

CHAPTER- I

INTRODUCTION

1.1 Background of the Study

Family Planning is the most important things for human life. Contraception are the methods of family planning. They are both limit and space the birth. Taking on family planning methods is specially a new phenomenon in Nepal. Each topic relating the reproductive health was considered as taboo. So that no any open discussion on then was allowed either in family or in the society. (Mahar, 2004)

Continuous change of time, people's advancement in many different fields and economic exposure enable to people to think about the adoption of birth space. The society that used to accept children as the boon of the good is now thinking to limit. There has been great change in past and present situation. There is open thinking, now a days in this matter people are familiar in the matter of family planning. This is not simply due to the modernization but there are a lot of background variables that encourage people to initiate about family planning.

Family planning is understood as the method of limiting the births but contraception enhance the choice of people and provides the opportunities for personality development.

The expensive modern world has made people more competitive and to come to the social status they don't like to miss the changes because in this time changes are very scare. The cost of opportunity for the modern people is more then that of bearing children so that they don't like losing the changes in any consideration. There fore the popularity of family planning in their youths is considerably high.

Family planning as following:

Family planning refers to practices that help individuals or couples to attain certain objectives

-) To avoid unwanted births
-) To bring about wanted births
-) To regulate the intervals between pregnancies
-) To control the time at which births occur in relation to the ages of the parent and
-) To determine the no. of children in the family

Family planning by intervening in the reproductive cycle of women helps them to control the number, interval and timing of pregnancies and births and thereby reduces maternal mortality and morbidity and improves health. The history of contraception is a long one however, voluntary control of fertility is even more important in modern society. Contraception and family planning is now seen as a human right basic to human dignity. Contraception helps women to protect themselves from unwanted pregnancies and also prevents from STDs and HIV/AIDS and provides other health benefits

Young people ages 10-19 are more than one billion, comprises nearly 1/5th of the world population and are growing in number virtually all of this growth is occurring in developing countries. As young people today marry later and more start sex before marriage (MC Cauley and Salter, 1995) an increased period of potential sexual exposure has been leading to the higher risk of teenage pregnancy and its subsequent consequences including STDs, HIV/AIDS (UN, 1989)

As morbidity and mortality among adolescents increasingly become a focus of research and policy initiative in developing countries the problems of teenagers UN protected sexual activity low contraceptive use, rising teenage pregnancy rates and reliance on clandestine abortion became readily apparent (Amagigo, et, al 1997) a great deal has been written on this topic and concerns range from the levels of teenage pregnancy, abortion, contraception and child bearing to whether the problem is essentially a health issue or economic question the debate continues as to the best strategies to ameliorate the situation (UN, 1999)

In south Asia region, more than 30 percent of the total population is in between the age of 10-24 of which about 40 percent are growing into adolescence below

the age of 15 years Many adolescents have already married and started own families, but without information and services which are known to promote healthy and responsible sexual and reproductive behavior, more and more young people are suffering from STDs including HIV, seeking unsafe abortion into the consequences of early close and frequent pregnancies and social problems.

Lack of contraceptive knowledge in one of the important causes of non use of contraception. In some society especially where contraceptive knowledge is low and contraceptive methods are not yet widely accepted people may fear brightening false rumors about the dangers of methods (Dixon et. Al. 1993)

In 1996, Ministry of health adopted a new reproductive health strategy. This new strategy is consistent with the 1991 health policy and 1997-2017 second long term health plan. The strategy has identified the adolescents as a major group to focus its efforts to meet the needs. According to this strategy HMG seeks to carry out an integrated RH package in Nepal for the delivery of services through the existing primary health care system. These strategy in compasses intervention at various levels including early community health workers FP service providers etc. these levels broadly envisage information counseling contraceptive supply end services referrals (Alok, 1998).

Because of the young age - structure of the Nepalese population, the reproductive knowledge, attitude and behavior of teenagers will likely to have an important impact on over all reproductive health, demographic and social out comes. Contemporary concern about adolescents fertility arises from its health implications both for mother and child its demographic, implications in societies with rapid population growth and its social development implications for women.

World Health Organization (WHO) has defined adolescence as progression from appearance of secondary sex characteristics (puberty) to sexual and reproductive maturity or development of adult mental progress and adult identify or transition from total socio-economic dependence to relative independence Many statistics cover the age group 10-19 as adolescence while others. 15-24 age groups. But neither range is interested to mark a universal

beginning and ending nor socially or biologically puberty marks the biological beginning of adolescence but making of its completion are various and not well defined the only universal definition of adolescence appeared to be that although no longer considered a child, the young person is not yet considered an adult (Mc Cauley and Salter 1995).

1.2 Statement of the Problem

Due to the fast moving lifestyle and the influence of western culture in our society the adolescent are the least protected class of people. They should be aware of the contraceptive method available and their proper utilization. They should also know the hazards of in discriminate termination of pregnancy in case of pregnancy

With every widespread acceptance of family planning, nearly every Asian country has experienced a drop in birth rates. However, national populations are expected to continue to grow for some years because of population momentum a consequence of the large number of adolescents and young people in Asia. Adolescents from one of the largest groups with unmet needs for reproductive health services. One of the most important challenges facing reproductive health programmes in Asia is to address the needs of adolescents as they initiate sexual activity and one exposed to the risk of unwanted pregnancy and infection. Understanding the extent to which young people know about use of contraceptives is therefore a significant issue for research and policy (Mahar, 2004)

Most of the young people today marry later and more start sex before marriage. They began to perceive sex as normal part of their lives as a sign of modernism. An increase in potential sexual exposure has been leading to the higher risks of teenage pregnancy and its subsequent consequences including unsafe abortion, STDs and HIV/AIDS. These evidences are widespread in part mostly because young people have unprotected sex, owing to either ignorance or a lack of accessible services of contraception (Gorgen et.al., 1998)

Adolescents are future parents. So, innovation programmes must be developed to inform counsel and provide facilities that the family planning services would

be accessible to adolescents. It should be ensured that contraceptive services and reproductive health education are available, affordable and accessible to adolescents to all individuals of appropriate age as soon as possible to transform adolescents into responsible parents. Expected fertility of adolescents in near future is determined by the current contraceptive knowledge and attitudes towards contraceptive use of adolescents.

Where adolescents is generally of healthy period of life, many young people can be exposed to health risks associated with sexual activity, including exposure to STDs, unintended pregnancies and lack of contraception, from pregnancy and child birth. They often have inadequate misleading information on sexuality and RH and lack access to RH care. The needs of adolescents with appropriate information at home and community through formal and non-formal channels (ICPD, 1994 UN)

Typically, most surveys on fertility behaviour are F.P Programmes are based on currently married women of the reproductive age the women assumed to be at risk of pregnancy and child birth. Estimates of "unmet need" or contraceptive demand, the loss of contraceptive commodities and information and counseling service centers as well as largely based in the assumption that unmarried people are not sexually active such researchers and programmes often neglect the state and need of unmarried people particularly of adolescents. Therefore such practices would be improved and modified to address the state and need to the adolescent. Contraception has changed the lives of millions of women, it has enabled the expression of sexuality without the fear of unwanted pregnancy that women live with and has allowed for child spacing, enabling better health for the child and the mother. Thus, it has provided a degree of control and certainly in their lives. Therefore making the provision of contraception information and services, particularly for adolescents is being placed at the top most priority all over the world, particularly in developing countries. The proper knowledge and favourable attitude towards F.P among teenagers often lead to facilitate themselves for effective use of contraceptives in the future. They need to be well informed and their attitudes must be improved in this regard. Therefore, well considered and effective programmes need to be formulated and run. To

have better strategies on this regard (F.P services programme) and for launching them effectively, their current level of knowledge and attitude towards or contraceptives use and then practice of contraceptives required to be assessed.

In Nepal, adolescents population comprises about one third of the total population and 50percent girls marry before the age of 15 years. Among them 40percent bear third fist child between ages 15-19 years in which ages mostly a women is not being well prepared to become a mother, physically and mentally. The knowledge of contraceptives among adolescents is 98percent (NEFS, 1996). But the current use of modern contraceptive method is 9 percent for married adolescents (DHS, 2002).

It shows that the knowledge of contraceptive among adolescents is high but the use of contraceptive is low which leads to the higher fertility in adolescents. Higher fertility in adolescent period have risk of higher maternal mortality not only this it is risk of over all health problem. Non-use of contraceptive among adolescents invites the various reproductive track infection like HIV-AIDS and others. These problems are the burning issues in the world and in Nepal too.

Kiritpur is one of the municipalities of Kathmandu district. According to 2001 census, the total population of Kirtipur is 40, 835; that is 0.18 percent of the total population of Nepal. Out of the total population of the study area. About 21 percent is adolescent population. No research has been done in this field in Kirtipur before. Therefore, the municipality is selected for the study.

1.3 Significance of the Study

A every stage of in social and physical development, young people need more information and guidance to cope with the every change that they are experiencing at every stage in social and physical development. They can be confused by the conflicting messages they receive about reproduction, sexuality and contraception. On the other hand, adolescents are potential parents in the near future. Therefore, before entering in to the reproductive life, they need to have basic understanding a concerned matter. The proper information about human reproduction sex and FP etc. should be provided

effectively to help their subsequent reproductive and potential fertility behaviour.

This study attempts to provide the information about the contraceptive knowledge and attitude among respondents of higher secondary school in Kirtipur Municipality. The finding of the study will be useful for planners and policy makers to develop and improve the status of adolescent towards sexual health and reproductive health. When, they are well known about their sexual and reproductive health, they can easily cope with their problem which is created by unprotected sexual intercourse, negative thinking about sexuality and puberty. Adolescents are the future pillar of the nation and parents of coming generation so that we must take care of them.

1.4 Objectives of the Study

The specific objectives are as follows:

1. To find out the socio-demographic characteristics of respondents and their households.
2. To assess the knowledge about family planning of respondents.
3. To find out the attitude of respondents towards family planning.
4. To identify the practices of family planning among the respondents.

1.5 Limitations of the Study

1. This study is limited to the adolescents respondents of higher secondary school in Kirtipur Municipality.
2. This study is based on small sample size, therefore the findings can't be generalized to the whole nation.
3. This is limited to reflect the knowledge and attitudes towards family planning among adolescents respondents of Higher Secondary School.

1.6 Organizations of the Study

This dissertation organized in the seven chapters. The first chapter presents the introduction of the study. This chapter discusses about the statement of the problem, objectives, significance and limitation of the study. The second chapter presents review of the various related literature. The third chapter presents the data and methodology which deals with nature of data, study area, sample selection, questionnaire design, method of data collection and data analysis.

Background a characteristic of respondents is presented in the fourth chapter, the fifth chapter provides information, knowledge about family planning methods. Sixth chapter provides attitude towards family planning. Summary of the findings and conclusion and recommendation are discussed in the seven chapter.

