CHAPTER 1

INTRODUCTION

1. Background of the Study

In 2001, the national population of Nepal was 23 million people out of which half were women. The annual growth rate is 2.25 (MOPE, 2004: pp.5-6). If such growth rate remains, the population of Nepal will be doubled within 31 years. Therefore there is a need for family planning in order to control the rapid population growth.

Nepal's Family planning programme was started with the organization of Family Planning Association of Nepal in 18th September 1959 (MOPE, 2004: p.32). It was introduced officially in 1965. After establishment of FP/MCH Board, Government extended family planning (FP) and maternal and child health (MCH) services gradually all over the nation. FP/MCH services aimed at reducing crude birth rate and infant mortality rate, and improving health status of mothers and children. Since 1968 Nepal has been actively involved in providing family planning services with the establishment of Nepal Family Planning and Maternal Child Health (NFP and MCH) project.

In fact, Nepal was one of the first countries of South Asia, where information about family planning was available through a non-governmental programme. But objectives have not been achieved as it expected in the policies of each five year plan. Initially family planning programme was integrated with maternal child health services. Since the nineties, as all the health services were brought together, family planning has become an integral part of the country's health services (MOPE, 2004: p.32).

Currently, besides the governmental programmes, different NGOs and INGOs are also providing family planning services as well as information education and communication services related to the family planning. Some of these institutions are a) Nepal Family Planning Association b) Care Nepal c) Plan International d) Nepal Red Cross Society e) ADRA and f) Mary Stoppes etc.

Mostly the contraceptive methods have been directed towards women and male methods are neglected. However, it is realized that women only can not reduce the growth rate of population. Family planning refers to practices that help individuals or couples to

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

In Nepal family planning services are provided using a cafeteria approach; which means that different methods of contraception are made available to most of the health institutions and a client is to choose the method that suits his or her objectives. It is expected that this approach will not only increase the prevalence of contraceptive use but also reduce the fertility (MOH, 2004). Major objectives of the family planning programme in Nepal are; space and/or limit their children, prevent unwanted pregnancies, adolescent reproductive health and manage infertility

Illiteracy and poverty support the high level of fertility and low level of contraceptives use. Some of the major reasons for the prevalence of high infant/child mortality are the loosely birth spacing, large family size, poor environmental sanitation and imbalance diet. Further more poverty and traditional beliefs, illiteracy, mother's lack of knowledge about contraceptive use contribute to high infant and child death. On the other hand, infant mortality and contraceptive use are negatively correlated.

Breastfeeding is another important proximate determinant of fertility. Although breastfeeding in Nepal is almost universal and prolonged, most women are not aware of its contraceptive effect. Breastfeeding increases the length of post-partum amenorrhea, thereby providing protection against pregnancy for some time after the birth of the child.

In this regard, family planning services are designed to provide a constellation of contraceptive methods/services that reduce fertility, enhance maternal health, and contribute to bringing about a balance in population growth and socio-economic development, resulting in an environment that will help the Nepalese people improve their quality of life.

2. Statement of the Problem

Different community has their own different ideas, attitudes, beliefs and assumptions, which determine the knowledge and use of contraceptive methods. At Tanahunsur VDC there are different ethnic groups; most of them are illiterate and ignorant about contraceptive methods. They have their own belief, system and health care practices that consequently influence the contraceptive knowledge and use. Poor socio-economic

and educational status of people at the study area may prohibit them from proper contraception. In different community of Tanahunsur VDC, people depend on agriculture and about 48 percent of the people are engaged in off farm jobs as the allied occupation (VDC record 2002).

Most of the women of the community are unaware about contraception. To find out the reasons behind it, the investigator has selected the problem related to contraceptive knowledge and use. Thus, the problem is stated **"Contraceptive Knowledge and Use: A Case Study of Tanahunsur VDC, Tanahun District"**.

3. Significance of the Study

There is less information and understanding about contraceptive knowledge and use in the community. This study will generate basic information and data on contraception. The impact of family planning is less in family health in the study area. High maternal mortality and complications during pregnancy are observed. In a high maternal mortality society, people may fill the need to have many babies to be sure that a few survive. Most of the people give birth in young age and in less birth interval.

The study attempts to describe the importance of contraceptive methods. This study is important is so far that it can find out level of education of contraceptive users. Therefore the findings of this study will be useful for government agencies, local NGOs and INGOs. Hopefully, the result of this study will be helpful to other researchers who want to carry out research in this area. Besides this, the study will able to give information for planners and policy makers. The main significances of the study are given below.

- This study will be relevant to study the factors related to increasing maternal death during pregnancy.
- This study will give the information on use of contraceptive methods which can play vital role to reduce maternal mortality.
- This study will improve the health status of mother by extending birth interval and limiting unwanted birth.
- It will be useful for the further study in similar area.

4. Objectives of the Study:

The main purpose of this study is to assess the determinants of contraceptive knowledge and use among currently married women at Tanahunsur VDC of Tanahun District. The specific objectives of the study are given below.

a) To examine the knowledge and practice of contraceptive methods.

b) To examine the role of education in the use of contraceptive methods among currently married women.

c) To identify the socio-economic and demographic determinants of contraceptive methods.

5. Limitation of the Study

a) Due to the lack of time and resources this study was limited in small and specific area.

b) This study was limited in Tanahunsur VDC of Tanahun District so, its findings have not been generalized at national level.

c) Mainly contraceptive knowledge and use and few related variables have been used for this study.

d) Household, which have not any currently married women age between 15-49 years, have not been included.

CHAPTER 2

REVIEW OF LITTRATURE

Review of literature is one of the most important aspects of any research. No study is possible without the review of literature. It is a kind of tool, which provides a proper guideline and idea to the researchers in many studies. Many specialists have developed various norms in relation to the theoretical aspects of contraceptive methods. The norms and recommendation can help to improve and promote family planning. Many researchers have also studied themselves. This closely related norms and studies of contraceptive knowledge and use are reviewed for this study. Not only contraceptive knowledge and use, the related literatures, results of previous studies done by other researchers related to this study have been given below as a review.

Reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system and to its functions and processes. It implies that people have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this is the right of men and women to be informed and have access to safe, affordable and acceptable method of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right to health care services that will enable women to go safely through pregnancy and childbirth.

The concept of reproductive health gained in the 1980s as a symbol of a fresh perspective on women's right and family planning. The premise of this perspective is the principle that every woman has a right to reproductive health that is to regulate her fertility safely and effectively, to understand and enjoy her own sexuality and reproduction, to bear and rear healthy children. A reproductive health programme involves more than the delivery of maternal and child health or family planning services as conventionally defined. It is multidimensional. It is right oriented as well as reproductive health as rights are vital elements of physical and emotional well being (Muller, 1993).

Over the past three decades, the increasing availability of safer methods of modern contraception, although still in some respects inadequate, has permitted greater opportunities for individual choice and responsible decision making in matters of

reproduction throughout much of the world. Currently, about 55 percent of couples in developing regions use some method of family planning. This figure represents nearly a five fold, increase since the 1960s. Unmet need for family planning has been defined as the proportion of women who want no more children or want children only after two years but are not using any form of contraception. On the other hand, current users of family planning methods are categorized as having a met need for family planning. The total demand for family planning is defined as the sum of these two components (MOHP, 2007, p.36).

Ever use of contraception varies with women's age. The pattern of ever use is curvilinear, with use being lowest among women in the youngest age group (15-19), increasing with age, and reaching a plateau among women in their thirties before declining thereafter. The level of ever-use of any method among currently married women rises to a high of 81 percent among those age 35-39, and then declines to 67 percent among women age 45-49. Ever use of any modern method by age follows a similar pattern, regardless of marital status (NDHS 2006, p.77).

Contraceptive use varies by age. Use is lower among younger women (Because they are in the early stage of family building) and among older women (some of whom are no longer fecund) than among those at intermediate ages. For example, current use of a modern contraceptive method is 14 percent among currently married women age 15-19, raises to 60 percent among women age 35-39 and then drops sharply to 42 percent at age 45-49. Most women who are sterilized are over age 30, while injectable are popular among women age 20-44 (NDHS 2006, p.78).

WHO (1997) states that contraception provides couples with a means to control the timing of births which can greatly influence the health of their families. Women who delay having children until age 18 or older and space pregnancies by at least two years reduce their chances of having an infant or child die compared to those who have early frequent births.

