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Knowledge, Attitude, and Practice of Family Planning among Currently Married PAHARI Cast Women in Nepal (*A Case Study of Panauti-10, Khopasi, Kavre District*)

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Abstract: Family planning contributes to improving health and ensuring access to adequate food, clothing, housing, and educational opportunities for people. This study simply tried to analyze the “Knowledge,

Attitude and Practice of family planning among PAHARI cast women” with respect to socio-economic condition of the sample size of the population in the study area. The study found that knowledge of at least one modern method of family planning is almost universal among currently married PAHARI cast women. This study found more than 98 percent PAHARI has knowledge of at least one family planning method but the users are only 62.7 per cent of any method and the modern method family planning users are only 60 per cent. These finding figures clear the low-use patterns of family planning devices in the study population of the study area.

Key Keywords: *Knowledge; Contraception; Married women; Familiar, Wellbeing*

Introduction

Nepal is a small, landlocked, mountainous republic country on the south slope of the Great Himalaya. The country is roughly rectangular in shape, parallel to the Himalayan axis, and measures 880 kilometers from east to west and 140 kilometers from north to south on average. The Tibetan Autonomous Region of the People's Republic of China borders it to the north and India to the east, south, and west (Invest Nepal, 2015). Nepal is a predominantly agricultural nation where more than 66 per cent of the people are engaged in the agriculture field (NIT, 2022). The population of about 29.19 million is growing at the rate of 0.93 per cent per year (CBS, 2022).

Nepal is familiar with the characteristics of multi-lingual, multi-religious, and multi-cast/ethnic society. Poverty, unemployment, and rapid population growth are the major problems of this country. According to the 2011 population census, there are one hundred and twenty-five identified cast, 123 Language Speakers, and 10 religious' groups of people (CBS, 2014). The literacy rate of this country is poor. Most of the lower cast and ethnic groups of people are deprived from educational opportunities due to the cause of poverty and unemployment. Not only education the awareness level is also poor among these lower cast people. They do have not access to information and communication channel (ILO, 2005).

Although there are limited resources for products and services in Nepal, the rate of population growth is still high. In order to improve the standard of living of the population while lowering the country's population growth rate to the level of replacement, the government of Nepal has placed significant attention on the family planning program (MOHP, 2015). Family planning benefits the health and well-being of women, children, families, and communities and is a key component of sexual and reproductive health services. It is essential that women and men have access to family planning information and services that enable them to choose freely the number and spacing of their children (WHO, 1997). Family planning also contributes to improving children's health and ensuring 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. Family planning thus not only improves the health and well-being of women and children, but it also supports achieving a sustainable goal for the population. More fundamentally, family planning can reduce a great number of women who die of complications due to pregnancy, childbearing, or unsafe abortion (Sensoy, N. and others, 2018).

Family planning is a preventive strategy with a social and family component, a means of fostering optimal human development, and an intervention that yields significant improvements in women's health and well-being. The projected 25–40 per cent maternal mortality rate could be reduced, abortion rates could be lowered, and women's and children's health could be improved if people were only allowed to have the number of children, they want at the times they chose (WHO, 1995).

In Nepal, the practice of family planning being in the late 1950s through non-governmental sectors. The family planning Association of Nepal was established in

1959. Its service was included only for information and education within Kathmandu valley, later; government-supported family planning services started, at the beginning of 1968 (FPAN, 2022). A huge network from central to the village including both governmental and non-governmental organizations (NGOs), has been set up to provide family planning services in the country. A large amount of foreign aid from USAID, WHO, etc. has been channeled into this sector to promote the adoption of family planning methods.

In Nepal, the use of contraception is essentially widespread, with almost all women and men familiar with at least one technique. Injectable (99%), female sterilization (98%), male condoms (96%), and the pill (93%), are the most well-known methods among women; among men, the male condom (100%), female sterilization (95%), and male sterilization (94%) are the most well-known methods. Only 36 per cent of women and 55 per cent of men have heard of emergency contraception, and 25 per cent of women and 15 per cent of men have heard of the lactational amenorrhea technique (LAM), indicating that both topics are not well-known. The contraceptive prevalence rate (CPR) among currently married women aged 15-49 is 53 per cent, with 43 per cent using modern methods. Female sterilization (15%), followed by injectable (9%), male sterilization (6%), the pill (5%), male condoms (4%), implants (3%), and IUDs (1%), is the most popular procedure among married women. Only one per cent of currently married women actually use IUDs, despite the fact that 86 per cent of married women and 82 per cent of married men had heard of them (MoHS, New ERA, & The DHS Program ICF 2017).

This study is basically depending on a definite cast group, which is PAHARI. The PAHARI cast is one of the endangered and backward hilly casts of Nepal. The Pahari people of Nepal, whose native language is Pahari, live in the central hill areas of Nepal. The largest Pahari populations are found in the hilly areas of Central Lalitpur and Central/Northeast Kavre district. Some settlements can be found in the lower regions of the Rautahat and Makwanpur districts. According to the 2011 census, the total population of Pahari is only 13,615 which was 11,505 in the 2001 census at all over the country. Most of the PAHARI are Hindus (12414 persons i.e., 91.2%). The socio-economic status of this cast is very poor. Large numbers of people are illiterate in Pahari community. There are only 53.11 per cent are literate at the national level (CBS, 2014). Most Pahari is unaware of modern technology. The main occupation of this cast is agriculture, laboring, and pottering.

