

CHAPTER-ONE

INTRODUCTION

1.1 Background to the Study

Nepal is a country of ethnic, cultural, regional and linguistic diversity. “Despite its small size, Nepal accommodates an amazing cultural diversity including religious diversity. Ten types of religion have been identified in the small country Nepal (CBS, 2012). According to census 2011, the total population of Nepal is 26,494,504. Among them 12849041 are male and 13645463 are female. The population growth rate is 1.35 per annum. Total number of households in the country is 5,427,302 with 5,423,297 individual households and 4005 institutional households including barracks, hostels, monasteries etc. Sex ratio at the national level is 94.2 and the population density is 180 per square kilometer. When it comes to census 2001 and 1991 the total population was 23,151,423 and 18, 491,097 and annual exponential growth rate is 2.25 and 2.08 respectively (CBS, 2012). The main cause to increase the population growth is continuous decline in death rate and low level of contraceptive use. The contraceptive prevalent rate was 39.9 percent among currently married women aged 15-49 years in 2001 (CBS, 2003).

Human fertility, a complex process which is responsible for the biological maintains of society factors, economic, social and cultural factors are the ultimate determinants of fertility levels and their variations in different societies. Most of the developing countries are suffering from higher fertility rate and our country cannot be exception. One of the important and responsible factors for such problem is low contraceptive prevalence rate that is also essential proximate determinants of fertility. Knowledge and use of contraceptive of any people are determined by their educational status, cultural and religious belief and behavior.

Accessibility and availability of contraceptive method also play vital role for using contraceptive method. The aim of family planning program must be enabled couples and individuals to decide freely and responsibly the numbers and spacing of their children and ensure informed choice and make available full range of safe and effective method.

The success of population and family planning program in variety of setting demonstrates that informed individuals everywhere can and will act responsibility in the light of their own needs and those families and communities. The principle of unformed free choice is essential to the long term success of family planning programed (ICPD, 1994).

The government of the Nepal had adopted family planning as official policy in 1959 and then Family Planning Association of Nepal was established in the same time. That focused on advocacy when Family Planning/Maternal Child Health Care Board was established. Services were expanded in 24 districts in 1969. Where services provided through static and mobile clinics and camp service expansion continued till 1975 and 57 districts were covered. Family planning was integrated with other public health program in all 75 districts in 1988. All these government's actions have shown that family planning had been considered as one of the special programs for the country.

Knowledge of family planning was nearly universal among Nepalese women and men. Knowledge of modern method was general much higher than knowledge of traditional method with women and men being most familiar with female and male sterilization. Contraceptive prevalence rate among currently married women have ever used a modern method of family planning compared with only one who is currently using. Similarly three fifths of currently married men have used a modern compared with slightly more two fifth that are currently users (NDHS, 2001).

Knowledge of at least one modern method of family planning Nepal is almost universal 99.9 percent among both men and women. The most widely known modern contraceptive method among currently married women are injectables (99) female sterilization (99%) condom (97%), male sterilization (96%), 84 percent of married women known of implants about two in three have heard of the IUD and 7 percent of women have heard emergency contraceptive. About 44 percent of currently married women at age 15-49 are using modern contraceptive method. The most commonly used modern method are female sterilization (18%), injectables (10.1%), male sterilization (6.3%), condom (4.8%), pills (3.5%), IUD (0.7%), implants (0.8%). This shows interesting result that the proportion of women who are using a modern method has increased by 25 percent over

the past 5 years from 25 percent to 35 percent reported in 2001 NDHS and 44 percent in 2006 NDHS.

1.2 Statement of the Problems

Population growth is serious problem for every developing country. Nepal is also facing the same problem due to lack of industrialization, low productivity, education and employment opportunity. Nepal is a multiethnic, multilingual, multi religious country. Every culture possesses its own type of attitude, norms, values, perspectives and perceptions of the society. In the general observation, some cultures are dynamic and progressive and some others are static and conservative under the similar circumstances in terms of climate, geography and resources.

The Muslim communities of Nepal constitute a social, cultural, religious and political minority in Nepali economy and society. Formally, according to the Constitution, they have equal rights as citizens before the law; in reality they are widely regarded, and to a large extent consider themselves, a distinct 'minority' subject both to a degree of social and political discrimination and also to a degree of self-definition and separation from other social groups in Nepalese society. There are several different and distinct Muslim communities in Nepal, with different histories, different social and cultural practices, different economic roles, occupations and statuses, and living in different parts of the country.

'Nepali Muslims' as a recognized religious minority and socially disadvantaged groups have a long history in Nepal. As per the statistics of Nepal's National Population Census (2011), the Muslim are in the number of 1,164,255 around 4.4 percent of the total population of Nepal which is 264,94,504. The Muslim community peoples are debating that there are more number of Muslim peoples than mentioned as per the census. The resident and presence of the Muslim peoples can be found at overall 75 districts of Nepal. As a permanent resident and temporary migration for business and livelihood, Muslim peoples can be found in 75 districts of Nepal. As per the statistics of the population census there are 464 Muslim in Mountain region, 56,339 in Hilly region and 1,107,452 in Tarai. In aspects of sex, there are 579,501 female and 584,754 male Muslim peoples.

Maximum of 135,283 Muslim peoples reside at Rautahat district whereas only 2 Muslim peoples reside at Taplejung district (nmc.gov.np).

Despite this fact, common understandings of Muslims have not included the recognition of class, caste, age and other cross-cutting divides. This means, even when policies and programs had been thought about, the existing institutions at all levels have failed to respond to Muslims' concrete realities. Surprisingly they have never got minimum constitutional guarantees in the past and specific plans and programs were never devised for the betterments of Muslims. Furthermore, Nepali Muslims never got an open space where they could explore their own ideas about what is important for them and how they want to live. The largely quiet and submissive characteristics of Muslims have a peculiar minority psyche in the Hindu-dominated state, which has resulted in trajectory of its own in Nepali history.

In the village Muslim women, generally have low socio-economic status. They are especially depended on daily wage for subsistence. Children, infant mortality rate, favouring son and some cultural issues are main factors contributing high level of fertility. Contraceptive prevalence method is also effective component of reducing fertility. Due to the low use and lack of better knowledge about contraceptive method the population is increasing day by day.

The age at marriage is also directly related to presence and in the proper use of contraceptive. Early marriage is still in practice among Muslim community. The literacy rate among Muslim community is deteriorating. Due to the economic problem they do not get the chances to get the higher education in spite of having their wish. The parents have also not given much priority for the education of their children. Their mind is still totally narrow towards the modern education. There are no macro and micro level studies made so far related to contraception in Siraha municipality. My research has totally devoted to study the status of contraceptive use in Siraha. The research problem of this study is to assess the status of Use of Contraceptives among Muslim Women. This problem may be stated in the form of the following questions:

- What is the socio-economic condition of Muslim living in Siraha municipality-4?
- What are the knowledge, attitude and practice of contraceptive among currently married Muslim women age 15-49 years?
- What are the reasons for non-use of contraceptive by currently married Muslim women?
- What are the relationship between socio-demographic characteristics and use of contraceptives among currently married reproductive age group of Muslim women?

1.3 Objectives of the Study

The general objective of this study is to seek the knowledge and attitude and analyze the use of contraceptive among Muslim women of Siraha municipality ward no. 4. The specific objectives of the study are as follows:

- To study the use of contraceptive among Muslim women aged 15-49 years.
- To examine the relationship between socio-economic and demographic characteristics and the use of contraceptives in Muslim women aged of 15-49 years.
- To assess the reason of contraceptives being not used by currently married Muslim women.

1.4 Importance of the Study

The present study aims to study the knowledge, attitude and practice of contraceptive among currently married Muslim women of Siraha municipality ward no. 4. The salient significance of the study is that the Muslim women are not using contraceptives generally. However, some of them are positive towards the use of contraceptives. In this situation, analyzing the use of contraceptives among Muslim women aged 15-49 years is worthy enough. The findings of this study is useful for the government agencies specially for the family planning sector for making policy and programs and NGOs and INGOs and other institutions which are working in this sector. This study is the benchmark for the researchers who are interested to conduct further research in this area.

1.5 Organization of the Study

The study is divided into six chapters. Chapter 1 deals with the introduction of the study. The introduction chapter contains background, research problems and issues, objectives, importance of the study and organization of the study. Chapter 2 covers review of the related literatures. In chapter 3, research methodology is presented. It includes research area, research design, sources of data, target population, tools of data collections, data collection and limitation of the study. Chapter 4 introduces background characteristics of respondents. Chapter 5 includes contraceptive knowledge, attitude and practice. Conclusions and recommendations have been presented in chapter 6.

CHAPTER-TWO

LITERATURE REVIEW

2.1 Literature Review

Before the discovery of the modern contraceptive methods, it was considered that children were the gift of the God and their existence could not be prevented. When couple did not want more children, they used to kill their new born baby. But after discovery of modern artificial contraceptive method, people have started to practice different artificial birth spacing and birth imitating methods. The modern contraceptive method could play the supplementary role for birth spacing and improved maternal child health. However, it might be due to the lack of contraceptive knowledge or social pressure, couples generally have larger number of children, therefore some kinds of social change is necessary to motivate for having few children. Regarding the Muslim community, they do not want to listen about the means and measures of birth spacing. They have a religious belief that whatever comes to the world is Allah's mercy.

Nepal fertility survey 1976 studies 5.51 percent respondent a currently married women by specific method. The over a knowledge at least a method of family planning among currently married women age 15-49 years who was 22.1 percent survey also shows that 4.9 percent were ever user of family planning method among currently married by specific method and currently using any modern contraceptive was 2.9 percent (MoH, 1976).

Fertility may be considered natural if no contraceptive or induced abortion is used. By analyzing the data from U.S. based studies. Bongaarts and Potter (1983) conclude that there basically two ways in which a population can control its fertility below the level implied by natural marital fertility rates. First the number of year's exposure to child bearing can be limited. Second, deliberate control of marital fertility can be exerted either through the use of contraceptive or by resorting to induce an abortion. But the access to legal abortion in different countries depends largely on the extent of restriction imposed by law (Bongaarts and Potter, 1983).

The spreading of modern contraceptive method and its positive roles in declining fertility is however depends on contraceptive knowledge attitude and practice as well as the sufficient supply of the methods. The importance of knowledge comes first in ordered to popularize and change the negative attitude towards contraceptive use and finally leading to practice (Maria et.al, 1986, 17:1-50).

Fertility is determined by various social, economic, demographic variables, caste ethnicity, religion and culture, woman's education, occupation, performance, use of devices, community. Being these variables support Brahman, Chhetri, Newar has lower fertility than other ethnic groups (Risal and Shrestha, 1986).

In many developing countries high fertility is associated with the mode of productive with cultural religious factors. The level of income, education and child survival also play major roles in the reduction of fertility. In addition, family planning in general has an important role to play in reducing marital fertility (UNFPA, 1989).

His majesty government made a decision regarding integration of family planning services would be provided by interesting all vertical projects in all 75 districts. The ministry organization was restricted to accommodate a majority of vertical project. Staff members with the restructuring of the ministry that is Integrated Community Health Service Development Project (ICHSDP) was abolished and converted into the public health division in 1987. All other vertical projects will cases to have vertical identity by 1990 and well be integrated health service including family planning are being made available through the district public health office. The implementation of any family planning activities are to be done by DPHO through the regional health division (Tuladhar, 1989).