Age is the most important factor that affects the utilization of family planning services. The current use of any form of family planning methods increased with age up to 35-39 years and then declined with increasing age of women, indicating relatively large

variation in current use between the younger age women and the women with intermediate age.

The effect of age of women on use of family planning services rises from the youngest 15-24 years to the middle 25-34 years and peaks at the oldest 35-39 years age groups. The odds probabilities of current contraceptive use are 0.465 to 1 among the oldest age groups. Therefore, odds probabilities of use of family planning service are three times higher among the older women than the youngest women (Tuladhar, 1989).

The relationship between age of currently married women and contraceptive use is curvilinear (MOH, 1986). It indicates that the contraceptive use is low during the early part of the reproductive life, increases in the middle ages of child bearing and again falls at the older ages. Ministry of health 1986 reported that there were 1.3, and 11.5 percent contraceptive users at age groups 15-19, and 45-49 respectively. An increase in CPR is expected with the increase in the number of living children. Couples who have had three or more living children are more likely to be current users than those with a smaller number (Tuladhar, 1989).

Sex preference of the children by the couples is common phenomenon in many of developing countries. Sex preference influences the fertility to a large extent in India. In countries where preference for son was strong, the effect of contraception on fertility and family planning was weak. Number of living son, is important factor that affects the use of contraception in Nepal. Tuladhar observed that the proportion of current use of contraception increased markedly with the number of living sons for women age, 25-34 (Tuladhar, 1982).

Contraceptive prevalence rate as well as use of modern method was higher among urban women than rural women. The prevalence rate was 48.9 percent in urban areas and 28 percent in rural area in Nepal (Subedi, 1997).

Strong positive relationship between women's education and current contraceptive use has been reported in various studies of family planning and health survey in Nepal. In NFFHS, 1991 found that about 40 percent of women with some secondary level of education were using modern methods compared to 22 percent of women with no education. The Ministry of Health, 1986 reported that the level of current use varied from

14.2 percent among women with no education to 33.9 percent among those with completed middle school education (Risal and Shrestha, 1989: pp.22-25).

Knowledge of contraceptive method is presented forever married and currently married women and men by specific methods. Finding from the 2001 NDHS shows that knowledge of at least one modern method of family planning is nearly universal in Nepal, with little difference between women and men. The most widely known modern contraceptive methods among both ever married and currently married women are female sterilization (99%) and condom (91%). Four in five women know of implants, a little more than one in two women have heard of the IUD, while two in five women have heard of vaginal methods. This pattern is similar forever married and currently married men except that men are relatively more likely than women to have heard of condoms, vaginal methods and the IUD and are less likely than women to have heard of indictable and pills. A greater proportion of women and men reported knowing a modern method than a traditional method. This is more pronounced in the case of women, only 55 percent of them know of any traditional method. Reported knowledge of traditional methods is much higher among men (more than 80%). One of the region for the low reporting of knowledge of a traditional method may be that these method are not included in the government family planning and women may be reluctant since they are not widely accepted (NDHS, 2001).

The most common sources of information on family planning is Radio. According to the survey, the proportion of women, who received information on family planning from radio, friends and health workers were approximately 47 percent, 31 percent and 25 percent respectively. A strong positive association between the educational and literacy level of women had a higher over use rate of contraception than rural women. The most common method of contraception ever used was Depo-Provera (44%), followed by Female Sterilization (24%), and Pills (22%) ever use of Condoms in this survey was 17 percent (BCHIMES, 2000).

With an increase in the education of the respondent, there was an increase in the current use of contraception. From a low 35 percent for non-pregnant women with no education, current use increased to 45 percent for such women with secondary or higher

education. A similar pictures emerges with respect to the literacy of women for example, among illiterate women, the level of current use was 33.4 percent. While it increased to 45 percent for literate group. Women that reported currently using a method were asked to describe the currently using a method were asked to describe the currently family planning method used (BCHIMES, 2000).

The contraceptive Prevalence Rate (CPR) was 39 percent in 2001. It will be reach 47 percent by the end of 10^{th} five year plan period and to 58.2 percent by 2017 (MOH, 2004).

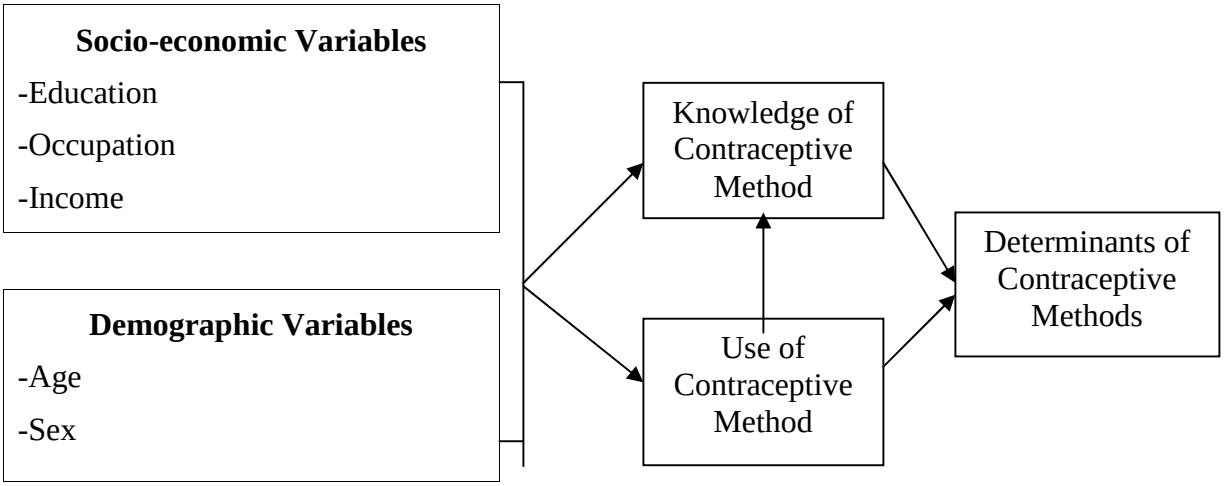
Family Planning Policy in Tenth Plan

The Ninth Plan's long-term scheme was 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 programs for attracting the common people to a small family size according to the concept of two children, to conduct different population related programs 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 4.58 to 4.2, to increase the users of the family planning devices from 30.1 to 37.0, to decrease the percent of married women of 15-49 ages from 42.1 to 36.1, to decrease the infant mortality from 74.7 to 61.5 (per 1000 live at birth) and to decrease child mortality (per 1000 live at birth and under 5 years of age) from 118 to 102.3 persons (Tenth Plan 2002: p.269).

Conceptual Framework

Use of family planning services is one of the intermediate determinants of reproduction. It is determined by various demographic, socio-economic, cultural, geographic and other variables. Demographic factors such as age of women and age at marriage, sex of the children affect the current use of contraceptive methods. Similarly, socio-economic variables like education, income, occupational status, also affect current use of contraceptive methods

In the figure it is shown that the uses of contraceptive methods increase when the educational status increases. Similarly good occupational status and sound income has positive relation with contraceptive knowledge and use. At the same time, socio-economic variable: education effects upon the patterns of the contraceptive knowledge and use. When the contraceptives are used prudently the long birth interval and norm of small family size are achieved. At the same time women's awareness about contraception will be raised. Thus, better contraceptive practice tends to exist in the family and community. Thus the figure has justified socio-economic and demographical variables as the determinants of use and knowledge of contraceptive methods.



CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

Exploratory and the descriptive research methods were used in this study. Attempts were made to identify the women's knowledge and use of contraceptive methods. In this chapter, the study site, population, research method, study variables, types of study, sampling methods, sample size, tools and techniques, pre-testing the data collection tools, validity and reliability, data management and data analysis and interpretation procedure are described.

1. Study Site and its Justification

Tanahun is one of the 6 districts of Gandaki zone lying in the western development region of the country. Gorkha bound it to the east, Sangja and Kaski to the west, Lamjung, Kaski and Gorkha to the north and Nawalparasi to the south. Its size covers the land extending latitude 27^0 54' to 28^0 05' north and longitude 83^0 57' to 84^0 54' east (ISRSC, 2001: p.360).

The physical boundaries of this district is Risti, Naudi and Marshyandi river in the north, Marshyandi river in the east, Narayani and Kaligandaki river in the south and Dhortham hill, Saldi and Kotre river in the west. Damauli is headquarter of the district. The total area of the district is 1551 Sq. Km. (Mishra, 2045: pp.31-32). There are 46 VDCs and a municipality in the district. The total population of the district is 3,15,237 (male 1,46,788 and female, 1,68,449) with 62,898 households. (CBS, 2003: p.2).

