

**A Study on the Factors Associated with Affecting Unmet
Need for Family Planning among Married Women of
Reproductive Age in Birendranagar Municipality of
Surkhet district.**



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March 2005

Acknowledgement

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Cal.

It is my pleasure to express few words regarding the publication of the study on the Factors associated with unmet for Family Planning among Married Women of Reproductive Age in Birendranagar Municipality of Surkhet district. This study contains the relevant information about respondents and health service providers which are directly and indirectly associated on status of unmet need. I hope that this study will be a valuable document for the policy makers, planners and implementers of national, regional and district level in reducing the unmet need of family planning services.

First of all, I would like to extend my sincere gratitude to Dr. Anil Kumar Mishra, Member Secretary of Nepal Health Research Council (NHRC) who gave me the opportunity for conducting the study. I would like to extend my appreciation to Mr. Nirbhay K. Sharma, Administrative Officer, Nepal Health Research Council for valuable suggestion in doing this study. It would be unfair if I do not appreciate to Mrs. Shille Singh Rathor and other staffs of Nepal Health Research Council for their support in the process and finalize the study.

I am very much grateful to Dr BD Chautuat, Director General of Department of Health Services for his direction and encouragement in conducting the study. This study would not be possible with out guidance and support of Dr. Shrawan Kumar Chaudhary, Director of Regional Health Directorate, Surkhet, so I am indebted to him.

I express my sincere thank to B. L. Mahato, the co-researcher, whose efforts made the study in this frame. I would like to thank to Mrs. Dil kumari Pokhrel for her untired effort for editing the collected data in scientific manners. I wish to Mr. Bhanu Gimire for his supporting role in printing, photocopy and distribution of questionnaire. I would like to express my sincere gratitude to Mr. Shyamlal Kandel for providing me necessary support in data tabulation and analysis.

I wish to express sincere thank to the ex-chairmen of concerning wards and others social workers for their support to make the conducive environment during the study period. Vital part of this study is the data collection, in this regards, I take this opportunity to offer my sincere appreciation to Ahamad Mansuri, Bharat Bista, Ganga Bahadur Khadka, Gauri Sankar Dev, Jevan Thapa, Khadka Bahadur Khatri, Mohan Misra Narayan Gyawali, Ram Bahadur Raut and Tulasi Adhikari for their sincere work in data collection in the study area despite of several constraints due to present conflict situation.

Last, but not least, I must express my sincere thanks to those respondents for giving valuable time and responses with regard to the study.

Ghan Shyam Pokhrel

Abstract

Family Planning Services are designed to reduce maternal and neonatal mortality, to enhance child survival and to bring about a balance in population growth and socio economic development. This study aims to find extend of unmet need among the mother of reproductive age and seeks to find out the factor associated with unmet need of family planning in Birendranagar municipality of surkhet district. **Study design:** non experimental descriptive study, 3 ward was selected out of 12 ward of municipality by applying the lottery method. From the out of 1420 household 399 sample of MWRA(married women of reproductive age) was selected by systemic random sampling method. **Study variables:** age, parity, no of living children, literacy, occupation, family size, age at marriage, current users, causes not to use contraceptive, satisfaction etc.

Result: The extent of unmet need among married women of reproductive age is 19 percent. Among them 10.5 percent wish to use terminal method and remaining 8.5 percent wishes spacing method. Majority of the mothers belonged to the age groups 20-29 years(43percent), had 3 or more children (47percent) were illiterate(66 percent). The main reasons for unmet need were disapproval of husband (31 percent), rumors regarding contraceptive (26percent), side effect(20 percent), no proper counseling (8 percent), time constraints (7 percent) and others including absence of husband(9 percent).

Conclusion: Improving communication (interpersonal communication), women empowerment and gender equity programs, focusing on women as well as men will reduce unmet need.

Key words:-Family planning; contraceptive device; unmet need, sampling studies: fertility; data interpretation: statistical; human; female.

Contents



	Page No
Acknowledgement	i.
Abstract	ii.
Contents	iii.
Abbreviation	iv.
List of tables	v.
Executive summary	vii.
Chapter 1	
1 Introduction	1
1.1 Back ground of the study	1
1.2 Statement of the Problem	4
1.3 Justification of the study	4
Chapter 2	
2 Literature review	6
Chapter 3	
3 Objective of the Study	15
3.1 General objective	15
3.2 Specific objective	15
3.3 Conceptual Frame work	16
3.4 Limitation of the study	17
3.5 Research variables	17
3.6 Definition of the terms	17
Chapter 4	
4 Methodology	19
4.1 Research Design	19
4.2 Study area	19
4.3 Brief Introduction of the study area:	19
4.4 sample design	20
4.4.1 study population	20
4.4.2 sampling technique	20
4.4.3 sample size	20
4.5 Tools and technique for data collection	21
4.6 Data collection	21
4.7 Ethical consideration	21
4.8 Data analysis and interpretation procedures	22
5 Chapter 5	
5.1 Main Findings	23
5.2 Discussions	37
5.3 Conclusion and recommendation	39
annex	
References	i.
Questionnaire	ii.

