

CHAPTER I

INTRODUCTION

1.1 Background

Population growth is a phenomenon which has multi-dimensional effects on human society and world economy. The growth of world population during the decades is a serious problem. The demographic feature of the world population is its high growth rate. According to the world population data sheet 2005, the total population of the world has reached to 6.4 billion (PRB, 2005). More than 80 percent of the world population reside in developing countries. An environment and natural beauty of the earth is inefficient and disappointing drastic change have happened by over population and natural imbalances. Green hills are being deforested, fertile lands have been destroyed, mountains lands have faced of uncertain erosion. So that man has to seek for alternative solution of gain production by the lack of fertile land. Not only this, the high rate of population growth has adversely affected the social, economic development and so forth.

In the context of developing countries like Nepal, the rapidly increasing population is one of the major demographic characteristics. The population increased from 15 million in 1981 to 18.4 million in 1991 and 23.1 million in 2001. The annual population growth rate (PGR) during the last inter-censual period was 2.24 percent and it was increased by 34 percent during the year 1991 to 2001. The annual population growth rate was 2.1 percent in 1981-1991. The birth rate has roughly declined from 41.2 to 33.58 per 100 population during 1991-2001. The total fertility rate (TFR) has declined from 5.6 to 4.1 in the same year. Similarly, the death rate during the same period has declined from 13.3 to 10.3 per thousand population (MOPE, 1998) and infant mortality rate (IMR) from 97 to 79

per 1000 live births. The average life expectancy in Nepal is around 60 years in 2001.

There are three factors that decide the shape of population of any country. They are death rate, growth rate and migration rate. Among them growth rate (fertility rate) plays the most important role. The present fertility rate of Nepal is 3.7 per woman which is one of the highest rates in the world. The fertility rate of Japan is 1.3, China 1.6, Sri Lanka 2.0 and India 3.0 (World Population Data Sheet, 2005).

There are various factors for high fertility rate in Nepal. Lack of female education, importance of son child, early marriage, poverty, lesser role of female in decision making are some of the factors being fertility rate high in Nepal (Manandhar, 1991).

1.1.1 Residential Area of Tharu

Mostly this ethnic group has been found in major districts are Kanchanpur, Kailali, Banke, Bardia, Dang, Kapilbastu, Rupendehi, Nawalparasi, Chitwan, Sunsari and Morang (Guneratne, 1977: 56).

Population of Manmateria VDC is 8362 constituting 4365 males and 3997 females. Out of total population 54.24 percent are Tharu (District profile, 2004).

1.1.2 Population of Tharu

Population refers to total number of people residing in certain geographical area or boundary. According to the National Population Census 2001, there was 1,331,546 population of Tharu which is 5.86 percent of the total population whereas the percent of the Tharu population in the census years 1981 and 1991 was 5.37 and 5.86 percent respectively.

1.1.3 Language of Tharu

The 1952/54 census listed 36 languages as mother tongue but now there are more than 93 types of language in Nepal. A mother tongue is defined as one spoken by a person in his childhood. Tharu has own mother tongue but only few Tharu are using this language as mother tongue.

The percentage of population who speak Tharu language was 4.37 percent in 1952/54, 4.36 percent in 1981, 5.37 percent in 1991 and 5.86 percent in 2001 (CBS, 1995; CBS, 2003).

1.1.4 Educational Status of Tharu

Education is the most important indicator of human life. This is also known as representing the qualitative characteristics of any community. But very less Tharu people are educated than other ethnic groups and most of the literate Tharu have passed SLC and they want to involve in different types of work, for purpose of services. This group is deprived from chance of educational attainment but more than half Tharus are literate or it means only 55.9 percent are literate in this ethnic group.

1.1.5 Economic Activities of Tharu

Most of the Tharu live in village or Tarai area. Usually hard field works such as ploughing, going to forest and cutting firewood, etc. are men's jobs. Animal husbandry and household jobs such as cooking, dish washing, cleaning out the house are women's jobs. Activities such as transplanting, weeding, and harvesting are jointly done by both sexes.

1.1.6 Cultural Activity of Tharu

Culture is a way of life. Among several festivals which the Tharus observe are Raib, Fagu, Soharai, Khichora, Dashain, Pitare Aunsi, Jehar, Maghe Sankranti and Jitia (Pyakuryal, 1982).

There is also seen early age marriage and dowry related system as well as spending a lot of money in marriage in this community. Among the Tharus, when a boy is seventeen and a girl is fifteen or sixteen years, they are considered to be of marriageable age.

1.2 Statement of the Problems

If there is balance in any country between resources and population, its population is not problem by itself but rather that is significant property of nation. Appropriate population (optimum population) can play important role in the pace of development. One country has to face the problem if there is under and over population. It is much better if population can stay in balance of country's geographical structure, areas and available resources allocation. Thus, population growth means the rate of national production is proportionally less than the rate of population growth or imbalance between population growth and national economic output in terms of education, health, employment, food and so forth with the available resources of the country.

The rapid growth of population is not only worldwide problem but it also a problem of every nation, the society and family. Society and country have to face its impact equivalently. One family makes society and society makes country. Thus, population grow by family size. So, its impact has to face at first by family, thereby society and nation. Thus, today's need is be aware of population growth by every one wise-man struggle for different sort of problems which have to face towards individuals, the society and nation.

Population growth is one of the serious problems in many developing countries. Nepal is one of the poorest developing countries of the world facing the problem of rapid population growth which is caused by lack of industrialization, low productivity, illiteracy and unemployment. Because of the practice of traditional method of farming, our food production is unable to feed the rapidly growing population. Thus, to balance the ratio of total production and population growth, we should control population. The contraceptive prevalence rate in our country is comparatively low with other Asian countries, which is found 38.9 percent in 2001 (MoH, 2001).

Various activities are conducted in Nepal regarding family planning. Many governmental and non-governmental agencies are involved in family planning programmes. These organizations are distributing different kinds of temporary and permanent types of family planning means in different parts of the country. The main objective of these programmes is to reduce fertility rate and control population. But most of these programmes have been failed to reach in the poor and rural part of the country. That is why, Nepal is lacking behind in using family planning means.

The contraceptive prevalence rate in Nepal has been found to be 39 percent in 2001 (NFHS, 2001). While unmet need of family planning service accounts for 28.8 percent desiring couples in 2001 (NFHS, 2001). The unmet need of family planning service is lower than CPR. More specifically, the reason is more use of contraception by the women.

Nepal is multi-linguist, multi-religious and multi ethnic country. There has been a number of studies conducted at the national level. Most of the Tharus live in rural areas. They are basically farmers and are still adopting traditional agricultural method of farming. They reproduce more children for agricultural manpower. The Tharu community is also known as backward community in Nepal.

The use of family planning i.e. evident that women can have safe and satisfying life and for this reason women are willed and given the family planning services increasingly. The present study attempts to analyse factors contributing to determine contraceptive knowledge and use of women of reproductive age group (15-49) of Manmateria VDC, Rupandehi.

1.3 Objectives of the Study

The main objective of this study is to find out the knowledge and use of family planning methods among ever married Tharu women in Manmateria VDC. The specific objectives are as follows:

-) To study the socio-economic background characteristics of the respondents,
-) To find out the knowledge and use of FP methods among them,
-) To examine the reasons for non-use of contraception, and
-) To assess on knowledge, use and non-use of FP methods among the respondents.

1.4 Limitation of the Study

No study can be free from the limitations and this study is not an exception of this fact. So this study has the following limitations:

-) This study is limited only on married women of Tharu community in Manmateria VDC of Rupandehi district aged 15-49 years.
-) This study only covers knowledge and use of FP methods.
-) This study is based on VDC level therefore its results may not cover whole nation as well as other ethnic groups.

1.5 Significance of the Study

Family planning means are inevitable to control the population growth and these means are used by men or women when they are well informed about it. On the basis of this fact, planners, demographers and policy makers from the whole world are in attempt of getting information about targeted groups knowledge and practice. The use and demand of the family planning means depends on the knowledge and use of fertile couple. The knowledge and use are the most important over other concerned factors. So, the study of use and knowledge is done everywhere in the world where family planning programme is conducted.

Fertility rate can be reduced by giving proper knowledge of FP whether it is rural or urban area. Merits of small family are to be publicized well, so that people would attract toward the use of FP methods.

About 86 percent people in Nepal live in rural areas. So the rural area should be focused for any programme or activities. In the current five year plan, target is taken to control the birth rate by using direct or indirect means of FP by the end of this plan. It is targeted to reduce the fertility rate from 4.1 to 3.6 per woman and FP means from 39 to 46 percent (NPC, 2002).

Nepal is multi-ethnic society, the ethnic differences in contraceptive use is importantly to be known by the policy makers and programme implementers because multi ethnic society is composed of different social norms and values with different attitude towards FP and birth control aspects.

Tharu community is also an ethnic group of the Tarai region. It has its own language, culture and tradition.

This study provides knowledge and use of contraceptive use in Tharu community of Manmateria VDC Rupandehi district. In this study, emphasis is not given in any specific methods. Data about utility of all methods are collected from respondents.

Policy makers, planners, administer and demographers are always seeking more detailed information not only in the national level but also at gross root level. Therefore, this study will provide little bit but reliable information about FP which helps the planners and policy makers to make policy and implement the family planning programme in related areas.

1.6 Organization of the Study

This study is organized into six chapters. The first chapter deals with background of the study, significance, limitation and organization of the study.

The second chapter presents theoretical, empirical literature and conceptual framework. The third chapter concerns with methodology of the study which describes sources of data, study area, sampling method and sampling size, research instruments, etc. Similarly, chapter four tabulates and analyses the background characteristics of respondents and average number of births given by them. Fifth chapter analyses the knowledge, attitude and use of family planning methods. Sixth chapter finalizes the summary of the findings, conclusions and recommendations with possible areas for the further study in relation with the issue.

CHAPTER II

LITERATURE REVIEW

2.1 Theoretical Literature

The most important factors that changes the shape and structure of population are birth rate, death rate, and migration. Out of these, birth rate dominates other two. The fertility rate of Nepal is among the highest in the world (PRB, 1998). Population growth rate is greater than the economic growth rate, due to which all the developmental efforts have been failed.

The uses, attitude and knowledge are the most important factor in reference of family planning which determines the fertility rate. Proper knowledge and positive attitude leads people to use family planning means. Easy access in the means and proper knowledge of using it will help people to adopt the family planning means. Family planning means having side effects make negative impact on people. General public observing this fact develop negative attitude on all means of family planning. Thus, the study on the knowledge use and attitude play vital role on conducting family planning programme.

Different governmental and non-governmental organizations related to family planning activities are engaged in overcoming problems emerged due to population growth. In 1959 A.D. the Family Planning Association established with the objective "SANO PARIWAR, SUKHI PARIWAR" means small family is happy family. Like the family planning association Nepal, there are other organizations too concerned with family planning programmer. The objective of all these organization is to control the haphazard growth of population. By the use of family planning means, any women can give birth to desired number of children.