2. Target Population

Among 46 VDCs of the district, Tanahunsur was the VDC for research purpose in which 712 households are scattered in the different geographical places with total population 3262. The number of male population is 1444 and female population is 1818 (VDC record, 2002) There are different ethnic groups in Tanahunsur VDC, for instance Brahmin, Chhetri, Kashshi, Newar, Gurung, Magar, Damai, Kami, and Sarki. Among them, all the married couple of aged 15-49 of different ward were the target population of the study.

The study was carried out on the basis of primary data as well as secondary data. Primary data was obtained from questionnaire. Where as the secondary data was obtained from office of the VDC, Sub-health Post of the VDC, and from other sources, which are required for the research purpose.

3. Research Method

The design of this research study is basically non-experimental. It is based on field study. The knowledge and use of contraceptive methods was measured by age, occupation, literacy status and availability and accessibility of contraceptive methods.

4. Study Variables

Socio-economic Variables

- Education
- Occupation
- Income

Demographic Variables

- Age
- Sex

5. Types of study

Cross sectional descriptive research design was applied on this study which includes mainly quantitative as well as qualitative data.

6. Sampling Methods

In order to collect the data, purposive sampling procedure was applied in this study. Random sampling design was used to draw samples from different wards of the VDC. List of the households was taken from VDC office, with the help of VDC secretary, sub-health post staff, female health worker and social workers. Then the currently married women of the Tanahunsur VDC have been purposively selected for this study.

7. Sample Size

The sampling frame consists of 712 units (households) from which 110 households were selected as sample units for this study. The every house with currently married women aged 15-49 was taken into account for interview and for collecting information.

8. Tools and Techniques

Questionnaire was the major tool of present study. The investigator studied different previous related studies, research works and books before farming the questionnaire.

The investigator was visited the responsible persons of the VCD to inform the purpose of study. Then the investigator visited the head of the households and eligible women in order to collect the data. The investigator gave his introduction to the related members of the family very politely. Investigator explained the purpose and use of the study to each eligible women and household heads. To make the favorable situation the investigator stimulated to the respondents to share information without any hesitation. In a friendly manner, the investigator obtained the necessary information through interview. Lastly, giving thanks to the respondents to their co-operation, the researcher returned.

9. Pre-testing the Data Collection Tools

In order to collect the data, questionnaires was developed. Then it was pre-tested in 10 households at Bhanu VDC of Tanahun district by the researcher. To avoid confusion, to make simple, practicable and easy, on the basic of the result of pre-test, the questionnaire were improved. The questionnaires were improved with the suggestion of the research advisor.

10. Validity and Reliability of Research

To increase the validity and reliability of information the following measures have been taken.

- All the data and information was collected under the close supervision of the researcher and information was collected by the researcher.
- Questionnaire was asked in simple Nepali language,

- Researcher have been completed all forms and check and re-checked. If any information was missed and doubtful, a revision was made for completion.

11. Data Management

Then the collected data and information were managed in different topic; such socio-economic characteristics of the sample population, knowledge and use of contraceptive methods etc.

12. Data Analysis and Interpretation Procedure:

After collecting the data, the collected data and information were tabulated in master table. Simple mathematical analyzing procedure such as counts and percentage was adopted in this study. Then the tabulated data and information were analyzed and interpreted in various tables, graphs and figures.

CHAPTER 4

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS

This chapter discusses social and demographic characteristics of the population. This characteristics refer to, age, sex, caste, literacy, marital status, family structure, occupation, land holding, income distribution, available amenities and existence of pit latrine.

4.1 Household Characteristic

4.1.1 Age and Sex

Age is the most important variable. It shows the number of people consisting economically active and development out of total population. Table 4.1 presents the distribution of population by broad age groups. As shown by Table 4.1 children of less than five years constitute the 16.5 percent of the total population. Around 25.6 percent of the populations are schooling aged children and economically active age group of population account for 46.8 percent. Population aged 60 years and above constitutes 11.1 percent of the total population. The female population is more than that of male in the study area.

Table 4.1: Population Distribution by Age and Sex

Age Group	Number of Population		Total	Percent
	Male	Female		
0-4	63	55	118	16.5
5-14	89	94	183	25.6
15-59	164	170	334	46.8
60 and above	35	44	79	11.1
Total	**351**	**363**	**714**	**100**

Source: Field Survey, 2007

4.1.2 Caste/ Ethnicity

The study area is inhibited by different castes/ethnic groups such as Brahmin, Chhetri, Magar, Gurung, Newar, and Occupational casts. As shown by the Table 4.4 the

Brahmin constitutes the 43.3 percent of the total sample population. The second highest percent (23.1%) of the population are Chhetri followed by Magar/Gurung (16.9%), Occupational casts (9.7%), and Newar (7%). The occupational casts include Damai, Kamai, Sarkee and Kashahi.

Table 4.2: Distribution of Households by Caste/Ethnicity

Caste/Ethnic Groups	Number	Percent
Brahmin	309	43.3
Chhetri	165	23.1
Magar/Gurung	121	16.9
Occupational (Damai, Kamai, Sarkee and Kashahi)	69	9.7
Newar	50	7.0
Total	**714**	**100**

Source: Field Survey, 2007

4.1.3 Educational and Marital Status

There are two proposed high schools and five primary schools in the VDC. Non formal education (Praudha Shiksha) is found to be running in the two settlements of the VDC. Every person who could read and write simple Nepali letters was included literate group. Considering this simple but poor definition of literacy, the literacy rate is found 50.6 percent for the total population of the study area.

As shown by Table 4.3, the literacy rate for male is substantially higher (57.8%) than the literacy rate of female was about 43.5 percent. About 21.9 percent of the total populations have formally attained the primary level education. Only 18.6 percent have attained secondary level education. About (56.5%) of the total females' populations has no formal education. For all of formal education, percentages are considerably higher for males than for females.

The marital status of the sample population is presented in the Table 4.3. A majority of the population 49.4 percent was unmarried and 45.3 percent are married. Only

5.3 percent are widow. The percentage of married female is higher than married male. It is possible because women usually get married early than men do and married men move to the foreign countries in search of the jobs. For this reason, absentees of married men were higher during field survey.

Table 4.3: Population Distribution by Educational and Marital Status

Characteristics	Male No.	Percent	Female No.	Percent	Total No.	Percent
Literacy Status						
Literate	203	57.8	158	43.5	361	50.6
Illiterate	148	42.2	205	56.5	353	49.4
Total	**351**	**100**	**363**	**100**	**714**	**100**
Level of Education						
No Education	148	42.2	205	56.5	353	49.4
Primary Level	83	23.6	73	20.1	156	21.9
Secondary Level	77	21.9	56	15.4	133	18.6
Above S.L.C.	43	12.3	29	8.0	72	10.1
Total	**351**	**100**	**363**	**100**	**714**	**100**
Marital Status						
Unmarried	191	54.4	162	44.6	353	49.4
Married	139	39.6	184	50.7	323	45.3
Widow	21	6.0	17	4.7	38	5.3
Total	**351**	**100**	**363**	**100**	**714**	**100**

Source: Field Survey, 2007

4.1.4 Family Structure

Family is the most important primary unit of social structure in Nepal. Basically nuclear and joint families are two types of family system in Nepal; Out of 110 households of the study area 60 percent belong to nuclear family and 40 percent to the joint family.

Table 4.4: Population Distribution by Types of Family

Types of Family	Number	Percent
Nuclear	66	60.0
Joint	44	40.0
Total	**110**	**100**

Source: Field Survey, 2007

4.1.5 Occupation

Table 4.5 shows that highest percent of total population (48%) are engaging in agriculture activities. This shows that farming is the major source of households' workers for livelihood in the study area. About 28.7 percent of the populations are students. Housewife (6.2%), Childcare taker (4.9%), Service (3.1%) Agriculture-wage labour (2.4%) and Non-agriculture wage lobour (1.8%) follow this. Only 1.4 percent people are found to be engaged in Business. Some 1.5 percent of population is found to be No work at present and some 2 percent of populations are found to be Incapable to do work.