ABBREVIATION

ANM	= Auxiliary Nurse Midwife
BN	= Bachelor of Nursing
CMA	= Community Medical Assistant
CPR	= Contraceptive Prevalence Rate
Depo	= Depo Provera
DHO	= District Health Office
DHS	= Demographic of Health Survey
DOHS:	= Department of health services
FP	= Family Planning
FPAN	= Family Planning Association of Nepal
HA	= Health Assistant
HMG	= His Majesty's Government
IEC	= Information Education and Communication
IMR	= Infant Mortality Rate
IOM	= Institute of Medicine
IUD	= Infra uterine Device
MCHW	= Maternal and Child Health Worker
MMR	= Maternal Mortality Rate
MOH	= Ministry of Health
MWRA	= Married Women of Reproductive Age
NFHS	= Nepal Family Health Survey
NHRC:	= National Health Research Council
SHP	= Sub Health Post
STD	= Sexually Transmitted Disease
TFR	= Total Fertility Rate
TT	= Tetanus Toxoid
TU	= Tribhuvan University
VDC	= Village Development Committee
VHW	= Village Health worker
WHO	= World Health Organization

Lists of tables

		Page ?
Table No. 1	Percent of MWRA with Unmet Need, Met Need and Demand for FP Services in FPAN focus area 1994 and 1997	12
Table No. 2	Percent Distribution of MWRA According to Unmet Need, Met Need and Demand for FP Services by Age (FPAN).	13
Table No. 3:	Percentage of currently married women with unmet need for family planning, met need for family planning total demand for family planning, and percentage of demand that is satisfied, Nepal 1991 and 1996 .	14
Table No.4:	Status of respondents among the selected wards	23
Table No.5	Age among the Respondents	23
Table No.6:	Number of living birth among the Respondents	24
Table No.7:	Number of living children among the Respondents	24
Table No.8:	Number of living son among the Respondents	24
Table No.9:	Number of Living daughter	25
Table No.10	Sex wise distribution of living children	25
Table No.11	: Ethnic wise distribution of the respondents	25
Table No.12	Number of Family member among the respondents	26
Table No.13	: Education Status of the respondents	26
Table No.14:	Economic Status of the respondents	27
Table No.15	Occupation Status of the respondents	27
Table No.16:	Age at marriage among the respondent	27
Table No.17	: Having the information about contraceptive method among respondents	28
Table No.18	: Sources of information about family planning method among the	28

Respondents

Table No.19	: Contraceptive Method wise Knowledge of the Respondents	28
Table No.20	Status of Current users of family planning methods among the respondents	29
Table No.21	Method Wise Distribution of Current users	29
Table No.22	Status of the respondents who were not using FP method	29
Table No.23	Wished Family Method who are not using	30
Table No.24	Causes lead not to use FP method	30
Table No.25	Status of Satisfied clients with health workers	30
Table No.26	Status of pregnancy among the respondents	31
Table No.27	Status respondent's desire for farther pregnancy	31
Table No.28:	Unmet need among the married women of reproductive age	32
Table No.29	A Comparison between education status, Number of family member and ethnic groups with contraceptive users.	33
Table No.30:	A comparison between number of living child and given information to the respondents with contraceptive users.	34
Table No.31:	Educational Status and undesired Pregnancy among the respondents	34
Table No.32	:Age wise distribution of spacing and terminal method	35
Table No.33	Compare age wise distribution of unmet need with other remaining respondents	35
Table No.34	Status of contraceptive users having no children among the respondents	36

Executive Summary

Increasing population has put a great challenge on basic need fulfillment programs of HMG. It affects very aspect of the country's economy. Thus, containment of the population growth becomes urgent need for Nepal. Satisfying the demand for family Planning can do this. Many People want to use family planning method but, are not using because of many reason, are termed as unmet need. The study entitled "A study factors affecting unmet need for family planning among married women of reproductive age are of BirendraNagar municipality of Surkhet district" has been done for the study affecting unmet need of unmet need of family planning. The Immediate objective was to provide information regarding to situation of unmet need for family planning and factors affecting it to the local level and district level which make them planned implement family planning programs easily and effectively . The objective of the study was to find out the factor associated with unmet need for family planning among married women of reproductive age in Birendranagar Municipality of Surkhet district.

Setting and design

The study was descriptive non-experimental. The study district was selected purposively but a study population married woman of reproductive age was chosen by systemic random sampling method. It was from January to March 2005. Total data was collected with 399 Married Women of Reproductive Age by using the semi-structured questionnaire. The data analysis and interpretation was made with the help of SPSS program.

Results

Data was collected from ward no 2, 3 and 4 of birendra nagar municipality.

Majority of respondents' were between age groups of 20- 24 yrs . Fifty percent of respondents are in below the age of 29 yrs.Nearly 50 % married women of reproductive age falls above three births during the data collection period.

The study shows that 2.3 percentage respondents do not have any children and 12 percent respondents have five plus birth. Whereas, in this table five plus children are in 8 percent level. It is concluded that higher no of birth lead higher number of death.

Average no of children per women in selected sample is 2.61 which is less than national fertility rate.

As seen in the study, the ethnicity distribution pattern was almost similar with the district distribution pattern. In this regards, 50 percent sample was covered by the brahamin and chhetri and rest by others. Regarding to the number of family members, majority of the respondents have 5-8 family members which covers 55 percent of total respondents.

As the study shows that about two third of the respondents were literate.

According to these criteria, 50 percent respondents have low level of economic status. The agriculture was found as the main occupation accounting 44.Percent sample women. Similarly 21 and 18 percent respondents are involved in labor, business, and Ghumti respectively.

Age at marriage is one of the important indicators of the reproductive health. The study shows that 80 percent of the respondents were married below the age of nineteen.

The health workers are main sources (79%) of family planning information. Least information (17%) received from poster. Eighty eight percent of respondents have knowledge regarding the Depo provera contraceptive and similarly followed by pills, Minilap, Norplant, IUCD and Laparoscopy is 81 percent, 55 percent , 43 percent, 28 percent and 17 percent respectively.

Sixty three percent of respondents have already used contraceptive method. The contraceptive prevalence rate in the study area is more encouraging in the comparison of national figure the Contraceptive prevalence rate shows that it is close to the target of second long term health plan.

It is seen that majority of the respondents have used minilap where as other remaining method are followed by Vasectomy, depoproverae, pills, norplants and IUCD. In the spacing method most likely method is depoproverae.

Those respondents who were not using contraceptive, they wished to use. **As found in the study, 19 percent respondents have unmet need among the total respondents.** In this regards 56 percent of respondents were willing to use terminal method where as remaining 44 percent wished spacing contraceptive to meet their present requirement.

