

Knowledge and Practice of Family Planning Device in Betkot Municipality, Kanchapur District

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ABSTRACT

The challenging problem of population growth attracts everyone to find the solution. Since governmental and non-governmental policy and programs had lunched the growth rate did not reduce hopefully. So, it is necessary to study about knowledge, and practice of Family Planning devices.

This study entitled “Knowledge and Practice of Family Planning devices among married women in Betkot Municipality, Kanchapur District.” Is based on primary data collection from probability sampling method, covering 160 respondents was out of 800 married population reproductive age group (15-49). The main objective of the study is to examine the knowledge on use of Family planning devices among married women aged 15-49 years, to find out the practice of family planning devices among the respondents. Out of 160 respondents, 80 percent women are literate and 20 percent are illiterate. The major occupations of the respondents are agriculture and labor. 34.47 % respondents are engaged in the agricultural activities and followed by 29.95 % wage labor. Similarly, 23.73 % of respondents are house wife, 3.95 % are engaged on service and 5.08 % are engaged on others activities. The result of 85.62% respondents have ever used of any contraceptive devices, whereas 14.37% were not using any of those.

There is strongly positive relationship existed between use of family planning method and socio-economic and demographic variables like education status of women and number of living children. To avoid pregnancy and Partners insisted are the main reason for using family planning method. Side effect, desire for son /daughter and husband and family disagreement are the most important reason for not using family planning devices.

Keywords: family planning, Knowledge, Practice, socio-economic, uses

Introduction

Family planning is essential component to combat seriousness of population problem and also one of the components of reproductive health. The International Conference on Population and Development (ICPD, 1994) was held in Cairo. Egypt also addressed the issue of family Planning; “recognize that appropriate method for couples and individual vary according to their age, parity, family size, preference and other factors and ensure that women and man have information and access to the widest possible range to safe and effectively family planning methods in order to exercise free and informed choice” (UNFPA, 1996)

Family planning is one of the most prominent challenges of all developing countries in the world. The population is growing rapidly. Thus, family planning is one of the best ways to control the increasing population. To this purpose, family planning services are designed to provide a constellation of contraceptive methods that reduce fertility, enhance maternal and neonatal health, child survival and contribute to bringing out a balance in population growth and to socio-economic development, resulting in an environment that will help the Nepalese people improve their quality of life.

Nepal is a developing country so it is not free from the problems of over population. The population of our country Nepal is found growing rapidly from the last few decades. It is increasing so highly that it has reached 23.1 million in 2001 AD whereas it had just 11.6 million in 1971 AD and 15 million in 1981 AD. In Nepal TFR are 4.1 per woman and population growth rate 2.25 percentage per annual in 2001 A.D. and according to 2011 census TFR is 2.6 and population growth rate is 1.35 percent.(CBS, 1971, 1981, 2001 A.D.).The population appears to have been growing rapidly during the past four decades in Nepal, due to the continuous decline in the death rates on the one hand and the continuing high fertility rate on the other hand. Nepal is supposed to have experienced one of its highest population growths, at a rate of 2.2 percent per annum, during 2001. It was reduced to 1.35 percent per annum during 2011 (CBS, 2011).

Nepal's family-planning program was started with the organization of the Family Planning Association of Nepal in 1959 B.S. In fact, Nepal was one of the first countries of south Asia, where information about family planning was available through a non-governmental programmed. Since 1968 the government of Nepal has been actively involved in providing family-planning service with the establishment of a Nepal family-planning and a maternal child-health (NFP and MCH project) project. Initially the family-planning programmed was integrated with the maternal child-health services. Since in 1990, all the health services were brought together, family planning has become an integral part of the country's health services.

Family-planning services are fundamental part of human society. They are needed not only for the sake of the individual but also for the family, the community and for the nation. Without family-planning services, an all-round development of the people and of the nation is impossible. The demand for a target population and of service providers is increasing gradually. Therefore, in the context of the global village many explorations are being done in the sector of family planning.