Table 4.5: Population Distribution by Occupation

Types of Occupation	Number	Percent
Agriculture	343	48.0
Student	205	28.7
House Wife	44	6.2
Service	22	3.1
Business	10	1.4
Wage Labour (agriculture)	17	2.4
Wage Labour (non agriculture)	13	1.8
Child Care Taker	35	4.9
No Work at Present	11	1.5
Incapable	14	2.0
Total	**714**	**100**

Source: Field Survey, 2007

4.1.6 Land Holding

People of the study area were found to be engaged in agricultural activities except a few businessman and teachers. Most of them have their own cultivated land. The cultivated land includes terraced land (Bari), some poor terraced land (Pakha Bari and paddy field Khet). Only some parts of low land that can be irrigated by Kulo (Canal) are used as paddy field. Some wealthy people hold the paddy fields. The distribution of cultivated land among farmers (households) is presented in the Table 4.6.

As shown by Table 4.6 about 23.6 percent household heads reported to have 5-10 Ropani of the cultivated land. Slightly more than 9 percent people hold the land 10-15 Ropani. Similarly 7.3 percent hold the land 15-20 Ropani while 56.4 percent hold less than 5 Ropani of the land. People holding the land less than 5 Ropani are poor of the poor farmers. However 3.6 percent of the respondents hold 20+ Ropani land.

Table 4.6: Distribution of Households According to Landholding (Ropani)

Land in Ropani	Number of households	Percent
Less than 5 Ropani	62	56.4
5-10 Ropani	26	23.6
10-15 Ropani	10	9.1
15-20 Ropani	8	7.3
20+ Ropani	4	3.6
Total	**110**	**100**

Source: Field Survey, 2007

4.1.7 Income Distribution

The main occupation of study area is agriculture especially men are generally engaged in seasonal trade such as live stock, corn and also men are engaged in daily wage. In this study approximate annual income of their family was asked. Table 4.7 shows distribution of households by income level. The table shows that about (38.2%) respondents mentioned that their average annual income is 30,000 and above followed by Rs. 20,000-30,000 (36.4%), Rs. 10,000-20,000 (14.5%), and less than 10,000 account for (10.9%).

Table 4.7: Distribution of Household According to Annual Income in Rs.

Income in Rs.	Number of Households	Percent
Less than Rs. 10,000	12	10.9
Rs. 10,000-20,000	16	14.5
Rs. 20,000-30,000	40	36.4
Rs. 30,000+	42	38.2
Total	**110**	**100**

Source: Field Survey, 2007

4.1.8 Available Amenities

Table 4.8 presents the available amenities of sample households. The amenities considered electricity, piped water, radio and television. About 39.1 percent households have electricity, 79.1 percent households haven't pipe water their main source of drinking water was traditional stone spout and Kuwa. Just more than half (56%) households have radio. About 91.8 percent household did not have television their main source of information was radio.

Table 4.8: Distribution of Household According to Available Amenities

Amenities	Electricity		Pipe water		Radio		Television	
	No. of Households	%	No. of Households	%	No. of Households	%	No. of Households	%
Yes	56	39.1	34	30.9	56	50.9	9	8.2
No	67	60.9	76	69.1	54	49.1	101	91.8
Total	**110**	**100**	**110**	**100**	**110**	**100**	**110**	**100**

Source: Field Survey, 2007

4.1.9 Toilet Facility

Rural people rarely understand and feel need to disposal human excrete properly due to lack of knowledge or relationship between excrete and communicable diseases. However, people in the study area were made aware of installing Pit Latrine with the supply of pipe water. The existence of toilet facility is presented in Table 4.9.

Table 4.9 shows that only 38.2 percent of the total households have toilet facility. Most of the latrines can not be considered sanitary latrines through observation while taking interview because they give of bad smell attract the rodents and flies and polluted the soil. Some of the latrines are not going to be used any longer due to the lack of proper maintenance.

Table 4.9: Distribution of Household by Toilet Facilities

Pit Latrine	No. of Households	Percent
Yes	42	38.2
No	68	61.8
Total	**110**	**100**

Source: Field Survey, 2007

4.2 Background Characteristics of the Respondent

4.2.1 Age Structure

Table 4.10 shows the age distribution of eligible women. As shown by the table, 26.6 percent are in age group 25-29 years, followed by age group 20-24 (25.5%), 30-35 years (20.9%), 35-39 (15.5%), 40-44 years (4.5%), 45-49 years (3.6%) and 3.6 percent women were aged 15-19 years.

Table 4.10: Percent Distribution of Respondents by Age

Age	Number of Respondents	Percent
15-19	4	3.6
20-24	28	25.5
25-29	29	26.4
30-34	23	20.9
35-39	17	15.5
40-44	5	4.5
45-49	4	3.6
Total	**110**	**100**

Source: Field Survey, 2007

4.2.2 Literacy Status and Educational Attainment

As shown by Table 4.11 majority (76.4%) women are literate in this study area and 23.6 percent women are illiterate. Table 5.2 further shows that the educational attainment of the literate respondents. About 29.8 percent literate women have lower secondary education, 26.2 percent literate women have secondary/intermediate level of education, 23.8 percent have primary level of education, 7.1 percent women have bachelor level and above. Only 13.1 percent women have informal education.

Table 4.11: Respondents by Literacy and Educational Attainment

Literacy status	Number of respondents	Percent
Literate	84	76.4
Illiterate	26	23.6
Total	**110**	**100**
Educational Attainment		
Primary	20	23.8
Lower secondary	25	29.8
Secondary/Intermediate	22	26.2
Bachelor and above	6	7.1
Informal education	11	13.1
Total	**84**	**100**

Source: Field Survey, 2007

4.2.3 Occupation

With regard to occupation, majority of women are engaged in agriculture. Table 4.12 shows that majority of the respondent reported their main occupation as agriculture (53.6%) followed by household activities (18.2%); business (10%), students (6.4%), daily wage (5.5%), government services (3.6%) and cottage industries (2.7%) are engaged in the study area.

Table 4.12: Percent Distribution of Respondents by Occupation

Occupation	Number of Respondents	Percent
Agriculture	59	53.6
Household Activities	20	18.2
Business	11	10.0
Students	7	6.4
Daily wage	6	5.5
Job	4	3.6
Cottage Industries	3	2.7
Total	**110**	**100**

Source: Field Survey, 2007

CHAPTER 5

KNOWLEDGE AND USE OF CONTRACEPTIVE METHODS

Activity of family planning programme has been greatly expended in Nepal. Contraceptive services are provided through sub-health post, health post, mobile clinic, MCH and family planning clinic, hospital, other governmental and non-governmental institution. But family planning programme was unable to meet demand for the currently married women who want to space or limit births. In order to access the knowledge and use of contraceptive methods each respondent was asked the following question 'Have you ever heard of family planning, the various method or devices that a couple can use to delay or avoid a pregnancy?' Respondents were further asked to mention the name of modern contraceptive methods or devices. Those respondents who mention at least one name of contraceptive methods are categorized under having knowledge. Some selected variables and use and knowledge of family planning has been summarized in this chapter.

5.1. Knowledge of Contraceptive Method.

In this study, the knowledge of contraceptive method was universal. Every currently married woman's were heard about any contraceptive methods. But they did not know how to use this method properly. The knowledge of Family Planning at national level was nearly 100 percent (MOH, 2001). The level of knowledge is higher among 30-39 age group compared to those who are in the age group of 15-19 years. (Field Survey, 2007)

As shown by Table 5.1, specific method Depo-Provera (89.1%) appears to be the best known Contraceptive Method, followed by Condom (81.8%), Male sterilization (71.8%), Norplant (61.8%), Pills (60.0%), and Female sterilization (57.3%). Depo-Provera has been gaining popularity in this study area. This was also reflected in the relatively high proportion of currently married women of reproductive age having heard about it.

Table 5.1: Percent Distribution of Respondents by Knowledge of Specific Method

No. =110

Family Planning Method	No. of Respondents	Percent
Depo-Provera	98	89.1
Condom	90	81.8
Male sterilization	79	71.8
Norplant	68	61.8
Pills	66	60.0
Female sterilization	63	57.3
IUD	52	47.3
Rhythm Method	5	4.5
Foam/Jelly	3	2.7

Source: Field Survey, 2007

Percentage may exceed 100 due to multiple responses.

5.2. Sources of Knowledge

Majority of women have heard about at least one method of contraceptive. But family planning programme was unable to meet demand for the currently married women who want to space or limit births. Respondents were also asked to mention the source of their Family Planning information. Table 5.2 indicates that the most commonly mentioned source of family planning information was radio (95.1%), followed by friend (54.9%), health worker (42.7%), and newspaper (39%). Husband as a source of family planning information accounted for 14.6 percent.

