least one method of family planning among currently married women aged 15-49 years and currently married non-pregnant women aged 15-49 years who were currently using any modern contraceptive was 7.6% (NCPS, 1981).

NFFPHS 1986 showed that knowledge of at least one modern method was 55.9% and current use of contraceptive was 15.10% (NFHS, 1986).

NFFHS 1991, reported that knowledge about at least one Family Planning Method was 93 percent in currently married women aged 15-49. Among them, 18 percent had ever used a method of Family Planning at some time in the past. This survey also indicated that 25 percent of currently married non-pregnant women are using contraception. (NFFHS, 1991).

NFHS 1996 survey further indicates that 38 percent currently married women have ever used any method and 35 percent of currently married women have used a modern method of family planning. (NFHS, 1996).

The CPR for modern methods shows an increasing trend. It has increased from 37.80 percent in FY 2059/60 to 40.02 percent in FY 2060/61. The number of new acceptors of spacing method has increased from 4,40,539 in FY 2059/60 to 451,490 in FY 2060/61.

The total number of new acceptors of all methods, except oral pills, has increased in FY 2060/61. The new acceptors for VSC increased from 78,571 in FY 2059/60 to 80,015 in 2060/61. In terms of family Planning current users it has achieved 96 percent of the set target during the FY 2060/61. (Annual Report, 2003/2004)

Umesh, Mr. and Phanindra, 2005, study out to assess the knowledge and attitudes towards contraceptive methods of the migrated married women of reproductive age living in Kapan VDC of Kathmandu district. It was identified that 96 percent respondents had knowledge of

family planning methods. It was known that 82.70 percent respondents knew about family planning methods by radio. Female contraceptive methods were more popular than male contraceptive methods. Only 8.49 percent respondents knew about traditional contraceptive methods. More than 9 percent human were conscious about family planning methods for family well-being and health benefits of family.

2.6 Factors Affecting Utilization of Family Planning Services

There are many factors affect the use of family planning services. Each factor may have more or less influence depending on socio-economic, cultural and religious intermediate determinates of fertility. Mostly affected by various socio-economic, demographic, cultural, psychological and other factors. These factors affect the use of family planning services directly or indirectly are discussed below.

2.6.1 Age of Women and Use of Family Planning Services

Age of women is one of the most important factors that the utilization of family planning services. The younger women are less likely to use contraceptives than older women because as age increase women are more likely to have completed their desired family side and are therefore more likely proportion of current users is higher amen 30 to 39 years old women than those aged 40 to 49 (UNFPA, 1989).

The use of family panning services found in the age group 25-39 years. Nepal fertility and family planning survey report showed that there was 24.6 percent of contraceptive use among women of age group 25-29 years when comparable figure was 22.3 percent for age group 20-24 years and 18.3 percent for age group 30-34 years.

BCHIMES, 2000, revealed that the current use of contraception increased with an increase in age of women. For example, for non-pregnant women less than 25 years of age, current use rate was 26 percent, while it was 42 percent for older non pregnant women. This study again reflected that order women are high parity women. This study again reflected that older women are high parity women who would need contraception as their desired fertility had already been met.

2.6.2 Education and Use of Family Planning

Education is the most important factor that determines the use of contraception of couples. These are strongly associated with each other. Obviously, it is observed that

use of family planning among educated women is higher as compared to illiterate women. There is positive relationship between use of family planning and level of education of husband/women increases, the proportion of contraceptive user also increases. There was a significance differences in the role of the use between women's and husband education. The rate of use for women any educational categories exceeds the corresponding rate for husbands. A significance variation exists with in primary and secondary categories. For example, contraceptive prevalence observed 30.3 percent for women with primary education while women whose husband completed primary education, contraceptive prevalence rate were 23.7 percent (MOH, 19991).

Education makes people responsible for their action towards family planning devices. In Nepal, only 63.08 percent male and 42.49 percent female can read and write (CBS, 2001). It is revealed that the educational attainment of Nepal is very poor. Education is also necessary for economic, social, cultural and mental development. Education plays a important role in influencing the population behavior. Education plays the inverse effects in fertility as will as positive effects on contraceptive devices use. Many researchers have reported that education particularly for women lead to dramatic reduction in fertility and contraceptive prevalence rate (CPR). But female literacy was recorded 3.9 percent in 1971, 12 percent in 1981, 25 percent in 1991 and 42.49 in 2001 census respectively (CBS, 2001). Education effects positive on both attitudes towards contraceptive mean and its use.

Nepal family planning health survey report 1996 show that only 26.4 percent of women having no education were using contraception where as 52.0 percent were using contraception who have educational level S.L.C and above. Use of contraception is associated with level of education that the clients have higher education attainment is positively correlated with current use of family planning use of modern methods increase for from 34 percent among currently married women with no education to 46 among women with SLC and above is condoms (14 %) where as the most popular method among women who have no education is female sterilization (16 %). In fact female sterilization is the popular method, among all women who have less of education increases they are more likely to used modern spacing method. A similar pattern between education and use is observed for them (MOH, 2001).

2.6.3 Occupation and Use of Family Planning

Occupation is the main determine factor of family planning use. There are indicators that women who work in the formal sectors of the economy (i.e. non agriculture) are more likely to be current users than those who work in non-formal sectors or who do not work at all (UNFPA, 1989).

The CPR rate of women who engaged in non-agricultural activity is found 30.8 percent (NFHS, 1991). The contraceptive prevalence rate of women or husband who are in non-agricultural occupation was found 11.5 percent, but women or husband who are not working and working in agriculture was 9.8 and 4.4 percent respectively in 1981. This percent was 23.9, 14.9 and 4.8 respectively in 1980 (Pradhan, 2005).

2.6.4 Sex Preference and Use of Family Planning

A strong preference for children of a particular sex could be a significance obstacle to fertility decline if couples who have already reached their desired family side continue child bearing to try to have a child of the preferred sex. Empirical evidence demonstration, however, that the link between sex preference and fertility is often rater weak even where sex preference is strong, parents usually achieve their goal for a minimum desired number of sons and daughters early in their reproductive career sheer biological change. Therefore only a relatively small proportion of all couples will be motivated to have more children that they would have had without sex preference.

In the context of Nepal parental preference for at least one child of each sex in general have been well documented. A large proportion of women who desire more children show a preference for sons. However, the preference for daughter is also evident when women have two or more living sons but no daughter (Dangi, 2004).

Sex preference and preference of sons in particular, as a major determinant of family size how been documented in several Asian countries. Nepalese couple generally believe that family planning method should begin only after achieve their family size. Nepalese parents prefer son to daughter because of their culture and various roles that sons play in their family life. It is only are son who can perform death and post death rituals to ensure that the gate of heaven will be opened for parents. In addition, a son

continuous family name and provides support in old age. For these and other reasons, it is not surprising people often say let it will be late, but it be a son (Karki, 1988).

Studies from India have identified three major factors affect underline son preference. One is the economic utility of son. Sons are more likely than daughter to provide family labor on the farm or in family business, earn wage and support their parents during their old age. Up on marriage a son brings a daughter in-law in this family and she provides additional help around the house as well as economic reward in the form of dowry. The second utility of having a son is their socio-cultural utility. In the context of India's port liner and patriarchal family system, having one son is imperative for the continuous of the family line and many sons provide additional status to the family. And the last utility of having a son in Indian context is for the religious functions that a son can only provide (Pradhan, 2005).

Tuladhar (1986) analyzed the sex preference and use of contraception by using data from Nepal contraceptive prevalence survey 1981. He found that Nepalese women are more to use contraception to limit birth, once they have had three or more living children with minimum of one son. Thus, number important factor that affects the use of contraception in Nepal.

2.6.5 Causes of Non-Using the Family Planning Method

Parajulee 1996 stated in his study "Factors related to non-use of contraception among couples with on unmet need for family planning in Nepal" the most important reason given by users for non-use of oral pills were concerned about health side effect. These included headache, weakness and non-use, heavy bleeding and the side effect upon breast feeding. the belief was that oral pills dry up breast milk, it should be noted that all of these reasons including the reason" Affects breast feeding and dries breast milk" were given by women who were not currently breast feeding. The most important reason among limited for non-use of laparoscopy and vasectomy was that the operation causes weakness and recipients are unable to work.

More than one third of the respondents stated that their principle reason for not using a contraceptive method was desired for more children of them 29 percent desired only male children. About 20 percent of non-users cited side effects, religion, health concerns, hard to get method and opposition from their husbands and elders as reason for non-use of contraceptive. Likewise 29 percent of non-users did not state their

reason for non-use of contraception. 30 percent women were proving not to report reason, for non-use of contraception that the urban women were 17 percent (K.C. et. al 2000).

The reasons for not using contraceptives among unmet need, people such as lack of acceptable method of contraception in side. Side effects associated with the use of contraceptives and also lack of effective method. They further reported that in many cases the unwanted births or the need to resort to abortion might have been averted, had family planning services been more accessible (Schular S.R. et. al, 1986).

The most important reasons for not intending to use contraceptives in the future among the currently married women are sub fecundity/infecundity and fear of side effects, with more than one in four women and one in five woman respectively citing these reasons one in ten women also cites religious opposition as an important reason for unwillingness to use in the future. More than one in two currently married women do not intend to use a method in the future because of their wife's menopause or hysterectomy on in ten cites religious opposition and 6 percent cites fear of side effects (NDHS, 2001).

The disparity between knowledge and use of family planning suggests that the reasons for non-use at FP should at first be identified and than should try to remove these causes. The Ministry of Health 1997 has indicated some causes of non-use of FP methods among the women of currently married aged 15-49 who were not using and did not also intended to use the FP methods in future as menopausal (19 %), fear of side effects (16 %), desire of more children (15 %), religion prohibition (9 %), infrequent sex (7 %), health concern (5 %), opposition of husband (4 %) and so on. Similarly, significant difference in the reasons for non-use of FP by younger women (under the age of 30 years) was also identified as desire to more children (35 %), religion prohibition (16 %), fear of side effects (13 %), where as menopausal cause (26 %), fear of side effects (17 %) and other specific reasons (11 %) were major reasons of non-use of FP among the age 30 years and above. The reasons for non-use showed that the fear of side effects was the main reason of non-use of FP methods. Therefore this study clearly indicates that there is a vast difference of non-use of FP among different age group of women.

2.6.6 Availability and Accessibility Family Planning Services

There are five temporary methods contraception available through government 1.2 Depo-Provera oral pills, condoms, Norplant and IUDs among these methods. Depo-

Provera, condoms and pills are available at community level and Norplant and IUDS are available at selected health posts, PHC and Hospitals. Furthermore spacing method are also available through practitioners, contraceptive retail sales (CRS) company outlet pharmacies in and other NGOs and INGOs study increment in the use of spacing methods has been maintained over the year (MOPE, 2004).