Lower percent of current married rural women are practicing sterilization compare to urban women. It is noted that female sterilization is popular among currently married women in Tarai region and male sterilization is popular in mountain and hill region people believe that they cannot work, if they sterilized. MEBDC survey 1996 showed that contraceptive knowledge varies with women age, place of residence and women education (Pathak, 1996:75).

Nepal fertility and family health survey 1996 shows that 98 percent of both ever currently married women aged 15-49 years knew at least one method of family planning. This survey indicates that 38 percent of currently married women have ever used one method and 35 percent of currently married women have used a modern method of family planning (MoH, 1996).

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Marriage is absolutely necessary in the Nepalese culture and also the delivery of the child is seen as impure process and that is the reason why many women deliver their child in the cow shed. Birth spacing is the one of the most powerful ways of the improving health of the mother and the children. Births which are made too early or too late are responsible for about one third of death of infants (UNICEF, 1996).

Also it is very interesting tradition in Nepal that majority of women deliver the baby at home without the assistance of the doctor or a trained midwife (UNICEF-1996). In our country the female literacy as well as their socio-economic status is low, the maternal mortality rate in many parts of Nepal is as high as 1,200 to 2,000 per 100,000 live births delivered (UNICEF-1996).

Health services in Nepal are delivered through national, regional, zonal and district hospitals, primary health care centers, health posts, sub-health posts and peripheral health workers and volunteers. All of which whom provide temporary family planning services (condom, oral and injectables) on a regular basis. Services such as Norplant implants and IUD insertion are only available at a limited no of hospitals, health centers and health posts where trained man power is available. Depending on the district sterilization services are provided at static sites (21 districts) through scheduled "seasonal" or mobile outreach services (MoH, 1996-p.4).

Nepal's population about doubled in the last 35 years. Even though the total fertility rate declined only somewhat from a level of 6.3 in 1971 to 5.6 children per women in

1991, the desired family size has decreased from four children in 1976 to three children in 1991 (MOH, 1993). In 1996 the national family health survey (NFHS) revealed that average women were experiencing 4.6 births during their life time (Pradhan et.al, 1997).

The relationship between current users of any modern method and number of living sons, the use sharply increased with increasing number of living children up to two, less than one tenth of women with no living sons were using any modern methods of contraception and the contribution of sterilization was less pronounced to the total use in this category. While about 5 out of 10 women with 2 living children were with any number of living sons is more likely to use any contraceptive method that of none. This common phenomenon in Nepal considered the extent of son preference in Hindu dominated society (Subedi, 1997).

More over the percentage of total demand satisfied for family planning service over the period 1991 to 1996 rose from 42-46 percent, the increase in the level of unmet need is suggestive of a gap in knowledge attitude and practice (Macro International 1997). In Nepal pre-marital sex is not practiced and that the tradition and the cultural values do not permit it, but studies have shown that pre-marital sex is practiced today. Due to ignorance and inaccessibility of service especially for adolescent and young people, many women are forced to accept unsafe abortion and its consequences (FPAN, 1999).

The majority of the currently married women (96.6%) are familiar with at least one contraceptive method. Among the individual method female sterilization appears to be the best known method (86.1 percent). Followed by male sterilization (85.6 percent) inject (77.8 percent) condom (75 percent) and pill (63.3 percent). Less than eight percent of the women are familiar with traditional method. The contraceptive prevalence rate has been found 25.6 percent of the currently married women in reproductive age in this community which is (29 percent) based on VDC survey 1996. Almost 26 percent of the total CPR is contributed by female sterilization inject (5.6%), pills (95%) and condom (3.9%) are also used traditional and other methods

are also used. Traditional and other methods are also used less than 3 percent. The current user of male sterilization, IUD and Norplant are not found (Aryal, 1999:48).

Being a traditional society, sex and reproductive health issues are not discussed by parents or taught in schools. Therefore, most of the adolescent, young and adults are misled misguided and are burdened by misconception (FPAN, Vol. XXIX, Jan-Apr, 1999).

Females are dominated in terms of family planning issues. Most of the popular methods in Nepal are female oriented. Through there are methods for male but males don't intend to use, females don't have control over on their own fertility. In number of way the society dominates females. The major cause of the maternal death is unsafe abortion which arises because of unwanted pregnancy (Pokharel, 2002).

National level data from 2001 indicates that 39.9 percent of currently married women are using some method of family planning and that most of them (35%) use modern method. Current usage of modern method has measured by 13 percent since 1996. An estimated 15 percent of women use female sterilization, 8 percent injectable, 6 percent male sterilization, 3 percent condoms and 2 percent oral pills that 1 percent each rely on IUD or the important contraceptive use varies by age with lower rates a peak in usage among Muslim women aged 35-49 in urban areas are also more likely that their rural contraceptive to use a family planning method. The contraceptive prevalence rate for any method and 62 percent in urban areas compare with 37 percent in rural areas (CBS, 2003). Similarly in Chitwan among the currently users, condom (39.35%), injectables (16.4%), Norplant (1.3%), male sterilization (45.9%) and female sterilization (19.7%) (District Profile of Nepal, 2007/08).

Almost 34 percent currently married women reported to ever practical as form of contraception. Those who have used modern methods constitute about 34 percent. The most commonly used method were female sterilization (14.4%). Followed by male sterilization 7.1 percent, inject able 6.3 percent, pills 40 percent and condom 3.1 percent. Ever use of IUD, Norplant and Vaginal method was nominal constituting less than 1 percent are married women use method. The share of traditional method to the overall use of contraception was negligible (Wagle, 2007).

Women who had not used any kind of contraceptive had lower CEB is obvious and expected in relatively lower age groups. Because the knowledge and use of contraceptives is sought by women only after completing the desired family size but women with higher CEB in older age group are expected to have slightly less CEB than that of non users which is not true for the cases of Nepal. In total women not using any method had of 3 whereas women using temporary method had 3.4 and permanent methods had 4.1 CEB (CDPS, TU Population and Development Vol. 7).

The world fertility survey revealed that more than 75 percent of women in the countries surveyed wanted to avoid pregnancy for at least a year. In African countries, 90 percent of women in this category were not using any contraceptive method. The Survey of contraceptive prevalence in 67 countries indicates relatively high rate in Latin America/ Caribbean and East/South Asia (Bouzidi, 2004).

Because of all these reasons, Nepal has developed a national safe motherhood plan (NSMP) of actions with a focus on multi-sectoral approach to create awareness about the safe motherhood issues and to reduce mortality and morbidity among women during pregnancy, child birth and postnatal period through the adaptation of combination of health and health related measures.

In 2001, the total recorded population of Muslims in Nepal was about 976,000; ten years later, in 2011, it had reached 1.2 million – a significant increase (this is approximately the same size of population as the Tharus of the Tarai). Some Muslim activists even suggest that this is an underestimate; and while population growth in Nepal as a whole has also increased over the last ten years, the rate of growth of the Muslim population has been faster than the national average, and faster than most other groups.

Reasons for this include a relatively low use of contraception and a relatively high fertility rate in the Muslim communities of the Tarai, giving rise to larger than average families and households. The contraceptive prevalence rate increased between 1996 and 2006 to 44 per cent, but the rate among Muslims remained low at 17 per cent. Women interviewed in Kapilvastu were reported to have said that ‘birth

and death are not under the control of Man, but of God, and we should not go against nature' (Khan, 2011: 33).

According to Niraula (1997), the mean number of children born to Muslim women in 1991 was 3.67 compared to the national figure of 3.51 – a very small difference, but possibly a telling one. The total fertility rate declined dramatically in Nepal as a whole between 1996 and 2006, from 4.6 births per woman to 3.1; but it remained high for Muslims (4.6)– for whom it is the same in 2006 as the national average was ten years before. It was also relatively high for Dalits (3.9) and the poorest (4.7), according to the UNDP (2004, as cited in Subhash Pokhrel and Rainer Sauerborn).

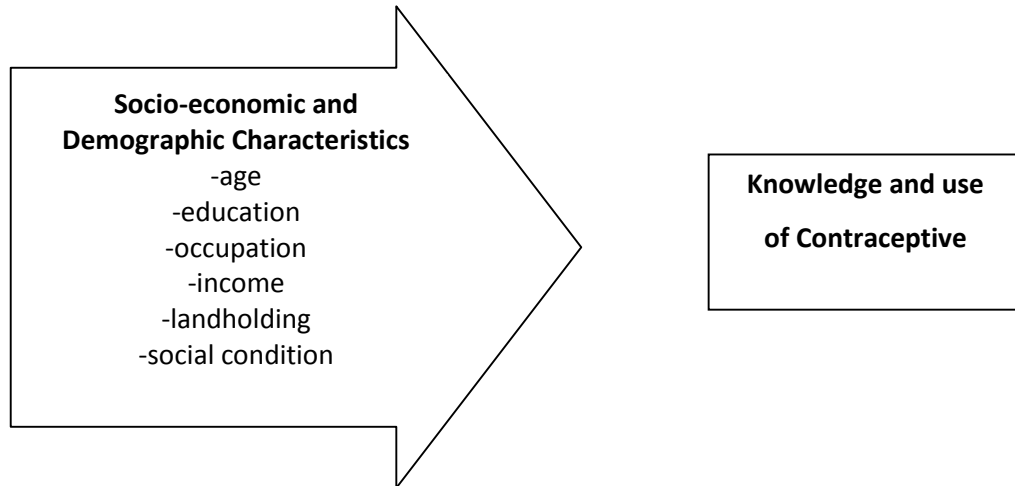
The contraceptive prevalence rate increased during the same period to 44 per cent for Nepal as a whole, but remained strikingly low among Muslims at 17 per cent. The majority of births continue to take place at home, with a mere 18 per cent of deliveries in a health facility. Institutional deliveries were lowest for dalit women in the Tarai (9 per cent) but also very low for Muslim women. In the Tarai at least, most deliveries of children by Muslim women are not only at home, they are without a skilled birth attendant. Only 31 per cent of pregnant women received antenatal care from skilled birth attendant, compared with the national average of 44 per cent, and only 13 per cent of deliveries were with a midwife or assistant nurse midwife attending, compared with a national average of 19 per cent.

Thus health related various literatures on family planning and health sector were reviewed but only some of them were found research oriented. Some of the books have been found useful to get the common nature and characteristics of the people on their knowledge regarding family planning and contraceptives (FPC). Although there have been created many literatures on FPC and its work, none of them have been found separately dealing with as a study at Siraha municipality-4 in Siraha district.

The knowledge and practice of contraceptives among the women no doubt definitely differs from place to place, culture to culture and also varies according to the level of education and capacity of understanding along with the accessibility to information and service. However, the study of the use and users of contraception in a particular area may of course definitely and significantly help the women/people to understand

the knowledge and practice on it and also can compare with them. Therefore, the performance of this research may be reasonable and highly justifiable.

2.2 Conceptual Framework



The conceptual framework is so suitable for the study of contraceptive knowledge use which is influenced by different socio economics and demographic variables.

The main objectives of this research are to study contraceptive knowledge and use among women of reproductive age of Siraha municipality-4 in view socio-economic and demographic variables.

The knowledge and use of contraceptive are affected by availability, accessibility, side effects and effective counseling of contraceptive service.

CHAPTER –THREE

RESEARCH METHODOLOGY

3.0 Research Methodology

The chapter presents short description on research methodology. It includes study area, research design, sources of data, target population, tools of data collection, selection of dependent and independent variables, data presentation and analysis and limitation of the study.

