KNOWLEDGE AND UTILIZATION OF FAMILY PLANNING SERVICES AMONG LIMBUS

A STUDY OF CHHATEDHUNGA VDC OF TEHRATHUM DISTRICT

BY

JIBAN PAUDYAL

A DISSERTATION
SUBMITTED TO THE **C**ENTRAL **D**EPARTMENT OF **P**OPULATION **S**TUDIES, **F**ACULTY OF **H**UMANITIES AND **S**OCIAL **S**CIENCES FOR PARTIAL FULFILLMENT OF THE **D**EGREE OF **M**ASTER OF **A**RTS IN **P**OPULATION **S**TUDIES

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RECOMMENDATION

The dissertation work entitled "***Knowledge and Utilization of Family Planning Services among Limbus: A Study of Chhatedhunga VDC of Tehrathum District***" is prepared by Mr. Jiban Paudyal of Central Department of Population Studies, Tribhuvan University as a partial fulfilment for the degree of Master of Arts in M.A. degree in Population Studies. Mr. Paudyal has prepared this dissertation under my supervision. To the best of my knowledge, the study is original, primary data based and carries useful information on the field of family planning among Limbus.

I, therefore, forward this dissertation for evaluation and also recommend this to the dissertation committee for the acceptance

June 2006

Mr. Bidhan Acharya
Lecturer, CDPS (TU)
Kirtipur, kathmandu

APPROVAL SHEET

This dissertation entitled "Knowledge and Utilization of Family Planning Services among Limbus: A study of Chhatadhunga VDC of Tehrathum District" by Mr. Jiban Paudyal has been accepted as partial fulfillment of the requirement for the degree of Master of Arts in Population Studies.

Approved by:

_____
Dr. Bal Kumar KC
Professor and Head

_____
Ms. Tara Kumari Kafle
External Examiner

_____
Mr. Bidhan Acharya
Supervisor

TRIBHUVAN UNIVERSITY
FACULTY OF HUMANITIES AND SOCIAL SCIENCE
CENTAL DEPARTMENT OF POPULATION STUDIES
KIRTIPUR, KATHMANDU, NEPAL

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Presently at: Kathmandu

Abstract

The study on "Knowledge and utilization of family planning services among Limbus" has been carried out using primary sources of data obtained from 90 household of the currently married women aged 15-49 years. This study was conducted at Chhatedhunga Village Development Committee of Tehrathum district in February 2006. The main objectives of the research study as follows:

- To examine the knowledge of family planning methods and education of women.
- To examine the knowledge of FP and age at marriage.
- To evaluate current use of family planning methods and number of living sons.
- To examine future demand of family planning method according to their CEB.

Frequency tables, percent distribution and cross tables are used to describe socio-economic and demographic status of currently married woman. Similarly, Gamma coefficient are used to examine association among dependent and independent variables, or in other words hypothesis tested by using Gamma coefficient.

The main findings of the study are as follows:

- Out of total 90 respondents the majority of Kirat religion as followed Hindu (60% & 36%) were in the study area.
- Most of the currently married women (71.1%) literate where as 28.9 percent only illiterate.
- Out of 90 respondents 48.9 percent have cash annual income range between Rs.4001-10000 whereas nearly 28 percent have above Rs.10001 and 23.3 percent have below Rs.4000.
- The majority of respondent (96.7%) were land holder and only 3.3 percent were landless.
- The highest percentage (22.2%) of currently married women were age 30-34 year and the lowest in age group 15-19 years (7.8%).
- The majority of women have one son (37.8%) and two daughters (21.1%).
- Most of the currently married women desired one daughter and two sons (70% vs. 73.3%).
- Out of 90 respondents, more than 43 percent had married at the age of 19-20 years, 30 percent above age 20 years and 27 percent had married before the 18 years.
- The result of the knowledge about contraceptives in the study area was found less than national level. Among the currently married women about 89 percent were familiar with at least one contraceptive method.
- The knowledge about pills was cent percent among the currently married women (100%) and less percent of currently married women have heard about safe period (35%).
- The knowledge of family planning method was universal in the age groups 15-19 and 45-49 years.
- Out of 80 currently married women 26.2 percent were ever users and 53 percent were current users for at least one contraceptives method.
- There was positive relationship between current use of family planning method and socio-demographic factors like literate women, number of children ever born and number of living son.
- The majority of women (93%) were discussed about contraception when they used methods.

Out of 80 respondents nearly 76 percent were intended to use the family planning method in the future. The future demand of Depo-Provera was high (27.4%) than others methods.

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Used Acronyms

AM	:	Age at Marriage
CBS	:	Central Bureau of Statistics
CDPS	:	Central Department of Population studies
CEB	:	Children Ever Born
CPR	:	Contraceptive Prevalence Rate
DoHS	:	Department of Health Service
FCHV	:	Female Community Health Volunteer
FHD	:	Family Health Division
FP	:	Family Planning
FY	:	Fiscal Year
FPA	:	Family Planning Association
FPAN	:	Family Planning Association of Nepal
HH	:	Household
HMIS	:	Health Management Information System
HP	:	Health Post
ICPD	:	International Conference on Population and Development
IEC	:	Information, Education and Communication
INGO	:	International Non-governmental Organization
IPPF	:	International Planned Parenthood Federation
IUCD	:	Intra-uterine Contraceptive Device
MCH	:	Maternal and Child Health
MOH	:	Ministry of Health
MOHP	:	Ministry of Health and Population
MOPE	:	Ministry of Population and Environment
NDHS	:	Nepal Demography and Health Survey
NFHS	:	Nepal Family Health Survey
NGO	:	Non Governmental Organization
PHC	:	Primary Health Care
RH	:	Reproductive Health
RS	:	Rupees
SPSS	:	Statistical Package For Social Science
STD	:	Sexually Transmitted Diseases
TFR	:	Total Fertility Rate
T.U.	:	Tribhuvan University
UN	:	United Nations
UNFPA	:	United Nations Fund for Population Activities
VDC	:	Village Development Committee
VSC	:	Voluntary Surgical Contraception
WHO	:	World Health Organization

KNOWLEDGE AND UTILIZATION OF FAMILY PLANNING SERVICE AMONG LIMBUS
A Study of Chhatedhunga VDC of Tehrathum District

CHAPTER I: INTRODUCTION

1.1. GENERAL BACKGROUND

Family planning is also known as conscious effort of couples or individuals to control the number and spacing of births. The word "Family Planning" is used synonymously with many terms such as birth planning, birth control, fertility regulation as well as Planned Parenthood. The term implies general reproductive strategy; however, and should not be used to mean just contraception, since it comprises practices aimed both at preventing births at certain times and at inducting them at others (Pressat, 1985:79-79).

Family planning is being recognized as one of the most important issues in Nepal not only as a popular "numbers" problem but as an issue, which affects the health and lives of thousands of women and children. The full range of the family planning and family welfare benefits available for the responsible planning of families itself has often been hidden and lost from public view by religious, socio-cultural and ethnic controversies. Even though the awareness of at least one method of family planning among eligible women of reproductive age has increased to over 92.5 percent, more than 50 percent interested in the use of contraceptive method. The reported percentage did not exceed 24 percent in 1996 (Manandher, 1996:62-63).

Family planning is central than all others component of reproductive health which playing a vital roles in providing information and services. Family planning helps people make informed to use any contraception safely, effectively and reproductive care. The greatest contribution of family planning programme, which arte: meeting demand for family planning, saving women's life, encouraging safer sex, saving children's lives, offering women's choices

and reaching out to youths for maintain and promote their reproductive health (Pathak, 2001:1-10).

Nepal's population has been also increasing rapidly as a result of continuous decline in death rates on one hand and continuing high fertility rate on the other. Nepal was faced one of the highest population growths rate 2.6 percent per annum during 1971 – 1981 but declined to 2.08 percent per annum during 1981-1991 (CBS, 1995: 43). But according to 2001 census, the average annual growth rate of population in Nepal was 2.5 percent. If this rate continues, Nepal's population will be double within the next 31 years (CBS, 2001: 38).

Development was itself the best contraceptive. Family planning programme was the most effective way to control the high fertility. Infact, the idea of family planning evolved with an understanding of balance between the resources and the number of users, so that the quality of life could be maintained. A caution in explaining family planning was that there would be until and unless a great deal of understanding of the reproductive needs of people or demand for children would be able to successfully implement by effective family planning programmes. Likewise, the family planning was also inevitable, and the simple and straightforward ways of applying the methods were also not seen. People had different social, cultural, ethnic, religious, economic, emotional and psychological values and norms; and their reproductive needs were governed by all of these factors. The family planning programmes were only urban oriented and rural areas were negligible in Nepal (Acharya, 1996:134-141).

Contraceptive use is often associated with urbanization and modernization. The contraceptive prevalence rate occurred more than two times in urban areas than in rural areas (48.2% vs. 23.3%). Majority of users of any methods constituted of those women who have already had 3 to 4 children. Despite the small proportion of users among those women who have had less than one or equal to 2 children. The proportion of users on spacing methods decrease rapidly with the increase in the number of living children (Subbedi, 1996:45-48). There are many factors that affect the use of the family planning services such as women age, education, place of residence and others. Among these, education is the most important among those factors which determine the

utilization of family planning services. Educated women frequently use FP methods than uneducated because they have better knowledge about it.

Family planning counseling is the process of helping clients make informed and voluntary decisions about fertility properly done, counseling help clients makes good decision by ensuring that they have the information, they need to make decision by helping them apply that information to their own circumstances, and by ensuring that they make their decision voluntarily. Basically, there are some benefits of family planning counseling such as:

- Increased acceptance – correct information and open discussion between clients and services provides through listening, talking and non-verbal communication helps clients to accept family planning.
- Appropriate method choice – counseling helps clients to choose the method that is best for their individual, health needs and social well-being.
- Effective method use – effective counseling is necessary for clients to learn how to use method correctly.
- Longer continuation – a client is more likely to continue using a contraceptive method and be a satisfied client if he/she participation in choosing the method, understands how it works know, how to deal with possible side effects and feels comfortable in contracting and talking with the service provider.
- Counter rumors and misconceptions – counseling offer the opportunity to identify correct and misconception about family planning methods that a client may have, this will increase method acceptance used and continuation for the client as well as in the wider community (MOH & FHD, 1995 cited in Pradhan, 2005: 8-9).

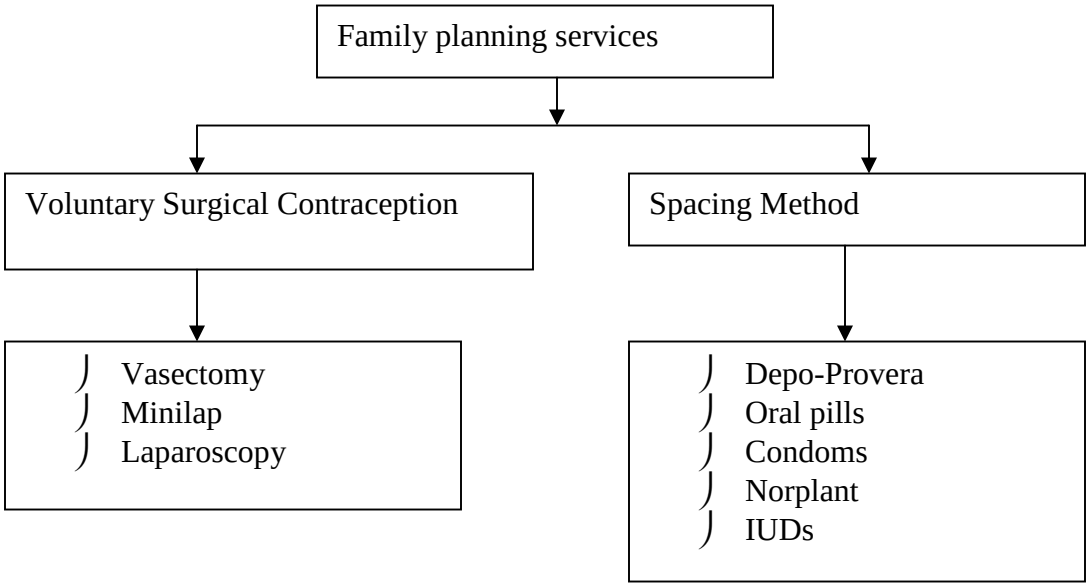
Family planning programme was initiated in Nepal in 1959 by a group of medical doctor under the umbrella of Nepal Medical Association. Latter in the same year, with the help of Medical Association and in collaboration with the path finder found, a volunteer organization called the Family Planning Association of Nepal (FPAN) was established. Information, education and family

planning source were provided to a limited population in and around Kathmandu Valley. The government, however, offered family planning services only from 1965. In 1968, the Family Planning and Maternal Child Health board was created under which the FP/MCH project was formally established. The project then assumed the government's responsibility of providing government family planning and maternal child health services in Nepal. Since the early 1990s the Family Health Division and Ministry of Health has been given the responsibility of providing family planning services in Nepal (MOHP, 2005:55).

Since the initiation of the family planning programme, the knowledge and utilization of family planning services have been rising gradually over the years. Substantial increase in the level of knowledge has been observed since the mid-1970s. In 1976, the proportion of currently married women aware of at least one family planning method was only 22 percent. By 2001, almost all (99.5%) married women of reproductive age knew at least one modern of contraceptive method, which showed the knowledge of at least one modern method of contraceptive among ever married and currently married men was universal (New ERA, 2003:10).

Nepal's family planning services have been expanded to cover all 75 districts throughout the country. There are a number of INGOs, NGOs and local agencies involved in the delivery of family planning services at the grassroots level.

Figure 1: Family planning services



Modern family planning methods in Nepal are sterilization (male & female), pills, intrauterine device (IUD), Depo-Provera, Norplant and condom. The contraceptive methods are made available under the national health services delivery system. The services are provided by different health institutions at various levels through static services as well as by holding mobile camps. Voluntary surgical contraception (VSC) was provided through district hospitals and/ or mobile camps. Spacing methods of contraception such as Depo-Provera, oral pills and condoms are available at the community level where as the Norplant and IUD are available at selected HPs, PHCs and hospitals. The private sector, including NGOs and social marketing programs provide Depo-Provera, oral pills and condoms while some other private sector institutions also provide Norplant and IUD services (MOPE, 2004:75).

The National Health Policy of Nepal (1991) related to the National Reproductive Health and Family planning programme (RH/FP) aims to expand and sustain adequate quality of family planning services at the village level through health of facilities and activities. It also aims to encourage private sector participation to complement and supplement

government efforts; within the context of reproductive health, the main objectives of the family planning programme are to assist individual and couples to space birth, prevent unwanted pregnancies, manage fertility and improve people's overall reproductive health (New ERA, 2003:1).