Sadik (1997: 70) has found the highest contraceptives prevalence in Europe (72%) followed by North America (71%), Latin America and Caribbean (60.5%) and Asia (59%) and Africa (19%), which is the lowest rate.

The meaning of family planning is not to postpone birth. To give freedom to the people about the number and spacing of their children, to have the information and means to do so and to ensure informed choices and make available to full range of safe and effective methods are the aims of the family planning programme. The success of population education and family planning programmes in a variety of settings demonstrate that informed individual everywhere can and will act responsibly in the light of their own needs and those families and communities. The principle of informed free choice is essential to the long-term success of family planning programme (UN, 1994).

In 1994, International Conference on Population and Development (ICPD) held in Cairo has also emphasized women empowerment as a basic tool for a country's overall development and improving the quality of people's life. The conference recommends that the full participation and partnership of both women and men is required in productive and reproductive life including shared responsibilities for care and nurturing of children and maintenance of the household in all parts of the world women are facing threats to their lives, health and well being as a result of being overburdened with work and of their lack of power and influence in most regions of the world. Women receive less formal education than men and at the same time women's own knowledge abilities and coping mechanism often go unrecognized. The power relations that impede women's attainment of healthy and fulfilling lives operate at many levels of society.

In the middle of twentieth century, the theory of demographic transition summarises the historical transition of fertility and mortality in the countries of Northern Europe. The theory advocates the transition from high fertility and

mortality to low fertility and mortality along with the socio-economic development of society. This theory was based on the experience of fertility decline after declining in mortality with advancement of industrialization and urbanization in the west. In 1945, Notestein stated that at pre-industrial society high fertility was required to balance high mortality rate, otherwise, the averages of mortality would have led to population decline and extinction. When the process of modernization had brought the death rates fell down, this results the decline in fertility. Urban industrial society is the crucible of demographic transition theory that is the development of technology lies at the root of matter (Caldwell, 1977: 30-33).

Bongaarts (1978) showed the four principles proximate determinants of fertility namely proportion of married women, post-partum infecundability, induce abortion and prevalence of contraceptive use. Bongaarts claimed that 96 percent of fertility could be explained by these four factors. In typical traditional society where fertility, the principal role is generally played by former two determinants and in non-traditional or modern society where fertility is found in transition it is highly affected by later two determinants (Dhakal, 1995:8).

In 1995, Esterlin proposed a generalized model for fertility decision, according to which a woman varies her child bearing in order to optimize her husband's utility. Her decisions are affected by income, price and cost of regulation on fertility required examination of the net effects via the proximate variables directly. The theory regarding migrant fertility assumes that migrants earn more in cities than in their rural places of origin. The higher income is supposed to raise the living standard and increase the cost of the child bearing which result in decline in fertility. In addition, migrant are expected to adapt and became more like native city dwellers. Urban born women generally have fewer children than rural born women, thus migrant fertility is expected to fall approaching urban fertility level (Sally, 1982: 248-251).

Since 1965, His Majesty's Government adopted a policy of Family planning and commenced integrated service with MCH activities. The government supported the provision of family planning services through maternal and child health board under whose umbrella, Nepal Family Planning, Maternal and Child Health Project is established in 1968. At first the services were concentrated only within the Kathmandu valley. Later the services were gradually expanded including other parts of the country. In 1968 a semi-autonomous body called Nepal family planning and MCH board was established. Family planning and maternal and child health project is responsible for the delivery of FP/MCH services to the entire population of whole society.

There are 40 district offices of the project, which carry out the action programmes in 52 districts out of 75 districts of the kingdom since 1996. The community health and integrated project under the Ministry of Health is responsible for providing family planning services in the rest 23 districts (BCHIMES, 1983).

Bongarts and Potter said that the use of contraceptive change fertility assuming it one of the most important proximate determinants.

The ministry organization was restructured to accommodate a majority of vertical projects staff members. In 1987, His Majesty Government made a decision regarding to family planning services would be provided by integrating all vertical projects in all 75 districts with the restructuring to the ministry, the Integrated Community Health Services Department Project (ICHSDP) was abolished and converted into the public health division in 1987. Furthermore, it is integrated with reproductive health in 1996 and adopted some strategies.

2.1.1 Family Planning Policy in the Tenth Plan

The Ninth Plan's long-term schemes were to materialize the concept of two children only in the Ninth Plan period and to get the total rate of fertility to the replacement level in 20 years. Similarly, in the Ninth Plan, the major objectives

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

Strategies:

- Reproductive health services will be made easily available and the late marriage and breast-feeding will be encouraged.
- Emphasis will be given to raise public awareness extensively in the management of population.

Policy/Action Plan:

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

2.2 Empirical Literature

In many industrialized countries and some developing countries such as China and Thailand, average fertility is now well below the two-child average. Because these low fertility levels lead to population decline sooner or later, some reports have sounded alarms about the possibility of a worldwide "birth dearth." The majority of the world's countries, however, have fertility above the two-child average and large numbers of women of reproductive age due to higher fertility in the past. Thus, global population growth is ensured for many decades.

The United Nations population projection often considered to be the most likely (the "medium" projection) assumes that fertility in developing countries will drop to an average of 2.1 children per woman by 2050 and eventually to 1.85. As with any projection, such assumptions may prove correct for some countries but not for others. Although the 1980s and 1990s saw rapid fertility decline in many countries, fertility now stands at 3.0 in developing countries, and the pace of decline tends to slow as countries reach lower fertility levels.

In a recent analysis of survey data between 1990 and 2003 in developing countries, demographer John Bongaarts of the population Council found that some had not yet experienced fertility decline while others had "stalled" in their transition from high to low fertility. Countries such as Burkina Faso, Mali, Mozambique, Nigeria, and Uganda are very poor countries with high fertility that remained virtually unchanged from one survey to the next in the late 1990s. In "stalled" countries, such as the Dominican Republic, Ghana, Kenya, and Turkey, fertility rates settled in a range from 2.5 children per woman (Turkey) to 4.7 children (Kenya) after earlier substantial declines. The accompanying graph illustrates different patterns of fertility decline: little or no decline in Uganda, rapid fertility decline in Iran, the stall in Kenya, and a stall followed by resumption of fertility decline in Bangladesh.

Bongaarts found that factors associated with fertility decline – contraceptive use and a desire for fewer children – also remained nearly unchanged in the stalled countries. Similarly, unintended births and unmet need for contraception remained high in these countries. ("Unmet need" is the proportion of women who prefer to avoid a pregnancy but are not using contraception.) In Ghana, Kenya, and the Dominican Republic, socio-economic improvements, such as increases in per capita income and education, stagnated as well (PRB, 2005).

Aryal (1999), John et al. (1992:1) studies has shown that paralleling the fertility decline has been equally revolutionary change in the use of the contraception. There were about 38-40 percent contraceptive users in the developing countries in 1980 among the married women in the reproductive ages (MWRA). By 1990, this rate reached about 51 percent of MWRA. Among all contraceptive methods, sterilization is the most prevalent method, more than 20 percent of all contraceptive methods, sterilization is the most prevalent method, and more than 20 percent of all contraceptives rely upon it in 27 countries. IUD is the second prevalent method, which is used by 20 percent or more of all contraceptives in ten countries, mostly famous in China. The Pills ranks third, it is used by 20 percent or more of all contraceptives in 20 countries.

This study indicates that the contraceptive users vary among regions. About 70 percent of all MWRA, the use of contraceptives in the East Asia and 60 percent do so in Latin America. The South and south East Asia have a contraceptive prevalence rate of 40 percent. North Africa and Middle East have a moderate rate of 36 percent but Sub-Saharan region have a very low rate of 9 percent only. It is also noted that the actual number of users is of course the largest in the East Asia due to China's large population and high contraceptive prevalence. The South Asia including India, Indonesia and Bangladesh come next followed by other regions with much smaller number.

An article of contraceptive needs and demand in developing countries in 1990s submitted to the United Nations Population Funds declare that if the total fertility rate in developing countries is to decline to the CEB 3.3 per women by the year 2000, and if population growth is not to exceed 900 million, contraceptive prevalence must rise to 59 percent. The projection of contraception use 1990-2000 estimated that the proportion of married women of reproductive age practicing contraception is 51 percent. And UN low population projection contraceptive prevalence will have to increase to 65 percent in 2000. Furthermore, even it shows that among contraceptive users in 1990, 45 percent relied on sterilization and nearly 37 percent depend on female sterilization. Only 8 percent are protected by male sterilization. Some 24 percent relied on IUDs, 12 percent were pills users and 6 percent relied on condoms. Other method mostly traditional was the choice of slightly fewer than 10 percent of all users.

A) Knowledge of Family Planning:

WRA:

Among currently married women aged 15-49, the proportion who have heard of family planning has risen steadily from about 21 percent in 1976 to 98.4 percent in 1996 (MOH) to almost universal knowledge at 99.5 percent in 2002. While the ability to name at least one modern method is almost universal, the overall practice of family planning remains low.

Men:

The research on men illuminates an interesting gap between knowledge and attitudes and actual behavior. Men have a high level of knowledge about FP, with 99 percent able to name a modern contraceptive method.

MIL:

Mothers-in-law have slightly less knowledge of FP methods (94 percent) than women or men.

FCHVs:

Almost all FCHVs provide information to couples on FP: 82 percent provide services and 32 percent referral (NFHP, 2003).

B) Family Planning Services

Family Planning Association of Nepal publishes in its overall programme summary 2004, "FPAN provided FP services to a total of 280,499 clients during the program year. Overall achievement in providing FP service was 150% as against the stipulated target of 186,295 clients. Percentage share of new clients in total FP clients (current users) was 24 percent. The total FP users increased by 35 percent over the year. Such an increase was attributed by revision of MIS system with inclusion of last years clients who have taken clinical services (IUCD, Norplant and sterilization from FPAN clinics and non reporting of withdrawals) up to the CYP period and relatively high continuous users in condom, pills and Depo, whereas the recruitment of new FP clients decreased by 16 percent compared to 2003. Such decrease in the recruitment of new FP clients was contributed by frequent strikes and Bandhas called by the insurgents and political parties and apprehension of field workers to go at the door steps for FP counselling, follow up services and contraceptives distribution during such days."

The method mix of family planning methods reveals higher preference for Injectable Depo (35.5%), followed by condom (30.6%), oral pills (24.2%), sterilization (6%) Norplant (2.9%) and IUCD 0.6 percent. Majority of FP clients in FPAN branch and outreach clinics were using spacing methods as the programmatic focus was given to birth spacing among young people.