3.1 Research Area

The Muslim Community has been living in Nepal since 13th century A.D. The population of Muslims in Nepal is 4.27 percent of the total population. The Muslims of Nepal, are following Islam is the 3rd largest religion group of the country. 97 percent of the total Muslim population settled in 20 districts of the Tarai region. Muslims constitute 13.2 percent of the total population of the 20 districts of the Tarai. Muslims have their own distinct cultural identity in Nepal. The economic status of the Tarai Muslim is lower than other ethnic groups of Tarai. 68 percent of the Muslim populations are illiterate. The Muslim community is the only one social group in different districts of Tarai. The Muslims of Nepal considered outsider in present day Nepal.

Siraha is a district which lies in Sagarmatha zone of Nepal. This district is in eastern part of Nepal. This district is one of the culturally and historically very important. It covers an area of 1188 square kilometers and elevation is 76m.895m. There are 106 VDCs and 2 municipalities in Siraha district. Siraha municipality is headquarter of the district. The total population of Siraha district is 637,328 where Muslim's population is 47715 which is the second largest population of the district. The Muslim's population in Siraha municipality is 5102 including 3216 in ward no. 4 (Ramaul). There are 1620 male and 1596 female in ward no. 4 (District and VDC profile of Nepal, 2014/15).

3.2 Research Design

This research has followed descriptive research design. It has been carried out in Siraha municipality-4, Siraha district. In this research the information of contraceptive knowledge, attitude and practice of currently married Muslim woman of reproductive age

are represented in organized way semi-structured questionnaire has been used to collect information from the respondent. This work is an attempt to give the clear picture of the contraceptive use among Muslim women in Siraha municipality-4 by focusing on the reproductive age group that 15-49 years so that it will be a benchmark in the documentation of their situation and might provide interesting and valuable results for concerned planners and policy makers, curious researchers in the future and informed-advocacy.

3.3 Sources of Data Collection

The study is based on both primary and secondary sources of data.

3.3.1 Primary Sources of Data

To collect the primary data, the researcher visited Siraha municipality-4 and Married Muslim women age 15-49 years were interviewed. After selection of respondents, personnel interview with semi-structured questionnaire administered to collect the data. In order to select the respondents, the researcher for the first interviewed the head of household and collect metadata.

3.3.2 Secondary Sources of Data

Reports, Registers, Files, Books, Documents and articles related with these issues published in Nepal and abroad were consulted for secondary data.

3.4 Target Population

The currently married Muslim women of Siraha municipality-4, Siraha district are the target population of this study. However, the target population was selected only after collecting metadata of the household through household head. For this, 775 households were surveyed and 642 currently married Muslim women between 15-49 years were identified.

3.5 Tools of Data Collection

Questionnaire was designed to obtain two types of information: household and individual. Household questionnaire had been divided into three sections all section provided identification of family background and household questionnaires had been

designed to take the information on the sex marital status, relationship with head of house hold education status occupation etc. Individual questionnaire had divided into four sections. Questionnaires were divided into following sections.

-) Age of respondent
-) Respondent's background
-) Knowledge of the contraceptives
-) Attitude of contraceptive
-) Practice of contraceptives.

3.6 Selection of Dependent and Independent Variables

This study contains dependent and independent variables. The independent variables are divided into demographic and socio-economic variables.

- **Demographic variables**

- Age of respondent
- Age at marriage

- **Socio-economic variables**

- Education of respondent
- Occupation of respondent

- **Dependent variables**

- Knowledge of contraceptive
- Use of contraceptive

The main aim of this study is to examine the impact of contraceptive knowledge, attitude and practice. Thus education age respondent and occupation are the main influencing variables of the knowledge, towards the practice of contraceptives.

3.7 Limitation of the Study

The study is based on Siraha municipality ward no. 4. This study focuses on currently married Muslim women of reproductive age (15-49) years. This study covers the knowledge, attitude and practice of contraceptive among currently married Muslim women aged 15-49 years. The research is also based on small area therefore the findings cannot be generalized to the whole nation.

3.8 Data Processing

The questionnaires used were pre-coded and checked manually to avoid the risk of data processing. After completing checking the data were entered in computer. Microsoft of excel was used to process the data for analysis. The data processing followed the following steps given as below:

-) Collected data were rechecked daily.
-) Data were kept in order for editing & coding.
-) All data were edited & converted in coding by a design code instrument.
-) Data were analyzed by using Microsoft of Excel software of computer on the basis of objectives.
-) Analyzed data are interpreted through chart, diagram and table.

3.9 Data Analysis Techniques

The collected data has been analyzed through the descriptive technique. The data analysis of information and data collected through interview and field survey also arranged in analytical ways. Quantitative data sheet were transformed orderly and then necessary tabulation were done in excel and interpreted in words. Characteristics of the respondents were analyzed through the use of frequency, percentage, mean, median and mode etc. Similarly some other information of this research has been explained in an organized way.

CHAPTER –FOUR

BACKGROUND CHARACTERISTICS OF RESPONDENTS

4.1 Household Background Characteristics

It provides some demographic and socio-economic characteristics of the household population of this area. Demographic characteristics provided age sex structure and marital status.

4.1.1 Age Sex Structure

Age sex structure is the primary basis of the demographic classification of vital statistics. Age and sex are very important variables in the study of fertility, mortality and migration.

Table 4.1: Distribution of Household Population by Age and Sex

Age in year	Male		Female		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
0-4	196	12.09	192	12.03	388	12.06
5-9	190	11.72	192	12.03	382	11.87
10-14	176	10.86	176	11.02	352	10.94
15-19	128	7.90	134	8.39	262	8.14
20-24	138	8.51	130	8.14	268	8.33
25-29	179	11.04	176	11.02	355	11.03
30-34	125	7.71	113	7.08	238	7.40
35-39	117	7.22	118	7.39	235	7.30
40-44	98	6.04	92	5.76	190	5.90
45-49	94	5.80	93	5.82	187	5.81
50-54	61	3.76	57	3.57	118	3.66
55-59	56	3.45	56	3.50	112	3.48
60-64	30	1.85	37	2.31	67	2.08
65+	32	1.97	30	1.87	62	1.92
Total	1620	100.00	1596	100.00	3216	100.00

Source: Field Survey 2016

Table 4.1 shows distribution of household population by age and sex. There are 3216 people in household in the study area. Among them 1620 are male and 1596 are female.

The characteristics of population distribution by sex differ from the national characteristics. The population of men is slightly higher than women however we find reverse in national average. The highest population is found in the age group of 0-4 (12.06%) followed by (11,87%) in the age group 5-9 years. The third highest population is found (11.03%) in 25-29 age group. However, 65+ years age group has the lowest population (1.92) in the study area.

4.1.2 Marital Status

Nikah is a process of marriage ceremony, where the duration of the marriage and the dowry must be specified and agreed upon in advance. It is a private contract made in a verbal or written format. A declaration of the intent to marry and an acceptance of the terms are required. In Islam, divorce is allowed. Islam considers marriage to be a legal contract; and the act of obtaining a divorce is essentially the act of legally dissolving the contract. In Islamic law and marital jurisprudence, divorce is accepted and referred to as Talak. However, divorce is considered the most hated of all lawful things in the sight of Allah.

According to Sharia law, if a man initiates the divorce, there is a requirement of waiting period of three months during which if they want live together later with certain mutual understanding, they can continue their relationship further. A man must announce his intentions, in the presence of two qualified witnesses, effectively "divorcing", but still honor his obligations towards his wife (i.e. feed and clothe her) - during which time the couple can reconcile. If the woman is pregnant with that man then she can only leave the house of that man only when she has given birth. This period of stay is called the idaat period. If he completes the three-month period, still intent on separating from his wife, then the marriage no longer exists.

Marital status is one of the important characteristics of this study so the marital status of the area is given below.

Table 4.2: Distribution of Household Population by Sex and Marital Status above 15 years

Marital Status	Male		Female		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Married	892	84.31	872	84.16	1764	84.24
Unmarried	130	12.28	122	11.77	252	12.03
Widow/Widower	33	3.11	35	3.37	68	3.24
Separated	3	0.28	7	0.67	10	0.47
Total	1058	100	1036	100	2094	100

Source: Field Survey 2016

Table 4.2 shows the distribution of household population by sex and marital status. Among the total population 1058 are male and 1036 are female above 15 years. Only 130 (12.28%) male and 122 (11.77) female are unmarried. The study found that married population is highest (84.24%) followed by unmarried (12.03%). The separated population is the lowest (0.47%).

4.1.3 Socio-economic Characteristics

The Muslims society lack not only political leadership with proper vision but also socio-cultural leadership thoroughly committed to the cause of socio-economic progress of Muslims. Many Muslims cannot afford for education because of poverty. The Muslim representation among the government jobs is much below their population percentage not only at the level of government officials but also in the jobs at the lowest level. There are several reasons for this, anti-Muslim prejudice being one among them. The lack of education and training is another reason. The Muslim youth more often presume that they are not going to get jobs, 'so what is the use of applying' for them or preparing for competitive exams. Thus there is great need for proper motivation also.

They have conservative mindset regarding the education to both the male & female. They think that it's the waste of money and time to provide the schooling education to them

rather than Islamic education. They believe that earlier marriage is better for girls in spite to provide them education. They are in favor of dowry system.

The economic status of their society is not so satisfactory in spite of having the foreign employment of many people. They are not able to save enough money for future. They have no any strong background relating to politics, social as well as the economic. Socio-economic characteristics deal with education attainment, major occupation access to water supply and toilet facilities of the of the study area.

4.1.3.1 Educational Attainment

Muslim community peoples have been residing in Nepal since decades. Till 2063/02/04 B.S. (18/05/2006 A.D.), Nepal was a Hindu country. After the promulgation of the constitution of Nepal 2015, Nepal is known as a secular state. Although the majority of the population is Hindu and Buddhist and minority is Muslim, they have always lived in religious harmony. But looking at the past, it seems that the state has not made as much contribution for development of religious and historical places of the Muslim community as they have for Hindu and Buddhist community. Even now, the mobilization of the resources, this community has not been up to the expectation of Muslim community peoples.

Most of the Muslim community peoples of Nepal are severely backwards and under poverty line. In comparison, Muslim peoples are more uneducated and unemployed than other peoples. Madarsa education system is not yet managed properly. It is necessary to promote and organize the historical mosque education. There is requirement for effective programs for maintaining the national standard of Madarsa education and equivalency to the formal education and procedure. It is deemed necessary to keep the record of the religious importance bearing Masjid, Madarsa, Edgah, Majahar, Karbala, Kavresthan as well as establish land rights and ownerships.

Except some of the academic scholarships, there has to be the provision for separate quota for the Muslim peoples at the area of public service. Muslim is seemed to be introduced under Madheshi. For social inclusion of Muslim community peoples according to religious and community aspects, there has to be the provision for separate reservation. The residence of the Muslim peoples exist even in Hilly and Mountain region

districts of the Nepal, so it is not justified to label the Muslim peoples under Madhesi groups. Even at the advent of the second constitutional election, the Muslim community has no provision for compulsory representation, which shows the state's disregard towards the community. Various programs operated by the nation for the backward peoples are yet to reach the undeveloped Muslim community peoples. Due to the historical value and beliefs, the women and girl children of the Muslim community are backward in education, health and nutrition and there are hindrances for them to be at the state of family, marital and social respect.

It is important to correspond and execute various programs for the solution of the problems like no provision of the Haz house at Nepal, no permanent mechanism relating to Haz, no formality and no academic recognition to the Muslim students who have gained higher qualification from foreign schools and universities and determining Muslim peoples under Madheshi categories rather than providing them a separate identity (nmc.gov.np).