Table 5.2: Percent Distribution of Respondents by Sources of Knowledge

No=110

Sources	No. of Respondent	Percent
Newspaper	32	39.0
Radio	78	95.1
Television	7	8.5
Health workers	35	42.7
Husband	12	14.6
Friend	45	54.9

Source: Field Survey, 2007

Percentage may exceed 100 due to multiple responses.

5.3 Husband/Wife Communication

Table 5.3 shows that 85.5 percent women discuss/communicate with her husband about family panning. About 93 percent literate women discussed about family planning while only 61.5 percent illiterate women discussed about family planning with her husband. About 15 percent women did not discussed about family planning with her husband.

Table 5.3: Distribution of Respondents by Husband/Wife Communication

Husband/Wife Communication	Literate		Illiterate		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	78	92.9	16	61.5	94	85.5
No	6	7.1	10	38.5	16	14.5
Total	**84**	**100**	**26**	**100**	**110**	**100**

Source: Field Survey, 2007

5.4 Ever Used a Contraceptive Method by Education and Specific Method.

Table 5.4 presents distribution of currently married women who have ever used a Contraceptive Method by education. In this table illiterate women who have ever use of Contraceptive Method was 82.1 percent while it was 57.6 percent among literate women. In this table, Depo-Provera (50%) was found the most commonly ever used method, followed by Pills (17.8%), Condom (16.7%), Female sterilization (6%) and Norplant (6%) among respondents.

When the relationship between mothers' education and knowledge of family planning is examined, it is noticed that literate women have the highest percentage of knowledge of family planning. Reason behind having high knowledge of family planning among the educated mothers is that they can easily receive and understand the information and knowledge disseminated through different media.

Table 5.4: Ever Used a Contraceptive Method by Education and Specific Method.

Ever Use of Contraceptive Method	Education of Women				Total	
	Literate		Illiterate			
	No.	Percent	No.	Percent	No.	Percent
Yes	69	82.1	15	57.6	84	76.4
No	15	17.9	11	42.4	26	23.6
Total	**84**	**100**	**26**	**100**	**110**	**100**
Contraceptive Methods						
Condom	11	15.8	3	20.0	14	16.7
Pills	12	17.4	3	20.0	15	17.8
Depo-Provera	36	52.2	6	40.0	42	50.0
Norplant	4	5.8	1	6.66	5	6.0
Female Ster.	4	5.8	1	6.66	5	6.0
Male Ster.	2	2.9	1	6.66	3	3.5
Total	**69**	**100**	**15**	**100**	**84**	**100**

Source: Field Survey, 2007

5.5 Current Use of Contraceptive Methods by Age

In this section the current use of contraceptive methods of currently married women are presented. Table 5.5 shows that current use of contraceptive method. It was 75 percent among the currently married women. About 75 percent respondents in age group 15-19 years are currently using, and it was 81.6 percent for respondent in age group 30-39 and 55.5 percent for age group 40-49 years. In this study area, CPR (77.5%) was higher than national level (48%) (NDHS, 2006).

Table 5.5: Percent Distribution of Currently Married Women Who Were Currently Using Contraceptive Methods by Age

Current Use of Contraceptive Methods	Age of Women								Total	
	15-19		20-29		30-39		40-49			
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	3	75.0	24	77.4	31	77.5	5	55.5	63	75.0
No	1	25.0	7	22.6	9	22.5	4	44.5	21	25.0
Total	**4**	**100**	**31**	**100**	**40**	**100**	**9**	**100**	**84**	**100**

Source: Field Survey, 2007

5.6 Respondents by One of Contraceptive Method

As indicated by Table 5.6, the most common method of contraception used in this study area was found Depo-Provera, which accounted for 60.3 percent of total contraceptive use. The second highest proportions of women were currently using Oral Pills (14.3%) and Condom accounted (7.9%), Male Sterilization accounted for (7.9%) and Female Sterilization accounted for (3.2%).

Table 5.6: Distribution of Currently Married Women According to One of Contraceptive Method

Contraceptive Method	Current Use of Contraceptive	Percent
Condom	5	7.9
Pills	9	14.3
Depo-Provera	38	60.3
Norplant	2	3.2
Female Sterilization	2	3.2
Male Sterilization	5	7.9
Foam/Jelly	1	1.6
Natural Method (Withdrawal)	1	1.6
Total	**63**	**100**

Source: Field Survey, 2007

5.7 Contraceptive Method Use by Age

Table 5.7 shows that Depo-Provera (60.3%) is a highest used method in all age group, followed by Pills (14.3%), Condom and Male sterilization (7.9%) each. Similarly Female Sterilization and Norplant (3.2%) each. This table further shows that under age 30 no women have preferred permanent method, as the age increase i.e. above 30 years, also very few preferred sterilization. There are more or less all respondents who are using temporary method till 49 years.

Table 5.7: Distribution of Currently Married Women who were currently Using Contraceptive Method by Age and Specific Methods

Contraceptive Method	Age group of women								Total	
	15-19		20-29		30-39		40-49			
	No.	%	No.	%	No.	%	No.	%	No.	%
Condom	-	-	1	4.2	3	9.7	1	20.0	5	7.9
Pills	-	-	5	20.8	4	13.3	-	-	9	14.3
Depo-Provera	2	66.7	16	66.6	18	58.1	2	40.0	38	60.3
Norplant	1	33.3	1	4.2	-	-	-	-	2	3.2
Female Ster.	-	-	-	-	1	3.2	1	20.0	2	3.2
Male Ster.	-	-	-	-	4	13.3	1	20.0	5	7.9
Foam Jelly	-	-	-	-	1	3.2	-	-	1	1.6
Natural Method(Withdrawal)	-	-	1	4.2	-	-	-	-	1	1.6
Total	**3**	**100**	**24**	**100**	**31**	**100**	**5**	**100**	**63**	**100**

Source: Field Survey, 2007

5.8 Contraceptive Use by Occupation

Work status of women is often considered to be a major determinant of her fertility aspiration and behaviour; hence some strong association with use of contraceptive method is expected. The CPR was higher for those women who are engaged in non-farming occupation, than those who engaged in farming activities.

Table 5.8 shows that current use of Depo-Provera women who were engaged in farming activities (60%) and women who were engaged in non-farming activities (60.3%), followed by Pills (farming 16.8 percent and non-farming 14.3%) and Condom (farming 10 percent and non-farming 6.1%) respectively.

Table 5.8: Distribution of Currently Married Women who are currently Using Contraceptive Method by Occupation

Contraceptive Methods	Occupation of Women				Total	
	Farming		Non-farming			
	No.	Percent	No.	Percent	No.	Percent
Condom	3	10.0	2	6.1	5	7.9
Pills	5	16.8	4	12.1	9	14.3
Depo-Provera	18	60.0	20	60.7	38	60.3
Norplant	1	3.3	1	3.0	2	3.2
Female Sterilization	1	3.3	1	3.0	2	3.2
Male Sterilization	1	3.3	4	12.1	5	7.9
Foam Jelly	-	-	1	3.0	1	1.6
Natural Method (Withdrawal)	1	3.3	-	-	1	1.6
Total	**30**	**100**	**33**	**100**	63	**100**

Source: Field Survey, 2007

5.9 Use of Contraceptive Method According to Literacy Status

Table 5.9 shows that the higher percentage of literate (60.8%) and illiterate (58.7%) women are using Depo-Provera, followed by Pills (literate 15.2% and illiterate 11.8%) respectively. Less use of permanent method is observed among both literate and illiterate women.

Table 5.9: Distribution of Currently Married Women Who Are Using Specific Contraceptive Method According to Literacy Status

Specific Contraceptive Methods	Education status of women				Total	
	Literate		Illiterate			
	No.	Percent	No.	Percent	No.	Percent
Condom	4	8.7	1	5.9	5	7.9
Pills	7	15.2	2	11.8	9	14.3
Depo-Provera	28	60.8	10	58.7	38	60.3
Norplant	1	2.2	1	5.9	2	3.2
Female Sterilization	1	2.2	1	5.9	2	3.2
Male Sterilization	3	6.5	2	11.8	5	7.9
Foam Jelly	1	2.2	-	-	1	1.6
Natural Method (Withdrawal)	1	2.2	-	-	1	1.6
Total	**46**	**100**	**17**	**100**	**63**	**100**

Source: Field Survey, 2007

5.10 Decision on Use of Contraceptive Methods

Husband/wife communication is often considered to be major determinant of contraceptive method. A question was asked whether the respondents usually discussed with her husband about contraceptives. Table 5.10 shows that about 46 percent women reported that contraceptive use was a joint decision. About 36.5 percent women reported that husband was their decision maker and about 17.5 percent women decided to use contraceptive method by themselves.