Regarding to the causes for not using family planning method, disapproval of the husbands (31percent) is found frequently and remaining respondents followed by rumors, fear of

side effects, no counseling by health workers, time constraints and others are 26 percent, 20 percent, 8 percent, 7 percent and 9 percent respectively as the causes for not using contraceptives. The study showed that majority of the respondents (97 percent) is satisfied with health workers where as only three percent respondent are not satisfied with health workers.

In terms of status of pregnancy, 9 percent of respondents were pregnant. Among the total pregnant women desired pregnancy were 55 percent and not desired 45 percent.

There is no significant relationship between education status and contraceptive users at this study. Only more than 2 percent respondents are using contraceptive by literate married women of reproductive age than illiterate. The respondents who have the medium level of family size adopting the contraceptive method in abundance is highly significant ($p\text{-value} < 0.05$).

At the study area where contraceptive users are more than 60 % but nearly 50 % respondents have more than 3 children. The program should be directed considering those those couples who who have more than 3 childrens.

Information regarding the family planning method is more essential to adopt it. Respondents who have not received information, Only 6 percent are using contraceptive. Among the total respondents, 4 percent MWRA have unwanted pregnancy at that study area. Regarding the contraceptive users and age of respondents, it is seen that there is inverse relationship between the spacing and terminal method with age of respondents ($P\text{-value} < 0.05$).

Conclusion

This study gives so vivid picture that government efforts to rise age at marriage and age of pregnancy has not success as the expected level so it is concluded that efforts of the reproductive health should be directed to ward the **adolescence health**.

At the study area where fifty percent contraceptive users have **more than 3 children** so the program should be directed focusing to those groups couples. Information regarding the family planning method provided by health worker is more essential to adopt it so attention should be given to the **counseling service to avoid rumors, fear of side effect etc.**

CHAPTER I

1. Introduction

1.1 Background of the study

Nepal is a landlocked country and home place of natural beauty with traces of artifacts. In the geographic diversity and varied climatic condition 23.1 million people of more than 60 cast ethnic groups are accommodated in the country with the total fertility rate 4.1 per women (CBS 6:2001). It is the second poorest country in the world. The per capita income in 1995 was US \$ 200 per year where as 53.1 percent of the population have less than US \$ 1 a year (World Bank 32:1989). About 90 percent of the population lives in rural areas. Agriculture is the main occupation employing about 90% of the economically active population of the total economically active population in agriculture; more than 90 percent are female. Only 25 percent of the female population is literate (CBS,1991) . According to the census of 2058 the female literacy percentage has increased to 42.5 out of total literacy ate 53.7 where as male literacy ate is 65.1% high in comparison to women (CBS, 6:2001).

At the beginning of the Christian era, nearly 2000 years ago, world population was estimated to be around 250 million. It required all the human history up to the year 1800 for the world population to reach one billion. The billion came in 130 year (around 1930), the third billion in 30 years (around 1960), the forth billion in 15 years (in 1974) and the billion in 12 years (in 1987) and sixth billion in 12 years (1999).

It is projected about 6.2 billion in 2000AD. World population growth rate is 1.4% per annum and Nepal has be a experiencing rapid growth of population. Nepal's population growth rate is very high 2.24 per annum which explosive type.

Family planning services are designed to reduce maternal and neonatal mortality, to enhance child survival, and to bring about a balance in population growth, socio economic development and environment, which will there by help the Nepalese people fulfill their basic needs.

Globally 600,000 women die every year from the complication of pregnancy or childbirth among which 99% occurs in the developing countries. In Nepal average 12 maternal death occur per day i.e. 1 maternal death in very 2 hours.

Family planning Can prevent 25% , of all maternal deaths by allowing women to delay pregnancies , prevent unwanted pregnancies and unsafe abortion and also protects from sexually transmitted disease by spacing birth at least 2 years apart, family planning can prevent an prevent an average 1 in 4 infant death in developing countries . Family planning is a cost effective health intervention that has immediate benefits for women and children.

An international conference held in Alma-Ata on 1978, decided that primary health care approach is a key to attain the goal "Health for all" which consists eight essential components. Among them, family planning is taken as an essential component realizing the seriousness of the population problems.

The ninth five yea plan has the objective of creating an atmosphere among the Nepalese citizen the interest for a small family norm, make easily available the family planning methods, stabilize present fertility rate at the end of this plan.

Unmet need for family planning refers to a discrepancy between expressed fertility goals and contraceptive practice. The most fundamental discrepancy is between an expressed preference to limit or space births and the absence of contraceptive behavior.

There is large and growing demand for family planning world -wide, more than half of the couples are practicing family planning although the percentage ranges from fewer than 10% in many developing countries to more than 70% in most more developed countries .

In developing countries over 100 million who are married or in union have unmet need for spacing or limiting births, India has the most, at about 31 million women. Other surveyed countries where large numbers of women have an unmet need are Pakistan at 5.7 million, Indonesia and Bangladesh at 4.4 million each , Nigeria at 3.9 million, Mexico at 3.1 million, Brazil at 3.0 million and the Philippines at 2.5 million .

The unmet need for FP in Nepal is 31.4% which is one of the highest in the world . unmet need for FP is 33% in 1987 and 28% in 1991 . The total met need would be 60% if the unmet need were fulfilled. It could be powerful concept for family planning program.

There is difference in the level of unmet need among three ecological zones namely, the mountain, the hill and the Terai , the highest in the hill ie. 30% the Mountain ranked second with 27.8% and was least in the Terai i.e. 25.8% . Likewise, the level of unmet need among development region , it is target from maximum 31% in western development region to a minimum 25% in central development region . The mid-western and eastern development region has almost the same level of unmet need i.e. 28.6%.

In Urban areas almost every 2 out of 3 currently married couple of reproductive age had demand for family planning where as the corresponding figure for rural area only 2 out of 4 . The level of unmet need was higher (i.e. 28% in Rural areas than in Urban i.e. 19.7%) areas.