Several surveys and other studies on family planning have been already completed in Nepal. Among these, the major surveys are: Nepal fertility survey (NFS) 1976, Nepal fertility and family planning survey (NFFPS) 1986, Nepal fertility, family planning and health survey (NFFPHS)1997, Nepal family health survey (NFHS) 1996 and Nepal demographic health survey (NDHS) 2001. These studies show that there are so many factors which affect the knowledge and utilization of family planning methods/services i.e. socio-economic, demographic cultural as well as setting of the community.

The world contraceptive prevalence rate (CPR) of any method for 1998 reached 58 percent. This indicated that almost six out of ten couples in the reproductive ages were using modern method of contraception in 1998. This reflected a rapid increase in contraception use in developing countries, where the average level of current use of any modern method was estimated at 55 percent of couples. In developing countries, the CPR has increased substantially from less than 10 percent in the 1960s to 55 percent 1998 and it continues to rise. It is projected for developing region that CPR will increase to the level of 64 percent by 2010 and 73 percent by 2025 (UN, 1999:1-33).

Contraceptive prevalence and method use patterns differ significantly from region to region. Overall contraceptive use was much higher in developed than in developing regions which was 70 percent compared with 46 percent. Developed regions rely more heavily on oral contraceptives, condoms and methods such as vaginal barrier methods and natural family planning than do developing regions, where there was a greater reliance on female sterilization and IUDs. Contraceptive prevalence and method use patterns also vary considerably among developing regions. Overall use was highest in East Asia (including china) and Latin America, lowest in South Asia and Africa. East Asia relies heavily on female sterilization and IUDs where as in

Latin America; the emphasis was on female sterilization and oral contraceptives with no male sterilization. Difference in method used patterns between developed and developing regions can be attributed to programme factors as well as cultural preference (WHO, 1994:6).

1.2. STATEMENT OF THE PROBLEM

Population growth is one of the serious problems in many developing countries. The rapidly growing population has become a problem for the socio-economic development of the nation as a whole. Nepal's population had increased from 8 million in 1952/54 to 23 million in mid 2001. The addition of over 15 million people in less than five decades is due to the high population growth rate. Continuing high population growth will amount to Nepal's population reaching 32 million by the year 2016 (MOPE, 1998) coupled with poor human development indicators such as low literacy, high infant mortality, low living standards and low economic growth rates. In spite of government motivation towards small family norms, there were also joint family system, the age at marriage and CPR both were low than other developing countries resulting in high fertility in Nepal.

There is also problem of the adequate launch of programs regarding of family planning especially in geographically remote areas with communication gap, difficulties of transportation as well as gaps in education and cultural aspects are prevalent. Similarly, the barrier factors contributed by frequent strikes and Banda called by the insurgents, political parties and apprehension of field workers to go at the door steeps for family planning counseling, follow up services and contraceptive distribution during such days.

Nepal is multi-ethnic country. The census of 2001 has listed 103 caste/ethnic groups including "unidentified group". There have been a number of studies conducted at the national level. Basically "Limbu" community people who are predominantly living in the Hills of Eastern part of Nepal. There were less covered by the studies carried out about family planning services in Chhatedhunga VDC of Thehrathum district. Therefore

this study focuses on the Limbus regarding knowledge and utilization of family planning services.

1.3. OBJECTIVES OF THE STUDY

The general objective of the study is to analyze the knowledge and utilization of family planning services among Limbu eligible women of reproductive age (15-49 years) of age in Chhatedhunga VDC of Thehrathum district.

The specific objectives of the study are as follows:

- To examine the knowledge of family planning methods and education of women.
- To examine the knowledge of FP and age at marriage.
- To evaluate current use of family planning methods and number of living sons.
- To examine future demand of family planning method according to their CEB.

1.4. SIGNIFICANCE OF THE STUDY

This study is expected to provide basic information on the knowledge and utilization of family planning services among Limbus women of reproductive age group (15-49 years) of Chhatedhunga VDC, Thehrathum district where most of the women were engaged in household work as well as agriculture and they are not fully literate. The information drawn in this study about the "Knowledge and utilization of family planning services among Limbus" in the long run may help increase the use of contraceptives among the women of selected area.

This study provides basic information of the planners to lunch the effective family planning programme of these areas. It also helps to formulate the population policy and more useful for the effective implementation of future development and various population programme of this VDC and others related areas.

1.5. LIMITATIONS OF THE STUDY

Family planning is one of the prime component of reproductive health and also one of the importance as well as particular subject matter. Nepalese people are facing many types of problems due to rapid population growth such as; education, health, nutrition, place of residence, sanitation, clean drinking water and various environmental problems. Thus, without managing family size, people cannot enjoy and develop their quality of life. The main limitation of the study is that the study has covered only married women of reproductive age groups (19-49 years). The study was limited to the Limbu community of Chhatedhunga VDC (wards 1, 2, 3 & 6) of Thehrathum district. Due to different difficulties like conflict all the married women of the area were not covered.

The sample is very small that covered only 90 household with 90 currently married women in the selected wards. It covered only currently married women. The result of this study may be generalized neither for other specific communities nor for the national contexts. Knowledge and utilization of family planning services of any community might have been determined by various socio-economic, cultural as well as demographic factors but in this study, only selected variables are considered.

1.6. ORGANIZATION OF THE STUDY

This study is divided into seven chapters. The first chapter deals with introduction, statement of the problem, objectives of the study, significance of the study, limitations of the study and organization of the study. The second chapter deals with review of theoretical and empirical literature review as well as conceptual framework. The third chapter deals with methodology. The fourth chapter describes the socio-economic and demographic characteristics of the sample population. The fifth chapter deals with the knowledge and utilization of family planning services, differentials in knowledge of family planning, differentials in current as well as ever used of family planning methods. The sixth chapter deals with statistical analysis based on hypotheses and finally the seven chapter presents the summary, conclusion and recommendations.

CHAPTER II: LITERATURE REVIEW

2.1. THEORETICAL LITERATURE

Family planning is the most important component of reproductive health. The review of literature and experiences all show that there is no reproductive health without family planning. Simply, family planning means family management. Family planning means to enable couples and individuals to determine the number and spacing of their children - a recognized basic human right. The ICPD called on all countries to take steps to meet the family planning needs of their population and to provide universal access to a full range of safe and reliable family planning methods by the year 2015. The aims were to help couples and individuals to meet their reproductive goals such as: to prevent unwanted pregnancies and reduce high-risk of pregnancies; to make quality family planning services that is affordable, acceptable and accessible to all; to improve the quality of family planning services; and increase men's participation in the practice of family planning. If couples are unable to manage fertility, they could not be considered in a state of complete physical, mental and social well-being (UNFPA, 2004:39).

Family planning services should be viewed in the larger context of reproductive care for women. The overall goal of any programme issue should be to contribute to the improvement of the health and well-being of women. Provision of an appropriate contraceptive method was an integral component of a comprehensive care programme. Ideally, other elements of such a programme should included provision of antenatal and postnatal care, treatment for sexually transmitted diseases (STDs), screening for cervical and breast cancers, treatment for infertility, legally safe abortion services, treatment for complication abortion and monitoring, treatment of other disease such as anemia that disproportionately affects women (WHO, 1994:1).

Reproductive health is a state of complete physical mental and social well-being not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its function or processes. Thus, reproductive health implies that people are able to have a satisfying and safe sex life, they have to the capability to reproduce and freedom to decide if, when and how often to do so. The right of men and women to be informed and right to have access to safe,

effective, affordable and acceptable methods of family planning of their choices, as well as other methods of their choices for regulation of fertility which were not against the law. The right of access to appropriate health care services that will enable women to go safely through pregnancy, child birth and also provide couples with the best chance of having a healthy infant (ICPD, 1994:45).

The main problem of development in developing countries was rapid population growth. The population and development was related to each other and on the other hand the Modernization, improved living conditions, which were the part of the development, can be expected to bring population growth down. Development may not be possible as long as current high rate of population growth continuous. Recognizing the need to bring the population growth rate in line with resources, many developing countries have adopted family planning programmes in their national policies and programmes (Tuladhar, 1989: 301).

The process of developing new contraceptive methods has changed dramatically in recent years. Where as a few decades ago, the public and private sectors had quite distinct roles in the development of new contraceptives, more recently the public sector has been forces to take responsibility for a wider array of activities. This largely because private sector manufactures have reduced their uncertainties and product liability issues associated with many contraceptive methods (WHO, 1994:99).

Family planning can save the lives of mothers, by preventing the exposure of women to risk of pregnancies which they do not want, and by allowing women to plan their pregnancies to take place at times that are more favorable for safe child bearing. A women who is unable to regulate and control her fertility, could not be considered in a state of complete physical, mental and social well-being. She could not have the mental joy of a pregnancy that was wanted, avoid the mental distress of a pregnancy that was unwanted, plan her life, pursue her education, and enjoy both a productive and a reproductive career (Fathalla, 1992:16).

Family planning helps by allowing women the freedom to control the number and spacing of their birth and helps preserve their health and fertility. It also contributes to improving the over all quality of lives. Family planning helps to

improving children's health and ensuring that they have access to adequate food, clothing, housing and educational opportunities. Family planning achieves these improvements in health and quality of life very cost - effectively compared with investments in most other health and social interventions. Committing human and financial resources to improving family planning services will not only improve the health and well-being of women and children, but it will also support efforts to achieve a sustainable global population (WHO, 1995:27).

In surveys of reproductive health attributes and practice, those with an unmet need of family planning were women and men who said they want no more children or want to delay their next birth by more than two years, but were not practicing contraception. Those who want no more children have an unmet need to limit, those who want (UNFPA, 2003:40). Although discussion between husband and wife about contraceptive use is not a precondition for the adoption of contraception, its absence may be an impediment to use (NDHS, 2001:99). Discussion between spouses were expected increase contraceptive use, because a sizable minority of women cite their husband's disapproval of contraception never discussed family planning with their husband (DeRose et.al, 2004:87).

Reproductive and sexual health care including family planning services and information was recognized not only as a key intervention for improving the health of women, men and children but also as a human right. All individuals have the right to access, choice and the benefits of scientific progress in the selection of family planning methods. A right based approach to the provision of contraceptives assumes a holistic view of clients, which includes taking into account client's sexual and reproductive health care as well as considering all appropriate eligibility criteria and practice recommendations in helping clients choose and use a family planning method (WHO, 2005:4).

2.2. EMPIRICAL LITERATURE

Over the past three decades, the availability of safer methods of modern contraception was increasing in the world. Currently, about 55 percent of couples were using some family planning methods in developing countries. This data represented nearly five fold increased since the 1960s. Family planning programmes helps to decline in average fertility rate for developing countries. But, the full range of modern family planning methods still remains not available to at least 350 million of couples in worldwide. Only 120 million women worldwide were currently using a modern family planning methods. During the decade of the 1960s, the number of couples of reproductive age i.e. 15-49 will grow by about 18 million per year. Thus, family planning and contraceptive supplies will need to expand very rapidly over the next several years (ICPD, 1994:49-50).

UN (1999) estimated that 570 million of couples were using modern method of contraception worldwide in 1998. At the same estimated, the world contraceptive prevalence rate (CPR) for 1998 was 58 percent, for less developed countries was 55 percent and more developed countries was accounted 70 percent. In the context of South Asian countries, family planning indicators showed that the CPR was highest in Srilanka(66%), followed by Bangladesh(49%) India (41%), Nepal(29%), Pakistan(18%) and the lowest percent in Afghanistan which was accounted only 2 percent (UN, 1999:1-5).

More than 50 percent married women in the child bearing age (15-49 years) were using one or another from of contraception. This contraceptive prevalence varies widely between countries, ranging from 1 percent to 75 percent. The trend for increasing contraceptive use was, however, universal in developing countries. Between 1960-60 and 1985-90, the number of contraceptive users in all developing countries had increased from 31 to 381 million in East Asia from 18 to 217 millions in Latin America from 4 to 44 million, in south Asia from 8 to 94 million, and in Africa from 2 to 18 million. Most of these users were women. The number of male users of contraceptive method was only one-third of the number of female users in worldwide (Fathalla, 1992:15-16).

The study on contraceptive failure rates in 15 developing countries includes that average first - year failure rates for oral contraceptives, IUDs, rhythm and

withdrawal were generally comparable to these in developed countries but vary considerable within and between regions. The major difference between developing and developed countries, in developing countries the average first year failure rate for oral contraceptives (6.8%) was higher than that for IUDs (19.3%) and withdrawal (16.3%) were comparable to developed country rates (WHO, 1994:24).

Tuladhar's study indicated that, the knowledge of family planning methods had been increasing. In 1981, about one third of the exposed women knew to get modern contraceptives in contrast to only 6 percent in 1976. He had also shown that the highest level of knowledge has been found among the women aged 25-34 years. High caste, urbanized and better educated groups have a higher level of knowledge in family planning method. Basically, two high cast group i.e. Brahmins and Newars dominated in their knowledge of family planning services in rural areas. The women who took formal schooling, no-agriculture occupation, good communication with husband and wives have higher knowledge of family planning methods than other (Tuladhar, 1989:229-233).

Knowledge of contraception was nearly universal in Nepal. About 98 percent of both ever-married and currently married women age 15-49 know at least one method of family planning. A greater proportion of currently married women reported knowing a modern method (98%), the traditional method (4.4%). Most of the currently married women knew about female sterilization (96%) and nine of ten knew about male sterilization (90%), 85 percent ingectables, respectively (NFHS, 1996:49-50).

In the context of Nepal, there was ready accessibility to contraceptives 53 percent of current users in 1996, which increased from 29 percent in 1991. This was probably due to development of health institutions as envisayed by the new health policy, 1991. Although there was also substantial increase in ready accessibility in rural areas in 1996 compared to 1991. There was, however, marked differential in rural urban. Still more than 50 percent of current users had no ready access to contraceptive in rural areas in 1996, while 82 percent of

current users in urban areas were getting contraceptive locally (Pathak, 2000:49).

Demographic and Health survey data indicated the need for family planning services in six developing countries. Among these countries, the highest proportion of women in union with an unmet need was Haiti (39.8%) followed by Ethiopia (35.8%), Malawi (29.7%), India (15.8%) Nicaragua (14.6%) and the lowest in Peru i.e. 10.2 percent. In contrast, the proportion with a contraceptive need that was highest in Nicaragua (68.6%) and lowest in Ethiopia (8.0%). As family planning programs affect additional methods, contraceptive prevalence increase. Thus, including the Standard Days Methods in programs should help reduce the level of unmet need (Gribble, 2003:188).

World's contraceptive prevalence rate (CPR) of any modern method had reached 61 percent for the year 2005. But contraceptive prevalence rate was high in more developed regions (69%) than less developed regions (59%). There was also regional variation of contraceptive prevalence rate. Highest CPR was in Latin America and Caribbean (71%) followed by Europe (67%), Asia (64%) and the lowest contraceptive prevalence rate in Africa i.e. 27 percent (UNFPA, 2005: 107-109).