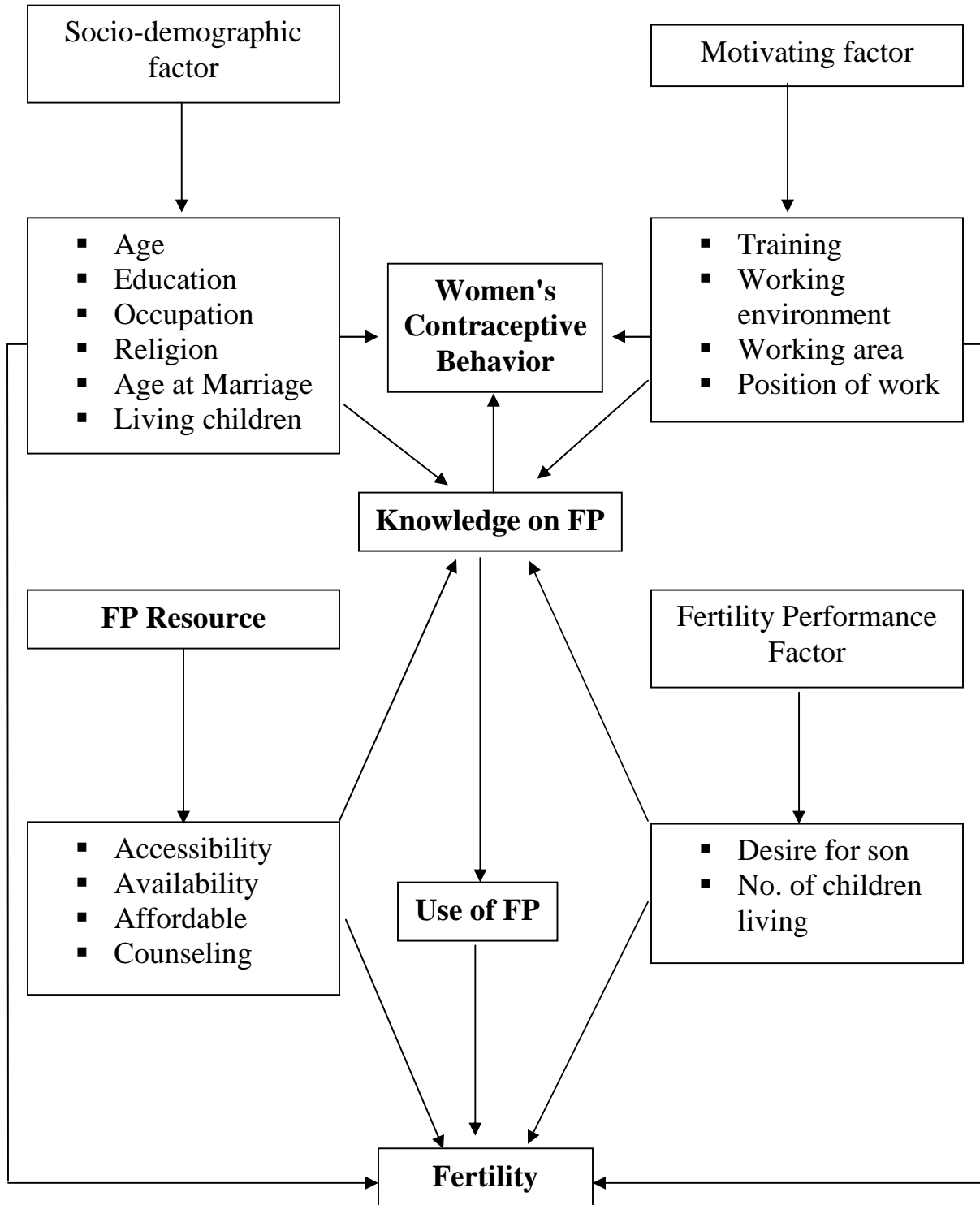
Poor availability was one of the most important contributing factors to the very low level of family planning use in Nepal. Tuladhar (1986) have suggested that increasing availability in a county like Nepal, where sources are few and distant, might bring about a substantial increase in use of family planning services.

According to NDHS 2001, 8 percent of contraceptive users get services from non-governmental sector, when as 7 percent get from private sector, mostly from pharmacies. In public sector 27 percent of users obtained services from governmental hospitals or clinics, 14 percent from governmental sub-health posts and 26 percent from mobile camps.

2.6.7 Conceptual Framework

This study focuses on the relation and among KAP of contraception and some selected socio-economic and demographic variables. the main objectives of this study is to find out about contraceptive knowledge, attitude and practice towards among married women aged 15-49 years in Chockchisapani VDC ward no. 3 and 4 of Tanahun district keeping view socio-economic, demographic and other social norms. The knowledge and use/practice of contraceptives is affected by education, religion, living children availability, accessibility, effective, counseling between users and provide is. Similarly, motivation factor and profession factor also affecting the knowledge and use of family planning method.

Figure 4.1: **Conceptual Framework**



CHAPTER - THREE

Research Methodology

3.1 Research Design

The research study has been carried out on the basis of exploratory research design. The present study is based mainly on primary information of data. It focuses on knowledge, attitude and practice of family planning among married women at Chock Chisapani VDC in ward no. 3 and 4.

3.2 Universe and Sample Size

This study has been carried out in Chock Chisapani VDC of Tanahun district. The universe of the study is all the households of ward no. 3 and 4. Sixty households have been selected consisting 30 respondents from each ward as a sample size. The respondents have been selected by simple random method and key informant has been selected purposively.

3.3 Nature and Source of Data Information

Mainly the research has been based on primary and secondary data. Primary data/information has been collected by face to face interaction through questionnaire and interview. Secondary data has also been collected from the published and unpublished sources. Data was aggregated of facts and numerical.

3.4 Methods of Data Collection

The researcher followed the certain techniques and tools to collect data/information. According, to the nature of problems these methods are adopted by researcher to carryout qualitative and quantitative information. The followings are the technique and tools applied during the field visit.

3.4.1 Households Survey

Household survey is in many respects close to the questionnaire method. It is adaptable, capable of being used with all kinds of respondents in many kinds of research and uniquely suited to exploration in depth.

For the above technique, a set of household survey questionnaires have been sought to fetch facts or information. For generating data about demographic character from the concerned sample size, questions have been framed mostly in structured or closed-ended form and some in open-ended (unstructured) forms according to the need of the objectives.

3.4.2 Focused Group Discussion

Focused group of the study areas constituted beneficiaries who were active and knowledgeable. By this technique, a detailed qualitative information have been obtained from a moderate number of respondents together in groups. Those involved in activities have been interviewed, qualities information such as expression capacity has been obtained from focus group discussion. Woman and men have been interviewed who actively involved in various activities of the programme. The discussion about the research topic based on exploration of the facts and realities has been made.

3.4.3 Key Informant Interview

This is also a prominent technique of data collection. It provides more information the main characteristics of the research interview.

For this technique, Key Informant Interview schedule has been set up. A related set of questions schedule has been asked to the key informant in the study area of Chock Chisapani VDC. This added more reliability and validity to the research work. The interview has been taken as cross checking for data obtained from questionnaire.

3.5 Data Processing

Questionnaire has been carefully checked to remove possible errors. The data has been processed with the help of computer. Before analyzing the data though roughly editing has been carried out to maintain consistency and accuracy. Required frequency tables, charts and diagrams then be prepared

3.6 Techniques of Data Analysis

After collecting data, they have been processed and then analyzed in the subsequent chapter using both descriptive and statistic methods of analysis. The collected data has been processed, classified according to their nature and presented by employing simple statistical tools (percentage, tabulation, average, diagram and pie-chart).

3.7 Interpretation of Data

Collected and analyzed data has been interpreted by putting on various charts, table etc. according to mentioned schedule and various aspects table, charts and columns have been attractively presented, especially in data interpretation.

CHAPTER - FOUR

Setting of the Study Area and Demographic Characteristics

4.1 Location of the Tanahun District

Tanahun district lies on south east of Gandaki zone in western development region of Nepal. The district is in distance of 110 kilometer west from Kathmandu and 19 kilometer east of Pokhara. In atlals, the district is located from 83⁰94' to 84⁰56' east longitude and 27⁰74' to 28⁰13' north latitude total area of the district is 1840 square kilometer.

The district is bordered with Gorkha and Chitwan district in east. Syanja district in west, Kaski and Lamjung district in north and Palpa, Nawalparasi and Chitwan district in south. The rivers Marsyangdi and Trishuli in east and Kaligandki in south are the boundary of the district, Seti and Madi Rivers flow about middle part of the district.

4.2 Study Area

The study area is located in Chockchisapani VDC of Tanahun District of Western Development Region. This area is 40.31 sq. km and the populations 4527 with 957 household. Out of them, 2459 are female and 2068 males. There are various cast/ethnicity like, Gurung, Newar, Brahmin, Chhetri etc. with different creeds and faith. The agriculture is the main profession of the people in this VDC.

This VDC is 38 km away from the district headquarter, Damauli. Dumre Beshishar highway has linked with the VDC. The facility available in the VDC is sub-health post, private clinic, high schools, primary school etc.

The surroundings of the VDC lies Parewadanda VDC North East, Sundar Bazar in the North of VDC in the west east lies Rupakot and Mirlung VDC and south is Basantpur VDC. In South east lie Purkot VDC and Tarkughat lies in Northeast of Lamjung district.

4.3 Population Distribution

According to the CBS 2001, the total population of the Chockchisapani VDC is 4527 with 957 households. Out of the total population, male population is 2068, which is 45.68 percent and female population is 2459 which is 54.31 percent. There are 9 wards in this VDC. The population and households of the Chockchisapani VDC are shown in the below table.

Table 4.1: Households and Population of the Chockchisapani VDC

Ward no.	No. of Household	Population		
		Male	Female	Total
1	60	124	144	268
2	97	184	273	457
3	73	159	180	339
4	101	214	275	489
5	83	172	193	365
6	220	535	547	1082
7	119	281	311	593
8	110	211	312	523
9	94	188	224	412

Source: CBS, 2002

The above table shows that total population of the Chockchisapani VDC is 4527. In this data, female population is higher than male population.

