

**Family Planning Knowledge, Attitude and Practice Among  
Males**

**(A Case Study of Sakhuwa Prasauni VDC Parsa)**



**By**

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**A Dissertation**

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Degree of Master of Arts in Population Studies**



**Central Department of Population Studies**

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## **RECOMMENDATION LETTER**

This dissertation entitled "Family Planning Knowledge, Attitude and Practice among Males" is prepared under my supervision for partial fulfillment of requirement for the degree of Master of Arts in Population Studies. To the best of my knowledge the study is original and carries out useful information in the field of Family Planning Knowledge, Attitude and Practice among Males. I recommend it for evaluation to the dissertation committee.

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This dissertation entitled "Family Planning Knowledge, Attitude and Practice among Males" by Birendra Singh Khadka has been accepted as partial fulfillment of requirement for the Degree of Master of Arts in Population Studies.

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## **ABSTRACT**

The data for this thesis entitled "Family Planning Knowledge, Attitude and Practice among Males in Sakhuwa Prasauni VDC, Parsa" is mainly derived from primary data collected from a sample of 80 households comprising of 105 respondents. The student adhered to personal interviews to collect the information. Data generated from the field survey was analyzed based on Number distribution and bivariate cross-tabulation analyses.

The main objectives of the study are knowledge, attitude and practices of family planning among males: to identify the source of male contraceptives of family planning.

Information on knowledge of specific method was collected from eight modern family planning methods, among them two major male family planning methods are described in this study. This study concludes that the knowledge and current use of male family planning method is high among the ages 25-29. Similarly the knowledge of condom is 100% in all ages. The study also indicates that 76.0% used condom and 39.7% using condom at first time in 23-24 ages. Similarly, 15.9% experienced problem using condom. The study also indicates that 90.5% male use condom on their partner's fertile days.

So far as source of male contraceptives is concerned, it is found that 96.2% male heard contraceptive methods by friends and 66.7% male obtain condom from health post.

The study also indicates that 100% male have knowledged about male sterilization but nobody getting sterilized and 84.7% says operation is bad's for man health. Similarly, 78.1% male agree that condom reduce man's pleasure and 75.2% men agree that use family planning methods it should be decided by interaction between spouses.

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## **ACRONYMS AND ABBREVIATIONS**

BDC:	Birth, Death and Contraception
CDPS:	Central Department of Population Studies
CHPR:	Central for Health and Population Research
DHS:	Demographic Health Survey
FHI:	Family Health International
FHD:	Family Health Division
FP:	Family Planning
IEC:	Information, Education and Communication
IFPP:	International Family Planning Perspective
INGO's:	International Non-Government Organization
ICPD:	International Conference on Population and Development
IPPF:	International Planned Parenthood Federation
JHSPH/PIP:	John Hopkins School of Public Health/ Population Information Program
MOH:	Ministry of Health
NGO's:	Non-Governmental Organization
NFS:	Nepal Fertility Survey
NFHS:	Nepal Fertility Health Survey
PIOPS:	Pakistan Institute of Population Studies
PDD:	Population Development Department
Pop <sup>n</sup> :	Population
PRB:	Population Reference Bureau
STD:	Sexual transmitted Disease
TU:	Tribhuvan University
UNFPA:	United Nations Population Fund
UCDC:	Urban Community Development Council

# **Chapter 1**

## **INTRODUCTION**

This study restricted to Parsa districts of Nepal examines the knowledge, Attitude and Practice of Male involvement in Family Planning according to their selected background characteristics. The data for this study comes from a pre-structured questionnaire administered to the rural men in Parsa districts. The analysis is based on the number distribution, percent and cross-tabulation information, which is examined by using SPSS statistical tools.

### **1.1 General Background**

Although the lack of knowledge, attitude and practice of Family Planning among Males has been a topic of research and discussion since the early 1980s, during the last five years, particularly after the Cairo and Beijing conferences, it has become an important issue for women advocates, researchers and international agencies which are committed to reproductive health and gender equality. The large number of articles and the growing number of conferences, research projects and debates on this subject bear testimony to the importance of this issue, both from the programmatic point of view and as a process for bringing about a gender balance in men's and women's reproductive rights and responsibility (UNFPA, 1995).

A recent publication of the UNFPA (1995) lists the following reasons for the growing importance of knowledge, attitude and practice among males in initiatives for family planning:

- ) The advent of the AIDS epidemic has spurred an intense interest in condom promotion.
- ) Men are more in favor of general principle of family planning than has been assumed.
- ) Male support affects both the adoption and the correct use of female contraceptives.
- ) Male involvement programs can be cost-effective if they are highly focused and offer male contraceptive methods directly or by referral.

- J Men's role in the abuse of reproductive rights and sexual violence directed towards female partners and relatives should no longer be ignored.
- J The consensus reached at the International Conference on Population and Development (ICPD) has created the necessary momentum for action.

One major difference between the concern for increasing male participation in family planning till the late 1980s and now is the conceptual shift in the objectives. Earlier, the main concern was increasing contraceptive use and achieving demographic goals. In contrast, the Cairo Declaration demands the participation of men in family planning and reproductive health in terms of gender equality and fulfilling various reproductive responsibilities.

It is argued that men are partners in reproduction and sexuality, and therefore it is logical that they equally share satisfying sexual lives and the burden of preventing diseases and health complications (Green et al., 1995). This broadening of the concept of 'male involvement' to 'male responsibility' requires changes in the strategies of educational campaigns and motivational efforts, where men and women need to be educated and informed about gender equality and their reproductive rights and responsibilities, and not only about the adoption of contraception.

Available studies show that in many developing countries male often dominate in taking important decisions in the family, including those concerned with reproduction, family size and contraceptive use. Male involvement helps not only in, accepting a contraceptive, but also in its effective use and continuation. On the other hand, even if the wife wants to use a contraceptive, she may not be able to do so or may be forced to discontinue if the husband disapproves of contraception.

Husband-wife communication on contraception and their reproductive goals suggests an egalitarian relationship between the husband and wife. There are several, studies, conducted mostly in the 1960s and 1970s, which show that couples who discuss the number of children they should have or the use of family planning are more likely to use a contraceptive and achieve their reproductive goals than those who do not.

Available studies on husband-wife communication also show that a very small proportion of the couples discuss sexual matters or contraceptive use.

Demographic Health Surveys have collected information about Knowledge, Attitude and Practice (KAP) of family planning. In Nepal, the 2001 Nepal Demographic Health Survey (NDHS) is the latest survey, which provides information on various health issues, including family planning. The beauty of this survey also lies in its supply of information regarding KAP of family planning considering males. Similar types of information could also be found in the Demographic Health Survey reports of other countries.

Acquiring knowledge of contraceptive methods is an important precondition towards gaining access to and then using a suitable method in timely and effective manner. The ability to name or recognize a family planning method is a nominal test of respondent, knowledge and not a measure of how much they might know about method, however knowledge of method is a precursor to use. The use of contraceptives actually depends on knowledge and attitude towards them (MOH, New ERA and ORC Macro, 2002).

There is a growing understanding in public health community of need to constructively involve men in sexual and reproductive health programs. Traditionally, many reproductive health programs have only targeted women due to the fact that women have a disproportionate burden of unintended pregnancies and sexually transmitted infections. However such a limited approach fails to address men's significant role in health decision and health seeking behaviors. Also, programs must consider how power imbalances that exist between male and female may play a major role in reproductive health outcomes. Therefore increased attention has been placed on the critical role that men can play in the prevention of unintended pregnancy, HIV/STI transmission, maternal mortality, and gender based violence. Similarly, there is a significant amount of contention regarding the terminology used to describe work with men. 'Male involvement' is the most commonly used term in field the term 'involvement' itself can notes participation or engagement both positive goals. However, it is argued that some men are already involved in family planning as policy makers, service providers or husbands. The term can also be interpreted as

judgemental, as it implies that many other men are not necessarily involved in the health and well being of themselves and their families. Therefore, an alternative term that also in use is men as partners (Verme, 1996).