CHAPTER- II

LITERATURE REVIEW

2.1 Review of the Literature

Family planning as defined by the dictionary of demography is conscious efforts of couples or individuals to control the number of spacing of birth. Family planning is used synonymously with many terms, Birth planning both control fertility regulation planned parenthood and many other the term implies a general reproductive strategy how every and shouldn't be used to mean just contraception since it comprises practices aimed both of preventing birth at certain times and at including than at others (Wilson 1985).

Human conception is a probabilistic event occurring against a background of frequency, usually infertile sex which helps bond parents together. Humans have an innate drive for sex and for nurturing their children as they arrive, but they have no biological predisposition for a specific number of children. In preliterate societies, in the absence of artificial means of fertility regulation, pregnancies are spaced several years apart by unconscious physiological mechanism based on breast feeding. In preliterate and in pre-industrial urban societies socially successful individuals commonly had larger than average families once people have unconstrained access to a range of fertility, regulation adoptions (including safe abortion) family size falls in all groups and in all societies. In such a contest, social success tend to be associated with the accumulation of material wealth rather than with having more children. The augment that development causes fertility decline is flawed because people cannot make choices about family size without realistic access to fertility regulation technologies, and such access in historically recent and remains geographically limited. Where access to fertility regulation is constrained, the richer and more educated are usually better able than the less privileged to surmount the barriers between them and the needed technologies hence the common inverse relationship between income and family size policies derived from this perspective are discussed (Suddhakar, 1999)

Elsewhere, man also played a dominant role in contraceptive decision-making. Nigerian couples said that men's view were more important than women in family decision. Among the more than 3,000 couples interviewed, 88 percent of men and 78 percent of women said men were the dominate decision makers in the home. Men and women generally agreed that men decide whether the couple will have sexual intercourse, the duration of post partum abstinent and whether the couple will have sexual intercourse, the duration of post partum abstinence and whether the couple will use family planning (Joshi, 2005) .

There are five temporary methods of contraception available through government programmes viz. condom and pills depo-povera, Norplant and IUDs. Among these methods Depo-Provera, Condom and pills are available at community level. Norplant and IUDs are available at selected health post. (H.P), primary health centres (PHCs) and hospitals. Further more, spacing methods are also available through private practitioners contraceptive retail sale (CRS) company out let, pharmacies and other NGOs and INGOs. Steady incresement in the use of spacing methods has been maintained over the year (Mope 2004).

Quality family planning services should be made readily and easily accessible to lower class people. Who are the target people. However, the main draw back is that the family planning delivery system is not efficient. A large number of couples are not practicing contraception even where services are available mainly due to side effects (Pathak, 1996:50).

In south Asia, Nepal is one of the first countries of disseminate information family planning through family planning association of Nepal since, 1985 particularly since late 1960's the HMG/N has been actively involved in providing family planning services, and it has become an integral part of the countries health services. None the less, the contraception use remains low (Mope, 2000:30).

New strategy of reproductive health adopted in 1996 by the HMG/N has clearly defined the need of quality of services and also made another to provide concealing on family planning to all individuals and couples by the year 2015 has been started by (ICPD, 1994).

Knowledge of contraceptive method is presented forever, married and currently married women and men by specific methods. Finding from the 2001 NDHS show that knowledge of at least one modern method of family planning is nearly universal in Nepal, with little difference between women and men. The most widely known modern contraceptive method among both even married and currently married women are female sterilization 49 percent. Four in five women know of implement a little more than one in two women have heard methods of the IUD, while two in five women have heard of vaginal methods. This pattern is similar forever married and currently married men except that men are relatively more likely than women to have heard of condoms, vaginal methods and the IUD and are less likely that women to have heard of injectables and pills. A greater proportion of women and men reported knowing a modern methods than a traditional method. This more pronounced in the case of women only 55percent of them know of any traditional methods. Reported knowledge of traditional methods is much higher among men more than 80 percent one of the region for the low reporting of knowledge of a traditional method may be that those methods are not included in the government family planning and women may be reluctant to motivational them since they are not widely accepted (NDHS, 2001 MOH).

Since 1985, His majesty's government adopted a policy of family planning and commenced integrated service with MCH activities. The government supported the provision of family planning services through material and child health project is established in 1968. At first the services were concentrated only within the Kathmandu valley. Later the services were gradually expanded including other parts of the country. In 1968 a semi-autonomous body called Nepal family planning and MCH board was established. Family planning and maternal and child health project is responsible for the delivery of FP/MCH services to the entire population of whole society. (Mahar, 2004).

The new bench marks on closing the gap between the proportion of individuals using contraception and those expressing a desire to space or limit their families represent a significant challenge. Above one third of all 80 million pregnancies occurring in a year are believed to be unwanted or mistimed. Over the next 15 years the no. of contraceptive users in developing countries is

projected to increase by more than 40 percent from 525 million to 742 million as population continues to grow, programmes expanded and an increasing proportion of couples want to practice contraception (UNFPA, 2000)

Social and cultural factors including gender norms, condition women's reproductive intentions that is, the number of children they want and how they want their birth spaced. If women could have only the number of children they wanted the total fertility rate in many countries would fall by one child per women. The fewer children women want the more time they spend in need of contraception and the more services are required (UNFPA, 2000).

Unmet need of women stems largely from the high costs associated with practicing contraception or obtaining the existing services delivery system. These costs include not just the expenses for excess and provision services but also the non money costs of the health social, emotional and psychological consequences for women. Both costs deter women from availing themselves of family planning methods. However, women who are current contraceptive users say that the benefits from contraception out weight the costs. Other than price and income at least five factors contribute significantly to unmet for family planning in the Philippines, these are

1. Strength of fertility preferences.
2. Perceived risk of conceiving.
3. Perceived effects on health of contraception among both husbands and wives.
4. Husband fertility preferences and
5. Husbands and wives acceptance of family planning. The authors conclude that in the Philippines unmet need can't be attributed to one or two factors alone (WHO 1999). Unmarried adolescents in levels of knowledge are not expected because contraceptive knowledge is acquired by all. In a number of countries of the world fertility survey, unmarried adolescent were asked about their knowledge of contraceptives. They survey indicated that in almost every country, teenagers are quite knowledgeable about contraception. However, obviously knowledge of various methods of contraception does not

imply that respondents actually know how to use these methods. About one quarter of adolescent in selected countries of world fertility survey who did not use any contraception at the first intercourse, said it was because they had no knowledge of contraception. Thus, generally teenagers are frequently unprepared for their first sexual encounter and therefore are probably unprepared to use an effective means of pregnancy prevention (UN, 1989). In addition, teenager whether married or not, contraceptive knowledge and uses are mostly correlate with attitudes associating sexual involvement with marital commitment and stable relationships, neither or which usually characterize teenage relationships. However, social changes have led to an increase in age at marriage in many developing countries, and which has been accompanied by a rise in premarital sexual activity and premarital births. Many of these births occur during the teenage years, to women who are neither economically nor emotionally ready to deal with parental responsibilities.

Social changes, particularly modernisation and urbanization have led to an increase in age at marriage. People's attitude towards marriage and sex has been changing. Educational and employmental factors have particularly contributed to this change even in developing countries. As a sign of modernism, most people today perceive sex as a normal part of life, and more people marry later and start sex before, subjecting to more risk of unwanted pregnancy, unsafe abortion and STDs HIV/AIDS (Mc Cauley and Salter, 1995).

Although teenagers fertility rate have been declining though since the late 1960's and early 1970's adolescents reproductive behaviour has emerged as a major concern in many countries. In contrast to the fertility decline that has occurred among older women in most countries for the most part achieved through use of fertility control, reductions in fertility among younger women were, mainly achieved through the postponement of marriage. In many developing countries, the opportunity of further reductions through this means remains high. In other very early marriage contributes to extremely high rates of childbearing among teenagers. These matters have been a major concern, regarding fertility behaviour and population growth (UN, 1989). On the other

hand, adolescent exposure to the risk of pregnancy has attracted considerable research attention in different societies in efforts both to understand its extent and to address it has a problem. Studies and in developed countries have shown a high incidence of such exposure. Western European countries reacted with strong sexuality education and adolescents contraceptive services, coupled with mandatory confidentiality. Due in part to resistance to such measures the United States lags behind other developed countries in the extent to which teenage fertility has declined.

One important question or concern: are unmarried teenagers less likely to be knowledgeable about contraception than married teenagers? The answer depends upon the extent and nature of availability and accessibility of contraception, and inclusion of reproductive and sexual health education in school curriculum etc. in countries where contraception is available only to married women, or where knowledge about contraception is generally low, it is unlikely that unmarried women will be knowledgeable about modern methods of contraception. On the other hand, in countries where reproductive and sexual health education has been included in the school curriculum, differences between married and unmarried.

2.1 Lesson from the World

Young people often know little or they have incorrect information about fertility and contraception. Young men are more likely than women to mention lack of knowledge and much more likely to say that it is their partners responsibility to avoid pregnancy. Even when young people have negative attitudes about family planning. For example, respondents of Kenya and Nigeria had heard about contraceptives but incorrectly cited dangerous side effects. Similarly, many people have misconception with regard to side effects by various contraceptives and more likely to build up some adverse attitude towards using contraceptive or any particular contraceptive (Mc Cauley and Salter, 1995).

In 1995, Beijing Conference, governments noted that adolescents girls are both biologically and socially more vulnerable to the dangerous and consequences of

unprotected unwanted sexual relations including unwanted pregnancy, sexual abuse and STDs including HIV/AIDS.

Research in Latin America has also shown a relatively high proportion of teenagers to be exposed to the risk of pregnancy. Access to sex education and family planning services are poor among adolescents in this region and the incidence of teenage child bearing is high. Results from Asia vary with early marriage and child birth persisting in rural areas of Bangladesh, India, Nepal, etc. despite the government prescribed marriage age of 18 for females. In China and East Asian countries, abortions are increasing among teenagers, indicating rising sexual activity within this age group. In Africa studies have demonstrated that a large proportion of adolescents in Uganda, Guinea, Kenya and Nigeria etc. are exposed to the risk of conception receive poor sex and contraceptive education and experience a high incidence of adolescent child birth and similar evidence prevail in South African countries (Mfone, 1998).

The knowledge of any method traditional or modern, of contraception among currently married adolescent women is almost universal in all countries except Bhutan and Pakistan. In Pakistan 75 percent of currently married adolescent women are aware of at least one contraceptive method, modern or traditional. In Bhutan, only 51 of currently married adolescent women are aware of any modern method of contraception (Chaudhary, 1979).

The use of contraception is very limited among the currently married late adolescent girls aged 15-19. No more than 11 of the currently married late adolescent girls were using family planning in any SAARC country other than that of Bangladesh and Sri Lanka. One third of the currently married late adolescent girls of Bangladesh and Sri Lanka practice contraception. However there exists a large unmet demand for contraception among the currently married late adolescent girls. At least one quarter of them would like to limit or postpone their births for some time but are not practicing contraception. The unmet demand for family planning varies within the region by country. It is highest in Nepal followed by India only 14 and 19 of demand for family planning satisfied respectively. The unmet demand for contraception is lowest in Bangladesh followed by Pakistan, with 64 and 22 percent of demand for family planning respectively.