4.4 Distribution of Population by Age Groups

Table 4.2: Percentage Distribution of Population by Age Groups

Age	Population	Percent
below 4 years	482	10.64
5-19	1703	37.61
20-59	1897	41.90
60 to above	445	9.82
Total	4527	100.00

Source: CBS, 2002

Above table shows that out of the total population 482 population belongs to below 4 years of age groups this is 10.64 percent of the total. 1703 population belongs to 5-19 years age groups, which is 37.61 percent of the total. Similarly, 1897 population belongs to 20-59 years of age group, which is 41.90 percent of the total. 445 populations belong to 60 and above, which is 9.82 percent of the total.

4.5 Caste and Ethnic Composition

In the study area various castes and ethnic groups of people are living in this VDC. This is shown in the following table.

Table 4.3: Caste Wise Distribution of the Population

Caste/Ethnicity	Number	Percent
Magar	254	5.61
Dalit	767	16.94
Brahmin	1072	23.68
Gurung	446	9.85
Chhetri	847	18.70
Newar	390	8.61
Gharti	120	2.65
Tamang	475	10.49
Muslim	12	0.26
Other	144	3.18
Total	4527	100.00

Source: CBS, 2002

The above table shows that the population of Brahmin and Chhetri in Percent are 23.68 and 18.70 respectively. These two castes are the major castes group in the study area. Similarly Gharti, Muslim, Magar etc are castes in minority.

4.6 Occupation

In the study area, the people of the Chockchisapani VDC are engaged in various occupations. But most of the people are engaged in agriculture. Besides this, some people are involved in non-agricultural economic activities which are shown in the table below.

Table 4.4 Distribution of Total Household According to Non-Agricultural Economic Activities

No. of Households			Types of Activity					
Total	Having Economic Activities	Not having economic Activities	Total	Manu- facturing	Trade Business	Trans port	Service	Others
957	139	818	139	1	48	1	74	15

Source: CBS, 2002

The above table shows that 1 household engage in manufacturing, similarly 48 households engage in trade/business, 1 households engage in transport, 74 households engage in service and 15 households engage in other activities.

4.7 Economic Activities of the VDC

The economic activities of the people of Chock Chisapani VDC are based mainly on agriculture. Majority of the people are engaged in agricultural activities. The main agricultural products are rice, wheat, maize, potato etc. Besides these animal husbandry is another income source.

Table 4.5: Distribution of Population by Economic Active (Over 10 years)

Total			Economically Active			Economically Inactive		
Total	Male	Female	Total	Male	Female	Total	Male	Female
3605	1596	2009	2433	1084	1349	1172	512	660

Source: CBS, 2002

The above table shows that the economically active population is higher than the economically inactive population. The male population is higher than the female population.

4.8 Education

In the Chock Chisapani VDC there are four primary and two secondary schools. The literacy status of six years and above population in the Chock Chisapani VDC is given below.

Table 4.6: Literacy Status of the Chock Chisapani VDC (above 6 years)

Gender	Literate	Percent	Illiterate	Percent	Total Population	Total Percent
Male	1423	79	373	20	1796	1000
Female	1295	57	942	42	2237	100

Source: National Labour Academy, 2004

The above table shows that above 6 years population consist male literacy of 79 percent and 57 percent for female. Similarly, 20 percent male and 42 percent female are illiterate respectively in the VDC.

4.9 Health Facilities

In this VDC, there is one sub-health post. People are getting health facilities from private Allopathic and Auyrvedic medical practitioners. Village health workers and traditional healers such as Dhami, Jhakri Biadawa etc. still exist and works in the society.

CHAPTER - FIVE

Demographic and Socio-economic Characteristics of the Respondents

This chapter provides some demographic and socio-economic characteristics of households and respondents in the study area. It also deals with general characteristics at the study population. Demographic characteristics deals with age, sex, family size, marital status, children ever born and socio-economic characteristics provides the education, occupation, income distribution etc of the respondents etc.

5.1 Household Characteristics

5.1.1 Household Population by Sex

Household population determines the standard of living of the household when there is large family size in a household, the members of the household may be deprived of education, food nutrition and care of children. The table below shows the population of respondent's households by sex.

Table 5.1: Percentage Distribution of Household Population by Sex

Sex	Number	Percent
Male	173	47.79
Female	189	52.20
Total	362	100.00

Source: Field Survey, 2006

From the table above, the sample size of the study is 60 households. There households consists population of 362. Among this male percent is 47.79 which is lower than the female population of 52.20 percent.

5.1.2 Household Family Size

Household family size determines the socio-economic and living standard of a household. These variables contribute in determining desire for a number of household sizes. Household size determines the desire number of family.

Table 5.2: Percentage Distribution of Households by Family Households

Family Size	Households	
	Number	Percent
< 4	13	21.66
5-6	29	48.33
7+	18	30.00
Total	60	100.00

Source: Field Survey, 2006

Above table shows that out of 60 households, 13 households consist less than four members, which is 21.66 percent. Similarly, 29 households consist 5-6 members, which is 48.33 percent. Similarly, 18 households consist 7 and above members, which is 30 percent. The result shows that most of the households consist 5 to 6 members in the family.

5.1.3 Type of Family

The family is one of the most important unit of society/community. It can also affect in the acceptance of FP method because in the joint family there is no chances of freedom of taking discussion about the FP method between husband and wife. Therefore respondents are classified into the groups according to their family size. The following table has shown the types of respondents' family in the community.

Table 5.3: **Percentage Distribution of Types of Family**

Type of Family	Respondents	
	Number	Percent
Nuclear	38	63.32
Joint	22	36.66
Total	60	1000.00

Source: Field Survey, 2006

The above table shows that out of 60 respondents, 38 respondents have nuclear family, which is 63.32 percent and 22 respondents have joint family which comes to be 36.66 percent. It shows that most of the respondents have nuclear family.

5.2 Background Characteristics of Respondents

5.2.1 Age

Respondents age play an important role in contraceptive behavior. When people get mature, they get knowledge about family planning method from different sources. Age is crucial factor for family formation. The respondent's age are presented below table.

Table 5.4: Percentage Distribution of Age Respondents

Age Group	Respondents	
	Number	Percent
15-19	7	11.66
20-24	16	26.66
25-29	10	16.66
30-34	9	15.00
35-39	8	13.33
40-44	6	10.00
45-49	4	6.66
Total	60	100.00

Source: Field Survey, 2006

The above table shows that out of 60 respondents, 7 respondents are age of 15 to 19 which is 11.66 percent. 16 numbers of respondents are age group of 20 to 24. 10 numbers of respondents are ages of 25 to 29 which is 16.66 percent, 9 respondents are ages of 30 to 34 and 8 respondents are ages of 35 to 39, which is 13.33 percent. The respondents' age between 45-49 is 6.66 percent.

5.2.2 Education

Education is the indication of quality of development. Education has the vital role for the development of any society. The literacy gap between male and female still exists very wide in our society. Females are busy in household chores and they are involved less in the educational activities. Literacy level also determines the life standard of the people. Education of the population affects directly to the contraceptive use and

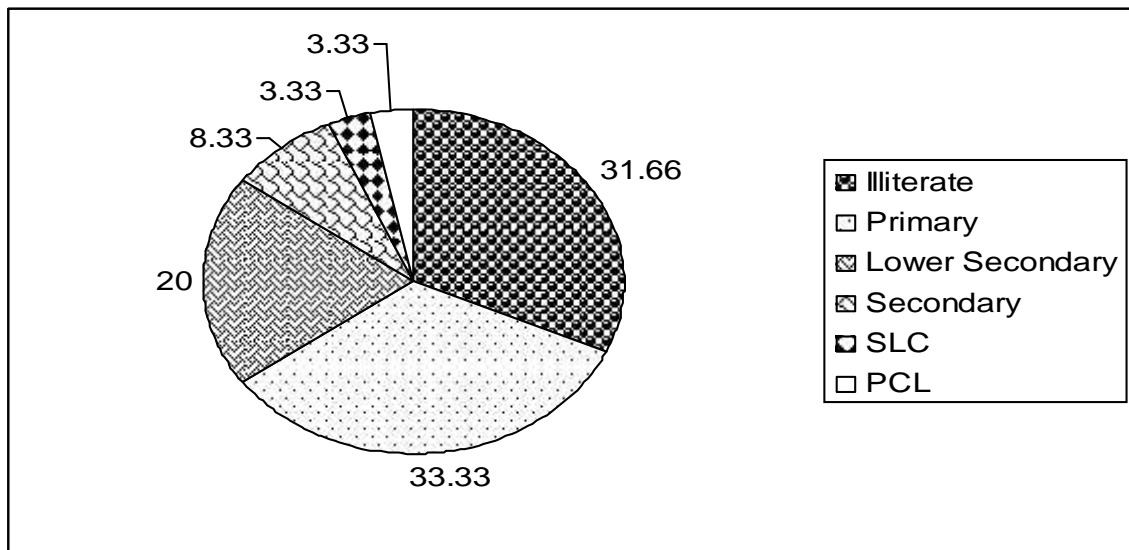
fertility. In the study area also a very low level of educational attainment of females is found. The findings of literacy level of the respondents are presented below.

Table 5.5: Percentage Distribution of Respondents Education

Education	Respondents	
	Number	Percent
Illiterate	19	31.66
Primary	20	33.33
Lower Secondary	12	20.00
Secondary	5	8.33
SLC	2	3.33
PCL	2	3.33
Total	60	100.00

Source: Field Survey, 2006

Figure 5.1: Percentage Distribution of Respondents Education



Based on: Table 5.5

The above table and figure shows that out of 60 respondents 19 respondents are illiterate this is 31.66 percent. Similarly, 20 respondents had obtained primary

education which is 33.33 percent. Similarly 12 respondents have got lower secondary education which is 20 percent of the total. 2 respondents are found to be attaining SLC level of education which is 3.33 percent. Similarly 2 respondents have got intermediate level of education. Minority of the respondents has got higher education and majority of the respondents are literate.

5.2.3 Caste/Ethnicity

Nepal is a multi-lingual, multicultural and multi-ethnic country. Different caste groups have their own beliefs and traditions. In some ethnic groups, there is prevalence of superstitions which can not be changed abruptly. Caste/Ethnicity in some respect determines reproductive and fertility behavior. Respondents are found of different caste. The table below shows the distribution caste/ethnicity.

Table 5.6: Percentage Distribution of Respondents Caste

Caste	Respondents	
	Number	Percent
Brahmin	20	33.33
Chhetri	9	15
Muslim	8	13.33
Gurung	10	16.66
Tamang	7	11.66
Magar	6	10.00
Total	60	100.00

Source: Field Survey, 2006

The above table shows that out of 60 respondents 20 respondents are from Brahmin which is 33.33 percent. Similarly 15 percent respondents are Chhetri, 13.33 percent respondents are Muslim, 16.66 percent respondents are Gurung and 10 percent respondents are Magar. The table shows that majority of the respondents are Brahmin.