This study simply tried to focus on identifying the “Knowledge, Attitude and Practice of family planning among PAHARI cast women” of the study area. Thus, it specifically tries to analyze the “Knowledge, Attitude and Practice of family planning among PAHARI cast women” with respect to the socio-economic condition of the sample size of the population in the study area.

This study fills the gap of research in this area on the basis of information collected from the respondents of this area, the present study will attempt to answer the following research question.

- What is the socio-economic condition of PAHARI cast in Nepal?
- What is the Knowledge attitude and practice of Family Planning on this PAHARI cast of currently married women?
- What is the participation of males in family planning among the PAHARI cast?

This study is intended to collect and then provide the existing basic information related to the knowledge, attitude, and practice of family planning methods among the PAHARI cast currently married women. It has been called that the Socio-economic, health and educational status of this cast is poor. The majority of the PAHARI women are deprived of health, educational and occupational opportunities. The decision-making power of women in this cast is also poor. Nepal government has advocated policies to increase the living standard of Nepalese people providing by education and health facility. The government’s target is to reduce the growth rate of the population and increase the number of contraceptive users. On the basis of this ground the main objectives of this study are as follows.

- To identify the socio-economic and demographic status of the PAHARI cast.
- To find out the Knowledge, Attitude, and practice of family planning among PAHARI cast currently married women.
- To find out the participation of males in family planning among the PAHARI cast.

Methodology

The research is a case study of Kavre districts of Panauti Municipality-10 of the Khopasi sector based on the currently married PAHARI cast female population in the age group 15-49 years of this study area. The data were collected from individual interviews of field surveys.

Based on primary data, this study's focus is on reproductive-aged women who are currently married and between the ages of 15 and 49. Primary information was collected from field surveys through face-to-face interviews with the respondent on the basis of a structured questionnaire. To get specific data regarding "Knowledge, Attitude, and Practice of Family Planning," individual questionnaires are used. All members of the sample population were asked questions. The questionnaire tool was designed accordingly to meet the objectives of this study. Before its development, an in-depth search of related articles and relevant materials was conducted. A questionnaire was developed by adopting relevant questions from various sources. To ensure the reliability of the questionnaire, it was translated into Nepali and back-translated into English. The sample size is taken by using the probability-sampling method. The frame for selecting the sample for the study was the corresponding number of households from the voting list of Kavre districts of the related areas of the required sample size selected by systematic sampling method from the voting list of related areas. The sample size of the study is fixed at 110 households from the Panauti-10 Khopasi area, which number is more than 40 percent of households of the total PAHARI cast of Panauti municipalities. From each selected household only one currently married woman in the age group 15-49 is taken as a respondent.

Data are edited and post-coding after the field visit by the researchers. Every completed questionnaire was checked at the end of the day to ensure its consistency and completeness. Coding of all of the variables was done to facilitate the data entry process. The data were analyzed using SPSS V.16. Categorical variables were presented either as numbers or percentages distribution.

Findings

Socio-economic and Demographic Characteristics of Study Population

Table 1 shows the age distribution of the study population. The highest 20.9 per cent of respondents are at aged group 20-24 years and the lowest 6.4 per cent are in at age group 45-49 years. Similarly, the same table data shows the distribution of age at the first marriage of respondents. The highest percentage (51.8%) of the study population women were married in the age group 15-19 years. This figure clears that there is early marriage practice in the Pahari cast. Among the study population the lowest (12.7%) per cent currently married women were married at age 25 or more than 25 years.

Research shows that most of the study populations are illiterate. According to data from table 1, there are 82.7 percent currently married women are illiterate and other only

17.3 per cent women are literate. Among these literate women, only 10.5 per cent have completed their S.L.C or more than S.L.C level of education. Which information proves that there is a poor level of educational status of PAHARI cast currently married women.

Childbirth is considered as good after 20 years. Table 1 shows the Age at first birth among the study women. Most of the women have given childbirth during 20-24 years of age (57.3%). Similarly, 30 per cent of women have given childbirth between the ages 15-19. Still, nearly one-third of women have been giving their first birth child before 20 years.

Likewise, table 1 shows the number of living children with the target women. The highest per cent (48.2) of women have 3-4 children with them. Similarly, 30 per cent of women have 5 + children and only 21.8 per cent of women have 1-2 children. This result shows that there is still a high burden of children on PAHARI cast currently married women.

Study has found that the occupational status of respondents is poor. According to table 1, the highest 52.7 per cent study women are involved in housework followed by agriculture 31.8 per cent, labour 12.7 per cent and only 2.7 per cent of women are engaged in trade and services.