The unmet demand for contraception is largely concentrated among the spacer than among the limiters, indicating that promotion of and wider availability of spacing method could lead to greater use of contraception among adolescents (Chaudhary, 1999).

In many societies adolescents face pressure to engage in sexual activity. Young women particularly low-income adolescents are especially vulnerable, sexually active adolescents of both sexes are increasingly at high risk of contracting and transmitting sexually transmitted diseases including HIV/AIDS and they are typically poorly informed about how to protect themselves (*ICPD, 1994*).

2.2 Experiences from Nepal

24 percent of adolescent in Nepal are already pregnant or mother of one child 50 percent of adolescents mother have don't receive antenatal care and majority 90 percent of adolescent mother deliver their babies at home (DHS, 2001). Siddhakar (1999) said many respondents don't have an adequate understanding of contraception in general even when they have frequently heard and /or seen about contraceptive advertisement. Knowledge of side effects of contraceptives, but not about method particular. In addition, most respondents don't have a proper understanding of conception, gestation and menstruation cycle. Even most health respondents also do lack knowledge about reproduction and contraception.

According to (Khanal 1997), adolescent are found to be less vulnerable to disease than the very young and very old. So far in most countries of the world health problems specific to their age group have been given little prominence until now. In societies where girls in particular have traditionally married at an early age, adolescents have been regarded age of menarche has fallen and with an increasing trend towards later marriages, the traditional attitudes have began to change. Many sexually active teenagers are not using any method of family planning. Even among married youth, contraceptive use is low. In the less developed world, only about 17 percent of married women ages 15 to 19 use contraceptives.

Provision for information on reproductive health sexuality, gender issues contraception and other psychological and physical problems of adolescents. Is the first important area in the field of adolescent reproductive health? Education could be provided through family community and other existing outlets. Counselling services on family life education is another area in which adolescents could actively participate to meet their needs. The provision of education and information and counselling services should be followed by services. In the field of services meeting the needs of adolescents and youth, supply of contraceptives and diagnosis and treatment of STDs and RTIs, and other basic reproductive health need to be provided at various levels. (Alok, 1998).

Knowledge and attitude of family planning in the study area at present is found to be reasonably satisfactory. All of the respondents know about at least one modern method of family planning. However, in practice, there was a small group of respondent who were currently not using contraception due to some reasons. Since the majority of the respondents had been in current use of one of the methods of family planning the understanding of people towards having small family size was well recognized in this study. This provides that the family planning programmes is creating positive values towards small norms in this area (Limbu 2004).

2.3 Conceptual Framework

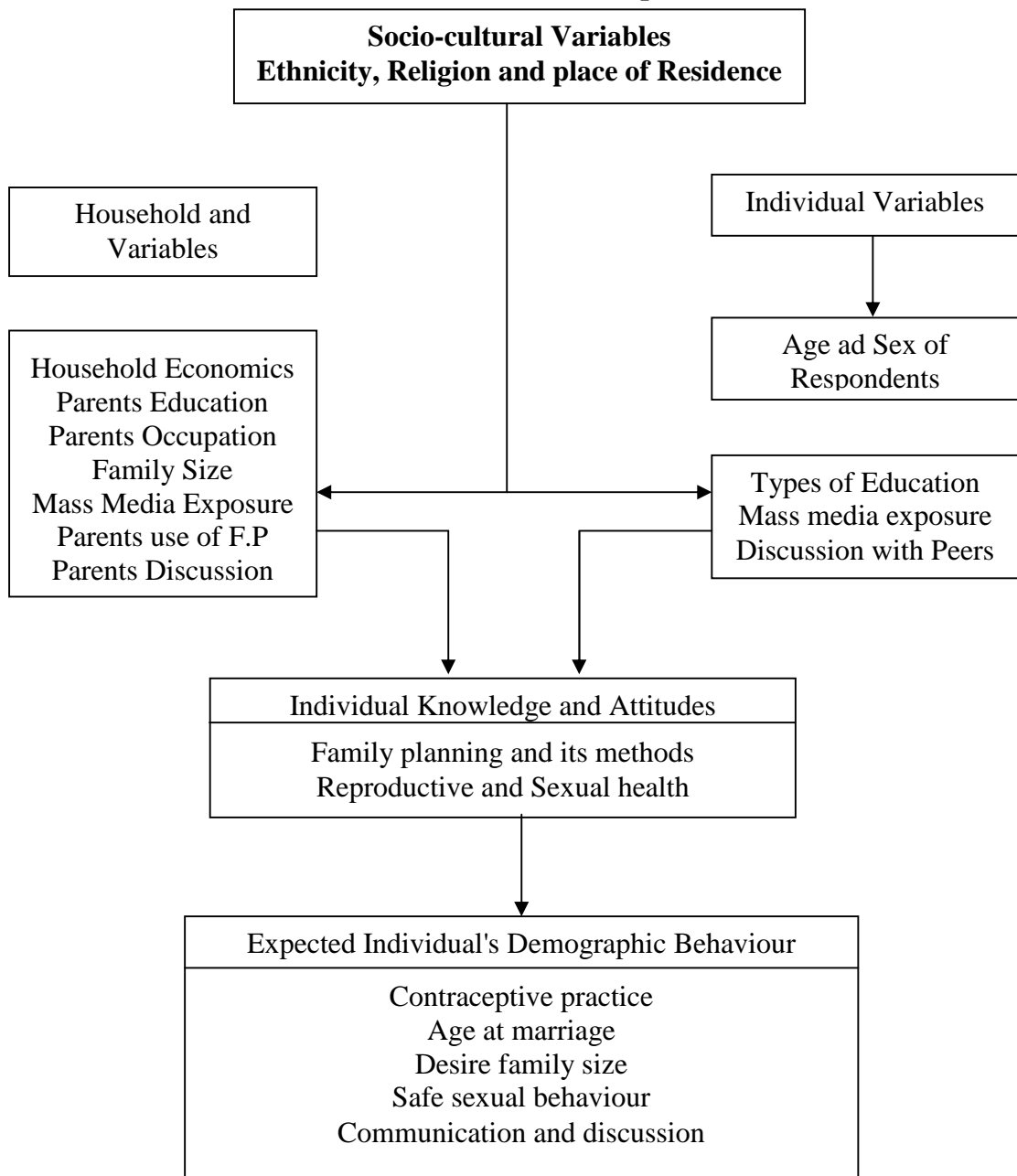
Adequate knowledge and favourable attitudes towards family planning have major bearing on the use of contraceptive, either in the present or in the future. These factors combinery have a crucial impact on fertility behaviour and family planning of the family.

At the individual level, the knowledge and attitudes towards contraception is largely influenced by peer or higher secondary school mates behavioural influence, level and type of education, mass media exposure and owns curiosity, while at the macro level, by law ad regulation and various socio-cultural and demographic variables.

Demographic variables include age, sex, family size, marital status, history of the house hold fertility performance etc. Similarly, socio-cultural variables include education, occupation, place of residence, sex preference and economic-status etc. since these factors influences the knowledge and attitudes towards contraceptive of any person, it has of course a significant influence on the practice of contraceptives.

Proposed Research Framework

(General Relationship)



CHAPTER- III

RESEARCH DESIGN AND METHODOLOGY

This chapter is enriching with the methods employed in the research study to achieve the objective of research.

3.1 Study Site and its Justification

The study is based on the primary data. Data are collected from the field survey by applying selected questionnaire. The questionnaires were distributed to the respondents of higher secondary school.

3.2 Target Population

The research study is the case study of higher secondary level respondents of 3 different higher secondary schools of Kirtipur Municipality (viz, Mangal Higher Secondary School, S.S. College and Hill Town International Higher Secondary School) of Kathmandu district. It is a historically as well as religiously important place where all sorts facilities are available. It is the only municipality where the largest University of the Kingdom, Tribhuvan University is located at since its early history it is the place where Newari people live but at present people from other communities have migrated. So, at present different castes of people live here though the majority are still Newar. Though the Newar population is high and all sorts of educational institution are available here, their literacy percentage is still low in comparison to other castes. They still believe on their traditional beliefs and culture which needs to be changed according to the change of time. The use of method of family planning and use of contraceptives is still low among Newar Community as all of them are not aware of it. They are mostly unknown to the ideal size of the family and about the hazards caused by rapid population growth. Therefore this study area has been selected in order to find out the knowledge and attitude towards family planning use among respondents of higher secondary school.

3.3 Research Methods

The research study has adopted purposive sampling techniques to collect the data from the respondents of high secondary schools in Kirtipur from three different higher secondary schools. The samples of respondents are 53.9 percent girls and 46.1 percent boys. The data has been collected from 180 respondents by distributing questionnaire. The data are collected from selected higher secondary school, (viz, Mangal H.S., S.S. College and HTIHSS).

3.4 Questionnaire Design

The questionnaire is design to meet the requirements of the objectives as discussed above. Generally, it is designed by considering the knowledge and attitude towards family planning use among respondents of higher secondary school. The questionnaire is divided into two parts.

- i) House hold questionnaire
- 2) Individual questionnaire

House hold questionnaire is designed to achieve socio-economic status of the respondents and individual questionnaire is designed to achieve information regarding knowledge and attitude towards family planning use among respondents of high secondary school.

3.5 Tools and Technique for Information

This study is particularly based on primary data. So the required information's for this study are collected by distributing the questionnaire to every respondent of the selected higher secondary schools.

3.6 Data Management

The collected data are edited and well analyzed manually. The analysis is done on the basis of frequency, percentage and cross tabulation

CHAPTER-IV

BACKGROUND CHARACTERISTICS OF RESPONDENTS

Socio Economic and Demographic Characteristics of the respondents are clearly elucidated in this chapter. The 'socio-economic background provides the information about caste, religion, occupation house and income and demographic characteristics provide information about age and sex of the respondents.

4.1 Demographic Socio-Economic Characteristics

4.1.1 Age Sex Composition of the Study Population

Age and sex composition plays an important role in determining the popn distribution of the study area. Development of a nation very much depends upon the age group of this popⁿ. So age and sex distribution of popⁿ plays vital role in planning economic and social development of the country.