Analysis of clients' age profile indicates that majority of FP users were young adults. The percentage share of adolescents in total FP users was 5.5%, followed by 26% youth and 68% young adults. It is important to note that the CPR among

young people was 12 in Nepal and one third of young FP users in total FP services indicated that the FPAN programs were rightly focused towards adolescents and youth.

According to Family Health Survey 1996, knowledge on family planning methods is almost universal. Among the married women aged 15-49 years, 98 percent know about at least one means of family planning, 44 percent women of same age group know modern means of family planning while 96 percent married women were aware of Laproscopy operation, 85 percent married women know about injection and 75 percent know about condom. About 20 percent women know about periodic abstinence (NFHS, 1996).

According to the same source (NFHS, 1996), 48 percent women of urban area, eight percent of rural area, 12 percent of Tarai and three percent of Mountain region women had got information about family planning through radio and television, 60 percent educated and seven percent uneducated women got information about family planning from radio and television both (NFHS, 1996).

Breast feeding help to control fertility. This natural process of fertility control is known as post partum amenorrhoea (Thapa, 1998). Bongaarts has stated that post partum amenorrhoea process can be lasted up to two years.

Aryal (1991) has studied contraceptive knowledge and use at Kumal community in Gulmi district. The study reveals contraceptive prevalence rate at 25.6 percent of the currently married women in reproductive ages. Almost twenty-six percentage of total CPR is contributed by female sterilization. Injectable (5.6%), Pills (5%) and condom (3.9%) are also used methods. Traditional and other methods constitute less than three percent and users of male sterilization, IUD and Norplant are not found.

Contraceptive prevalence rate as well as use of modern method was higher among urban women than that of rural women. The prevalence rate was 48.9 percent in urban areas and 28 percent in rural area in Nepal. Overall contraceptive prevalence rate increased with the educational attainment of the respondents. The level ranged from 27.4 percent for women with now schooling to 40.2 percent for women with secondary or more education (Subedi, 1997: 61-63).

NFHS, 1996 shows that 98 percent of both ever married and currently married women aged 15-49 years knew at least one method of family planning. This survey indicated that 35 percent currently married women have ever used any modern method of family planning (NFHS, 1996).

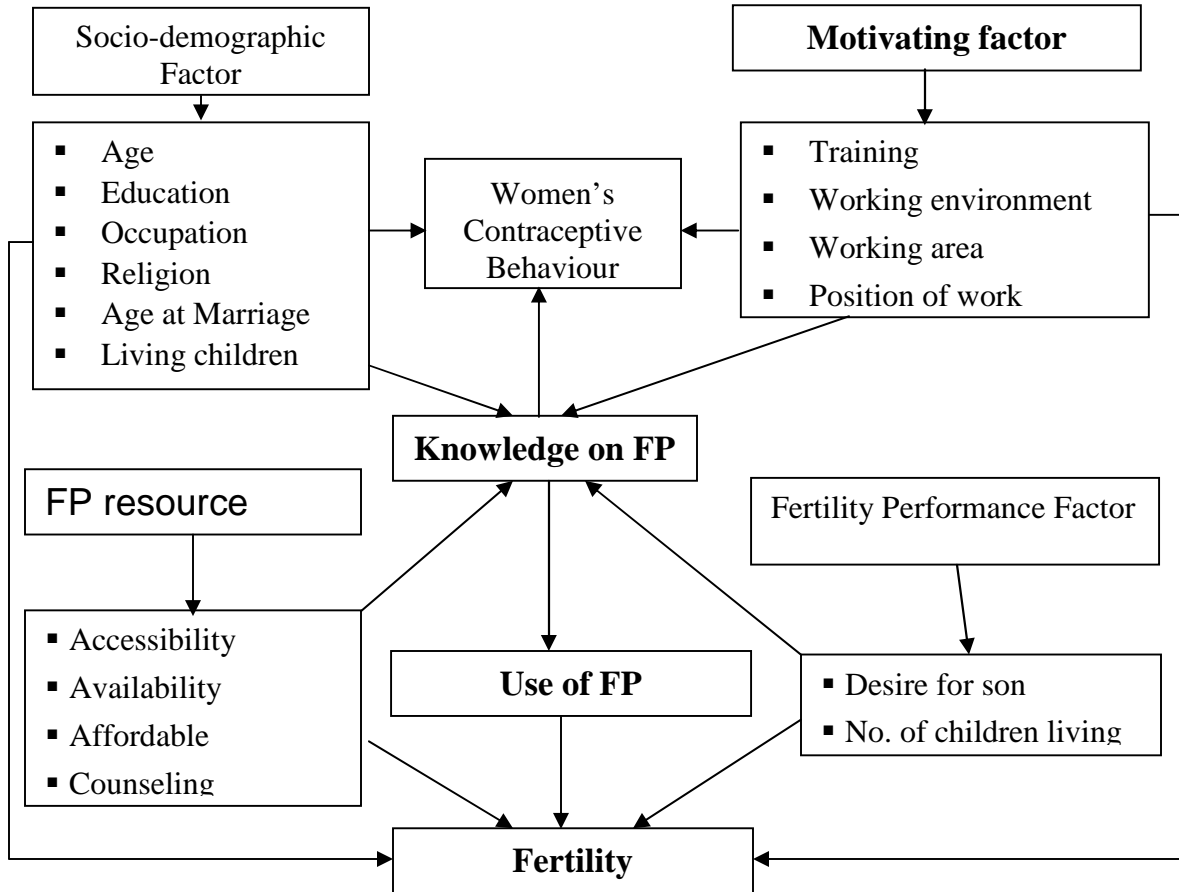
Majority of the currently married women (73.5%) were familiar with at least one method of family planning, among the individual methods, female sterilization appears to be the best known contraceptive method followed by males sterilization, pills and injectables (K.C. et. al., 1998).

Among Nepalese ethnic groups, Tuladhar (1989:233) has found the highest contraceptives prevalence rate among Newars (19.4%) followed by Brahmins (14.6%), Chhetries (11.6%), Thakuries (6.6%), Tharus (5.1%), Magars (4.7%) and Muslims (1.6%) in 1989.

Due to modernization and changing life style, many of the child bearing women do not want breast feeding. They have the feeling that, breast feeding is not good for physical beauty. This reason reduces the chance of post Partum Amenorrhoea (Subedi, 1997).

Religious reasons, want of more children, demand of son, medical reason, disagreement among husband and wife, side effect of the means, no easy access on the means are the main reasons for not using family planning means in Nepal (NFHS, 1996).

2.3 Conceptual Framework



2.4 Selection of variables

Independent Variables

Education

Occupation

Age

Intermediate Variables

Age at marriage

Child-loss experience

Breast-feeding

Family planning methods

Dependent Variables

Fertility

Children ever born

CHAPTER III

METHODOLOGY

3.1 Introduction of the Study Area

Manmateria VDC is one of the rural and deprived VDCs in Rupandehi district. It lies in Rupandehi district which falls in the Western Region of Nepal. This VDC is expanded to 22 sq. km. It is expanded up to border of Adarsha Amawa and Dayanagar VDCs in the east, Suryapura VDC in the west, Manpakadi in the south and Dayanagar and Suryapura in the north.

Demographically, there is 8,362 population in the VDC according to census 2001. Out of them 4,365 are males and 3,997 females. The VDC is the settlement of multi-castes, multi lingual and multi-religious groups. There are 54.24 percent Tharu, 12.32 percent Brahmin-Hill, 5.34 percent Mallah, 5.01 percent Chhetri and 2.92 percent Rajbahar.

Similarly, the majority of the population (81%) in the study area speak Bhojpuri language followed by Nepali (17.21%). In terms of religion, 95.85 percent are Hindu religion, 3.07 percent are Boudha and 1.08 percent are Islam.

Out of the total population of 6 years and above, literacy rate in the area is low which was accounted for 42 percent according to census 2001. Among them male literacy rate was 56 percent and that of female was 26.23 percent. Similarly 78.9 percent males were economically active and 69.6 percent females were economically active.

The map of the VDC is given in the figure below:

3.2 Nature and Source of Data

The study was carried out in the field so the data used in analysis are from primary source. This study adopted both the inductive and deductive methods of analysis. Therefore, secondary sources are used for the enhancement of the study. Literature review chapter is totally based on the review of secondary sources. But the generalization of the study is based on the findings from the field.

3.3 Sampling Method and Sample Size

First of all, 108 total sample size was determined purposively. The respondents for this study were currently married women aged 15-49. The households where there were currently married women of reproductive ages (15-49 years) were selected randomly because it was difficult to adopt stratified random sampling method. So, purposive sampling method was adopted to select the sample population. In order to cover the every ward and represent the population, grossly similar size of the women from each ward was represented. Table 1 shows the selected population by Ward.

Table 1: Distribution of Study Population by Ward

Ward No.	Selected women	Percentage
1	16	14.8
2	8	7.4
3	12	11.1
4	12	11.1
5	12	11.1
6	12	11.1
7	12	11.1
8	12	11.1
9	12	11.1
Total	108	100.0

Source: Field Survey, 2006.

3.4 Questionnaire Design

A structured questionnaire was prepared for this study. Both close-ended and open-ended questions were included in the questionnaire. The questionnaire was divided into two parts. In the first part, demographic and household characteristics of the respondents were included. In the second part, the main theme i.e., questions related to knowledge and use of family planning methods were asked. The close-ended questions were pre-coded and in terms of semi-open and open questions, they were post coded.

3.5 Data Collection Method

Data were collected using direct interview method. Going to the respondents' door with one graduate student, the researcher had interviewed to all of the respondents. After selecting the respondent asking few primary questions that were not included in the questionnaire to find out the eligible respondents, the eligible women were interviewed.

3.6 Research Tools and Instruments

A structured questionnaire was the main tool of the study. Language and structure of the questionnaire were checked thoroughly so as to make simple and clear. Questionnaire was developed based on previous studies questionnaire from which some modifications were made based on the objectives of this study. Questionnaire was developed in English and asked in Nepali and sometimes Tharu language where necessary taking help from local friend at the time of interview. Pencils, erasers and sharpeners were used to fill up the responses for the purpose to correct suspected and recalled answers.

3.7 Data Management and Interpretation

The filled-up questionnaires were scrutinized each day after the data collection. The reported errors were corrected thoroughly then the data were entered into the computer. Data were entered using computer software, SPSS (statistical package for social sciences). Data were again cross checked by output tables and cross tables in order to check entry errors or reported errors. Based on the tables and figures processed from the SPSS software and using descriptive method, data were analysed.

CHAPTER IV

HOUSEHOLD, SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS

This chapter provides some demographic and socio-economic characteristics of respondents' household in the study area. Demographic characteristic deals with age, marital status, children ever born, and socio-economic characteristic provides the education level of respondents, occupation, size of land holding, average income, etc.