Educational attainment is the most important factor for the people with which they can face and solve every problem. Knowledge and use of family planning also depends upon the educational attainment, couple can decide how many children are suitable for their happy life and in what they deal with their bright future. People who can read and write simple things like name are regarded as literate.

Table 4.3: Distribution of Household Population Aged 5 years and above by Sex and Literacy Status

Literacy Status	Male		Female		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Illiterate	792	56.61	872	62.10	1664	58.84
Literate	632	44.38	532	37.89	1164	41.15
Total	1424	100	1404	100	2828	100
Literate						
Madarsa/Non-Formal	284	44.93	349	56.60	633	54.38
Primary	152	24.05	96	18.04	248	21.30
Lower-Secondary	109	17.24	48	9.02	157	13.48
Secondary	53	8.38	26	4.88	79	6.78
SLC and Above	34	5.37	13	2.44	47	4.03
Total	632	100	532	100	1164	100

Source: Field Survey 2016

Overall national literacy rate (for population aged 5 years and above) has increased from 54.1 percent in 2001 to 65.9 percent in 2011. Male literacy rate is 75.1 percent compared to female literacy rate 57.4 percent. Whereas table 4.3 shows the distribution of population aged 5 years and above. The total literacy rate is 41.15percent among Muslim of Siraha municipality-4. Among them primary level of education has been found 21.30 percent on household population followed by lower-secondary level 13.48 percent.

4.1.3.2 Major Occupation

Occupation is that factor which helps to improve socio-economic factor of the people.

Table 4.4: Distribution of Household Population by Major Occupation above 15 Years Age

Occupation	Frequency	Percentage
Agriculture	291	13.89
Business &Service	85	4.05
Wage	274	13.08
Labour	212	10.12
Housewife	386	18.43
Foreign Employment	722	34.47
Student	124	5.92
Total	2094	100

Source: Field Survey 2016

Table 4.4 shows distribution of household population by major occupation. Most of the people (34.47%) are engaged in foreign employment. Whereas the second highest (18.43) percent of major occupation is of housewife. Nepal is recognized as agriculture based country but only 13.89 percent of people above 15 years are involved in agriculture in the study area. Business& service (4.05) and student are found having the lowest and the second lowest percentage as major occupation above 15 years in the study area.

4.1.3.3 Drinking Water Facilities

Nepal is one of the richest countries in water resource. Although supply of drinking water is not properly distributed by government agency in this area. There is about 100 percent people have tube well in their yard and surrounding for drinking water.

Table 4.5: Distribution of Household by Drinking Water Facilities

Occupation	Frequency	Percentage
Tube-well	775	100
Other	00	00
Total	775	100

Source: Field Survey 2016

Table 4.5 shows distribution of household by drinking water supply facilities. It shows that almost all households are connected with tube-well drinking water facilities.

4.1.3.4 Toilet Facilities

In this study area around 96 percent households are using modern toilet facilities.

Table 4.6: Distribution of Household by Toilet Facilities

Occupation	Frequency	Percentage
Modern toilet	743	95.87
Traditional pit	12	1.54
No toilet	20	2.58
Total	775	100

Source: Field Survey 2016.24

Table: 4.6 show distribution of household by toilet facilities where 95.87 percent of household have modern toilet and 1.54 percent households are with traditional pit. However, 2.58 percent of households are still without toilet.

4.2 Respondent Background Characteristics

4.2. Respondent Age

Table 4.7: Distribution of Respondent by Age.

Age Group	Frequency	Percent
15-19	79	12.30
20-24	102	15.88
25-29	127	19.78
30-34	85	13.23
35-39	90	14.01
40-44	79	12.30
45-49	80	12.46
Total	642	100

Source: Field Survey 2016

Table 4.7 shows the highest respondents are found in age group 25-29 (19.78%), followed by age group 20-24 (15.88%) and third highest age group is 35-39 (14.01%). The lowest respondents are found equally in age group 15-19 and 40- 44 (12.30%).

4.2.1 Educational Status

Despite the advent of democracy and massive social changes in Nepal, Muslim women are still one of the most disadvantaged and least represented groups in the country. According to the 2001 census, the literacy rate among Muslims was approximately 22 percent, and the literacy status of Muslim women is comparatively poorer. A study conducted by Ministry of Education in 2003 indicated that in spite of the progress in education nationally, a large percentage of the population from social, economic, and religious minorities remained disadvantaged and particularly the Muslim communities.

The plight of Muslim women in Nepal is part of the critical condition that all Nepali women must endure. A large number of Muslim girls are taken out of school for religious reasons, keeping them isolated and ill-informed. They are not taught to be independent and have minimal access to resources throughout their lives. Women are denied their rights over their matrimonial and original homes. This lack of education and power keeps most women trapped in a severe state of poverty. Although it is hidden, domestic violence appears to be on the rise. Nepal's civil and criminal laws are supposed to be universal and the personal laws that address marriage, dowry, divorce, inheritance, custody, and guardianship have been liberalized. Unfortunately, the actual implementations of these laws are still being determined by religious and social forces.

Education is the most important factor. It is an indicator of development and awareness in every aspect of society. Among 642 respondents of currently married women aged 15-49 years, the educational background is given as below.

Table 4.8: Distribution of Currently Married Women Age 15-49 According to their Level of Education

Level of Education	Frequency	Percent
Illiterate	406	63.23
Literate	236	36.76
Total	642	100
Literate		
Madarsa/ Non-Formal	128	54.23
Primary	54	22.88
Lower-Secondary	31	13.13
Secondary	15	6.35
SLC and Above	8	3.38
Total	236	100

Source: Field Survey 2016

Table 4.8 shows of currently married women aged 15-49 according to their level of education. The total literacy rate is 36.76 percent. Among them, the highest (54.23%) percent of respondents have the Madarsa or Non-Formal education. Only 3.38 percent of women have passed SLC and studied above. The educational status of Nepalese Muslim women is so pathetic and is considered the most important reason behind the backwardness. The gap between the country's average literacy rate and Muslim women's literacy rate is so huge.

4.2. 2 Age at Marriage

Marriage is the legal recognition of union between man and woman as husband and wife which is very important for child bearing. The celebration of the marriage in Islam is called 'Nikah'. Marriage to what are sometimes described as foster relations in English is permitted, although the concept is not the same as implied by the English word. The relationship is that formed by suckling from the breast of a wet nurse, this is what is meant by "fosterage" in Islam. In this case the infant is regarded in Islam as having the

same degree of affinity as in consanguinity and therefore prohibited in marriage when he grows up to those related to the wet nurse by the same degree as if to his own mother. For a person to be a married the following criteria should be fulfilled.

Married according to social, cultural or legally practice method. Man and woman bound in marriage may live together or separately as husband and wife. But in general marriage, the unions which involve rights and obligation fixed by law and custom.

Table 4.9: Distribution of Currently Married Women According to Age at Marriage

Age at Marriage	Frequency	Percent
Below 15 years	83	12.92
15-19	369	57.47
20& above	190	29.59
Total	642	100

Source: Field Survey 2016

Table 4.9 shows distribution of age at marriage. It shows that higher number of respondents has got marriage at age 15-19 years 57.47 percent which is followed by age 20 and above years 29.59 percent and 12.92 percent have got married at under 15 years of age.

4.2 3 Major Occupation

Women's occupation is one of the most important factors in the family planning. Most of the study shows that the occupation of women determines that how many children they have.

Table 4.10: Distribution of Currently Married Women According to their Major Occupation

Occupation	Frequency	Percent
Agriculture	147	22.89
Business & Service	12	1.86
Wage	119	18.53
House Workers	291	45.32
Labour	73	11.37
Foreign Employment	00	00
Total	642	100

Source: Field Survey 2016

Table 4.10 shows distribution of currently married women aged 15-49 according to their major occupation. It shows that majority of respondents 45.32 percent reported they are just House Workers. Agriculture is major occupation after house workers, which is reported as 22.89 percent followed by Wage and Labour 18.53 and 11.37 percent respectively. Only 1.86 percent women are involved in Business and Service in the research area.

4.2.4 Income Distribution

The annual income level plays the major determining the level of living standard and economic activities of people.

Table 4.11: Income in Month of Currently Married Women Aged 15-49 years

Amount (monthly)	Frequency	Percent
1000	135	30.26
1001-2000	95	21.30
2001-3000	38	8.52
3001-4000	107	23.99
4001-5000	59	13.22
5001 and above	12	2.69
Total	446	100

Source: Field Survey 2016

Table 4.11 shows distribution of currently married women age 15-49 years. Out of 642 respondents only 446 respondents are involved in earning. According to their monthly income 30.26 percent of respondents are earning NPR 1000 and below that whereas 23.99 percent women are earning between NPR 3001 to 4000. It is found that only 2.69 percent of currently married Muslim women age 15-49 earn more than NPR 5000 per month.

CHAPTER-FIVE

CONTRACEPTIVE KNOWLEDGE, ATTITUDE AND PRACTICE

Introduction

In this chapter the first section deals with the respondent's knowledge of contraceptive prevalence, second section deals with the attitude towards contraceptive, third section deals with the differential in ever use and current use of contraceptives. Fourth section deals reason for non-using contraceptive and the last section deals the side effect of contraceptives.

5.1 Knowledge of Contraceptive

This section shows the respondent's knowledge on contraceptive. The study collects information about the knowledge of contraceptive on spontaneous. Currently married women of reproductive age were initially asked whether they have heard about any contraceptive method. If they say yes then they have been asked names of contraceptive. The responses are based on spontaneous knowledge of contraceptive.

5.1.1 Level of Knowledge on Method of Contraceptive

Table 5.1: Distribution of Currently Married Women Knowing at Least One Contraceptive Method by Specific Method

Method	Frequency Known Spontaneous	Percent
Any Method	601	93.61
Pills	585	91.12
Injection	546	85.04
IUD	195	30.37
Foam tab	147	22.89
Condom	594	92.52
Norplant	412	64.17
Male sterilization	485	75.54
Female sterilization	524	81.61
Any Traditional Method	104	16.19

Source: Field Survey 2016

Note: Total percentage may exceed 100 due to multiple responses.

In table 5.1, information about knowledge of contraceptive is presented for all currently married women by specific method. Knowledge for at least modern method of family planning is 93.61 percent in currently married women. The most popular modern contraceptive method among currently married women is condom (92.52%). Pills (91.12%), injection (85.04%), female sterilization (81.61%) and male sterilization (75.54%) are also known by them in huge percentage. But foam tab (22.89%) and IUD (30.37%) are heard by only few of them. However, only (16.19%) currently married Muslim woman of Siraha municipality-4 know about traditional method of contraceptive.