In Nepal, the most widely used modern methods of contraception were female sterilization (15%) among currently married women followed by ingectables (8%), male sterilization (6%) and condom (3%). The most important causes for not intending to used contraceptives in the future among the currently married women were sub-fecundity or infecundity and fear of side effects. More than one in two currently married women did not used any methods in future because of their wife's menopause, one in ten citied religions opposition and percent cited fear of side effects. Similarly, 28 percent of the currently married women have unmet need for family planning services in Nepal of whom 11 percent have a need for spacing and 16 percent for limiting purpose (NDHS, 2001: xxii-xxiii).

In Nepal, Knowledge of contraceptive methods among currently married adolescent women was very high (97%) but their use was very low. At the national level no more than 7 percent of currently married women aged 15-19 were using a contraceptive method which was much lower compared with the

national average of 29 percent. Even when compared with the slightly higher age group i.e. 20-24, it was less than half practicing contraception. Because of lack of choice of contraceptives and many other reasons, the unmet need for contraception among currently married adolescent women was highest particularly for spacing purpose. The NFHS 1996 result indicated 41 percent total unmet need (39%) for spacing between 1991 to 1996 and this increase was almost only for spacing purpose. The increase in unmet need among adolescents during this period was much higher as compared to women of older age groups (Ban, 1998:85-86).

The most widely known modern contraceptive methods among both ever-married and currently married women were female sterilization (99%), male sterilization (98%), injectables (97%), Pills (93%) and condoms (91%). But four in five women knew of implants a little more than one in two women had heard of the IUD, while two in five women had heard of vaginal methods. In Nepal, a greater proportion of women and men reported knowing a modern method then a traditional method i.e. 80 percent and 55 percent respectively (NDHS, 2001:67).

Within the context of reproductive health, the main objectives of the FP programme in Nepal were to; assist individuals and couples to space and or limit their children, prevent unwanted pregnancies, manage infertility and improve over all RH status of the population. The short and long term target related to FP was to reduce TFR from 4.1 per women to 3.5 per women by the end of 10th 5 year plan and 3.05 by the year 2017. The plan aimed to raise the CPR to 47 percent by the end of the 10th plan and to 58.2 percent by 2017. Increasing accessibility and availability of RH/FP services through a combination of static, outreach and referral services; mobilizing NGOs and private round and mobile VSC outreach services; providing non-clinical FP methods through static and outreach services; increasing free access to condom by having condom boxes at all health institutions and re-supplying pills and distribution condom through FCHV care some of the strategies adopted by the government to achieved the set targets (MOHP, 2005:56).

Migration was found to be associated with higher prevalence of contraception but increased contraception among non-migrants in Nepal. Which was accounted 34.7 percent for migrant and 24.7 percent for non-migrant. The contraceptive prevalence rate of Nepal was solely associated with the demand for children. Similarly, there were some issues of unmet need, ignorance , access, convenience and affordability of methods. The urban women of age 15-29 years had almost more than two folds (35.7%) prevalence than that of rural respondents (17.5%). This result indicated that, the family planning programmes were urban oriented. Likewise, mountain belt of Eastern development region had lowest contraceptive prevalence (4.4%). The highest CPR was reported to women in central hill (46.2%) followed by Eastern Tarai (41.7%) and Central Tarai (41.1%) (Acharya, 1999:42-52).

Periodic abstinence, withdrawal and other natural methods are the three components of traditional methods. Although the knowledge of traditional family planning method was increasing rapidly over time its use was very low in Nepal because family planning programs in Nepal had given little priority to the traditional methods. Only about 2.5 percent currently married women in Nepal were currently using traditional methods at 1996, almost 44 percent women have reported the knowledge of these methods. Most popular traditional method in the world was withdrawal. The estimates provided by Population Action International in 1991 showed that 38 million couples, or 13 percent of all users of temporary methods, currently rely on withdrawal to prevent pregnancy. Similarly, about 30-35 million couples rely on the rhythm (safe period) method (Acharya: 1999:8-10).

According to HMIS and DOHs (2003/4). the most popular methods of Depo-Provera was used by clients (48.1%) followed by condoms (25.4%) and pills (24.4%). This study also indicated that the overall recruitment of FPA clients in 2003 was 79.9 percent as against the expected results. FPAN provided FP services to total of 207763 clients of which 38 percent were new clients. The total family planning services provided by the association during the year 2003 declined by 2.6 percent and new clients by 27.0 percent as compared to the previous year. The decline was mainly due to the shift of programmatic thrusts from more FP services to other RH issue. From the same study, the CPR of

Nepal was increasing trend. It was increased from 37.08 percent in FY 2059/60 to 10.02 percent in FY 2060/61 (HMIS & DoHS, 2003/4:3, 375-376).

Sterilization was the most widely used contraceptive method in the world. Srerilizaion (male &female) accounted for nearly 40 percent of the world. The prevalence of sterilization was highest in Asia. Female sterilization was higher than male sterilization (18%, vs 4%) of couples with the women of reproductive age, for the world as a whole. Even in Nepal, sterilization was the most commonly used method and 19.3 percent of the current use accounted for by male and female sterilization was in increasing trend; it was 2.6 in 1981, 6.8 in 1986, 12.1 in 1991 and that reached 13.3 percent in 1996 but male sterilization was in decreasing trend; it was 3.2 in 1981, 6.0 in 1986, 7.5 in 1991 and that decreased at 6.0 percent in 1996. The median age at sterilization was estimated about 28 years in 1996. The unmet need of FP methods was as high as 14.7 percent for spacing and 17.1 percent for limiting purpose (FPAN, 1998:1).

The causes of unmet need are multiple and include problems of technology (limited or inappropriate choice of methods and experience of side effects); lack of services (because of cost, distance and legal or regulatory issues) poor quality of services (primarily, in appropriate client-provider interactions, substandard technical competence of providers, inadequate informations poor design and poor management of services delivery); and broader social issues (luck of knowledge and socio-cultural, religions and gender barriers). Over the last three decades, use of contraceptives have increased worldwide, particularly in developing countries, where CPR among married women has risen from less then 9 percent in the 1960s to over 60 percent in 2001. However, in the developing world as a whole, over 120 million married couples have an unmet need for family planning, either for limiting or for spacing births (WHO, 2002:7).

Accessibility of family planning service was another determining factor for unmet need in a population. Accessibility of family planning services hasve many dimensions; distance of travel time to source of contraceptive, convenience in terms of ease and cost of transportation, quality of service in terms of waiting time and competence attitude of the staff, types of services

provided, length of time that specified services are available and cost of family planning services (Pathak, 1996:2-3).

Family planning helps individuals and couples avoid unwanted pregnancies, bring about wanted births and determine the timing of pregnancies and the number of children in their families. It also slows the rapid population growth that contributes to poverty and environmental degradation (UNFPA 1997:9). Contraceptive choice was a part dependent on the effectiveness of the contraceptive method in preventing unplanned pregnancy, which was dependent for some methods not only on the protection afforded by the method itself, but also on how consistently and correctly used. Most men and women tend to be more effective users as they become more experienced with methods. However, programmatic aspects also have a profounded effect on how effectively the method will be used (WHO, 2004:5).

Khakural (2005) study had showed knowledge and utilization of family planning services in kumal community of Salyantar VDC of Dhading district. His study indicated that about 82 percent of women in reproductive age (15-49) have ever used at least one methods of contraception. Among them, 40 percent had used injection, 30 percent had used sterilization, 20 percent have used pills and only 10 percent had used condom (Khakural, 2005:49).

The knowledge of contraception at least one method is increasing in Nepal. Various studies shown increasing percentage of at least one method knowing women aged 15-49 from 21.3 percent in 1976 to 51.9 percent in 1981, to 55.9 percent in 1986, to 92.7 percent in 1991 to 98.3 percent in 1996, to 99.5 percent in 2001 (MOPE, 2004, 35). In spite of, women's knowledge of contraceptive is almost universal; it is only nominal in Nepal.

2.3. VARIABLE CONSIDERED

Two types of variables, dependent and independent have been considered for this study. The main aim of this study is to examine the impact of contraceptive knowledge and utilization of family planning services in the study area.

I. Independent Variables

The independent variables can be divided into demographic and socio-economic variables.

a) Demographic Variables

- Age of Women
- No. of Living Sons
- Age at Marriage
- Children Ever Born

b) Socio-economic Variables

- Literacy status of Women
- Literacy status of Husband
- Income Level of HH
- Religion

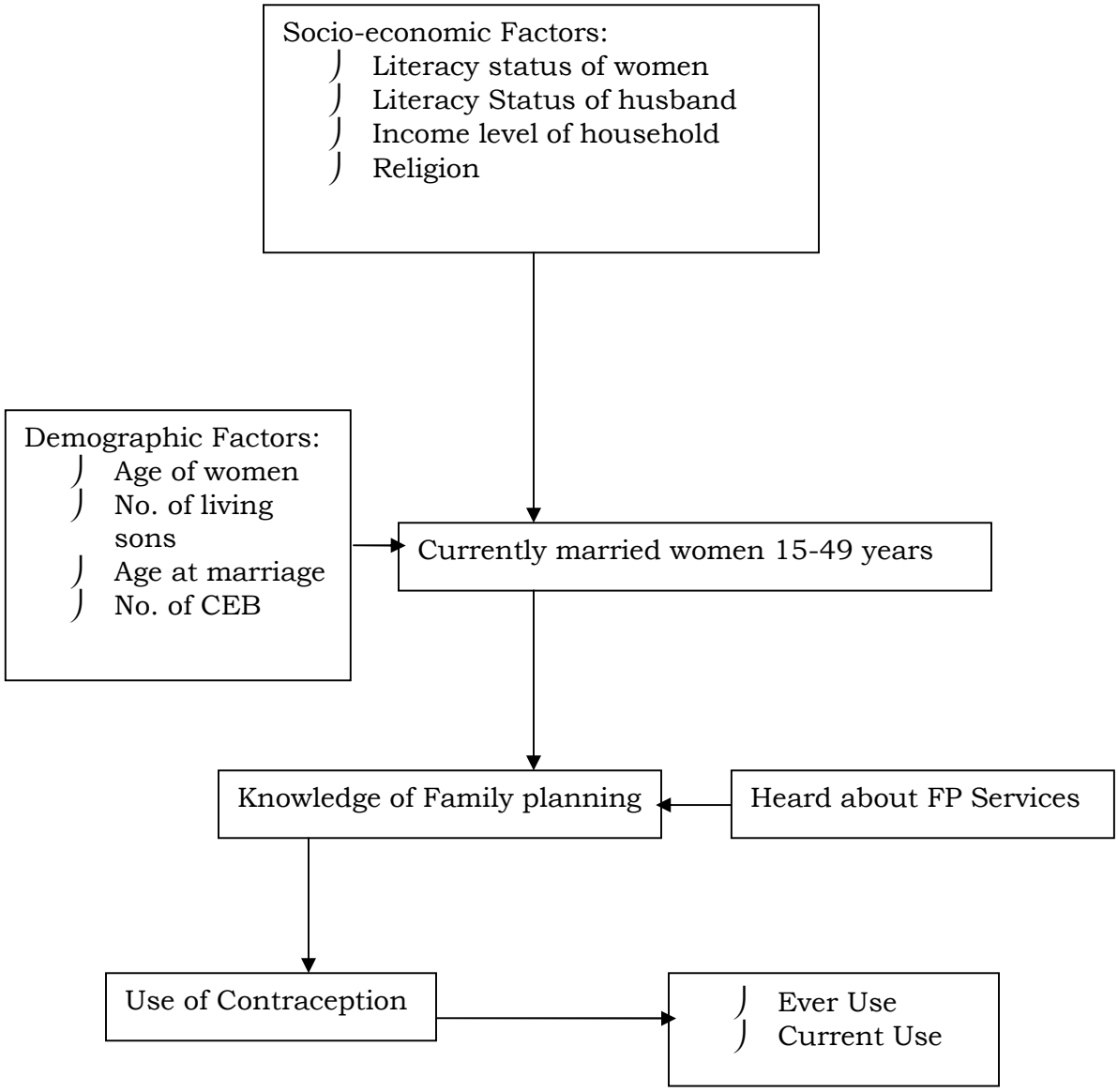
II. Dependent Variables

- Knowledge of family planning
- Use of Contraception (ever use & current use)

2.4. CONCEPTUAL FRAMEWORK

Use of family planning services is one of the intermediate determinants of fertility i.e. higher the use of family planning services lower the fertility. Family planning services is also determined by various factors i.e. demographic, socio-economic, cultural, and geographic. Demographic factors such as age of women, number of living sons, age at marriage and number of children ever born affects the women's knowledge and use of faming planning services. Similarly, socio-economic factors such as, literacy status of women, literacy status of husband, level of income, religion etc. also affects the knowledge and use of family planning methods.

Figure 2: Conceptual Framework for Knowledge and utilization of Family Planning Services



2.5. FORMULATION OF HYPOTHESES

Based on the review of literature and conceptual framework, following hypotheses are formulated to carry on the study.

- There is a positive association between level of education and knowledge of family planning methods among Limbu women.
- There is positive association between knowledge of family planning methods and age at marriage of women.
- Higher the parity, higher is the demand of family planning services because as the desire for children is fulfilled women need contraception for controlling fertility.
- The number of living sons of women determines the use of family planning methods. Because, the women who have no son, less use of contraception than women with more number of sons.