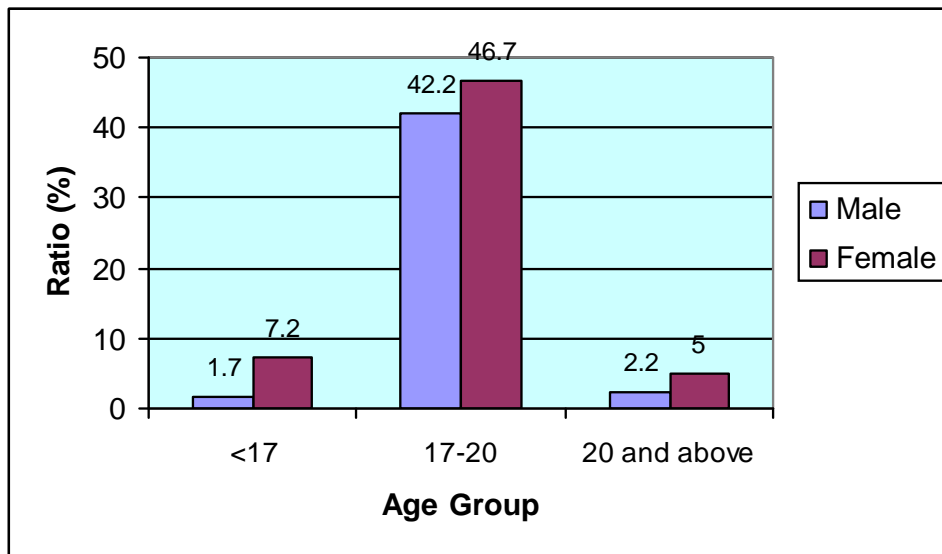
Table 4.1 shows the distribution of respondents by age and sex composition. Out of the total respondents nearly 9 percent of them belongs to less than 17 yrs age group followed by in 17-20 years age group (88.9) and in 20+ years age group 2.2 Percent similarly by sex. Large percent of the popⁿ falls in the age 17.20 for both sexes.

Table No. 4.1: Percentage Distribution of Respondents by Age and Sex Composition

Age in Year	Sex				Total	
	Male		Female			
	Number	Percent	Number	Percent	Number	percent
< 17	3	1.7	13	7.2	16	8.9
17-20	76	42.2	84	46.7	160	88.9
20 and above	4	2.2			4	2.2
Total	83	46.1	97	53.9	180	100

Source: Field Survey, 2006.

Figure 1: Distribution of Respondents by Age and Sex



4.1.2 Distribution of Respondents by Grade and Sex

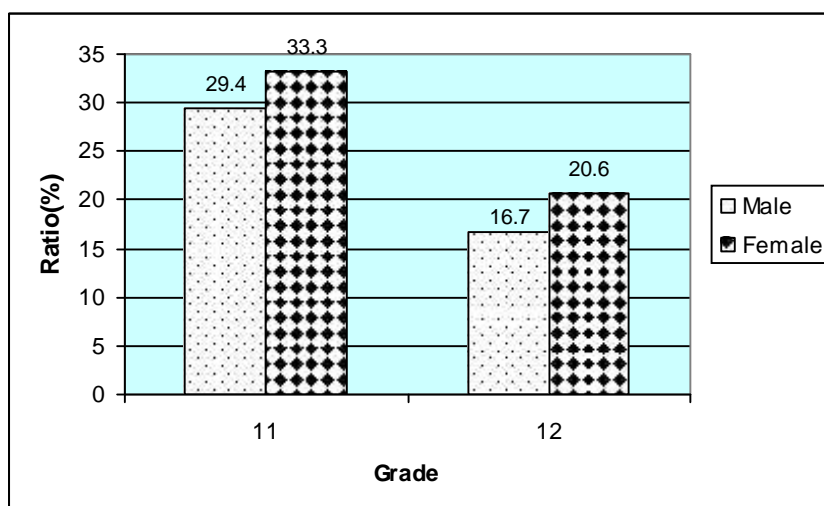
All the respondents were asked to write their current educational grade and level. According to which, highest proportion of respondents were found to be studying in eleven (10+1) i.e. 62.8 percent and remaining are studying at twelve (10+2) i.e. 37.2 percent. In class 11, 29.4 percent male and 33.3 percent are female and in class twelve, 16.7percent male and 20.6 percent female are studying. So in those three colleges female percentage 53.9 percent is higher than male 46.1 percent.

Table-4.2: Distribution of Respondents by Grade and Sex

Sex	Male		Female		Total
	Nnumber	percent	Number	percent	
11	53	29.4	60	33.3	113
12	30	16.7	37	20.6	67
Total	83	46.1	97	53.9	180

Source: Field Survey, 2006

Figure 2: Distribution of Respondents by “Grade and Sex”



4.1.3 Distribution of Respondents According to Caste

Table-4.3 shows the castes of respondents. They reported nearly 70 percent are Newar castes followed by Brahmin 12.8percent, Chhetri 7.2percent, Ethnic group 10.6 percent and so on.

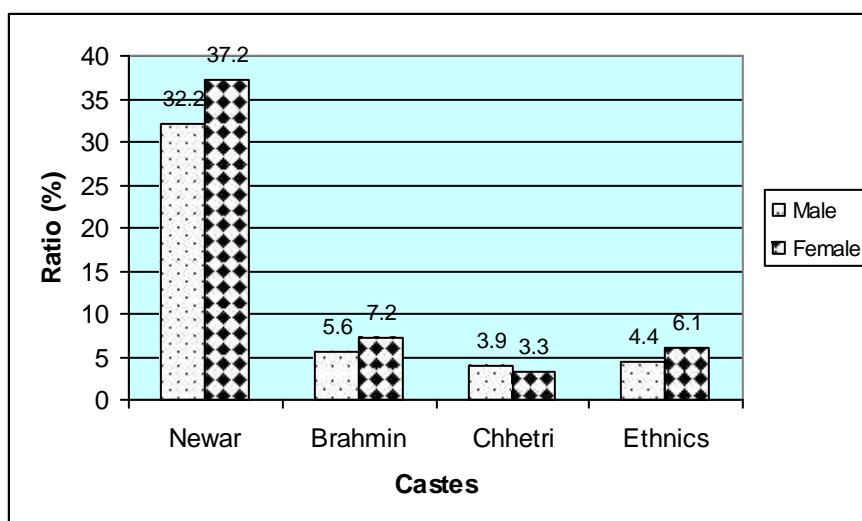
Table- 4.3: Distribution of Respondents by Caste and Sex

Caste	Male		Female		Total	
	N	Percent	N	Percent	N	Percent
Newar	58	32.2	67	37.2	125	69.4
Brahmin	10	5.6	13	7.2	23	12.8
Chhetri	7	3.9	6	3.3	13.	7.2
Ethnics	8	4.4	11	6.1	19	10.6
Total	83	46.1	97	53.8	180	100

(Ethnic groups include Gurung, Magar, Limbu, Tamang, BK, Mukhiya etc.)

Source: Field Survey, 2006.

Figure 3: Distribution of Respondents According to Caste



4.1.4 Religion

Regarding the religion, the respondents represent two major religions. Out of the total respondents, nearly 71 percent of the respondents belong to Hindu religion followed by Buddhists 23.3percent, Muslim 6percent and others 5.6percent.

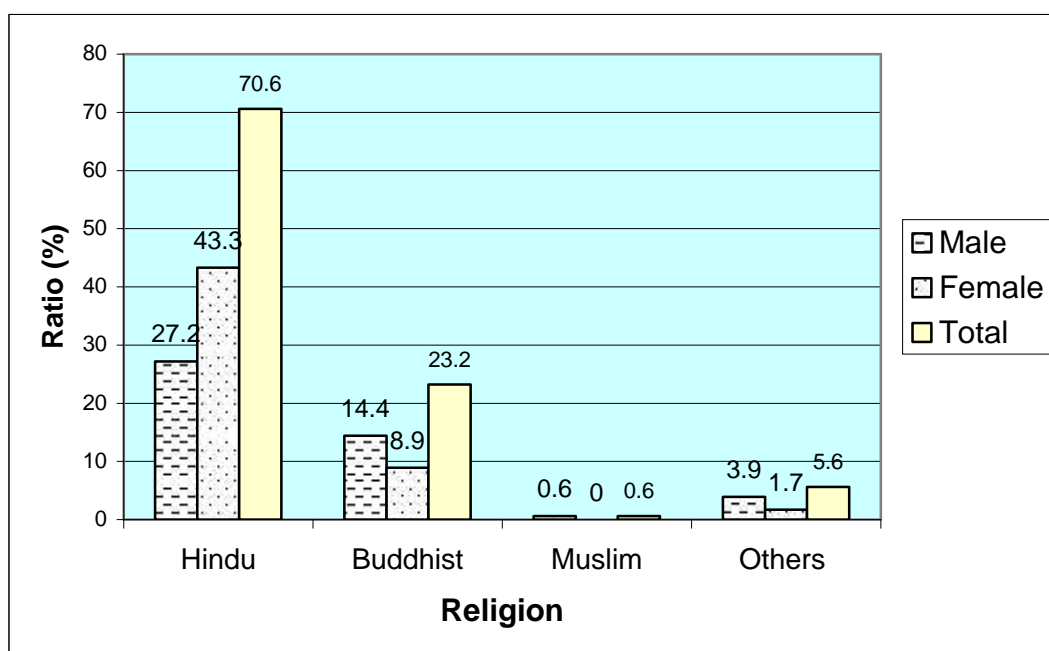
Table- 4.4: Distribution of Respondents by Religion and Sex

Sex	Male		Female		Total	
	Number	Percent	Nnumber	Percent	Nnumber	Percent
Hindu	49	27.2	78	43.3	127	70.6
Buddhist	26	14.4	16	8.9	42	23.2
Muslim	1	.6	0	0	1	.6
Others	7	3.9	3	1.7	10	5.6
Total	83	46.1	97	53.9	180	100

Source: Field Survey, 2006

(Others include Christian, Kirant, Jain etc.)

Figure- 4: Distribution of Respondents by religion and Sex



4.1.5 Distribution of Respondents by “Place of Stay”

The table-4.5 shows the percentage distribution of respondents by place of stay. Most of the respondents are staying in their own home (72.2percent) followed by rented house 15.6percent , hostel 3.3 percent , relatives 4.4percent and others 4.4percent .

Table 4.5: Distribution of Respondents by Place of Stay

Places	Number	Percentage
At home	130	72.2
Hostel	6	3.4
Rented house	28	15.6
Relatives	8	4.4
Others	8	4.4
Total	180	100

Source: Field Survey, 2006 (Kirtipur)

4.1.6 Distribution of Respondents by “Marital Status”

Table 4.6 shows the percentage distribution of respondents out of the total respondents 179 are unmarried and 1 is married.

Table 4.6: Distribution of Respondents by Marital Status

Marital Status	Frequency	Percent
Married	1	6
Unmarried	179	99.4
Total	180	100

Source: Field Survey, 2006.

4.2 Household Information

This section deals about the socio-economic status of the adolescent’s parent’s level of education occupation and household facilities.

4.2.1 Distribution of Respondents by their Family Size

Family size is an important factor which affects knowledge, attitude, perception etc. of individuals. Regarding this fact, the study also covered the family size of respondents.