5.1.2 Knowledge of Different Family Planning Method According to Age Group

The knowledge of different family planning method according to age group is given as below:

Table 5.2: Percentage Distribution of Currently Married Women's Knowledge at Least One Contraceptive Method According to Age Group

Age Group	# of Women	Pills	Injection	IUD	Foam tab	Condom	Norplant	Male sterilization	Female sterilization
15-19	79	93.1	86.4	35	28.7	96	67.1	77.6	86.6
20-24	102	96.1	92.2	53	38.4	99	68.2	78.4	88.4
25-29	127	100	94.2	49	39.6	100	82.7	98.7	97.2
30-34	85	98.2	96.3	38.1	30.5	100	74.2	84.3	89.3
35-39	90	93.2	82.1	19.2	12.2	95.4	71.5	81.6	85.5
40-44	79	87.3	72.5	12.1	8.5	88.1	58.1	69.4	79.3
45-49	80	70	71.6	6.2	2.3	69.2	27.4	38.8	45
Total	642	91.12	85.04	30.37	22.89	92.52	64.17	75.54	81.61

Source: Field Survey 2016

The table 5.2 shows that condom (92.52%) and pills (91.12%) are known by most of the Muslim women in all age (15-49 years) groups of respondents. Foam tab and IUD are least common among recently married Muslim women of Siraha municipality-4. It means that only 22.89 percent Muslim women know about Foam tab and 30.37 percent of them know about IUD in research area. In 15-19 years of age group of respondent, 96 percent knows about condom, 93.1 percent about pills, 86.6 percent about female sterilization, 86.4 about injection, 77.6 percent about male sterilization, 67.1 percent about norplant but only 45 percent knows about IUD and 28.6 percent about foam tab. The respondents age group of 45-49 years has less knowledge on contraceptive methods comparing to other age groups. When it comes at knowledge on foam tab and IUD, only 2.3 percent and 6.2 percent of Muslim women age group of 45-49 years have knowledge on. Recently married Muslim women age group of 25-29 is found have more knowledge on contraceptive method comparing to other age group of Muslim women. 100 percent of Muslim age group of 25-29 has knowledge about condom and pills but knowledge on foam tab (39.6%) and IUD (49%) is seen less among them. 100 percent respondent of age group of 30-34 years has also knowledge on condom but only 30.5 percent has knowledge on foam tab. Largely, condom, pills, injection, female sterilization, male sterilization, norplant, IUD and foam tab most common to least common on the basis of knowledge about among recently married Muslim women age group of 15-49 years in Siraha municipality-4.

5.1.3 Knowledge of Contraceptive According to Level of Education

The knowledge of contraceptive method according to level of education is given below:

Table 5.3: Percentage of the Knowledge of Contraceptive Method According to Level of Education

Method	Level of Education					
	Illiterate	Madarsa/ Non-Formal	Primary	Lower- Secondary	Secondary	SLC & Above
Pills	79.0	86.0	97.0	98.5	100	100
Injection	69.0	71.0	89.0	98.8	99.5	100
IUD	6.3	8.2	14.7	15.6	18.5	34.4
Foam tab	1.8	4.9	8.7	13.5	18.5	22.6
Condom	86.7	96.4	100	100	100	100
Norplant	34.0	46.0	56.0	67.0	85.0	97.0
Male sterilization	39.0	42.0	52.0	59.0	80.0	92.0
Female sterilization	41.0	48.0	56.0	68.0	86.0	95.0
Total number of women	406	128	54	31	15	8

Source: Field Survey 2016

Table 5.3 shows that level of education varies knowledge of contraceptive method among currently married Muslim women of Siraha municipality-4. Higher the level of education denotes better knowledge on contraceptive methods. The respondents who are SLC and above replied that they have 100 percent knowledge about three methods of contraceptives i.e., pills, injection and condom. Similarly, 100 percent respondents who have passed Secondary level have replied that they know about two contraceptive method pills and condom where as 100 percent lower secondary and primary level passed women have knowledge about one contraceptive method i.e., condom. Currently married Muslim

women aged 15-49 years who are illiterate and only have got non-formal or Madarsa education did not reply 100 percent about knowledge on contraceptive method.

Foam tab and IUD are less common on the basis of education as well. Only 1.8 percent of illiterate women have knowledge about foam tab and 6.3 percent about IUD comparing to SLC and above 22.6 percent about foam tab and 34.4 percent about IUD. When it comes to norplant, female sterilization and male sterilization, response percentage increases in the same way from illiterate to SLC and above.

5.1.4 Source of Information

The currently married women aged 15-49 years by their first source of information about contraceptive method is given below:

Table 5.4: Distribution of Currently Married Women Aged 15-49 Years by Their First Source of Information about Contraceptive

Main Source of Information	Number (#)	Percentage (%)
Friends	265	41.27
Family	101	15.73
Health Worker	60	9.34
Radio/TV	197	30.68
Print Media	7	1.09
Other	12	1.86
Total	642	100

Source: Field Survey 2016

Table 5.4 shows that the maximum 41.27 percent respondent knows about contraceptive method through friends as the first source of information followed by radio/TV 30.68 percent. Maximum 9.34 percent of respondent know about contraceptive method through health worker. Print media remains very less (1.09%) as the first source of information about contraceptive method. Some respondents also mention about street drama as the first source of information about contraceptive method which is presented under other.

5.1.5 Knowledge on Place of Availability of Contraceptive Method

Table 5.5: Distribution of Currently Married Women Aged 15-49 Years by their Knowledge on the Place of Contraceptive Method Availability

Place of Availability	Number (#)	Percentage (%)
Hospital	141	21.96
Health post	223	34.73
FP Clinic	218	33.95
Health Worker	297	46.26
Private shop	345	53.73
NGO/INGO	12	1.86
Other (specify)	5	0.77

Source: Field Survey 2016

Note: Total percentage may exceed 100 due to multiple responses.

Table 5.5 shows 21.96 percent women said that the contraceptive methods are available in hospital, 34.73 percent women said contraceptive methods are available in health post, 33.95 percent said contraceptive methods are available in family planning clinic and 46.26 percent respondent replied that contraceptive methods are available at health worker. Private shop ranked highest as a place of contraceptive availability. It means that 53.73 percent currently married Muslim women responded that private shop is the place where contraceptive methods are available. Only 1.86 percent of women replied that NGO/INGO is the place where contraceptive methods are available.

5.2 Attitude towards Contraceptives

5.2.1 Attitude towards Advantage of Contraceptive Use

All currently married Muslim women aged 15-49 years were asked about the advantage of contraceptive method at the time of field survey and their responses can be presented as below.

Table 5.6: Distribution of Currently Married Women Aged 15-49 Years According to Their Opinion on Advantage of Contraceptive Use

Opinion	Number (#)	Percentage (%)
To make better condition of family	59	9.1
To make better health of child and mother	115	17.9
To make happy family life	101	15.7
To make better education and care of child	98	15.2
Don't know/can't say	269	41.9
Total	642	100

Source: Field Survey 2016

Table 5.6 shows that 9.1 percent of respondent reported that the major contribution of contraceptive use is to make better condition of family and 17.9 percent opined that it will benefit to make better health of child and mother followed by 15.7 percent make happy family life and 15.2 percent make better e of education and care of child respectively. The majority of respondent (41.9%) replied as don't know/can't say while asking the advantage of using contraceptive methods to currently married Muslim women aged 15-49 years of Siraha municipality-4.

5.2.2 Attitude towards Child Bearing Age of Women

The entire respondent in the study area where asked their attitude towards child bearing age of women at the time of survey and the result is presented below:

Table 5.7: Distribution of Currently Married Women Aged 15-49 Years According to Their Opinion on First Child Bearing Age of Women

Age (in year)	Number (#)	Percentage (%)
< 20 years	220	34.2
20-24 Years	321	50
25-29 Years	96	14.9
30+ Years	05	0.7
Total	642	100

Source: Field Survey 2016

Table 5.7 shows that 50 percent respondent reported that the appropriate age of child bearing is 20-24 years followed by 34.2 percent of respondent reported that is under 20 years. 14.9 percent of respondent reported that the appropriate age for child bearing is 25-29 and only 0.7 percent of respondent reported that the appropriate age for child bearing is above 30 years.

5.3 Practice of Family Planning Method

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

5.3.1 Ever Use of Contraceptive Method

Data on ever use of contraception has special significance because it reveals the cumulative success of programs promotion the use of family planning among couples. Ever use refers to use of a method at any times, with no distinction between past and present use (NDHS: 2000).

Table 5.8: Distribution of Currently Married Women Aged 15-49 Years According to Ever Use of Any Contraceptive Method

Ever used contraceptive method	Number (#)	Percentage (%)
Yes	290	45.1
No	352	54.8
Total	642	100

Source: Field Survey 2016

Table 5.8 shows that 45.1 percent of the currently married Muslim women of research area have ever used of contraceptive method whereas national figure of ever user of contraceptive is 65.0 percent (NDHS: 2006).

Table 5.9: Distribution of Currently Married Women Aged 15-49 Years by Ever Used of Any Contraceptive Method

Contraceptive method	Number (#)	Percentage (%)
Pills	83	28.6
Injection	79	27.2
IUD	2	0.6
Foam tab	1	0.3
Condom	88	30.3
Norplant	8	2.7
Male sterilization	12	4.1
Female sterilization	17	5.8
Total	290	100

Source: Field Survey 2016

Table 5.9 shows distribution of currently married Muslim women aged 15-49 years who (45.1%) have ever used any contraceptive method. Among ever user of contraceptives (30.3%) have ever used condom, (28.6%) have ever used pills, (27.2%) have ever used injection and 5.8 percent have ever used female sterilization. Similarly, 4.1 percent have used male sterilization, 2.7 percent have ever used norplant, 0.6 percent has ever used IUD and 0.3 percent has ever used foam tab in Siraha municipality-4.

Table 5.10: Percentage Distribution of Currently Married Women Aged 15-49 Years Who Have Ever Used of Any Contraceptive Method by Age

Age Group	Any Modern Method	Pills	Injection	Condom	Norplant	Male sterilization	Female sterilization	IUD	Foam tab
15-19	11	1	1.5	7	0.5	0.5	0.5	-	-
20-24	16	5	2	6.5	0.7	0.5	1	0.3	-
25-29	19.1	7	5	3.5	0.5	1	1.5	0.3	0.3
30-34	13.5	3	4.2	3	0.5	1.5	1.3	-	-
35-39	14.5	4	4.5	4	0.5	0.5	1	-	-
40-44	12.7	4	5	3.1	-	0.1	0.5	-	-
45-49	12.8	4.6	5	3.2	-	-	-	-	-
Total	99.6	28.6	27.2	30.3	2.7	4.1	5.8	0.6	0.3

Source: Field Survey 2016

Note: If more than one method is used only the most effective method is considered in this table.

Table 5.10 shows that ever use of contraception vary with women's age. The pattern of ever use is curvilinear, use being lowest among women in the youngest age group (15-19) increasing with age and reaching a plateau among women in their twenty nine before and declining thereafter in any modern method. The level of ever use of any modern among currently married Muslim women rises to a 19.1 percent among these age 25-29 and then decline to 12.7 percent among Muslim women age 40-44 years. The declining ratio is on wave (up and down). The use of foam tab (0.3%) is found only among Muslim women age group of 25-29 years.

5.3.2 Current Use of Contraceptive Method

Current use of contraceptive is defined as the proportion of women who reported the use of family planning method at the time of interview (NDH 2006). The level of current use usually calculated among currently married women is the most widely used and valuable measure of the success of family planning program.

Table 5.11: Distribution of Currently Married Women Aged 15-49 Years by Currently Using Contraceptive Method

Currently Using Contraceptive Method	Number (#)	Percentage (%)
Yes	212	33.02
No	430	66.97
Total	642	100

Source: Field Survey 2016

Table 5.11 shows that 33.02 percent of the currently married Muslim women reported that they are currently using contraceptive method where as a national figure of current user of modern contraceptive are 44 percent (NDHS 2006). Muslim women of Siraha municipality do not comply with national average of a decade back.