5.2.4 Religion

Religion is an influencing factor to the population growth. It is supposed that different religions have different norms and values within their religion. In Hindu religion, people suppose to have any son at any cost to continue the generation after generation. But in Islam religion, the people don't take care of family planning because Islam religion restricts the use family planning method. It is taken as conservative view. Most of the studies have shown that attitudes and practice of FP also influenced by the religious background of the respondents. Therefore, it is tried to identity the religion of the respondent in the study.

Table 5.7: Percentage Distribution of Respondents by Religion

Religion	Respondents	
	Number	Percent
Hindu	36	60
Buddhist	16	26.66
Islam	8	13.33
Total	60	100.00

Source: Field Survey, 2006

The above table shows that out of 60 respondents 36 respondents are Hindus which is 60 percent. Similarly, 16 respondents are Buddhist which is 26.66. 8 respondents are Muslim this is 13.33 percent. It shows that 60 percent of the respondents follow the Hindu religion.

5.2.5 Occupation

Occupation is one of the most important factors of socio-economic condition of the people. It is one of the most influencing factor in determining the contraceptive and family planning behavior. Several studies have found that women with service or white collar occupation are tend to use contraceptives and have less number of children; also women with blue collar occupation tend to have more children. The occupation of the respondents in the study area is presented in the following table.

Table 5.8: Percent Distribution of Respondents by Occupation

Occupation	Respondents	
	Number	Percent
Agriculture	48	80.00
Service	2	3.33
Daily wage	6	10.00
Business	4	6.66
Total	60	100.00

Source: Field Survey, 2006

The above table shows that out of 60 respondents 48 respondents are engaged in agriculture. Similarly, 2 respondents are involved in service which is 3.33 percent and 6 respondents are in daily wages which is 10.00. The majority of the respondents are engaged in agriculture activities.

5.3 Fertility Behavior

5.3.1 Age at Marriage

Marriage is an important part of human life. Age of marriage is crucial role of women fertility behaviors. It is almost universal that lower the age at marriage, higher will be the children ever born. The women who tend to marry early in their reproductive ages are likely to bear more children and more risk to health and life.

Marriage is considered as a determining factor for fertility and with regard to family planning method. In various studies, it is accepted that age at the marriage of female is considered as the major determinant of fertility and use of FP method. Therefore the factor of the respondents, in this study, has also been analyzed for the same purpose. In this study area respondents age at marriage presented below table.

Table 5.9: Percentage Distribution of Respondents by Age at Marriage

Age at Marriage	Respondents	
	Number	Percent
< 15	15	25.00

20-24	39	65.00
25 and above	2	3.33
Total	60	100.00

Source: Field Survey, 2006

The above table shows that 15 respondents have married already at the ages of below 15 years which is 25 percent. Similarly, 39 respondents have married at the teen age of 15-19 years which is 65 percent. 4 respondents have said that their age at marriage 20-24 years and only 2 respondents age at marriage was 25 and above.

5.3.2 Suitable Age for Marriage

Age is the main factor for marriage. Suitable age for marriage is determined by various factors. In the early time, marriage will be held before menstruation because of religions. Education Empowerment of female is the main factor for determined, the suitable time for marriage states "marriage after 20 years before 30 years" the Indian quotation. Suitable age for female is held on 18-22 years. and suitable age for male is good when held in 20-25 yrs. Muluki Ain (code of conduct) 11th Amendment state about the marriage for male is 21 yrs. and marriage age for female is 18 years. The following table shows about the view in the suitable age for marriage.

Table 5.10: **Percentage Distribution of Respondents by Suitable Age Marriage**

Suitable Age for Marriage	Respondents	
	Number	Percent
15-20	17	28.33
20-25	37	61.66
25-30	5	8.33
30-35	1	1.67
Total	60	100.00

Source: Field Survey, 2006

The above table shows that the different numbers of age group of respondents have their various opinions. Accordingly, 17 numbers aged 15 to 20 respondents which are 28.33 percent. Similarly, 37 numbers aged 20 to 25 respondents that is of suitable marriage age which is 61.66 percent of the total. 5 numbers aged 25 to 30 respondents that are of suitable marriage age which is 8.33 percent. 1 number aged 30 to 35

respondents that are of suitable marriage age, which was 1.67 percent of the total. Majority of the respondents response suitable age marriage 20-25 years.

5.3.3 Age at Birth of First Child

Women who marry in the early ages bear the children in the early. Again who bear the children in the early ages is likely to bear more children then that of the women who bear the children in their late ages. If the birth is given to child in early age, it hampers to childs and mothers health but if the birth is given late, it is quite better. Respondents' first child bearing age has been presented as below in table.

Table 5.11: Percentage Distribution of Respondents by Age at Birth of First Child

Age	Respondents	
	Number	Percent
15-19	31	51.66
20-24	18	30.00
25-29	7	11.66
30 and above	4	6.66
Total	60	100.00

Source: Field Survey, 2006

The above table shows that out of 60 respondents, 31 respondents have bore the first child at the age of 15-19. Similarly, 18 respondents have born the children at age 20-24 which is 30 percent of the total. 7 respondents have born the children at age 25-29 which is 11.66 percent of the total and 4 respondents have born the first children at age 30 and above which is 6.66 percent of the total. Majority of the respondents have born the children at the ages of 15-19.

5.3.4 Numbers of Born children by Respondents

Need of children is determined by the factor such as religious, economic, social etc. Empowerment for female is important for child bearing. The child bearing numbers of the study area is given in the table.

Tables 5.12: Percentage Distribution of Respondents Born Children

Born Children	Respondents	
	Number	Percent
None	5	8.33
Pregnant	1	1.66
1-2	21	35.00
3-4	24	40.00
5-6	7	11.66
7 and above	2	3.33
Total	60	100.00

Source: Field Survey, 2006

The above table shows that out of 60 respondents, 5 respondents have not given birth to children get which is 8.33 percent. Similarly, 21 respondents have born 1 to 2 children which is 35 percent. 24 respondents have born 3 to 4 children which is 40 percent. 2 respondents have born 7 and above which is 5.33 percent. Majority of the respondents have born 3 to 4 children.

5.3.5 Respondents loss of Children

The main measurement factor of development is health life expectancy is one of the indexes of human development. Infant mortality rate, child mortality rate and maternal mortality rate determinates health status of the nation. Infant mortality rate of Nepal is 64 (in 1000) [Tenth plan (2002-2006)]. The nutritional level and health facilities help to decrease the rate of mortality. The following table shown respondents loss of children.

Table 5.13: Percentage Distribution Respondents loss of Children

Child loss	Respondents	
	Number	Percent
None	49	90.74
1 child	3	5.55

2 children	1	1.85
3 children	1	1.85
Total	54	100.00

Source: Field Survey, 2006

Above table shows that 49 respondents have not lost any children which is 90.74 percent. Similarly, 3 respondents loss one child which is 5.55 percent of the total. 1 respondent have loss 2 children and 1 respondent have loss 3 children. The above table shows that the child mortality in this community is also high.

5.4 Knowledge of Contraceptives

The meaning of knowledge simply refers to the theoretical or practical understanding of a person towards a subject, object, situation or event. Knowledge in the study refers to the present level of information or understanding of the married women towards the hearing knowledge method, specific knowledge, source of knowledge and knowledge on place of availability of family planning method.

Knowledge of contraceptive method is important in human life. It plays main role in reproductive health of both male and female. People get knowledge of contraceptive then they got motivation to use of contraception. Without use of it people can't manage fertility contraceptive method has been vital role in human life.

5.4.1 Knowledge of Family Planning Method

When people have proper knowledge about these methods, the chance of use will be higher then who are unknown about it. Knowledge of method helps to increase the motivation of using contraceptive method. Several questions about the knowledge of contraceptive were asked to the respondents. The following table shown respondents knowledge of family planning method.

Table 5.14: Percentage Distribution of Knowledge about Family Planning Method by Respondents

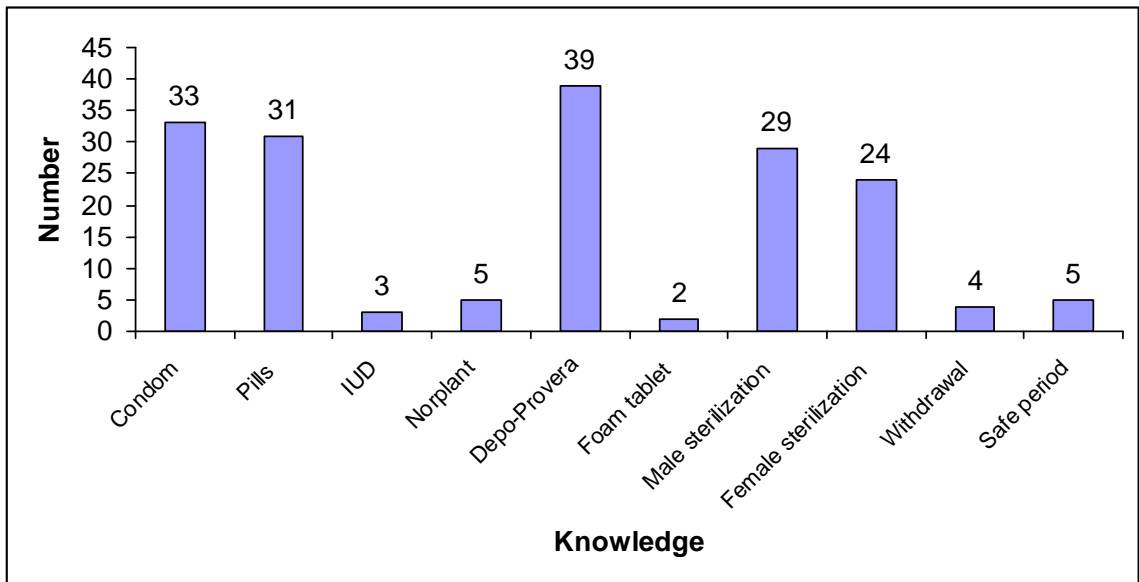
Knowledge Methods	Respondents	
	Number	Percent

Yes	55	91.66
No	5	8.33
Condom	33	55.00
Pills	31	51.66
IUD	3	5.00
Norplant	5	8.33
Depo-Provera	39	65.00
Foam tablet	2	3.33
Male sterilization	29	48.33
Female sterilization	24	40.00
Withdrawal	4	6.66
Safe period	5	8.33

Source: Field Survey, 2006

* Total percentage exceeds more than 100 due to multiple responses.