Table 5.10: Distribution of Currently Married Women Who Decide on Current Use of Contraceptive Method

Decide Use of Contraceptive Method	Current Use of Contraceptive Method	Percent
Husband	23	36.5
Wife	11	17.5
Both	29	46.0
Total	**63**	**100**

Source: Field Survey, 2007

5.11 Reason for Non-Using Contraceptive Method

All currently married women who were not using any form of Contraceptive Method were further asked the reason for non using Contraceptive Method. Table 5.11 shows that 48.9 percent of respondents stated that 'not needed' was their principal reason for not using any contraceptive methods. Other reported major reason were health condition (14.9%), expensive (12.8%) and husband don't like it (6.4%).

Table 5.11: Distribution of Currently Married Women Who Were Not Using Contraceptive Method by Reason

Reason for Not-using	Total Cases	Percent
Not needed	23	48.9
Health condition	7	14.9
Husband don't like it	3	6.4
Expensive	6	12.8
Don't know	8	17.0
Total	**47**	**100**

Source: Field Survey, 2007

5.12 Side Effects of Contraceptive Methods

As shown by Table 5.12, who used contraceptive methods 11.1 percent, respondents experienced side effects. Among them weakness (28.6%) and irregular menstruation (28.6%) are the major problems reported by highest percent of women. The least percentage of women reported experiencing weight loss and leg pain which accounts (14.2%) each. Those women who had lost their weight were anxious for their weight and who gained weight was happy saying that respective method suited them.

Table 5.12: Distribution of Currently Married Women Who Reported Side Effects

Side Effects	No. of respondent	Percent
Yes	7	11.1
No	56	88.9
Total	63	100
Types of Side Effects		
Weakness	2	28.6
Irregular Menstruation	2	28.6
Weight loss	1	14.2
Leg pain	1	14.2
Back pain	1	14.2
Total	**7**	**100**

Source: Field Survey, 2007

5.13 Contraceptive Methods by Sources of Supply

Currently married women who reported of currently using a modern method of contraception were further asked where they obtained the method from. Table 5.13 shows that the majority of users received any forms of modern contraception from hospital (52.5%), followed by NGO clinic (30.2%) and outreach clinic (4.7%). They usually go to get contraceptive method in the hospital.

Table 5.13 Distribution of Current/Ever Users Who Used Contraceptive Methods by Sources of Supply

Sources of Supply	No. Who Usually go to Get FPM	Percent
Hospital	33	52.5
Outreach clinic	3	4.7
NGO Clinic	19	30.2
Private clinic/nursing home	5	7.9
Shop	3	4.7
Total	**63**	**100**

Source: Field Survey, 2007

5.14 Availability of Contraceptive Methods

Table 5.14 shows that 55.5 percent woman reported available of contraceptive methods in their place and 44.5 percent women reported that not available of contraceptive methods in their place.

Table 5.14: Distribution of Users of Modern Contraceptive Method Available in Their Place

Available of Contraceptives	No. of Respondents	Percent
Yes	35	55.5
No	28	44.5
Total	**63**	**100**

Source: Field Survey, 2007

5.15 Method Failure

Use of contraception is a proximate determinant of fertility. This research study aims to know efficiency to the used method. The method failure questions 'Have you ever got pregnant while you were using contraceptive method?' was asked. Table 5.15 shows that 4.8 percent users reported that they became pregnant while they were using method among them 2 women were using Pills and 1 woman was using Depo-Provera.

Table 5.15: Distribution of Contraceptive Users Who Reported Method Failure

Method Failure	No. of Respondents	Percent
Yes	3	4.8
No	60	95.2
Total	**63**	**100**

Source: Field Survey, 2007

5.16 Future Intention to Use Contraceptive Method.

All currently married women were asked about their future intention to use of contraceptive methods. These women were asked the question "Do you think that you would like to use family planning? Intention to use contraception in future by selected variables has been summarized in Table 5.16. Not surprisingly, the inverse relationship between age of women and intentions using contraception in the future is seen. All currently married women who were using or not using any contraceptive were asked 'whether they intended to use a contraceptive method in future'? An overwhelming majority of women (89.1%) were intend to use contraceptive in future and 10.9 percent respondent who were not intend to use any forms of contraceptive in future. This proportion gradually decline with increasing age of women.

Table 5.16: Distribution of Currently Married Women Who Intend to Use or not Use any Contraceptive Method in Future by Age

Characteristics	Age Group								Total	
	15-19		20-29		30-39		40-49			
	No.	Percent	No.	Percent	No.	Percent	No.	Percent	N0.	Percent
Yes	3	75.0	53	93.0	36	90.0	6	66.7	98	89.1
No	1	25.0	4	7.0	4	10.0	3	33.3	12	10.9
Total	**4**	**100**	**57**	**100**	**40**	**100**	**9**	**100**	**110**	**100**

Source: Field Survey, 2007

5.17 Intention to Use and Reason for Non-Using Contraceptive Method

The currently married women who reported their intention were also asked 'why they want to use contraceptive in future'? Table 5.17 shows that 48.9 percent women want

to use any type of contraceptive in future for birth spacing. Other reasons for intention to use contraceptives include better health of child and mother (22.5%). All currently married women who were not using any form of contraceptive method were further asked the reason fro not using contraceptive method. Table 5.17 further shows that 58.3 percent of respondents stated that 'not needed' was their principal reason for not using any contraceptive methods. Other major reasons were health condition (25%) and expensive (16.7%).

Table 5.17: Currently Married Women by Future Intention to Use Contraceptive Methods

Reasons	No. of Respondents	Percent
Birth spacing	48	48.9
Better health of child and Mother	22	22.5
Want no more children	14	14.3
No response	14	14.3
Total	**98**	**100**
Reasons for Who do not Want to Use Any Forms of Contraceptive Method in Future		
Not needed	7	58.3
Health Condition	3	25.0
Expensive	2	16.7
Total	**12**	**100**

Source: Field Survey, 2007

5.18 Attitude and Perception of Sterilization

Table 5.18 shows that 50 percent of currently married women of reproductive age have opinion that husband should go for sterilization. Only 18.2 percent currently married women are in favor of wife who should go for sterilization. About 29.1 percent women viewed that anyone of them could accept sterilization and 2.7 percent did not respond about the use of sterilization. Table 5.18 also presents appropriate time for sterilization.

The majority of women 53.6 percent proposed one should sterilized after having 2-3 children, followed by those who thought it is appropriate after having one son and one daughter (32.7%) and in favor of after having one child are 10.9 percent respectively.

Table 5.18: Distribution of Currently Married Women According to Their Perception on Sterilization

Who Should Sterilized	No. of Respondents	Percent
Husband	55	50.0
Wife	20	18.2
Anyone of them	32	29.1
No response	3	2.7
Total	**110**	**100**
Timing of Sterilization		
After having one child	12	10.9
Having 2-3 children	59	53.6
After having one son and one daughter	36	32.7
Do not know	3	2.8
Total	**110**	**100**

Source: Field Survey, 2007

5.19 Possible Side Effects of Sterilization

Table 5.19 shows that about 76.4 percent women thought that sterilization did not have any side effects and 19.1 percent women agree that sterilization have some side effects. The major perceived side effects of sterilization include weakness (57.1%), followed by unable to work (23.8%) and other side effects (Bleeding, Headache) (19.1%).