Most developing countries are suffering from a high fertility rate and a rapid population growth, including Nepal. Although the level of awareness concerning FP and contraceptive methods has risen since the 1991-96 period, the overall practice of family planning is still very low. Rural and urban differences are great. Most people do not have any knowledge of the importance of FP, what it means and why it should be practiced so, in the rural context, the utilization of FP services is very poor. According to NDHS 2011, the current CPR of Nepal for any modern method is 43.2 percent. Use of any modern contraceptive methods in rural Nepal is 42.1 percent as against 49.8 percent in urban areas. Among the ecological regions the use of the FP service is lowest in mountain areas (43.1) whereas in the Hills and Tarai the CPR is 40.6 and 45.0 percent respectively. (NDHS, 2011)

According to NDHS 2011, current unmet need for family planning is 27 %. Among them unmet need for spacing is 9.6 and limiting is 17.4 percent. Unmet need also varies according to place of residence and ecological belt. Unmet need of family planning in rural and urban areas was

28.1 and 19.6 respectively. Rural peoples are deprived of contraceptive methods. Unmet need of family planning in mountain, hills and Tarai is 24.3, 29.7 and 25.3 respectively.

While awareness of family planning is almost universal among Nepali women and men, there is still substantial variation in the use of family planning methods and in unmet need among different caste/ethnic groups. The met need for family planning is highest among Newar women (63 percent) and Tarai Janajati women (64 percent), while unmet need in these groups is 20 percent and 16 percent, respectively. Conversely the highest unmet need is found among Hill Dalit's (35 percent), Hill Janajati (34 Percent), and Muslim women (39 percent). (NDHS, 2011)

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

Betkot municipality, kanchanpur is located at western part of Nepal. It is the center of a fertile agricultural region and there are many families were participate on agriculture and few of them people engaged on non agriculture profession. According to the census report 2011, the total population of Betkot municipality is recorded 27481 where the number of male is 12985 and female is 14496 respectively. There are many ethnic groups. They have their own language, culture and life style. They have a very poor educational as well as a socio-economic status. The status of health and economy is lower than other, high infant and material death rate, high birth rate, low use of contraceptives devices and low birth spacing situation.

Objectives of the Study

The general purpose of this study was to assess the determinants of knowledge and practice of Family planning devices and specific objective was find out the practice of family planning devices among the respondents among married women of age between (15- 49) year at Betkot municipality of Kanchanpur District.

Statement of the problem

In Nepal, for many women marriage and child-bearing will occur at an earlier age than the legal age of marriage, e.g. less than 16 to 18 years, and child-bearing occurs almost exclusively within the confines of marriage. The consequences of child- bearing at an early age are babies with a low birth-weight, congenital complications, maternal and neonatal mortality. This implies that the health situation of the Nepalese people is quite serious.

Now a day, there are many programs of family planning to reduce the fertility rate but also population growth is not reducing because most of the family planning programs are urban people oriented and a few programs are for rural area. So they also failed to reach in that rural area people. Validity and quality of contraceptive were also poor in remote area. In spite of these efforts made by various government and non-government organizations the family planning programs have not been able to achieve the goals reaching at the local level. That's why; this can be a great problem in the process of controlling the rate of fertility gradually.

Different community has their own different ideas, attitudes, beliefs and assumptions, which determine the practice of contraceptive methods. At Betkot municipality there are different ethnic group, most of them are illiterate and ignorant about contraceptive methods. They have their own belief, system and health care practices that consequently influence the contraceptive knowledge and use. Poor socio-economic and educational status of people at the study area may prohibit them from proper contraception. So that this study focus on knowledge and practice of family planning device among married women.

Methods

This study knowledge and practice of family planning devices in Betkot municipality is based on descriptive and quantitative data analysis from primary data. This study was done about Knowledge and Practice of Family Planning device Among Married Women On Fertility Age Group. The sample of the study was 160 married women at reproductive age group. They were selected based on random sampling method including 800 respondents of reproductive age group. Data were collected by questionnaire and interview schedule in Betkot Municipality, Kanchanpur District.