Table 5.12: Distribution of Currently Married Women Aged 15-49 Years by Currently Using of Any Contraceptive Method

Contraceptive method	Number (#)	Percentage (%)
Pills	65	30.6
Injection	60	28.3
IUD	2	0.8
Foam tab	1	0.4
Condom	62	29.2
Norplant	4	1.8
Male sterilization	8	3.7
Female sterilization	10	4.7
Total	212	100

Source: Field Survey 2016

Table 5.12 shows that distribution of currently married Muslim women aged 15-49 years who are currently using any contraceptive method by specific method in total number of currently user of contraceptive method only. Among current user of contraceptive methods 30.6 percent are currently using pills making it most popular method. 29.2 percent is using condom and 28.3 percent is using injectables. Foam tab (0.4%) and IUD (0.8%) are used rarely among current user of contraceptive method in Muslim women age of 15-49 years. Whereas, female sterilization (4.7%) and male sterilization (3.7%) and norplant (1.8%) are also used by minimal number of currently user contraceptive method among Muslim women aged 15-49 years in Siraha municipality-4.

5.3.2.1 Age of Women and Current Use of Contraceptive Method

Data on current use of contraception has special significance relating to Muslim women because of programs and promotion the use of family planning among couples. Current use refers to use of a method at present. Respondents of the study area who have heard of family planning were asked if they had currently using any method.

Table 5.13: Percentage Distribution of Currently Married Women Aged 15-49 Years Who are Currently Using Any Contraceptive Method by Age

Age Group	Any Modern Method	Pills	Injection	Condom	Norplant	Male sterilization	Female sterilization	IUD	Foam tab
15-19	12	2	1.5	7.6	-	0.5	0.4	-	-
20-24	15.8	5	2	6.5	0.4	0.5	1	0.4	-
25-29	19.6	7	5.5	3.5	0.5	1	1.3	0.4	0.4
30-34	13.8	4	4.3	3	0.5	1	1	-	-
35-39	15.6	4	5.5	4	0.4	0.7	1	-	-
40-44	12	4	5	3	-	-	-	-	-
45-49	10.7	3.2	4.5	3	-	-	-	-	-
Total	100	29.2	28.3	30.6	1.8	3.7	4.7	0.8	0.4

Source: Field Survey 2016

Table 5.13 shows the present distribution of currently married Muslim women who are currently using specific family planning method by age. The above table shows that nearly one in three (33.02%) currently married Muslim women are using a modern method of family planning.

Contraceptive use varies by age group. Use of contraceptive method is lower among younger Muslim women (because they are in the early stage of family building) and among older Muslim women than among those at intermediate age. Current use of a modern method of contraception is 12 percent among currently married Muslim women age 15-19 years rise to 15.8 percent at age 20-24 years and 19.6 percent at age 25-29 years and then drop down 10.7 percent at age 45-49 years.

Condom among currently user of contraceptive method is comparatively more popular in the age groups 15-19 and 20-24 years. However, pills and injectables are more popular among other contraceptive methods from the age of 25 years onward in Muslim women of Siraha municipality ward no. 4.

5.3.2.2 Education of Women and Current Use of Contraception

In the study area respondents are asked about their educational background and the result is as follows

Table 5.14: Distribution of Current User of Contraception by their Level of Education

Level of Education	Number of Respondents	Current User of Contraception
Illiterate	406	106(26.1%)
Madarsa/ Non-Formal	128	54(42.1%)
Primary	54	23(42.5%)
Lower-Secondary	31	15(48.3%)
Secondary	15	9(60%)
SLC and Above	8	5 (62.5%)
Total	642	212

Source: Field Survey 2016

Table 5.14 shows that current user of contraceptive method differs by level of education. The relation between level of education and current use of contraceptive method among currently married Muslim women is significant. 62.5 percent (out of total 8) SLC and above passed currently married Muslim women is currently using modern method of

contraception. However, only 26.1 percent (out of 406) illiterate currently married Muslim women use contraceptive method currently. Therefore, higher the level of education of currently married Muslim women use higher percentage of contraceptive methods currently.

Table 5.15: Distribution of Currently Married Muslim Women who are Currently Using Contraceptive Method of Aged 15-49 Years According to their Literacy Status

Contraceptive Method	Illiterate		Literate		Total No of Women
	No. (#)	Per (%)	No. (#)	Per (%)	
Pills	35	33	27	25.4	62
Injection	34	32	31	29.2	65
IUD			2	1.8	2
Foam tab			1	0.9	1
Condom	34	32	33	31.1	67
Norplant			3	2.8	3
Male sterilization	1	0.9	4	3.7	5
Female sterilization	2	1.8	5	4.7	7
Total	106	100	106	100	212

Source: Field Survey 2016

Table 5.15 shows that among literate current user Muslim women 31.1 percent current users reported condom use, 29.2 percent reported injectables, 25.4 percent current users reported pills and 8.4 percent current users reported permanent method. Among illiterate current users Muslim women 33 percent reported pills and 32 percent reported condom and injectables. 2.7 percent current users reported permanent method of contraception.

5.3.2.3 Occupation of Women and Current Use of Contraception

The occupation of women is considered as one of the major determinants of their fertility behaviours contraceptive prevalence rates are generally higher for women involved in business and services.

Table 5.16: Distribution of Current User of Contraception by their Occupation.

Occupation	Number of Respondents	Current User of Contraception
Agriculture	147	52(35.3%)
Business & Service	12	9(75%)
Wage	119	48(40.3%)
House Workers	291	74(25.4%)
Labour	73	29(39.7%)
Foreign Employment	00	00 (00%)
Total	642	212

Source: Field Survey 2016

Table 5.16 depicts currently married Muslim women who are involved in service and business, they are 75 percent user of contraceptive method followed by wage (40.3%) and labour (39.7%). 35.3 percent Muslim women of Siraha municipality-4 are current user of contraceptive whereas only 25.4 percent house workers are current user of contraceptive method in study area.

Table 5.17: Distribution of Currently Married Muslim Women who are Currently Using Contraceptive Method of Aged 15-49 Years by Occupation

Contraceptive Method	Agriculture		Business and Service		Wage		House Workers		Labours		Grand Total	
	#	%	#	%	#	%	#	%	#	%	#	%
Pills	20	38.4	1	11.1	11	22.9	18	24.3	12	41.3	62	29.2
Injection	9	17.3	1	11.1	24	50	22	29.7	9	31	65	30.6
IUD	-	-	2	22.2	-	-	-	-	-	-	2	0.9
Foam tab	-	-	1	11.1	-	-	-	-	-	-	1	0.4
Condom	21	40.3	1	11.1	12	25	25	33.7	8	27.5	67	31.6
Norplant	1	1.9	1	11.1	-	-	1	1.3	-	-	3	1.4
Male sterilization	-	-	1	11.1	1	2	3	4	-	-	5	2.3
Female sterilization	1	1.9	1	11.1	-	-	5	6.7	-	-	7	3.3
Total	52	100	9	100	48	100	74	100	29	100	212	100

Source: Field Survey 2016

Table 5.17 shows distribution of currently married Muslim women aged 15-49 years according to their occupation who are currently using contraceptive method by specific method. Among Muslim women having agriculture as an occupation, 40.3 percent are currently using condom followed by 38.4 percent pills as contraceptive methods. And only 1.9 of them are using female sterilization and norplant. Muslim women having business and services as their occupation, 22.2 percent are using IUD whereas pills, injectables, foam tab, condom, norplant, male sterilization and female sterilization are equally used by 11.1 percent as a means of contraceptive method.

When it comes to Muslim women having wage as an occupation, 50 percent are currently using condom followed by 25 percent injectables and 22.9 percent pills as a tool of contraceptive method. 33.7 percent Muslim women who are house worker are currently using condom as contraceptive method followed by 29.7 percent injectables and 24.3

percent pills. Muslim women of Siraha municipality-4 having labour are currently using pills as contraceptive method is 41.3 percent followed by 31 percent injectables and 27.5 percent condom in research area.

5.4 Accessibility of Contraception

This section provides the information about the availability of contraceptive in term of sources of supply of the most recent method and time required to reach the sources of contraceptive from the house of the respondent.

5.4.1 Sources of Contraceptive

According to NDHS 2006 about 91 percent ages of contraceptive users are getting contraceptive from non-government organization sector and rest are obtaining from private medical and other sector. But the result of study area is as below.

Table 5.18: Distribution of Currently Married Muslim Women Aged 15-49 Years by their First Source of Contraceptive Method Use

Source of Availability	Contraceptive Methods								# of Women
	Pills	Injection	Condom	Norplant	Male sterilization	Female sterilization	IUD	Foam tab	
Hospital	6.5	4.5	7.0	39.3	100.00	100.00	-	-	25
Health post	36.0	36	28	4.2	-	-	100.00	100.00	37
FP Clinic	2.8	8.5	11	47.5	-	-	-	-	35
Health Worker	17.5	3.6	12	-	-	-	-	-	50
Private shop	37.2	47.4	39	-	-	-	-	-	62
NGO/INGO	-	-	3	-	-	-	-	-	3
Total	62	65	67	3	5	7	2	1	212

Source: Field Survey 2016

Note: As more than one method is used only the most effective method is considered in this table.

Table 5.18 shows distribution of currently married Muslim women aged 15-49 years according to their first sources of contraceptive by specific method. 100 percent of female sterilization and male sterilization services are obtained from hospital. Similarly, 100 percent IUD and foam tab are taken from health post. Whereas, 39.3 percent norplant is obtained from hospital and 47.5 percent is obtained from family planning clinic.

When it comes at condom, injection and pills the respondents replied varieties of sources of availability of contraceptive methods. 39 percent Muslim women aged 15-49 years buy condom from private shop and 28 percent of them bring from health post. Similarly, 12 percent of them brings from health worker, 11 percent from family planning clinic, 7 percent from hospital and 3 percent from NGO/INGO. 47.4 percent of Muslim women aged 15-49 years obtain injections as a method of contraceptive from private shop followed by 36 from health post. 8.7 percent take injections from family planning clinic, 4.5 percent of them take injections from hospital and 3.6 percent from health worker. Likely, 37.2 percent currently user of contraceptive method obtains from private shop followed by 36 percent from health post, 17.5 percent from health worker, 6.5 percent from hospital and 2.8 percent from family planning clinic.

5.4.2 Access to Sources of Contraceptives

This sub heading deals with distance from their house where they receive contraceptive methods. For this, the respondents were asked about travel time to reach the sources of contraception available.

Table 5.19: Distribution of Current User of Contraceptive Method by Reported Travel Time to Reach Source of Supply

Travel Time (in minute)	Number (#)	Percent (%)
>30 M	123	58
<30 M	89	41.9
Total	212	100

Source: Field Survey 2016

Table 5.19 shows that 58 percent currently married Muslim women of current users required to travel less than 30 minutes to receive contraceptive methods whereas only 41.9 of current users needed to travel more than 30 minutes.

5.5 Side Effect of Contraception

Side effect plays vital role to determine the level of contraceptive method use. In the study area currently married women who are currently using contraceptive were asked that whether they have any side effect of them or not and the result is presented at given table below.

Table 5.20: Distribution of Currently Married Muslim Women Aged 15-49 Years Who are Current User of Contraceptive Method According to Side Effect

Status of Side Effect	Number (#)	Percent (%)
Yes	65	30.6
No	147	69.3
Total	212	100

Source: Field Survey 2016

Table 5.20 shows that 30.6 percent currently married Muslim women of current users reported side effect of contraceptive method and rest reported none.