Figure 5.2: Distribution of Knowledge about Family Planning Method by Respondents



Based on: Table 5.14

The above table and figure shows that 55 respondents have known about family planning method. The following these 5 respondents don't know about family planning method. Beside this, the users percentage of having knowledge about family planning is for condom 55 percent, pills 51.66 percent, IUD 5 percent, Norplant 8.33 percent, male sterilization 48.33 percent, female sterilization 40 percent, withdrawal 6.66 percent and safe period 8.33 percent, most of the respondents known about Depo-Provera injection.

5.4.2 Information Source of Family Planning

Information is very important factor for to make the people very aware about the family planning system. Therefore, in the modern age the media has played vital role for to send the message to the people. Radio, television and other printed media can be very helpful to expand the message of family planning to the people every hook and corner of the county. Most of the people in the village area are not well educated so that they don't know any precaution about the birth control. Therefore they give birth of more children. So they have problem and difficult to solve it in the future. Because growing population add more problems in the country. In the study area there is some information sources collected that from which media they get information about family planning. The following table makes the point very clear.

Table 5.15: Percentage Distribution of Respondents Source of Family Planning

Media	Respondents	
	Number	Percent
Radio	47	78.33
Television	11	18.33
Husband	30	50.00
Teacher	7	11.66
Friends	17	28.33
Health workers	18	30.00
Relatives	9	15.00

Source: Field Survey, 2006

* Total percentage exceeds more than 100 due to multiple responses.

Above table shows that the main source of information is Radio which is 78.33 percent, followed by friends 28.33 percent, newspapers 25 percent, and television 18.33percent, relatives 15 percent and teacher 11.66 percent. Most of the respondents' main source of information is radio.

5.4.3 Knowledge of Family Planning

Family is a household of plan management but most of the people are unknown about family planning as a means to control of birth rate. In family planning includes marriage and determine number of child, spacing of birth child, giving awareness about using contraceptive etc. This table shows about the data of knowledge FP.

Table 5.16: Percentage Distribution of Respondents Knowledge about Family Planning

Knowledge	Respondents	
	Number	Percent
Proper plan of Family	5	8.33

Wanted Birth	25	41.66
Temporary Method	10	16.66
Permanent Method	5	8.33
Birth Spacing	15	25.00
Total	60	100.00

Source: Field Survey, 2006

The above table shows that the distribution of attitude on family planning. There are 8.33 percent respondents who know the meaning of FP, is a proper plan. 41.66 respondent wanted birth, 16.66 percent respondents learnt that the family planning is temporary method, 8.33 percent respondents learnt family planning as permanents method and 25 percent respondents understood FP as birth spacing method. Most of the respondents understood FP as birth spacing method. Most of the respondents (41.66 percent understand FP as wanted birth).

5.4.4 Source of Contraceptive Suppliers

Source of contraceptive suppliers is important in family planning. When people knew about supplier's source of contraceptive, then the level of use has been higher if they don't known source of contraceptive they can't use. In the study area respondent's knowledge of contraceptive suppliers is given below in the table.

Table 5.17: **Percentage Distribution of Source of Contraceptive Suppliers**

Sources	Respondents	
	Number	Percent
Hospital	12	20.00
Health post	15	25.00
Sub-health post	31	51.66
Health Worker	19	31.66
Private Clinic	10	16.66
Mobile Clinic	15	33.33

Source: Field Survey, 2006

* Total percentage exceeds more than 100 due to multiple responses.

The above table shows that the multiple opinion about the suppliers source of the contraceptive. It can be seen that the source of contraceptive suppliers are hospital accounted 20 percent, followed by health post 25 percent, sub health post 51.66

percent, health workers 31.66 percent, private clinic 16.66 percent and mobile clinic 33.33 percent. It shows that sub health post is the most suppliers source of contraceptive.

5.4.5 Achieve Way of Contraceptive Method

Easy access of the methods increase the use of these systems, if the methods are freely available, the use of these methods will increase. This helps to control the growth of population. If the methods are not freely available, than the use are decreases. In the context of Nepalese society, government hospitals, NGO, INGOs freely distributes but in private sector it takes low cost. The following table shows about the achievement way of contraceptive method.

Table 5.18: Percentage Distribution of Achieve Way of Contraceptive Method

Way	Respondents	
	Number	Percent
Free	14	23.33
Pay	26	43.33
Both	15	25.00
Don't know	5	8.33
Total	60	100.00

Source: Field Survey, 2006

The above table shows that out of 60 respondents, 14 respondents knowledge contraceptive method get free which is 23.33 percent. Similarly, 26 respondents don't get free which is 43.33 percent, 15 respondents knowledge achieve way of contraceptive get free and pay which is 25 percent of the total. 5 respondent's unknown to get way contraceptive method which is 8.33 percent. Most of the respondents achieve contraceptive by paying.

5.5 Practices towards Contraceptive Devices

The meaning of practice refers to the actual application or use of behavior of people for idea, belief or method. Practice in the study, refers to the ever use, current use and reasons for use and non use the FP methods.

The use of contraceptive device is very important to control the birth rate and prevents the sexual disease like, aids, syphilis, Gonorrhoea etc. This device greatly helps to control the mortality rate and other social crimes that occur due to the immoral sexual contacts can be controlled moreover, the device of contraceptive protects the death of both mother and child. Therefore the use of contraceptive is significance to the healthy family life for the couple.

5.5.1 Ever Used of Family Planning Method

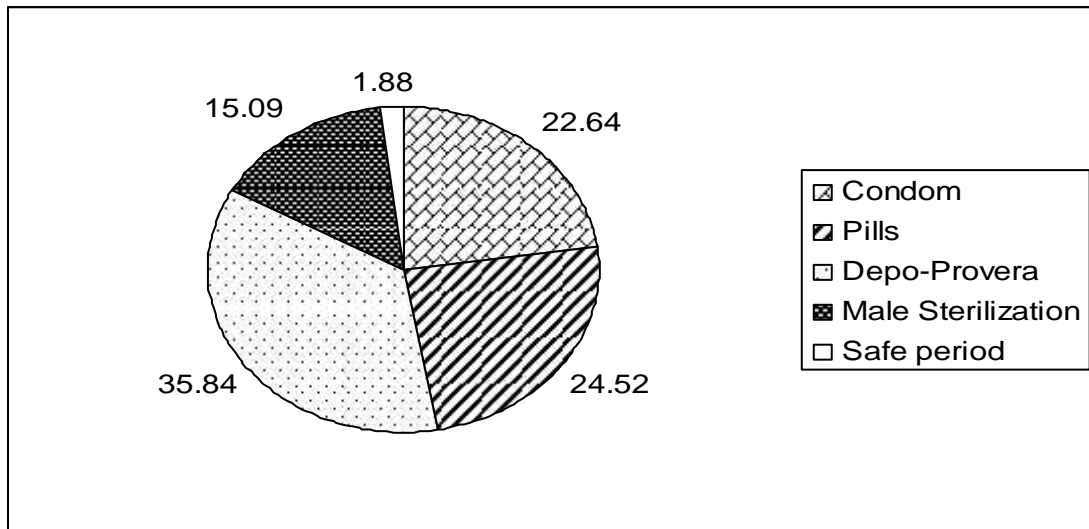
There are different types of the devices of contraceptive found in the market. In the study area, women are ever used found different contraceptive use as their choice. The users of family planning device have been given in the following table; the table is based on the multiple responses of the users.

Table 5.19: **Percentage Distribution of ever Used of Contraceptive Devices**

Ever Use	Respondents	
	Number	Percent
Yes	53	88.33
No	7	11.66
Condom	12	22.64
Pills	13	24.52
Depo-Provera	19	35.84
Male Sterilization	8	15.09
Safe period	1	1.88
Total	53	100.00

Source: Field Survey, 2006

Figure 5.3: **Percentage Distribution of ever Used of Contraceptive Devices**



Based on: Table 5.19

The above table and figure shows that among 60 respondents 53 respondents 88.33 percent respondents known the any method and ever used the method and remaining 11.66 percent respondents states that they never used contraceptive method. Besides these, it becomes clear that the highest method ever used is Depo-Provera 35.84 percent, pills 24.52 percent, condom 22.64 percent, male sterilization 15.09 percent and 1.88.

5.5.2 Causes of Non-use of Contraceptive Method

Various causes for non-use family planning methods because of the lack of information which is important factor for not use of family planning method. Besides this, desire of son, don't know about method, traditional, religious norms values belief.

There are some women who don't want to use the family planning device. The women, when were asked the cause of not using contraceptives have replied mix opinion. According to those women, there are different reason behind of not using family planning are given in the data in the following table obviously.

Table 5.20: Percentage Distribution of Non-Use of contraceptive Method

Causes	Respondents	
	Number	Percent
Desire of Son	2	28.57
Fear of Side Effects	1	14.28
Against the Religion	3	42.85
Total	7	100.00

Source: Field Survey, 2006

From the above table, it can be seen that the non users of FP method is 28.57 percent because of desire of son, followed by 14.28 percent women were fear of side effect, 42.85 percent were against the religion and 14.28 percent were unknown.

5.5.3 Decision Making for Family Planning Use

When people get married they are bound to the very responsible family life. The couples have some family obligations also for the use of contraceptives. According to the opinion that are found in the study area are differ to families. The following table shows women's decisions about contraceptive clearly.

Table 5.21: Percentage Distribution of Decision Making for Family Planning Use

Decision	Respondents	
	Number	Percent
Self	13	24.52
Husband	21	39.62
Both	11	20.75
Service Provider	3	5.66
Relatives	5	9.43
Total	53	100.00

Source: Field Survey, 2006

The above table shows that out of 53 respondents, 13 respondents decide for family planning self, which is 24.52 percent. Similarly, for 21 respondents husband decide for family planning method, which is 39.62 percent, 11 respondents are using family planning method by both husband and wife which is 20.75 percent. 3 respondents decide for use of FP by service provider, which is 5.66 percent and then 5 respondents decide FP use by role of relatives, which is 9.43 percent of the total. Most of the respondents decide for FP use rest upon husband decision.

5.5.4 First Time Use of Family Planning Method

The important responsibility of couple is to lead the happy marriage life. To lead the sound married life there needs lots of things among them the use of contraceptive is very essential. The use of contraceptive is very essential. the use of contraceptives gives two advantage, pleasure and safety and also controls birth rate too. In the study area the following mentioned opinion was found by the users of contraceptive use first time.

