CHAPTER I

INTRODUCTION

1.1 General Background

Population growth has become a serious problem for many of the developing countries. Nepal is not free from this problem. Several efforts have been made in the development plans to overcome the population problems; the population of Nepal in absolute numbers has rapidly been increasing. Its population reached 23.1 million in 2001 where as it has been just 11.6 million in 1971. However, the birth rate has roughly declined from 37.7 to 33.1 during the period 1981 – 1991. Similarly during the same period, the TFR declined from 5.8 to 4.1 per women, death rate from 13.3 to 9.6 and IMR from 10.2 to 64.4 per thousands. As a result of huge decline in overall death rate, the average life expectancy at birth increased.

Human fertility is one of the major components of the population growth. Most of the developing countries are suffering from higher fertility rate and our country has also found the same problem. One of the improvement and responsive factors for such problems is low contraceptive prevalence rate. The contraceptive prevalence rate (CPR) was 3 percent in 1976 (NFS, 1976) 7.6 percent in 1981 (NCPS, 1981), 15.1 percent in 1986 (NFS, 1986), 25 percent in 1991 (NFFHS, 1991) and 29 percent in 1996 (NFHS, 1996) and 38.9 percent in 2001 (MOPE/ DHS, 2001).

Family planning services in Nepal was started by the FPAN in 1959. Initially, its services were limited to the Kathmandu valley. The pioneering work FPAN led to the establishment of the semiautonomous Nepal family planning and maternal and child health project (NFP and MCH project) in November 1968 at the government level. This project was gradually expanded to cover all 75 districts in Nepal (NDHS, 2001: PP 5).

Family planning is one of the major components of reproductive health. It can save human lives, avoid unwanted birth, regulate the interval between pregnancies, control the time at which birth occurs in relation to age of parents

provide treatment in case of infertility in couples, determine the number of children in the family, birth and preventing transmission of sexually transmitted diseases [STDs]: consequently reducing infant and child mortality in one hand, on the other hand it directly controls the fertility and population growth. So, the utilization of family planning has been increasing day by day, as means to birth control recognized early in the development process and has been viewed as reproductive health and right after the international conference on population and development (ICPD) held in Cairo 1994.

Among the components of reproductive health, family planning is central to all other components of reproductive health (UNFPA, 1999: 30). It plays a central role in reproductive health care, because it allows to planning women/ men to have healthy reproductive lives. Family planning services are an essential part of reproductive health care and have saved the lives and protected the health of millions of men, women and children (UNFPA, 1999). Family planning has an important bearing on such major aspects: meeting demand for family planning, saving women lives, children's lives, offering women choices, encouraging safer sex (Correct use of condom or avoiding sex except in mutually monogamous relationship), and reaching out to youth to maintain and promote their reproductive health. These are the most important ways, family planning benefits individuals and countries.

The level of knowledge about family planning methods (at least one) is almost universal in Nepal according to NDHS, 2006.

The use of modern contraceptive varies by place of residence and education. The use of contraceptive method in Nepal is 48 percent and TFR is 3.1 percent per women. Similarly contraceptive use in urban and rural is 60 percent and 46 percent among currently married women and TFR is 2.1 and 3.3 per women respectively (NDHS, 2006)

The percentage of currently married women, who have no education has low contraceptive use i.e. 49 percent compared to primary i.e. 46 percent, some secondary i.e. 43 percent and SLC and above i.e. 53 percent. Similarly, the

percentage of TFR among currently married women, who have no education, is high i.e. 3.9 per women compared to primary i.e. 2.8, some secondary i.e. 2.3 and SLC above i.e. 1.8 per women. (NDHS, 2006, Ministry of Health, New Era, OPC Macro) (NDHS, 2006)

Attitude towards contraceptive method is one of the important in formulating educational activities geared towards addressing some of their misconceptions and fears. According to NDHS, 2001: 82, two in three men who have heard of injectables believe that they are good method of family planning. Three – fifths of men who have used believe that they are good method of family planning. More than three – quarters of men who have heard of female sterilization believe that it is a good method of family planning. Two – fifths of men believe that it is not a good method because it can lead to medical complication, while one fifth of men do not like the method because it is irreversible.

1.2 Statement of the problem

Population growth has become serious problem for every developing countries. Nepal is not free from this problem.

Economically active population is also facing unemployment problems due to limited industries and limited jobs. So, government of these countries is motivating the people towards the family planning. Nepal is also conducting many programme through GOs, NGOs and INGOs for distributing contraceptive device to reduce fertility rate. But it is found that the contraceptive prevalence rate in Nepal is lower than other South Asian countries. According to NDHS, 2001, the total contraceptive prevalence rate in Nepal is 38.9 percent.

But food production increases to feed the rapidly growing population. Thus to balance the ratio of total production and population growth the only way to overcome this problem is population management.

The population of a country is increased due to two reasons, either due to high birth rate or due to rapid immigrants. But in case of Nepal, the population growth rate has increased due to natural phenomenon i.e. birth. Total fertility

rate of Nepal is 4.1 per women (NDHS, 2001) which is very high except some African countries. The trend of high fertility is observed in Nepal, which is because of early marriage, early conception and lack of contraceptive knowledge and its use.

UN (2003) estimated that the world CPR for 1998 was 61, and it was 59 for less developed region and 69 for more developed region. In the context of Nepal, the current CPR is 39.9 percent (MOH, New Era and OPC Macro, 2003).

In Nepal, contraceptive prevalence rate is increased by 3 percent in 1976, 7 percent in 1981 and 15 percent in 1986 (Tuladhar 1989). The CPR was 24 percent in 1991, 29.9 percent in 1996 and increased to 38.9 percent in 2001 (NDHS, 2001). Family planning programme has to meet this current demand.

The literacy level of women is increasing over the decades as 3.9, 12.0, 25.0 and 42.8 percent in 1971, 1981, 1991 and 2001 respectively (CBS, 1995, 2002). The growth in the literacy rate has been greater for females than that of males. Still it is very low in comparison to other countries. Among Dalit Community, literacy rate of women is very low.

1.3 Objectives of the study

Every study is guided by the general as well as specific objectives. The general objective of the study is to identify the knowledge, attitude and practice of contraceptive devices among married women of Dalit community aged 15 – 49 years of Laxmipur VDC of Dang districts. The specific objectives of this study are as follows:

i. To find out the demographic and socio – economic characteristics of the study population.

ii. To identify the knowledge of family planning methods among the married women of reproductive age.

iii. To find out the attitude and practice of contraceptive devices among the married women of reproductive age.

iv. To find out the reason for non use of family planning methods.

1.4 Significance of the study

In Nepal, rapid population growth has become a serious problem not only for the village but also for the nation as a whole. So, government has to launch family planning programme to control birth rate, but there is lack of data on knowledge, attitude and use of contraceptive method. It may be the obstacle for implementing of family planning programme.

This study is going to provide such type of research for the first time in this area. It will provide little but essential information to this community. It will be helpful for the government to know the situation of the KAP of contraceptive method in Dalit Community and implementing the family planning programme in the related sectors to change their attitude towards family planning methods.

This study will provide basic information to the planners to launch the effective family planning programme on rural areas. This study will be fruitful even for the policy makers to formulate family planning policy. It will also be helpful for the NGOs and INGOs to implement effective family planning programme in the related areas.

1.5 Limitation of the study

This study is limited to the married women of Dalit community of reproductive age i.e. 15 to 49 age group in the selected ward (6, 7, 8, 9) of Laxmipur VDC of Dang district.

This research is based on small size therefore the findings of this study may not be generalized for whole nation as well as other ethnic groups.

This study does not take the opinion of men as well as women of all age group. It only takes the opinion of women aged 15 to 49 years.

This study covers the knowledge, attitude and practice of family planning methods.

1.6 Organization of the study

The dissertation has been organized into seven chapters which has been presented as follows:

I. The first chapter has started with its introduction, deals with background, statement of the problem, objective of the study, research question, significance of the study, limitation of the study and organization of the study.

II. Second chapter deals with the literature review and conceptual framework.

III. The third chapter is concerned to the methodology which includes sources of data , location of the study area, questionnaire design, sample design, method of data collection, tool of data collection and data analysis and interpretation procedure.

IV. Fourth Chapter explores the socio economic background characteristics of the sample households and respondents.

V. The fifth chapter deals with knowledge, attitude and practice of contraceptive devices by age group of the respondents and currently using and currently not using contraceptive devices, reasons for not using contraceptive devices.

VI. The sixth chapter includes summary, conclusion and recommendation of the study.

CHAPTER II

REVIEW OF LITERATURE AND CONCEPTUAL FRAMEWORK

2.1 Review of literature

Literature review is one of the most important aspects of any research, any study is not possible without the literature review. It is a kind of tool, which provides a proper guideline and idea to the researchers in many studies.

2.1.1 World situations

World fertility survey report (1980) found that the spontaneous reporting of modern methods, especially pills and IUD was considerably better than spontaneous reporting of traditional methods. Bangladesh and Peru were the two countries where spontaneous reporting of IUD seemed to considerably lower than in other countries. The condom was reported spontaneously with frequent in the Indonesia, Philippines and Cost Erica. Also fewer than half of the women said they knew about oral contraceptives condom and male sterilization. This lack of knowledge was likely related to the promotion of IUDs to the exclusion of other months which had been found in earlier survey of family planning workers survey of family planning workers (ESCAP, 1988).

Worldwide contraceptive prevalence (the percentage of couples currently using contraception) is estimated to have reached 58 percent. At 70 percent, the average level of use is higher in the more developed regions than in the less developed regions, where average use is estimated at 55 percent. While overall levels of contraceptive use remain higher in the more developed regions the gap is narrowing. The average contraceptive prevalence remains low in Africa (20 percent of couples) and in the developing countries of Oceania, where 29 percent of couples are currently using contraception (United Nations, 1998)

Contraceptive use referring to 1980 or later dates and pertaining to women reproductive age (usually aged 15-49) who were married or in a consensual union at the time of the survey are available for 160 countries, 125 of which are developing countries and 35 developed countries. In 2000, these 160 countries

accounted for 96 percent of all women of reproductive age who were married or in a consensual union in the world. In developing world, the 35 countries with data accounted for 83 percent of those women. Among major areas or regions, data coverage relative age who were married or in union varied between 51 percent in Eastern Europe and 100 percent in Asia or Northern America (Table 1). Coverage was particularly low in Europe, where the countries with data available accounted for just 74 percent of the women of reproductive age who were married or in union, mainly as a result of the Russian Federation and other countries of Eastern Europe (UN, 2002:1).

At the world level, contraceptive prevalence reached 61 percent in 1998. In 1998, the worldwide prevalence of use of modern contraceptive methods reached 54 percent. The level of use of modern methods was similar in the more and less developed regions. Thus, 54 percent of women of reproductive age who are married or in union were using a modern form of contraceptive in less developed region in the late 1990s compared with 55 percent in the more developed world. In contrast, the level of use traditional methods of contraception differs markedly between the more and the less developed regions. Prevalence of traditional methods in the less developed regions is half that in the more developed regions-6 percent vs. 13 percent. Consequently, traditional methods account for a lower percentage of all use in the less developed regions than in the more developed regions-9 percent vs. 19 percent. However, in the group of least developed countries traditional methods of contraception account for 27 percent of all contraception use, a proportion far higher than that in the more developed regions (UN, 2002:3).

Africa has the lowest contraceptive prevalence among al the major areas of the world, with only 27 percent of women of reproductive age who are married or in union using contraception. This level compares unfavorably with the level of 60 percent or more exhibited by the two other major areas in the developing world. Furthermore, contraceptive prevalence is even lower in sub-saharan Africa, where it average barely 20 percent in the late 1990s (UN, 2002:3).

In Asia, 61 percent of women of reproductive age who are married or in union used contraception in the late 1990s. Among the Asian regions, eastern Asia, with 82 percent of contraceptive prevalence, exhibited the higher level of contraceptive use in the world (UN, 2002:6).