Table 5.21: Nature of Side Effect

Type of Side Effect	Number (#)	Percent (%)
Headache	2	3.2
Fever	1	1.5
Diarrhea	1	1.5
Infertility	1	1.5
Irregularity in menstruation	30	46.1
Over bleeding	23	35.3
Weakness	7	10.7
Total	65	100.00

Source: Field Survey 2016

Table 5.21 shows distribution of currently married Muslim women aged 15-49 years according to type of side effect of contraceptive method. Among the side effect reported by respondent 46.1 percent has problem of irregularity in menstruation followed by 35.3 percent over bleeding. Similarly, 10.7 percent reported that they had feeling of weakness and 3.2 percent reported as headache problem. Moreover, they also reported the problem of suffering from fever (1.5%), diarrhea (1.5%) and infertility (1.5%).

5.6 Reason for Non Use of Contraception

Use of contraceptive method is found lesser than the national average among Muslim community. The below table discusses about the result of reason why they do not use contraceptive method.

Table 5.22: Distribution of Currently Married Muslim Women Aged 15-49 Years by Main Reason for Not Using Contraceptive Method

Reason for Not Use	Number (#)	Percent (%)
Wanting child	45	10.4
Religious boundary	117	27.2
Disagreement of husband	30	6.9
Want son	22	5.1
Fear of side effect	42	9.7
Costly	65	15.1
Far away	37	8.6
No knowledge	72	16.7
Total	430	100.00

Source: Field Survey 2016

Table 5.22 shows that the percentage of distribution of currently Married Muslim women who are not using any contraceptive method and do not intend to use in the future due to the above mentioned main reason. Among the non users of contraceptive methods, 27.2 percent reported that they have religious boundary followed by 16.7 percent as they do not have knowledge about them. The third main reason of not using any contraceptive

method is costly (15.1%) and the fourth wanting child (10.4). Similarly, 9.7 percent reported that fear of side effect, 8.6 percent far away, 6.9 percent disagreement of husband and 5.1 percent want son.

CHAPTER-SIX

SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter attempts to summarize the whole study and draw some conclusion as well as recommendation for the policy implication and research.

6.1 Summary

This study covers 775 households and all the respondents were currently married women of age group 15-49 years. There were 3216 total populations in the study area. This is conducted in Siraha municipality-4 of Siraha district. The study has examined knowledge use and attitude towards contraceptives among currently married Muslim women of the reproductive age of this area. This study is based on primary data collection of 642 respondents. The major findings of this study area summarized as below.

The present study has carried out on the basis of descriptive research design. This study is mainly based on primary data collection among 642 currently married Muslim women. The data collection in field were tabulated and analyzed manually.

-) In Siraha municipality ward no. 4 (Ramaul), 3216 is total population in the study area. Among them 1620 are male and 1596 are female.
-) Most of the people above 15 years are married (84.24%) followed by unmarried (12.03%).
-) Majority of the people are illiterate (58.84%) and only 41.15 percent of the people are literate. Out of literate 54.38 percent people have attended non formal/Madarsa education, 21.30 percent have passed primary level, 13.48 percent have passed lower secondary, 6.78 percent have passed secondary level and only 4.03 percent have passed SLC and above.
-) Foreign employment (34.47) is the major occupation of the people of Siraha municipality-4 followed by housewife (18.43%), agriculture (13.89%), wage (13.08%), labour (10.12%), student (5.92%) and business & services (4.05%).
-) Almost all families are connected with tube-well drinking water facilities.

- J Most of the families have toilet among them 95.87 percent households have modern toilet, 1.54 percent facilities have traditional pit and 2.58 percent households do not have a toilet at all.
- J More number of respondents found in age group 25-29 years (19.78%) and less number of respondents is found in age group 15-19 and 40-44 years (12.30%).
- J Nearly two thirds (63.23%) is illiterate and only 36.76 percent is literate. In literate more than half of them (54.23%) have attained Madarsa/ Non formal education whereas only 3.38 percent have passed SLC and above. 22.88 percent are primary, 13.13 percent are lower secondary and 6.35 percent are secondary level passed.
- J Higher number (57.47%) of respondents has got marriage at age 15-19 years which is followed by age 20 and above years (29.59%) and 12.92 percent have got married at under 15 years of age.
- J The respondents' main occupation is house worker (45.32%). Agriculture is major occupation after house workers, which is reported as 22.89 percent followed by wage and labour 18.53 and 11.37 percent respectively. Only 1.86 percent currently Muslim women are involved in business & service in the research area.
- J Over two thirds (69.47%) respondents are involved in earning. According to their monthly income 30.26 percent of respondents are earning NPR 1000 and below, 23.99 percent women are earning between NPR 3001 to 4000 and 2.69 percent of currently married Muslim women age 15-49 earn more than NPR 5000 per month.
- J Most of the respondents (93.61%) are familiar with at least one modern method of family planning. The most popular modern contraceptive method among currently married Muslim women is condom (92.52%). Pills (91.12%), injection (85.04%), female sterilization (81.61%) and male sterilization (75.54%) are also known by them in huge percentage. But foam tab (22.89%) and IUD (30.37%) are heard by only few of them. However, only (16.19%) currently married Muslim woman of Siraha municipality-4 know about traditional method of contraceptive.

- J In 15-19 years of age group of respondent, 96 percent knows about condom, 93.1 percent about pills, 86.6 percent about female sterilization, 86.4 about injection, 77.6 percent about male sterilization, 67.1 percent about norplant but only 45 percent knows about IUD and 28.6 percent about foam tab.
- J The respondents aged group of 45-49 years has less knowledge on contraceptive methods comparing to other age groups.
- J Almost all respondents (100%) aged group of 25-29 has knowledge about condom and pills but knowledge on foam tab (39.6%) and IUD (49%) is seen less among them. Similarly all (100%) respondents of age group of 30-34 years have also knowledge on condom but only 30.5 percent has knowledge on foam tab.
- J Women education is strongly associated with contraceptive knowledge. Those women who are illiterate have less knowledge of contraceptive method and those who have got chance to get education they have good knowledge of contraceptives. Among them those women who have passed SLC and above they have cent percent knowledge on condom, pills and injections.
- J Largest percent of respondents (41.27%) got information of contraceptive through friends followed by radio/TV (30.68%), family (15.73%), health worker (9.34%) and print media (1.09%).
- J Private shop ranked highest (53.73%) followed by health worker (46.26%), health post (34.73%), family planning clinic (33.95%) and hospital (21.96%) as a place of contraceptive availability.
- J The majority of respondent (41.9%) replied as don't know/can't say while asking the advantage of using contraceptive methods to currently married Muslim women aged 15-49 years of Siraha municipality-4. However, 17.9 percent opined to make better health of child and mother followed by 15.7 percent make happy family life, 15.2 percent make better of education and care of child and 9.1 percent of respondent said that the major contribution of contraceptive use is to make better condition of family.

- J According to respondent better age of child bearing of women is 20-24 years (50%), under 20 years (34.2%) between 25- 29 years is (14.9%) and 30 years and above is only (0.7%).
- J The rate of ever user of contraceptives is 45.1 percent where as (30.3%) have ever used condom, (28.6%) have ever used pills, (27.2%) have ever used injection and 5.8 percent have ever used female sterilization. Similarly, 4.1 percent have used male sterilization, 2.7 percent have ever used norplant, 0.6 percent has ever used IUD and 0.3 percent has ever used foam tab.
- J 15-19 years currently married Muslim women who have ever used higher the method is condom 7 percent and lower use of the method is norplant (0.5%), male sterilization (0.5%) and female sterilization (0.5%). Similarly, Muslim women aged 20-24 years who have ever used higher the method is condom 6.5 percent but the age group of 25-29 years who have ever used higher the method is pills followed by condom (5%) and injections (2%). Likewise, 25-29 years who have ever used higher the method is pills (7%) followed by injections (5%) and condom (3.5%). And also the similarity is found among the Muslim women of Siraha municipality-4 that is all the use of injection is higher followed by pills among them and thirdly is condoms as well.
- J Currently married Muslim women aged 15-49 years who are currently using contraceptive method are 33 percent. Among them 30.6 percent are currently using pills making it most popular method. 29.2 percent is using condom and 28.3 percent is using injectables. Foam tab (0.4%) and IUD (0.8%) are used rarely among current user of contraceptive method in Muslim women age of 15-49 years. Whereas, female sterilization (4.7%) and male sterilization (3.7%) and norplant (1.8%) are also used by minimal number of currently user contraceptive method among Muslim women aged 15-49 years in Siraha municipality-4.
- J Current use of a modern method of contraception is 12 percent among currently married Muslim women age 15-19 years rise to 15.8 percent at age 20-24 years and 19.6 percent at age 25-29 years and then drop down 10.7 percent at age 45-49 years.

- J Condom among currently user of contraceptive method is comparatively more popular in the age groups 15-19 and 20-24 years. However, pills and injectables are more popular among other contraceptive methods from the age of 25 years onward in Muslim women of Siraha municipality ward no. 4.
- J Nearly two thirds (62.5%) SLC and above passed currently married Muslim women is currently using modern method of contraception. However, only 26.1 percent illiterate currently married Muslim women use contraceptive method currently.
- J Among literate current user Muslim women 31.1 percent current users reported condom use, 29.2 percent reported injectables, 25.4 percent current users reported pills and 8.4 percent current users reported permanent method. Among illiterate current users Muslim women 33 percent reported pills and 32 percent reported condom and injectables. 2.7 percent current users reported permanent method of contraception.
- J Currently married Muslim women who are involved in service and business, they are 75 percent user of contraceptive method followed by wage (40.3%) and labour (39.7%). 35.3 percent Muslim women of Siraha municipality-4 are current user of contraceptive whereas only 25.4 percent house workers are current user of contraceptive method.
- J Over two fifths (40.3%) are currently using condom followed by 38.4 percent pills as contraceptive methods. And only 1.9 of them are using female sterilization and norplant.
- J Having business and services as their occupation, 22.2 percent are using IUD whereas pills, injectables, foam tab, condom, norplant, male sterilization and female sterilization are equally used by 11.1 percent as a means of contraceptive method.
- J Wage as an occupation, 50 percent are currently using condom followed by 25 percent injectables and 22.9 percent pills as a tool of contraceptive method. 33.7

percent Muslim women who are house worker are currently using condom as contraceptive method followed by 29.7 percent injectables and 24.3 percent pills.

- J 58 percent currently married Muslim women of current users required to travel less than 30 minutes to receive contraceptive methods whereas only 41.9 of current users needed to travel more than 30 minutes.
- J Among the side effect reported by respondent 46.1 percent has problem of irregularity in menstruation followed by 35.3 percent over bleeding. Similarly, 10.7 percent reported that they had feeling of weakness and 3.2 percent reported as headache problem. Moreover, they also reported the problem of suffering from fever (1.5%), diarrhea (1.5%) and infertility (1.5%).
- J Among the non users of contraceptive methods, 27.2 percent reported that they have religious boundary followed by 16.7 percent as they do not have knowledge about them. The third main reason of not using any contraceptive method is costly (15.1%) and the fourth wanting child (10.4). Similarly, 9.7 percent reported that fear of side effect, 8.6 percent far away, 6.9 percent disagreement of husband and 5.1 percent want son.

6.2 Conclusions

Socio economic factor influence the use of contraceptive methods. Knowledge for at least one modern method of family planning is 93.61 percent in currently married Muslim women. The most popular modern contraceptive method among currently married women is condom (92.52%). Pills (91.12%), injection (85.04%), female sterilization (81.61%) and male sterilization (75.54%) are also known by them in huge percentage. But foam tab (22.89%) and IUD (30.37%) are heard by only few of them. However, only (16.19%) currently married Muslim woman of Siraha municipality-4 know about traditional method of contraceptive. The current use of contraception among the currently married Muslim women with higher the level of education are more than the using with non-formal/Madarsa education and primary level education. Therefore, there is strong relation between an education and use of contraceptive methods.