Table 5.22: Percentage Distribution of First Time Use of Family Planning Method

First Time Use	Respondents	
	Number	Percent
Before first birth	6	11.32
After first birth	9	16.98
After second birth	17	32.07
After wanted birth	21	39.62
Total	53	100.00

Source: Field Survey, 2006

From above table, it can be seen that among the 53 respondents, 6 respondents are using FP method before first child, which is 11.52 percent of the total, 9 respondents use FP method after first birth, which is 16.98 percent of the total. Similarly, 17 respondents use FP method after second birth which is 32.07 percent of the total. 21 respondents use FP method after wanted birth, which is 44.73 percent of the total. Most of the respondents used FP method after wanted birth.

5.5.5 Current Use of Family Planning Method

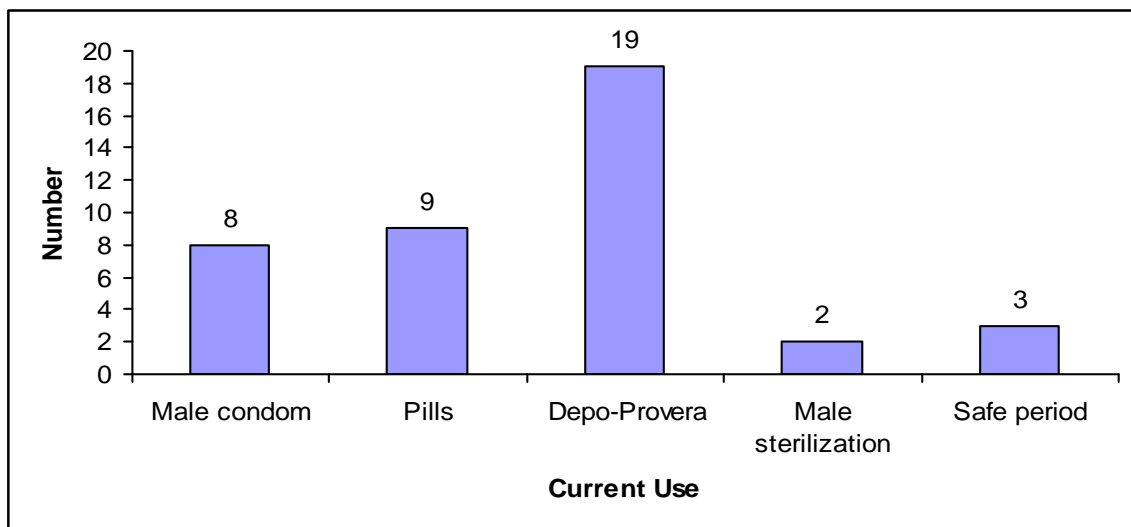
Current use of contraceptive is defined as the current use of any family planning method of the time of sample survey. According to the study of the area where married women who were asked the use of contraceptive devices have different response about the use of contraceptives. The women who were using contraceptive device and who were not using women have different views that are given in the following table.

Table 5.23: **Percent Distribution of Current Use of Family Planning Method**

Current	Respondents	
	Number	Percent
Yes	41	68.33
No	19	31.66
Male condom	8	19.51
Pills	9	21.95
Depo-Provera	19	46.34
Male sterilization	2	4.87
Safe period	3	7.31

Source: Field Survey, 2006

Figure 5.4: **Percent Distribution of Current Use of Family Planning Method**



Based on: Table 5.23

The above table shows that out of 60 respondents, 41 respondents are using currently any one of contraceptive at the time of survey, which is 68.33 percent. Similarly 19 respondents are using not contraceptive method during survey time, which is 31.66 percent. In the study area six methods are found to be using currently at the time of survey. 8 respondents are using condoms, which is 19.51 percent of the total. 9 respondents are found to be using pills, which is 21.95 percent of the total, 19 respondents has been used Depo-Provera injection which was 46.33 percent of the total. 2 respondents are using male sterilization of permanent method, which is 4.87 percent of the total. Similarly, 3 respondents followed safe period, which is 7.31 percent of the total. Most of the respondents are found using Depo-Provera injection in the survey time.

5.5.6 Cause of Current Use of FP

Women in Nepal are mostly conservative and we have male dominated society where the position of women is less valued. In the study area, women were asked about the causes of current use of family planning.

Table 5.24: Percent Distribution of Causes of Current Use of Family Planning

Causes	Respondents	
	Number	Percent
Birth control	6	14.63
Birth spacing	12	29.26
No necessary child	21	51.21
Total	41	100.00

Source: Field Survey, 2006

Above table shows that out of 41 respondents, 6 respondents are using FP for birth control, which is 14.63 percent. Similarly, 12 respondents have been using for birth spacing, which is 29.26 percent. 21 respondents are using family planning for no necessary child, which is 51.21 percent. 2 respondents use FP method because of comfortable, which is 4.87 percent. Most of the respondents are used family planning for stopping unnecessary child birth.

5.5.7 Reasons for Current Non-use of Contraceptive

Various reasons for non use of contraceptive are side effect, loss in fertility and expensive too, no permission of husband which is considered against the religion and other reasons so that in this study area current non-users of contraceptive were asked the responses and their response is as below.

Table 5.25: **Percentage Distribution of Reasons for Current Non-use of Contraceptives**

Reasons	Respondents	
	Non-users	Percent
Desire of Son	4	21.05
Desire of Daughter	1	5.26
Fear of Side Effect	2	10.52
No Permission of Husband	3	15.78
No Children	3	15.78
Against the Religion	3	15.78
Total	19	100.00

Source: Field Survey, 2006

It can be seen in the above table that respondents have different reason for current non use of contraceptives caused by desire of son that is 21.05 percent followed by desire of daughter 5.26 percent, no permission of husband is 15.78 percent, fear of side effect is 10.52 percent, no children 15.78 percent, unknown 15.78 percent and against the religion 15.78 percent.

5.5.8 Side Effect of Contraceptives

The women, though they get benefit from the use of contraceptive devices has also some side effect so that women fear of the use of contraceptive. In this case men and women are equally affected. After the health examination there were some symptoms appeared to them. So men and women are leaving use of family planning method because of its side effect. They don't have any idea after getting side effect and feel timid to express fluently. Now the users say about the proper use of contraceptives. Married women have precaution already by the health service worker so that they take cares use of contraceptives. The users have different opinions are as follows.

Table 5.26: Percentage Distribution of Side Effects of after Using Contraceptive Devices

Side Effects	Respondents	
	Number	Percent
Irregular Menstruation	4	36.36
Headache	1	9.09
Reduced Milk Secretion	3	27.27
Weakness	1	9.09
Uneasy Feeling	2	18.18
Total	11	100.00

Source: Field Survey, 2006

Above table shows that 11 respondents have noticed of side effect. Beside these 4 respondents have noticed irregular menstruation, which is 36.36 percent. One respondent have feel headache, which is 9.09 percent. 3 respondents reduced milk secretion, which is 27.27 percent. 1 respondent have had noticed weakness, which is 9.09 percent and 2 respondents have noticed uneasy feeling. Majority of the respondents noticed irregular menstruation.

5.6 Attitude

There are different attitudes about contraceptives that depend on the knowledge of the users. There are positive and negative attitude users with one characteristic based one the knowledge of distinct method of contraceptive use. The proper knowledge should be provided to the users by the heath workers so that they would implement different users of contraceptive. After the users of contraceptive could have positive attitude towards contraceptives. Therefore, there is intimate relationship between users and service providers. A good and knowledgeable service provider can persuade to the users and make them determine about contraceptive.

5.6.1 Attitude towards Contraceptive Method

Attitude of respondents towards the FP play a vital role for adoption of FP methods. If respondents have positive attitudes towards the family planning, they will accept any

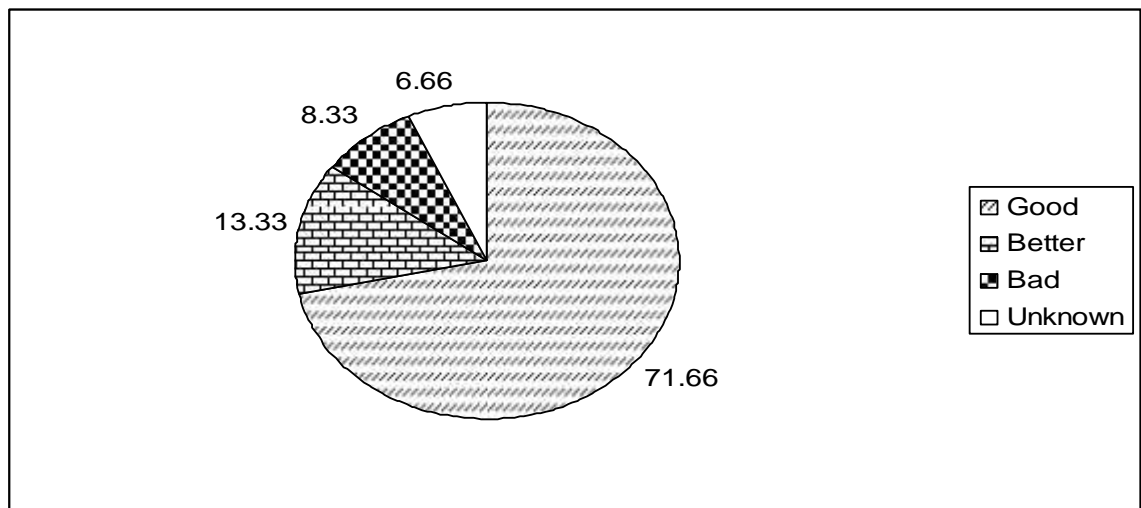
contraceptive method rather than the respondents who have negative attitude towards family planning method will not only deny to adopt FP method by him, herself, he, she will also forbid others for the adoption of family planning so that at the time of survey. Some questionnaires were asked to find out the attitude of contraceptive use among the respondents. The respondent's response is presented below.

Table 5.27: Percentage Distribution of Attitude towards Contraceptive Method

Attitude	Respondents	
	Number	Percent
Good	43	71.66
Better	8	13.33
Bad	5	8.33
Unknown	4	6.66
Total	60	100.00

Source: Field Survey, 2006

Figure 5.5: Percentage Distribution of Attitude towards Contraceptive Method



Based on: Table 5.27

Above table and figure shows that out of 60 respondents, 43 respondents responded think good about contraceptive method, which is 71.66 percent. 8 respondents think better, which is 13.33 percent. 5 respondents responded bad concept of contraceptive,

which is 8.33 percent and 4 respondents answered unknown, which is 6.66 percent of the total.

5.6.2 Attitude towards Advantages of Contraceptives

Contraceptives method play vital role in family life. It helps to improve the health of both mother and child. It also plays role in birth control. Family planning determinates to make family size. In the study area study population were asked about the advantages of FP method during the period of survey. The respondent's responses are presented below table.