The international conference on population and development (ICPD) held in Cairo in 1994 intensified worldwide focus on the reproductive health. So, ICPD is a milestone to guide the efforts regarding the reproductive health of male. According to the ICPD document the reproductive health is defined as:

“A state of complete physical, mental and social well being in all matters relating to the reproductive system and its functions and processes. It implies that people have the capability to reproduce and freedom to decide if, when and how often to do so” (UN, 1994).

After ICPD, issues and reproductive health have been strongly addressed. Reproductive health is a bilateral subject with parallel need of male and female. The contribution male in reproductive health issues including contraceptive use is highly desired. Therefore, for the better and mutual life existence the co-operation of male is required. Male and female are regarded as the two wheels of a cart. In the absence of one the next has no value.

Men reproductive choices and sexual behaviors affect both their own health and that of their partners. A man's attitudes on fertility and family planning can influence his partner's attitudes and her access to services, thereby determining the timing and number of pregnancies that she may have. A man's sexual practices may not only part himself but also his partner at risk of sexually transmitted infections (STIs), including the Human Immuno Deficiency Virus (HIV). Whether or not he/she seeks and obtains treatment for his own infection usually determines whether or not his partner also receives treatment.

Nepal's most urgent social problem is keeping its population increasing faster. The main cause to increase the population growth rate has been continuous decline in death rate and remaining high fertility rate due to the low level of contraceptive use.



Mostly the family planning methods have been directed towards women and men methods are neglected. However, it is realized that women cannot only reduce the growing population. Both men and women are responsible for it. It implies that family planning is not only concern of either men or women but of both.

## **1.2 Statement of the Problem**

New information, new understanding and new approach promise to help men become full partners in better reproductive health. Men as well as women play key roles in reproductive health, including FP, but increasing male's involvement has been difficult (Drennan, 1998).

### **Some common myths**

- J Men are opposed to family planning and want more children than their partners. DHS evidence from some African countries has shown that men's opposition to family planning and desire for a larger number of children is not as widespread as previously supposed.
- J Men always want sex, initiate sex and orchestrate sex. Male desire is supposed to be separated from affection. They are not expected to be faithful and to show emotions, fear, insecurity without their virility being questioned. They are expected to be strong and take risks.
- J Men tend to engage in deviant behavior. They are many times portrayed in negative stereo types as violaters, insensitive to women's concerns, uncaring and abusers of women's rights.
- J Men will talk only to male service providers. Male RH programs with female staff, including for the practice of vasectomy have shown as good results as those with male staff. The essential is not the sex of the provider but the respect and confidentiality with which men are treated.
- J Serving men is expensive. There are a number of examples of good quality care with limited resources, especially when existing services are rationalized.
- J All men have the same needs and concerns. Specific strategies are needed to service the specific needs of different men, young, older, rural, urban,

educated, non educated, homosexual. Not every action taken for men's health is male's involvement.

### **Why Male Involvement is Necessary?**

- ) Men play important often dominant roles in decision crucial to women's reproductive health. Men are more interested in family planning than often assumed but need communication and services directed specifically to them.
- ) Understanding and influencing the balance of power between men and women can help improve reproductive health and family planning behavior.
- ) Couples who talk to each other about family planning and reproductive health can reach better, healthier decision.
- ) Male's involvement is promising strategy for addressing some of the world's most pressing reproductive health problems with HIV, now spreading faster among women than men in some regions, the AIDS epidemic has focused attention on the health consequences of men's sexual behavior. Also millions of pregnancies are unintended, and each year many thousands of women died as result of these pregnancies.

Increasingly, men make reproductive decisions together with their wives, if men are ready, why have some programs to involve them fallen short? some efforts may have been too weak and too brief or based on incomplete understanding of men's motivations, couples interaction's and what engage men.

Gender different roles that men and women play in a society and the rights and responsibilities associated with those roles are powerful sources. In many countries, gender roles make it difficult for men and women even to discuss family planning. Men often dominate decision making and so can seriously harm or help women's reproductive health.

Communication plays a key role in new approaches to men. Communication can help promote equity between partners. Encouraging couples to discuss contraceptive use, message in the mass media can address men's specific concerns and give men positive models to follow (Drennan, 1998).

In the context of Nepal, Several studies demonstrate that men have fairly high levels of basic knowledge regarding family planning. The 2001, Nepal Demographic and Health Survey (NDHS) shows that knowledge of at least one modern method of family planning is almost universal among men in Nepal.

Knowledge of HIV/AIDS and STDs is also high but could be improved. A study by Valley Research Group showed that 81 percent of men had heard of AIDS and 75 percent of men had heard of STDs. 80 percent knew that avoiding sex with multiple partners could help prevent STIs and 73 percent knew that condom could prevents STIs (VaRG, 2003). The NDHS found that two in five men believe that condoms reduce a man's pleasure and that condom very inconvenient to use. Almost half the men interviewed (45 percent) reported negative changes in their sex life after vasectomy. These men cited difficulties with erection, delayed ejaculation, diminished desire, and reduced sexual satisfaction it is clear that such concerns on the part of sterilized men could have negative impact on their willingness to refer peers for the some procedure. The valley research group study found that only 9 percent of those men intending to use condom mentioned the fact that condoms provided good protection from STIs.

Incase of current use of contraceptives, female sterilization was the most popular method followed by male sterilization and their crude continuation rate is 100 and 96 percent respectively. The higher use of female sterilization in Nepal depends on the lower travel time to source of contraceptives, one of the important elements of accessibility (UN, 1998). It is however not only dependent to travel time to source, since sterilization usually depends on people believes about its quality, another important element of accessibility. As observed in Field Survey (Pathak, 1996), there was a general saying that sterilization makes people weaker, therefore hard working couples should not go for sterilization.

### **1.3 Relevance of the Study**

There is a vast reservoir of literature on the demographic trends and analysis in Nepal. The issues raised in this research paper, however, are not adequately covered in the

available literature. Nepal's quest to achieve a higher level of socio-economic development and modernization has not only been painfully slow but often marred with ad-hocism and haphazardness. One of the main causes for this situation, as it has been pointed out in several research and studies, is the male dominance in our society. Several preliminary research and findings have pointed out that it is absolutely necessary to enhance men's conscious involvement in reproductive health to narrow the gender gap between men and women. This is one critical area where men should be made to realize that contraception is a joint responsibility and that they should be involved to promote family planning methods. If men accept sterilization or other methods, it would indicate that they have accepted the concept of "planned parenthood", and it enables a woman to raise fewer children well and to improve the family's quality of life. The study being undertaken is of special significance. It attempts to establish relationship between gender equity and family planning by examining male involvement in family planning. The study in particular strives to understand the family planning knowledge, attitude and practice among males.

#### **1.4 Objectives of the Study**

The objectives of the study is to understand the family planning knowledge, attitude and practices among males. More specifically, the study addresses the following issues:

- (1) To examine the knowledge of various family planning methods among men?
- (2) To study the level of male contraceptive use?
- (3) To identify the source of male contraceptives?
- (4) To study the men's attitude towards contraception?
- (5) To provide specific recommendations to policy makers?

#### **1.5 Limitation of Study**

In most of the cases socio-economic studies are not free from various limitations. This study is also not an exception to this phenomenon. The following are some of the critical limitations of the study.

### **1.5.1. Sample Area**

The sample population covered in this study comes from the rural areas of Parsa districts of Sakhuwa Prasauni VDC selected purposively. The villages and wards however were selected randomly, which consists of ward no. 1, 3, and 7. It is therefore, the results of this study can not be generalized for the nation as a whole.