Worldwide contraceptive prevalence is estimated to have increased from 54 percent in 1990 to 59 percent in 1995 and 63 percent in 2000. This trend implies a fairly rapid pace of increase, amounting to 0.9 percentage points per year over the decade (table 4) and is the result of a slower increase in the more developed regions than in the less developed regions. In the more developed regions, contraceptive prevalence went from 66 percent in 1990 to 68 percent in 1995 and 70 percent in 2000, that is, it rose by 0.4 percent points annually during 1990-2000. in the less developed regions, contraceptive prevalence went from 52 percent in 1990 to 57 percent in 1995 and 61 percent in 2000, thus increasing at pace of 0.9 percentage points per year (UN, 2002:17).

2.1.2 SAARC situations

Regarding current use at time of survey, 12 percent of currently married women reported that they were using some methods to delay or prevent pregnancy. Three fourths of the current users were using a modern method and one fourth a traditional method. The most widely used method was female sterilization (4 percent) followed by the condom (3 percent) and the IUD (1 percent) less than one percent was using either pill or injection (a recently introduced method).

The contraceptive use rates (ever use and current use) among non-pregnant women was 22 percent. A total of 22 percent of non-pregnant currently married women reported that they had ever used contraception while 14 percent were currently using various methods (1l percent modern methods and 3 percent traditional methods). Among modern methods, female sterilization (a permanent method) was used most frequently (4 percent), followed by the condom (3 percent), IUD (2 percent), injection and the pill (1 percent each). Modern methods had been used by 17 percent of non pregnant women and traditional methods had been used by 10 percent. The most permanent modern method

among ever users was the condom (8 percent) followed by the pill (5 percent), sterilization and the IUD (4 percent each), and injection (3 Percent) (PDHS, 1990/1991: 61).

Knowledge of contraceptive methods is nearly universal in India, with 99 percent of currently married women recognizing at least one method of contraception and at least one modern method of contraception.

Female sterilization is the most widely known method of contraception in India (i.e. 98.9 percent) followed by male sterilization (89.3 percent). Tradition methods of contraception are less well known than modern methods. 49 percent of currently married women report knowledge of a traditional method, with the rhythm/safe period method being better known (45 percent) than withdrawal (31 percent). Knowledge of traditional methods is much higher in urban areas (60 percent) than in rural areas (45 percent) (NFHS-2, 1998-99: 128).

Almost all ever married (99.9 percent) and currently married (99.2 percent) women know at least one method of contraception. Almost all ever married women and all currently married women who reported such knowledge know modern methods. It is seen that 75.8 percent of ever married and 76.4 percent of currently married women know a traditional method. More than 90 percent of women both ever married and currently married reported knowledge of female sterilization, pill and injection. The pill is the most known method, Modern methods are better known than traditional methods in Srilanka (SDHS, 2000:83).

The proportion of currently married women using any contraceptive method at the time of the survey in 1975 was 34.4 percent and it increased rapidly to 57.8 percent in 1982 and there after showed moderate increases and reached 70 percent in 2000. Use of any modern method increased gradually from 20.2 percent in 1975 to 49.5 percent in 2000. Use of traditional method was 14.2 percent in 1975 and it increased to 26.0 percent in 1982 and fluctuated around 21 percent during the period 1987-2000 (SDHS, 2000: 94).

Knowledge of family planning methods is widespread in Bangladesh. All ever married women know of at least one modern method of family planning and eight out of every ten women know of at least one traditional method. On average, a woman has heard of six methods of family planning there is virtually no difference in knowledge between ever married and currently married women (BDHS, 2004:63).

Overall, 58 percent of currently married women in Bangladesh are using contraceptive method with 47 percent using a modem method and 11 percent relying on traditional methods (BDHS, 2004:66)

The contraceptive prevalence rate in Bangladesh has increased from 8 percent in 1978 to 58 percent of currently married women in 2004 (BDHS, 2004:67).

Almost four-fifths of ever-married and currently married women reported knowledge of at least one method. Almost all the women who reported such knowledge knew of a modern method. One quarter of all women knew of a traditional method, mostly periodic abstinence or withdrawal. Female sterilization (69.6 percent), the pills (62.2 percent) and injection (62.1) were the best known methods. Only 77.9 percent of ever married women know at least one method of family planning (PDHS, 1990/1991:53).

2.1.3 Nepalese situations

It was observed that respondents in the experimental and control areas of the branches who used a FP method for first time prior to child birth were 11.4 and 6.7, 5.9 and 12.1, 16.9 and 13.9, 16.2 and 16.4 percent respectively for Sunsari, Saptahari, Dang, and Surkhet branches. While the corresponding percentage for those respondents who reported the use of a method only after having children were 19.6 and 39.8, 55.7 and 49.0, 52.5 and 29.2, 43.7 and 27.5 percent respectively for the mentioned branches (KAP of family planning in selected branches of FPAN, 1985).

Though the effect of child loss is not statistically significant, it is worth mentioning that the proportion of current use of family planning was slightly

higher among these women who have not lost any or who have lost one or more children (Tuladhar, 1986; 250)

This implies that almost six out of ten couples with the wife in the reproductive ages are currently using contraception. This reflects a rapid recent increase in contraceptive use in developing countries, where the average level of current use any method is estimated at 55 percent of couples (UN, 1999). In developing countries, the CPR has risen substantially from less than 10 percent in the 1960s to 55 percent in 1998 and it continues to rise. It is projected for the developing region that CPR will increase to the level of 64 percent by 2010 and 73 percent by 2025 (UN, 1989: 33).

The effect of age of women on use of family planning services rises from the youngest (15-24) years to the middle (25-34 years) and peaks at the oldest (35-39 years) age group. The odds probabilities of current use of contraceptives were 0.465 to 1 among the youngest and 1.547 to 1 among the oldest age groups. Therefore odds probabilities of use of family planning services were three times higher among the older people then the younger people (Tuladhar, 1989:144). It is however interesting to note that the proportion of current uses is higher among 30-39 years old women than those aged 40-49 (UN, 1989).

Over the past three decades, the increasing availability of safer methods of modern contraception, although still in some respects inadequate, has permitted greater opportunities for individual choice and responsible decision making in matters of reproduction throughout much of the world. Currently, about 55 percent of couples in developing regions use some methods of family planning. This figure represents nearly a fivefold increase since the 1960s. Family planning programmes have contributed considerably to the decline in average fertility rates for developing countries, from about six to seven children per women in 1960s to about 3 to 4 children at present. However, the full range of modern family planning method still remains unavailable to at least 350 million couples worldwide, many of whom say they want to space or prevent another pregnancy.

According to rural urban survey (1978) Nepal, among those who reported current use of family planning, the mean number of living sons was higher than the mean number of daughters for all respondents. Most couples have at least one son before they adopt family planning and respondent had, on average three or four births before adopting family planning methods. (Karki,1988; 169). There was stroked differences in level of current use between women without a living son and those who have three or more living sons (Risal and Shrestha, 1989).

Among Nepalese ethnic groups Tuladhar (1989:223) had found highest contraceptive prevalence rate among Newars (19.4 percent) followed by Brahmans (14.6 percent), Chhetries (11.6 percent), Thakuries (6.6 percent), Tharus (5.5 percent), Magars (4.7 percent) and Muslim (1.8 percent).

There is evidence of increased contraceptive practice in all the south Asian countries, especially Nepal, Pakistan and Bangladesh, where prevalence was until recently very low. For example, contraceptive prevalence in Nepal climbed from very low level (2 percent) in 1976 to 23 percent of currently married women ages 15 to 49 by 1991. However, if Nepal has a moderately strong family planning programme effort (Mauldrin and Ross, 1991: 359), 23 percent is still low, considerably lower than the intermediate/ moderate level of use, 35 – 55 percent (Ross and Frankenberg, 1993:1). Nevertheless, a contraceptive prevalence of 23 cannot be ignored. Despite this, why does contraceptive prevalence not correspond closely to the fertility? What is wrong with use of contraception? These questions are pertinent here- it is likely that there is something wrong with the use of contraceptive patterns therefore fertility remains high. (Rose et all; 1993:43-44, Maudin and Ross, 1991:359).

There is positive relationship between use of family planning and level of education of husband/ wife. As the level of education of husband and wife increase, the proportion of contraceptives users also increase. There are significant differences in rate of use between women and husband education. The rate of use for women of any educational categories exceeds the corresponding rate for husband. A significant variation exists within primary and secondary

categories. For example, contraceptives prevalence rate was observed 30.3 percent for women with primary education while women whose husband completed primary education, contraceptive prevalence rate was 23.7 percent (MOH 1991:59).

There is significant difference in the rate of use of family planning methods between women occupation and husband occupation engaged in non-agricultural sector. The contraceptive prevalence rate of women who engaged in non agricultural sector is found 30.8 percent (NFHS, 1991).

Education is the most important factor that determines the use of contraception of couples. These are strongly associated with each other obviously; it is observed that use of family planning among educated women is higher as compared to illiterate women. There was positive relationship between use of family planning and level of education of education of husband / women. Has the level of education of husband/women increases, the proportion of contraceptive user also increases. There was a significant differences in the rate of use between women's and husband education .The rate of use for women of any educational categories exceeds the corresponding rate for husband. A significant variation exists within primary and secondary categories for example, contraceptives prevalence rate (CPR) observes 30.3 percent for women with primary education while women whose husband completed primary education; contraceptive prevalence rate was 23.7 percent (MOH, 1991:59).

Findings form two decades of family planning research on large scale family planning programmes show that contraceptive use and fertility levels are closely associated with programmes effort, regardless of socio-economic setting. (Ross and Frankenberg, 1993:19).

EZCH noted that contraceptive knowledge, attitude and practice depend not only individual's characteristics but also depends on socio economic and demographic variables and cultural and religious norms (EZCH, 1993)

The aim of family planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure in formed choices and make available a full range of safe and effective methods. (ICPD,1994).

In the context of Nepal, 1996 Nepal Birth, Death and contraception survey (NBDCS) showed that about 74 percent of currently married women had knowledge of any family planning method, while the percentage of currently married women using contraceptives was found to be 30 percent (K.C, Pathak and Subedi, July, 2000 pp2).

The findings of NBDCS 1996 reveals that 29.9 percent of the currently married women were using contraception at the time of the survey. The other mostly used methods injectables (4.5 percent), pills (1.8 percent) and condom (1.8 percent).Differentials in contraceptive use is widely pronounced while considering the place of residence, women's education, and number of living sons. These findings can have important policy implications in that increase in women's education can have a tremendous effect in increasing the reversible method users in Nepal ((K.C, Pathak and Subedi, July, 2000 pp2).

A little less than three – fourth of the currently married women (73.5 percent) were familiar with at least one method of family planning. Almost all the women who reported such knowledge knew a modern method (73.3 percent). Among the individual methods, female sterilization appears to be the best known contraceptive method, followed by male sterilization, pills and injectables. For example, at least 63 out of 100 women knew how to use female sterilization, 55 out of 100 knew how to use male sterilization, about 50 out of 100 knew how to use pills and 48 out of 100 knew how to use injectables. Other contraceptive methods were considerably less well known. Less than one fourth of the respondents acknowledged familiarity with Norplant, IUD, Vaginal method (Foam/ Jelly), withdrawal and periodic abstinence. The high level of familiarity with sterilization reflects the historical dominance of these methods in the

government programme from which the vast majority of women obtain their contraceptives (Birth, Death and Contraception, 1997:63).

The relationship between women's age and knowledge of at least one contraceptive method of family planning assumes a curvilinear pattern. This indicates that relatively fewer women knew a modern method at the youngest and oldest age groups compared to the women with intermediate age groups. For example, 63 out of 100 women of 15 – 19 age groups knew at least one modern method, that increased to 77 out of 100 for women for 35 -39 age group and declined to 74 for 40–44 age group and 67 for 45 – 49 age group. This is common phenomenon in the context of Nepal because contraceptive use occurs when a couple has achieved their desired family size (BDCS, 1997: 64).