CHAPTER III: METHODOLOGY

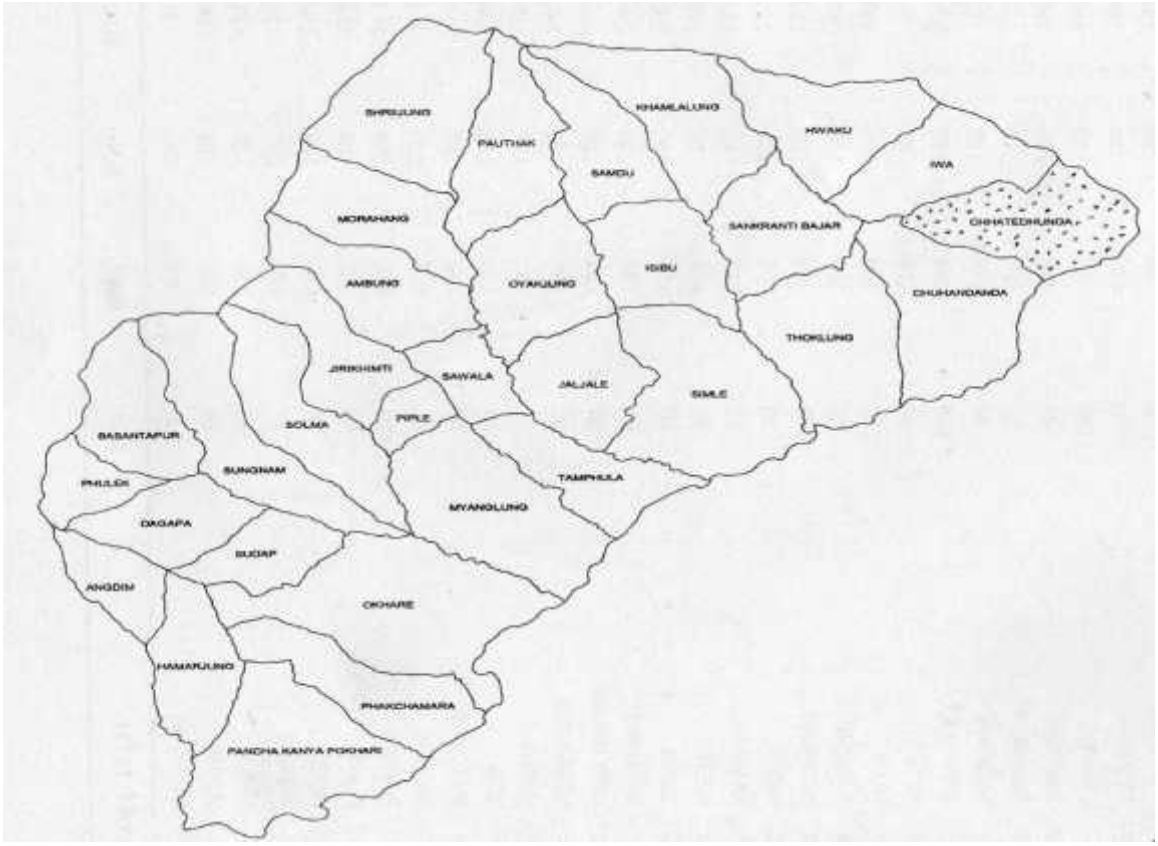
This chapter presents the methodology adopted for the study met.

3.1. SELECTION OF STUDY AREA

This research is a study of the Chhatedhunga VDC of Terhadhum district about the knowledge and utilization family planning services of Limbu women of reproductive age. Chhatedhunga Village Development committee (VDC) is a rural area of Thehrathum district that lies in the Eastern development region of Nepal. The district has 32 VDCs. One of them is Chhatedhunga which is situated in the East of district headquarter. Majority of the inhabitants are between 26° 59' Latitude to 27° 30' North and Longitude between 87° 25' to 67° 45' East. The area of this district is 679 Sq.km.

Tehrathum is surrounded by Panchther district to its East; Dhankuta and Sankhuwasaba to the West; Taplejung and Sankhubwasaba to the North and Dankuta district to the East of the district. The selected study area i.e. Chhatedhunga VDC of Thehrathum is one of the important VDC of the district. It has facilities on primary health post, post office, drinking water supply, one secondary school, two lower secondary schools and five primary schools and agricultural resources.

The total population of Chhatedhunga was 3798, among them 1811 were male and 1987 were female and total number of household was 695 in 2001.



Chhatedhunga VDC is selected for data collection.

3.2. SAMPLE DESIGN

This study is based on primary data sources. Wards with Limbu populations as 1, 2, 3 and 6 were selected for the study. There were 22, 30, 20 and 18 household randomly selected in wards number 1, 2, 3 and 6 respectively. If there were more than two respondents women of reproductive age of 15-49 in the same household, such respondent was chosen who has only one living child. Similarly, if there is only one currently married woman in household and who have not living children, such respondents were also asked question. If, these kind of respondent and household were not met in the house, replace another house by this way when the requirement of 90 samples were found or questioned. After asking question to 90 samples the process of collection of data was stopped.

3.3. QUESTIONNAIRE DESIGN

The questionnaire was designed to obtain two types of information. The household as well as individual questionnaire both were asked directly currently married women of reproductive age. Household questionnaire was divided into three sections. They were identification of family, family and socio-economic status of household background respectively. In household questionnaire schedules, the information on age, sex, marital status, relationship with head of household, occupation and education have been collected. The individual questionnaire was also divided into three sections. They were information on respondent's background, information on knowledge about family planning methods and information on utilization of family planning methods.

3.4. METHOD OF DATA COLLECTION

After selecting the study area the primary data has collected by a field survey, conducted in February 2006. The data were collected by face to face interview with the help of structured questionnaire (Appendix I). Those prepared questions were asked directly to the selected respondents. The questions were developed and manipulated as a tool of interview technique to explore and gather the information about knowledge and utilization of family planning services among the selected respondents. It took about 40-50 minutes to complete the interview with each respondent. At the time of interview all the respondents were found to be very supportive and co-operative.

3.5. TECHNIQUE OF DATA PROCESSING AND ANALYSIS

The collected data was processed with the help of microcomputer using SPSS/PC to obtain the necessary frequency tables, cross tables, mean tables in order to describe the basic characteristics and to examine the relationship between dependent and independent variables. Similarly, statistical analysis, especially Gamma coefficient is also used to examine the relationship between dependent and independent variables. Relationship between knowledge and use

of family planning/demand of family planning and level of education, age at marriage, number of living son and number of CEB are tested with the help of Gamma coefficients.

Gamma coefficient is one of the appropriate measures of association for variables arranged in ordinal orders. The variables selected in the study area and they arranged in orders for the purpose of statistical analysis. Gamma is computed from the numbers of same-ranked pairs and opposite-ranked pairs (Babbi, 1990:303-304). Same ranked pairs are called as concordant pairs and opposite ranked pairs are called as discordant pairs.

Gamma coefficient (γ) = (same-opposite)/ (same +opposite)

Scheme of Concordant pairs and discordant pairs

Dependent variables	Independent variables		
	ID_1	ID_2	ID_3
D_1	A	B	C
D_2	D	E	F
D_3	G	H	I

Concordant pairs = A (E+F+H+I) + D (A+I) +B (F+I) +E (I)

Discordant pairs = C (D+E+G+H) + F(G+H) + B (D+G) + E (G)(Rai, 1999:21)

CHAPTER IV: BASIC CHARACTERISTICS OF THE SAMPLE POPULATION

This chapter deals with basic characteristics of the respondents. Especially, social, demographic and economic characteristics are discussed that help understand the background of respondents better.

4.1. SOCIAL CHARACTERISTICS OF THE RESPONDENTS

Mainly, in this section, religion and education attainment of respondents are discussed.

4.1.1. RELIGION

Nepal is constitutionally a Hindu Kingdom with legal provisions of no discrimination against other religions. The Hindu population in the country has been consistently over 80 percent since 1950s.

Only one ethnic group of "Limbu" is alone divided into three religious group in Chhatedhunga VDC of Thehrathum district. The religion group Kirat, contributed largely to the total number as 60 percent (54). About 36 percent (32) reported them as Hindus and 4.4 percent were Christians (4). The highest percent (22.2) of Kirat were in the age groups 30-34 and 35-39 years. Similarly, 16.7 percent were found in 40-44 years age-group followed by 14.8 percent in 25-29 years. The lowest number (7.4%) were found in age-group 20-24 and 45-49 years. Most of Hindus women (21.8%) were in both age 30-34 and 35-39 years of age group followed by the age groups 20-24 years(18.8%), 45-49 years (15.7%), 40-44 years (12.5%), 15-19 years (6.3%) and the lowest in age group 25-29 years (3.1%). The percentages of Christian women were equal in the age groups 25-29, 30-34, 35-39 and 40-44 years (25.0%) but in the age groups 15-19, 20-24, and 45-49 years had no reported (Table 1).

Table 1: Distribution of Respondents by Religion and Age Group, Chhatedhunga VDC, 2006

Age Group	Religion							
	Kirat		Hindu		Christian		Total	
	No.	%	No.	%	No.	%	No.	%
15-19	5	9.3	2	6.3	-	-	7	7.8
20-24	4	7.4	6	18.8	-	-	10	11.1
25-29	8	14.6	1	3.1	1	25.0	10	11.1
30-34	12	22.2	7	21.8	1	25.0	20	22.2
35-39	12	22.2	7	21.8	1	25.0	20	22.2
40-44	9	16.7	4	12.5	1	25.0	14	15.6
45-49	4	7.4	5	15.7	-	-	9	10
Total	54	100.0	32	100.0	4	100.0	90	100.0
Total %		60.0		35.6		4.4		

Source: Field Survey, 2006

4.1.2. EDUCATION

Chhatedhunga VDC is one of the rural areas. Thus, there are limited schools, among them some Primary Schools, two lower secondary school and one High School were found up to the survey. So there are not many chance of obtaining education. In spite of low chances of obtaining education, it is found that 71.1 percent currently married women were literate where only 28.9 percent were illiterate. Among the literate women, the highest (39.1) percent had completed class 8 and above, 32.8 percent had completed class 5-7 and 28.1 had completed class 1-4 (Table 2).

Table2: Percentage Distribution of Respondents by Educational Attainment, Chhatedhunga VDC, 2006

Educational Status	No. of Women	Percentage
Illiterate	26	28.9
Literate	64	71.1
Total	90	100.0
Educational Level		
Class 1-4	18	28.1
Class 5-7	21	32.8
Class 8 and above	25	39.1
Total	64	100.0

Source: Field Survey, 2006

Table 3: Education Attainment of Currently Married Women's by Age Group, Chhatedhunga VDC, 2006

Age Group	Educational Attainment								Total	
	Illiterate		Class 1-4		Class 5-7		Class 8 and above			
	No.	%	No.	%	No.	%	No.	%	No.	%
15-14	-	-	3	16.7	2	9.5	2	8.0	7	7.8
20-24	2	7.7		-	3	14.3	5	20.0	10	11.1
25-29	1	3.9	3	16.7	2	9.5	4	16.0	10	11.1
30-34	5	19.2	4	22.1	5	23.8	6	24.0	20	22.2
35-39	8	30.8	2	11.1	8	38.1	2	8.0	20	22.2
40-44	5	19.2	3	16.7	-	-	6	24.0	14	15.6
45-49	5	19.2	3	16.7	1	4.8	-	-	9	10.0
Total	26	100.0	18	100.0	21	100.0	25	100.0	90	100.0
Total %	28.9		20.0		23.3		27.8		100.0	

Source: Field Survey, 2006

Women in 35-39 years age group, the respondents who completed class 5-7 ware higher than in all age groups which was reported 38.1 percent, followed by 30-34 years (23.8%), 20-24 years (14.3%), in age group 15-19 and 25-29 years (9.5%) and the least percentage in age group 45-49 years (4.8%).

Similarly, 30-34 years age group of respondents who completed class 1-4 were highest in number among all age groups (22.1%) but in other age group had similar pattern. It was also clearly shows that 35-39 years age group, the respondent who had illiterate was higher (30.8%) than others age groups but 15-19 years of age groups were all literate. The respondents of 30-34 and 40-44 years age groups who had completed class 8 and above was higher (24.0%), followed by 20-24 years (20.0%), 25-29 years (16.0%) and the same percentage of 15-19 and 35-39 years (8.0%) (Table 3).

4.2. ECONOMIC CHARACTERISTICS OF THE RESPONDENTS

The currently married women were also asked about economic status and family size of their household. According to their answers under this section the study covers the detail information of respondents on economic status such as, their family size, land holding, annual income, facilities of their household etc

4.2.1. FAMILY SIZE

Family size determines the economic, health, nutrition and other living standard of women and children. Higher the family sizes lower the living standard of people. Economic condition, social value and norms etc contributed in determining desire for the size of and number of male and female baby in a house. Considering this fact, this study has included the question of family size.

Table 4: Percentage Distribution of Household by Family Size, Chhatedhunga VDC, 2006

Family Size	Number	Percentage
2-4	19	21.1
5	18	20.0
6	24	26.7
7+	29	32.2
Total	90	100.0
Average family size	6.3	

Source: Field Survey, 2006

The average household size of the study population was found 6.3 members. The national record of family size was 5.4 according to census of 2058 B.S. Thus, the average of family size was more than national records. Most of the households had 7 and above members which were accounted 32.2 percent followed by household with 6 members (26.7%), 2-4 members (21.1%) and 5 members (20.0%) (Table 4).

4.2.2 SIZE OF LANDHOLDING

Land size is one important indicators of economic status of people in Nepalese society. So this study collected information about land size of respondents. Majority of the household had their own land (96.7%). Only 3.3 percent household had no land. Among all landowners, 46.0 percent had their household's land in between 6-10 Ropani. Similarly, 20.7percent household

had land less than 5 Ropani, 19.5 percent more than less 16 Ropani and 13.8 percent had land 11-15 Ropani. (Table 5).

Table 5: Percentage Distribution of Respondents by Size of Land Holding, Chhatedhunga VDC, 2006

Status of land ownership	Number	Percent
Landless	3	3.3
Landholder	87	96.7
Size of landholding		
Up to 5	18	20.7
6-10	40	46.0
11-15	12	13.8
16 and over	17	19.5
Total	90	100.0

Source: Field Survey, 2006

Table 6: Percentage Distribution of Respondents by Number of Months in Which They can Support Their Family for Own Food Production, Chhatedhunga VDC, 2006

Duration	Number	Percent
Whole year	50	55.6
6 months	36	40.0
3 months	1	1.1
No support	3	3.3
Total	90	100.0

Source: Field Survey, 2006

Among 90 respondents, It was found that 55.6 percentage household were supporting their family from own food production through the year, 40.0 percent for six months, 1.1 percent for three months and 3.3 percent were not supporting food from own production (table 6).

4.2.3. FAMILY INCOME

Family income represents the overall status of household. About family income, in this study the currently married women aged 15-49 asked their approximate cash annual income. Annual cash income of the household were divided in three groups as less than 4000, 4001- 10000 and above 10001. Most of the household (48.9%) had annual cash income range between Rs.4001-10000 followed by Rs.10001 above and less then Rs.4000 which were accounted for 27.8 percent and 23.3 percent respectively. This result clearly showed that annual cash income was very low for selected Limbus households in Chhatedhunga VDC (Table 7).

Table 7: Percentage Distribution of Respondents by Annual Cash Family Income, Chhatedhunga VDC, 2006

Level of Income (Rs.)	Respondents	Percent
Less than 4000	21	23.3
4001-10000	44	48.9
Above 10001	25	27.8
Total	90	100.0

Source: Field Survey, 2006

4.2.4. HOUSEHOLD FACILITY

Information technology plays a vital role in obtaining knowledge about family planning and contraceptive. It is necessary to have the facility of media in home. Out of 90 households, 83.3 percent number of households have been using Radio, 11.1 percent have solar power and 5.6 percent have the facility of Television (Table 8).

Table 8: Percentage Distribution of Respondents Having Information Facilities in Their Home, Chhatedhunga VDC 2006

Facilities	No. of Respondents	Percent
Radio	75	83.3
Solar Power	10	11.1
Television	5	5.6
Total	90	100.0

Source: Field Survey, 2006

Table 9: Percentage Distribution of Respondents by Types of Materials in Their Roof, Chhatedhunga VDC, 2006

Name of materials	Number of Respondents	Percent
Zink roof	20	22.2
Khar	62	68.9
Hut roof	8	8.9
Total	90	100.0

Source: Field Survey, 2006

Out of 90 households, the majority of house have used Khar in the roof (68.9%) followed by Zink (22.2%) and the least percentage of house have used Hut roof in their house (Table 9).