### **1.5.2 Sample Size**

A total 105 married males aged 15-59 are taken in to account were interviewed administering a pre-structured questionnaire. These man were selected using a systematic random sample technique. All 105 males were interviewed using separate questionnaire. Despite this, the size of sample is even small to have a district level estimates.

## **1.6 Organization of the Chapter**

The study, has been divided into eight chapters. The first chapter contains the introduction to the study including the background, statement of the problem, relevance of the study objective of the study and limitation of the study.

The second chapter contains methods and materials used in the study including sample size, sample size determination, data analysis approach. The third chapter consists of the review of literature.

The fourth chapter includes the selected characteristics of the respondents. This chapter examines the background characteristics of the respondents and aids to understand the distribution of population according to their selected characteristics.

The fifth chapter examines the knowledge of contraception. The sixth chapter examines the use of male contraception. The seventh chapter examines the attitude towards contraception. The last chapter presents the summary, conclusions and recommendations.

## **Chapter 2**

### **METHODS AND MATERIALS**

This chapter focuses in detail on the methodology of this study. The preliminary section, which describes the methods and materials, is followed by the descriptions and explanations of the sample size, analytical approach and conceptual framework used to explain and examine the relationship between the variables of interest.

#### **2.1 Research Methodology**

One of the broad objectives of the study was to observe Family Planning Knowledge, Attitude and Practice Among Male's in adoption of family planning methods and investigate reasons for male's persistence. Therefore, a survey of a defined area was thought to be appropriate. Data for the study was basically collected from individuals exposed to the risk.

#### **2.2 Determination of Sample size**

There are various statistical techniques widely applied to determine the sample size of any quantitative study based on the required level of reliability, and validity. In primary descriptive studies that have been undertaken by, other researchers for similar purpose like the one proposed in this study, the sample size has generally been around 80. Keeping this point in mind, and the available resources and accessibility, 105 males were selected for interview to meet the objectives of this study.

A stratified random sampling was applied which included eighty (80) households and three hundred and ninety six (396) household members of different ethnic groups. A majority of the respondents belonged to the Hindu/Muslim religions. The sample size for the currently married male (15-59) was 105. Given the weight of the sample size.

### **2.3 Study Area**

The area of study is limited to the rural area of the Parsa districts: Sakhuwa Prasauni of Ward no. 1, 3 and 7 were selected as the sample area for this study.

### **2.4 Nature and Sources of Data**

Most of the data used in this study was of primary nature. The primary data was collected through structured questionnaire field-survey.

### **2.5 Techniques of Data Collection**

First of all, the research prepared a structured questionnaire in English. Several field visits were undertaken in the villages of Gulwariva, Prasauni and Shreepur of Parsa districts respectively. The information was collected on the basis of house-to-house and person-to-person interview with eligible respondents.

The questionnaire was prepared very carefully. to get the pertinent information relating to the subject matter. The questionnaire was designed in such a way that the respondents would least get irritated of the subject under study, which is related to family planning, a matter normally not discussed or talked about in the rural households and communities.

The designed questionnaire was segmented in to two sections. These were:

- ) Head of household and
- ) Married men of age 15-49 age groups.

Questions pertaining to the general household category of the questionnaire were put to the head of the household. A sustainable number of survey questions were put to the married men aged 15 to 59. The married men were interviewed with questions related to their knowledge, attitude and practice in family planning issues and methods.

## **2.6 Data Analysis Approach**

The preliminary, analysis of this study is base on the number distribution. This is followed by the bi-variate cross-tabulation analysis. The result of the bi-variate analysis is further examined by using simple statistics such as percentage and means. This part of the analysis helps examine the differentials and the interrelationship between variables of interest. Data was collected using different methods and analysed using descriptive statistical tools as well as quantitative presentations. The data was organized and analysed in various parts and chapters as per the requirements of the objectives. The data was organized and presented in appropriate tabular, forms and systematically described.



## **Chapter 3**

### **REVIEW OF LITERATURE**

The prime objective of this study as mentioned as chapter 1, section 1.4 is to examine the family planning knowledge attitudes and practices among males towards the use of contraceptives. As a methodology, a comprehensive and through review of most recent related literature is conducted in this chapter. It is expected that the review of literature will provide an idea or guidelines to attain the prime as well as specific objectives of the study.

#### **3.1 Literature Review**

Male involvement includes mens support of and commitment to concept of family planning, their willingness to use male method and their approval of contraceptive use by their partners (Bhatti et.al., 1996:2). Men generally approve of family planning according to Demographic Health survey and other surveys. The level of approval, however, varies from country to country by educational status (Drennan, 1998: 11).

With increased research and activities focusing on male's role and attitudes in Family Planning, men are now involved. Experts believe that the "Key bottleneck is in the side if providers not men". Two related themes need to be looked at: the use of so-called male method (Condom, vasectomy, withdrawal and periodic abstinence) and role of men as decision-makers. In most developing countries family planning is still relatively new concept, less than a generation old. It has been led by contraception on women, but now we can afford to politically and socially concentrate on men (Finger, 1992: 4-6).

In the context of Nepal, it has one of the lower contraceptive prevalence rates in Asia. Only 39 percent of currently married, non-pregnant women are using a family planning method at present. The use of male methods is also low, condom and vasectomy are currently used by only, 10 percent of couples in Nepal.

There are however, some encouraging signs of male involvement in family planning in Nepal, vasectomy represents 30 percent of the total number of sterilization in the country (MOH, 2002). This percentage of vasectomy caseload is significantly higher than most other developing countries in Asia. These findings point to the facts that many men in Nepal are already actively participating in family planning and suggest that social norms exist that support their participation in family planning,

Nearly half (47 percent) of men in the survey reported currently using some method of family planning With their partners, 10 percent reported having had a vasectomy, while 6 percent reported using condom (VaRG., 1999).

A study in 2001 conducted in-depth interviews with 22 men that attended 8 sterilization camps in various parts of Nepal. By understanding men's experiences with vasectomy, health professionals in Nepal can identify ways to improve services for men. The study found that men interviewed were generally pleased with having a vasectomy. 86 percent of men interviewed expressed relief and/or happiness about having had a sterilization operation, at various points during their accounts. However, this is not to say that all experiences were ideal. Nearly half of the men described feeling embarrassed or ashamed during parts of the camp experience. Men attributed their shame or embarrassment to the lack of privacy, and bodily exposure during the shaving process, while wearing of gowns, or during the operation (MOH, New ERA and ORC Macro, 2002).

There are substantial differences in the use of contraceptive methods among sub-groups of currently married men. Men in urban areas are more likely to use a family planning method than their rural counterparts, reflecting wider availability to easier access to methods in urban areas than in rural areas, as well as the fact that urban men are more likely to be educated than rural men. The contraceptive prevalence rate for any method is 66 percent in urban areas, compared with 47 percent in rural areas. The difference is largely due to more in the urban areas using modern contraception (59 percent) than in rural areas (42 percent) (MOH, New ERA and ORC Macro, 2002).

In the 2001 NDHS detailed information on use of condom was collected from men who had never used condoms and men who were currently using condoms. Among

men who have ever used condoms, only 2 percent first used condoms before age 16 and 8 percent first used condom at age 16-17. This proportion continues to increase with age to 14 percent using condoms for the first time at age 18-21. 19 percent using at age 22-24, and 21 percent using at age 25-29. First use of condoms among ever users is lower at older ages (above 29 years) than at younger ages (25-29). Only 3 percent of ever users have first used condoms at age 40 and above. Most men (94 percent) used condoms for the first time to avoid pregnancy. 6 percent 4 percent used condoms because their partner insisted. Most men who use condoms currently report use of condoms only sometimes during their partner's fertile days (MOH, New ERA and ORC Macro, 2002).