The current use of any method is considerably higher in urban areas (58 percent) than in rural areas (45 percent) (NFHS-2, 1998-99:131).

The most recent data imply that for the world as a whole, contraceptive prevalence rate (CPR) of any method for 1998 has reached 58 percent (UNFPA, 1999: 67).

Nearly all currently married women know at least one method of contraception, but only 55 percent have ever used a method, up from 47 percent in NFHS -1. Forty-nine percent of currently married women have ever used a modern, and 12 percent have ever used a traditional method. The most commonly used method is female sterilization. Forty-eight percent of currently married women were currently using some method of contraception at the time of the survey. This level compares with 83 percent for china and 62 percent for Asia as a whole (Population Reference Bureau, 2000).

It was found that 54.2 and 46.1 percent of the respondents in the experimental and control areas of the branches have heard about at least one effective method of family planning.

Higher percentage of the respondent in both areas has heard of condom and sterilization. The percentage of respondent who had knowledge of condom, oral,

IUDs and sterilization in the experimental areas were 70.5, 49.6, 36.0 and 60.7 respectively against 62.7, 45.1, 26.9 and 49.4 percent in the control area. The method specific knowledge of FP was slightly higher in the experimental compared to the control areas in all the cases.

The knowledge of condom was significant at almost all the branches. At Dang and Surkhet branches, the knowledge of FP method in experimental areas was higher than in the control areas for all the methods and difference was pronounced.

Contraceptive use varies substantially by region and country. Only 13 percent of married women aged 15 – 49 us contraception in sub – Saharan Africa, compared with 55 percent in Latin America and Carabean. 11 percent of married women ages 15 – 49 in Haiti, use of contraceptive compared with 51 percent in Colombia. Turning to Asia, in India 7 percent use contraception compared with 42 percent in Indonesia (PRB,2000: 9).

In Nepal, less than 30 percent of cohabiting couples of reproductive age use contraceptive and reproductive need of the people does not match with contraception, however, child spacing in young ages and birth lamination after desired family size should have been the chief goal of family planning. Major draw back of conception laden family planning programme in Nepal is it's failure to attract young women to spacing birth in their easy life. This shows that the relationship between the utilization of family planning and some selected socio- economic and demographic variable (Population and development vol. 6:41).

NDHS, 2001, shows that nearly one in two currently married women (48 percent) is using a method of family planning, with 44 percent using a modern contraceptive method. The proportion of women who are using a modern method has increased by 25 percent over the past five years from the 35 percent reported in the 2001, NDHS to the current level of 44 percent.

Contraceptive use varies by age. Use is lower among younger women because they are in the early stage of family building) and among older women some of

whom are no longer fecund) than among those at intermediate ages (NDHS, 2001: 78).

Despite high level of knowledge the use of contraception was very low among married adolescents. A higher level of knowledge about contraception, however, does not always translate into a higher level of contraception use. For example in Nepal, use of contraception among currently married adolescent women was only 12 percent (NDHS, 2001).

There are many factors which affects the use of family planning services. Each factor may have more or less influence depending on socio-economic, cultural and religious intermediate determinants of fertility mostly affected by various socio – economic- demographic, cultural psychological and other factors (Aryal R.C., 2002).

Knowledge of contraceptives method is presented for the respondent by specific methods. Finding from the sexual and reproductive health (SRH) base line survey shows that knowledge of at least one methods of family planning (any method/ any modern method) is universally high (91 percent). This could be due to the successful dissemination of family planning message in the community. The most widely known modern contraceptives among young people are condoms (89 percent), Depo-Provera (83 percent) and pills (75 percent) more than one half of young people know of male sterilization less than 50 percent of young people know of Vaginal method, laproscopy and minilap. In the traditional method, the knowledge is abstinence (19 percent) compared to that withdrawal (15 percent) and folk method (8 percent) (Pathak and Subedi, 2002:18-28).

Findings from the 2001 Nepal Demographic and Health survey (NDHS) show that the knowledge of family planning is nearly universal among Nepalese women and men. At the same time 39 percent of currently married women are currently using a contraceptive method. Twenty eight percent of currently married women in Nepal have an unmet need for family planning services. Taken together, two in three Nepalese women have a demand for family planning. In other words, if all women with unmet need were to use family

planning, the contraceptive prevalence rate would increase from 39 percent to 67 percent. However, only 59 percent of the demand for family planning is currently being satisfied. This implies that Nepal's family planning programme has some ways to go to meet the family planning needs of the couple (Pathak Ram Sharan, Population Magazine vol. IV, 2006).

Findings from 2006 NDHS shows that knowledge of at least one modern method of family planning in Nepal is almost universal among both women and men. The most widely known modern contraceptive methods among currently married women are: injectables (99 percent) female sterilization (99 percent); condom (97 percent); male sterilization (96 percent) and contraceptive pill (95 percent). Eighthly four percent of married women know of implants, about two in three women have heard of the IUD and 7 percent of women have heard emergency contraception. Knowledge of any traditional method among all three groups of women ranges between 38-52 percent. Reported knowledge of traditional methods is much higher among men (70-79 percent). One of the reasons for the lower reported knowledge of traditional methods may be that these methods are not included in the government family planning program and women may be reluctant to mention them because they are not widely accepted.(NDHS, 2006; 75).

2.2 Variable identify

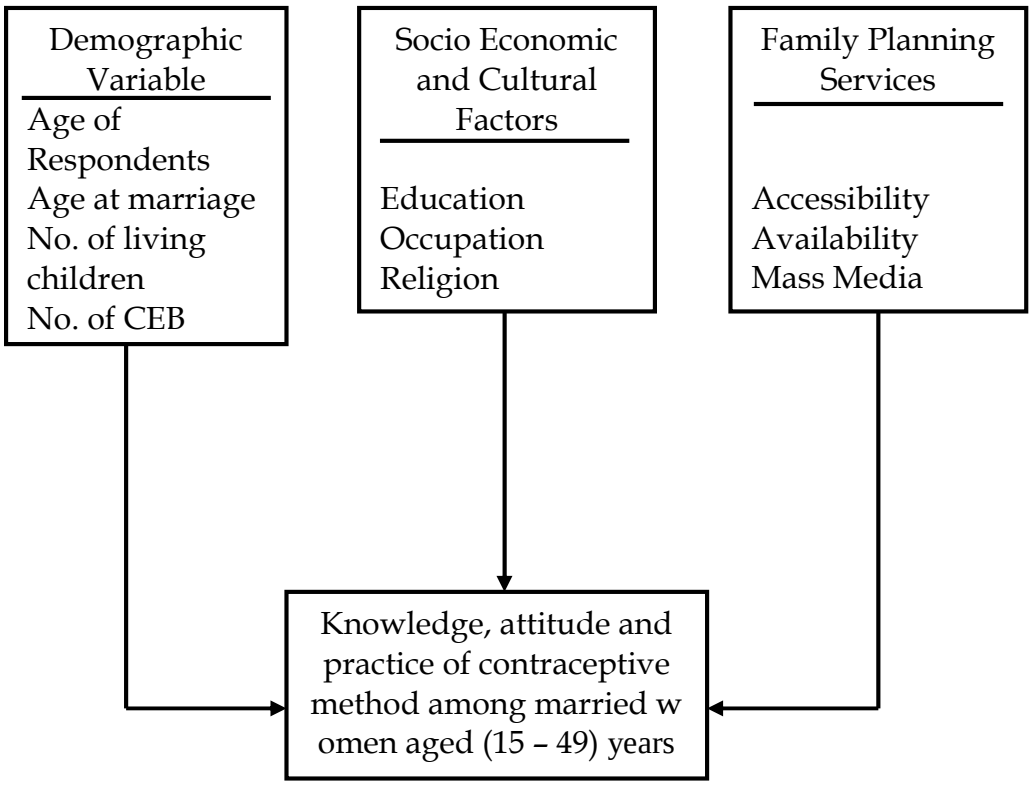
This conceptual framework is based on the literature review and variables are selected for the analysis of knowledge, attitude and practice of contraceptive devices (A case study of Laxmipur VDC of dang district) among married women of reproductive ages. This study concludes that among many variables literacy is the most important variable for increasing the use of contraception.

The conceptual framework attempts to show the relationship between dependent and independent variables and shows that independent variables are: demographic factor, socio economic and cultural factor, family planning services. And the dependent variables are knowledge attitude and use of contraceptive methods

The most important factors for fertility regulation are contraceptive knowledge and practice. Demographic variables like age of respondents age at marriage no of living children and no of CEB affect contraceptive knowledge and use.

2.2 Conceptual framework

Fig. 2.3 Conceptual Framework



Socio – economic factors like education, occupation, and religion, demographic factor like age of respondents, age at marriage number of living children and number of CEB and family planning services like accessibility, availability and mass media influence the knowledge attitude and use of contraception methods.

CHAPTER-III

METHODOLOGY

3.1 Background of the study area

Dang is located in Mid-western development region of Nepal. It lies in Rapti zone and its district headquarter is Ghorahi. The total area of this district is 2955 sq km. It has two municipalities and there are 41 VDCs.

Laxmipur VDC, the study area of Dang district, is situated 3 km west from Rampur Bazar and 5 km east from Ghorahi Bazar. This VDC is located at the north part of the south is joined in Mahendra highway.

Total population of Dang district is 462,380. Among them 228,958 are males and 233,422 are females. The total population of Laxmipur VDC is 10,729. Among them 5264 are male and 5,465 are female.

The total no. of female of reproductive age group are 6321. The major occupation of Dalit community of this study area is agriculture and labour. They have no access on education, health and other basic needs.

3.2 Questionnaire design

The questionnaires have been designed to obtain household and individual information. The household questionnaires have been asked to the head of the household and individual questionnaire have been asked married women of reproductive age.

Household questionnaire has been designed to take the information about sex, marital status, relationship with had of household, educational status etc. The main objective of the household questionnaire had been identified the eligible women to obtain the information about the background of the respondents and husband education, occupation and socio-economic status of the family.

Individual questionnaire has been divided into four sections. First section of the questionnaire provides information on respondents' background. Second section provides the information of knowledge of contraceptive methods and third

section provides practice of contraceptive device and fourth section gives the attitude towards contraceptive methods.

3.3. Sample design

The total households of Dalit in the study area (i.e. word No. 6, 7, 8 and 9), are 135 and total married women of age group 15 to 49 of those households are 158. In this study, 101 Households have been taken to get household information. To collect household information, household questionnaire has been asked to the household head. Individual questionnaires have been asked to married women aged 15 to 49 years. The households and respondents have been purposively selected. All married women aged 15 to 49 years of selected household have been selected as respondents.

3.4 Sources of data

This study is based on primary as well as secondary data. Basically primary data had collected to find out the facts and figure about knowledge attitude and practice of family planning in Dalit community. Primary data have been collected through the administration of questionnaire and direct interview with 111 married women of aged 15 to 49 years from 101 households. They were the main source of information. The secondary data was taken from the published annual report of the different organization like MoH, UNFPA, FPAN and CBS etc. Similarly, related books, journals articles, bulletins, previous study reports, census data were also taken as the basic sources of secondary data.

3.5 Tools of data collection

The main tool of data collection of this study was questionnaire. To achieve the objective of this study, 57 questions were constructed to cover four objectives. After construction of questionnaire, to provide it reliability, qualitative pretest had done before the data collection. The questionnaire was pre tested among Dalit community of ward on 7 of the Rampur VDC. After the feedback from them, the questions of questionnaires were added.

3.6 Method of data collection

Data collection is the procedure of collecting information from the study area; so that to obtain the reliable data an interview was taken with respondents to fill up questionnaire. Two separate interviews were taken with selected households and individual. One was to obtain the correct information about some selected demographic characteristics of each households and another interview was taken to collect necessary information about knowledge, attitude and practice of contraceptive devices from married women aged 15-49 years.