Table 5.28: **Percentage Distribution of Attitude towards Advantages of Contraceptive**

Advantages	Respondents	
	Number	Percent
Better health of Child and mother	31	51.66
Easy Care to Children	27	45.00
Economic and Social Benefit	17	28.33
To Make Happy Family Life	23	38.33
Better Education for Child	14	23.33
Unknown	5	8.33

Source: Field Survey, 2006

* The percentage exceeds more than 100 because of multiple responses.

The above table shows that 51.66 percent responses are of view that FP help to better health of child and mother. Similarly, 45 percent responses are FP helps to easy to care children. 28.33 percent said that the FP helps to economic and social benefit. 38.33 percent respondents have perceived that advantage of family planning is to make happy family life. 23.33 percent respondent's responses are FP to better education for child. Similarly 8.33 percent respondents unknown about family planning advantages. Majority of respondents have perceived that advantage of family planning is to make better health of child and mother.

5.6.3 Attitude towards Family Size

In the process of modernization there are different attitude about family size. The family size depends on the knowledge of family planning of the family members. According to the modern concept, the size of family should be very small size but because of the ignorance of the people they give birth too many children. Some traditional norm and values also have affected the size of family in the context of Nepalese society. Ideal number of children is the major determining factor of the use and nonuse of family planning methods. Son is a vital role to determine the size of the children in a family than the daughter, however as in the study area where respondents responded the following number of the children in their family size given in the table below.

Table 5.29: **Percentage Distribution of Attitude towards Family Size**

Attitude towards children	Respondents	
	Number	Percent
1	6	11.66
2	35	58.33
3	14	23.33
4	4	6.66
Total	60	100.00

Source: Field Survey, 2006

Above table shows that out of 60 respondents, 6 respondents said to 1 children ideal family size, which is 11.66 percent, similarly 35 respondents response 2 children in the good family size, which is 58.33 percent. 14 respondents concept is 3 children should be family size, which is 23.33 percent. 4 respondent's responses four children should be for family size. Majority of the respondent's response two children should be for good family size.

5.6.4 Attitude towards Birth Spacing

Birth space means the gap between first child and second child that gaping period is called birth spacing. Different kinds of research and article shows that there is negative relationship between birth space and that becomes hazards for the child and mother, if there is short gap between first birth and second birth of child causes

mortality rate of child a lot. And the long gap between first child and second child minimize the mortality rate of child and mother. Therefore, in the study area woman were asked questions regarding birth space and they responded the following attitude presented in the table.

Table 5.30: Percentage Distribution of Attitude towards Birth Spacing

Birth Spacing (years)	Respondents	
	Number	Percent
1	3	5.00
2	10	16.66
3	23	38.33
4 and above	24	40.00
Total	60	100.00

Source: Field Survey, 2006

The above table shows that out of 60 respondents, 3 respondents prefer one year birth spacing between two births, which is 5 percent. 10 respondents prefer two years birth spacing, which is 16.66 percent. Similarly 23 respondents prefer three year birth spacing, which is 38.33 percent. 24 respondents prefer four years and above which is 40 percent. Majority of the respondent's responses 3 and more than three years birth spacing between first and second children.

5.6.5 Advantages of Birth Spacing

Birth spacing is important both for mother and child, when the second child is born with birth spacing to the first child, the 2nd child and as well mother gets various benefits. When women have low fertility, the number of living children is less. It impacts mother and child. Then their child have better health due to good rearing if a child health is better, than they may have better economic condition in the family. In the study, married women were asked about advantages of birth spacing during the period of survey. The results are presented in below table.

Table 5.31: Percentage Distribution Advantages of Birth Spacing

Advantage	Respondents	
	Number	Percent

Better Health Care Mother and Child	47	78.33
To Improve Economic Condition	22	36.66
To be Good Family Life	31	51.66
Unknown	6	10.00

Source: Field Survey, 2006

* The percentage exceeds more than 100 because of multiple responses.

Above table shows that 78.33 percent of the respondents said the advantages of birth spacing is for the better care of mother and child. Similarly, 36.66 percent of the respondents said that birth spacing helps to improve economic condition. 51.66 percent respondent's response birth spacing helps to be good for family life. Similarly 25 percent respondent's response unknown of birth spacing. Most of the respondents said that the advantage of birth spacing is for the better health care of mother and child.

5.6.6 Attitude towards Age of Child Bearing

In the context of Nepal there are a lot of women out of education about family planning. So that they don't know actual child bearing age. Some young girls they bear child in yearly age of 15-20. So this is very hazards to bear child in early age that could be risk for child and mother so that its very good to bear child in proper age. In the study area, women are asked about the age of child bearing and the response they made has been given below table.

Table 5.32: Percentage Distribution of Attitude towards Age of Child Bearing

Child Bearing Age	Respondents	
	Number	Percent
15-20	13	21.66
20-25	26	43.33
25-30	20	33.33

30 above	1	1.66
Total	60	100.00

Source: Field Survey, 2006

From the above table, out of 60 respondents, 13 respondents responded that the best child bearing age is 15-20, which is 21.66 percent of the total. Similarly, 26 respondents said that in their opinion, the best child bearing age is 20-25 years of age, which is 43.33 percent. 20 respondents have said that appropriate child bearing is 25-30 years, which is 33.33 percent. Similarly, 1 respondents have said that suitable child bearing age is 30 and above. Majority of the respondents have said that suitable child bearing age is 20-25 age.

5.6.7 Reasons for Unwanted Birth

As it has been mentioned above cases that the lack of knowledge about family planning is the key factor for to bear unwanted child. There are social traditional and family obligations that compel women to bear a child. The other reasons is women can't contract there sexual desires in the absence of husband so that they don't have knowledge about contraceptive devices also. So they bear child accidentally; on the other hand the contraceptive devices are not easily available everywhere. In the study area, women were asked about the cause of unwanted child had responded the following opinion.

Table 5.33: Percentage Distribution of Reasons for Unwanted Birth

Reasons	Respondents	
	Number	Percent
No Knowledge of FP	9	15.00
Not Easily Available	21	35.00
No Husband Permission	13	21.66
Wife Disagree	6	10.00
Expensive	3	5.00

Religion	8	13.33
Total	60	100.00

Source: Field Survey, 2006

Above table shows that out of 60 respondents, 9 respondents don't have knowledge about family planning, which is 15 percent, 21 respondents don't get easily available FP method, which is 35 percent. 13 respondents haven't got permission from husband, which is 21.66 percent. 6 respondents don't agree themselves, which is 10 percent and 3 respondents response FP method is expensive, which is 5 percent of the total. 7 respondent's reasons for unwanted birth cause of religious factor, which is 11.66 percent. Most of the respondents said that reasons for unwanted birth cause not easily available contraceptive device.

5.6.9 Respondents Suggest for Family Planning Method

In the course of study about the contraceptive use among the women in the study area has shown a lot of knowledge about the women that how and why the use contraceptive method. There were varied opinions and views of women about family planning. The research help to recognize the essential short comings that should be improved by the government by running various programmes regarding family planning to make the women more clear in the use of contraceptives.

In order to control population family planning is very effective. To make this FP method make effective needs to aware uneducated women living in village area and the approach of health services with the package of family planning should be dispatched from the government. If we could make all of the women very aware and educated about FP, there is no doubt that we can't control birth rate and mortality rate of child and mother as well. In the study area when women were asked about their suggestion of FP method, they responded following views that are given in the table.

Table 5.34: Percentage Distribution of Respondents Suggest for Family Planning Method

Suggestion	Respondents	
	Number	Percent

Unknown	5	8.33
FP Education	21	35.00
FP Service Easily Available	11	18.33
Treatment for Side Effect	7	11.66
Encourage both FP Providers and Users	14	23.33
Total	60	100.00

Source: Field Survey, 2006

Above table shows that out of 60 respondents, 5 respondents do not suggested to promote and use of FP methods which is 8.33 percent. 23 respondents suggested for strengthening FP education, which is 38.33 percent. 11 respondents suggested for making FP service easily available, which is 18.33 percent. 7 respondents said to provide facilities for treatment of side effect, which is 11.66 percent. 14 respondents suggested encouraging FP providers and users for effective use of FP is 23.33 percent. Most of the respondents suggested to implement FP education.

CHAPTER - SIX

Summary, Conclusion and Recommendations

6.1 Summary

This study has been analyzed on knowledge; attitude and practice towards contraceptive device among the married women of reproductive age group of Chock Chisapani VDC, ward no. 3 and 4, Tanahun. This study mainly based on primary data collection. The major finding of the study has been summarized below.

- * Total household of 60 were selected for the study about family planning in which household population was 362. Among them 52.20 percent were female and 47.79 percent were males.
- * In the study area household size is not uniform it is heterogeneous. Most of the households have 5-6 members which are accounted for 48.33 percent.
- * Majority of the respondents consist nuclear family which is 63.32 percent.
- * Majority of the respondents are of ages 20-24 and 7 respondents were age of 15-19.
- * 68.32 percent of the respondents were literate and 31.66 percent were illiterate. Only 3.33 percent have passed SLC and 3.33 percent have passed higher education.
- * Majority of the respondents were Brahmin, which accounted for 33.33 percent.
- * 60 percent of the respondents follow Hindu religion. Similarly, 26.66 percent Buddhist and 13.33 percent Islam.
- * 80 percent respondents engaged in agriculture. Only 3.33 percent respondents involved in other service.
- * Majority of the respondents have married at the ages of 15-19, which is 65 percent.
- * 61.66 percent of women response suitable age marriage is 20-25 age.
- * 51.66 percent respondents have born the child at the age of 15-19.

- * Majority of the respondents (91.66%) were familiar with at least one contraceptive device (method).
- * Majority of the respondent's main source of information is radio.
- * 41.66 percent of the respondents understood family planning means wanted birth control.
- * Out of 60 married women 43.33 percent respondents get contraceptive device on payment.
- * 88.33 percent of the respondents have ever used at least one method of contraceptive, besides this 35.84 percent have used Depo-Provera injection, 24.52 percent have used pills, 22.64 percent have used condom and only 1.88 percent have practice natural method. 11.66 percent respondents said that the reason for not using contraception is because of desire of son which account for 28.57 percent which is followed by fear of side effect (14.28 percent), against the religion (42.85 percent) and unknown (14.28 percent).
- * 39.62 percent respondents decide for FP use for husband.
- * Out of 60 married women, 39.62 percent respondents were used FP method after wanted birth.
- * 68.33 percent respondents used family planning during study time. Among them 46.34 percent respondents are using Depo-Provera injection.
- * 31.66 percent respondents are not using contraception in survey time. Among non-users, women have been asked during the time of survey. It is found that 21.33 percent respondents have stated that their main reason for not using is desire for son. Similarly 5.26 percent desire of daughter, 10.52 percent fear of side effect, and 15.78 percent husband disagrees. 15.78 percent childless, 15.78 percent unknown and 15.78 percent obstacle of religion.
- * 11 respondents have notice of side effect after using FP.
- * 71.66 percent respondents responded think good about contraceptive as good method and only 8.33 percent respondent's responded bad concept of contraceptive.