Results and Discussions

Age of the Respondents

Age is a demographic characteristic of any population. Age play in important role in any aspects of life. Therefore, it is important to know the age of respondents from the study population. Normally reproductive age is between 15-49 years. The 20-30 years of age is active for reproduction. If there are more women in the reproductive age group then a large number of births take place. Therefore, they should be given encouragement and awareness about family planning.

Distribution of Respondents by Age

S.N.	Age group	Number	Percent
1	15-19	16	10
2	20-24	41	25.62
3	25-29	44	27.5
4	30-34	33	20.62
6	35-39	13	8.12
7	40-44	8	5
8	45-49	5	3.12
	Total no of respondent	160	100.0

Sources: Field survey 2019

Table shows that the highest number of respondents are age group 25-29 (27.5%), followed by age group 20-24 (25.62%), age group 30-34 (20.62%), Age group 45-49 respondents 5 (3.12%) only, and 10 % of represent is found in age group 15-19.

Education Attainment

Education is the back bone of the development of society and advancement. Education plays the vital role of the every field. Women education rather lays dual role in the family as well as society. The data on educational attainment were collected for all respondent married women. Educational attainment is shown as below table The table shows that 80 % of respondents are literate and 20% of respondents are illiterate.

Literacy Status and Education Attainment of the Respondents

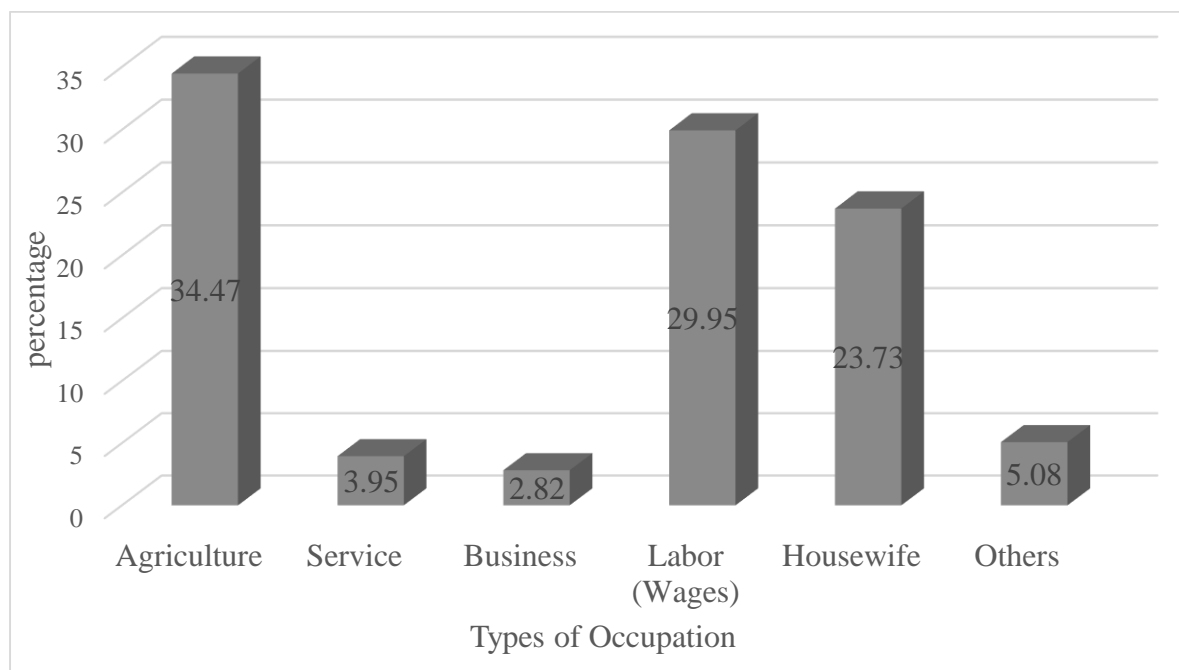
S.N.	Literacy Status	Respondents	Percentage
1	No	32	20
2	Yes	128	80
	Total	160	100
S.N	If Yes, Educational Status		
1	Literate	3	1.87
2	Non-formal	19	11.87
3	Primary Level	68	42.5
4	Lower Secondary Level	14	8.75
5	Secondary Level	11	6.87
6	S.L.C and above	13	8.12
	Total	128	100

Sources: Field survey 2019

Among the literate of 80 % respondents, 11.87 % are non-formal educated. The highest 40.5 % respondents are received primary level of education and second position of respondent Non-formal education 11.87 %, and followed by The S.L.C. and above of respondent (8.12%) Similarly, 6.87 % of respondents have received secondary and so on.