3.7 Selection of variable

Two types of variables are included in this study. They are dependent and independent variables which are given below:

Dependent variable

Knowledge of contraception, use of contraception, accessibility and quality of methods.

Independent variable

Independent variable are divided into two parts that is demographic and socio economic variables

I. Demographic Variable: (Age, sex and marital status of respondents)
II. Socio-economic variables: (occupation , education)

3.8 Data analysis and interpretation

The collected data and information are presented in different tables. The data and information are analyzed according to percentage and frequency. Tabulation is the final stage for the interpretation of the data. Datas are tabulated into different headings.

CHAPTER IV

BACKGROUND CHARACTERISTICS OF HOUSEHOLD AND RESPONDENTS

This chapter provides some demographics and socio economic characteristics of the household population of study area. Demographic characteristics include age sex structure of household population and socio-economic characteristics include the educational attainment, major occupation, income distribution etc.

4.1 Demographic characteristics

4.1.1 Age sex structure of household population

Age sex plays an important role in determining the population dynamics. There are 696 population in 101 households. Among them 359 males and 374 are females. The average size of household is 6.9, which is grater as compared to the national figure 5.45 based on 2001 census. The sex ratio is found to be 106.5, which is grater than average national level (99.79) based on 2001 census. According to table 4.1, highest sex ratio is found in age group 55-59 and lowest sex ratio is found in age group 20-24.

Table 4.1: Distribution of household population by age and sex structure

Age group	Male		Female		Total		Sex ratio
	No	Percent	No	Percent	No	Percent	
0-4	43	12.0	45	13.4	88	12.6	95.6
5-9	59	16.4	51	15.1	110	15.8	115.6
10-14	48	13.4	47	13.9	95	13.6	102.1
15-19	38	10.6	41	12.2	79	11.4	92.7
20-24	36	10.0	44	13.0	80	11.5	81.1
25-29	35	9.7	30	8.9	65	9.3	116.6
30-34	21	5.8	19	5.6	40	5.7	110.5
35-39	22	6.1	20	5.9	42	6.0	110.0
40-44	12	3.3	8	2.4	20	2.9	150
45-49	8	2.2	6	1.8	14	2.1	133.3
50-54	13	3.6	10	3.0	23	3.3	130.0
55-59	11	3.1	6	1.8	17	2.4	183.3
60-64	5	1.4	4	1.2	9	1.3	125.0
65+	8	2.2	6	1.8	14	2.1	133.3
Total	359	100.0	337	100.0	696	100.0	106.5

Source: Field Survey, 2007

4.1.2 Age of respondents

Age is one of the important factors for the use of family planning devices. Fertility behaviour also vary according to age of women.

In this view, age of the respondent has been considered as one of the most important personal characteristics. The age of respondents in Laxmipur VDC ward no. 6, 7, 8 and 9 is given below.

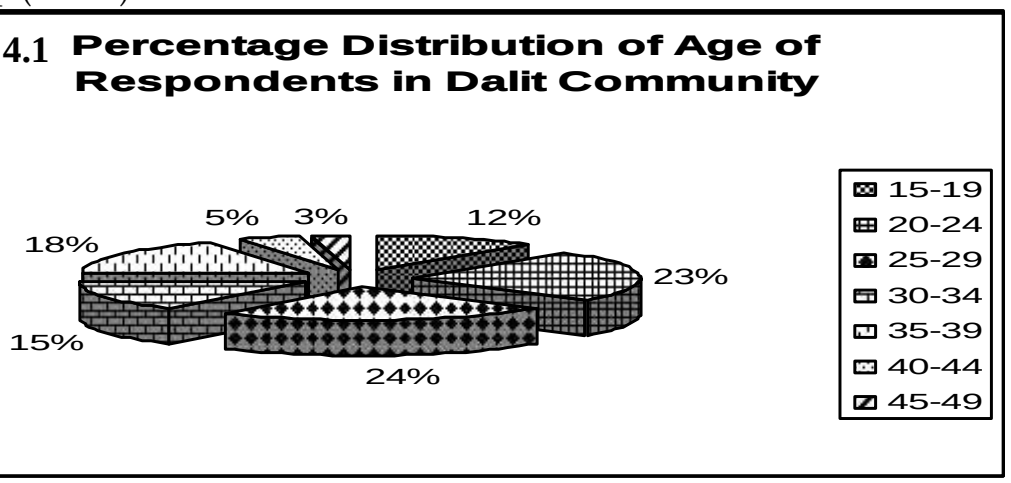
Table 4.2: Distribution of age of respondents in dalit community

Age of Respondents	No. of Respondent	Percent
15-19	13	11.7
20-24	27	24.3
25-29	27	24.3
30-34	16	14.5
35-39	19	18.0
40-44	6	4.5
45-49	3	2.7
Total No. of Respondents	111	100.0

Source: Field Survey, 2007

Table 4.2 and figure 4.1 show that the proportion of respondents of age group 20-24 and 25-29 have more than in comparison to the other age groups. The percent of respondents in these two age groups are equal i.e. 24.3 followed by 35 to 39 (18 percent), 30-34 (14.5 percent), 15-19 (11.7 percent), 40-44 (4.5 percent), and 45-49 age group (i.e. 2.7).

Fig. 4.1 Percentage Distribution of Age of Respondents in Dalit Community



4.2 Socio-economic aspects of the respondents

This section deals with some selected socio-economic characteristics of the study population such as occupation, income distribution and educational status etc. of the study area.

4.2.1 Occupation

Occupation is one of the most influencing factors for the use and non use of contraceptive devices. The people who are engaged in service have high use of contraceptive device in comparison to the people who are engaged in agricultural, labours and other occupation. The main occupation of the family of village people is agriculture. Main sources of family income are divided into various categories, like agriculture, labour, business, daily wage, housewife and others.

Table 4.3: Distribution of respondents by occupational status

Occupation	No. of Respondents	Percent
Agriculture	70	63.1
Labours	14	12.6
Business	4	3.6
Daily Wages	15	13.5
Housewife	5	4.5
Others	3	2.7
Total	111	100.0

Source: Field Survey, 2007

Table 4.3 shows that most of women are involved in agriculture sector i.e. 63 percent followed by daily wages (13.5 percent), labour (12.6 percent), housewife (4.5 percent), business (3.6 percent) and other are (2.7 percent).

4.2.2 Income distribution

The income of household determines the economic condition of family so, it is important to know how much a household earns in a month. The level of income plays an important role and also determines level of living standard and other economical activities. The main occupation of Dalit people is agriculture. Beside agriculture, the secondary sources of income are business and labor.

Table 4.4: Distribution of annual income of household

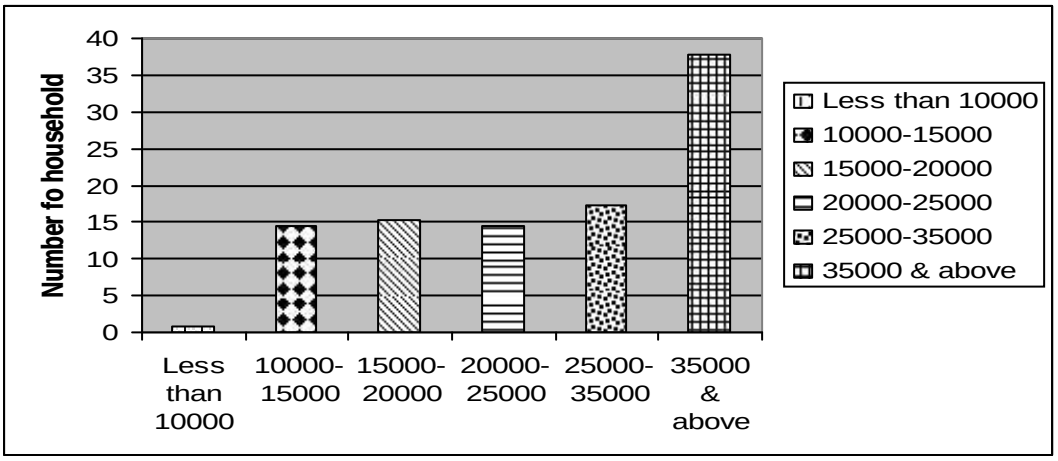
Income	No of Household	Percent
Less than 10000	1	0.9
10000 – 15000	16	14.4
15000 – 20000	17	15.3
20000 – 25000	16	14.4
25000 – 35000	19	17.2
35000 and above	42	37.8
Total	101	100.0

Source: Field Survey,2007

Table 4.4 shows that among 101 household of that village or community 0.9 percent household have less than 10000 income per year followed by 14.4 percent household have 10000-15000, 15.3 percent household have 15000-20000, 14.4 percent household have 20000-25000, 17.2 percent household have 25000-35000 and 37.8 percent household have above than 35000.

The following figure also makes more clear about per year income of Dalit community.

Fig. 4.2 Percentage distribution of annual income of household



4.2.3

Educational status

Education is considered as backbone for the development of society. Especially women's education plays dual role in family i.e. for herself and her children. But in Nepal it can be seen that there is a huge gap of literacy between male and female. Still women are considered to be the property of other and thought that they have no utility of education. Literacy of population affects directly the

contraceptive use and fertility. Therefore, it is essential to know the situation of education for the study population.

Table 4.5: Distribution of educational (level) status of respondents

Literacy /Education attainment	No. of Respondent	Percentage
Illiterate	65	58.6
Informal education	9	8.1
Primary (1-5)	28	25.2
Lower secondary(6-8)	7	6.3
Secondary (9-10) and	1	0.9
SLC above	1	0.9
Total	111	100.0

Source: Field Survey, 2007

Table 4.5 shows that majority of women aged 15 to 49 years are illiterate i.e. 58.6 percent followed by primary level 25.2 percent, 8 percent are literate but not schooling i.e. informal education, 6.3 percent are in lower secondary level, 0.9 percent is in secondary level and 0.9 percent is in SLC and above.

4.2.4 Age at marriage

The most important factor for determining the fertility is the age at marriage. If the age at marriage is low higher will be the children ever born. In contrast, if the age at marriage is high, lower will be the children ever born.

Table 4.6: Distribution of women age at marriage

Age	No. of women	Percent
15 - 20	82	73.9
21 - 25	21	18.3
26 - 30	4	3.6
31 - 35	3	2.7
36 +	1	0.9
Total	111	100.0

Source: Field Survey, 2007

Table 4.6 shows that the majority of women have been married at the age of 15 to 20 years. The percent of that age group constitutes 73.9. This table also presents that 18.9 percent of married women have said that they married at the age group 20-25 followed by 3.6 percent, 2.7 percent and 0.9 percent in the age group 26-30, 31 - 35 and 36 and above respectively.

4.2.5 Children ever born

Children ever Born (CEB) is defined as the number of living children to women at the time of survey or study. Number of living children also determines the use and non use of children contraception and desire for children.

Table 4.7: Distribution of respondent by CEB

CEB	No of Respondents	Percent
None	12	10.8
1-2	38	34.2
3-4	38	34.2
5-6	16	14.5
7 and above	7	6.3
Total	111	100.0

Source: Field Survey, 2007

Table 4.7 shows that 34.2 percent of respondents have ever born 1-2 children followed by the same percent i.e. 34.2 percent have born 3 - 4 children, 14.5 percent have born 5-6 children, 6.3 percent have born above than 7 children and 10.8 percent of respondent have been found childless.

Similarly, the probability of dying children increase with increase of frequent pregnancy and child bearing, so it is necessary to find out the death among the respondent. The following table present the respondents with losses children.