In a study done in Africa (Kenya and Zimbabwe), on couples reporting of contraceptive use as reported in the December 2000 issue of the International Family Planning Perspectives conducted that women's reports of contraceptives use receive greater corroboration on from their wives. The fact that women's reporting was more reflective of actuality than those coming from their husband's suggests that men tend to falsify information when not crosschecked. The study also substantiated the findings derived in a separate study "Estimates and Explanations of Gender Differentials in Contraceptive Prevalence Rates" undertaken by Ezech et. al (1997) reported that on average women were more likely to report use of the Pill, injectables and IUDs than their men in all the five countries that the data was analyzed for. The study pointed out that women make a more conscious effort to use contraceptives even when their husbands are not supportive of it. Such a finding has shown that quite a few women use contraceptives in a secret manner without the knowledge of their husbands or in laws.

Most male involvement initiative has focused three major areas, such as:-

- (1) Promotion of male contraception and safer sexual practice to prevent STIs and AIDS.
- (2) Establishment of male - only sexual health clinics or holdings separate clinic hours for males.
- (3) Treatment - seeking behaviour by men.

Till today, no major effort has been made to include, an essential partner, in reproductive health services. Besides, all innovative attempts have been mainly made to increase the use of contraceptives by females. Abundant information, education and communication (IEC) materials on FP, including condom and vasectomy are available for dissemination and use. But there are few materials that focus on men's responsibility.

Therefore, "The addition of male involvement components to family, planning programs is needed to promote men's right and responsibility", (IPPF, 1984: 13). It is also said that "Both as individuals and as part of a couple, men have a basic human right and responsibility to family planning education and services" (IPPF, 1984:11). In this way, as men's right and responsibility is concerned, "Male Involvement in Family Planning is imperative on the ground of encouraging male responsibility in sexual behaviour", (IPPF, 1984: 12), Also "Men have a right and responsibility to be involved in Family planning on emotional and psychological grounds" (IPPF, 1984: 12). It is obvious that "Men have a right and responsibility, to be involved in family planning in order to relieve the burden on the female partner as the sole contraceptive throughout her fertile life, particularly where the methods of contraception available to her may pose a threat to her physical well-being" (IPPF, 1984: 13).

## **Chapter 4**

### **SELECTED CHARACTERISTICS OF RESPONDENTS**

This chapter examines the selected background characteristics of the respondents covered in this study. The background characteristics of the respondents shown in this chapter help understand the distribution of the study population according to their selected characteristics. Furthermore, the results of this chapter will also help explaining the results of the analysis carried out in the subsequent chapters.

#### **4.1 Distribution of the Study Population by Selected Household Characteristics**

The purpose of this section is to provide a descriptive' summary of the demographic and socio-economic characteristics of the household. A household has been defined as a person or group of persons who live and eat together under the same roof

The analysis is so far is based on the household level information that is household population or household possessions. The analysis in the subsequent section focuses on the selected household of the population covered in this study. To obtain the different characteristics of the sample population, the respondent have been interviewed successfully about their household conditions including but not limited to land holding, possession of land holding and access to drinking water, electricity and toiled facilities.

The following table 4.1 shows the distribution of study population by their ward of residence. Out the 396 household population, 35.6 percent reside in ward no. 1, followed by ward no. 3 (22.0 percent) and ward no. 7 (42.4 percent). Most of the household population reside in ward no. 7 and least in ward no. 3.

Table 4.1 Distribution of sample household population by ward of residence in the study area

Ward	Percent	Frequency
1	35.6	141
3	22.0	87
7	42.4	168
Total	100.00	396

The below table 4.2 shows the distribution of study population by their age composition of household. Out of 396 household population 8.1 percent population in the age group 15-19. Similarly, 8.6 percent in 20-24 and 9.8 percent in 25-29. 8.6 percent in 30-34 age group and 9.3 percent in 35-39, 3.5 percent in 40-44, 4.3 percent in 45-49, 2.8 percent in age group 50-54 and 1.5 percent in 55 and above age group. Most of the household population covered in age group 25-29 and least in age group 55 and above.

Table 4.2 Distribution of sample household population by age composition in the study area

Age group	Percent	Frequency
0-4	11.6	46
5-9	17.9	71
10-14	13.9	55
15-19	8.1	32
20-24	8.6	34
25-29	9.8	39
30-34	8.6	34
35-39	9.3	37
40-44	3.5	14
45-49	4.3	17
50-54	2.8	11
55 and above	1.5	6
Total	100.00	396

The following Table 4.3 relates the land holding situation of the sample population. According to their land holding position, out of the total household, thirty five households translated to 43.8 percent owned bigha of land, twenty-two households or 27.5 percent owned land in Kattha, twenty-one households or 26.3 percent owned land in dhur and two households or 2.5 percent is unknown.

Table 4.3 Distribution of sample household by their landholding situation in the study area

Land holding situation	Percent	Frequency
Bigha	43.8	35
Kattha	27.5	22
Dhur	26.3	21
Unknown	2.5	2
Total	100.0	80

Table 4.4 shows the types of house of the sample population. Out of the total household population, 27.5 percent have Ardha-Pakki house and 72.5 percent have Kachhi house in this study area.

Table 4.4 Distribution of sample household having types of house in the study area

Types of house	Percent	Frequency
Ardha pakki	27.5	22
Kachhi	72.5	58
Total	100.00	80

Table 4.5 shows the distribution of sample household by toilet facility and source of drinking water. Among 80 households 1.3 percent have toilet in their house whereas 98.8 percent don't have toilet in their house. It indicates that majority of the households don't have toilet facilities. In case of sources of drinking water, all the households have Tubewell facilities.

Table 4.5 Distribution of sample household having toilet facility and source of drinking water in the study area

Having toilet	Percent	Frequency
Yes	1.3	1
No	98.7	79
Total	100.0	80
Source of Drinking water		
Tubewell	100.0	80

Table 4.6 shows the distribution of literacy status of sample households. According to their educational status, the sample population has been divided in to six groups. Children under age of four have not been interviewed that they are categorized as "Not applicable". The table shows that out of 396 persons 25.5 percent are illiterate, 1.0 percent attended school from only one class or less. 11.6 percent persons attended the school from one and two class, 18.2 percent persons attended the school from three to eight class, 10.4 percent persons attended from nine and ten class, 6.1percent Persons are SLC passed, 10.1 percent attended intermediate and above. The under aged population is 68, which is 17.1 percent of the total population.

Table 4.6 Distribution of sample household population by literacy status in the study area

Literacy status	Percent	Frequency
Illiterate	25.5	101
Only one class or less	1.0	4
One and two class	11.6	46
Three to eight class	18.2	72
Nine and ten class	10.4	41
SLC passed	6.1	24
Intermediate and above	10.1	40
Not applicable	17.1	68
Total	100.00	396



## 4.2 Distribution of the Study Population by Respondents Characteristics

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In all anthropological and social researches, demographic characteristics are the fundamentals through a specific group can be identified and labelled. Particularly in the area of social issues such as family planning and gender equity, demographic profile lends insights to the problem, opportunities and remedies.

The below table shows the sample population by, their ward of residence. Out of the total respondents 36.2 percent reside in ward no. 1, 27.6 percent reside in ward no. 3 and the remaining 36.2 percent hail from ward no. 7. Most of the sample population reside in ward no. 1 and 7.

Table 4.7 Distribution of sample household of ward of residence in the study area

Ward	Percent	Frequency
1	36.2	38
3	27.6	29
7	36.2	38
Total	100.00	105

Table 4.8 shows the eligible respondents aged 15-59 was interviewed. The eligible persons in age group 20-24 is 7.5 percent of the total population. Similarly 21.0 percent in age group 25-29, 18.1 percent in 30-34, 21.0 percent in age group 35-39, 9.5 percent in 40-44, 10.5 percent in 45-49 and 12.4 percent in 50 and above age group respectively.