Assessment of unmet needs is important both the national family planning program and population policy. Knowledge of existing needs for family planning will help program planers forecast contraceptive needs and plan service delivery outlets to meet the existing demand. Eliminating unmet need will also result in a substantial decline in fertility. In many countries, established national targets for increasing contraceptive prevalence and decreasing fertility could be achieved by eliminating unmet need.

1.2 Statements of the problems

Although many people in Nepal want to space or limit their births, they are not using contraception because of unavailability and fear of side effect of contraceptives (MOH, 1996) . This is termed unmet need for family planning. The unmet need for family planning services has remained high in Nepal. It was 28 percent in 1991 (NFHS,1991) and was even higher , at 31 percent , in 1996 . Of this, unmet need for spacing was 14 percent while that for limiting constituted the difference, 17 percent. Total met need of 28.5 percent is smaller than the unmet need by 2.5 percent, suggesting that CPR could be more than double if the unmet need were fulfilled.

A survey on "Knowledge and use of family planning in FPAN operational area "in 1994 and 1997 has shown that nearly one out of every three currently married women of reproductive age in Nepal is estimated to be need of family planning services either for spacing 14.3% or limiting 17.1% Combined with the 28.5 percent of women who are currently using contraceptive method (met need) the total demand for family planning in the country is estimated at nearly 60 percent. Thus, had all the women who reported needing family planning services been served, contraceptive prevalence rate in the country would have been raised to 60 percent. However less than half of this demand has been satisfied. The same survey shows that unmet need for spacing is inversely related to the age of the women. It decreases rapidly as the women's age increases. On the other hand unmet need for limiting has an inverted U-shaped relationship with age. It increases with the age of the women reaching the peak for the age interval 35-39, and then declines slowly as the increases.

1.3 JUSTIFICATION OF THE STUDY

Nepal has been experiencing a very high annual population growth rate 2.24 percent per annual during the period 1992-2001 which is explosive type. This rate is to continue the population of Nepal would be doubled within the next 33 years. The rapid growth in population has affected almost every of the Nepalese economy, particularly,

this has put a great challenge on the “Basic Need fulfillment programs of HMG. Thus, the containment of the population growth becomes urgent need for Nepal. There is a need for strengthening family planning services to secure decline in fertility rate and on the other hand need of enhancing population education programs through out the country.

The use of family planning methods not only helps in determining the number of children in family but also helps in reducing MMR and Neonatal mortality Rate. Family planning services are designed to provide a assemblage to methods and to reduce maternal and neonatal mortality, to enhance child survival, and to bring about a balance. The unmet need for family planning is observed high in mid western development region of Nepal. The contraceptive prevalence rate in Surkhet district does not fulfill the target of tenth 5 year plan. The long -term health plan has targeted to rise the CPR up the 68.2 %. To fulfill the target it is essential for Assessment of unmet needs both the national family planning program and population policy. Knowledge of existing needs for family planning will help program planers forecast contraceptive needs and plan service delivery outlets to meet the existing demand. Eliminating unmet need will also result in a substantial decline in fertility increase in time interval between two births, which ultimately control family size , reduce maternal and neonatal mortality , child survival, and increase socio economic status. In Surkhet district, established targets for increasing contraceptive prevalence and decreasing fertility could be achieved by eliminating unmet need. The study area is the semi-urban area so the study provides information regarding unmet need for family planning to municipality level.

CHAPTER 2

2. The Review of Literature

The responsible planning of births is one of the effective and least expensive ways of improving the quality of life on the earth, but now and in the future and that one of the greatest mistakes of our times is the failure to realize it.

An estimated 120 million women in developing world want to delay or stop child bearing but are not using family planning contraception. Meeting the existing demand for family planning in developing world would reduce the number of pregnancies by up to 20% and would bring about an equivalent drop in the number of maternal death and injuries. Family planning could bring more benefit to more people at least cost than any other single technology now available to human race.

South Asia region as a whole, about 48% of married women 15-49 years old lack of access to family planning. This statistics range from 30% in Pakistan to 71% in Bangladesh. Women's low socio-economic status, the percentage of son preference. The young age structure of South Asia population, shortage of trained health personal and limited access to basic health services all compounded the challenge of increasing the availability of family planning programs. Also salient are basic power issues that affect relationship between man and women health provider and client and the state and its people.

The level of unmet need is highest in sub-Saharan Africa ranges from 15% in Zimbabwe to 37% in Rwanda where in some countries one married women in every 3 has unmet need. Among the developing regions, level of unmet need is similar. Because of large population of Asia however, by for the greatest number of women

with unmet need live in this region. Among the Asia countries surveyed, unmet need varies from 11% in Thailand to 32% in Pakistan. Data derived from the 1991NFHS, Nepal has to second highest label of total unmet need at 27%.

A study conducted Uttar Pradesh in India showed that 30% of the woman had unmet need was highest among who lived in rural areas where illiterate or whose husband was illiterate, were scheduled tribe member of Muslism.

The study shows that one third (33.2 percent) of the women in the FPAN focus area reported having an unmet need for family planning services. This includes 12.1 percent who are in need of spacing and 21.1 percent who require permanent methods. Thirty one percent of the married women of reproductive age have a met need for family planning, i.e. they are using a method of contraception for either spacing (18.9%) or limiting (18.6%) purposes (Table 1). Combining these two categories (met need and unmet need) provides an estimate of total demand for family planning services in the FPAN focus area, which, as table 1 reveals, is about 71 percent. That means that if all the currently married women of reproductive age who identified as needing family planning services were able to use a contraceptive method, the contraceptive prevalence rate would increase from 37.5 to 71 percent of married women. however , regardless of such high demand for family planning services in the FPAN focus area , only half (53%) of the demand is currently being satisfied .