Table 5.19: Distribution of Currently Married Women by Their Perception on Possible Side Effects of Sterilization

Perception on Side Effect of Sterilization	No. of Respondents	Percent
Yes	21	19.1
No	84	76.4
Don't know	5	4.5
Total	**110**	**100**
Types of Side Effects		
Weakness	12	57.1
Unable to work	5	23.8
Other (Bleeding, Headache)	4	19.1
Total	**21**	**100**

Source: Field Survey, 2007

5.20 Findings of the Study

Major findings of the study are;

a) The study area is inhabited by multi-ethnic groups. Majority of respondents are Brahmin followed by Chhetri, Magar/Gurung, Occupational and Newar. An overwhelming percentage of women respondents are found engaging agriculture occupation. About 50.6 percent of total respondents are literate and 49.4 percent are illiterate. Most of respondents are confined in family having less than 5 Ropani cultivated land whereas 3.6 percent belong to the families who have 20+ Ropani land.

b) About 10.9 percent households have annual income less than 10,000 rupees, 14.5 percent have average annual income 10,000-20,000, 36.4 percent households have annual income 20,000-30,000 and 38.2 percent have above 30,000 rupees.

c) Literacy rate of eligible women is found about 76.4 percent in the study area, which is higher than the national average figure. About 53.6 percent women are engaged in agricultural occupation, 18.2 percent women are engaged in household activities and 10 percent women are engaged in business.

d) The majority of women have heard about at least one contraceptive method. By specific method Depo-Provera 89.1 percent appears to be the best known method, followed by Condom 81.8 percent, Male Sterilization 71.8 percent, Norplant 61.8 percent, Pills 60 percent and Female Sterilization 57.3 percent, Depo-Provera has been gaining popularity in this study area.

e) About 95.1 percent of currently married women of reproductive age group reported their source of knowledge was radio, followed by friend 54.9 percent and 42.7 percent reported health worker as source of family planning.

f) About 85.5 percent women discuss/communicate with her husband about contraception. About 93 percent literate discuss about contraception while only 61.5 percent illiterate women are discuss about contraception with her husband. About 16 percent women do not discuss about contraception with her husband.

g) The rate of ever use of contraceptive methods by currently married women was 76.4 percent. The most common method of contraception was Depo-Provera (50%),

followed by Pills (17.8%), Condom (16.7%) and, Female sterilization and Norplant was (6%) respectively.

h) This study shows that current use of contraceptive method was 75 percent among the currently married women. About 75 percent respondent in age group 15-19 years are currently using and where as it was 77.5 percent for respondent in age group 30-39 years are current using contraceptive method. In this study area, CPR (75%) was higher than national level (48%) (NDHS, 2006)

i) The most common method of contraception used in this study area was Depo-Provera, 60.3 percent of total contraceptive use. The second highest proportions of women were currently using oral pills 14.3 percent and Condom accounted for 7.9 percent. In this area, female sterilization accounted for 3.2 percent and male sterilization accounted for 7.9 percent. Current use of contraceptive method varies with women's age, occupation and literacy status. In age group 15-19 years currently use Depo-Provera was (66.7%) followed by age group 20-29 years current use (66.6%).

j) The CPR was higher for those women who are engaged in non-farming occupation, than those who engaged in farming activities.

k) This study shows that 60 percent women are currently using Depo-Provera who is engaged in farming activities. Highest percentage of women who are engaged in non-farming activities, are also using Depo-Provera 60.7 percent, followed by Pills (farming 16.8 percent and non-farming 12.1%) and condom (farming 10 percent and non-farming 6.1%).

l) This study shows that 46 percent women reported that they use contraceptive method on the decision of both. About 36.5 percent husband reported that it was their own decision to use contraceptive method and 17.5 percent women reported that they decided to use contraceptive method.

m) In this study 11.1 percent women who used contraceptive method experienced side effects. Among them weakness and irregular menstruation (28.6%) followed by Weight loss, Leg pain and Back pain (14.2%) respectively. Those women who had

lost their weight were anxious for their weight and who gained weight was happy saying that respective method suited them.

n) A majority of current users reported to have received any forms of modern contraceptive from hospital. Slightly more than half (52.5%) current users obtained these methods from hospital. Others reported source of supply were NGOs clinic (30.2%) and Private clinic (7.9%). In this study 55.5 percent woman reported available of Contraceptive methods in their place and 44.5 percent women reported, there is not access of Contraceptive methods in their place.

o) In total 4.8 percent contraceptive users reported that they became pregnant while they were using method. Among them 1 women was using Depo-Provera and 2 were using Pills. As shown by the study 89.1 percent respondents were intending to use contraceptive method in future and 10.9 percent respondent who were not using any form of contraceptive method in future.

p) An over whelming percentage of women were intending to use any form of family planning because of various reasons. Among them, 48.9 percent women want to use any type of contraceptives in future for birth spacing and other 22.5 percent for the better health of child and mother. The main reason for not having future intention to use is 'not needed' (58.3%) followed by health condition (25%) and expensive (16.7%).

q) Fifty percent of currently married women of reproductive age have opinion that husband should go for sterilization. Only 18.2 percent currently married women are in favour of wife who should go for sterilization. About 29 percent women viewed that anyone of them could accept sterilization and 2.7 percent did not respond about the use of sterilization.

r) Slightly more than fifty (53.6%) reported that they will sterilized after having 2-3 children, followed by after having one son and one daughter (32.7%) and in favour of after having one child (10.9%).

s) Nearly every in four (19.1%) women were agreeing that sterilization do have some side effects on health. The main side effects are weakness (57.1%), unable to work (23.8%) and, bleeding and headache (19.1%).

CHAPTER 6

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary of Findings

This small scale study about "Contraceptive Knowledge and Use" was carried out at Tanahunsur VDC of Tanahun district. The study area is characterized by diverse groups of population. In order to achieve the objectives of the study, sample survey was carried out among the contraceptive users and non user women in the study area. 110 currently married women of reproductive age group were successfully interviewed. Purposive sampling method was applied in this study. The contraceptive prevalence rate was not so sound, due to the lack of awareness, poverty and illiteracy. If all women with unmet need were to use family planning, the contraceptive prevalence rate would increase.

6.2 Conclusions

Contraceptive is one of the important determinants of reproduction. In this study, most of the contraceptive users are birth spacer because sterilization is widely accepted methods. Use of contraceptive methods can be increased by women's education. The contraceptive prevalence rate is higher than the prevalence rate at the national level. Women engaged in non-agriculture occupation has played vital role to increase to use of contraceptives. Birth spacing is the main reason for having future intention to use of contraceptive method. Majority of women prefer male sterilization for future use. Positive attitude toward sterilization was found in the study area. The role of education is found to be positive in the use of contraceptive methods in the study area. Thus the current use of contraceptive method varies with women's age, occupation and literacy status.

6.3 Recommendations

Most of the women are illiterate in the study areas. But education of mothers is associated with knowledge and use of contraceptive methods. Therefore, very high priority must be given to the women education. Further study is needed to investigate the impact of maternal education on contraceptive knowledge and use. Majority of people are poor and disadvantaged in the study area. Special efforts should be made to improve the real family income through income generating activities. Simultaneously given high priority to

education of mother and income generating actives will help to improve knowledge and use of contraceptive.

The rapid population growth and poor economic conditions have become a serious problem for Nepal. The recommendation of this study will not serve our national purposes but it will help to generate the effective Family Planning programme for the welfare of Tanahunsur VDC of Tanahun District and other similar area of Nepal.

Literacy status of women has a profound effect on the use of contraceptive method. There is considerable difference found in contraceptive use between literate and illiterate women. Therefore, expansion of information, education and communication (IEC) network in the study area is essential to educate people about the benefits of a small family size, birth spacing and use of contraceptive methods. Adult education programme should be conducted for female in Tanahunsur VDC of Tanahun District. More population education and reproductive health education should be given.

Family planning programme should take steps to apprise the important of birth spacing and for the small family norm. This problem can be solved by providing appropriate contraceptive method without side-effect. Higher percentage of women intended to use of contraceptive methods in future. Therefore, it is necessary to make easy availability of contraception and give effective counseling programme.

6.3.1 Recommendations for Future Study

Following titles have been recommended for the further study.

1. This study is based on information collected from Tanahunsur VDC of Tanahun District. Thus further study can be carried out for other specific area.
2. A comparative study on knowledge and use of contraceptive methods, further study can be carried out in different ethnic groups of Nepal.
3. This study covers a few demographic and socio-economic variables so the same type of study can be carried out by using other variables like cultural value and norms, geographical and other unidentified variables that might be more useful to evaluate the knowledge and use of contraceptive methods.

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APPENDIX

(Background Information)

Interviewer's Name: - _____

Date of interview: - _____

1. Household head's name:-
2. Name of the respondent:-
3. Respondents age:-
4. Ward no:-
5. Village/Tole:-
6. Religion:-
7. Caste/ Ethnicity: -
8. How many of your family members are currently living in your house?

Total number…....