4.1 Household Characteristics

4.1.1 Family Size

Family size determines the economic, health, nutrition and other living standard of women and children. These variables contribute in determining desire for the size and number of male and female baby in a house. Considering this fact, the study has included the question of family size in the households where the survey was conducted. The households are separated by the number of family members in the households.

Table 4. 1: Distribution of Households by Family Size

Family size	Number	Percent
<=4	3	2.8
5-7	39	36.1
8-10	47	43.5
11-13	15	13.9
14+	4	3.7
Total	108	100.0
<i>Average family size</i>	8.38	

Source: Field Survey, 2006.

Table 4.1 shows that the model household size of the study population is 8.38 members. The highest proportions (43.5%) of the households are having 8-10 members followed by 5-7 members (36.1%) and 11-13 members (13.9%). It seems that the family size in the study is large.

4.1.2 Family Type

Nuclear family is more private type and more family desires can be fulfilled and there will be close care among the family members. Therefore, respondents were asked about their family type. Responses are tabulated in Table 4.2.

Table 4. 2: Distribution of Households by Family Type

Family type	No. of households	Percent
Nuclear	33	30.6
Joint	75	69.4
Total	108	100.0

Source: Field Survey 2006.

It is pertinent from Table 4.2 that majority of the Respondent's family is joint which is accounted for 69.4 percent and the rest 30.6 percent are nuclear.

4.2 Background Characteristics of Respondents

4.2.1 Age

Respondent's age plays an important role in determining the contraceptive behavior. Because only the female of reproductive ages can bear a child and women of 20-29 years of ages actively involve in the activities. Table 4.4 shows the distribution of respondent's age distribution by 5-year age groups.

Table 4. 3: Distribution of Respondents by Age

Age group	Number	Percent
15-19	10	9.3
20-24	24	22.3
25-29	35	32.5
30-34	17	15.8
35-39	14	13.1
40-44	8	7.5
45-49	-	-
Total	108	100.0

Source: Field Survey, 2006.

Table 4.3 shows that the highest percent among the respondents was in the age group 25-29 (32.5%) followed by 20-24 years age group (22.3%), 30-34 years (15.8%), 35-39 years (13.1%). The least proportions of the respondents (7.5%) reported 40-44 years. No one of the respondents reported the age group 45-49.

4.2.2 Literacy and Educational Attainment

Education is the backbone of society and development. Education is both the means and end of development. Women's education rather plays dual role in family i.e. for herself and her children. Despite the significant improvement in education for both males and females, there is no significant improvement among lower social groups and indigenous. In the study also a very low level of educational attainment of females were found. The findings are tabulated in Table 4.4.

Table 4. 4: Distribution of Respondents by Literacy and Educational Attainment

Literacy/educational attainment	Number	Percent
Illiterate	69	63.9
Literate	39	36.1
Total	108	100.0
<i>Educational attainment</i>		
Primary	19	17.6
L. Secondary	7	6.5
Secondary	4	3.7
SLC Passed	5	4.6
I. A. and above	4	3.7
Total	39	36.1

Source: Field Survey, 2006.

Table 4.4 is evident that very less proportion of the respondents are literate which is accounted for 36.1 percent and the majority (63.9%) are illiterate.

Similarly, high proportions of the respondents (17.6%) have attained primary level of education followed by lower secondary (6.5%), SLC (4.6%) and 3.7 percent each of the respondents reported having passed secondary and I. A. and above level of education.

4.2.3 Occupation

Occupation is one of the most influencing variables in determining the contraceptive and family planning behavior. Several studies have found that women with white-collar occupation are tend to use contraceptives and have less number of children but women with blue collar occupation tend to have more children. Occupation also determines the economic condition of women and household. A question to find the occupation of women was included in the questionnaire so the result is tabulated below.

Table 4. 5: Distribution of Respondent Women by Occupation

Occupation	Number	Percent
Agriculture/household	91	84.2
Service	8	7.4
Business	4	3.7
Daily wage workers	5	4.6
Total	108	100.0

Source: Field Survey, 2006.

It is clear to see from Table 4.5 that a vast majority of the respondents' occupation is agriculture or household works which is accounted for 84.2 percent followed by service (7.4%) and daily wages (4.6%). The least proportions of the respondents (3.7%) reported having engaged in business.

4.2.4 Respondents' Monthly Income

Family income represents the overall status of household because income depends on education, occupation, opportunities, skill, etc. Family income, however, a personal matter and everybody don't want to tell the actual income and even some of them don't count their family income, an attempt to ask about family income was made in this study. The responses are tabulated in Table 4.8 below.

Table 4. 6: Distribution of Respondents by Monthly Family Income

Income (in Rs)	Respondents	Percent
<1000	46	42.5
1000-2000	40	37.1
2001-3000	11	10.2
3001+	11	10.2
Total	108	100.0
Average income	Rs. 1442.59	

Source: Field Survey, 2006.

Table 4.6 shows that the highest proportions of the respondents (42.5%) have less than 1000 Rs followed by Rs. 1000-2000 (37.1%). About 10 percent (10.2%) each

of the respondents have income of Rs. 2001-3000 and more than 3000. Similarly, the average monthly income of the respondents is calculated Rs. 1442.59 per month based on the responses about income.

4.2.5 Husband's Occupation

Husband's occupation plays an immense role to determine the status of his wife. If one of the spouses is well in one respect it helps for both. Respondents were asked about their husband's occupation. Table 4.7 presents occupational status of respondents' husband.

Table 4. 7: Distribution of Respondents by Their Husband's Occupation

Occupation	Number	Percent
Agriculture	80	74.1
Service	14	13.0
Daily wage/labour	5	4.6
Foreign employee	4	3.7
Business	3	2.8
Pension	2	1.9
Total	108	100.0

Source: Field Survey, 2006.

It is pertinent from the Table 4.6 that majority of the respondents' husband are engaged in agriculture which is accounted for 74.1 percent followed by service (13%) and daily wage/labour (4.6%). The least proportions of the respondents' husband are found pension holder. 49.5 percent of the respondent's husbands are engaged in daily wage/labour followed by agriculture which accounts for 13.3 percent and business (12.4%). Similarly, 4.8 percent of the respondents' husbands are foreign employee and 2.9 percent each are student and pensioner.

4.2.6 Religion

Religion plays an important role to determine the fertility status of people because in some religion people should abide the rule of the religion and the religion restrict to use contraceptive. Such religions assume that the children are God gifted and it is the will of God. In order to find out any differences on fertility by religion, respondents were asked about their religion. The responses are presented in Table 4.8.

Table 4. 8: Distribution of Respondents by Religion

Religion	Number	Percent
Hindu	99	91.7
Buddhist	6	5.6
Islam	3	2.8
Total	108	100.0

Source: Field Survey, 2006.

It is relevant from Table 4.8 that as Hindu religious country, most of the respondents are also Hindu which is accounted for 91.7 percent. The following proportions (5.6%) of the respondents are Buddhist and the rest 2.8 percent reported as Islam.

4.3 Fertility Behaviour

4.3.1 Age at Marriage

Age at marriage is one of the factors which determine the fertility of women. It is almost universal that lower the age at marriage, higher will be the children ever born. The women who tend to marry early in their reproductive ages are likely to bear more children than that of women who tend to marry lately. It is relevant from the findings of the study that average age at marriage is very low for the respondents which was calculated as 16.14 years.

Table 4. 9: Distribution of Respondents by Age at Marriage

Age at marriage	Number	Percent
<15	13	12.1
15-17	79	73.2
18-20	16	14.7
Total	108	100.0
Mean age at marriage	16.14	

Source: Field Survey, 2006.

Table 4.9 shows that the majority of the women (73.2%) were married at the ages 15-17 years. About 15 percent (14.7%) of the respondents were married at the ages 18-20. No respondent is found to have married above the age 20 years. About 12 percent of the respondents were married below the age 15. It is understood that there is very low age at marriage in the study area.

4.3.2 Age at Birth of First Child

Women who marry in the early ages are also bear the children in the early ages. Again, who bear the children in the early ages is likely to bear more children than that of the women how bear the children in their late ages. Respondents were asked about their childbearing age, the responses are tabulated in Table 4.12.

Table 4. 10: Distribution of Respondents by Age at Birth of First Child

Age range	Number*	Percent
15-17	57	56.4
18-19	40	39.6
20 and above	4	4.0
Total	101	100
Mean	17.27	

Source: Field Survey, 2006.

* Note: Only those who have given birth to at least one child.

Table 4.10 shows that majority of women (56.4%) reported having marriage at their ages 15-17 years followed by 18-19 (39.6%). The least proportions of the respondents women are found to be married at their age 20 years and above. The mean age at marriage among the respondents is calculated as 17.27 which is lower than the national average (19.5).

4.3.3 Children Ever Born to Women

Children Ever Born (CEB) is defined as the number of living children to women at the time of survey or study. Use and non-use of contraception and desire for children determines the number of living children. It can be understood that if CEB is very high, women may not tend to use FP devices. Respondents were asked about the number of children ever born. The responses are tabulated in Table 4.11.

Table 4. 11: Distribution of Respondent Women by Number of CEB

No. of CEB	Respondents	Percent
0	6	5.6
1	16	14.8
2	10	9.3
3	21	19.4
4	24	22.2
5	26	24.1
6+	5	4.6
Total	108	100.0
Mean no. of CEB	3.3	

Source: Field Survey, 2006.

It is clear to see from Table 4.11 that 94.5 percent of the respondents have given birth to at least one child but the rest 5.6 percent have not given any child. About one-fourth (24.1%) of the respondents have given five children followed by 4 children (22.2%) and 3 children (19.4%). The least proportions of the respondents have 6 or more children which is accounted for 4.6 percent.

Average number of CEB is calculated as 3.3 children among the respondents.

4.3.4 Number of Sons and Daughter Born

The number of sons and daughters may affect the use and non-use of family planning because from the previous studies it has been found that majority of the couple want at least one son child. If they give birth to son child in first or second birth order, they are likely to give birth less children. Therefore, respondents were asked about the number of sons and daughters they have given birth. The responses are tabulated in Table 4.12.

Table 4. 12: Distribution of Respondents by Number of Sons and Daughters

Number of birth	Son		Daughter	
	Number	Percent	Number	Percent
0	17	15.7	22	20.4
1	26	24.1	31	28.7
2	33	30.6	33	30.6
3	28	25.9	21	19.4
4	4	3.7	1	0.9
Total	108	100.0	108	100.0
Mean	1.78		1.52	

Source: Field Survey, 2006.

Table 4.12 shows that among the respondents who have given birth 15.7 percent have not given birth to any son child and 20.4 percent have not given birth to any daughter. A similar proportion of the respondent women are found having 2 sons and daughters which is accounted for 30.6 percent. Similarly, 25.9 percent of the respondents are having 3 sons and 24.1 percent of them have only one son.