4.3. DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

The demographic characteristics of currently married women aged 15-49 years, such as age structure, age at married number if children, age at first menstruation, age at first pregnant etc. are presented in this section.

4.3.1. AGE STRUCTURE

Respondent's age plays an important role in determining the contraceptive behaviors because only the female of reproductive ages can bear a child and women of 20-29 years of ages actively involves in the reproductive process.

Table10: Percentage Distribution of Currently Married Women by 5 Years Age Groups, Chhatedhunga VDC, 2006

Age group	Number	Percent
15-19	7	7.8
20-24	11	12.2
25-29	11	12.2
30-34	20	22.2
35-39	19	21.1
40-44	13	14.4
45-49	9	10.0
Total	90	100.0

Source: Field Survey, 2006

4.3.2. AGE AT FIRST MENSTRUATION

Menstruation is a biological process that occurs in every woman when they enter into puberty period. Most of the women occur menstruation in the early adolescent age. Although, menstruation is biological process, it can be affected by food, nutrition and environment. The highest number of women (48.9%) had menarche at the age of 14 years followed by 26.7 percent, 13.3 percent, and 8.9 percent at the age of 15, 16 and 13 respectively. Similarly, lowest percent women's first menstruation age were 17 and above (2.2%) (Table 11).

Table 11: Percentage Distribution of Currently Married women by Age at First Menstruation, Chhatedhunga VDC, 2006

Age at first Menstruation	Number of Women	Percent
13	8	8.9
14	44	48.9
15	24	26.7
16	12	13.3
17^{+}	2	2.2
Total	90	100.0

Source: Field Survey, 2006

4.3.3. AGE AT MARRIAGE

Age at marriage is one of the most 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 in the early in their reproductive ages were likely to produce more children than that of women who tend to marry lately. The majority of women (43.3%) had married at the age of 19-20 years. Similarly, 30 percent of the respondents had married at the age of 20 and above years, and the least percent of respondents who had married before age 18 years (26.7%) (Table 12).

Table 12: Percentage Distribution of Respondents by Age at First Marriage, Chhatedhunga VDC, 2006.

Age at Marriage	Number of women	Percent
<18	24	26.7
19-20	39	43.3
20and above	27	30.0
Total	90	100.0

Source: Field Survey, 2006

4.3.4. CHILDREN EVER BORN TO WOMEN

Children Ever Born (CEB) is define as the number of living children to women at the time of survey or study. Number of living children also determines the use and non-use of contraceptive and desire for children. If their was already the desire number of children to women, they were likely to use permanent method of contraception and who do not have the number were likely not to use permanent contraception but they want to use only birth spacing methods.

With respect to sex of children ever born more women have had girl baby born than that of boy baby. The numbers of girl baby were 123 in per 104 boy baby. The mean girl children was 1.7 where as mean of boy children was 1.6 persons. This result indicated that women were having more girl children while the waiting for male babies. About 38 percent of women have one boy children where as the percent was 17.8 of one girl children. The number of boy children was decreasing from one to four but the number of girl children was highest having 2 children (21.1%) and then decreasing way. Similarly, 31.1 percent and 38.9 percent currently married women have not produce boys and girls respectively (Table13).

Table 13: Percentage Distribution of Respondents Women by Number of CEB and Sex, Chhatedhunga VDC, 2006

CEB	Sex			
	Son		Daughter	
	Respondents	Percent	Respondents	Percent
0	28	31.1	35	38.9
1	34	37.8	16	17.8
2	17	18.9	19	21.1
3	8	8.9	17	18.9
4	3	3.3	-	-
6	-	-	3	3.3
Total	90	100.0	90	100.0
Mean	1.6 (104)		1.7 (123)	
Total CEB				3.3

Source: Field Survey, 2006

4.3.5. NUMBER OF PREGNANCY

Loss of pregnancy and loss of children are the causes of determination the use and non-use of contraception. In the study area also it was found that there was grater number of pregnancies and child loss experience of women.

Out of 90 respondents 79 respondents had experienced pregnancy and only 11 respondents were just married and who were using some family planning method before their intention of child bearing. While observing the data by age, the highest (50.0%) percentage of women in age group 40-45 had experienced four and above pregnancies in their life time, followed by, 30-34 (38.9%), 35-39 (23.5%) and less percentage (9.1%) in group 15-19 years. Similarly, the highest percentage (46.2%) of women in age group 40-44 had experienced only one pregnancy, followed by 30-34 (38.9%), 45-49 (37.5%) and less percentage (18.2%) in age group 25-29 years.

More than 35 percent of women had experienced three pregnancies in the age group 35-39 and nearly 28 percent had experienced in the age group 25-29 years. The highest percentage (25.0%) of women in the age group 20-24 had experienced two pregnancies and lowest in the age group 15-19 and 25-29 years. About 46 percent of women in the age group 15-19 had no experienced pregnancy (Table 14).

Table 14: Percentage Distribution of Currently Married Women According to Frequency of Pregnancy, by Age, Chhatadhunga VDC, 2006

Age Group	Number of pregnancies										Total
	0		1		2		3		4^+		
	N	%	N	%	N	%	N	%	N	%	
15-19	5	45.5	3	27.6	1	9.1	1	9.1	1	9.1	11
20-24	2	16.7	3	25.0	3	25.0	1	8.3	3	25.0	12
25-29	3	27.3	2	18.2	1	9.1	3	27.6	2	18.2	11
30-34	1	5.6	7	38.9	2	11.1	1	5.6	7	38.9	18
35-39	-	-	4	23.5	3	17.6	6	35.3	4	23.5	17
40-44	-	-	6	46.2	2	15.4	2	15.4	3	23.1	13
45-49	-	-	3	37.5	-	-	1	12.5	4	50.0	8
Total	11	12.2	28	31.1	12	13.3	15	16.7	24	26.7	90

Source: Field Survey, 2006

4.3.6. CHILD LOSS EXPERIENCE

Out of 78 currently married women, who had experienced of live birth in their life time, 17 (21.8%) women had experienced of child death. Observing the data, the highest 78.2 percent women had no experienced of child loss. This result indicated that, there was access of health facilities, good environment, a few chance of disease to catch of baby etc. Among the child loss experienced, about 71 percent of women had experience one child loss and 29 percent of women had experienced two child losses. About 65 percent had experienced daughter loss and 35.3 percent had lost sons (Table 15).

Table 15: Percentage Distribution of Household Currently Married Women by Child Loss Experience, Chhatedhunga VDC, 2006

Child Loss	Respondents	Percent
Yes	17	21.8
No	61	78.2
Total	78	100.0
No. of child loss		
1	12	70.6
2	5	29.4
Total	17	100.0
No. of Sons loss	6	35.3
No. of daughters loss	11	64.7
Total	17	100.0

Source: Field Survey, 2006

4.3.7. DESIRED NUMBER OF CHILDREN

Fertility behaviors of women depend upon the number of children they have, which determine the prevalence of contraceptives. In the study area, it was

found that most of the women have girl babies than boy babies. But who had two sons and one daughter, and then they were stopped to bear of children.

Table 15: Percentage Distribution of Currently Married Women by Number of Desired Children and Sex,Chhatedhunga VDC, 2006

Total children Desired	Number of Respondents	Percent
2	28	31.2
3	40	44.4
4	22	24.4
No. of Son Desired		
1	24	26.7
2	66	73.3
No. of Daughter Desired		
1	63	70.0
2	27	30.0
Total	83	100.0
Average no. of total Children Desired	2.93	
Average no of Son Desired	1.73	
Average no of Daughters Desired	1.30	

Source: Field Survey, 2006

In the study area of Limbus women of total average numbers of desired children was nearly 3. It was also clear that women preferred more sons than daughters. The average number of sons desired was found 1.73 while for daughter were 1.30 only. More women (44.4%) had wanted three children, whereas 31.2 percent respondents had wanted two children and 24.4 percent respondents had wanted four children. Similarly, 73.3 percent of respondents had wanted two sons but 70.0 percent of respondents had wanted one daughter. This result indicated that most of the respondents have to want two sons and one daughter (Table 16).

4.3.8. ATTITUDE TOWARD CHILD BEARING AGE AND BIRTH SPACING

Attitude towards child bearing age and birth spacing helps to reduce fertility and increase the level of contraceptives use if women give responses higher age about them. If a women have already sufficient number of children and has different attitude then that of actually she did in her life. It helps to change the fertility behaviors of her children several questions in this study, were also included about attitude of age at child bearing and birth spacing.

All currently married selected women of the study area were asked about child bearing age in order to found their contraceptive attitude. All respondent said that in their opinion the best child bearing age at the first time was 20-25 years. Most of the couple use temporary method of contraception to space the birth. Nearly, 57 percent of respondent of women replied their view in 3 years child bearing spacing and 43.3 percent of currently married women gave their view of child bearing space in 4 years (Table 17).

Table 17: Percentage Distribution Currently Married Women by Opinion About Child Bearing Age and Birth Spacing Years, Chhatedhunga VDC, 2006

Best child Bearing Age	Number	Percent
20-25 years	90	100.0
Spacing years		
3 years	51	56.7
4 years	39	43.3
Total	90	100.0

Source: Field Survey, 2006

CHAPTER V: KNOWLEDGE AND USE OF FAMILY PLANNING METHOD

This chapter presents the findings knowledge and use of family planning methods of Limbu women in Chhatedhunga VDC of Tehrathum district. It was also analyses the differential knowledge and utilization of family planning methods the socio-economic and demographic status of the respondents. A cross sectional analysis of the selected variables and knowledge and utilization of family planning services of Limbus.

5.1. KNOWLEDGE OF FAMILY PLANNING METHOD

According to Nepal Demographic Health Survey (NDHS) 2001, the knowledge on contraceptive methods among people is almost universal in Nepal. Knowledge of contraceptive method is an important precondition toward gaining access and than using a suitable contraceptive in a timely and effective manner. But only knowledge about the family planning device is not the measurement of contraceptive prevalence because all theoretical knowledge may not be applied in actual performance and behaviour. However knowledge of specific methods are a precursor to use.

This study collected information about the knowledge of contraceptives of currently married women of reproductive age to whom initially asked whether they have heard about any contraceptive method? If they say 'yes' then they were asked the names and if they were unable to mention any name of contraceptive method, then the name of different methods were provided to the respondents. If they say 'no' then they were recorded as having no knowledge of family planning method.

Table 18: Percentage Distribution of Currently Married Women Having Knowledge on Family Planning Methods, Chhatedhunga VDC, 2006

Knowledge	No. of women	Percent
Yes	80	88.9
No	10	11.1
Total	90	100.0

. Source: Field Survey, 2006

The distribution of women by their knowledge of family planning among Limbus in Chhatedhunga VDC was reported that 88.9 percent which was less than the national level of the knowledge. In Nepal Demographic Health Survey 2001, the level of knowledge of family planning among currently married women age 15-49 years was found to be 99.5 percent. In the study population, 11.1 percent of the currently married women who had no knowledge about family planning methods (Table 18).

5.1.1. KNOWLEDGE ON SPECIFIC METHODS

Knowledge about contraceptive is a fundamental to use them. There are lots of barriers in using contraceptives after heard and need of the contraceptives. Without hearings about a specific method was not talk about using it and several questions about the knowledge of contraceptive were asked to the currently married women age 15-49years in Chhatedhunga VDC, Thehrathum district.

Table 19: Percentage Distribution of Currently Married Women According to Knowledge of Contraceptive Methods by Specific Method, Chhatedhunga VDC, 2006

Contraceptive Methods	Yes (%)	No (%)	Total
Condom	98.7	1.3	100.0
Pills	100.0	0.0	100.0
Norplant	80.0	20.0	100.0
Male sterilization	91.3	8.7	100.0
Female St.	87.5	12.5	100.0
Depo.	96.3	3.7	100.0
Safe period	35.0	65.0	100.0

Source: Field survey, 2006

Among the women having knowledge in at least one specific method, cent percent (100%) women had heard about pills. Similarly, nearly, 99 percent of the women had heard about condom, 96.3 percent have heard of Depo., 91.3

percent had heard of male sterilization about 88 percent have heard female sterilization, 80 percent Norplant and the less percent of currently married women had heard about safe period (35.0%) (Table 19).

5.1.2. DIFFERENTIALS IN KNOWLEDGE OF FAMILY PLANNING METHODS

Table 20: Percentage Distribution of Currently Married Women According to Knowledge of Family Planning Method by Age of Women, Chhatedhunga VDC, 2006

Age Group	Yes		No		Total	
	No.	%	No.	%	No.	%
15-19	7	100.00	-		7	7.8
20-24	8	80.0	2	20.0	10	11.1
25-29	9	90.0	1	10.0	10	11.1
30-34	17	85.0	3	15.0	20	22.2
35-39	19	95.0	1	5.0	20	22.2
40-44	11	78.6	3	21.0	14	15.6
45-49	9	100.0	-	-	9	10.0
Total	80	88.9	10	11.1	90	100.0

Source: Field Survey, 2006

Among, 90 respondents in age group 15-49 years, the knowledge of family planning method were 89 percent. But the age group wise, the situation of knowledge was universal in the age groups 15-19 and 45-49 years (100%) and in the age group 40-44 years have lowest knowledge of family planning methods which was accounted 78.6 percent. In the age group 35-39 years, their knowledge was 95.0 percent. Similarly, 25-29 years of age group had 90.0 percent, 30-34 years had 85.0 percent, and 80.0 percent in the age group 20-24 year (Table 20).

5.1.3. KNOWLEDGE BY EDUCATIONAL STATUS OF RESPONDENTS

Education determine the knowledge of family planning method. Educational attainment was cross tabulated with the knowledge of women about family planning method. Out of 90 currently married women, age 15-49 years, about 89 percent had knowledge of family planning method. More than 94 percent of women had knowledge who had completed class 1-4, 92.0 percent knowledge in class 8 and above but nearly 85 percent illiterate women had knowledge about family planning method and 15.4 percent women had no knowledge. Similarly, 8.0 percent of currently married women who had completed class 8 and above

still no knowledge about family planning method. This result indicated that the education status has less influence on the knowledge of family (Table 21).

Table 21: Percentage Distribution of Currently Married Women According to Knowledge of Family Planning by Educational Status of Women, Chhatedhunga VDC, 2006

Educational Attainment	Yes		No		Total	
	No.	%	No.	%	No.	%
Illiterate	22	84.6	4	15.4	26	28.9
Class 1-4	17	94.4	1	5.6	18	20.0
Class 5-7	18	85.7	3	14.3	21	23.3
Class 8^{+}	23	92.0	2	8.0	25	27.8
Total	80	88.9	10	11.1	90	100.0

Source: Field Survey, 2006

5.1.4. KNOWLEDGE BY AGE AT MARRIAGE

Marriage is still universal in Nepal and there is also early age at marriage system. But the pattern of age at Marriage has been slowly changing when the knowledge of family planning has been increased with the increase of age at marriage. In the study area, knowledge of family planning was higher after age 18 years of women. The knowledge was found highest among the age above 20 (92.6%) followed by age group 19-20 years (92.3%) and less than 18 years age group of currently married women have 79.2 percent knowledge about family planning. This result represented, higher the age at marriage, higher the knowledge of family planning methods (Table 22).