Table-4.7 shows that the respondents who have the family size 5-7 members account for 58.3percent followed by >5 members 28.3percent and 8 and above members 13.3percent.

Table- 4.7: Distribution of Respondents According to their “Family Size” by Sex

Sex	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
< 5	24	13.3	27	15.0	57	28.3
5 – 7	43	23.9	62	34.4	105	58.3
8 +	16	8.9	8	4.4	24	13.3
Total	83	46.1	97	53.9	180	100

Source: Field Survey, 2006.

4.2.2 Distribution of Respondents by their Father's Occupation:

Table - 4. 8 shows that the highest percentage of 31percent respondent's fathers are involved in agriculture followed by business 20 percent, service 20 percent, daily wages 12.2 percent and others 12.2 percent.

Table-4.8: Distribution of Respondents Father's Main Occupation

	Frequency	Percent
Agriculture	55	30.6
Business	37	20.6
Service	36	20.0
Daily wages	22	12.2
Others	22	12.2
Not stated	8	4.4
Total	180	100

Source: Field Survey, 2006. (Kirtipur)

4.2.3 Distribution of Respondents mothers main occupation:

Table- 4.9 shows that the highest 72.8 percent respondents that mothers are in house wife. Followed by agriculture 10.6 percent, services 9.4 percent, business 2.2 percent, daily wages 1.7 percent, others 1.1percent and 2.2 percent were not stated.

Table - 4.9: Distribution Respondents Mothers Main Occupation

Occupation	Frequency	Percent
Agriculture	19	10.6
Services	17	9.4
Business	4	2.2
House wife	131	72.8
Daily wage	3	1.7
Others	2	1.1
Not stated	4	2.2
Total	180	100

Source: Field Survey, 2006.

4.2.4 Distribution of Respondents by Educational Status of their Father

Education is considered as the most important factor for the socio-economic development of an individual. It influences the knowledge, attitude perception etc. of children. So, the study also includes the educational status of respondents' parents.

Table-4.10 shows the distribution of respondents' fathers' educational status. Out of the total respondents nearly 27percent reported that their father have completed secondary level followed by primary 24.4percent, illiterate7.2 percent, just literate 7.2percent, lower secondary 16.7percent, higher education 15.0percent and not stated 2.8percent.

Table - 4.10: Distribution of Respondents by Educational Status of Father

Educational status	Frequency	Percent
Illiterate	13	7.2
Just literate	13	7.2
Primary	44	24.4
Lower secondary	30	16.7
Secondary	48	26.7
Higher education	27	15.0
Not stated	5	2.8
Total	180	100

Source: Field Survey, 2006 .

4.2.5 Distribution of Respondents by Educational Status of their Mother:

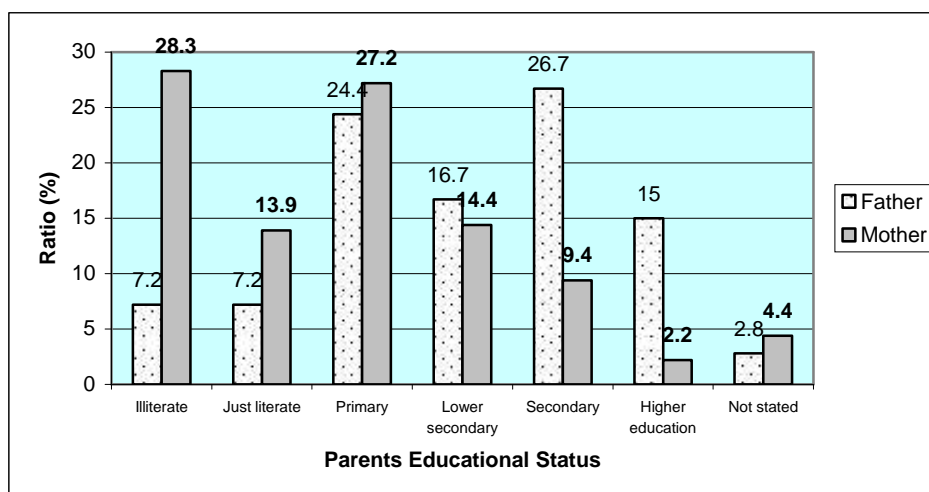
Table- 4.11 shows the distribution of respondents' mother by educational status. Out of the total respondents nearly 28 percent reported that their mother have illiterate followed by primary education 27 percent.

Table - 4.11: Distribution of Respondents by Educational Status of their Mother

Educational status	Frequency	Percent
Illiterate	51	28.3
Just literate	25	13.9
Primary	49	27.2
Lower secondary	26	14.4
Secondary	17	9.4
Higher education	4	2.2
Not stated	8	4.4
Total	180	100

Source: Field Survey, 2006.

Figure- 5: Distribution of Respondents Educational Status of Parents



4.2.6 Physical Facilities at Home

Physical facilities like radio, television play an important role towards contraceptive knowledge and attitude. So that the respondents were asked the questions about such types of facilities.

Table-4.12 shows that most of the respondents have radio 91.1 percent followed by television 83.9 percent, computer 22.8 percent and others 18.9 percent.

Table - 4.12: Distribution of Respondents by Physical Facilities Available at Home

Facilities	Frequency	percent
Electricity	172	95.6
Radio	164	91.1
Television	151	83.9
Computer	41	22.8
Others	34	18.9

Note: (Multiple responses, N=180)

Source: Field Survey 2006, Kirtipur.

CHAPTER – V

FAMILY PLANNING KNOWLEDGE

5.1.1 Heard About Family Planning

This chapter includes knowledge of family planning. To assess the adolescent's of higher secondary school respondents' have knowledge on family planning. The respondents were asked about family planning in responses, majority 93.3 percent of the respondents reported that they have heard family planning methods. Out of total respondents 45.0 percent of male and female stated that they have heard about family planning.

Table - 5.1: Percentage Distribution of Respondents who heard about any Family Planning Methods by Sex

Sex	Yes		No	
	Number	percent	Number	percent
Male	81	97.05	2	2.4
Female	87	80.6	10	10.3
Total	168	93.3	12	6.7

Source: Field Survey, 2006.

N=180

5.1.2 Knowledge About Family Planning by Specific Methods:

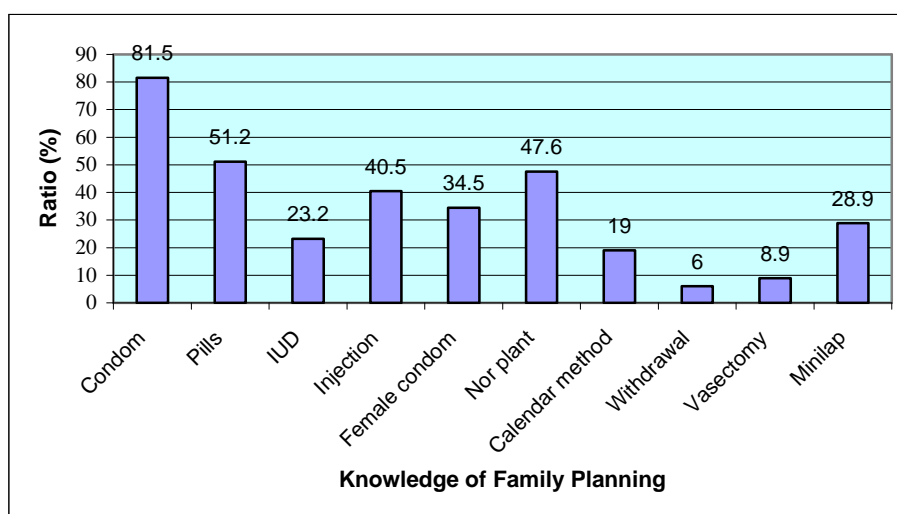
The respondents were asked to state about the methods: condom, pills, IUD, injection, female condoms, Norplant, calendar method, withdrawal, vasectomy and Minilap. Out of the total respondents, 81.5percent have right knowledge on condom followed by pills 51.2percent, IUD 23.2percent, injection (40.5percent), female condom 34.5 percent , Norplant 47.6percent, calendar method 19.0percent, withdrawal method 6.0percent , vasectomy 8.9 percent and Minilap 28.6percent .

Table- 5.2: Percentage Distribution of Respondents by Knowledge of Family Planning Methods

Modern Methods	Frequency	Percent
Condom	137	81.5
Pills	86	51.2
IUD	39	23.2
Injection	68	40.5
Female condom	58	34.5
Nor plant	80	47.6
Vasectomy	15	8.9
Minilap	48	28.9
Traditional Methods		
Calendar method	32	19.0
Withdrawal	10	6.0

(Multiple response, N=168) Source: Field Survey 2006(Kirtipur)

Figure- 6: Percentage Distribution of Respondents by Knowledge of Family Planning Methods



5.1.3 Distribution of Respondents by Age at Hearing Family Planning for the First Time

The respondents were asked to state their age when they heard about any contraceptive method at very first time. Out of the total respondents 41.1 percent respondents reported they have heard of FP 13 years of age.

Likewise, 32 percent respondents for age 13 to 15 stated that they heard 19.4 percent of the respondents for age 15 and more years respond they did not

heard by sex, the percentage of knowledge on family planning is higher for the women except first age.

Table- 5.3: Distribution of Respondents by Age at Hearing Family Planning

Sex Size	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
> 13	34	18.9	40	22.2	74	41.1
13-15	26	14.4	33	18.3	59	32.8
15 +	21	11.7	14	7.8	35.	19.4
Not stated	2	1.1	10	5.6	12	6.7
Total	81	46.1	87	53.9	168	100

Source: Field Survey, 2006 .

5.1.4 Distribution of Respondents by Age at Hearing Family Planning According to method for First Time

The respondents were also identified the method they had heard at the first time.

By methods 46 percent of the respondents reported that they have heard condom for the first time. Similarly, the proportion for other methods were about pills 19.6 percent, IUD 7.1 percent, injection 14.3 percent, female condom 6 percent, Norplant 4.8 percent, calendar method 1.8 percent, withdrawal 6 percent and vasectomy 4.8percent .

Table -5.4: Distribution of Respondents by Age at Hearing Family Planning

Family planning methods	Frequency	Percent
Condom	78	46.4
Pills	33	19.6
IUD	12	7.1
Injection	24	14.3
Female condom	1	.6
Nor plant	8	4.8
Calendar method	3	1.8
Withdrawal	1	.6
Vasectomy	8	4.8
Total	168	100.0

Source: Field Survey 2006.

5.1.5 Exposure to Family Planning Messages

In general, almost all respondents stated that they heard about contraceptives from teachers, friends, and means of mass media. Similarly about, 74 percent mentioned that they heard it from teachers, followed by friends, radio, T.V., health workers, family members.