Table 1: *Socio-economic and Demographic Characteristics of Study Population, Khopasi, 2022*

Age of respondents	Number	Per cent
15-19	19	17.3
20-24	23	20.9
25-29	22	20.0
30-34	15	13.6
35-39	13	11.8
40-44	11	10.0
45-49	7	6.4
Age at first marriage		
15-19	57	51.8
20-24	39	35.5
25+	14	12.7
Literacy		
Illiterate	91	82.7
Literate	19	17.3

Educational status		
Primary	11	57.9
Secondary	6	31.6
SLC and above	2	10.5
Age at first birth		
15-19	33	30.0
20-24	63	57.3
25-29	13	11.8
30-34	1	0.9
Number of living children with own mothers		
1-2	24	21.8
3-4	53	48.2
5+	33	30.0
Occupation of respondent		
Housework	58	52.7
Agriculture	35	31.8
Labour	14	12.7
Trade and service	3	2.7
Total	110	100.0

Source: Field survey, 2022

Knowledge and Exposure of Contraceptives Methods among Study Population

Knowledge of contraceptive methods is an important groundwork to use. This survey has collected information on seven modern and one natural traditional family planning methods, such as female and male sterilization, the pill, the IUD, injectable, implants, male condoms, and Jelly one traditional methods i.e., withdrawal.

Table 2 shows that knowledge of at least one modern method of family planning is almost universal among currently married PAHARI cast women. The most widely known modern contraceptive methods among currently married women are injectable (98 percent); female sterilization (97 percent); condoms (98 percent); male sterilization (92 percent); and contraceptive pill (97 percent). 84 percent of currently married women know of implants and about 88 per cent of women have heard of the IUD. But only 39 per cent of women have about the withdrawal method for family planning.

Media can play a vital role to expand the family planning message. Comparatively electronic media such as radio and television are more powerful than others to extend any valuable information to the public. The family planning message is essential for managing the family size in rural as well as urban areas. In the study area, the most

familiar media source is the radio. Television access is very limited in the study population. Similarly, print media access is not seen in the study population. To assess the extent to which media serve as a source of family planning messages, respondents were asked if they had heard or seen a message about family planning on the radio, television, health worker, private clinic, health post, and neighbor or friends.

The majority of women (62 percent) aged 15-49 have heard a family planning message on the radio, whereas only 21 percent of women have heard family planning messages on television. Fifteen percent of women have heard about family planning from their friends and only two percent of women have received information about family planning messages from health workers.

Table 2: *Distribution of currently married women by knowledge of family planning, Khopasi, 2022*

Knowledge of Family Planning	Number	Per cent
Injectable	108	98.1
Female sterilization	107	97.3
Condoms	108	98.1
Male sterilization	101	91.8
Pills	107	97.3
Implantation	92	83.6
IUD	97	88.2
Withdrawal	43	39.1
Exposure of Family Planning		
Radio	67	62.0
Television	23	21.3
Friends	16	14.8
Health worker	2	1.9

Source: Field Study 2022

Current Use of Family Planning

According to the study, among currently married women of reproductive age in the PAHARI community of Khopasi, the contraceptive prevalence rate (CPR) accounted for any method is 62.7 percent, and 60.0 per cent of women reported they used modern contraceptive methods. Among these 60 per cent women the highest (39.4) per cent women are using injectables followed by pills 25 per cent. This result shows that injectable devices is more familiar in the study population. Similarly, the study proves that there is low male participation in the use of family planning. Because the most of

respondents (83.3%) called they are using female-related contraceptive methods and only 16.7 per cent devices are used male related.

Data from Table 3 make it quite evident that relatively few men from the PAHARI cast participate in family planning. Because just 4.5 per cent of respondents said they use condoms, and another 6.1 per cent say they utilize male sterilization as a form of birth control.

Table 3: *Distribution of Currently Married by Current Use of Contraception, Khopasi, 2022*

Contraceptives Methods	Current Users	
	Per cent	Number
Any Method	62.7	69
Any Modern Method	60.0	66
Traditional Method	2.7	3
Not users	37.3	41
Total Respondents		110
Pill	25.0	15
Injectable	39.4	26
IUD	3.0	2
Condom	4.5	3
Norplant	10.6	7
Male Sterilization	6.1	4
Female Sterilization	13.6	9
Total No. of Respondents	100.0	66

Source: Field Survey, 2022

Conclusion

One of the best ways to foster a healthy family environment and raise people's standards of living is through family planning. Therefore, the Nepali government has launched this program sincerely and without charge to the populace. Government policies place a strong emphasis on raising public awareness through media, education, and voluntary counseling in order to increase the prevalence of contraceptives. While using devices is not a prevalent practice in Nepal, doing so sends out an excessive amount of family planning messaging. An identical situation was discovered in this research area. The study found more than 98 percent PAHARI has knowledge of at least one family planning method but the users are only 62.7 per cent of any method and the modern

method family planning users are only 60 per cent. These finding figures clear the low-use patterns of family planning devices in the study population of the study area.

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