Table 4.8: Distribution of respondents with child losses

Child Death	No. of Respondents	Percents
None	81	73.0
1 Child	17	15.3
2 Children	8	7.2
3 Children	2	1.8
4 and above	3	2.7
Total	111	100

Source: Field Survey, 2007

From the table 4.8, it is clear that among 111 respondents, 30 respondents (i.e. 27 percent) have lost their children. Among 30 respondents (i.e. 15.3) have lost their 1 child followed by 7.2 percent have lost 2 children. 1.8 percent have lost 3 children and 2.7 percent respondents have lost above 4 children.

4.2.6 Types of respondents family

Table 4.9 shows that among 111 respondents, 64 Respondents (i.e. 57.7 percent) have nuclear family. Similarly 47 respondents i.e. 42.3 percent have joint family. It shows that higher proportion of respondents has nuclear family in that dalit community of the study area.

Table 4.9: Distribution of type of respondents family

Types of family	No. of Respondents	Percent
Nuclear	64	57.7
Joint	47	42.3
Total	111	100.0

Source: Field Survey, 2007

4.2.7 The structure of the house

The following table shows the structure of house of dalit Community

Table 4.10 shows that among the 111 respondents, the majority of respondents, (i.e. 64 percent) have Kachi house followed by (28.8 percent) have thatched house and (7.2 percent) have semi Pakki house. But there is not even one household who have Pakki house.

Table 4.10: Distribution of house structure

Household Structure	No. of household	Percentage
Thatched house	32	28.8
Kachi	71	64.0
Semi Pakki	8	7.2
Pakki	-	0
Total	111	100.0

Source: Field Survey, 2007

CHAPTER V

ANALYSIS AND INTERPRETATION OF CONTRACEPTIVE KNOWLEDGE, ATTITUDE AND PRACTICE

The main objectives of this chapter are to examine knowledge, attitude and practice of contraceptive method. This chapter deals with the respondents knowledge of contraception, general information on family planning, knowledge of best childbearing age and knowledge of modern contraceptive methods by age. The second section provides attitude towards contraception, childbearing age of women, advantages of contraception, birth spacing etc. The third section provides practice of contraception.

5.1 Knowledge of contraceptives

5.1.1 Introduction

Lack of knowledge of contraceptive method can be a major obstacle to their use. In field survey, 2007, it is obtained information on knowledge, attitude and practice of contraceptive methods by asking each respondent the following question: "Now I would like to talk about family planning – the various ways or method that a couple can use to delay or avoid a pregnancy. For each method I mention, please tell me if you have ever heard of the method and whether you have ever used the method at any time in your life'. The name of the method, a short description was read. In this way, the field survey assesses women's knowledge, attitude and ever use of eleven contraceptive methods namely pill, injection, implant, IUD, Foam/Jelly, condom, Male sterilization, Female sterilization (Modern Method). Period abstinence, withdraw and folk method (traditional method).

5.1.2 Knowledge of family planning method

Level of knowledge also plays an important role to use of family planning methods. If people have proper knowledge about these methods, the chance of use will be higher than who are unknown about it. Knowledge of contraceptive method helps to increase the motivation of using contraceptive method. The level

of knowledge of FP methods among married women in Dalit community of Laxmipur VDC is presented in Table 11.

Table 5.1: Distribution of currently married women who know any contraceptive method, by specific method

Method	No of Currently Married Women	Percent	National Level
Any Method	110	99.1	99.8
Any Modern Method	110	99.1	99.8
Female Sterilization	109	98.2	98.7
Male St.	107	96.4	96.3
Pill	77	69.0	95.4
IUD	61	55.0	67.2
Injectables	108	97.3	98.8
Implants	68	61.3	87.5
Condom	110	99.1	96.8
Foam/Jelly	21	18.9	-
Any Traditional Method	69	62.2	51.6
Periodic Abstinence	11	9.9	34.5
Withdrawal	69	62.2	39.8
Folk Method	19	17.1	1.5

Source: Field Survey, 2007 and NDHS, 2006

In table 5.1, knowledge of contractive methods is presented for currently married women by specific methods. Findings from field survey 2007 show that knowledge of at least one modern methods of family planning is nearly universal among married women of Dalit community in Laxmipur VDC of Ward No 6, 7, 8 and 9. The most widely known modern contraceptive method among currently married women are condom (99.1 percent), female sterilization (98.2 percent), injectables (97.3 percent), male sterilization (96.4 percent), pill (69.0 percent), implants (61.3 percent), IUD (55.0 percent) and foam and jelly (19 percent). A greater proportion of women reported knowing a modern method than a traditional method. Only 62.2 percent of them know of any traditional method. One of the reasons for the low reporting of knowledge of a traditional method may be that these methods are not included in the government family planning

program and women may be reluctant to mention them since they are not widely accepted.

Knowledge of contraceptive methods of both survey area and national level is almost universal. Knowledge of any modern method is higher in the national level (98.8 percent) in comparison to the study area (99.1 percent) but knowledge of any traditional method is higher in the study area (62.2 percent) than the national level (51.6 percent). The knowledge of all modern methods is higher in national level except for male sterilization and condom.

5.1.3 Knowledge on source of information

Nepal is a mountainous country, where media can not be able to provide the full range of information about the contraceptives. The geographical diversity, poor transportation, lack of education and skilled manpower and lack of poor management of development infrastructure interrupting to provide the information about Family Planning methods. In Nepal, radio is being more reliable source to provide any information. Besides, other sources are also providing information about FP methods.

To know the sources of information about contraceptive methods of the study area women were asked to mention the source of information about contraceptive methods. The mentioned answers of women are given in table 12.

Table 5.2: Distribution of women by knowledge on source of information about contraceptive methods

Knowledge of sources of information	Multiple responses	Percent
Neighbors	21	18.9
Radio	102	91.9
Television	17	15.3
Friends	75	64.9
Family	13	11.7
Health Worker	35	31.5
Others	2	1.8

Source: Field Survey, 2007

Note: Total percent exceeds more than 100 due to multiple responses.

Table 5.2 shows that the main source of information about contraceptive method is radio (91.9 percent) followed by friends (64.9 percent), health worker (31.5 percent), neighbor (18.9 percent), television (15.3 percent), family (11.7 percent) and others (1.8 percent).

Therefore we can say that Radio, friends, health workers television, family, neighbors are the main sources of information about contraceptive methods in the villages of Laxmipur VDC of Dang district.

5.1.4 Knowledge on sources of contraceptives suppliers

The difference between geographical composition of land and other factors are making trouble to provide and supply the contraceptive methods according to people's demand. That's why, suppliers is being backward then demand of people in our country. Specially, in hill and Mountain regions, people are facing more problems to get any types of FP methods. So, people of those regions have lack of knowledge about the sources of contraceptive and supplier. So, to know the knowledge about the sources of contraceptives suppliers, in this study, each respondents had been asked a question. "Do you know the sources of contraceptives suppliers? If yes, what are they? The answer of respondents is as follows:

Table 5.3: Distribution of sources of contraceptive supplies is dalit community

Health Post	No. of Women	Percent
Hospitals	73	65.8
Sub Health Post	61	55
Health Center	12	10.8
Hospital	35	31.5
Health Workers	47	42.3
Private Clinic	17	15.3
Family Planning Clinic	45	40.5
Don't Know	23	20.7

Source: Field Survey, 2007

Note: The total percent exceeds more than 100, due to multiple responses

Table 5.3 shows the knowledge on sources of contraceptive suppliers among married women of reproductive age in Dalit community, health post is accounted

65.8 percent, followed by sub-health post 55.6 percent, health center 10.8 percent, hospitals 31.5 percent, health workers 42.3 percent, private clinic 15.3 percent, Family planning clinic 40.5 percent and 20.7 percent women had not knowledge even one sources of contraceptive suppliers in Dalit community.

5.2 Use of contraceptives

The objective of this section is to find out the use of contraceptive devices among the named women of reproductive age group. It also tries to find out the reason for non use of family planning methods, and its side effect.

5.2.1 User and non- user of contraceptive

Table 5.4: Distribution of women who have reported use or non-use of contraceptive methods.

	Number of women	**Percent**
User	75	67.6%
Non-user	36	32.4%

Source: Field Survey, 2007

Table 5.4 shows that out of total married women 75 (67.6%) women have used contraceptive methods at least once and 36 (32.4%) women have never used contraceptive methods.

5.2.2 Current use and current non use of contraception

Current use is defined in this study as the current use of any contraceptive method during the time of survey.

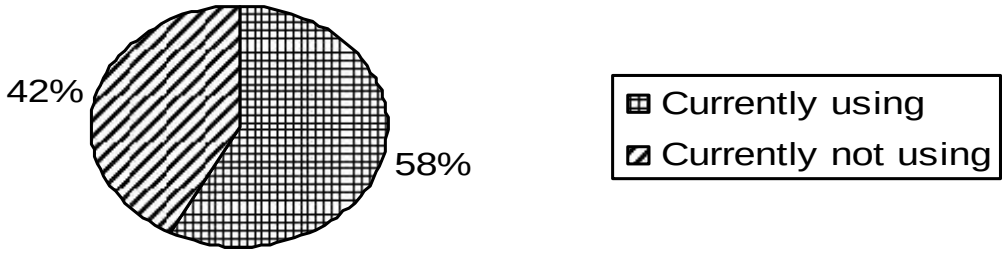
Table 5.5 shows that among the total respondents, 57.7 percent of currently married women are currently using contraceptive method and 42.3 percent of currently married women are not using any contraceptive method.

Table 5.5: Distribution of current use and current not-use of contraceptive methods

	No. of women	Percent
Currently using	64	57.7
Currently not using	47	42.3
Total	111	100.0

Source: Field Survey, 2007

Fig. 5.1 Percentage distribution of current use and current not-use of contraceptive methods



5.2.3 Ever use of contraceptives by age

Field survey 2007 asked respondents if they had ever used each of the methods they knew about. Women who said they had not used any of the methods were further asked if they had 'ever used any thing or tried in any way to delay or avoid getting pregnant.

Among currently married women 43 percent have ever used injectables, making it the most commonly used modern method. About one in seven currently married women has used pills, and condom in the past, and about one in ten women reported having used female sterilization.

Ever use of contraception varies with women's age. The pattern of ever use is curvilinear, with use being lowest among women in the youngest age group (15-19) increases with women's age up to age 35 to 39 and declines there after.

Table 5.6: Distribution of currently married women who have ever used any contraceptive method by specific method, according to age

Age	Pill	Injection	Condom	Foam/ Jelly	Female sterilization	Folk Method	With drawal	Periodic abstinence	No. of Women
15-19	0.0	7.7	7.7	0.0	0.0	0.0	0.0	0.0	13
20-24	14.8	37.0	25.9	3.7	0.7	0.0	14.8	0.0	27
25-29	29.6	62.7	14.8	7.4	7.4	0.0	33.3	7.4	27
30-34	25.0	62.5	18.8	6.3	6.2	0.0	37.5	6.3	16
35-39	21.1	78.9	21.0	15.8	15.8	0.0	15.8	0.0	19
40-44	16.6	50.0	16.7	16.7	33.3	5.3	0.0	0.0	6
45-49	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3
Total	15.3	42.7	15.0	7.1	9.5	0.7	14.4	2	111

Source: Field Survey, 2007

5.2.4 Current use of contraception by age

Current use of contraception is defined as the proportion of women who reported the uses of family planning method at the time of interview. 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 programs.

Table 5.7 shows that 57.6 percent of currently married women use any method of contraception with 55.1 percent using a modern method of contraception. 30.6 percent of currently married women are using injectable. It accounts for 55.6 percent of the total current contraceptive prevalence. 8.1 percent of currently married women are sterilized, and female sterilization accounts for around one seventh (15 percent) of the total current contraceptive prevalence.

10.8 percent of currently married women are using pill. It accounts for more than 20 percent of the total current contraceptive prevalence. Only 5.4 percent of currently married women are using condom, and it accounts for almost 9.8 percent of the total currently contraceptive prevalence.