Table 22: Percentages Distribution of Currently Married Women According to Knowledge on Family Planning Methods by Age at Marriage, Chhatedhunga VDC, 2006

AM	Yes		No		Total	
	No.	%	No.	%	No.	%
< 18 years	19	79.2	5	20.8	24	26.7
19-20 years	36	92.3	3	7.7	39	43.3
20+ years	25	92.6	2	7.4	27	30.0
Total	80	80.9	10	11.1	90	100.0

Source: Field Survey, 2006

5.1.5. KNOWLEDGE BY EDUCATIONAL ATTAINMENT OF HUSBAND

Table 23: Percentage Distribution of Currently Married Women According to Knowledge of Family Planning by Educational Status of Husband, Chhatebhunga VDC, 2006

Education	Yes		No		Total	
	No.	%	No.	%	No.	%
Class 1– 4	4	5.0	-	-	4	4.4
Class 5-7	20	25.0	3	30.0	23	25.6
Class 8+	56	70.0	7	70.0	63	70.0
Total	80	88.9	10	11.1	90	100.0

Source: Field Survey, 2006

The majority (70.0%) of the respondents whose husbands had completed class 8 and above have knowledge of family planning method. Similarly, the respondents whose husbands had completed class 5 -7, their knowledge of family planning method was found 25.0 percent and class 1-4 had 5.0 percent only. This result indicated that higher the husband level of education higher the knowledge of their wife in family planning methods (Table 23).

5.1.6. KNOWLEDGE OF CONTRACEPTION

The eligible women of the study area were asked from when they have heard the method of contraception at first time, either before marriage or after marriage. Out of 80 currently married women having knowledge on contraception, 66.2 percent of them reported that they knew contraceptives after marriage and 33.8 percent had reported before marriage. This result indicated that the knowledge of family planning was higher after married than before marriage (Table 24).

Table 24: Percentage Distribution of Currently Married Women Who have Knowledge of Family Planning by the Time When Knowledge on Contraception was Achieved, Chhatedhunga VDC, 2006

Time	Number of women	Percent
Before marriage	27	33.8
After marriage	53	63.2
Total	80	100.0

Source: Field survey, 2006

Without sources there was impossible to gain knowledge about family planning method. In the study area, out of 80 respondents, 56.3 percent reported that they knew about family planning method through Radio and nearly 44 percent of currently married women knew about the family planning method by their husband (Table 25).

Table 25: Percentage Distribution of Currently Married Women by the Source of Knowledge on Family Planning Methods, Chhatedhunga VDC, 2006

Source	Number of women	Percent
Radio	45	56.3
Husband	35	43.7
Total	80	100.0

Source: Field Survey, 2006

5.2. USE OF CONTRACEPTION

Use of contraceptives is one of those most important proximate determinants of level of fertility and also may have significant impact to manage the rapid growing population and environmental problems. Similarly, with the use of family planning devices men can avoid the unwanted pregnancy, high maternal mortality and morbidity.

5.2.1. EVER USE OF CONTRACEPTION

In the study area, the currently married women aged 15-49 years who have heard of at least one method of contraception were asked weather they had ever used any method of family planning. Out of 90 respondents, 80 have heard of at least one method of contraceptives. In the case of ever used and non-use of family planning method of the study area, 26.25 percent of currently married women had ever used at least one method of contraceptive while 73.75 percent had never used any method of family planning at all. Among the respondent who had ever used of contraception, 80.9 percent had ever used Depo-Provera, 14.3 percent had used sterilization and very low only 4.8 percent had used pills (Table 26).

Table 26: Percentage Distribution of Currently Married Women Ever Users and Non-users by Name of Methods, Chhatedhunga, VDC, 2006

Ever use	Number	Percent
Yes	21	26.25
No	59	73.75
Name of methods		
Pills	1	4.8
Sterilization	3	14.3
Depo-Provera	17	80.9
Total	21	100.0

Source: Field Survey, 2006

5.2.2. AGE OF WOMEN AND EVER USE OF CONTRACEPTION

Table 27: Percentage Distribution of Currently Method Women Who had Ever Used Contraception Methods According to Age Group of Women, Chhatedhunga VDC, 2006

Age Group	Contraceptive Method			Women
	Pill	Sterilization	Depo-Provera	
15-19	-	-	-	-
20-24	-	-	4.81	1
25-29	4.8	-	9.52	3
30-34	-	-	9.52	2
35-39	-	4.8	33.37	8
40-44	-	9.5	9.52	4
45-49	-	-	14.33	3
Total	4.8	14.3	80.9	21

Source: Field Survey, 2006

The women in age group 15-19 years who had not ever used any method of contraception. About 26 percent of currently married women who had ever used of any family planning method. Among them, Depo-Provera was the most popular method among currently married women (80.9%). In contrast less than 5 percent of currently married women have used pills.

Ever use rates varied with women's age. The most popular and widely used method of Depo-Provera was found 33.3 percent for the women age group (35-39), followed by 14.3 percent in the age group (45-49), the same percentage (9.5%) in the age groups (25-29), (30-34) and (40-44). The lowest percent (4.8%) in the age group 20-24 years. Similarly, sterilization was also used in the age group 40-44 years (9.5%) and 35-39 years (4.8%) but other age group had not reported. Only 4.8 percent of currently married women age 25-29 years used pills (Table 27).

5.2.3. REASON FOR EVER NON-USE OF CONTRACEPTIVES

In the study area, currently married women asked about the reasons for ever non-use of any family planning method at the time of survey. The majority of currently married women not used any family planning method due to wanted children. The percentage of respondent who do not intention family planning method due to wanted children was 62.5 percent. But 11.3 percent of respondent were not used of family planning methods due to husband opposition.

Table 28: Percentage Distribution of Currently Married Women by Main Reason Who was not Used Any Method of Family Planning, Chhatedhunga VDC, 2006

Reason for not used	Number of Women	Percent
Wanted children	50	62.5
Husband opposition	9	11.3
Ever used	21	26.2
Total	80	100.0

Source: Field Survey, 2006

5.3. CURRENT USE OF CONTRACEPTION

5.3.1. LEVEL OF CURRENT USE

Contraceptive prevalence Rate (CPR) can be measured in two ways: that the proportion of currently married women who were using a fertility regulation method at the time of survey and that proportion of currently married no pregnant women who were using the fertility regulation method at the time of survey. In the selected area respondents were asked about the statics of current use of contraceptives in order to find the current behaviour on contraceptive. Current use of contraceptive status indicates the current rate of used preference of specific method.

The overall CPR was found 53 percent among currently married women of reproductive age (15-49 years) of Chhatedhunga VDC, Thehrathum district. It was found that about 47.6 percent of the total contraceptive prevalence rate was contributed by the method of Depo-Provera. The current use of Pill and male sterilization were found 16.7 percent. Similarly condom and Norplant users' also found same in the study area (4.5%). This result indicated that Depo-Provera was the most popular method than other methods (Table 29).

Table 29: Percentage Distribution of Currently Married Women Who are Currently Using Any Method of Contraception by Type of Methods, Chhatedhunga VDC, 2006

Current use status	Number	Percent
Yes	42	52.5
No	38	47.5
Total	80	100.0
Name of methods		
Condom	4	9.5
Pills	7	16.7
Male sterilization	7	16.7
Depo-Provera	20	47.6
Norplant	4	9.5
Total	42	100.0
		Contraceptive prevalence Rate (CPR) = 52.5%

Source: Field Survey, 2006

5.3.1. CURRENT USE OF CONTRACEPTION BY AGE OF WOMEN

The most widely used method was Depo-Provera (17.6%), followed by male sterilization (16.7%), pill (16.6%) and condom/Norplant (9.6%). The current use of Depo-Provera was found highest for the age group 35-39 year (16.7%), followed by 30-34 and 45-49 years (9.5%), 40-44 year (7.1%) and less than 5 percent was found for the women age group 25-29 years.

The current use of male sterilization was found 9.5 percent among the women of age group (35-39), followed by 30-34 years (4.8%) and 40-44 years (2.4%). The current use of Pill was found 7.1 percent in both age groups 20-29 and 30-34 and 25-29 age group was found less (2.4%). Similarly, the current use of condom was found same level in the age group 15-19 and 20-24 (4.8%). The current use of Norplant was found in the age groups 25-29 and 30-34 years (4.8%) (Table 30).

Table 30: Percentage Distribution of Currently Married Women by Contraceptive Method Currently Used According to Age group of Women, Chhatedhunga VDC, 2006

Age Group	Contraceptive					Number of women
	Condom	Pill	Male St.	Depo.	Norplant	
15-19	(2) 4.8	0.0	0.0	0.0	0.0	2
20-24	(2) 4.8	(3) 7.1	0.0	(2) 4.8	0.0	7
25-29	0.0	(1) 2.4	0.0	0.0	(2) 4.8	3
30-34	0.0	(3) 7.1	(2) 4.8	(4) 9.5	(2) 4.8	11
35-39	0.0	0.0	(4) 9.5	(7) 16.7	0.0	11
40-44	0.0	0.0	(1) 2.4	(3) 7.1	0.0	4
45-49	0.0	0.0	0.0	(4) 9.5	0.0	4
Total	(4) 9.6	(7) 16.6	(7) 16.7	(20) 47.6	(4) 9.6	42

Survey: Field Survey, 2006

5.3.2. CURRENT USE OF CONTRACEPTION BY EDUCATION OF WOMEN

Table 31: Percentage Distribution of Currently Married Women Who are Currently Using Contraception Method by the Education Attainment, Chhatedhunga VDC, 2006

Women's Education	Contraceptive Method					Respondents	
	Condom	Pill	Male St.	Depo.	Norplant	N	%
Illiterate	(1) 2.4	(1) 2.4	0.0	(8) 19.0	(1) 2.4	11	26.2
Class 1-4	(1) 2.4	(1) 2.4	(2) 4.8	(4) 9.5	(1) 2.4	9	21.4
Class 5-7	0.0	(2) 4.8	(4) 9.5	(5) 11.9	0.0	11	26.2
Class 8	(2) 4.8	(3) 7.1	(1) 2.4	(3) 7.1	(2) 4.8	11	26.2
Total	(4) 9.6	(7) 16.7	(7) 16.7	(20) 47.5	(4) 9.6	42	100.0

Source; Field Survey, 2006

The current use of contraception among illiterate women was found 26.2 percent and the same level of current use of contraception among women who have completed class 5-7 and class 8 and above (26.2%) but the women who have completed class 1-4 was found 21.4 percent only. The most popular method Depo-Provera among women who are illiterate was found higher than educated women. It is accounted 19.0 percent for illiterate followed by 11.9 percent for class 5-7, 9.5 percent for class 1-4 and lowest among class 8 and above (7.1%). Similarly, 7.1 percent of current users women who were using pill for class 8 and above followed by 4.8 percent for class 5-7 and the same percent for illiterate and class 1-4 (2.4%). About 10 percent was found male sterilization for class 5-7, 4.8 percent for class 1-4 and 2.4 percent for class 8 and above. Condom and Norplant was most popular for class 8 and above (4.8%) for both methods (Table 31).

5.3.3. NUMBER OF CHILDREN EVER BORN AND CURRENT USE OF CONTRACEPTIVES

Table 32: Percentage Distribution of Currently Married Women Who are Currently Using Contraceptives Method by Number of Children Ever Born, Chhatedhunga VDC, 2006

CEB	Contraceptive Method					Respondents	
	Condom	Pill	Male St.	Depo.	Norplant	N	%
None	(1) 2.4	(1) 2.4	0.0	0.0	0.0	2	4.8
<2	(2) 4.8	(4) 9.5	(2) 4.8	(8) 19.0	(1) 2.4	17	40.5
>2	(1)2.4	(2) 4.8	(5) 11.9	(12) 28.6	(3) 7.1	23	54.7
Total	(4) 9.6	(7)16.7	(7) 16.7	(20) 47.6	(4) 9.5	42	100.0

Source: Field Survey, 2006

The current use of contraceptive method has increased with the increasing number of children ever born. The level of contraceptives method users increasing way i.e. 4.8 percent for no children were contraceptive users, compared with women having more than two children ever born (54.7%) and women with less than and equal two children ever born (40.5%).The most popular method among the women who have more than two children was Depo-Provera (28.6%), followed by male sterilization (11.9%) and Norplant (7.1%). Among the women having less than and equal two children ever born, the use of Depo-Provera was also must popular (19.0%), followed by pill (9.5%), condom and male sterilization have same level (4.8%) (Table 32).

5.3.4. NUMBER OF LIVING SONS AND CURRENT USE OF CONTRACEPTIVES

Table 33: Percentage Distribution of Currently Married Women Who are Currently Using Contraceptive Methods by Number of Living Sons, Chhatedhunga VDC, 2006

Number of Living Sons	Contraceptive Method					Respondents	
	Condom	Pill	Male St.	Depo.	Norplant	N	%
None	(1) 2.4	(4) 9.5	(1) 2.4	(5) 11.9	0.0	11	26.2
1	(2) 4.8	(2) 4.8	(2) 4.8	(8) 19.0	(3) 7.1	17	40.5
2	(1) 2.4	(1) 2.4	(3) 7.1	(5) 11.9	0.0	10	23.8
3^{+}	0.0	0.0	(1)2.4	(2) 4.8	(1) 2.4	4	9.5
Total	(4) 9.6	(7) 16.7	(7) 16.7	(20) 47.6	(4) 9.5	42	100.0

Source: Field Survey, 2006

The current use of contraceptive methods among the women having no sons were found (26.2%) whereas the level of users (40.5%) having one living son (23.8%) having two living sons and less percent (9.5%) of having three and

above living sons. The current use of Depo-Provera was found highest among the currently married women having one living son (19.0%), followed by none living son and having two living sons (11.9%) and more than three living sons (4.8%). The women who having no son was found 9.5 percent of pills users followed by 4.8 percent one living son and 2.4 percent two living sons. The highest percent (7.1%) among currently married women having two living son users male sterilization, followed by 4.8 percent having one living son and have no son and having living more than three living sons was found same percent (2.4%). Similarly, the women who have one living son users Norplant was found (7.1%) (Table 33).

5.4. SOURCES OF CONTRACEPTION

The respondents who are currently using contraception were asked to state the usual place where they obtain contraceptive methods. There were 42 respondents using contraceptive methods and they were used methods in different sources at the last time supplies. Among them 92.8 percent were obtaining the services from Health Post. Other current user obtains their method from Government Hospital (4.8%) and Health worker (2.4%). This result indicated that majority of women who were using contraceptive method from Health Post (Table 34).