Table 1 also compares the unmet need, meet need and total demand for family planning during the periods 1994 and 1997 in the FPAN focus area. The last row of the table refers to the change in percentage points between 1994 and 1997. The table shows that during the period 1994-1997 there was an increase in the unmet need, met need and demand for family planning services. The rate of increment of met need is however lower than that of the total demand for family planning services. It appears that FPAN current efforts are no sufficient to meet the growing demand of services. This is evident because, during the three year period , while the demand for family planning services increased only by two percent . Thus, increased demand during the period is about four percent higher than met need. The existing demand for

contraceptives will be met only if the rate of contraceptive use can be increased by 2.03 percentages annually. The survey shows that rate of contraceptive use increased by less than one percent (0.67%) annually. Therefore, to meet the existing demand in its focus area is a huge challenge for FPAN. Further more , the percentage of total demand satisfied has declined by 2 percent during the same period.

According to DHA 1990, women's who are sexually active would prefer to avoid becoming pregnant but they are not using any method of contraception is called an "unmet need" for family planning.

The concept of unmet need points to the gap between some women's reproductive intentions and their contraceptive behavior. in doing so, it poses a challenge to family planning programs : to teach and serve the millions of women whose reproductive attitudes resemble those of contraceptive users but who, for some reason or combination of reasons , are not using contraception .

Among the most common reasons for unmet need are due to inconvenient or unsatisfactory services, lack of information, fears about contraceptive side effects, and opposition from husbands, relatives or others. While many women who are using contraceptive have similar concerns, the obstacles to contraceptive use may emerge larger for women in the unmet need group, or their commitment to controlling their fertility may be less certain. by responding to the concerns of women with unmet need, programs can serve more people and serve them better. Programs can respond best if they have a strategy that focuses on women with unmet need as a distinct audience and clients. To develop an unmet need strategy, programs need to:

Understand the various reason for unmet need, based on qualitative research and survey data;

Determine the size and the composition of the unmet need, subgroups by analyzing survey findings and other data;

Identify high-priority subgroups that the problem will be best able to reach; and

- (4) Design and deliver information and services to meet the specific needs of each selected subgroups. An unmet need strategy does not replace efforts to serve current contraceptive users or to promote the benefits of family planning. In fact, unmet need strategy can reinforce other strategies. By focusing more on people's needs, many activities that address unmet need also address contraceptive users. Also an unmet need strategy may reach some women who are not using contraception because they currently desire pregnancy.

The *concept* of unmet need can apply to all sexually active, fecund women and perhaps even to men. Its measurement has been limited largely to married women, however, because for most countries the survey data necessary to measure unmet need have been available only for married women. Interest is growing in developing a broader definition of unmet need and collecting expanded survey data.

Essentially, women who respond that they want to postpone or avoid childbearing and report that they are not using contraception (including use by their partners) are defined as having an unmet need. Since 1984 the main information source for measuring unmet need has been the Demographic and Health surveys (DHS). These surveys have collected comparable information on fertility and family planning in more than 50 developing countries through interviews with representative samples of women and, recently in some countries, of men as well.

In addition, the Family Planning and Reproductive Health Surveys (FP/RHS) have estimated unmet need in national surveys since 1985. While the FP/RHS formulation of unmet need is not strictly comparable with that used in DHS, these surveys provide estimates of unmet need for some countries, principally in Latin America and the Caribbean, that have not been surveyed in the DHS

Standard formulation of unmet need: The formulation of unmet need that has become the standard having used most widely to measure principally Charles West off developed unmet need. In this formulation the unmet need group includes all fecund women who are

married or living in union –and thus presumed to be sexual active – who are not using any method of contraception and who either do not want to have any more children or want to postpone their next birth for at least two more years. Those who want no more children have an unmet need for *limiting births*, while those who want more children but not for at least two more years are considered to have an unmet need for spacing births.

The unmet need groups also includes all pregnant married women whose pregnancies are unwanted or miss- timed and who became pregnant because they were not using contraception. Similarly women who recently have given birth but are at risk of becoming pregnant because they are amenorrheic need if their pregnancies were unintended .

In DHS conducted since 1990 , pregnant or amenorrheic women are considered to have an unmet need for limiting births only respond that their current pregnancy or recent birth was unintended and that they do not want have any more children . This is a change from earlier DHA, made, particularly in sub-Saharan Africa, indicated that they did not want more children but were pregnant or amenorrheic, but they also responded to another question that they wanted another child . This apparent discrepancy probably is due to ambiguous wording of the questionnaire . Women who give such apparently conflicting responses now are classified as having unmet need for spacing birth .

In the standard formulation the unmet need group does not include pregnant of amenorrheic women whose current pregnancy or recent birth was intended , even if they do not want to become pregnant again right away . Also, women who become pregnant unintentionally because of contraceptive method failure are not considered to have an unmet need for family planning in general, although they may need more reliable contraception .

Expanded formulations. As Ruth Dixon-Mueller and Adrienne German have pointed out, the standard formulation does not identify the full extent of need for family planning. The standard formulation may be taken to suggest that all women using any contraception, whether effective or ineffective, appropriate or inappropriate, have their contraceptive

needs met. In fact, however, some contraceptive users could be considered to have an unmet need if they are using an ineffective method, using a method incorrectly, or using a method that is unsafe or unsuitable for them. Karen Forfeit and colleagues have called this broader formulation the unmet need for "appropriate contraception" For example, contraceptive uses may need a more appropriate method because their current method causes side effects or because they are using a method best suited to spacing births when in fact they want no more children.

In countries where many women use traditional methods of contraception it may be more appropriate to define unmet need as including women using traditional methods, such as periodic abstinence and withdrawal, in addition to those using no method at all. This is because contraceptive failure rates usually are particularly high for traditional methods. In countries where the prevalence of traditional method use is high, the FP/RHS include an expanded measure- "need for any or more effective contraceptive methods" as well as a measure of unmet need for any contraceptive method.