Contraceptive use varies by age. Use is lower among younger women (because they are in the early stage of family building) and among older women than among those an intermediate ages. For example, current use of a modern contraceptive method is 7.7 percent among currently married women age 15 – 19, rises to 75 percent among women 30 – 34. Most women, who are using injectable, are at age group 30 – 34.

Table 5.7: Distribution of currently married woman by contraceptive method currently used according to age

Age	Any method	Any Modern Method	Pill	Injection	Female sterilization	Condom	Traditional method	With drawal	Not currently using	Total percentage	No of women
15-19	7.7	7.7	7.7	0.0	0.0	0.0	0.0	0.0	92.3	100.0	13
20-24	59.2	55.5	14.8	25.9	3.7	11.1	3.7	3.7	40.8	100.0	27
25-29	66.6	59.2	14.8	29.6	7.4	7.4	7.4	7.4	33.3	100.0	27
30-34	75.0	75.0	6.3	62.5	6.2	0.0	0.0	0.0	25.0	100.0	16
35-39	68.5	68.5	5.3	42.1	15.8	5.3	0.0	0.0	31.5	100.0	19
40-44	66.7	66.7	16.7	16.7	33.3	0.0	0.0	0.0	33.3	100.0	6
45-49	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	3
Total	57.6	55.1	10.8	30.6	8.1	5.4	2.7	2.7	42.3	100	111
Note: If more than one method is used, only the most effective method is considered in this tabulation.											

Source: Field Survey, 2007

5.2.5 Reason for discontinuation of contraception

Currently married non-pregnant women who were not using a contraceptive method at the time of the field survey fall into two categories with respect to their contraceptive experiences those who used contraception only in the past and those who never used contraception. Women were asked who had discontinued contraceptive use and their main reason for discontinuing.

Table 5.8 shows that 11 non pregnant women who ever used contraceptive devices have discontinued use. Among the group that discontinued contraception, the most commonly mentioned reasons for discontinuing are that

the couple wanted to have a child (45.5 percent). The next commonly presented reasons was the husband was away (27.3 percent) followed by created health problem (27.3 percent) and 9 percent of past users mentioned postpartum/breastfeeding is the main reason for discontinuation of contraception.

Table 5.8: Distribution of non pregnant currently married women who stopping using contraception by main reasons for stopping use

Reasons	No. of women	Percent
	Reason for stopping use	
Desire for child	5	45.5
Created health problems	2	18.2
Husband away	3	27.3
Post partum/ breast feeding	1	9.0
Total	11	100.0

Source: Field Survey, 2007

5.2.6 Reasons for non-use of contraception

Women were asked who had never used contraception the main reason they had never used a method. Among women who never used contraception, the most commonly mentioned reason for not currently using a method is desire for child (33.3 percent), another 17 percent women say that they have never used contraception because of husband away, 13.9 percent currently married women mentioned reason for not currently using contraceptive method due to fear of side effect. Similarly 11.1 percent mention desire for son followed by desire for daughter 5.5 percent; 5 percent report disagreement between husband and wife, 2.8 percent say they are not using contraception because they are unknown about the source and infrequently sex. Only 6 percent mentioned other problem.

Table 5.9: Distribution of non pregnant, currently married women who never used contraception by main reason for not currently using

Reasons	No. of women	Percent
	Reason for not currently using	
Desire for child	12	33.3
Unknown about the method	1	2.8
Fear of side effect	5	13.9
Infrequent sex	1	2.8
Disagreement between husband and wife	2	5.5
Husband away	6	16.7
Desire for son	4	11.1
Desire for daughter	2	5.5
Postpartum/ breast feeding	1	2.8
Other	2	5.5
Total	36	100.0

Source: Field Survey, 2007

5.2.7 Future use of contraceptive

Respondents who are not currently using contraception were asked "will you use contraception in future? In this question 27 (57.4 percent) women reported they will use of contraception in future and 20 (42.6 percent) women will not use contraception in future have also some reason for non use of contraception.

Table 5.10: Distribution of currently married women who are not currently using any contraceptive method by intention to use in the future

Future use	Number	Percent
Yes	27	57.4
No	20	42.6
Total	47	100.0

Source: Field Survey, 2007

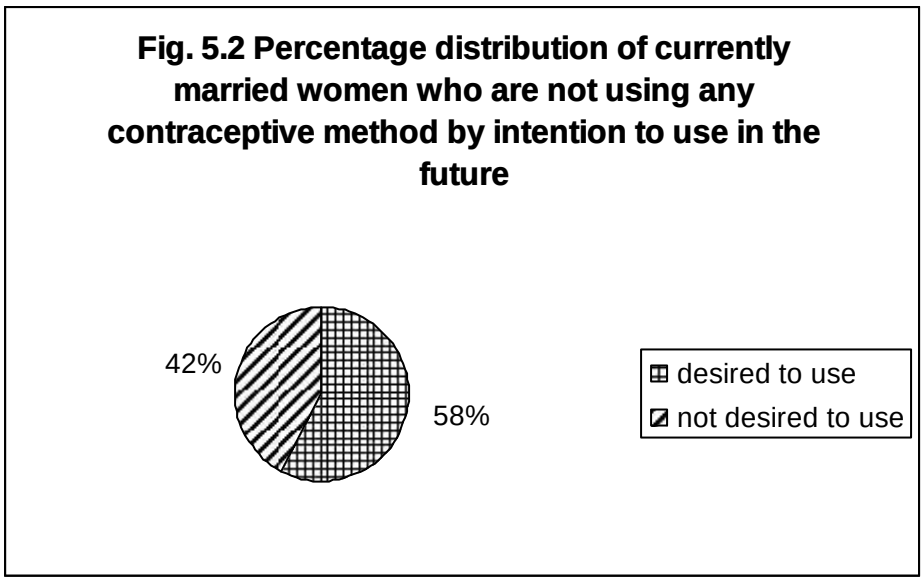


Table 5.10 shows that 6 in 10 women will use of family planning method in future and 4 in 10 women won't use.

Table 5.11 shows women's responses to the questions on future use according to specific method and the no. of living children. Among the currently married women who are not using contraception, 57 percent report that they intend to use family planning method in the future. There are differences in the percentage of women who intend to use family planning method according to their number of living children. The proportion of women intending to use injection peaks 75 percent among non users with 4 children declines to 33 percent among women with three children, and further declines to 29 percent among women with 2 children and 22 percent among women who have four or more children. The proportion of women intending to use female sterilization accounts for 50 percent among non users with 3 children declines to 43 percent among women with two children and further declines sharply to 11 percent among women who have five or more children. In total 26 percent currently married women who are not using contraception intend to use injection followed by condom and female sterilization 12.8 percent and pills 6.4 percent.

Table 5.11: Distribution of currently married women who are not currently using any contraception methods by intention to use in the future according to specific method and the no. of living children

Intention to use in future	Number of living children						
	0	1	2	3	4	5 +	Total
Pill	-	16.7	-	-	-	11.1	6.4
Injection	27.3	33.3	28.6	25.0	75.0	22.2	25.5
Condom	-	8.3	14.3	25.0	-	0.0	12.8
Female sterilization	-	-	42.8	50.0	-	11.1	12.8
Does not intend to use	72.7	41.7	14.3	-	25.0	55.6	42.5
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	11	12	7	4	4	9	47

Source: Field Survey, 2007

5.2.8 Side effect of contraceptive methods

Side effect is one of the main causes for non-use of contraceptives among the Nepalese women as well as men. When they find some symptoms and feel uneasy they do not go to treat it rather they leave to use. Generally women are leaving to use of any contraceptive devices because of its side effects. Married women of that community who are using any modem methods of family planning were asked to mention the side effect. The users mentioned responses are presented in table 5.12.

Table 5.12 presents the distribution of ever users who response side effect of specific methods. The major side effect related to injection and pills is irregular menstruation which constitute 40 percent and 14.7 percent respectively. Similarly, the major side effect related to female sterilization is headache which constitute 8 percent 4 percent constitute irregular menstruation, 2.7 percent over bleeding weakness and weight loss, 1.3 percent weight gain, vomiting and irregular bleeding and other constitute 5.3 percent.

In the same way, side effect of injection are mentioned over bleeding, headache, weakness, weight gain, weight loss, vomiting, irregular bleeding and others

which constitute 16 percent, 29 percent, 24 percent, 19 percent, 5 percent, 5 percent, 1 percent and 1 percent respectively. Side effect of pills are mentioned over bleeding, headache, weakness, weight gain, weight loss, vomiting and irregular menstruation which constitute 5 percent, 13 percent, 9 percent, 5 percent, 1 percent, 4 percent, 3 percent respectively.

Table 5.12: Distribution of ever user who reported side effects of the specific methods

Side effects	Injection	Pills	Female sterilization
Irregular menstruation	30 (40 %)	11 (14.7 %)	3 (4 %)
Over bleeding	12 (16 %)	4 (5.3 %)	2 (2.7 %)
Headache	22 (29.3 %)	10 (13.3 %)	6 (8 %)
Weakness	18 (24 %)	7 (9.3 %)	2 (2.7 %)
Weight gain	14 (18.7 %)	4 (5.3 %)	1 (1.3 %)
Weight loss	4 (5.3 %)	1 (1.3 %)	2 (2.7 %)
Vomiting	4 (5.3 %)	3 (4 %)	1 (1.3%)
Irregular bleeding	1 (1.3 %)	2 (2.7 %)	1 (1.3 %)
Other	1 (1.3 %)	-	4 (5.3 %)

Source: Field Survey, 2007

Note:- Total percentage exceeds more than 100 due to multiple responses.

5.2.9 Discussion of family planning

Although discussion between husband and wife about contraception use is not a precondition for the adoption of contraception, its absence may be an impediment to use. Inter-spousal communication is thus an important intermediate step along the path to evaluate adoption and especially continuation of contraceptive use or sustained use of contraception. Lack of discussion may reflect a lack of personal interest, hostility to the subject in talking about sex related matters. To explore this subject, all currently married women were asked whether they had discussed about family planning with their husbands.

Table 5.13 shows the percent distribution of currently married woman who know about family planning by the number of times they discussed family planning

with their husbands in the year before the survey. It shows that 63.1 percent of women never discussed family planning with their husband, in the past few months. Overall, 26.1 percent of currently married women discussed family planning with their husband once or twice in the last few months; 10.8 percent of women discussed family planning with their husbands more often in the past year. Women aged 25-29 years are most likely to have discussed family planning with their husbands.

Table 5.13: Distribution of currently married women who know a contraceptive method by frequency of discussion with husbands in the past year according to age

Age	Never	Once or twice	More often	Total	Number of woman
15-19	8 (61.6)	4 (30.7)	1(7.7)	100.0	13
20-24	17 (63.0)	7(25.9)	3(11.1)	100.0	27
25-29	13(48.2)	9(33.3)	5(18.5)	100.0	27
30-34	11(68.7)	4(25.0)	1(6.3)	100.0	16
35-39	14 (73.6)	4 (21.0)	1 (5.3)	100.0	19
40-44	4 (66.7)	1(16.7)	1(16.7)	100.0	6
45-49	3(100.0)	0.0	0.0	100.0	3
Total	63.1	26.1	10.8	100.0	111

Source: Field Survey, 2007

5.3 Attitude towards contraceptives

5.3.1 Attitude towards the use of contraceptive methods

Attitude towards contraceptives depend on knowledge and use of contraceptive methods. There are positive and negative attitude towards the use of contraceptive. If users are getting proper knowledge about positive and negative effects after use of any methods then they can make their mind positive and negative. People are out from full range of knowledge and practice of family planning method so they can't express their attitude towards contraceptive methods. So that, there should be good relationship between users and service providers then attitude towards contraceptive will be positive. Level of education and practice determine the attitude of people.

5.3.2 Concept about contraceptive

Table 5.14 Shows that 58.6 percent of married women thing that use of contraceptive method is good followed by 15.3 percent women think best, 17.1 percent think bad and 9.0 percent women reported that they don't know any think about the use of contraceptive.