About 29 percent (28.7%) of the respondents are having one daughter and 19.4 percent have given birth to three daughters.

4.3.5 Survival of Children

In Nepal, infant mortality rate (IMR) and Child Mortality Rate are high. It is rather higher than national level in rural area and Mid-Western and Far-Western regions of the country. Due to lack of knowledge about proper care to newly born children and lack of health facilities nearby house and far access of transportation are the main obstacles in maintaining the health of newly born child and the mother. On the other hand pregnancy loss is also due to the same results by which women cannot visit for antenatal check-ups (ANC) and post natal check-ups (PNC).

Table 4. 13: Distribution of Respondents by Status and Number of Living and Not Living Children

Child loss and number	Respondents*	Percent
<i>Living status</i>		
Living all	73	67.6
<i>Not living all</i>	28	25.9
Total	102	100.0
<i>No. of dead children</i>		
1	20	71.4
2	8	28.6
Total	28	100.0

Source: Field Survey, 2006.

**Note: only those who have given at least one live birth.*

Table 4.13 is evident that among the total respondents, 25.9 percent have child-loss experience among them 71.4 percent have lost only one child whereas the rest, 28.6 percent, have lost two children.

4.3.6 Children's Age at the Time of Death

In order to find out the child mortality status in the study area, the respondent women were asked about the age of child(ren) at the time of their death. Infant and child mortality also affect the use and non-use of contraceptives because where there is high infant and child mortality rate, couples want more children and for the desire of more children they don't use FP methods. The status of child mortality among the respondents is presented in Table 4.14.

Table 4. 14: Distribution of the Respondents by Status of Child Mortality according to Birth Order of Child

Age of child	First child		Second child	
	Respondents	Percent	Respondents	Percent
<1 year	11	40.7	1	12.5
1-2 years	13	48.1	4	50.0
2-3 years	3	11.1	3	37.5
Total	27	100.0	8	100.0
Average age	0.98		1.64	

Source: Field Survey 2006.

It is notable from Table 4.14 that among the respondents who have lost their children 96.4 percent have lost their first child. From the findings it is clearly understood that most of the women who loss their child lose their first child. It is also found from the Table that the average age of first child at the time of death was less than one year whereas the age of second child was between one and two years (1.64 years).

CHAPTER V

KNOWLEDGE, ATTITUDE AND USE OF FP METHODS

This chapter presents the distribution of the eligible women by their knowledge of family planning methods, the sources of information about the various methods of family planning, the source of contraceptive supplies. With regard to the attitude, this chapter deals with the attitude of women towards the use and non-use of family planning methods and the attitude are analysed considering the differential in attitude in terms of major socio-economic variables.

5.1 Knowledge of FP

Knowledge of FP among people is universal in Nepal (NDHS, 2001). Knowledge of contraceptive methods is an important precondition toward gaining access and then using a suitable contraceptive in a timely and effective manner. The ability to name or recognize a family planning method is rather a high level of knowledge on it. Knowledge on the FP devices is the prime to decide to use them. Again knowledge on more methods helps the users to choose the suitable method according to their desire and health status.

5.1.1 Heard of FP Methods

Heard about contraceptives is a fundamental to adopt and choice the method. There are lots of obstacles in using contraceptives after heard and need of that contraceptives. For example, if one knows about condom and he needs it either for birth spacing or to protect himself from STDs, he should have easy access to the condom nearby him, that should be affordable to him and even at the time of use he need to be sensitive using that. So, complete knowledge about contraceptives, proper supplies according to the demand, affordable to low income people, etc. are necessary to convert the knowledge into practice. Similarly, heard about family

planning and information on family planning devices are different because one can heard about family planning (*Pariwar Niyojan*) but they may not have information on it. Such as what it is, why it is needed and what are the methods. Some questions were asked about the knowledge of contraceptive which is presented in Table 5.1.

Table 5. 1: Distribution of Currently Married women (Respondents) by Heard of FP and Information about It

Knowledge & information	Number	Percent
<i>Heard of any method</i>		
Yes	106	98.1
No	2	1.9
Total	108	100.0
<i>Information on FP methods</i>		
Yes	87	80.6
No	21	19.4
Total	108	100.0

Source: Field Survey, 2006.

Table 5.1 is evident that about 98 percent of the respondents have heard about FP but the rest 1.9 percent reported as ignorant about it. The information is rather low among them. About 81 percent (80.6%) of the respondents have information on FP methods but the rest 19.4 percent have no information on it.

5.1.2 Knowledge on Methods of FP

The respondents who had said to have knowledge and information on FP devices were asked about the name of devices. The respondents having such information on devices were 87 therefore the analysis is based on them.

Table 5. 2: Distribution of the respondents by Knowledge of FP Methods

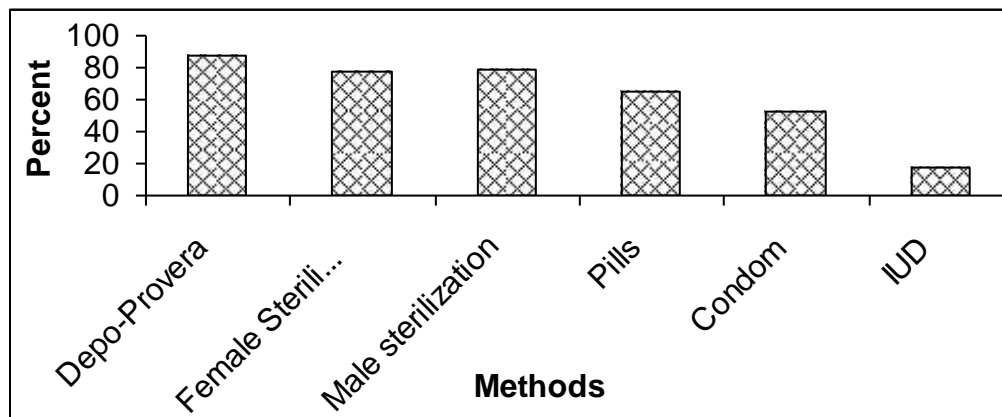
Methods of FP	Number	Percent
Depo-Provera	76	87.4
Female Sterilization	67	77.0
Male sterilization	68	78.2
Pills	56	64.4
Condom	46	52.9
IUD	15	17.2

Source: Field Survey, 2006.

Note: The number and percentage in the column are multiple responses and the percentages are based on total 87 respondents who had information on FP methods.

Table 5.2 is evident that among the respondents who had information on FP methods 87.4 percent have heard Depo-Provera followed by male sterilization (78.2%), Female sterilization (77%), Pills (64.4%) and condom (52.9%). The least proportions of the respondents are found to have heard about IUD. The figure below shows clearly about the pattern of the knowledge on the methods of FP.

Figure 1: Distribution of the respondents by Heard of FP Methods



5.1.3 Differential in Knowledge of Specific Method of contraceptive by Literacy

In order to check differential in knowledge about specific FP method, literacy and educational attainment was cross tabulated with methods of contraceptive. The result is presented in Table 5.3.

Table 5. 3: Distribution of Respondents by Literacy and Knowledge of FP Methods

Methods	Literacy			
	Illiterate		Literate	
	Number	Percent	Number	Percent
Pills	24	49.0	32	84.2
IUD	8	16.3	7	18.4
Depo-Provera	43	87.8	33	86.8
Female sterilization	41	83.7	26	68.4
Male sterilization	44	89.8	24	63.2
Condom	23	46.9	23	60.5

Source: Field Survey, 2006.

It is pertinent from Table 5.3 that there is no significant difference in knowledge on FP methods by literacy of the respondents. There seemed only higher knowledge for Pills and IUD among the literate. About 84 percent of the literate are knowledgeable about pills whereas this percentage is 49 among illiterate.

Rather high proportions is observed among the illiterate for male and female sterilization whereas more literate (60.5%) are found to have knowledge about condom that of illiterate (46.9%).

5.1.4 Differential in Knowledge of Specific Method of Contraceptive by Different Characteristics

Table 5. 4: Cross Tabulation between Different Variables (Education, Occupation & Husband's Occupation) with Knowledge of FP Methods

Variables	Pills	IUD	Depo-Provera	F. sterilization	M. sterilization	Condom	Total number
<i>Education</i>							
Primary	13(72.2)	2 (11.1)	16 (88.9)	10 (55.6)	9 (50)	12 (66.7)	18
L. secondary	6 (85.7)	2 (28.6)	7 (100.0)	5 (71.4)	5 (71.4)	3 (42.9)	7
Secondary	4 (100.0)	-	4 (100.0)	4 (100.0)	3 (75.0)	3 (75.0)	4
SLC passed	5 (100.0)	2 (40.0)	3 (60.0)	3 (60.0)	3 (60.0)	1 (20.0)	5
I. A. and above	4 (100.0)	1 (25.0)	3 (75.0)	4 (100.0)	4 (100.0)	4 (100.0)	4
<i>Respondent's Occupation</i>							
Agriculture	44(60.3)	13 (17.8)	65 (89.0)	55 (75.3)	57 (78.1)	38 (52.1)	73
Service	8 (100.0)	2 (25.0)	5 (62.5)	6 (75.0)	6 (75.0)	5 (62.5)	8
Business	2 (50.0)	-	4 (100.0)	4 (100.0)	3 (75.0)	2 (50.0)	4
Daily wage	2 (100.0)	-	2 (100.0)	2 (100.0)	2 (100.0)	1 (50.0)	2
<i>Husband's occupation</i>							
Agriculture	37 (57.8)	9 (14.1)	57 (89.1)	46 (71.9)	47 (73.4)	35 (54.7)	64
Service	13 (92.9)	5 (35.7)	11 (78.6)	12(85.7)	13 (92.9)	8 (57.1)	14
Business	2 (66.7)	1 (33.3)	2 (66.7)	3 (100.0)	2 (66.7)	2 (66.7)	3
Daily wage	2 (100.0)	-	2 (100.0)	2 (100.0)	2 (100.0)	1 (50.0)	2

Source: Field Survey, 2006.

Note: The numbers in the parentheses are the percentages of the respective rows.

It is notable from Table 5.4 that there is high rate of knowledge of FP among the women who have attained secondary and above. Among the respondents who have attained secondary, all have heard about Pills, Depo-Provera and female sterilization. Three-fourth each of the respondents who have attained secondary education have heard about male sterilization and condom. The respondents who have attained I. A. and above level of education are found having heard about FP

methods. All of them reported that they have heard about Pills, female sterilization, male sterilization and condom.

Similarly, it is notable from the table that higher proportions of the respondents have heard about FP methods who are engaged in daily wage. All of the respondents who have engaged in daily wage reported that they have heard Pills, Depo-Provera, male sterilization and female sterilization. No respondent who have engaged in business and daily wage have heard of IUD. Very less proportion of respondents were found having heard about IUD irrespective of their education and occupation.