Table 4.8 Distribution of eligible persons of respondents in the study area

Age group	Percent	Frequency,
20-24	7.5	8
25-29	21.0	22
30-34	18.1	19
35-39	21	22
40-44	9.5	10
45-49	10.5	11
50 and above	12.4	13
Total	100.0	105

Table 4.9 shows the sample population of respondents by religion. Out of the total (105) respondents Hindus are 84.8 percent and Muslim are 15.2 percent.

Table 4.9 Distribution of sample population of respondents by religion in the study area

Religion	Percent	Frequency
Hindus	84.8	89
Muslim	15.2	16
Total	100.00	105

Table 4.10 shows the sample population by their caste/ ethnicity. There are 105 respondents comprising of Tharu (27.6 percent), Yadav (14.3 percent) Muslim (15.2) Teli (6.7 percent) Chhetri (19.0 percent) in the sample population. Tharu population is high in this study area.

Table 4. 10 Distribution of sample population of respondents by caste/ethnicity, in the study area

Caste/ethnicity	Percent	Frequency
Tharu	27.6	29
Yadav	14.3	15
Muslim	15.2	16
Teli	6.7	7
Mushar	19.0	20
Dushadh	6.7	7
Chettri	10.5	11
Total	100.0	105

Table 4.11 shows the literacy status of respondents. According to their educational status, the sample population has been divided into four groups. The table shows that out of 105 respondents 34.3 percent are illiterate. 18.1 percent attended lower secondary, 15.2 percent persons attended secondary level, 14.3 percent are SLC passed and 34.2 percent attended intermediate and above respectively.

Table 4.11 Distribution of level of education of respondents in the study area

Level of education	Percent	Frequency.
Illiterate	34.2	36
Lower secondary	18.1	19
Secondary,	15.2	16
SLC passed	14.3	15
Intermediate and above	18.2	19
Total	100.0	105

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## Chapter 5

### **KNOWLEDGE OF CONTRACEPTIVE METHOD**

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This chapter begins with an appraisal of the knowledge of different contraceptive methods before moving on to a consideration of past and current prevalence. Special attention is focused on this chapter is knowledge of contraception, source of contraception and use of contraception. Although the main focus is on male, since male play an important role in the realization of reproductive goals.

#### **5.1 Knowledge of Contraception**

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Acquiring knowledge of contraceptive methods is an important pre-condition toward gaining access to and then using a suitable contraceptive method in a timely and effective manner. The ability, to name or recognize a family planning method is a nominal test of the respondents, knowledge and not a measure of how much they might know about the method. However, Knowledge of specific methods is a precursor to use.

Information of knowledge of contraception was collected by first asking' the respondent to name ways or methods by which a couple could delay or avoid pregnancy. If the respondent failed to mention a particular method spontaneously, the interviewer than described the method and asked whether the respondent recognized it. Eight modern family planning methods female and male sterilization, the pill, the IUD, injectables, implants, condom and vaginal methods (Foam/Jelly) were described as well as two methods categorized as traditional periodic abstinence and withdrawal.

Table 5.1 shows the percentage distribution of respondents who know any contraceptive method by specific method. Out of 105 respondents, 66.7 percent have knowledge of pill, followed by (100.0 percent) condom IUD (61.0 percent) Female. Sterilization (100.0 percent), Male Sterilization 85.7 percent Norplant 42.9 percent, Foam\Diaph\Jelly 18.1 percent, Periodic abstinence 16.2 percent and Breastfeeding 18.1 percent respectively. The knowledge of condom and female sterilization is more

popular methods. Particularly, pill, IUD and male sterilization seemed to be the most popular method than the other methods. The knowledge of condom and female sterilization should be increased as that of other methods. It is found that condom and female sterilization are quite useful in birth control. Therefore, to increase its knowledge, it is very essential to provide information about these methods to the people.

Table 5.1 Percentage Distribution of respondents who know any contraceptive method by specific method, in the study area (Percent only)

Method	Yes	No	Total
	Percent	Percent	
Pill	66.7	33.4	100.0
Condom	100.0	-	100.0
IUD	61.0	39.0	100.0
Female Sterilization	100.0	-	100.0
Male sterilization	85.7	14.3	100.0
Norplant	42.9	57.1	100.0
Foam/diaph/Jelly	18.1	82.0	100.0
Withdrawal	18.1	82.0	100.0
Periodic abstinence	16.2	83.9	100.0
Breast feeding	18.1	82.0	100.0

) Percentage may exceed or below hundred due to multiple response

Table 5.2 shows the percentage distribution of respondents who know specific contraceptive method by age-group. The below table shows that the knowledge of pill (84.2 percent) is high in the age group 30-34 whereas the knowledge is very low in age groups 20-24. In this way, the knowledge of condom is universal in all age groups. However, the knowledge of IUD (86.4 percent is high in age group 25-29 but it is low in the age group 20-24, 37.5 percent. The knowledge on female sterilization and universal for all the age groups. Knowledge on male sterilization is universal for the age groups 25-29 and 30-34 respectively, similarly, the knowledge on male

sterilization is higher for other remaining age groups except 45-49. The knowledge on norplant 63.6 percent is high in the age groups 20-24 but it is low in age groups 45-49 (9.1 percent), withdrawal and periodic abstinence is (50.0 percent and 75.0 percent) high in age-groups 20-24. Knowledge of breastfeeding method is 50 percent in age group 20-24.

Table 5.2 Percentage distribution of respondents who know specific contraceptive method by age-group In the study area (Percent only)

Knowledge of contraception	20-24	25-29	30-34	35-39	40-44	45-59	50 and above	Total
Pill	75.0	68.2	84.2	59.2	80.0	72.7	30.8	100.0
Condom	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
IUD	37.5	86.4	84.2	59.1	60.0	63.6	-	100.0
F. Sterilization	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
M. Sterilization	75.0	100.0	100.0	95.5	80.0	54.5	61.5	100.0
Norplant	37.5	63.6	52.6	36.4	30.0	45.5	15.4	100.0
Foam/diaph/jelly	62.5	18.2	21.1	13.6	20.0	9.1	-	100.0
Withdrawal	50.0	22.7	21.1	13.6	20.0	9.1	-	100.0
Periodic abstinence	75.0	22.7	21.1	9.1	-	-	-	100.0
Breastfeeding	50.0	22.7	26.3	18.2	20.0	-	-	100.0
N = 105								

\* Percentage may exceed or below hundred due to multiple response.

Table 5.3 shows the percentage distribution of respondents who know contraceptive method by caste/ethnicity. The below table shows that the knowledge of pill (91.0 percent) is high in Chettri but it is low in Muslim (i.e., 31.3 percent). Similarly tharu (89.6 percent), Yadav (80.0 percent), Teli (85.7 percent) and Dushadh (85.7 percent) respectively. The knowledge of condom and female sterilization is universal in all caste/ethnicity Similarly, the knowledge of Norplant (85.7 percent) is high in dushadh, but it is low in Muslim (18.8 percent) caste/ethnicity. The knowledge of Male sterilization is universal is for Chettri, Teli and Dushadh.