Occupational status

Occupation of the respondents determines fertility. Agricultural women have high number of children than the nonagricultural one. Occupation is one of the most infusing variables in use and non-use of family planning methods. Figure presents the occupational status of respondents.

Respondent's distribution by Types of Occupation

Sources: Field survey 2019

Figure shows that 34.47 % respondents are engaged in the agricultural activities and followed by 29.95 % wage labor. Similarly, 23.73 % of respondents are house wife, 3.95 % are engaged on service and 5.08 % are engaged on others activities.

Level of knowledge of family planning

Knowledge of contractive method is an important for use the suitable family planning method for appropriate time. Nearly the 98 % of respondents have knowledge of family planning methods of any one. Knowledge of contraceptive method of the respondents based on multiple responses is given in following table.

Knowledge of family planning devices

S.N	Heard by method	Number	Percent
1	No	11	6.87
2	Yes	149	93.13
	Total	160	100
If heard name of the method			

S.N	Pills	138	92.67
1	Injection	108	72.48
2	IUD	64	42.95
3	Condom	101	67.78
4	Norplant	47	31.54
5	Male sterilization	107	71.81
6	Female sterilization	149	100.00

Sources: Field survey 2019

Table shows that 93.13% of respondents have knowledge of any method and 6.87% respondents have no knowledge of family planning devices. Among them, pills 92.67%, injection 72.48%, female serialization have 100% knowledge, male sterilization 71.81% and 61.84 % knowledge of condom, 67.78% knowledge of Norplant and only 31.54% have knowledge of IUD.

Ever use of family planning

Ever use means use of any family planning at least once currently or in the past. The currently married women aged 15-49 years, who have heard of at least one method of family planning, are asked whether they have ever used any method of family planning. The following table shows the number and percent of respondents using any method of family planning based on multiple responses.

Ever use of family planning method of the respondents

S.N.	Ever use of family planning	Number	Percent
1	Yes	137	85.62
2	No	23	14.37
S.N.	Total	160	100
1	Method of family planning		
2	Pills	17	12.40
3	Injections	59	43.06
4	IUD	7	5.10
5	Condom	38	27.73
6	Norplant	4	2.91

7	Male sterilization	3	2.18
8	Female sterilization	9	6.56
	Total	137	100

Sources: Field survey 2019

Table shows the percentage distribution of ever used of family planning method of the respondents. In this table, 85.62% respondents have ever used of any contraceptive devices, whereas 14.37% were not using any of those.

According to table, the target proportion of women have used of Injection (43.06%) followed by Condom (27.73%), Pills (12.40%) similarly were used Female sterilization (6.56%), Male sterilization (2.18%), IUD (5.10%) and Norplant (2.91%). Among respondents. There are not respondents were used in traditional method to void the pregnancy because it is not good.

Conclusions

Most of the respondents are farmers and they practice traditional agriculture- except few of them work in labor. Age at marriage of female was found earlier. Most respondents were familiar with health post but it takes more than half an hour to reach the services provided by HF for majority of respondents form study area. The main factor affecting use of family planning devices were expensiveness, lack of appropriate information, lack of easy availability, oppose of their family and shyness. The recurrent pattern of contraceptive use among users is obtained dominated by Depo-Provera and pills in this study. There is strong evidence that the women who have literate have strong power of knowledge and use of contraceptive. So, we can conclude that higher the education higher the knowledge and use of contraceptives the higher proportion of the respondents is revealed using contraceptive method by husband, wife and both.

Respondents have suggested that to promote family planning, there needs to provide family planning free of cost, strengthening the family planning education and communication, making family planning services easily accessible, mobilize family planning health workers and also to provide facilities for the treatment of side effects caused by the use of the family planning methods.

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