5.1.5 Source of Information on FP Methods

There are various sources from where the respondents can get the information about family planning methods. That's why it is experienced that when we ask them through which media they heard first about FP methods, they hardly can say. In such questions, they give multiple responses. Therefore, the multiple responses were accepted in this study also which are presented in Table 5.5.

Table 5. 5: Distribution of Respondent by Sources of Information about FP Methods

Source	Number	Percent
Neighbours	73	83.9
Health post	66	75.9
Husband	64	73.6
TV/radio	57	65.5
FP organization	25	28.7
Hospital	15	17.2
Friends	12	13.8

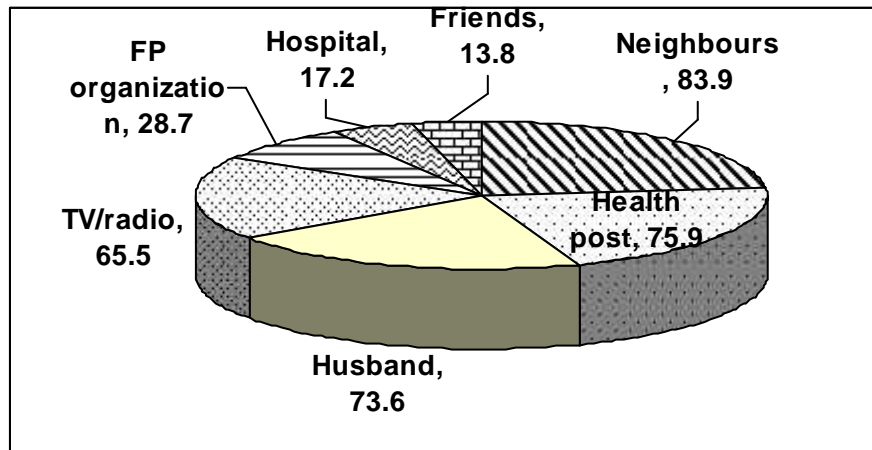
Source: Field Survey, 2006.

Note: The numbers and percentages in the above table are the multiple responses and the percentage is based on 87 respondents.

It is interesting to note from Table 5.5 that most of the respondents said neighbour as the source of information on FP which is accounted for 83.9 percent followed

by health post (75.9%) and husband (73.6%). The respondents who reported radio/TV are found less i.e. 65.5 percent. The least proportions of the respondents (13.8%) are found to have heard about FP by their friends. The result seems rather opposite this may be because they preferred the options in the questions which were kept first.

Figure 2: Percentage Distribution of Respondent by Sources of Information about FP Methods



5.1.5 Sources of Contraceptive Supplies

In order to get a broad knowledge on FP methods, respondents were asked about the sources of contraceptive supplies. Some couples are found that they are confused where to get the contraceptives and how to ask with the shopkeeper. The knowledge on the sources of contraceptive supplies according to respondents are presented in Table 5.6.

Table 5. 6: Distribution of the Respondents by Sources of Contraceptive Supplies

Source	Number	Percent
Health post	81	93.1
Private clinic	76	87.4
Grocery	34	39.1
Hospital	47	54.0

Source: Field Survey, 2006.

Table 5.6 depicts that the majority of the respondents know that the contraceptives are found in health post which is accounted for 93.1 percent followed by private clinic (87.4%) and hospital (54%). The least proportions of the respondents (39.1%) said that they (contraceptives) are found in grocery.

5.2 Use of FP Methods

Use of contraceptives is one of the most important 'Proximate Determinants' of level of fertility. It is generally assumed that it plays the principal role in transition to lower fertility. Thus, use of family planning methods may have significant impact to manage the rapid growing population and environmental problems. Similarly, with the use of family planning devices, a couple can avoid the unwanted births, can control high maternal mortality and morbidity, infant mortality and other sexually transmitted diseases like, HIV/AIDS, gonorrhoea, syphilis, etc. Despite these importance of FP methods, couples do not use FP methods. There are various reasons behind it which may be drawn as: they don't have knowledge, they traditionally are in favour of having more children, they prefer son but they have more girl children, they have no access of FP methods nearby their resident, they are fear of side effects, and so on.

5.2.1 Ever Use of Contraception

Fertility depends on the use of contraceptives. Everybody does not use it. First they should hear about it and among the ever heard they may use it and control fertility. The respondents were asked about ever use of contraceptives the responses are tabulated in Table 5.7.

Table 5.7: Distribution of Respondents by Ever Use and Non Use of Family Planning Methods

Family Planning Method	Number	Percent
Ever user	61	56.5
Non user	47	43.5
Total	108	100.0
Pills	28	25.9
IUD	6	5.6
Depo-Provera	24	22.2
Female sterilization	12	11.1
Male sterilization	4	3.7
Condom	6	5.6

Source: Field Survey, 2006.

Note: Ever users of contraceptives are calculated based on total respondents (currently married women).

Table 5.7 clearly shows that more than half of the respondents have ever used FP methods which is accounted for 56.5 percent. The remaining 43.5 percent have never used any FP methods. It is interesting to note that among the couples the use of contraception is found higher than the national average (53.1% for women) (NDHS, 2001). It can also be understood that women are more likely to use contraceptives than men. The highest proportions of the respondents (25.9%) are found using Pills followed by Depo-Provera (22.2%). Similarly, about 11 percent of the respondents reported that they have used female sterilization. Only 3.7 and 5.6 percent of the respondents' husband are found that they have ever used male sterilization and condom respectively.

5.2.2 Age Differential in Ever Use of FP Methods

Ever use of contraceptives was also cross tabulated with the age of the respondents. Ever use of contraceptives varies with women's age. The pattern of use is unpredictable and is curve. In contrast to the NDHS report of 2001, ever use is found more for the lower age groups and less to the higher age groups. The highest proportions (19.4%) of the women aged 25-29 are found ever use of FP

methods which is followed by women of aged 20-24 (18.5%). Similarly, women of age 35-39 are found least likely to use FP methods.

Table 5. 8: Ever Use of Contraception by Women's Age

Variables	Pills	IUD	Depo-Provera	F. sterilization	M. sterilization	Condom	Total number
<i>Age Group</i>							
20-24	12 (11.1)	2 (1.9)	7 (6.5)	2 (1.9)	1 (0.9)	1(0.9)	20 (18.5)
25-29	11(10.2)	1 (0.9)	9(8.3)	5 (4.6)	2 (1.9)	2(1.9)	21 (19.4)
30-34	2 (1.9)	3 (2.8)	4(3.7)	3 (2.8)	0(0.0)	1(0.9)	11 (10.2)
35-39	2 (1.9)	0(0.0)	1 (0.9)	1 (0.9)	0(0.0)	1(0.9)	4 (3.7)
40-44	1 (0.9)	0 (0.0)	3)2.8)	1(0.9)	1(0.9)	1(0.9)	5 (4.6)
Total	28 (25.9)	6 (5.6)	24 (22.2)	12 (11.1)	4 (3.7)	6 (5.6)	61 (56.5)

Source: Field Survey, 2006.

5.2.3 Current Use of Contraception

Current use of contraception is known as the use of contraception at the time of survey. The pattern of current use of family planning methods also indicates the future prospectus of CEB. It is calculated in terms of currently married women which is also calculated as contraceptive prevalence rate (CPR). Respondents were asked whether they are using any contraceptive method at the time of survey. The responses are tabulated in Table 5.9.

Table 5. 9: Distribution of Respondents by Current Use of Family Planning Methods

Family Planning Method	Number	Percent
Male/female sterilization	14	13.9
Depo-Provera	8	7.9
Condom	4	4.0
Pills	2	2.0
Total Current users	28	27.7

Source: Field Survey, 2006.

From the Table 5.9, it is clear that the current use of contraceptive is very low among the study women. The CPR is calculated as 27.7 percent. This is very less than the national level CPR (39%) as calculated by National Demographic and Health Survey (NDHS) in 2001. The highest percent among the current users has been occupied by male/female sterilization.

5.2.4 Reason for Non-Use of Contraception

It is found from the previous studies that the women mostly don't use contraceptives because of fear of side effects and desire for more children. Knowledge about family planning methods and side effects of these methods plays vital role for using family planning methods. In some castes, the use of FP methods is considered to be against the religion. Respondents were asked about the reasons for not using contraceptives. The result is presented in Table 5.10.

Table 5. 10: Distribution of the Respondents by Reasons for Not Using FP Methods

Reasons	No. of respondents	Percent
Sexual displeasure	13	27.7
Against religion	20	42.6
Want to have daughter	14	29.8
Want to have son	17	36.2
Fear of side effects	25	53.2

Source: Field Survey 2006.

Note: The sum of percentages are multiple responses and are based on 47 non-users.

It is pertinent from Table 5.10 that majority of the respondents said that the reason for not using contraception is because of fear of side effects which is accounted for 53.2 percent. About 43 percent of the respondents said using contraceptives is against their religion and 36.2 percent didn't use because of desire for son child.

5.2.5 Shyness in Using FP methods

Among the respondents who were ever/current user of FP methods were asked whether they shy in using FP methods. Nearly half of the respondents who had said to have ever used of FP methods said that they shy using them. Table presents the detail about the respondents shyness in using FP methods.

Table 5. 11: Distribution of the Respondents by Shyness of FP Methods

Shyness	No. of respondents	Percent
Yes	31	50.8
No	30	49.2
Total	61	100.0
Who usually shy?		
Respondent herself	28	90.3
Husband	3	9.7
Total	31	100.0

Source: Field Survey, 2006.

It is notable from Table 5.11 that among the ever users of contraceptives, 50.8 percent of the respondents used despite shyness. But 49.2 percent of the users reported said that they shy while using. Among the respondents who reported to have shy in using contraceptives, 90.3 percent of the respondents reported that they themselves shy while 9.7 percent reported that their husbands shy. It can be understood that one of the main reasons of low use of contraception in the area is shy because there is less participation of husbands and mostly women are seemed involving in using FP methods and even the user use FP methods shyly we can assume that what would be among the non-users.

5.3 Future Expected Trend of Fertility

In this section, respondents' opinion on the ideal number of children, interaction with husband about family size, desire for additional children, reason for desire,

etc. are presented. These all show the future likelihood of fertility behaviour in the study area among the respondents.

5.3.1 Ideal Number of Children

Fertility behavior of women depends upon the number of children they want. Their expectation of the number of children determines the use and non-use of contraceptives. This also shows that they are alert in fertility matters. Respondents were asked about their preference number of children. The result of the findings about the desired children is tabulated in Table 5.12.