- * Majority of the respondents (51.66 %) have perceived advantage of FP is to make better health of child and mother.
- * 58.33 percent respondent's response two children should be for good family size.
- * Majority of the respondents (78.33%) responded that birth space between children should be more than three years.
- * 78.33 percent women express view on advantages of birth spacing is for the better health care of mother and child.
- * For the child bearing age of women, 43.33 percent prefer 20-25 years age of child bearing followed by 33.33 percent women prefer 25-30 years for child bearing. 21.66 percent women prefer 15-20 years and 1.66 percent women preferred 30 and above years for child bearing age.
- * Majority of these respondents suggested implementing FP education which account for 38.33 percent.

6.2 Conclusion

The followings are the conclusion drawn from the findings of the study.

- * Contraception is the method of family planning. Human fertility is one of the major components of the population growth. The higher fertility rate is one of the bottlenecks of developing countries.
- * Family planning helps to control population growth.
- * Contraceptive knowledge and use saves life of mother and child; and improve the condition of life. It contributes improve children health ensuring access to adequate basic needs and educational opportunities.
- * All the interviewee of the study area, know about family planning and have got information about family planning from different media sources.
- * They know that the family means are necessary to control the size of family and also for birth spacing.
- * In this research study, usually low use of temporary method indicates that most of the couple wants to fulfill their desire for family size and seek family planning method.

- * The reasons for not using contraceptive were desire for son, daughter, and fear of side effects, childlessness, religion and unknown about FP.
- * The most popular method are Depo-Provera condom and pills,
- * Female are found not using of FP permanent method and consecutively natural methods has been found very poor.
- * Concept about family planning method is found positive than negative.
- * Ninety percent women were married before twenty. 78.33 percent women preferred birth space above 3 years between two births.
- * The education of the respondents is found be very low.
- * Minority of the respondents have got the SLC level and higher level of education. Majority of the respondents read only but can't write. The study shows that the cause of low level of male contraceptive use is male dominated society.

6.3 Recommendations

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

6.3.1 Recommendations for Planning

- * Formal and non-formal education programmes should be launched emphasizing and encouraging couples to use family planning methods.
- * Male sterilization users are found few in numbers and female non. Therefore it is necessary to motivate couples towards permanent sterilization through the effective counseling and different educational programmes.
- * Study shows that couples using contraceptive only when the desired family size of children is attained. Therefore, contraceptive program should be launched through community health workers to developed concept of birth spacing.
- * Government should encourage the people to have small family norms by rewarding those different opportunities, free education, loan for housing etc.
- * Study revealed that the knowledgeable people were not currently using any contraception methods. It could be due to the desire son and daughter, fear of side effect and husband disagree so that family planning education should be launched.

- * Few Muslim respondents are not using contraceptive due to religion, traditional norms about family planning and refusal of husband. So, the state should provide awareness programme to build positive attitude towards contraception and to provide information about women rights on their reproductive health.
- * Including courses on family planning methods in school curriculum will be helpful in developing public awareness about family planning.
- * The marriage age should be increased, especially for girls because early marriage of a girl means the longer possibility of giving birth of children.
- * The state should make contraceptive devices easily available in all parts of the nation.
- * Poor economic condition is the obstacle of development of society so that the government and non government organization should encourage people to do more income generative activities.
- * Condom should be promoted for effectiveness as family planning devices because it has not created any side effect and is also prevent STD and AIDS.
- * Poster, pamphlets, magazine, drama, cultural programme etc should be conducted to motivate the common people by giving proper knowledge about the contraceptives.

6.3.2 Recommendations for Future Researcher

- * This study is limited to the knowledge, attitude and practice of family planning methods of only few wards of the VDC. So, other researcher with consideration of other reproductive health component in all part of Tanahun will be madevaluable than this study.
- * This study is limited to the only married women of reproductive age. If the coming new researcher will cover the large number of women and men that research will be more important to know the actual situation of this district.

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Appendix

Knowledge, Attitude and Practice towards Contraceptive Devices Questionnaire for Household Survey

Name of the Respondents :
Education : Occupation : Age :
Cast : Family Size:
Religion : Male: Female:
Date :

Socio-Economic Condition of Respondents

- 1) What is your occupation?
 - a) Service
 - b) Business
 - c) Agriculture
 - d) Daily wage
 - e) other (specify)

- 2) How much your annual income?
 - a) Below 5000
 - b) 5,000-10,000
 - c) 10,000-20,000
 - d) 20,000-30,000
 - e) 30,000-40,000
 - f) 40,000-50,000
 - g) Above 50,000

- 3) Which type of your family?
 - a) Nuclear
 - b) Joint
 - c) Extended

- 4) Which is the suitable age for marriage?
 - a) 10-15 years
 - b) 15-20 years
 - c) 20-25 years
 - d) 25-30 years
 - e) above 30 years

- 5) What was your age of marriage?
.....years.

- 6) Have you ever given birth to baby?
 - a) Yes
 - b) No

- 7) If yes, how many children do you born?
 - a) Son
 - b) Daughter

- 8) Are they all alive now?
 - a) Yes
 - b) No

- 9) If no, how many died?
 - a) Son
 - b) Daughter

- 10) Are you pregnant?
 a) Yes b) No
- 11) In your opinion, what should be the family size?
 a) Son b) Daughter

Knowledge towards contraceptive devices

- 12) Have you know about the family planning method?
 a) Yes b) No
- 13) If yes, which method has you know?
 a) Modern methods
 i) Male condom ii) Pills iii) IUD
 iv) Norplant v) Depo-Provera (injection)
 vi) Diaphragm/foam/jelly vii) Male sterilization
 viii) Female sterilization
 b) Traditional methods
 i) With drawl method b) Safe method
- 14) From where did you hear first?
 a) Radio b) Television c) Husband
 d) Newspapers e) Teacher f) Friends
 g) Health worker h) Relatives i) other (specify)
- 15) What do you mean family planning method?
 a) Proper plan of the family b) Birth spacing c) Wanted birth
 d) Temporary method e) Permanent method
- 16) Do you know the source of contraceptive suppliers?
 a) Yes b) No
- 17) If yes, what are they?
 a) Hospital b) Health post c) Sub-health post
 d) Health worker e) Private clinic
 f) Mobile health clinic
 g) F/P worker h) other specify.....
- 18) How do you get contraceptive devices?
 a) Free b) Pay c) Both
 d) Unknown
- 19) How long do/did you travel go get contraception?
 a) Minute b) Hours

Practice towards Contraceptive Devices

20) Have you ever used family planning method?

- a) Yes b) No

21) If yes, which method did you use?

a) Modern methods

- i) Male condom b) Pills iii) IUD
iv) Norplant v) Depo-provera (injection)
vi) Diaphragm/foam/jelly vii) Male sterilization
viii) Female sterilization

b) Traditional methods

- i) With drawl method b) Safe method

22) If no, why did you not use family planning method?

- a) Desire of son b) Desire of daughter
c) Side effect d) No permission of husband
e) Economic problem f) No children g) Menopause
h) Against the religion i) Sexual displeasure j) Don't know

23) Who decided you for your family planning?

- a) Self b) Husband c) Both
d) Service provider e) Relatives

24) When did you use the FP method for the first time?

- a) Before first birth b) After first birth
c) After second birth d) After wanted birth
e) Other specify

25) Are you currently using any methods?

- a) Yes b) No

26) If yes, which method are you using?

a) Modern methods

- i) Male condom ii) Pills iii) IUD
iv) Norplant v) Depo-Provera (injection)
vi) Diaphragm/foam/jelly vii) Male sterilization
viii) Female sterilization

b) Traditional methods

- i) With drawl method ii) Safe method

- 27) Why are you using this method?
 a) Birth control b) Birth spacing
 c) No necessary child d) Comfortable
- 28) If no, why?
 a) Desire of son b) Desire of daughter
 c) Side effect d) No permission of husband
 e) Economic problem f) No children g) Menopause
 h) Against the religion i) Sexual displeasure j) Unknown
- 29) How often do you use contraceptives?
 a) Every time b) Unsecured period
- 30) Did you have side effect or problem after using contraceptive devices?
 a) Yes b) No
- 31) If yes, what are they?
 a) Irregular menstruation b) Headache c) Vomiting
 d) Reduced milk secretion e) Weakness f) Backache
 g) Over bleeding h) Loss of weight h) Uneasy feeling
- 32) Is your husband currently using any method?
 a) Yes b) No
- 33) If yes, which method?
 a) Male sterilization b) Periodic abstinence
 c) Condom d) Withdrawal

Attitude towards Contraceptive Devices

- 34) What do you think about family planning?
 a) Good b) Better c) Best
 d) Bad e) Unknown
- 35) What are the advantages of FP?
 a) Better health b) Easy to care children
 c) Economic and social benefit d) To make happy family life
 e) Better education for child f) Health improve mother
 g) Don't know h) other specify
- 36) How many children do you think is needed for ideal family?
 a) Son b) Daughter
- 37) How many years do you think is best for birth spacing between 1st and 2nd child?
 a) 1 years b) 2 years c) 3 years
 d) 4 years e) 5 years f) Above 5 years

- 38) Why birth spacing important?
 a) Better health care mother and child
 b) To improve economic condition c) To be good family life
 d) Don't know f) other specify
- 39) Which is the suitable age for women child bearing?
 a) Under 15 years b) 15-20 years c) 20-25 years
 d) 25-30 years e) 30 years above
- 40) What are the main reasons for unwanted birth?
 a) No knowledge for F/P b) Not easily available
 c) No husband permission d) Wife disagrees
 e) Expensive f) Religious factor
 g) Other specify
- 41) Which is the safest method of F/P in your opinion?
- a) Modern methods
 i) Male condom ii) Pills
 iii) IUD iv) Norplant
 v) Depo-provera (injection) vi) Diaphragm/foam/jelly
 vii) Male sterilization viii) Female sterilization
- b) Traditional methods
 i) With drawl method ii) Safe method
- 42) To promote the use of FP methods, what measures would you suggest?
 a) Unknown
 b) Family planning education
 c) F/P service easily available
 d) Treatment for side effect
 e) Encouraging both F/P providers and users