Table 5.3 Percentage distribution of respondents who know specific contraceptive method by caste/ethnicity in the study area (yes in percent only)

Knowledge of contraception	Caste/Ethnicity							Total
	Tharu	Yadav	Muslim	Teli	Mushar	Dushadh	Chettri	
Pill	89.6	80.0	31.3	85.7	25.0	85.7	91.0	100.0
Condom	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
IUD	82.8	40.0	18.8	71.5	45.0	85.7	100.0	100.0
F.Sterilization	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
M. Sterilization	86.2	86.7	62.5	100.0	85.0	100.0	100.0	100.0
Norplant	58.6	46.7	18.8	57.2	-	85.7	72.7	100.0
Foam/diaph/jelly	17.3	20.0	12.5	14.3	-	28.6	54.5	100.0
Withdrawal	13.8	26.7	12.5	14.3	-	28.6	54.5	100.0
Periodic abstinence	13.8	13.3	12.5	14.3	-	28.6	54.5	100.0
Breastfeeding	24.1	13.3	12.5	14.3	-	14.3	54.5	100.0
N = 105								

\* Percentage may exceed or below hundred due to multiple response.

Table 5.4 shows the percentage distribution of respondents where they get information on Family Planning. Out of 105 respondents, 85.7 percent heard contraceptive methods by radio, followed by television (59.0 percent) newspaper (56.1 percent) and friends (69.2 percent) The study, shows that friends and radio are the most effective source for FP exposure.

Table 5.4 Percentage Distribution of respondents where they get the information on Family planning in the study area (in percent only)

Source	Percent	Frequency
Radio	85.7	90
Television	59.0	62
Newspaper	56.1	59
N=105		

## 5.2 Knowledge of Condom

This section examine the knowledge of condom of respondents. Condom is one of the most popular method of family planning, this method is appropriate for child spacing, unwanted pregnancies, HIV/AIDS and STDs.

Table 5.5 shows the percentage distribution of respondents have knowledge on condom. It shows that the knowledge of condom is universal.

Table 5.5 Percentage distribution of respondents who know condom in the study area

Knowledge of condom	Percent	Frequency
Yes	100.0	105
No	-	-
Total	100.0	105

Table 5.6 shows the percentage distribution of respondents who have knowledge of condom by age. It clearly shows that the knowledge of condom is universal in all ages.



Table 5.6 Percentage distribution of respondents who know condom by age in the study area

Age group	Knowledge of condom	
	Percent	Frequency
20-24	100.0	8
25-29	100.0	22
30-34	100.0	19
35-39	100.0	22
40-44	100.0	10
45-49	100.0	11
50 and above	100.0	13
Total	100.0	105

\* Percentage may exceed or below hundred due to multiple respondents

Table 5.7 shows the percentage distribution of respondents who have knowledge of condom by caste/ethnicity. It shows that the knowledge of condom is universal in all caste/ethnicity.

Table 5.7 Percentage distribution of respondents who know condom by caste/ethnicity in the study area

Caste/ethnicity	Percent	Frequency
Tharu	100.0	29
Yadav	100.0	15
Muslim	100.0	16
Teli	100.0	7
Mushar	100.0	20
Dushadh	100.0	7
Chettri	100.0	11
Total	100.0	105

\* Percentage may exceed or below hundred due to multiple response.

Table 5.8 shows the percentage distribution of respondents who have knowledge of condom by level of education. Higher educational attainment is positively correlated with knowledge of condoms. The knowledge of condom is higher for those respondents who have completed intermediate and above (27.5 percent) followed by SLC passed (21.7 percent), secondary (23.3 percent) and lower secondary (27.5 percent) respectively.

Table 5.8 Percentage distribution of respondents who know condoms by level of education in the study area

Level of education	Knowledge of condom	
	Percent	Frequency
Lower Secondary	27.5	19
Secondary	23.3	16
SLC passed	21.7	15
Intermediate and above	27.5	19
Total	100.0	69

### 5.3 Knowledge of Male Sterilization

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Male sterilization is one of the permanent family planning methods for men. In Nepal, sterilization is low practicing, but it is complete family planning method to avoid pregnancy.

Table 5.9 shows the knowledge of male sterilization among respondents. Out of 105 respondents 85.7 percent respondents have knowledged about male sterilization but 14.3 percent have no knowledge about it. It means more than 90 percent have knowledge about male sterilization in this study.

Table 5.9 Percentage distribution of respondents who know male sterilization in the study area

Knowledge of condom	Percent	Frequency
Yes	85.7	90
No	14.3	15
Total	100.0	105

Table 5.10 shows the percentage distribution of respondents who have knowledge of male sterilization by age group in the study area. Knowledge of male sterilization is universal in the age-groups 25-29 and 30-34 followed by (54.5 percent) age group 45-49 (61.5 percent), age group 50 and above (61.5 percent), (75.0 percent) age- group 20-24, age group 40-44 (80 percent) and age-group 35-39 (95.5 percent) respectively.

Table 5.10 Percentage distribution of respondents who know male sterilization by age group in the study area (Yes only)

Age group	Knowledge of condom	
	Percent	Frequency
20-24	75.0	6
25-29	100.0	22
30-34	100.0	19
35-39	95.5	21
40-44	80.0	8
45-49	54.5	6
50 and above	61.5	8
Total	100.0	90

Table 5.11 shows the percentage distribution of respondents who have knowledge of male sterilization by caste/ethnicity. The knowledge of male sterilization is universal for Dushadh and Chettri. Likewise 93 percent of Tharu have knowledge on male sterilization followed by 86.7 percent of Yadav, 85.7 percent of Teli, 75.0 percent of Mushar and 68.8 percent of Muslim have knowledge on it.

Table 5.11 Percentage distribution of respondents who know male sterilization by caste/ethnicity in the study area (yes only)

Caste/ethnicity	Percent	Frequency
Tharu	93.1	27
Yadav	86.7	13
Muslim	68.8	11
Teli	85.7	6
Mushar	75.0	15
Dushadh	100.0	7
Chettri	100.0	11
Total	100.0	90

## Chapter 6

### USE OF CONTRACEPTION

This chapter examines the use of contraception according to the selected characteristics of the individual respondents. The analysis is focused on the perception of the male only. The respondents also reported positively about the knowledge of family planning method (spontaneous or probed) were asked whether they had current relied of any particular method of contraception.

#### 6.1 Currently Using Contraceptive to Avoid Pregnancy of Respondents

Table 6.1 shows the percentage distribution of currently\_using contraceptive to avoid pregnancy of respondents. Current use of contraception is defined as the proportion of women and men who reported they were using a family planning method at the time of interview. The level of current use is the most widely used and valuable measure of the success of family planning programs. The below table shows that 79.0 percent respondents currently using method to avoid pregnancy. Those who have currently using family planning method, 8.7 percent using female sterilization, 15.7 percent using injectables and 76.0 percent using condom respectively. The study shows that condom is highly preferred method to avoid pregnancy.

Table 6.1 Percentage distribution of currently using contraceptive and specific method to avoid pregnancy of respondents (percent only)

Currently using method	Percent	Frequency
Yes	79.0	83
No	21.0	22
Total	100.0	105
Female sterilization	8.4	7
Injectables	15.7	13
Condom	76.0	63
Total	100.0	83

Table 6.2 shows the percentage distribution of respondents who are currently using family planning method by age group. The below table shows that 46.2 percent of respondents using injectables in age group 20-24 and only 3.2 percent using condom. The use of female sterilization in the early and old age found to be the lowest. However, only 35-39 age groups used this method. The use of injectable is consider only 30-34 age groups (23.0 percent), whereas condom used all the age groups. The use of condom is high in age groups 25-29 (27.0 percent).

Table 6.2 Percentage distribution of respondents who are currently using contraceptive method by, age group in the study area (yes only in percent)

Age group	Currently using method		
	Female sterilization	Injectables	Condom
20-24	-	46.2	3.2
25-29	-	30.8	27.0
30-34	-	23.0	25.4
35-39	42.8	-	23.8
40-44	28.6	-	11.1
45-49	28.6	-	6.3
50 and above	-	-	3.2
Total	100.0	100.0	100.0

## 6.2 Use of Condom

This chapter examines the use of condom of respondents. The examination is based on the response of the male by administrating separate set of pre-structured questions of male.