Table 5.14: Distribution of women's concept about contraceptive methods

Concept	No. of Women	Percent
good	65	58.6
better	-	0
best	17	15.3
bad	19	17.1
Don't know	10	9.0
Total	111	100.0

Source: Field Survey, 2007

5.3.3 Attitude towards advantage of contraceptive

All currently married women were asked about the advantage of contraceptive during the period of survey. The responses of women are presented in table 16.

Table 5.15: Distribution of respondents responses about advantage of contraceptive

Advantage of Contraceptive	No. of Women	Percent
To make and promote economic condition of family	21	18.9
To make better health of child and mother	45	10.5
To make happy family life	85	76.6
To make better education for child	14	12.6
Limit the births	73	65.8
Not stated	13	11.7
Total	111	100.0

Source: Field Survey, 2007

Note: - Total percent exceeds more than 100 due to multiple responses

Table 5.15 shows that 76.6 percent women had responsed that family planning methods help to make happy family life. Similarly, 65.8 percent women had responses that contraceptive method help to limit the births followed by 40.5

percent said to make better health of child and mother, 18.9 percent said to make and promote economic condition of family, 12.6 percent said to make better education for child and 11.7 percent women had not stated about the advantage of contraceptive methods.

5.3.4 Attitude towards birth spacing

The difference between first and second birth interval is called birth spacing. Several studies show that there is negative relationship between birth spacing and risk of death of child and mother. In other words, it can be said that shorter the birth spacing higher the mortality rate of child and mother and longer the birth spacing lower the morality rate of child and mother. Therefore, this study find out the attitude towards birth spacing, the respondents were asked, what should be the birth space for better health of mother and their child? The result is presented in table.

Table 5.16: Distribution of married women according to their views on birth spacing

Minimum birth interval	No. of Women	Percent
1 year	3	2.7
2 year	18	16.2
3 year	31	27.9
4 year and above	59	53.2
Total	111	100.0

Source: Field Survey, 2007

Table 5.16 shows that 53.2 percent of currently married women of reproductive age group in Dalit community prefer at least 4 years and above birth spacing between one child to another, followed by 27.9 percent. Prefer three years, 16.2 percent prefer 2 years birth spacing and only 2.7 percent women birth to have 1 year birth spacing. This shows that the attitude towards birth spacing of Dalit married women is significantly high. If they could apply the birth spacing according to their attitude the birth rate of Dalit community would reduce dramatically.

5.3.5 Child bearing age of women

Age of women also plays an important role for healthy outcomes of pregnancy. Because before the age of 20 years, women are not fully capable to bear a healthy body due to mentally and physically immature. But in the context of our country, 24 percent women give birth before the age of 20 years, which is also an approximate determinant of high maternal morbidity, Mortality and high IMR. Therefore, it was asked with Dalit community married women that what should be the age of women while child bearing. The responses of women are presented in table 17.

Table 5.17: Distribution of married women according to their attitude towards age of child bearing

Age	Women attitude towards age of child bearing	
	No. of Women	Percent
Under 18 years	17	15.3
18-20 years	33	29.7
20-22 years	56	50.5
22-24 years	1	0.9
24 years and above	4	3.6
Total	111	100.0

Source: Field Survey, 2007

Table 5.17 shows that 50.5 percent women said that the child bearing age of women should be 20-22 years followed by 29.7 said it should be 18.20 years, 15.3 percent said it should be under 18 years, 3.6 percent said it should be above 24 years and only 0.9 percent reported that the child bearing age of women should be 22-24 years.

5.3.6 Reason for unwanted and high risk pregnancies

Table 28 shows that 44.1 percent respondents said that the religious factor is the main cause of unwanted and high risk pregnancies followed by 25.2 percent said expensive, 14.5 percent said wife disagree, 9.9 percent said that the main reason for unwanted and high risk pregnancies is the acknowledge, and only 6.3 percent

women said that the husband disagree is the main cause of unwanted and high risk pregnancies.

Table 5.18: Distribution of reason for unwanted and high risk pregnancies

Risk Pregnancies		
Reason	**No. of Women**	**Percent**
Acknowledge	11	9.9
Husband Disagree	7	6.3
Wife Disagree	16	14.5
Expensive	28	25.2
Religious Factors	49	44.1
Total	111	100.0

Source: Field Survey, 2007

5.3.7 Attitude towards the safest methods of contraceptive methods

Table 5.19 Shows that according to dalit women's attitude, the safest methods of contraception, among various methods, is female sterilization. It accounts for 44.2 percent. Similarly, injection accounts for 31 percent followed by pills 10.8 percent, condom and male sterilization account 4.5 percent, Foam/Jelly account 2.7 percent, and 3.6 percent did not stated.

Table 5.19 Distribution of respondents towards safest method of FP

Contraceptive Methods	**No. of Person**	**Percent**
Pill	12	10.8
Injection	31	27.9
Norplant	2	1.8
Foam/Jelly	3	2.7
Condom	5	4.5
Male sterilization	5	4.5
Female sterilization	49	44.2
Don't know	4	3.6
Total	111	100.0

Source: Field Survey, 2007

CHAPTER VI

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter deals with summary findings of the study, conclusion and recommendations.

6.1 Summary and findings

This study has been carried out to examine the knowledge, attitude and contraceptive use among currently married women of the reproductive age (15 – 49 years) group at Laxmipur VDC in Dang District. This study attempts to find out some selected demographic and socio-economic characteristics of the study population. The data have been taken by asking the women of reproductive age group 15-49 years residing in different wards. Data were collected purposively from 101 households in the study area. The main objectives of this study are to find out demographic and socio-economic characteristic, knowledge, attitude and use of contraceptive methods and find out the reason for non-use of family planning method. The main findings of this study are as follows.

6.1.1 Individual and household information

- Out of 696 total population of 101 households, 359 (51.6 percent) are males and 337 (48.4 percent) are females. In this study area, female population is higher than male population.
- Among the study population, the overall sex ratio is 106.5 percent. The lowest sex ratio is (81.8 percent) in the age group of 20-24 and 24.3 percent in the age group 25-29 and lowest percent to age group 45-49 i.e. 2.7 percent.
- Among the total respondents, the major occupation is agriculture (63 percent). It is followed by daily wage 13.5 percent, labour 12.6 percent, service 11 percent, housewife 4.5 percent, business 3.6 percent and others include 2.7 percent.

- The study shows that the majority of respondents i.e. 38 percent household had annual income less than 10 thousand, 17 percent household had 25000 to 35000 thousands, 15 percent household had 15000-20000 thousand, 14 percent household had 20000-25000 thousands and another 14 percent household had 10000-15000 thousands and only one percent household had less than 10000 thousands.
- The overall literacy rate is 41.4 percent among married women of reproductive age group.
- The study shows that the majority of respondents had positive responses on children education i.e. 91.9 percent women reported that education should be given for both daughter and sons and 8 percent reported education for only sons.
- The majority of the household are kachhi, which accounted for 71.3 percent. The thatched house accounted for 20.8 percent and 7.9 percent households are semi pakki.
- Among the total respondents 73.9 percent of the respondents reported that age at marriage at 15-20 years, which is followed by 18.9 percent at 21-26 years 4 percent at 27-32 years and 3 percent reported at 33-38 years.
- Out of total respondents 11 percent respondents reported that they don't have any children ever born, 34 percent reported that they have 1 to 2 children ever born, another 24 percent reported that they have 3-4 children ever born, 15 percent respondents reported that they have 5-6 children ever born and 6.3 percent reported that they have 7 and more children ever born.

6.1.2 Findings for knowledge about family planning method

The findings about knowledge of contraceptive methods are as follows

- Knowledge of family planning is almost universal in Laxmipur VDC of Dalit community.

- Among the 111 currently married women, more than 99 percent have heard about any modern contraceptive method.
- The knowledge about condom (99.1 percent) is most widespread.
- The knowledge about Foam/ Jelly (19 percent) is least widespread.
- The knowledge of any traditional contraceptive method was 62.2 percent.
- Among the sources of information, knowledge about the family planning, radio has played supreme position 91.9 percent and family had lowest position i.e. 11.7 percent.
- The majority of currently married women (i.e. 65.8 percent) reported by sources of contraceptive suppliers is health post.

6.1.3 Findings for attitude of contraceptive method

- Attitudes towards the use of family planning are positive. 74 percent of currently married women who know of a contraceptive method approve of family planning use and 17 percent disapprove and 9 percent reported they don't know whether it is good or bad.
- Out of 111 respondents, attitude towards advantage of contraceptive, 76.6 percent stated that the principle advantage of contraceptive is to make happy family life followed by 67.8 percent stated to limit the birth, 40.5 percent stated to make better health of child and mother, 18.9 percent stated to make and promote economic condition of a family, 12.6 stated to make better education for child and 11.7 percent didn't state.
- The majority of currently married women (53.2 percent) stated at least 4 years and above birth spacing is better between one child to another and least number i.e. 2.7 percent stated at least one year birth spacing should be made between one child to another.
- Out of 111 respondents, the majority of women (50.5 percent) reported that child bearing age of women should be 20-24 years while child bearing

and only 1 percent reported that it should be 20-24 years while child bearing.

- The largest proportion of currently married women 44 percent reported that than the main reason for unwanted and high risk pregnancy was religious factor and lowest proportion (6.1 percent) reported that husband disagree is the main reason for unwanted and high risk pregnancy.
- Out of 111 respondents, the majority women (44.2 percent) reported that female sterilization is the safest contraceptive method and only 1.8 percent reported Norplant is the safest contraceptive method.

6.1.4 Findings for use of contraceptive

Major findings about the use of contraceptive are as following:

- Out of 111 currently married women, 32.4 percent have never used contraceptives and 67.6 percent have used contraceptive method at least once.
- Among the total currently married women, 57.7 percent are currently using contraceptives and 42.3 percent are not currently using.
- Largest proportion of currently married women have ever used injection (56.9 percent) followed by (15.3 percent) pills.
- Among all age groups, the most popular ever used method is injection.
- Among the total respondents, 57.6 percent are currently using any modern method and only 2.7 percent are currently using traditional methods.
- Currently use of contraceptives of currently married women is highest in the age group 30-34.
- Among the 55.1 percent of currently married women who are currently using contraceptives, largest proportion (30.6 percent) of them are using injection.

- Out of 11 women who stopped using contraception by main reason for stopping use was desire for child (44.5 percent) followed by husband away (27.3 percent) created health problem (18.2 percent) and post partum/ breastfeeding (9 percent).
- Out of 36 currently married women who never used contraception by main reason for not currently using was desire for child which accounted for 33.3 percent, husband away (16.7 percent), fear of side effect (13.9 percent) and desire for child (11.1 percent).
- Among ever users, 46.7 percent ever users reported about side effects by the use of contraception. The major side effect related to injection and pills is irregular menstruations which constitute 40 percent and 14.7 percent respectively. Similarly, the major side effect related to female sterilization is headache which constitutes 8 percent.

6.2 Conclusion:

- The knowledge of contraceptive method is almost universal i.e. 99.1 percent in the study area.
- The finding reveals that the contraceptive prevalence rate in the study area is higher than that of the national average figure.
- The current pattern of modern contraception among currently married women of reproductive age in Dalit community is dominated by injection, pills, female sterilization and condom.
- The traditional contraception used among currently married women of reproductive age is very low.
- The study shows that there is strong relationship between women age, education and use of contraceptive methods.
- Socio-economic characteristics influence in the case of contraceptive methods.
- The main reason for non-use of contraception in the study area is desire for child, husband away and fear of side effect.

- The study shows that more women are intended to use any contraceptive methods after bearing her first child.
- Majority women, who have less than two children, are used temporary methods and who have more than two children are used permanent method (female sterilization).
- Attitude about family planning have been found positive.
- Mostly women reported that birth interval should be 4 years and above between two births.