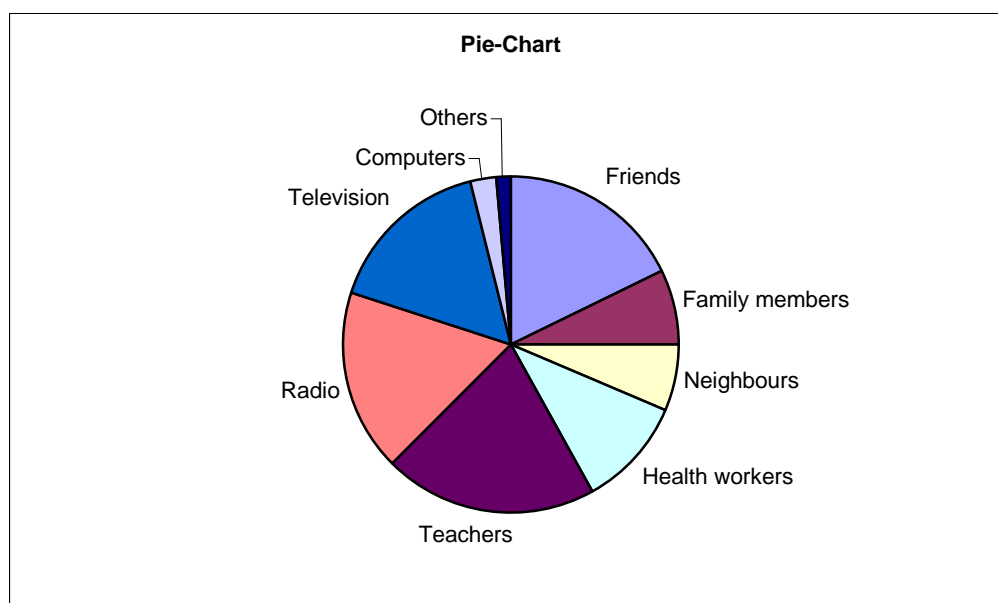
Table - 5.5: Percentage Distribution of Respondents who Heard Family Planning Method by source.

Sources	Frequency	Percent
Friends	107	63.7
Family members	44	26.2
Neighbours	37	22.0
Health workers	64	38.1
Teachers	124	73.8
Radio	105	62.5
Television	96	57.1
Computers	15	8.9
Others	9	5.4

(Multiple response, N=168 who have heard about FP)

Source: Field survey 2006

Figure- 7: Distribution of Respondents who Heard Family Planning Method



5.1.6 Knowledge of Fertile Period

Table-5.6 shows that the knowledge of respondents on fertile period during menstruation cycle. Out of the total respondents, about 76percent respondents have knowledge of fertile period followed by sex 33.9 percent male and 42 percent of female respondents have knowledge of fertile period.

Table - 5.6: Percentage Distribution of Respondents by knowledge of Fertile Period according to Sex

Sex	Knowledge about Fertile Period			
	Yes	Percent	No	Percent
Male	61	33.9	22	12.2
Female	75	41.7	22	12.2
Total	136	75.6	44	24.4

Source: Field survey 2006.

N = 180

5.1.7 Knowledge of Fertile Period by Caste

According to the caste, knowledge about fertile period is higher for 69.4 percent Newar followed by Brahmin 12.8percent , Chhetri 7.2percent and Ethnic group 10.6percent .

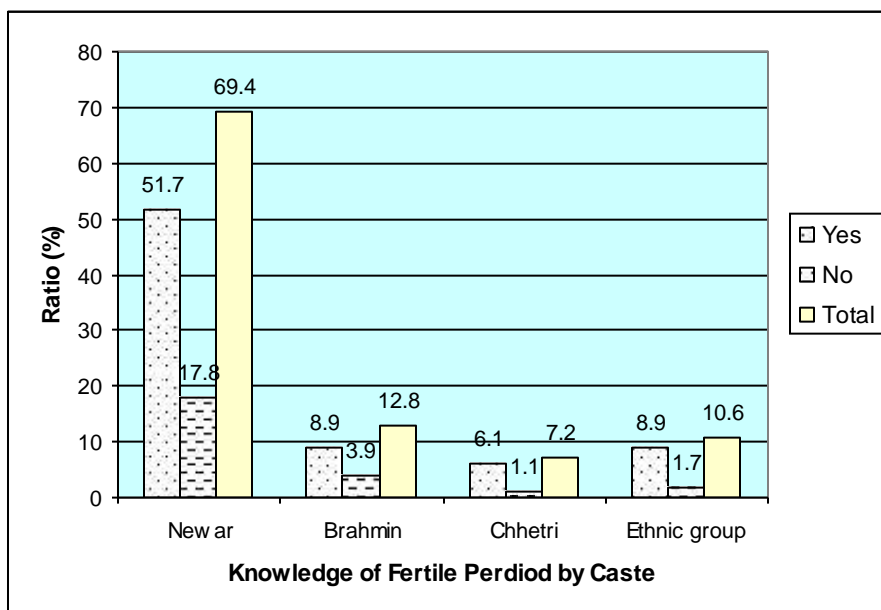
Table - 5.7: Percentage Distribution of Respondents by Knowledge of Fertile Period According to Caste

Caste	Yes	Percent	No	Percent
Newar	93	51.7	32	17.8
Brahmin	16	8.9	7	3.9
Chhetri	11	6.1	2	1.1
Ethnic group	16	8.9	3	1.7
Total	136	75.6	44	24.4

Source: Field Survey, 2006 (Kirtipur)

N =180

Figure-8: Percentage Distribution of Respondents by Knowledge of Fertile Period According to Caste



5.1.8 Knowledge of Fertile Period:

Out of the total respondents, about 39 percent reported that half way between two periods is the most fertile period during menstruation cycle followed by right after period has ended 25.0percent, during period 22.1percent, just before period begins 13.21percent and others 1.5percent.

Table 5.8: Percentage Distribution of Respondents who know Fertile Period According to Time Period

Time period	Frequency	Percent
Just before Period Begins	18	13.21
During Period	30	22.1
Right after period has Ended	34	25.0
Half-way between two Period	52	38.2
Others	2	1.5
Total	136	100

Source: Field Survey, 2006 .

5.1.9 Advantages of Family Planning Methods:

Nearly 65 percent of the respondents stated that FP is good because it makes happy family life followed by better health of mother and child 53.0percent, increase economic status 24.4 percent and others 4.8percent.

Table 5.9 Percentage Distribution of Respondents who Reported Advantage of Family Planning

Advantages	Frequency	Percent
Increase in economic status	41	24.4
Better health of mother and child	89	53.0
To make happy family life	109	64.9
Others	8	4.8

(Multiple response, N=168)

Source: Field Survey, 2006.

5.10 Knowledge about Side-Effect of Family Planning:

Out of the total respondents nearly 60 percent of them reported that they have heard about side effect and 41 percent of there do not hear it. Likewise by sex out of the total respondent 30 percent of male and female have heard about side effects respectful.

Table- 5.10: Percentage Distribution of Respondents who heard about Side-Effects of Contraceptives by Sex

Sex	Yes		No	
	Number	Percent	Number	Percent
Male	50	29.8	31	18.5
Female	50	29.8	37	22.0
Total	100	59.6	68	40.5

Source, Field survey 2006 .

N=168

CHAPTER – VI

USE OF FAMILY PLANNING

6.1 Sexual Experience

Table- 6.1 shows the percent distribution of respondents who ever involved in sexual intercourse by sex. Among total respondents 13.3 percent of reported that they have ever involved in sexual intercourse. By sex male the percentage of even involved in sexual behaviour is similar (i.e. 13). Similarly 82 percent of male and 84 percent of female reported that they have never involved in sexual behaviour

Table - 6.1: Distribution of Respondents who Ever Involved in Sexual Intercourse by "Sex"

Answer	Sex					
	Male		Female		Total	
	Number	percent	Number	percent	Number	percent
Yes	11	6.1	13	7.2	24	13.3
No	68	37.8	81	45.0	149	82.8
No stated	4	2.2	3	1.7	7	3.9

Source: Field Survey, 2006 .

N=180

6.2 Current Use of Family Planning

Table- 6.2 shows the percentage distribution of respondents who ever current use of family planning by sex. Among the total respondents, about 13 percent of them reported that they have current use of family planning by sex, male 6.1 percent and female 7.2 percent.

Table - 6.2: Distribution of Respondents Current Use of Family Planning

Sex	Yes		No	
	Number	Percent	Number	Percent
Male	11	6.1	68	37.8
Female	13	7.2	81	45.0
Total	24	13.3	149	82.8

Source: Field Survey, 2006 .

N=180 (7 respondents are not stated anything)

(Questions are asked who have sexual relation)

6.3 Future Use of Family Planning

Table- 6.3 shows the percentage distribution of respondents who intended to use FP in future by sex. Of the total respondents nearly 91percent of them reported that they intended use FP in future. Regarding the sex, out of total respondents 50 percent reported expressed yes followed by male 41.1percent.

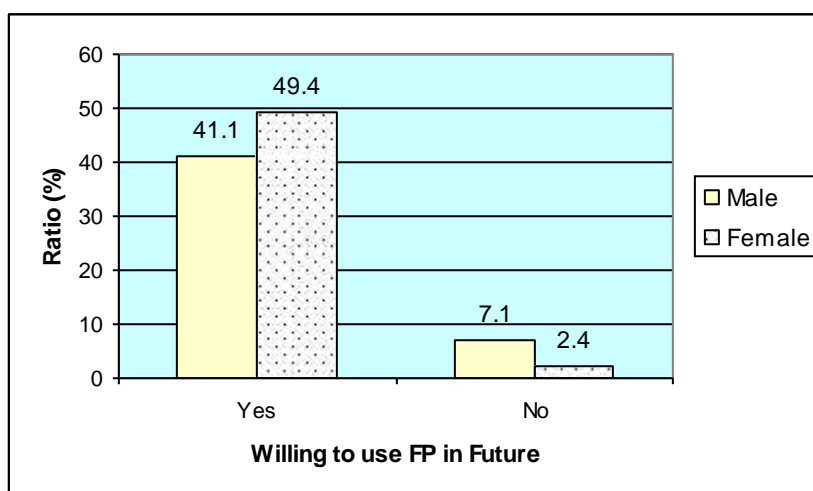
Table- 6.3: Distribution of Respondents who willing to use F.P. in Future Sex

Sex	Yes		No	
	Number	Percent	Number	Percent
Male	69	41.1	12	7.1
Female	83	49.4	4	2.4
Total	152	90.5	16	9.5

Source Field Survey 2006

N=180

Figure- 10, Distribution of Respondents who willing to use F.P. in Future



6.4 Preferred Devices for Future Use

Out of total respondents, about (53 percent) preferred condom followed by pills 24.3 percent, IUD 4.6percent, Norplant 19.7 percent, Vasectomy 18.4 percent, Foams/Jelly 0.7 percent, Rhythmum 1.3 percent, Depo 2.0 percent, Minilap 5.9 percent.