Table 34: Percentage Distribution of Currently Married Women Who are Currently Use of Method by Most Recent Source of Method, Chhatedhunga VDC, 2006

Source	Currently Married Women	Percent
Gov. Hospital	2	4.8
Health post	39	92.8
Health worker	1	2.4
Total	42	100.0

Source: Field Survey, 2006

5.5. LENGTH OF CURRENT USE OF FAMILY PLANNING METHOD

Among the respondent who have replied that they have current use any type of contraceptive method were asked about the length of use the method. More than 38 percent of the respondents who have using any type of contraceptive method since 6 to 8 years, 33.3 percent have using since 3 to 5 year and 28.6 percent have using since 0 to 2 years (Table 35).

Table 35: Percentage Distribution of Currently Married Women Who are Currently Use of Method by Length Use of the Method Chhatedhunga VDC, 2006

Length	Respondents	Percent
0-2 years	16	38.1
3-5 years	12	28.6
6-8 years	14	33.3
Total	42	100.0

Source: Field Survey, 2006

5.6. DISCUSSION ABOUT THE METHOD

In the study area, the women were asked about whether they had discussed with there spouse or not while using any contraceptive methods. About 93 percent discussed with their husband methods, when they were using but 7 percent had not discussed about the methods among themselves (Table 36).

Table 36: Percentage Distribution of Currently Married Women of Current Users of Family Planning by Their Discussion Habit with Spouse About the Contraceptives, Chhatedhunga VDC, 2006

Discussed	Respondents	Percent
Yes	39	92.9
No	3	7.1
Total	42	100.0

Source: Field Survey, 2006

5.7. NOTICE OF SIDE EFFECT

Notice of the side effect can affect the use of contraceptives. If a couple use a method of contraceptive and that harms his/her health probably s/he will not use the method again. The side effect of the method depends on the physical condition of the couple, age and number of children they have. In the study area currently married women who were using any method of contraception at the time of survey. They had faced any side effect from the method, when they used. Out of 42 currently married women who were using any method of contraception, only 10 (23.8%) reported about the side effect and 32 (76.2%) currently married women who were using any method of contraception have not reported about the side effect.

Similarly, among the respondents who have noticed of side effect, 50.0percent irregular menstruation, 40.0 percent over Bleeding and 10.0 percent have noticed about weakness (Table 37).

Table 37: Percentage Distribution of Currently Married Women Who Have Used Any Method of Contraceptive by They Have Faced Type of Side Effect, Chhatidhunga VDC, 2006

Noticed of side Effect	Respondents	Percent
Yes	10	23.8
No	32	76.2
Total	42	100.0
Types of side effect		
Irregular menstruation	5	50.0
Over Bleeding	4	40.0
Weakness	1	10.0
Total	10	100.0

Source: Field Survey, 2006

5.8. FUTURE USE OF FAMILY PLANNING METHODS

Knowing about any family planning devices, couples want to use in future. The women who are not currently using any family planning method were asked if they will be use any method in the future or not.

Table 38: Percentage Distribution of Non-users of Family Planning by Future Intention to Use Family Planning Method, Chhatdhunga VDC, 2006

Use in Future	Respondents	Percent
Yes	62	77.5
No	18	22.0
Total	80	100.0

Source: Field Survey, 2006

About 78 percent were intended to use the family planning method in the future. Similarly, 22.5 percent of the respondent reported that they will not use any contraceptive methods in the future. This result indicate that the majority of respondents will intended to use any method of family planning in future (Table 38).

5.8.1. FUTURE USE OF FAMILY PLANNING METHODS BY AGE OF WOMEN

Table39: Percentage Distribution of Non users of Family Planning Method by Future Intention to Use Family Planning Method and Age of Women, Chhatedhunga VDC, 2006

Age Group	Use in Future				Total	
	Yes		No		N	%
15-19	6	85.7	1	14.3	7	80.7
20-24	5	55.6	4	44.4	9	11.3
25-29	9	100.0	-	-	9	11.3
30-34	13	72.2	5	27.8	18	22.5
35-39	14	82.4	3	17.6	17	21.2
40-44	9	75.0	3	25.0	12	15.0
45-49	6	75.0	2	25.0	8	10.0
Total	62	77.5	18	22.5	80	100.0

Source: Field Survey, 2006

The majority of currently married women who intended to use family planning method in future are in age group 25-29 years (100%) followed by 15-19 years (85.7%), 35-39 years (82.4%), 40-44 years and 45-49 years have the same level (75.0%). Similarly, 30-34 years are intended 72.2 percent and 20-24 years who will be use family planning method in future 55.6 percent (Table 39).

5.8.2. FUTURE USE OF CONTRACEPTION BY NAME OF METHODS

Table 40: Percentage Distribution of Currently Married Women Who were Intended to Use Contraception in Future by Name of Methods, Chhatedhunga VDC, 2006

Name of Methods	Respondents	Percent
Condom	4	6.5
Pills	12	19.4
Female sterilization	5	8.0
Male sterilization	9	14.5
Depo-Provera	17	27.4
Norplant	15	24.2
Total	62	100.0

Source: Field Survey, 2006

The majority of currently married women who were intended to use Depo-Provera (27.4%) in future, followed by Norplant (24.2%), Pills (19.4%), male sterilization (14.5%), Female sterilization (8.0%) and the lowest percentage of currently married women who were intended to use condom in future. It was reported only 6.5 percent (Table 40).

5.9. OPINION ABOUT THE ADVANTAGE OF FAMILY PLANNING

In the study area, the respondents were asked about the advantages of family planning services. There were multiple choice and open ended answer format but the respondents chose only one among advantage that were written in the questionnaire.

Majority of respondents have perceived that advantage of family planning was to control unwanted pregnancy were 30.0 percent, 20.0 percent of respondents said that the advantage of family planning was for to develop economic condition of household, the same percent (18.8%) of respondent said that the advantage of family planning were to make happy family life and to make healthy of mother and child but about 10 percent respondent don't know about advantage of family planning (Table 41).

Table 41: Percentage Distribution of Respondents by their Opinion about Advantage of Family Planning, Chhatedhunga VDC, 2006

Advantages	Respondents	Percent
To make happy family life	15	18.8
To develop economic condition of HH	16	20.0
To make healthy of mother and child	15	18.8
To control unwanted pregnancy	24	30.0
Don't know	10	12.4
Total	80	100.0

Source: Field Survey, 2006

CHAPTER VI: STATISTICAL ANALYSIS

This chapter presents a categorical association of selected variables which are tested with the help of Gamma (γ) coefficients based on the formulated hypotheses. To find suitable statistical association, the selected variables were converted into ordinal order of low, medium and high according to their cumulative frequency distribution. The frequencies less than 33.3 percent were identified in the category 1, 33.4 to 66.6 percent were in category 2 and 66.7 and above in category 3. The selected socio-economic and demographic variables include level of education, age at marriage, number of children ever born and number of living son and the Gamma (γ) coefficients were used to find the relationship between them.

The Gamma (γ) coefficients and associations are dealt by formulated hypothesis as follows.

6.1. TEST OF HYPOTHESES

Hypothesis 1: There is a positive association between level of education and knowledge of family planning methods among Limbus women.

The Gamma coefficient showed that level of education had positive association with knowledge of family planning methods with approximated level of significance. The Gamma coefficient (γ) between level of education and knowledge of family planning method was found to be 0.006, which indicated that a weak relationship but positive one. This relationship indicated that higher the level of education, higher the knowledge of family planning methods. Thus, the hypothesized statement of positive association between them and which was justified for the case of Limbus eligible women.

Hypothesis 2: There is positive association between knowledge of family planning methods and age at marriage of women.

There is also positive relationship between knowledge of family planning methods and age at marriage of women. The Gamma coefficient (γ) was found to

be 0.070 with approximate level of significance. With the help of this association it could be established that higher the age at marriage of women, higher the knowledge of family planning methods. Thus, the above hypothesis is strongly justified.

Hypotheses 3: Higher the parity, higher is the demand of family planning services because as the desire for children was fulfilled women need contraception for controlling fertility.

There is negative relationship between number of children ever born and demand of family planning methods. The observed Gamma coefficient (γ) was -0.432. This relationship indicated that higher the number of children ever born, lower the demand of planning methods. This finding did not supported to the hypothesis that higher the parity, higher is the demand of family planning. It may be due to small sampling size, not so familiar with methods, still want children and dubious information on demand of family planning methods.

Hypothesis 4: The number of living sons of women determines the use of contraception. Because, the women who have no son, less use of contraception than women with more number of sons.

The Gamma coefficient showed that number of living son had positive association with current use of family planning methods with perfect significance of the association. The observed Gamma coefficient (γ) was 0.119, which indicated that higher the number of living son, higher also current use of family planning services. And also indicated that the women who have no son, she did not used any method because son preference is strong in the study area. In general, it is established that the number of living son increases with the increased level of used contraception of women. Thus, the hypothesized statement of positive association between number of living sons and current use of contraception was justified for the case of Limbus eligible women in Chhatedhunga VDC of Thehrathum district.

Table 42: Gamma coefficient (γ)

Variables	γ coefficient	sig.
Edu/KFP	0.006	0.969
AM/KFP	0.070	0.657
CEB/FuDem	-0.432	0.010
LivSon/CurFP	0.119	0.667

γ coeff : - Gamma value

Sig : - Level of significance

KFP : - knowledge of family planning methods

AM : - Age at marriage

CEB : - No. of children ever born

FuDem : - Future demand of family planning methods

CurFP : - Current use of family planning methods

LivSon : - Number of living sons

Edu : - Education

CHAPTER VII: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

7.1. SUMMARY WITH MAJOR FINDINGS

This study analyzed the knowledge and utilization of family planning methods among Limbus in currently married women or reproductive age (15-49 years) at Chhatedhunga Village Development Committee in Thehrathum district. Data for the study were collected from the field survey carried out in the month of February 2006. A total of 90 households were visited where currently married women of 15-49 years were interviewed. The respondents were selected a randomly. This study provides basic characteristics of respondents, their knowledge and utilization of family planning methods. The dependent and independent variables were tested with Gamma coefficient. The main findings summary, conclusion and recommendations of the study were presented in this chapter.

7.1.1. BASIC CHARACTERISTICS OF THE RESPONDENTS

- The study listed that three religions; out of total 90 respondents, 60 percent were Kirats, 35.6 percent were Hindus and only 4.4 percent respondents belonged to Christianity.

- The literacy rate of respondents women was 71.1 percent. About 39 percent had completed class 8 and above, 33 percent had completed class 5-7 and 28.1 percent had completed class 1-4 but nearly 29 percent women were illiterate.

- Most of the household had 7 and above members which was accounted 32.2 percent. The average family size was found to be 6.3 members.

- Majority of the currently married women's (96.7%) household had their own land. Among total land holders, 46 percent respondents had their household land between in 6-10 ropani, 20.7 percent had lands below 5 ropani, 19.5

percent had lands 16 and above ropani and the lowest percentage of lands between in 11-15 ropani (13.8%).

- Most of the women (55.6%) were support their family for own food production in whole years, 40 percent for six months, 1.1 percent for three months and 3.3 percent did not supported.

- Majority of women's households a annual cash income (48.9%) was between in Rs.4001-10000. Similarly, 27.8 percent annual cash income was more than 10001 rupees and only 23.3 percent income was below 4000 rupees per year.

- Out of 90 respondents, 83.3 percent have radio 11.1 percent have solar power and 5.6 percent have television in their household.

- The majority of house had used Khar in the roof (68.9%) followed by zink (22.2%) and Hut roof (8.9%).

- The highest percent among the respondents was in the age 30-34 years as accounted 22.2 percent followed by 21.1 percent of the age 35-39 years.

- The highest number of women (48.9) had menarche at the age of 14 year, followed by 26.7 percent at the age of 15 year and 13.3 percent at the age of 16 year.

- The majority of women (43.3%) had married at the age between in 19-20 years. Similarly, 30 percent women had married after 20 years and 26.7 percent women had married before 18 years.

- In the study area it was found that the respondents have more girl children than boy children. The mean numbers of girls were 1.7 persons and boys were 1.6 persons. Most of the women (37.8%) have one boy children, followed by two girls children (21%).

- The highest (50.0%) percentage of women in age group 45-49 years had experienced four and above pregnancies in their life time. Similarly, 41-44 years

had experienced 42.2 percent only one pregnancy, 30-34 years had experienced 38.9 percent one and four and above pregnancies and 15-19 years had 45.5 percent no experienced of pregnancy.

- It was found that the study area, among of the total 90 respondents, only 21.8 percent have child loss experienced. Among the child loss experience of women about 71 percent had experienced one child loss and 29 percent had experienced two child losses. The women had experienced more daughters loss than sons (64.7% & 35.3%).

- In the study area, the women were desired more son than daughter. According their view they desired average number of son was 1.73 persons and 1.30 persons of average number of daughter. The mean number of total children desire was found 2.93 or 3 children per women.

- The cent percent (100%) currently married women said that in their opinion the best child bearing age at the first time was in between 20-25 years.

- Nearly 57 percent respondents of women replied their view in 3 years child bear spacing and 43.3 percent replied 4 years.

7.1.2. KNOWLEDGE AND USE OF CONTRACEPTIVES

- Out of the total currently married women age15-49 years, about 89 percent had heard at least one of the methods of contraceptives.

- In the study area it was found that cent percent (100%) women have heard about pills, followed by condom (99%), Depo-Provera (96.3%), male sterilization (91.3%) female sterilization (88%), Norplant (80%) and least knowledge about safe period (35%).

- The knowledge of contraception was universal (100%) in the age groups 15-19 and 45-59 years. Similarly, in the age group 35-39 years, the knowledge of contraception was accounted 95 percent, followed by 25-29 years (90%), 30-34

years (85%), 20-24 years (80%) and the less knowledge in the age group 40-44 years (79%).

- Among the literate women, the majority of women (94.4%) had knowledge about family planning who had completed class 1-4, followed by class 8 and above (92%), and class 5-7 (86%) but the illiterate women had also knowledge about family planning (85%).

- Higher the age at marriage, higher also knowledge of family planning methods. The knowledge of FP was found higher (93%) in age at marriage above 20 years followed by 92.3 percent in between 19-20 years and 79.2 percent less than 18 years.

- Increasing the level of husband's education, increase also women's knowledge of family planning methods. The respondents whose husband had completed class 8 and above their knowledge of family planning were found 70 percent, followed by class 5-7 (25%) and lowest percentage in class 1-4 (5%).

- Out of 80 currently married women, 66.2 percent of them reported that they knew contraceptives after marriage and 33.8 percent had reported before marriage.

- The majority of currently married women (56.3%) reported that they knew about family planning method through Radio and nearly 44 percent women knew about family planning method by their husband.