6.3 Recommendation:

The knowledge, attitude and practice of contraceptive methods depend upon the age of women, level of women's education, accessibility of methods and quality of methods.

The following recommendation is made on the basic of the findings of the study.

- In order to raise the knowledge, attitude and practice of contraceptives among married women of reproductive age, formal and non-formal educational programme should be carried out for grass root level.
- Son preference is prevailing among the married women in Dalit community. They believe that "One son is like one eye". Therefore, the existing concept of son preference should be change by providing formal and non-formal education to them.
- Most of women frighten from the side effect of the contraceptives. When they once used, they should be provided appropriate information and counseling about the methods from the health post, sub-health post and health workers.
- Birth spacing method should be implemented among the married women of this community through the effective counseling and educational programmes because they used contraceptives when they attain desired number of children.

- ❖ The availability and accessibility of contraceptives should be increased.
- ❖ The distribution of contraceptives is not well through the public sector (health post, hospital, sub-health post) so it should be manage effectively.
- ❖ The maternal child health services should be provided at local level to provide the knowledge of maternal child health care, family planning methods, breast feeding as well as necessary practical training in this field in order to promote better family health.
- ❖ From government and non-government sector, the opportunities in non-agricultural sector should be provided for married women in Dalit community which can play the vital role to reduce their fertility level.
- ❖ Contraceptive method should be provided in all parts of the nation by the government.
- ❖ The study suggests that many women are not using any contraceptives methods due to desire for son. Desire for son may be main causes of old age security. Therefore, government should provide facility of old age security.
- ❖ The parents who have two or less than two children should provide free education, free medicine, free child care facility and employment opportunity by the government.
- ❖ The Dalit women should be involved in social, political and educational activities for all kinds of development of the nation.

6.4 Recommendation for the further area of research

- ❖ The study is based on knowledge, attitude and practice of contraceptive methods in Dalit community in a small area and small population of the rural area. Similar type of study should be conducted for other communities.
- ❖ The study did not deal about religions, ethnic and child losses experiences but it is better to conduct research by including such types of issues.

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Appendix: 1

Questionnaire

Tribhuvan University

Central Department of Population Studies (CDPS)

A Questionaire on Contraceptive knowledge, Attitude and practice

(A Case Study of Married Women (Dalit community) of age group 15-49 years,

Laxmipur VDC, Dang District , Field Survey 2007

Section I: Household Questionnaire

Name of the household head: **Religion:**

Caste: **Date of Interview:**

Ward No:

Name of Locality:

Family Type: (1) Nuclear (2)Joint

S.N	Name	Relationship to the Household head	Sex	Age	Education	Marital Status	Occupation
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

Code for

Relation to HH		Education		Marital status		Occupation	
Head of the household	01	Illiterate	00	Married	01	Agriculture	01
Husband/wife	02	Grade 1	01	Unmarried	02	Cottage industries	02
Father/Mother	03	Grade2	02	Widow	03	Service	03
Son/daughter in law	04	……..		Divorced	04	Business	04
Grand child	05	……		Separated	05	Daily wage agriculture	05
Father/Mother in law	06	Grade 9	09			Daily wage non-agriculture	06
Brother/Sister	07	SLC	10			House wife	07
Nephew/Nice	08	Intermediate	12			Student	08
Other relatives	09	Bachelor	14			Dependent	09
		Master and above	16			Current not working	10
		Informal education	20				
		Don't know	25			Don't know	11

Socio-economic condition of II

S.N.	Questions	Coding description		Skip Q.N.
1.	What is your main occupation?	Agriculture Daily wages (agr) Business Service Daily wage (non agr) Household work	01 02 03 04 05 06	
2.	How much money do you earn in a year? In Rs……			
3.	Do you have your own cultivated land?	Yes No	1 2 →	6
4.	If yes, how much land does your family have? …….Dhur 01 ……..Khatta 02…….Bigha 03			
5.	If yes, how many months your own food production can support your family?			

	Sustaining period (in month) ……..			
6.	If no, does your family operate other land on rent?	Yes No	1 2	
7.	Does your household have,	 Electricity? Radio? Tape? TV? Bicycle?	Yes No 1 2 1 2 1 2 1 2 1 2	
8.	Do you have own house?	Yes No	1 2	→ 12
9.	In what kind of house are you living?	Pakki Semi pakki Kachhi Traditional		
10.	Does your family have toilet facility?	Yes No	1 2	
11.	If yes what kind of toilet does your family?	Flush toilet Traditional pit toilet Ventileted improved pit Latrine Others	1 2 3 4 5 6	
12.	What is the main sources of drinking water in your family?	Piped water Piped into house Neighbour's tap Dug well Well in house Neighbour's well Surface water Spring/Kuwa Stream Stone tap Other	 11 12 21 22 31 32 33 41	
13.	What type of fuel does your household mainly use for cooking?	Firewood Cow dung (Guitha) Electricity Kerosene Gas Bio – gas Other	01 02 03 04 05 06 07	

Section III: Individual Questionnaire (only for married women aged 15-49)

S.N.	Questions	Coding description		Skip Q.N.
14.	How old are you (completed age)? ……year			
15.	Can you read and write?	Yes No	1 2	→ 17
16.	If yes, what class have you completed? …… class			
17.	Are you currently or ever married ?	Currently Ever	1 2	
18.	Do you have any birth?	Yes No	1 2	→ 22

19.	If yes, how many children do you have? Son …….. Daughter…….			
20.	Are they all alive now?	Yes No	1 2	
21.	If no, how many of them died?	Son 01 02 03 04	Daughter 01 02 03 04	
22.	What is your opinion towards children education?	Education for only daughter Education for only son Education for both Education for none of them	01 02 03 04	
23.	Who is the decision maker in your family?	Husband Wife Father – in – law Mother Other	01 02 03 04 05	

Section: IV Knowledge of contraceptive method

24.	Have you heard about contraceptive method?	Yes No	1 2 end interview	
25.	If yes, what kind of methods do you know?	-Pill (निलोकन) -Injection (संगिनी/तीन महिने सुई) - Inplant/Norplant -IUD कमर्टी,लुप) -Foam/Jelly (कमल चक्की) -Condom -Male St. (पुरुष बन्ध्याकरण) -Female St. (महिला बन्ध्याकरण) -Period Abstinence (केही समय संम्भोग नगर्ने) -With drawl - Folk method (जडिबुटि)	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
26.	From where have you heard about these methods?	Radio T.V. Friends Family Other (Specify)	1 2 3 4 5	
27.	When did you know about contraceptive method?	After marriage Before marriage Don't know	1 2 3	
28.	Do you know, from where can you get contraceptive method?	Health post Health centre Hospital Health worker Mobile health clinic Private doctor Family planning clinic Other	01 02 03 04 05 06 07 08	

Section V

Use of contraceptive method

29.	Have you/your husband ever used any contraceptive method?	Yes No	1 2 →	 47
30.	If yes which method do you use?	-Pill (निलोकन) -Injection (संगिनी/तीन महिने सुई) - Inplant/Norplant -IUD कमर्टी,लुप) -Foam/Jelly (कमल चक्की) -Condom -Male St. (पुरुष बन्ध्याकरण) -Female St. (महिला बन्ध्याकरण) -Period Abstinence (केही समय संम्भोग नगर्ने) -With drawl - Folk method (जडिवुटि)	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
31.	Why did you use this method?	To space of birth To prevent for STDs/AIDS For personal health Maternal child health	1 2 3 4	
32.	Are you/your husband currently using any contraceptive method? (Not to ask pregnant women)	Yes No	1 2	
33.	If yes which methods are you/your husband currently using?	-Pill (निलोकन) -Injection (संगिनी/तीन महिने सुई) - Inplant/Norplant -IUD कमर्टी,लुप) -Foam/Jelly (कमल चक्की) -Condom -Male St. (पुरुष बन्ध्याकरण) -Female St. (महिला बन्ध्याकरण) -Period Abstinence (केही समय सम्भोग नगर्ने) -With drawl - Folk method (जडिवुटि)	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
34.	Where did you obtain (current method) when you started using it?	Government sector Non-government (NGO) sector Private medical sector others (specify)	01 02 03 04	
35.	Why did you take the contraceptive method from that institution?	In expensive method Easy to obtain Secrecy Others (specify)	01 02 03 04	
36.	How long does it take you to travel from your house to the nearest place?	Minutes 1 ☐☐ Hours 2 ☐☐ Doesn't no3 ☐☐		
37.	Have you ever made discussion about the use of contraceptive method between spouse?	Yes No	1 2	
38.	If yes how many times have you made discussion?	One two three + never	01 02 03 04	
39.	Do you have any side effect from the use of contraceptive?	Yes No	1 2 →	 44

40.	If yes, what are they?	Irregular menstruation Irregular bleeding during menstruation Over bleeding Vomiting Headache/dizziness Weakness Weight gain Others	1 2 3 4 5 6 7 8	
41.	Did you go for check up?	Yes No	1 2	
42.	With whom did you check up about side effect?	Doctor Nurse Vaidya/Kaviraj Health assistant Assistant health worker Auxiliary nurse midwife Private medical clinic		
43.	Were you satisfied with the treatment?	Yes No	1 2	
44.	How long have you or your spouses been using a family planning method?	Year…… Month…….		
45.	Have you ever been pregnant while using a family planning method?	Yes No	1 2	
46.	If yes, which method was that?	……..		
47.	If no, what is the main reason for not using the contraceptives method?	Desire for child Against the religion Unknown about the method Unknown about the source To be pregnant Sexual displeasure Shyness Unavailable Others	01 02 03 04 05 06 07 08 09	
48.	Are you intended to use family planning method in the future?	Yes No Don't know	1 2 3	→ 50
49	Which method will you use if you use the family planning method?	-Pill (निलोकन) -Injection (संगिनी/तीन महिने सुई) - Inplant/Norplant -IUD कमर्टी,लुप) -Foam/Jelly (कमल चक्की) -Condom -Male St. (पुरुष बन्ध्याकरण) -Female St. (महिला बन्ध्याकरण) -Period Abstinence (केही समय संम्भोग नगर्ने) -With drawl - Folk method (जडिवुटि)	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
50.	What is the reason for not using the contraceptive method in the future?	Desire for child Against the religion Unknown about the method Unknown about the source To be pregnant Sexual displeasure Shyness Unavailable Disagreement between husband and wife Infrequent sex Fear of side effect Others	01 02 03 04 05 06 07 08 09 10 11 12 13	

Section: VI

Attitude towards contraceptive methods

51.	What do you think about contraceptive method?	Is good Is bad Is better Is best Don't know		
52.	If, good, better, best, what are the advantages of contraceptive method?	1. To make and promote better economic condition of family 2. To make better health of child and mother. 3. To make happy family life. 4. To make better education 5. Don't know		
53.	In your view, is it better for the health of mother and child to make space between first and next birth?	Yes No	1 2 →	55
54.	If yes, what should be the birth space for the better health of mother & child?	1. 1 year 2. 2 year 3. 3 year 4. 4 years and above 5. Don't know		
55.	What should be the age of women while child bearing?	a) Under 18 years b) 18-20 years c) 20-22 years d) 22-24 years e) Above 24 years f) Don't know		
56.	What are the main reason for unwanted and high pregnancies?	a) Acknowledge b) Not available c) Husband disagree d) Wife disagree e) Expensive f) Religious factor		
57.	Which is the safest method of contraception in your opinion?	-Pill (निलोकन) -Injection (संगिनी/तीन महिने सुई) - Inplant/Norplant -IUD कमर्टी,लुप) -Foam/Jelly (कमल चक्की) -Condom -Male St. (पुरुष बन्ध्याकरण) -Female St. (महिला बन्ध्याकरण) -Period Abstinence (केही समय संम्भोग नगर्ने) -With drawl - Folk method (जडिबुटि)		