Table 5. 12: Distribution of Respondents by Ideal Number of Children and Sex

Ideal number	Respondents					
	Son		Daughter		Total Ideal number of children	
	Number	Percent	Number	Percent	Number	Percent
1	22	20.4	70	64.8	2	1.9
2	74	68.5	26	24.1	20	18.5
3	-	-	-	-	50	46.3
4	-	-	-	-	24	22.2
No idea	12	11.1	12	11.1	12	11.1
Total	108	100.0	108	100.0	108	100.0
<i>Average</i>	<i>1.77</i>		<i>1.27</i>		<i>3.0</i>	

Source: Field Survey, 2006.

Table 5.12 shows that majority of the respondents (46.3%) want to have three children followed by four (22.2%) and 18.5 percent of the respondents reported two children as the ideal number. Interestingly, about 11 percent of the respondents reported that whatever the children they give birth would be ideal for them. Only 1.9 percent said two children as the ideal number. This shows that the respondents' fertility behaviour is towards big family size and it may take long time to improve their attitude towards having small number of children. Similarly,

the average number of ideal son is calculated as 1.77, daughter as 1.27 and total children as 3.

5.3.2 Communication Status with Husband about Family Size

Communication between husband and wife regarding the number of children determines the use of family planning methods and also determines the fertility behavior. If there is good communication between husband and wife to plan the family size, the couple will practice the family planning methods and will have more affordable family size. In most of the rural areas, there is still no any good communication between husband and wife. The communication status between husband and wife also determines the female right to decision-making. If there is share of female’s decision, their status thought to be better. Respondents were asked about their communication status with husband and the responses are tabulated in Table 5.13.

Table 5. 13: Distribution of Respondents by Communication Status With their Husband

Interaction with husband	Respondents	Percent
Yes	40	37.0
No	58	53.7
Don't know (No response)	10	9.3
Total	108	100.0

Source: Field Survey, 2006.

Table 5.13 is evident that more than half (53.7%) of the respondents have no communication regarding family size while 37 percent reported that they talk about it. About nine (9.3%) of the respondents even shy and didn't want to respond on it who just said that don't know.

5.3.3 Desire for Additional Children

Desire for more children than they have also determines the fertility behavior and use of family planning devices. For example, the couple or women who do not want to have more children, are likely to use sterilized method and who want to have more children are likely to use temporary contraceptive devices. Respondents were asked whether they were willing to have additional children. The responses are presented in Table 5.14.

Table 5. 14: Distribution of Respondents by Desire for Additional Children and Sex They Prefer

Desire for any more children	Respondents	Percent
Yes	40	37.0
No	68	63.0
Total	108	100.0
<i>Whose desire?</i>		
Husband's interest	19	47.5
Own desire	15	37.5
Family desire	6	15.0
Total	40	100.0

Source: Field Survey, 2006.

It is clear to see from the Table 5.14 that majority of the respondents have no desire for additional children which is accounted for 63 percent but the rest 37 percent respondents said to be needed more. Among the respondents who reported that they needed more children, 47.5 percent said that it is husband's interest, 37.5 percent said it is their own desire and the rest 15 percent said as family desire.

5.3.4 Desire for Additional Children

The average CEB and the desired additional children may roughly show the total fertility rate of a woman. But this can not be said exact because there is high rate of unwanted births in Nepal. Normally, the desire for additional children also

indicates about use or non-use and type of contraceptives in the future. Respondents were asked about the desire of additional children. The responses are tabulated in Table 5.15.

Table 5. 15: Distribution of Respondents by Ideal Number of Children and Sex

Desire for additional children	Respondents					
	Son		Daughter		Total number of additional children	
	Number	Percent	Number	Percent	Number	Percent
1	20	18.5	16	14.8	21	19.4
2	9	8.3	1	0.9	10	9.3
3	-	-	-	-	5	4.6
No desire	79	73.1	91	84.3	72	66.7
Total	108	100.0	108	100.0	108	100.0
Average	1.23		0.62		1.70	

Source: Field Survey, 2006.

Table 5.15 is evident that the average additional children that the respondent women want is 1.7 children per woman among who reported the necessity. The preference of sex is pertinent from the table that the average desire for additional son is 1.23 while it is 0.62 for girl. Similarly, 84.3 percent of the respondents do not want more girl child while 73.1 percent do not want any more son. It is also understood from the finding that only one-third (33.3%) of the respondents want more children.

Similarly, 19.4 percent of the respondents want only one child, 9.3 percent want two children and 4.6 percent want 3 children more that they have currently. About 27 percent of the women want son children while only about 16 percent women want more girl children.

CHAPTER VI

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary of Findings

Based on the obtained data taken among the selected Tharu women of Manmateria VDC of Rupendehi district, the main findings as found from the analysis of data are presented hereafter.

- The model household size of the study population is 8.38 members. The highest proportions (43.5%) of the households are having 8-10 members followed by 5-7 members (36.1%).
- The majority of the Respondent's family is joint which is accounted for 69.4 percent.
- The highest percent among the respondents was in the age group 25-29 (32.5%) followed by 20-24 years age group (22.3%).
- Very less proportion of the respondents are literate which is accounted for 36.1 percent and the majority (63.9%) are illiterate.
- High proportions of the respondents (17.6%) have attained primary level of education followed by lower secondary (6.5%).
- A vast majority of the respondents' occupation is agriculture or household works which is accounted for 84.2 percent followed by service (7.4%).
- The highest proportions of the respondents (42.5%) have less than 1000 Rs followed by Rs. 1000-2000 (37.1%).

- The majority of the respondents' husbands are engaged in agriculture which is accounted for 74.1 percent followed by service (13%).
- Most of the respondents are also Hindu which is accounted for 91.7 percent followed by Boudha (5.6%).
- The majority of the women (73.2%) were married at the ages 15-17 years followed by 18-20 years (14.7%).
- About 95 (94.5%) percent of the respondents have given birth to at least one child. About one-fourth (24.1%) of the respondents have given five children followed by 4 children (22.2%). Average number of CEB is calculated as 3.3 children among the respondents.
- Similarly, 15.7 percent have not given birth to any son child and 20.4 percent have not given birth to any daughter. A similar proportion of the respondent women are found having 2 sons and daughters which is accounted for 30.6 percent.
- Among the respondents who have lost their children 96.4 percent have lost their first child.
- About 98 percent of the respondents have heard about FP. but about 81 percent (80.6%) of the respondents have information on FP methods.
- Among the respondents who had information on FP methods 87.4 percent have heard Depo-Provera followed by male sterilization (78.2%) and Female sterilization (77%).
- There is no significant difference in knowledge on FP methods by literacy of the respondents.

- There is high rate of knowledge of FP among the women who have attained secondary and above.
- All of the respondents who have engaged in daily wage reported that they have heard Pills, Depo-Provera, male sterilization and female sterilization.
- Most of the respondents said neighbour as the source of information on FP which is accounted for 83.9 percent followed by health post (75.9%).
- The majority of the respondents know that the contraceptives are found in health post which is accounted for 93.1 percent followed by private clinic (87.4%).
- More than half of the respondents have ever used FP methods which is accounted for 56.5 percent. The highest proportions of the respondents (25.9%) are found using Pills followed by Depo-Provera (22.2%).
- The highest proportions (19.4%) of the women aged 25-29 are found ever use of FP methods which is followed by women of aged 20-24 (18.5%). Similarly, women of age 35-39 are found least likely to use FP methods.
- The CPR is calculated as 27.7 percent. The highest percent among the current users has been occupied by male/female sterilization.
- Among the ever users of contraceptives, 50.8 percent of the respondents used despite shyness. Among the respondents who reported to have shy in using contraceptives, 90.3 percent of the respondents reported that they themselves shy while 9.7 percent reported that their husbands shy.
- Majority of the respondents said that the reason for not using contraception is because of fear of side effects which is accounted for 53.2 percent which is followed by against religion (42.6%) and desire for son child (36.2%).

- The majority of the respondents (46.3%) want to have three children followed by four (22.2%). About 11 percent of the respondents reported that whatever the children they give birth would be ideal for them.
- More than half (53.7%) of the respondents have no communication regarding family size while 37 percent reported that they talk about it.
- The majority of the respondents have no desire for additional children which is accounted for 63 percent but the rest 37 percent respondents said to be needed more.
- The average additional children that the respondent women want is 1.7 children per woman. Similarly, 19.4 percent of the respondents want only one child.

6.2 Conclusions

The household and socio-economic condition of the respondents is found to be low because the average family size is found to be 8.38 members which is higher than national average (5.4) (CBS, 2003). The literacy of the respondents is also found to be very low (36.1%). Among the literates also higher proportions have attained primary level. The respondents and respondents' husband are engaged in blue collar occupation especially in agriculture and daily wage. The income of the respondents is also reported to be very low for which 42.5 percent of the respondents said to be Rs. 1000-2000 per month. Regarding marital status, most of the women are found marrying at their early ages in which 73.2 percent are found marrying at 15-17 ages. This shows that naturally they give birth to more children through out their life. Average CEB among the women is found to be very high which was calculated as 3.3 children. Combining their desired number of additional children, their total lifetime fertility roughly becomes more than 5 children per woman.

The current pattern of contraceptive use among the users is dominated by Pills and 'Injection' (Depo-Provera). The main reasons of low use of contraception in the area is shy because there is less participation of husbands and mostly women are seemed involving in using FP methods and even the user use FP methods shyly we can assume that what would be among the non-users. Among the modern methods of contraceptives IUD has been found to be very low. Concept about contraceptive methods is found to be positive. It has found that mostly women prefer that birth space should be above than 3 years between two births. The educational attainment of respondents is found to be very low because of which the level of knowledge and use of contraceptive is not found to be satisfactory. It shows that women are still thought to be the bearer of child and housewives. It also can be said that the result of low level of male contraceptive use is due to male dominated society. There is no significance between education of woman and method of contraceptive heard. This may be the result of low level of education of women because a very less proportions of the respondents have completed the SLC level of education. It also suggests that couple in the study area tend to use contraceptive when they have desired number of children. They are found to have used permanent methods of contraceptives. It is found that when the number of girls increases to couple, they don't tend to use contraceptives because of desire for son. Finally, it can be said that the society in the study area is still backward in terms of knowledge and use of contraceptives.

6.3 Recommendations

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

- Knowledge, attitude and use of family planning are dependent on the level of women and men's education. However, no significant level of education is attended by women in the study area to change their fertility behavior. In order to raise the knowledge, attitude and practice (KAP) of contraceptives,

among currently married couple, formal education and non-formal education programmes should be launched emphasizing and encouraging couples to use family planning methods.