Majority of the respondents are involved in household chores and practice of contraceptive in this area is also less. Permanent method of contraceptive is rarely used in Muslim community so temporary method is more familiar than permanent method. Among temporary method condom and pills are highly used than other temporary method. The use of injection falls under third priority whereas IUD and foam tab are least in priority.

6.3 Recommendations

- ❖ Knowledge, attitude and practice (KAP) on contraceptive methods depend upon the level of education and occupation of women and their spouse. In order to increase the KAP on contraceptive among currently married women, formal and non-formal education program should be carried out emphasizing contraceptive method considering the different level of women and their husband's education.
- ❖ This finding suggests that availability and accessibility of contraceptive method should be increased.
- ❖ Condom and pills are most familiar methods followed by injection, female sterilization and male sterilization. IUD, foam tab and traditional method are least familiar among currently married Muslim women of Siraha municipality-4. It therefore is necessary to motivate the couple towards these modern method and traditional method through effective counseling and different level of educational program.
- ❖ Condom plays dual roles one is preventive unwanted pregnancy and another is prevalent STD, HIV/AIDS. So, use of condom should be promoted in this area.
- ❖ Some incentives like free schooling, free medicine, child caring facility and employment opportunity should be provided to the couple if the couple have not more than two children.
- ❖ Many women dislike using any contraceptive method because of having desire of more children, want son and worry on side effect. So that effective IRC program should be launched at grass root level.

- ❖ This study is based on few social economic, cultural, religious and demographic variables. Further study can be carried out using other approaches like psychological, maternal childcare, demographic impact of sexual behavior, knowledge, attitude and prevention of STD, HIV/AIDS.
- ❖ This study was carried out of contraceptive knowledge, attitude and practice among Muslim women of reproductive age (15-49) in Siraha municipality-4 and further study might be carried out in other specific communities.

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Annex A

Tribhuvan University

Central Department of Population Studies

Humanities and Social Science

Use of Contraceptive among Muslim Women

(A Case Study of Siraha Municipality Ward no. 4 of Siraha District)

Introduction of researcher and consent taking

Namaste! My name is..... I am here from Central Department of Population Studies, T.U. I am trying to better understand the use of contraceptive among Muslim Women in Siraha. The information will be used to inform future programs on family planing in certain communities of Nepal. Your household has been chosen by a random selection process. You are one of the households that I will meet to discuss in depth with you about the issues for the purpose of this study.

During this study, I will ask you questions related to family planning and using contraceptives. I am inviting you to be a participant in this study. I value your opinion and there are no wrong answers to the questions I will be asking in the interview. I will use approximately 1 hour of your time to collect all the information. There will be no risk as a result of your participating in the study. Your participation in this research is completely voluntary. You are free to stop answering our questions at any time.

The information given by you will be strictly treated as confidential and will be used only for the study. Your participation will be highly appreciated.

Are you willing to participate in the study? 1. Yes 2. No

Signature of the interviewer: _____ Date: ____/____/2072

Location:

Name of village		Ward No.	
Municipality name		District	

Demographic Profile:

Note on instructions: Read the definition of the household aloud and make sure the respondent understands that only household members as defined for this survey are included. Complete the list of names first, and then complete section for each person before asking for the next person. Probe at the end by repeating this survey’s definition of household to make sure all have been included and no one extra.

For combined income, please ensure it is not double counted. For example if more than one person works on the farm and it is not possible to get income for each individual by that activity, please enter the income from farming under the person who works primarily on the farm and do not include this amount again for any other person who worked on the farm to help make this income. The primary occupation is the activity on which the household member spends most of his/her time. The secondary source is an additional activity/occupation. For example, if a person spends most of the time on salary wage employment that would be primary. But if s/he also looks after the farm or manages the farm or looks after some business, in addition to his/her salaried employment, that would be his/her secondary activity. It could be possible that someone earns more from his/her secondary occupation than his/her primary occupation.

D.01 Start with the household head

<u>Name</u>	<u>Relations</u> What is the relationship of __ to the household head?	<u>Age</u>	<u>Sex</u>	<u>Marital Status</u> What is __'s present marital status?	<u>School</u> (Only for members >=3 years)		<u>Occupation</u> (Only for members >= 6 years and above)		
					Is _____ currently attending school?	What is the highest grade/level _____ has completed?	What is _____'s main type of occupation?	Could you rank the importance of this occupation for the household income? (high/medium/low)	What is the secondary type of occupation?

Note on Definitions:

Household: A group of people who live together under the same roof and take food from the “same pot.”

Household member: someone who has a) lived in the household for at least 6 months, b) shares food from the same pot as others under the roof, and c) resided there regularly at least half of the time during the 6 months (3-4 days of each week for 6 months, 3 full months of the 6 months, etc.). Even persons who are not blood relatives (such as servants, lodgers, or agricultural laborers) are included if they meet these three requirements.

Exceptions include (Consider as household member):

-) A newborn child less than 6 months old
-) Someone who has joined the household through marriage less than 6 months ago
-) Servants, lodgers, and agricultural laborers currently in the household and will be staying in the household for a longer period but arrived less than 6 months ago

Non-household member: someone who stays in the same household but does not bear any costs for food or does not take food from the same pot. For example, if two brothers stay in the same house with their families but they do not share food costs and they cook separately, then they are considered two separate households. Generally, if one person stays more than 3 months out of the last 6 months outside the household, they are not considered household members even if other household members consider them as household members.

Exceptions include (Do not consider as household member):

-) A person who died very recently
-) Someone who has left the household through marriage
-) Servants, lodgers, and agricultural laborers who have left the household

D.2 Religion:

- A). Hindu b).Muslim c.)Buddhist c).Christian e). Others –specify

D.3 When did you get married?

1. within 1 year 2. 1-4 years 3. 5-9 years 4. 10-19 years 5. 20-39 years 6. 40+ years before

D. 4 How many children ever born?

1. Not at all 2. 1 3. 2 4. 3 5. 4 8. 5 9. 6+

a. son-----

b. daughter-----

D.5 How many children do you have now?

1. 1 2. 2 3. 3 4. 4 5. 5 8. 6+

2. son-----

3. daughter-----

D.6 Below is few problems that people face. What in your view are two the first and second problems of your family?

01. Poverty 02.Unemployment 03. Drinking water 04.Hospital 05.

School 08.Electricity

09. Caste-based discrimination 10. Gender discrimination 11. Superstitious beliefs

12.Migration

13. Domestic violence 14.Inflation 15. Untouchability 06. Other (Specify)

07.NA/DK

a. First main problem_____

b. Second main problem_____

D.7 What are the basic needs for your locality?

01. Drinking water 02. School 3.Electricity/ fuel 04. Road
 05. Hospital 08.Health facilities 09.Communication
 10.Industry/ Mill 11.Transportation 12.Environment conservation
 13.Disaster management 14. Public Toilet 15.Gender equality
 06. Other (Specify)..... 07. NA/DK

- a. First main need _____
 b. Second main need _____

D.8 Do your family possess own land?

1. Yes 2 No

D.9 How far is the below listed health related services available for your family?

	Services	Nearby	Within 1KM	Within 3KM	Within 5 KM	More than 5 KM	DK/NA
A	Medical shop						
B	Clinic						
C	Health post						
D	Hospital						
E	Health centre						

D.10 Are you or your family engaged to any of these organization or institutions?

	Institutions	Yes	No	NA/ DK
A	Club	1	2	7
B	CBO	1	2	7
C	NGO	1	2	7
D	WUA/ farmers organization	1	2	7
E	Religious institutions	1	2	7
F	Ethnic/ caste-based institutions	1	2	7
G	Women's organization	1	2	7
H	Financial organization	1	2	7
I	Political organization	1	2	7

Knowledge of Contraceptive Method

1	Have you ever heard about family Planning Method	Yes No	1 2 (go to 4)
2	If yes, what is the first source of information	Friend Family Health workers Radio/television Print media Other (specify)	1 2 3 4 5 6
3	If yes, which method have you heard (multiple answer possible)	Pills Injection IUD Foam tab Condom Norplant Male sterilization	1 2 3 4 5 8 9

		Female sterilization	10
		Other (specify)	6
		Don't know	7
4	Do you know the place where family planning method available	Yes	1
		No	2 (go to 8)
5	If yes, where the family planning method available? (multiple answer possible)	Hospital	1
		Health post	2
		FP clinic	3
		Health workers	4
		Private shop	5
		NGO/INGO	8
		Other (specify)	6
		Don't know	7
6	When did you know about contraceptive method?	After marriage	1
		Before marriage	2
		Don't know	7
7	In your opinion, which is the best child bearing age?	15-19 Years	1
		20-24 Years	2
		25-29 Years	3
		30-34 Years	4
		35-39 Years	5
		40+ Years	8
		Don't know	7
8	Do you discuss family planning method with your husband	Yes	1
		No	2 (go to 10)
9	If yes, how many times do you discuss with your husband about family planning method?	Regularly	1
		Some times	2
		Occasionally	3
		Don't know	7
10	Who decides about current use of family planning?	Husband	1
		Wife	2

		Both	3
		Other (specify)	6
		Don't know	7
11	Why do you think (method) is a good method for a couple to use if they want to plan their family?	Easy to use	1
		Effective	2
		Affordable	3
		No/few side effect	4
		Can stop when	5
		Children desire	
		Other (specify)	6
		Don't know	7

Use of Contraceptive Method

1	Have you ever used family planning method?	Yes	1
		No	2 (go to 5)
2	If, yes, what are they? (Multiple answer possible)	Pills	1
		Injection	2
		IUD	3
		Foam tab	4
		Condom	5
		Norplant	8
		Male sterilization	9
		Female sterilization	10
		Other (specify)	6
		Don't know	7
3	From where do you get those services?	Hospital	1
		Health post	2
		FP Clinic	3
		Health workers	4
		Private shop	5
		NGO/INGO	8
		Other (specify)	6

		Don't know	7
4	Why did you bring the devices from that institute	Easy Access Get on chipper rate Good service Privacy/secretcy Other (specify) Don't know	1 2 3 4 6 7
5	Which factor encouraged you to use contraceptive?	Spouse Friend Health worker Women health volunteer Other (specify) Don't know	1 2 3 4 6 7
6	If not, what are the main reasons for not using any family planning device?	Wanting child Religious boundary Disagreement of wife/husband Costly Far away Other (specify) Don't know	1 2 3 4 5 6 7
7	Did you have/heard any complication of using these methods?	Yes No Don't know	1 2 (go to 10) 7 (go to 10)
8	If yes, which method brings complication while/after using it? (multiple answer is possible)	Pills Injection IUD Foam tab Condom Norplant Male sterilization	1 2 3 4 5 8 9

		Female sterilization	10
		Other (specify)	6
		Don't know	7
9	What types of complication does occur while/after using these methods?	Headache	1
		Fever	2
		Diarrhea	3
		Infertility	4
		Irregularity in menstruation	5
		Over bleeding	8
		Weakness	9
		Other (specify)	6
		Don't know	7
10	Did you/sufferer visit to or share with any one?	Yes	1
		No	2 (don't ask next)
11	If yes, where did you/sufferer visit to or share with?	Hospital	1
		Health post	2
		FP Clinic	3
		Health workers	4
		Private shop	5
		NGO/INGO	8
		Other (specify)	6
		Don't know	7