Table 6.4: Percentage Distribution of Respondents by Preferred Devices for Future Use

Family planning method	Frequency	percent
Condom	80	52.6
Pills	37	24.3
IUD	7	4.6
Norplant	30	19.7
Vasectomy	28	18.4
Foams/Jelly	1	0.7
Rhythem	2	1.3
Depoprovera	3	2.0
Minilap	9	5.9

Multiple response N = 152

Source: Field Survey, 2006

6.5 Family Planning Methods Preferred with Reasons

As concern to the reasons for the future use of contraceptives. Among the total respondents, about 89 percent stated that that use of family planning for better health followed by birth spacing 31.6 percent, Don't know by 3.9 percent and others 2.6 percent.

Table - 6.5: Percentage Distribution of Respondents Preferred with Reasons by Method

Reasons	Frequency	percent
Birth spacing	48	31.6
Better health	134	88.2
Don't know	6	3.9
Others	4	2.6

(Multiple response N = 152)

Source: Field Survey, 2006.

6.6 Reasons for not Using Family Planning Method in Future

Respondents not preferred devices family planning method in future with reason as only female respondents stated no need 62.5 percent 3 female respondents stated religious reason 18.8 percent, student stated desire for more children 6.3 percent and respondents stated methods are not easily available 6.3 percent. Table is not shown.

6.7 Discussion about FP and RH matters with others

Likewise, table 6.6 shows the percentage distribution of the respondents who discussed about FP and RH matters with other. Out of the total respondents 77 percent them reported that they have discussed of FP and RH matters with other.

Out of total male respondents, about 37.5 percent of male reported that they have discussed FP matters with others. Similarly, out of the total respondents, about 42 percent of female reported that they have discussed about it with others.

Table - 6.6: Distribution of Respondents who did or didn't discuss with others about RH and FP matters by Sex

Sex	Yes		No		Total	
	Number	Percent	Number	Percent	Number	Percent
Male	60	35.7	18	10.7	78	46.4
Female	70	41.67	20	11.9	90	53.67
Total	130	77.4	38	22.6	168	100

Source: Field Survey 2006 .

6.8 Discussed of Family Planning:

Out of total 88.2 percent of respondents found to be discussed of contraceptives with their friends followed by teachers 47.8 percent. The study their family members 18.4 percent relatives 11.8 percent and Health personnel's 25.7 percent.

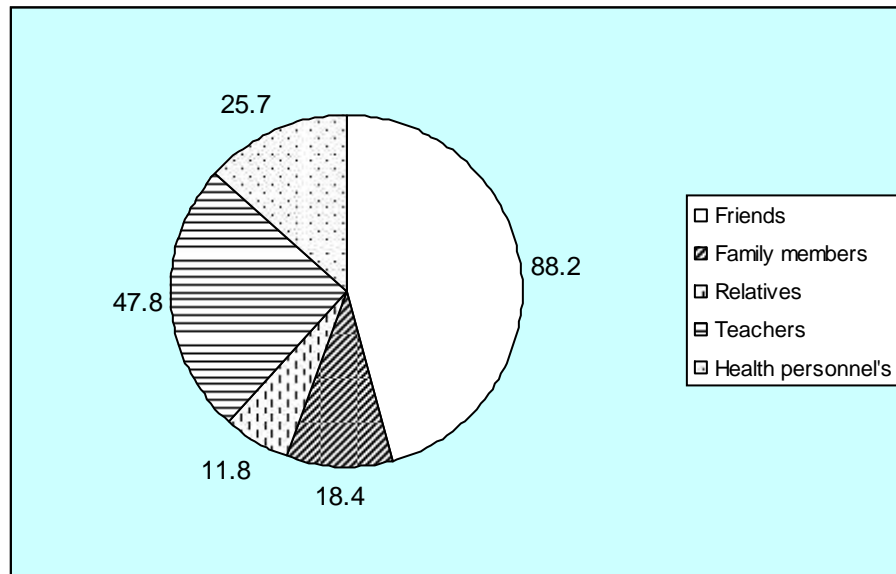
And other respondents are not concerned about the discussion of contraceptives with others.

Table - 6.7: Distribution of Respondents who Discuss About FP Matters by Source

Sources	Frequency	Percent
Friends	120	88.2
Family members	25	18.4
Relatives	16	11.8
Teachers	65	47.8
Health personnel's	35	25.7

(Multiple response N = 130) Source: Field survey 2006.

Figure- 11: Distribution of Respondents who Discuss About FP Matters by Source



6.9 Sources of Family Planning

Subsequently students were asked where do they get the Family Planning devices. In response, most of the students stated Governmental sector (50.0%), private sector (35.7 %) and NGO/INGO (14.3%) table not show.

CHAPTER VII

FAMILY PLANNING ATTITUDES

7.1 Attitudes Towards Family Planning

The respondents were also asked to state whether they would prefer birth spacing or not, if prefer, what time interval should be spaced between two birth. In response, majority of respondents recognized the need of birth spacing. Of the total, 180 respondents 94 percent supported the need of birth spacing between two children. They suggested 5 years as the suitable time interval for birth spacing.

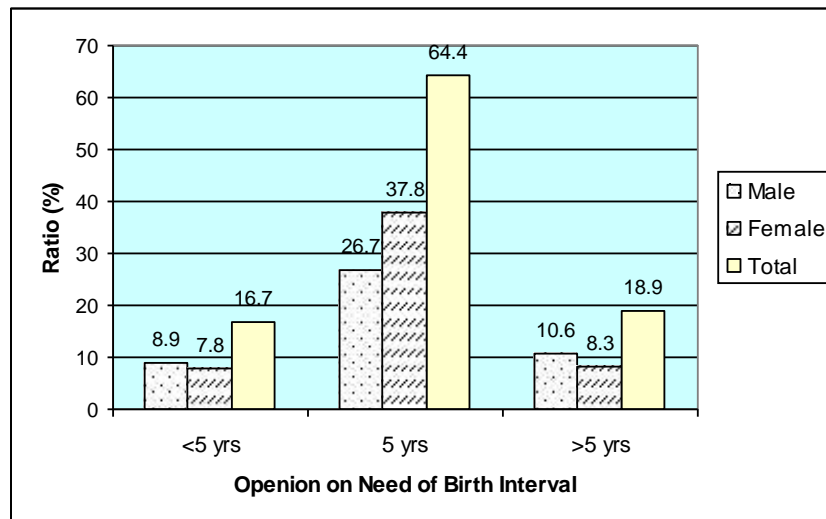
Majority of respondents 64.4percent suggested 5 years period as the suitable. Similarly, 18.9 percent respondents preferred >5 years and 16.7 percent preferred <5 years time period.

Table- 7.1: Percentage Distribution of Respondents According to Their Opinion on Birth Interval by Sex

Time	Sex					
	Male		Female		Total	
	Number	percent	Number	percent	Number	percent
<5 yrs	16	8.9	14	7.8	30	16.7
5 yrs	48	26.7	68	37.8	116	64.4
>5 yrs	19	10.6	15	8.3	34	18.9
Total	83	46.1	97	53.9	180	100.1

Source: Field Survey, 2006.

Figure- 12: Percentage Distribution of Respondents According to their Opinion on Birth Interval by Sex



7.2 Attitude Towards Contraceptives Information and Services

The query whether contraceptive information and services are only for married people or also for unmarried people particularly adolescents, has been frequently discussed. People have different perception on it, and more over, their perceptions are often guided by their socio-cultural surroundings. Therefore, whatever they state mostly represent their socio-cultural norms and values.

Respondents were asked about whether contraceptive information and services are only for married or also for unmarried people, particularly for adolescents. A large proportion 85.6 percent of these respondents responded it as contraceptive information and services shouldn't be limited to married people only, but unmarried people especially, adolescents should also be benefited by them. In total 14.4percent respondents objected about it.

Table- 7.2: Percentage Distribution of Respondents who express that Information and Services of Contraceptive is Need for Adolescents by Sex

Support Information to Adolescents						
Sex	Yes		No		Total	
	Number	percent	Number	percent	Number	percent
Male	70	38.9	13	7.2	83	46.1
Female	84	46.7	13	7.2	97	53.9
Total	154	85.6	26	14.4	180	100.0

Source: Field Survey 2006

7.3 Information and Services of Contraceptive need to be provided to Adolescents by "Caste"

According to the caste, respondents opinion on information and services of contraceptive need to be provided to adolescents. Regarding the caste the respondents have four major castes; Newar, Bramin, Chhetri and Ethnic group.

Within Newar Caste 61 percent, supported it Bramin, 10 percent, Chhetri 6.7 percent and Ethnic group 7.8 percent.

Out of total respondents, who didn't support information and services of contraceptives need to be provided to adolescents.

Newar 8.3 percent, Bramin 2.8 percent, Chhetri 0.6 percent and Ethnic group 2.8 percent.

Table- 7.3: Distribution of Respondents, Information and Services of Contraceptives need to be provided to adolescents especially Unmarried by Caste

Castes	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Newar	110	61.1	15	8.3	125	69.4
Bramin	18	10.0	5	2.8	23	12.8
Chhetri	12	6.7	1	0.6	13	7.2
Ethnic group	14	7.8	5	2.8	19	10.6
Total	154	85.6	26	14.4	180	100.1

Source: Field Survey 2006 .

(Ethnic groups are, Tamang, Gurung, Sherpa, B.K. Mukhiya etc.).

7.4 Appropriate Level to Provide Information about Contraceptives

Table- 7.4: Percentage Distribution of Respondents by Appropriate Education Level to Provide Information about Contraceptives

Level of education	Frequency	Percent
Primary	22	14.3
Lower Secondary	45	29.2
Secondary	56	36.4
Higher education	31	20.1
Total	154	100.0

Survey: Field Survey 2003

Table shows the percent distribution of respondents by appropriate level to provide the information about contraceptives. Out of the total respondent 36 percent of the respondents reported that information level of secondary education followed by lower secondary (29.2%), Higher education (20%) and primary (14.3%).

CHAPTER VIII

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

According to the objectives, this study presents the current level of knowledge about family planning, among higher secondary school respondents. Similarly, their attitudes regarding family planning use, dissemination of contraceptive information and essence of reproductive and contraceptive education are also examined and presented. In addition, this study also examines the respondents view regarding marriage and fertility behaviour and pre-marital sex. The over all analysis of this study is based on the responses of the higher secondary school respondents of Kirtipur municipality.

8.1 Summary and Findings

This study has been carried out to examine the family planning knowledge use and attitudes among higher secondary students level based on a primary data. To fulfil the objectives of the study the respondents of three different higher secondary schools of Kirtipur municipality were selected.

8.1.1 Background Characteristics Of Respondents

The population of the study consisted of 180 higher secondary school respondents among them 46.1 percent male and 53.9percent are female. The students are from 17 to 20 years of age. Out of total students, the highest percent 88.9 percent students are 17-20 years of age. All the respondents are single except one who is married.