- Couples should be trained on the importance of family planning methods and the advantages of having less number of children.
- Contraceptives used by males is found very low therefore males should be oriented on the importance of male participation in use of contraceptives. They should be made practical that if they use FP methods, women's health will be improved and they become more productive and more active in the family.
- Most of the currently married women in the study area tend to use contraceptives when they attend the desire number of children. Therefore, birth spacing methods should be available and the contraceptives should be made accessible in a affordable price to them. Likewise, effective counseling and educational programmes should be implemented among them through the NGOs, INGOs and health workers.
- The overall status i.e. educational status, economic status, decision-making woman is very low, so a special programme is needed to raise the overall status of women.
- Injection and Pills are the most familiar spacing methods prevalent in the study area which has made problems for females so males should be encouraged in using condoms by sensitizing that the method helps both in spacing between the births and to protect from the sexually transmitted diseases (STDs).
- Information, education and communication (IEC) materials should be accessible through primary health care centres to improve the level of contraceptive use and to counter the rumour messages.

References

- Aryal, G.R., 2004, *Knowledge and Use of Contraceptives: A Case Study of Amarpur VDC, Gulmi*, An Unpublished M. A. Dissertation Submitted to the Central Department of Population Studies (Kathmandu: CDPS).
- Bhende, A. and Tara Kanitkar, 1998, *Principle of Population Studies* (Delhi: Himalaya Publishing House).
- Central Bureau of Statistics (CBS), 2001, *Population Census National Report 2001* (Kathmandu: CBS).
- _____, 2003, *Population Monograph of Nepal*, Vol. 1 (Kathmandu: CBS).
- _____, 2003, *Population of Nepal: Village Development Committees/Municipalities, Population Census 2001-Selected Tables, Caste/Ethnicity, Mother tongue and Religion (Western Development Region) Table 11-13* (Kathmandu: CBS).
- Chaudhary, M.K., 2002, *A Study of KAP in Tharu Community an Evaluation*, An Unpublished M. A. Dissertation Submitted to the Central Department of Population Studies (Kathmandu: CDPS).
- Chaudhary, R.H., 1999, Bal Kumar KC (ed.), *Population and Development in Nepal*, "Demographic and RH Profiles of Adolescents in SAARC Countries", Vol. 6 (Kathmandu: CDPS), pp. 137-139.
- Cliquest, R. L., 1997, *Knowledge and Effectiveness of Contraceptives in Belgium* (Chicago: The University of Chicago Press).
- Family Planning Association of Nepal (FPAN), 2000, *Knowledge and Use of Family Planning in the Operational Area*, FPAN Branch Office and Project (Lalitpur: FPAN).
- K. C., Bal Kumar, 1995, "Social Composition of Population: in Population Monograph of Nepal", *Population Monograph of Nepal* (Kathmandu: CBS), pp. 301-336.
- K. C., Bal Kumar, P. D., Pant, G. Subedi and D. V. Shakya, 1997, *Birth, Death and Contraception in Nepal* (Kathmandu: CDPS).

- K. C., Bal Kumar, R. S. Pathak and G. Subedi, 2001, "Contraceptive Knowledge and Use in Nepal", *Nepal Population Journal*, Vol. 9 (Kathmandu: CDPS), pp 1-19.
- Ministry of Health (MOH), 1987, *Nepal Fertility and Family Planning Survey, 1986* (Kathmandu: MOH).
- _____, 1992, *Nepal Fertility, Family Planning and Health Status Survey, 1991* (Kathmandu: MOH).
- _____, 2002, *Nepal Demographic and Health Survey, 2001* (Kathmandu: MOH).
- Pathak, R. S., 2001, "Saving Women's Lives," Bal Kumar KC (ed.), *Population and Development in Nepal*, Vol. 8 (Kathmandu: CDPS), pp. 18-27.
- Regmi, G., 2001, *Family Planning Knowledge and Use Report* (Kathmandu: BCHIMES).
- Risal, R. P. and A. Shrestha, 1989, *Proximate Determinants of Fertility* (Kathmandu: UNFPA).
- Ross, J. A., W. Parker Mauldin, Steven R. Green and E. Romana Cooke, 1992, "Illustrative Results", *Family Planning and Child Survival Programme as Assessed in 1991* (New York: The Population Council), pp. 1-13.
- Subedi, G, 1997, "Contraceptive Use in Nepal, A national Scenario Survey" Bal Kumar K. C. (ed.), *Nepal Population Journal*, Vol. 6, No. 5, (Kathmandu: Population Association of Nepal), pp. 55-81.
- Tuladhar, J. M., 1986, *The Persistence of High Fertility in Nepal* (New Delhi: IMP).
- UNFPA, 1994, *International Conference on Population and Development* (New York: UNFPA).
- UNICEF, 1987, *Children and Women in Nepal: A Situation Analysis* (Kathmandu: UNICEF).

Valley Research Group (VaRG), 2003, *Nepal Family Health Program Behavior Change Communication Formative Research and Evaluation Study*, Submitted to Nepal Family Health Program (NFHP) (Katmandu: VaRG).

World Health Organization (WHO), 2000, *Population Bulletin 2000* (Katmandu: WHO).

Appendix 1: Questionnaire`

Tribhuvan University

Central Department of Population Studies

Topic: Knowledge and Use of Family Planning Methods among Married Women of Manmateria VDC, Rupandehi

General Information

Code No.:.....

Date: /

/

District: - Rupandehi

VDC: - Manmateria

Ward No: -

Name of the Household Head:-.....

Name of Respondent:

.....

Religion :-

Age (complete years):

Household Records

S.N.	Name of family members (01)	Relation with the HH head (02)	Male or female (03)		Age in complete d year (04)	Literacy status (05)		If literate, educational attainment (06)	Marital status (07)	Occupation (08)	Identification of eligible women (15-49 years married)
			M	F		Lit.	Illi.				
			1	2		1	2				
1											
2											
3											
4											
5											
6											

Note: Education is only asked to the people more than 5 years and marital status and occupation are asked to the people more than 10 years of age.

Related to Q. No. 02	Related to Q. No. 06	Related to Q. No. 07	Related to Q. No. 08	Related to Q. No. 26 & 33
01- Household head	01 No education	01- Unmarried	01- Agriculture	01- Pills
02- Husband	02 Primary	02- Married	02- Service	02- IUD
03- Son/daughter	03 L. Secondary	03- Widow/widower	03- Business	03- Depo
04- Sister-in-law	04 Secondary	04- Separated	04- Household work	04- Female Sterilization
05- Grandson/daughter	05 SLC passed	05- Divorced		

06- Father/mother 07- Father/ mother-in-law 08- Brother/sister 09- Nice/Nephew 10- Others 11- No relation 12- Brother-in-law 13- Don't know	06 I. A. and above 07 Don't know	06- Married but not living together	05- Daily wage workers 06- Pension 07- Dependent 08- Foreign employee 09- Student 10- Don't know	05- Male Sterilization 06- Condom 07- Norplant 08- Kamal 09- Withdrawal 10- Safe period 11- Others
--	-------------------------------------	-------------------------------------	---	--

Individual Questionnaire

Q.N.	Questions	Response Category	Skip
09	What is your date of birth?	Year <input type="text"/> Month <input type="text"/>	
10.	What is your completed age?	Year <input type="text"/>	
11.	Can you read and write?	Yes.....1 No2 →	Q. 16
12.	Which class have you passed?	Level of Education <input type="text"/>	
13.	What is your occupation?	Occupation (write code) <input type="text"/>	
14.	What is your husband's occupation?	Occupation (write code) <input type="text"/>	
15.	What is your monthly household income?	Income (in Rs.) <input type="text"/>	
16.	What was your age at first marriage?	<input type="text"/> Year	
17.	Have you given birth to any child(ren)?	Yes.....1 No2 →	Q. 23
18.	What was your age at first birth?	<input type="text"/> Year	
19.	How many children ever born alive to you?	Son <input type="text"/> Daughter <input type="text"/> Total <input type="text"/>	
20.	Are all the children still alive that you born?	Yes.....1 No2 →	Q. 22

21.	If no, how many have died?	Son Daughter Total	<input type="text"/> <input type="text"/> <input type="text"/>	
22.	What was the age of your child (ren) at the time of death?	Order of death 1 2 3	Age of death <input type="text"/> <input type="text"/> <input type="text"/>	

Knowledge on FP Methods

23.	Have you ever heard about family planning methods?	Yes.....1 No.....2	→ Q.30
24.	Do you have information about family planning methods?	Yes.....1 No.....2	→ Q. 30
25.	If yes, what methods have you heard? (multiple responses)	Code of Methods <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
26.	What are the sources of information about family planning methods? (multiple responses)	Hospital 1 Health Post 2 Family planning organization 3 TV/Radio 4 Neighbours 5 Husband/family members..... 6 Friends 7 Others (specify) 8	
27.	Do you know the sources of contraceptive supplies?	Yes.....1 No.....2	→ Q. 31
28.	If yes, what are they? (multiple responses)	Grossery 1 Hospital 2 Health Post 3 Private clinic..... 4 Others (specify) 5	
29.	Have you ever visited any centre of family planning?	Yes.....1 No.....2	→ Q. 31

30.	If yes, what are the places have you ever visited? (multiple responses)	Code of centre <input type="text"/> <input type="text"/> <input type="text"/> (See Q.N. 27)	
Use of Family Planning Methods			
31.	Have you ever used family planning methods?	Yes.....1 No.....2	→Q.40
32.	What method(s) have you ever used? (multiple responses)	Code of Methods <input type="text"/> <input type="text"/> <input type="text"/>	
33.	Are you currently using any methods?	Yes.....1 No.....2	→Q.39
34.	Which method are you using?	Code of Methods <input type="text"/> <input type="text"/> <input type="text"/>	
35.	By whose encouragement did you practice family planning?	Self1 Husband.....2 Family3 Neighbour.....4 Friends5 Media.....6 Others7	
36.	Do you or your husband shy to use family planning methods?	Yes.....1 No.....2	
37.	If yes, who usually shy in using it?	Ownself 1 Husband.....2	
38.	If you have faced side effect, what type of problem have you faced? (multiple responses)	Irregular menstruation1 Over bleeding2 Weakness.....3 Weight gain4 Weight loss5 Headache6 Others (specify)7	
39.	Do you want to use any methods in future?	Yes.....1 No.....2	
40.	If you are not using any family planning methods, what is the reason? (multiple responses)	Sexual displeasure1 Against religion2 Want to have daughter.....3 Desire of son.....4 Fear of side effect5 Others (specify)6	
41.	In your opinion, what is the ideal number of children for a couple?	Son <input type="text"/> Daughter <input type="text"/> Total <input type="text"/>	

42.	Have you ever talked with your husband about the family size?	Yes.....1 No.....2	
43.	Do you want any more children?	Yes.....1 No.....2 → Q. 45	
44.	If yes, what is reason for your desire for more children?	Because of husband1 Own desire.....2 Family desire.....3 Fear of generation discontinuation.....4 Others (Specify)5	
45.	How many children do you want more?	Son Daughter Both <input type="text"/> <input type="text"/> <input type="text"/>	
	If you have any comments/suggestions about this study.	

————— **Thank You** ←————