Others with unmet need : The standard formulation does not consider unmet need among unmarried women, including unmarried young adults, who are sexually active and at risk of unintended pregnancy. Because there probably is much unmet need among unmarried sexually active women, this is a serious limitation, as Westoff has observed. When only women who are married or living in union, rather than all sexually active women, are considered as the basis for measuring unmet need, the implication may be that other women do not need contraception. In fact, the level of unmet need among sexually active unmarried women may be higher than among married women. Sexually active, unmarried women- including not only the never-married but also the separated, divorced and widowed - typically have an even greater stake in avoiding pregnancy than do married women, but in many countries they are less likely to use contraception.

While there is no generally agreed-upon concept of unmet need among men comparable to that among women, surveys could provide the basis for such a formulation. In the FP/RHS, for example, men are considered to have an unmet need if they are

sexually active, their partners are fecund and not pregnant , and they do not want their partners to become pregnant, but neither they nor partners use contraception .

Assessing unmet need among young adults is particularly important . Family planning and other reproductive health care programs reach relatively few unmarried young adults, women or men . while in most countries only a minority of young adults engage in sexual activity before marriage , most who are sexually active have a clear need for contraception .

Reflecting recommendations in the Programme of Action of the International Conference of Population and Development (ICPD), Cairo , 1994 , Steven Sinding and Mahmoud Fathalla have suggested conducting "a new generation" of surveys that measure need more broadly , including unmet need among people who already are using contraception but may be dissatisfied with their method . Such surveys would gather both quantitative and qualitative information about women's and men's reproductive intentions and contraceptive use, experience with side effects, discontinuation of contraceptive use , and other problems related to family planning . Such information could help extend the focus of unmet need from use of any contraception to the quality of care

Table No. 1:

Percent of MWRA with Unmet Need, Met Need and Demand for FP Services in FPA focus area 1994 and 1997

Survey Year	Need for Family Planning										% Demand Satisfied
	Unmet Need			Using			Demand				
	For Spacing	For Limit	Total	To Space	To Limit	Total	To Spce	To Limit	Total		
1994	11.9	17.2	29.1	17	18.5	35.5	28.9	35.7	64.6	55	
1997	12.1	21.1	33.2	18.9	18.6	37.5	31	39.7	70.7	53	
Change	0.2	3.9	4.1	1.9	0.1	2	2.1	4	6.1	-2	

Table 1 examines the relationship of unmet need, met need and demand for family planning with the age of the MWRA. It shows that unmet need for spacing is inversely related to the age of the women . It decreases rapidly as the women's age increases . On the other hand , unmet need for limiting has an inverted U-shaped relationship with age . It increases with the age of the women, reaching the peak for the age interval 35-39, and then decline slowly as the age increases.

Different preferences clearly exist between younger and more adult women regarding spacing of limiting births . While younger women (under age 25) are more interested in spacing birth adult and older women (above age 25) prefer to limit births . The overall relationship of the total unmet need with age does not show any specific end . The total unmet need is highest among women between 15-19 years old (40%) and varies from 33.1% to 35.7% among women aged 20-39 .

Table No. 2 :

Percent Distribution of MWRA According to Unmet Need, Met Need and Demand for FP Services by Age (FPAN).

Age	Need for Family Planning									
	Unmet Need			Using			Demand			% Demand Satisfied
	For Spacing	For Limit	Total	To Space	To Limit	Total	To Spce	To Limit	Total	
15-19	37.6	2.3	39.9	8.1	0	8.1	45.7	2.3	48	16.9
20-24	25.7	7.6	33.3	20.3	3.9	24.2	46	11.5	57.5	42
25-29	11.8	21.3	33.1	25.2	12.9	38.1	37	34.2	71.2	53.5
30-34	6.7	27.1	33.8	21.5	26.7	48.2	28.2	53.8	82	58.8
35-39	5.1	30.6	35.7	18.3	29	47.3	23.4	59.6	83.1	57
40-44	2.2	27.3	29.5	15	30.3	45.3	17.2	57.6	74.7	60.5
45-49	2.2	24.8	27	10.9	24.7	35.6	13.1	49.5	62.6	56.9
Total	12.1	21.2	33.23	18.9	18.6	37.48	31	39.7	70.7	53

Similarly, the total demand for family planning services displays an inverted U-shaped relationship with age, showing the highest demand for family planning services among the women aged 30-39 years. As with unmet need, the demand for spacing methods is higher among younger women while the demand for limiting methods is higher for adult women.

Table No. 3:

Percentage of currently married women with unmet need for family planning, met need for family planning total demand for family planning, and percentage of demand that is satisfied, Nepal 1991 and 1996.

Unmet need for family planning			Met need for family planning			Total demand for family planning			% Demand Satisfied	
Survey	Spacing	Limiting	Total	Spacing	Limiting	Total	Spacing	Limiting		Total
1991NFHS	15.9	14.8	30.7	1.2	21.6	22.7	17.1	36.3	53.5	42.4
1996NFHS	14.3	17.1	31.4	2.6	25.9	28.5	16.9	43	59.9	47.6

A survey conducted in 3 district of Nepal shows that 37% of women and 44% of men were current users. 46% of women and 40% of men had unmet need for family planning. Most of them were know where to obtained contraceptives. About 970,000 women in Nepal were estimated in 1991 (Robey et. al. 1996) while about 1.2 million Nepalese women are currently estimated to have unmet need (Aryal and Dangi, 1997). The total demand for family planning is 59.9% of which 28.5% is met (i.e. currently using) and 31.4% is not met (14.3% unmet need for spacing and 17.1% unmet need for limiting which means 47.6% of demand for family planning is satisfied).