Table 6.3 shows the distribution of used of condom of respondents. Out of 105 respondents 60.0 percent are currently using condom and 40.0 percent are not using it.

Table 6.3 Percentage Distribution of respondents who are currently using condom in the study area

Used condom	Percent	Frequency
Yes	60.0	63
No	40.0	42
Total	100.0	105

Table 6.4 shows the distribution of respondents who use condom by- recent sources. All current users of modern methods of family planning were asked to report the most recent source of condom. The below table shows that those who used condom, 66.7 percent male obtain condom from health post and 33.3 percent obtain it from government hospital/clinic.

Table 6.4 Percentage distribution of respondents who use condom by recent sources in the study area

Usually obtain condom	Percent	Frequency
Health post	66.7	42
Govt. Hospital/Clinic	33.3	21
Total	100.0	63

Table 6.5 shows the distribution of respondents who use condom by age-group. The use of condom is highest for age-group 25-29 (i.e. 82 percent) followed by 30-34 (69.9 percent), 35-39 (68.0 percent), 20-24 (63.0 percent). It indicates that, the used of condom is high in early age than older age.

Table 6.5 Percentage distribution of respondents who use condom by age group in the study area

Age group	Used condom	
	Percent	Frequency
20-24	62.5	5
25-29	81.8	18
30-34	68.4	13
35-39	68.1	15
40-44	40.0	4
45-49	45.5	5
50 and above	23.1	3
Total	100.0	63

Table 6.6 shows the percentage distribution of respondents who use condom by caste/ethnicity. The below table shows that 86.2 percent used condom in Tharu caste, Similarly, 100.0 percent used condom in Yadav caste- The percent of Yadav, Teli and Chettri (100.0 percent) is high compared with Tharu and Dushadh (86.2 percent and 71.4 percent) respectively. Muslim and Mushar are not used condom in this study.

Table 6.6 Percentage distribution of respondents who use condom by caste/ethnicity in the study area

Caste/ethnicity	Used condom	
	Percent	Frequency
Tharu	86.2	25
Yadav	100.0	15
Muslim	-	-
Teli	100.0	7
Mushar	-	-
Dushadh	71.4	5
Chettri	100.0	11
Total	100.0	63



Table 6.7 shows the percentage distribution of respondents who used condom at first time by age. Among men who have used condoms, only 12.7 percent. First used condoms at age 20-24. This proportion continues to increase with age to 39.7 percent. Using condoms for the first time in age 23-24, 27.0 percent using at age 25-26 and 20.6 percent using at age 27 and above. First use of condoms among early ages have higher than older ages.

Table 6.7 Percentage distribution of respondents who used condom at first time by age in the study area

Age of using condom	Percent	Frequency
20-22	12.7	8
23-24	39.7	25
25-26	27.0	17
27 and above	20.6	13
Total	100.0	63

Table 6.8 shows the distribution of respondents of times of use condom. The below table shows that 39.7 percent of the respondents used condom at every times and 60.3 percent used condom at sometimes.

Table 6.8 Percentage distribution of respondents of times of use condom in the study area

Times of use	Percent	Frequency
Every time	39.7	25
Sometime	60.3	38
Total	100.0	63

The below table shows that 90.5 percent of men used condom during their partner's fertile days but 9.5 percent men used condom during their partner's menstruation. Most of the men who use condoms currently report use of condoms during their partner's fertile days.

Table 6.9 Percentage distribution of respondents of when use condom in the study area

When use condom	Percent	Frequency
On partner's fertile days	90.5	57
During partner menstruation	9.5	6
Total	100.0	63

Table 6.10 shows the distribution of respondents who do not agree with various statements about condom. Those who used condom, 15.9 percent says condom reduce pleasure and 12.6 percent says difficult to dispose of and wife/partner does not like. 11.1 percent says condom broke and 9.5 percent says spoil the mood. The study shows that 15.9 percent says condom reduce pleasure which is high percentage of the study.

Table 6.10 Percentage distribution of respondents who do not agree with various statements about condom in the study area

Experienced problem	Percent	Frequency
Too expensive	-	-
Embarrassing to buy	7.9	5
Difficult to dispose of	12.6	8
Difficult to put on/take off	11.1	7
Spoil the mood	9.5	6
Reduce pleasure	15.9	10
Wife/partner got pregnant	11.1	7
Wife/partner does not like	12.6	8
Inconvenient to use/messy	7.9	5
Condom broke	11.1	7
Total	100.0	63

### 6.3 Use of Male Sterilization

This section examines the used of male sterilization. The examination is based on the response of the male collected by administrating separate set of questions of male only.

Table 6.11 shows the distribution of respondents who are gelling sterilized of respondents. The study shows that non of the respondents have getting sterilized.

Table 6.11 Percentage distribution of getting sterilized of respondents

Getting Sterilized	Percent	Frequency
Yes	-	-
No	100.0	105
Total	100.0	105

Table 6.12 shows the distribution of respondents who are not getting male sterilization Out of 105 respondents 75.2 percent not getting sterilized due to against religion and 73.3 percent says operation not safe. Similarly, 84.7 percent says operation is bad's for man health; 55.5 percent says less intrusive ways available, 36.0 percent says may want another child in future, 14.2 percent says that may re-marry someday, 82.8 percent says loss of wages and 59.0 percent say's loss of sexual function. The study shows that, 84.7 percent male says that operation is bad's for man health which is high percentage in this study and 82.8 percent male says due to operation loss of ways.

Table 6.12 Percentage distribution of respondents who are not getting male sterilization in the study area

Reason	Percent	Frequency
Against religion	75.2	79
Operation not safe	73.3	77
Bad's for man health	84.7	89
Less intrusive way available	55.5	53
May want another child	36.0	40
May-remarry someday	14.2	15
Loss of wages	82.8	87
Loss of sexual function	59.0	62
N = 105		

\* Percentage may exceed or below hundred due to multiple response.

## **Chapter 7**

### **ATTITUDE TOWARDS CONTRACEPTION**

#### **7.1 Attitude Towards Contraception**

The study area included several questions in the male survey. Men's attitudes towards family planning and specific methods are also important in formulating educational activities geared toward addressing some of their misconceptions and fears.

To get a sense of their attitudes towards contraception in general, men were asked for their opinion on a number of questions pertaining to contraception and its use. The table 7.1 shows that out of 105 respondents (83 percent) ever married men disagree that contraception is a women's business, or that a women should be the one to get sterilized since she is the one who gets pregnant (77.1 percent). More than 53.3 percent of men also disagree that a women has no right to tell a man to use a condom or that women who are sterilized (51.4 percent) may become promiscuous. When asked specific questions about condom use, most men are knowledgeable about their use. 84.7 percent disagree that a condom can be reused, and 66.7 percent believe that a condom protects against diseases. At the same time, 71.4 percent of men agree that being sterilized for a man is the same as being castrated, which could be indicative of why male sterilization is not a more popular method of contraception in Nepal. Two in five men also believe that condom reduce a men's pleasure and that a condom is very inconvenient to use.

Table 7.1 Percentage distribution of respondents whether they agree, disagree with various statements about contraception in the study area (percent only)

Statement	Agree	Disagree	Don't know	Total
Condom reduce man's pleasure	78.1	7.6	14.3	100.0
A condom is very inconvenient to use	73.3	19.3	8.6	100.0
A condom can be re-used	-	84.7	15.3	100.0
A condom protects against disease	66.7	-	32.3	100.0
A women has no right to tell man to use condom	33.3	53.3	13.4	100.0
Contraception is a women's business and a man should not have to worry about it	11.4	83.8	4.7	100.0
Women who are sterilized may become promiscuous	35.3	51.4	13.3	100.0
Being sterilized for the man's the same as castration	71.4	23.8	4.8	100.0
A women is the one who gets pregnant, so she should not be the one to go to sterilized	17.1	77.2	5.7	100.0

\* Percentage may exceed or below hundred due to multiple response.