S.N	Name (Household head first)	Relation to household head	Sex		Age	Education			Marital Status	Occupation
			M	F		Literate		Class (passed)		
						Yes	No			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

S.N.	Questions	Coding		Go to Next Q. No.
9	Types of family:-	Nuclear Joint	1 2	
10	Do you have own cultivated land?	Yes No	1 2 →	14

S.N.	Questions	Coding		Go to Next Q. No.
11	What is the quantity of land you have? About ……...Ropani			
12	Is the food produced from your land enough to family?	Yes No	1 2	
13	If no, please tell the number of months the food is scarce for. ……..months			
14	What type of livestock do you have?	a) Cow/Buffalo b) Pig c) Sheep/Goat d) Chicken/Duck e) Other	1 2 3 4 5	
15	Do you have a toilet/latrine?	Yes No	1 2 → 17	
16	What kind of toilet your households have?	a) Pit toilet b) Flush toilet c) Traditional pit toilet d) Public toilet e) Others	1 2 3 4 5	
17	Does your household have?		Yes No Not stated	
		a) Electricity b) Bio – gas c) Radio d) Television e) Bicycle f) Other	1 2 09 1 2 09 1 2 09 1 2 09 1 2 09 1 2 09	
18	What is the major source of your drinking water?	a) Piped water b) Kuwa well c) Stream/Rivulets d) Traditional stone spout e) Other	1 2 3 4 5	
19	How long does it take to reach hospital/ sub-health post from here? (time to reach)	Hospital Sub – health post	……....hours …….minutes	
20	What type of house do you have?	a) Concrete b) Stone with concrete joint c) Bamboo cut d) Others	1 2 3 4	

Determinants of Contraceptive Knowledge and Use.

Questionnaire to be asked to currently married women aged 15-49 years

1. **Household Number …….**
2. **Name of the respondent:-**
3. **Respondents age:-**
4. **Ward no:-**
5. **Village/Tole:-**
6. **Language:-**
7. **Religion:-**

Knowledge of Contraceptive Methods

S.N.	Questions	Coding		Go to Next Q. No.
101)	In what year and month were you born?	Year …… Month …… Do not know ……		
102)	How old are you and your husband?	Wife	Husband	
		Year ….	Year……..	
		Month……	Month……..	
103)	Can you and your husband read and write simple Nepali letters?	Wife Yes …… 1 No …….2	Husband Yes ……1 No ……..2	→105
104)	Up to what class you and your husband have passed?	Wife Class …..	Husband Class……	
105)	At what age were you first married?	Wife Age ……..	Husband Age ……	
106)	What is your husband occupation?	Occupation ……		
107)	Do you usually listen to a Radio?	Yes No Not stated	1 2 3	
108)	In all how many children were born alive to you?	No. of children ……		
109)	How many sons and daughter live with you?	Son …… Daughter …….		
110)	How many sons alive but don't live with you? And how many daughters are alive but don't live with you?	Son ……. Daughter…….		

S.N.	Questions	Coding		Go to Next Q. No.
111)	If yes what is your source of knowledge?	a Newspaper b Radio c TV d Health worker e Husband f Friend g Other specify	1 2 3 4 5 6 7	
112)	What methods have you heard about? (Multiple response) I. Any Modern Method a. Female Sterilization b. Male sterilization c. Depo-Provera d. Condom e. Pill f. Norplant g. Foaming tablet II. Any traditional method a. With drawl b. Periodic absence	Yes 1 1 1 1 1 1 1 1 1	No 2 2 2 2 2 2 2 2 2	
113)	FEMALE STERILIZATION women can have an operation to avoid having any more children (also known as Tubule Legations)	Yes No	01 02	
114)	MALE STERILIZATION men can have an operation to avoid having more children (Also known as Vasectomy)	Yes No	01 02	
115)	INJECTABLES women can have an injection by a health provider which stops them from becoming pregnant for one or more monthly (example: Depo Provera, Sangini)	Yes No	01 02	
116)	PILLS women can take a pill everyday to avoid becoming pregnant (example, Nilocon)	Yes No	01 02	
117)	IUD women can have a loop or coil placed inside them by doctor or a nurse (example: Copper T, Loop)	Yes No	01 02	
118)	CONDOM man can put a rubber sheet on their penis before sexual intercourse (example: Dhal)	Yes No	01 02	

S.N.	Questions	Coding		Go to Next Q. No.
119)	FOAM OR JELLY women can place a suppository, fuming tablets, jelly or cream in their vagina before intercourse (example: Kamal)	Yes No	01 02	
120)	RHYTHM OR PERIODIC ABSITENCE every month that women's sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	Yes No	01 02	
121)	How did you hear? By means	a Radio/TV b Written Advertisement c Friends/guys d Health personals e Other specify	1 2 3 4 5	
122)	When did you know about contraceptive methods?	a After marriage b Before marriage c No remember	01 02 03	
123)	In your opinion, which is the best child bearing age?	15-20 years 20-25 years 25-30 years 30-35 years +35 years	01 02 03 04 05	
124)	Do you discuss family planning method with your husband?	Yes No	01 02	 →127
125)	If yes how many time do you discussing with your husband about family planning method?	1-2 times in a year 2-3 times in a year 3+ times No discussion	01 02 03 04	
126)	Who decide about the current use of Family Planning?	a Husband b Wife c Both	01 02 03	

S.N.	Questions	Coding		Go to Next Q. No.
127)	Why do you think (method) is a good method for a couple to use if they want to plan their family?	a Simple to use b Effective c Affordable d No/few side effect e Can stop when children desired f Others g Don't know	01 02 03 04 05 06 07	

Use of Contraceptive Methods

S.N.	Questions	Coding		Go to Next Q. No.
201.	Have you or your spouse ever used anything or tried in any way to delay or avoid getting pregnant?	Yes No	1 2 →	 205
202.	If yes which method are you using?	Female sterilization Male sterilization Condom Pill Injection Implants Foam/Jelly Periodic abstinence With drawal Others	1 2 3 4 5 6 7 8 9 10	
203.	Are you and your spouse currently using any contraceptive method?	Yes No	1 2 →	 205
204.	If yes, why did you use contraceptive method?	To avoid pregnancy To avoid getting HIV/AIDS To avoid getting STDS To avoid infecting partners	01 02 03 04	
205.	Why do you not using the contraceptive methods?	Against religion Sexual displeasure Wants son Wants more children Fear of side effect No knowledge	01 02 03 04 05 06	

S.N.	Questions	Coding		Go to Next Q. No.
206.	How long have you or your spouse been using the current family planning method?	……....year ……months Don't know		
207.	Have you ever got pregnant while using a family planning method?	Yes No	01 02	
208.	If yes which method was? (Name of the method)	…….....		
209.	Do you notice any side effect while using contraceptive?	Yes No	01 02	 211
210.	If yes please mention what type?	Irregular menstruation Over bleeding Weakness Weight gain Weight loss Back/waist pain/Headache	01 02 03 04 05 06	
211.	Why do you regret the operation?	Want another child Husband want another child Side effect Marital status has changed Operation failed Child died Other.....	01 02 03 04 05 06 07	
212.	Where did you obtain current method you started using it?	Government sector Non government sector Private medical sector Other sources.....	1 2 3 4	
213.	How long does it take you to travel from your home to this place?	Minute…… Hours…….		
214.	How many numbers of living children did you have at first time adopting contraceptive?			No:-.....
215.	What is the main reason for not using any Family Planning method?	a Methods are not available b Not needed c Health condition d Religious reason e Desire for son f Desire for daughter g Husband don't like it h Expensive i Opposed by other family member j Side effect k Other (specify)... l Don't know	01 02 03 04 05 06 07 08 09 10 11 12	

S.N.	Questions	Coding		Go to Next Q. No.
216.	Where do people usually go to get Family Planning services?	a Hospital b Outreach clinic c NGO clinic d Pharmacy e Private clinic/ nursing home f Don't know g Others (specify)...	01 02 03 04 05 06 07	
217.	Do you plan to use Family Planning method in future? (for non-users only)	a. Yes b. No	01 02	→ 219
218.	If yes, which method do you plan to use?	a. Condom b. Pills c. Depo-Provera d. IUD e. Norplant f. Female Sterilization g. Male Sterilization h. Foams/ Jelly i. Rhythm j. Others (specify)	00 01 02 03 04 05 06 07 08 09	
219.	In your opinion, who should do sterilization?	a Husband b Wife c Any one of them d Don't know e No response	01 02 03 04 05	
220.	In your opinion, when couple should accept sterilization?	After having one children Having two to three children After having one son or one daughter After having one son After having one daughter Don't know No response	01 02 03 04 05 06 07	