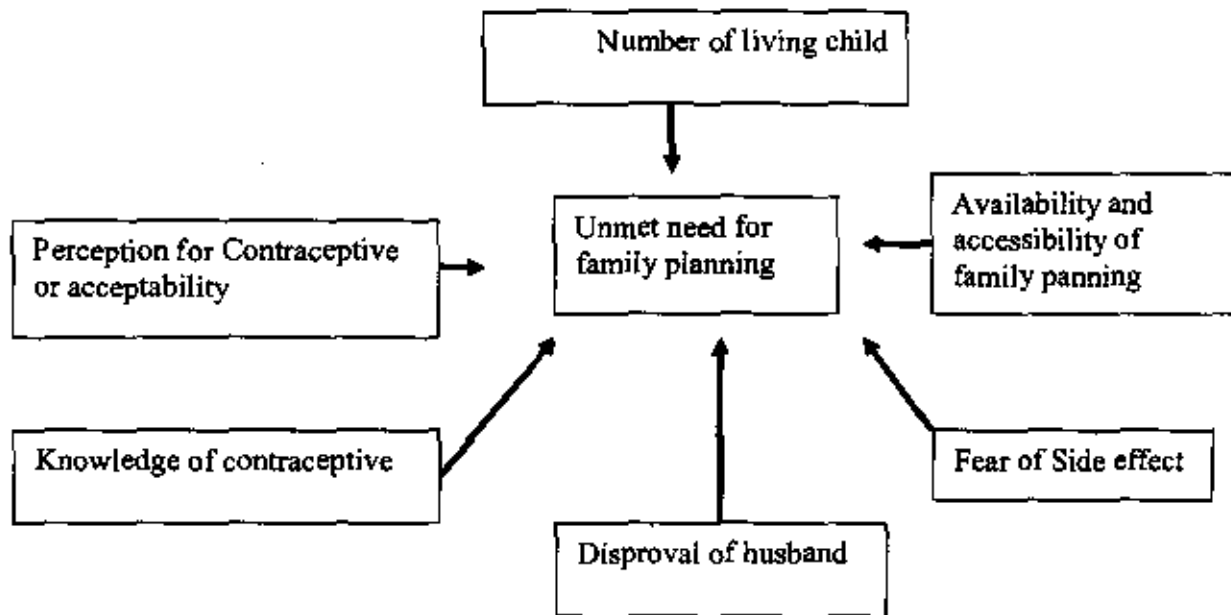
CHAPTER 3**3 Objective of the study****3.1 General Objective**

To find out the factor associated with unmet need for family planning among married women of reproductive age in Birendranagar Municipality of Surkhet district.

3.2 Specific Objectives

- To find out total unmet need for family planning (limiting and spacing method) in Birendranagar Municipality of Surkhet district.
- To identify the association between major influencing factors and unmet need regarding to family planning.

CONCEPTUAL FRAMEWORK



3.3 Limitation of the study

Since the study was conducted within a limited time period and area, it was not possible to explore all the factors related to unmet need for family planning. The findings of this study may not represent the whole country. Therefore, the result of the study cannot be generalized.

3.4 Research Variable

a) Independent variables

Knowledge about contraceptive

Perception for contraceptive

No of living sons

Disapproval of husband

Fear of side effects

Availability of F P services

b) Dependant Variables

Unmet need for contraceptive among married women of reproductive age

3.5 Definition of the Terms used

1. Unmet need for family planning:

Married couple who to space or limit their births but are not using contraception because of many reasons is termed unmet need for family planning.

2. Met need

Women using any kind of contraception at the study period are said to have met need.

3. Unmet need for spacing:

Women who want to space their birth but are not using contraception because of many reasons. This is termed unmet need for spacing.

4. Unmet need for limiting:

A woman who wants to limit their births but are not using contraception is termed unmet need for limiting.

5. Total unmet need:

The sum of the unmet need for spacing and unmet need for limiting gives the total unmet need.

6. Total demand:

The unmet and the met need combined together gives the demand for family planning services.

7. Non-users :

All married couple who are not using any contraception at the study period.

8. Need:

Women wanting any kind of contraception are said to have need .

9. Educational status:

Illiterate: neither read nor write

Literate: can read and write

Class below 5

Class 6-10

Class 10 and above

10. Economic status:

Insufficient; – Couple's income is insufficient for intake to one year.

Sufficient; – Couple's income is sufficient for intake to one year.

Enough with save; – Couple's income is sufficient with saving.

11. Health Worker:

VHW, MCHW, ANM, CMA, Nurses, HA, Doctors

12. Side-effect:

Any unwanted effect felt or expressed by respondent regarding contraception.

13. Perception:

Interpretation or giving meaning to the sensation available in the brain. Beliefs and feeling towards use of contraceptive.

14. Knowledge level:

Don't know any method:	- No knowledge
Know two methods	- Knowledge
(Type of methods i.e. either spacing or terminal and	

with one advantage and disadvantage of methods)	
Know more than two methods (Type of methods – spacing or terminal and with one advantage and one disadvantage	– very good knowledge

15. Modern methods of contraception

All mothers can be prevented from being pregnancy by using the methods, such as pills, depo, IUD, Norplant, vasectomy, minilap, and laproscopy.

CHAPTER 4

4 METHODOLOGY

4.1 Research Design

The study was non –experimental descriptive study.

4.2 Study area

The study was conducted in Birendra Nagar Municipality of Surkhet district. The study area was selected purposively.

4.3 Brief Introduction of the study area:

Surkhet district is situated between 28°14' to 28°58' north latitude and 80°59' to 82°2' east longitude. The district elevation ranges from 250 meter to 2367 meter above the sea level. The elevation of the district headquarter Birendra Nager municipality is 720 meter from the sea level. The district has divided in to three electoral constituencies, 9 lakas and 50 VDCs . The district is surrounded by salyan district to the east, Doti and Lailali to the west, Achham, dailekh and Jajarkot to the north and kailali , Banke and Bardiya to the South , Base on the district Development committee records , Though this is a hilly district. It is composed with inner terai as well purposed with Birendranagar municipality. The population of surkhet district is 2, 88,000, similarly the population and household of Birendranagar municipality is 31384 and 7139 respectively. Total MWRA of municipality is 6277, similarly total number of household of selected ward is 1420 and Number of expected sampling from. selected ward is 397 Married women of reproductive age.