- More than 26 percent of respondents had ever used at least one method of contraceptive. Among them 81 percent had used Depo-Provera, 14.3 percent had used male sterilization and 4.8 percent had used pills.

- The highest ever used of Depo-Provera (33.4%) in the age group 35-39 year, followed by 45-49 year (14.3%), the same percentage in the age groups 25-29, 30-34 and 40-44 years (9.5%). Highest ever used of male sterilization (9.5%) in the age group 40-44 years.

- In the study area, about 85 percent of currently married women who were not ever used contraception due to wanted more children and 15.3 percent of respondent were not used of contraception due to their husband opposition.

- More than 52 percent of the currently married women were using currently any one of the contraceptive at the time of field survey.

- The highest percentage (47.6%) of respondents were currently using Depo-Provera, followed by male sterilization and pills as the same (16.7%) and condom and Norplant as the also same (9.5%).

- The current use of Depo-Provera was found highest for the age 40-44 year (16.7 %) and almost same level in other age groups. The current use of pills was found for the age groups 20-24 & 30-34 years (7.1%). Male sterilization was found 9.5 percent in the age group (35-39 years).

- The most popular method Depo-Provera among women who have illiterate was found higher then literate women. It was accounted 19 percent for illiterate, followed by 11.9 percent for class 5-7, 9.5 percent for class 1-4 and 7.1 percent class 8 and above. Similarly, 7.1 percent of current users women who were using pills for class 8 and above, 9.5 percent male sterilization for class 5-7 and 4.8 percent of women were using Norplant who had completed class 8 and above.

- The women who have more than two children, their current contraceptive use was found highest (54.7%) compared to less than two children (40.5%). The most popular method among the women who have more than two children was Depo-Provera (28.6%), followed by male sterilization (11.9%) and Norplant (7.1%).

- The current use of contraceptive methods among the women having no sons was found (26.2%) whereas the level of users (40.5%) having one living son, (23.8%) having two living sons and lowest percent (9.5%) of having three and above living sons.

- More then 92 percent of the current user of contraceptive women have obtained the contraceptive from health post, followed by government hospitals (4.8%) and health worker (2.4%).

- It was found that 38.1 percent of respondents who have using any type of contraceptive methods since 0 to 2 years, 33.3 percent have using since 6 to 8 years and 28.6 percent have using since 3 to 5 years.

- About 93 percent discussed their husband/wife about contraceptive methods when they were used, but only 7 percent did not discussed.

- More than 23 percent reported about the side effect of contraception. Similarly, among the respondents who had noticed side effects, 50 percent have feeling irregular menstruation, 40 percent have felling over bleeding and only 10 percent have felling weakness.

- About 78 percent were intended to use the family planning method in the future. Among the percentage of future use intended, the majority of currently married women who were intended to use Depo-Provera (27.4%) in future, followed by Norplant (24.2%), pills (19.4%), male sterilization (14.5%), female sterilization (8.0%) and the lowest percentage (6.5%) condom.

- The majority of currently married women who intended to use family planning method in future age group 25-29 years (100%), followed by 15-19 years (85.7%), 35-39 years (82.4%), 40-44 and 45-49 years (72.2%) and the lowest in age group 20-24 years (55.6%).

- Majority of respondents (30%) have perceived that advantage of family planning is to control unwanted pregnancy followed by 20 percent perceived to develop economic condition of household, the same percentage of perceived to make happy family life and to make healthy of mother and children (18.8%) but about 12 percent respondent do not know about advantage of family planning.

7.2. CONCLUSIONS

On the basis of analysis data and obtained results from the study area, the level of family planning knowledge among eligible Limbus women was satisfactory but it was also found that level of ever used and current use of family planning methods among heard respondent of study population was weak. The main reason for not using ever and current use of contraceptive methods among Limbus community was that of preferring children as well as husband opposition. It has been observed that the level of knowledge of contraception was found higher to earlier age group and latest age group of women as compared to other age groups of women. It has been also found that the level of knowledge was higher among the literate women as compared to illiterate women. Similarly, higher the age at marriage, higher also knowledge of family planning methods in the study area.

The current pattern of contraceptive was among users dominated by Depo-Provera in the study area. Usually high use of temporary methods indicates that most of the couples want to space their birth. It has been observed, current use rates vary with women's age. The pattern of current use was found higher intermediate aged women as compared to younger women.

Among the modern method of contraception, current use of condom and Norplant has found to be very low. Concept about contraceptive methods was not so good because cent percent respondent did not heard at least one of contraceptive method in the study area. It has fount that mostly women prefer that birth space should be 3 years between two births. Most of the respondent's women have desired three children only it is nearly positive aspect of the study population.

It also seen that, current use of any modern method increases with increasing the number of CEB. Result suggested that higher the chance to use contraceptive if there was higher number of children. It also suggested that couple in the study area tend to used contraceptive when they have desired number of children. Most of the respondents intended to use Depo-Provera in

future after fulfill their desire of children. Thus, in the study area, spacing method was so popular than voluntary surgical contraception in future intended.

7.3. RECOMMENDATIONS

This subchapter deals with some recommendation on policy formulation and further research issues

7.3.1. RECOMMENDATIONS FOR POLICY FORMULATION

The rapidly growing population and weak condition of socio-economic and other resource base have become serious challenge for Nepal now therefore, it is necessary to conduct effective population regulation programmes for controlling rapid population growth. The recommendation of this study will not serve out national purpose but it helps to generate the effective family planning programme for the Limbu community and other similar community in any area of Nepal. Based on the findings of the study and conclusions it was attempted to recommend some points for the improvement of government as well as local agencies about knowledge and utilization of family planning methods among the currently married women.

- There should be launch special programme about family planning in Chhatedhunga VDC of Thehrathum district.
- Information education and communication (IEC) are important to increase awareness of family planning services so these programmes should launch through formal as well as informal education.
- There should be given more facilities about means of contraception in local sub-health post.
- The service of field workers and village health workers seem to be very low as well as negligence of health workers in health post. Thus, the service of

provider's should be made more effective through extensive training supervision and suitable management.

- Government should provide awareness programmes and quality services in local level.

- Political leaders, local youth and social workers should be recruited to propagate the need of family planning. The concentrated authorities should organized meetings and seminar with them.

- The findings also suggest that there are no female sterilization services in the Thehrathum district and not available mobile camp for female sterilization. So that these services should be organized in the study area.

- Temporary methods of contraception need to be promoted so as to attract younger couples because temporary methods help to space of child birth.

7.4. FURTHER RESEARCH ISSUES

This study has not covered every issue related to family planning. Even the sample size of the study is small. So, the following recommendation is make for the future research.

- This study is based on small sample size of knowledge and utilization of family planning services among Limbus only. Further study may be carried out in other specific communities with relatively large sample size.

- This study examined only few selected socio-economic and demographic variables thus; the other similar type of study can be carried out by using other variables like socio-cultural, religious, psychological, geographical and other variables to access the knowledge and utilization of family planning services among Limbus as well as other similar communities more effectively.

APPENDIX: I

Tribhuvan University

Central Department of Population Studies (CDPS)

Interview - Schedule

"Knowledge and Utilization of family planning Services among Limbus" A Study of Chhatedhunga VDC, Terhathum District

Section 1: Household Questionnaire

(a) Identification

1. District..... 4. Name of locality.....7. Name of respondent.....

2. VDC..... 5. Name of HH head..... 8. Age(Complete yeas).....

3. Ward No. ..... 6. HH No. ..... 9. Religion .....10. Date.....

(b) Family Background

S.N.	Name of family member (01)	Relation to HH head (02)	Sex (03)	Age in completed years (04)	Education (05)	Marital status (06)	Occupation (07)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Code for

Related to Q.No. 02	Related to Q.No. 03	Related to Q.No. 05	Related to Q.No. 06	Related to Q.No. 07
01: Household head	1: Male	00: No schooling	01: Unmarried	01: Agriculture
02: Husband/wife	2: Female	01: 1 class pass	02: Currently married	02: Service
03: Son/daughter		02: 2 class pass	03: Widow/widower	03: Business
04: Daughter in law		03: 3 class pass	04: Separate	04: Daily wages
05: Grand son / Daughter		----------	05: Divorce	05: Student
06: Father/mother		----------	06: Remarried	06: Dependent
07: Father/mother in law		09: 9 class pass		07: Pension
08: Brother/Sister		10: Test pass		08: Housewife
09: Nice/Nephew		11: S.L.C. pass		09: Foreign

				employee
10: No relation		12: I.A. pass		10: Other (specify)
51: Don't know		13: B.A. and above pass		51: Don't know

(c) Socio-economic Condition of Household

S.N.	Questions	Coding Categories	Skip
08	Do you have own cultivated land ?	Yes.....1 No.....2	Q. 11
09	If yes, how much ?	Ropani.....	
10	How much do your family earn in a year (Approximate) ?	Rs.....	
11	for how many months your own food production can support your family ?	Whole year.....4 For six months.....2 For three months...3 Don't know.....51	
12	What are the facilities in your household ?	Radio.....1 T.V.....2 Solar power.....3 Other (specify)...4	
13	What type of roof is in your house ?	Khar.....1 Zink roof.....2 Hut roof.....3 Tail roof.....4 Other (specify)...5	

Section II: Individual Questionnaire (Only for currently married women in reproductive age i.e. 15-49 years)

(a) Respondents Background

S.N.	Questions	Coding Categories	Skip
14	How old are you ? (completed years)	.....years	
15	What is your main occupation ?	.....	
16	What is your husband's major occupation ?	.....	
17	Can you read and write ?	Yes.....1 No.....2	Q. 19
18	If yes, what class have you completed ?	.....	
19	Does your husband read and write ?	Yes.....1 No.....2	Q.21
20	If yes, what is your husband's education attainment ?	.....	
21	How old were you at the time of first menarche ?	.....year	
22	What was age at first marriage ?	.....year	
23	How many children have your ever born alive ?	Number.....	

24	How many sons/daughter ?	No. of sons.... No. of daughters....	
25	How many times have you been pregnancy so far ?	Times.....	
26	Have any of your children died ?	Yes.....1 No.....2 →	Q.28
27	If yes, how many children died ?	Number.....	
28	How many children living with you ?	Sons..... Daughters..... Total.....	
29	How many children do not live with you ?	Sons..... Daughters..... Total.....	
30	Have you ever been pregnant up to now ?	Yes.....1 No.....2	
31	How many children do you prefer ?	Number.....	
32	How many sons and daughters do you prefer for ideal family ?	Sons..... Daughters..... Total.....	
33	What is the best age of child bearing of women at first ?	<20 years.....1 20-25 .....2 25-30 .....3 Don't know.....21	
34	In your opinion, what should be the child bearing space for better health of mother and child ?	1 year.....1 1-2 year.....2 3 year.....3 4 year .....4 Don't know...21	

(b) Knowledge of Family Planning Methods

S.N.	Questions	Coding Categories			Skip
35	Have you ever heard about any methods of family planning ?	Yes.....1 No.....2			
36	If yes, what are they ? (multiple answer)		Yes	No	
		Condom	1	2	
		Pills	1	2	
		Male Sterilization	1	2	
		Female St.	1	2	
		Depo.	1	2	
		Nor Plant	1	2	
		Foam tab.	1	2	
		With drawer	1	2	
		Safe period	1	2	
		Other (specify)	1	2	
37	When did you heard about these family planning methods ?	After marriage .....1 Before marriage.....2			
38	From which sources of information did you heard about the family planning methods ?	Radio.....1 Newspaper.....2 TV.....3 Husband.....4 Friends.....5 Other relatives...6			

		Other (specify)...7	
39	From where you can get these contraceptives methods ?	Government hospital.....1 Health Post.....2 Private Clinic.....3 General Shop.....4 Other (specify).....5	

(c) Use of Family Planning Methods

S.N.	Questions	Coding Categories	Skip
40	Have you ever used any methods of FP ?	Yes.....1 No.....2 →	Q. 42
41	If yes, which method have you ever used ?	Name of the method....	
42	If not, what is the main reason ?	Want children.....1 Husband's opposition.....2 Parent's opposition.....3 Against religion.....4 Fear of side effects.....5 Other (specify).....6	
43	Are you / your husband currently using any method of family planning ?	Yes.....1 No.....2 →	Q. 53
44	If yes, which method are you / your husband currently using ?	Name of the method.....	
45	Did you discuss about the method which you / your husband used ?	Yes.....1 No.....2	
46	Where do you usually obtain the source of family planning methods ?	Government hospital.....1 Health Post.....2 Private Clinic.....3 General Shop.....4 Other (specify).....5	
47	How long have you seen using the method ?	.....years.....months	
48	When you used any family planning method, did you notice any side effects ?	Yes.....1 No.....2 →	Q.50
49	If yes, what are they?	Irregular menstruation.....1 Bleeding .....2 Vomiting.....3 Headache.....4 Weight loss.....5 Other (specify).....6	
50	Do you want to use ? Any family planning methods in future ?	Yes.....1 No.....2 → Don't know.....21	Q. 53
51	If yes, which method that ?	Name of the method....	
52	If no, what is the main reason ?	Want children.....1 Husband's opposition.....2 Parent's opposition.....3 Against religion.....4 Fear of side effects.....5 Other (specify).....6 Don't know.....21	

53	In your opinion, what is the main advantage of family planning ?	To make happy family life…1 To make healthy of mother and child……2 To developed economic condition of household…….3 To control unwanted pregnancy……4 Others (specify)……5 Don't know……21	
54	Do you have any comment about FP ?	……	

APPENDIX : II

Cross-Tables for Gamma Calculations

CAT-EDU * KN-GR

Cross tab count					
		KN_GR			Total
		1.00	2.00	3.00	
CAT-EDU	1.00	8	7	10	25
	2.00	6	9	12	24
	3.00	5	10	13	28
Total		19	26	35	80

CAT-EDU * KN-GR

Cross tab count					
		KN_GR			Total
		1.00	2.00	3.00	
AM-GR	1.00	8	6	7	21
	2.00	4	15	15	34
	3.00	9	5	11	25
Total		21	29	35	80

LIV_SON * CUR-UFP

Cross tab count					
		CUR_UFP			Total
		1.00	2.00	3.00	
LIV-SON	1.00	5	4	8	17
	2.00	1	4	5	10
	3.00	1	1	2	4
Total		7	9	15	31

CAT-CEB * FU-DEM

Cross tab count					
		FU_DEM			Total
		1.00	2.00	3.00	
CAT-CEB	1.00	6	3	9	18
	2.00	5	6	6	17
	3.00	10	6	1	17
Total		21	15	16	52

Legend:

CAT-EDU	: Categorized educational level
KN-GR	: Knowledge of contraception grouping
AM-GR	: Age at marriage grouping
LIV-SON	: Number of living sons
CUR-UFP	: Current use of family planning method
CAT-CEB	: Categorized number of children ever born
FU-DEM	: Future demand of family planning methods

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