Table 7.2 shows the various statements about decision of contraception. Out of 105 respondents 75.2 percent of respondents agree by use family planning should be decided by interaction between spouses. Only 62.8 percent agree about male should decide and 45.7 percent about female should decide. 81.0 percent disagree about it should be decided by health workers. Only 6.7 percent says it should be decided by other family members

Table 7.2 Percentage distribution of respondents whether they agree, disagree with various statements about decision of contraception in the study area (percent only)

Statement	Agree	Disagree	Don't know	Total
Use FP should be decided by interaction between spouses	75.2	4.8	20.0	100.0
Male should decide	62.8	28.6	8.6	100.0
Female should decide	45.7	33.3	21.0	100.0
It should be decided by health workers	7.6	81.0	11.4	100.0
Other family members should decide	6.7	80.0	13.3	100.0

\* Percentage may exceed or below hundred due to multiple response.

Table 7.3 shows that in family planning, sterilization more important than women. Out of 105 respondents, 30.5 percent says sterilization more important than women but 69.5 percent says it is not important than women.

Table 7.3 Percentage distribution of respondents of FP, sterilization more important than women

Sterilization more important than women	Percent	Frequency
Yes	30.5	32
No	69.5	73
Total	100.0	105

## Chapter 8

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The study has analyzed the data on the different variable of male involvement in family planning. Using the data gathered from 3 ward of Parsa district. The ward were purposively selected although the selection of the villages and the respondents were based random sampling technique. The data collection was done through interview of the married male of the sampled 105 married male of reproductive age in the study area. The analysis is broadly based on one way and cross tabular two way tabulation where percentage and frequencies are used to summarize and interpret the results. The specific objective of this study were:

- ) To examine the level of knowledge of various family planning methods among men.
- ) To study the level of male contraceptive use.
- ) To identify the source of male contraceptives.
- ) To study the men's attitude towards contraception.

#### 8.1 Summary and Major Findings

The major findings from the research study are listed as follows:

- ) The knowledge of condom and female sterilization is (100%) high.
- ) Most male get information of contraception (96.2%) by friends and (85.7%) in radio.
- ) The knowledge of condom and female sterilization (100%) high in all age groups.
- ) The knowledge of condom and female sterilization (100.0%) high in all caste/ethnicity.
- ) The knowledge of pill is high in Chettri (91.0%) followed by (89.0%) in Tharu.
- ) The knowledge of condom is (100.0%) in all respondents.



- J The knowledge of condom is (100.0%) in all caste/ethnicity and level of education.
- J Out of total respondents 85.7% have knowledge about male sterilization.
- J In relation to other age group (100.0%) knowledge of male sterilization in age-group 25-29 and 30-34.
- J In relation to other age group (100.0%) knowledge of male sterilization in age group 25-29 and 30-34.
- J In relation to other caste/ethnicity, Chettri have the highest knowledge of male sterilization (100.0%) followed by (68.8%) in Muslim.
- J The level of currently use of male sterilization is (79.0%) whereas condom is (76.0%) used in other family planning methods.
- J The current use of female sterilization (42.8%) used in age group 35-39, followed by injectable (46.2%) and condom is 25.4% in age group 30-34.
- J Out of the total respondents, only (60.0%) use condom.
- J Most respondents obtain condom (66.7%) in health post.
- J Those who have used condom, only (81.8%) used condom in age group 25-29 and (100.0%) used condom in Chettri caste.
- J First time use of condom is highest (39.7%) in age 23-24 followed by (12.7%) in age 20-22.
- J Only (39.7%) respondents used condom in every time followed by (60.3%) are used sometimes.
- J Those who have used condom (15.9%) experienced that condom reduce man's pleasure followed by (7.9%) say embarrassing to buy and inconvenient to use. (9.5%) say spoil the mood.
- J Those who have used condom (90.5%) have using condom on partner's fertile days.
- J The study shows that nobody have getting sterilized.
- J (84.7%) respondent says sterilization is bad for man's health, (82.8%) say 7 loss of wages and (75.2%) say against religion.
- J More than (78.1%) respondents say condom reduce man's pleasure followed by (7.6%) disagree and (14.3 %) have don't know about that statement.
- J (33.3%) male agree that a women has no right to tell a man to use condom.
- J (71.4%) male agree that being sterilized for the man's the same as castration.

- J (75.2%) male agree that use FP should be decided by, interaction between spouses followed by (4.8%) disagree about it.
- J (62.8%) male agree that it should be decided by male followed by 28.6% disagree about it.
- J (30.5%) males believe that sterilization more important than women followed by (69.5) don't believe.

## 8.2 Conclusions

The research indicates that an overwhelming number of men carrying the burden vis-a-vis using family, planning contraceptives. More than (79.0%) male using contraceptive, almost all of the male reported that they have heard of family planning methods. However, all of the respondents reported that they have knowledge about condom.

This study attempted to capture the behavioural aspects of using contraceptives in respect to various factors including level of education cultural affiliation etc.

In respect of male education, the study reveals some interesting prints. As expected, male involvement was very low except condom (100.0%). Due to health facilities and NGO's or INGO's the knowledge of contraception is increasing day by day but the use of contraception is low. In respect to male education the study, indicates an all together a different situation. Male formal education or lack of does not seem to be have a direct effect on male involvement in use of family planning contraceptives.

The study thus shows that the use of contraceptives for spacing is still an alien concept. Most of the acceptors (79.0%) were using family planning methods to stop childbearing.

In general, the knowledge of male sterilization is (100.0%) high but no one could get sterilized, because they say:-

"It has become a custom that only women under go sterilization. Now, if I getting sterilized, people will laugh at me".

According to this study, the use of male family planning method is increasing slowly. Among male method condom is gaining more popularity than others' method.

The main reason for lower use of male modern family planning method in rural area is may be because of the lack of knowledge and source of male family planning. Also the use of male family planning method is likely to be higher among literate male than illiterate because education may play a vital role in enhancing to involve male in family planning.

### **8.3 Recommendations**

- ) This study clearly shows that involvement of male in family planning in the study district is very low. The concerned authority in order to improve the status of male involvement in family planning needs a rigorous additional effort is clearly evident. Thus this study recommends in adopting proper measured motivating males to go for family planning. involvement the sterilization methods.
- ) The study on knowledge attitude and practice of male involvement in family planning method shows that the knowledge of male family planning method has not increased as expected because there is still a need of knowledge and information about male family planning methods.
- ) The source of male family planning method has not been increased -faster. However, government can promote greater male involvement in family planning by encouraging private sector initiatives, such as condom sales. The role of NGO's is also as important as government agencies in the area of encouraging male family planning program.
- ) Interest in male involvement program is growing and there is increasing evidence that such program can be effective in increasing contraceptive use.

However, there is still some restriction in the use of male family planning methods for example, many male do not use contraception because of fear of side effects and other reasons. In such condition, government can promote greater male involvement program in family planning by removing such erroneous belief. As recognized in ICPD 1994, male involvement in family planning is one of the prime concerns in the matter of family building, (ICPD, 1994. cited in Pathak et. al, 53).

- ) Results of the study shows that male are less likely to approve of family planning method. The main reason for this is may be because of the lack of information, education and communication (IEC) program. In this govern must promote gender male involvement in family planning by supporting IEC interventions that encourage male involvement in family planning and communication partner in the use of family planning methods.
- ) More specifically men's willingness to use contraceptives should be promoted by providing them with adequate, appropriate and explanatory information about them.

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