The respondents represent seven castes and three religions. The majority of respondents are Newar 69.4 percent followed by Bramin 12.8 percent, Chhetri 7.2 percent and ethnic groups 10.6 percent. Similarly, most of the respondents 70.6 percent are Hindu followed by Buddhist 23.3 percent.

8.1.2 Knowledge about Family Planning Methods

The study has found that 45 percent male respondents out of the total have heard about family planning while about 49 percent female respondents out of the total have heard about it.

Similarly, out of total female respondents, about 54 percent have the knowledge of family planning about 46 percent male respondents of the total have the knowledge about it.

Among the various contraceptive methods condom, pills, IUD, Injection, Norplant are found the most popular and known methods. Where male respondents are found more familiar with methods in comparison to female respondents. For example, out of total male respondents, 81.0 percent have heard about condom followed by pills 51.2 percent IUD 32.2 percent Injection 40.5 percent Female condom 34.5 percent, Norplant 47.6 percent Calendar method 19.01 percent withdrawal method 6.01 percent, Vasectomy 8.9 percent and Minilap 28.6 percent.

Out of total, most of the respondents have heard about family planning methods from Teachers, friends and mass media. The most frequent sources are Teacher 73.8 percent, friends 63.7 percent 62.5 percent respondents have such information from Radio followed by T.V. 57percent and health worker 38 percent, family member 22.0 percent, computer 8.9 percent and other 5.4 percent.

The study has found that many respondents don't have an accurate understanding of family planning in general, even when they have heard frequently from teachers, and mass media. They don't know what is the method in particular. For example, almost all respondents have reported frequent hearing about condom but only 81.5 percent respondents know about condom in fact.

Out of total most of the respondents have heard about fertile period. Female 41.7 percent have the knowledge of fertile period Followed by male student 33.9 percent

Out of total 64.9 percent respondents stated that to make happy family life followed by better health of mother and child 53.0 percent to increase economic status 24.4 percent and others 4.8 percent.

The knowledge of side-effects of Family planning methods among the respondents is found 59.6 percent.

Out of total male respondents, about 30 percent have heard about it. Out of total female respondents about 30 percent have heard about side effects of contraceptives.

Similarly, knowledge of side effects of contraceptives is found higher among respondents of Bramin in comparison to Newar.

8.1.3 Use Of Family Planning

According to the surveys in higher secondary school in Kirtipur between male and female respondents about the sexual experience, out of total male respondents about 7 percent female respondents about 8 percent respondents reported they have sexual experiences. So 15 percent respondents have the pre-marital sex.

The study has found that about 91 percent respondents are willing to use family planning in future. Out of total 50 percent female respondents reported willing to use family planning. Out of total about 42 percent male respondents are also willing to use family planning in future.

Out of total, about 53 percent preferred condom followed by pills 25 percent. The preferred devices for future use.

Out of total, about 89 percent respondents stated better health followed by birth spacing 31.6 percent as the reason for using family planning. The study has found that a large number of respondents have discussed with others about RH and FP methods. Out of the total respondents, about 76 percent have discussed about it with others. Out of total male respondents about 35 percent and 41 percent female respondents have discussed about it with others.

Out of total 88.2 percent of respondents found to be exposed for the discussion for the contraceptive with their friends followed by 47.8 percent with teachers.

Most of the respondents stated the sources of family planning methods supply is governmental sector started 50.0 percent, followed by private sector 35.7 percent and NGO/INGO 14.3 percent.

Out of total respondents about 87 percent reported that family planning methods are easily available followed by very hard to get 13.7 percent.

56 percent of the respondents stated that contraceptives are cheap where as 36.9 percent stated them as expensive.

8.2 Conclusions

The study has found that many respondents don't have an adequate understanding of family planning in general, even when they have frequently heard and seen about contraceptive advertisements. Knowledge of side effects is also very much lower. Their attitude towards contraceptive use, marriage and fertility behaviour is found positive. Most of the respondents have positive attitude towards family planning advertisement on the teachers and mass media. Similarly, most of the respondents said that information and services of contraceptives shouldn't be limited to only for married people. Most of the respondents have preferred marriage at the higher ages. And the majority of the respondents preferred two children for a couple where as a number of respondents prefer premarital sex.

Following conclusions are drawn from this study:

- Z The main sources of information on family planning knowledge are teachers and means of mass media.
- Z Information and knowledge of contraceptive from parents, relatives are found very low.
- Z Knowledge of family planning is equal among male respondents and female respondents.
- Z Knowledge of side-effect of family planning is equal among male and female respondents.
- Z Most of the respondents preferred condom for family planning for the future use, while most of the female respondents preferred pills.

- Z More female respondents have discussed about FP and RH matters with others than male respondents.
- Z More respondents preferred premarital sex.

8.3 Recommendations

Following are the recommendations for policy makers and planners:

- Z The program of family planning knowledge and information to the parents, teachers neighbours should be launched. So that the respondents can be benefited from them.
- Z It is found that means of mass media has played an important role on family planning knowledge. Therefore, FP programmes should be broadcasted from the mass media.
- Z Due to the lack of IEC programmes respondents don't have sufficient knowledge of FP and RH. So that information, education and communication (IEC) programme should be enhanced.
- Z Traditional values and RH are inversely related. Therefore, such values should be improved through IEC program.
- Z The government should effectively provide sex education in the school curriculum.

8.4 Research Issues

Following are the issues for the further research:

- Z The study is limited to the three higher secondary schools' respondents of Kirtipur. A large range of research covering different part of nation would be beneficial.
- Z This study is confined to higher secondary school adolescents; out of school adolescents' study is essential.
- Z This study is carried out from quantitative research further qualitative research is more effective.

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QUESTIONNAIRE

This questionnaire will be administered to the students of higher secondary school.

Name of School..... **Date**

Name of Students **Respondents Number**.....

Sex **Male/Female**

(A) INTRODUCTION

Individual Characteristics

S.N.	Questionnaire	Classification of Code	Skip
1	Name of School	
2	Grade	
3	How old are you?	
4	What is your caste?	
5	What is your religion?	
6	Where do you live now?	At home1 Hostel2 Rented house3 Relatives.....4 Others.....5	
7	Are you married or unmarried?	Married1 Unmarried2	

(B) HOUSE HOLD CHARACTERISTICS

S.N.	Questionnaire	Classification of Code	Skip
8.	How many members are there in your family?		
9.	What is your father's Occupation?	Agriculture1 Business.....2 Service3 Daily wages.....4 Others5	
10.	What is your mother's Occupation?	Agriculture1 Business.....2 Service3 Daily wages.....4 Others.....5	
11.	What is your father's educational level?	Illiterate1 Literate.....2 Primary3 Lower secondary4 Secondary5 Higher education.....6	
12.	What is your mother's educational level?	Illiterate1 Literate.....2 Primary3 Lower secondary4 Secondary5 Higher education.....6	
13.	Do you have following facilities at your home?	Electricity1 Radio.....2 Television3 Computer.....4 Others5	

(C) KNOWLEDGE OF FAMILY PLANNING

S.N	Questionnaire	Classification of code	Skip
14.	Have you heard about family planning?	Yes1 No.....2	19
15.	If yes, which method have you heard given below?	Condom1 Pills2 IUD.....3 Injection4 Female condom5 Nor-plant6 Calendar method7 Withdrawal8 Vasectomy9 Minilap.....10	
16.	When did you first heard of family planning?	Time	
17.	Which method have you heard at first time given below?	Condom.....1 Pills.....2 IUD.....3 Others.....4	
18.	Have you heard about family planning method from?	Friend1 Family members.....2 Neighbours3 Health workers.....4 Teachers5 Radio6 T.V.....7 Computer8 Others.....9	
19.	Do you know the fertile period of women?	Yes.....1 No.....2	21

20.	If yes, which age is the more fertile period of women?	Just before period begins.....1 During period.....2 Right after period has ended...3 Half way between the period...4 Others.....5	
21.	What are the advantages of family planning method?	To increase economic status of family.....1 To make better health of mother and child.....2 To make happy family life.....3 Others.....4	
22.	Have you ever heard about the side-effect of any FP method?	Yes.....1 No.....2	

(D) ATTITUDE OF FAMILY PLANNING

S.N	Questionnaire	Classification of code	Skip
23.	Can you indicate the marriageable age?	Marriageable age	
24.	In your opinion how many children are better to have for a family?	Total no. of children1 No. of boys.....2 No. of girls.....3	
25.	What is your opinion about pre-marital sex?	Bad1 Very bad2 No difference it happen.....3 It should be free.....4	
26.	In our opinion birth interval is necessary or not?	Necessary.....1 Not necessary2	
27.	In your opinion what time interval should be spaced between two birth?	Time Interval.....1	

28.	Do you support the information and services of contraceptives need to be provided to adolescents specially unmarried?	Yes1 No.....2	30
29.	If yes, it is appropriate from level to provide information about which level of education?	Level of education.....1	
30.	Where should contraceptive information be provide to the adolescents?	School.....1 Community.....2 Home.....3 Mass media.....4	
31.	Do you have sexual experience?	Yes.....1 No.....2	34
32.	Have you used any contraceptives?	Yes.....1 No.....2	
33.	If yes, which contraceptive have you used?	Condom.....1 Pills.....2 Other specify.....3	
34.	If no, what is the main reason for currently not suing and F.P. method?	Method are not available ...1 Not needed.....2 Health condition.....3 Religions condition.....4 Desire for more children.....5 Husband don't like.....6	
35.	Do you wish to be provided such education effectively in your school?	Yes1 No.....2	
36.	Do you plan to use family planning method in future?	Yes1 No.....2	39

37.	If yes, which method do you prefer to use?	Condom1 Pills2 IUD.....3 Nor plant4 Vasectomy.....5 Foams/ Jelly6 Rhythm.....7 Depo-Provera8 Minilap.....9	
38.	Why do you want to use Family Planning method in Future?	Want to birth spacing.....1 Want to make better health of child and mother2 No response3 Others.....4	
39.	Why do you not want to use Family Planning method in Future?	Method are not available...1 Not needed.....2 Religious reason.....3 Desire for more children.....4	
40.	Have you ever discussed about R.H.F.P. and its methods with others?	Yes1 No.....2	42
41.	If yes, with whom have you discussed?	Friends.....1 Family members.....2 Relatives.....3 Teachers.....4 Health personals.....5	

42.	What do we get the family planning devices?	Government sector.....1 NGO/ INGO.....2 Private sector.....3 Hospital.....4 Health post.....5 Sub-health post.....7 Clinic.....8 No-one.....9 Others10	
43.	The family planning methods are easily available or hard to get?	Yes1 No.....2	
44.	Was the price of devices expensive or not?	Yes1 No.....2	
45	Similarly now a days several messages on FP and its methods have been displaying on various means of mass media other than radio and T.V., what do you think of it?	Good.....1 Not good.....2 Don't know.....3	