4.4 SAMPLE DESIGN

4.4.1 STUDY POPULATION

The married women of reproductive age

4.4.2 SAMPLING TECHNIQUE

- Municipality of surkhet district was selected purposively
- Listed household (based on CBS data) among 7139 household of Birendranagar municipality
- Total municipality wards was divided in to four groups considering remoteness and accessible.
- Selected 3 wards, group no2 (2,3,4 wards) out of 12 ward of municipality by lottery method.
- Numbering the household of selected ward (1420)
- Selected sample household by systemic random sampling in 4 class interval
(class interval= Total household of selected ward (1420)÷ 3.55
Number of required Sample(400)
Approximately =4
- Interviewed from the selected household with (15-45) MWRA(399)

4.4.3 SAMPLE SIZE

Sample size was calculated by using the following formulas

$$n = 4pq/L^2$$

where

n = number of Sample

p = National Prevalence of unmet need =31%

q = 1-p =100-31=69

L (Allowable error 15% of p) =31*15%=4.65

100

4 x p x q (4*31*69

$$n = \frac{4 \times p \times q}{L^2(4.65)^2}$$

n = 397 approximately=400

but sample was taken 399.

4.5 Tools and technique for data collection

The structured and semi structured questionnaire was used as research instrument for data collection by trained interviewers. Initially questionnaire was prepared in English then translated in to Nepali for the interview purpose. The questionnaire was pre-tested among the clients of uttarganga VDC which is adjoining VDC of the municipality. After the pre-test the questionnaire was finalized in Nepali version by mobilizing the interviewers.

4.6 Data collection

The interviewers were selected from the Sr Auxiliary Health Worker and trained about the guideline of questionnaire filling, consent forms and objective of the study. After ward data was collected by trained interviewers by using the structured and semi-structured questionnaire was finalized after the pre-test in the same setting.

The data was collected from last wks December to 3rd weeks of January. The researcher visited in the field with the interviewers to supervise and monitor the data collection activities. Questionnaire was development in such a way that includes demographic characteristics knowledge of family planning, practice of family planning and factors affecting unmet need for family planning.

4.7 Ethnical consideration

The consent of the respondent was taken considering ethnical norms They were assured the information they provide would maintain privacy and confidentiality They were not compelled to give answer and they were independent on their wish. A detailing information regarding the family planning was given to the respondents after the data collection.

4.8 Data analysis and interpretation procedures.

After collecting the data, they are tabulated under different headings according to the objectives of the study.

- Editing:** Data were edited on the same day of collection so as to correct misinformation which mainly questionnaire may have.
- Coding:** Coding was done by assigning number and symbols to the collected information.
- Classification:** The data were classified according to the attributes.
- Analysis:** The descriptive data were analyzed by means, proportion Frequency and significant test etc.

Chapter 4

Study Findings

The study findings make known number of living birth, ethnic groups, number of family members, education status, economic status, age at marriage, information regarding the family planning, use of family planning method, wishes to use family planning method, causes not to use family planning method, status of satisfaction with health worker, menstruation situation of respondents, status of desired pregnancy and limiting and spacing method used by respondents. The study finding gives vivid picture of the couple protection rate at the study area. The study finding is co-related on number of living son and daughter with contraceptive users. This chapter is mainly concerned with analysis and interpretation data collected from the respondents, made with help of tables, charts, and graphs (SPSS).

Table No.4

Status of respondents among the selected wards

SN	Wards	Number	Percentage	Cumulative Percentage
1.	Ward Number Two	130	32.6	32.6
2.	Ward Number Three	112	28.1	60.7
3.	Ward Number Four	157	39.3	100
	Total	399	100	

As shown in the table, 39.3 percent of sample of respondents were taken from ward no. 4, similarly 32.6 percent and 28.1 percent from ward no. 2 and 3 respectively by applying the systemic random sampling method.

Table No.5

Age among the Respondents

SN	Age distribution	Number	Percentage	Cumulative Percentage
1.	15 – 19yrs	29	7.3	7.3
2.	20-24yrs	95	23.8	31.1
3.	25-29yrs	74	18.5	49.6
4.	30-34yrs	82	20.6	70.2
5.	35-39yrs	56	14.	84.2
6.	40-44yrs	63	15.8	100.
	Total	399	100	

Above table shows that majority of respondents' lies between age groups of 20- 24 yrs . Fifty percent of respondents are in below the age of 29 yrs.

Table No.6

Number of living birth among the Respondents

SN	Categorized living birth	Number	Percentage	Cumulative percentage
1.	0 birth	8	2	2
2.	One to two birth	193	48.4	50.4
3.	Three to four birth	151	37.8	88.2
4.	Five plus	47	11.8	100
	Total	399	100	

Number of living birth is observed highest among the respondents who have given birth one to two children (50%). Nearly 50 % married women of reproductive age falls above three births during the data collection period.

Table No.7

Number of living children among the Respondents

SN	Categorized living children	Number	Percentage	Cumulative percentage
5.	0	9	2.3	2.3
6.	One to two	202	50.6	52.9
7.	Three to four	157	39.3	92.2
8.	Five plus	31	7.8	100
	Total	399	100	

Above table shows that 2.3 percentage respondents have no any children during the data collection period. The tables of living birth reveal that nearly 12 percentage respondents have five plus birth whereas, in this table five plus children are in 8 percentage level. It is concluded that higher no of birth lead higher number of death. Nearly 40 percent respondents have 3 or more than 3 children.

Table No.8

Number of living son among the Respondents

Sn	No of Living sons	Number	Percentage	Cumulative Percentage
1	0	57	14.3	14.3
2	1	179	44.9	59.1
3	2	131	32.8	92.0
4	3	29	7.3	99.2
5	4	3	.8	100
	Total	399	100	

The table reveals that 14.3 percent respondents have no son during the period of data collection. Forty-five percent respondents have only one son where as 40 percent of the respondents have 2 and above two son.

Table No.9

Number of Living daughter

Sn	No of Living daughter	Number	Percentage	Cumulative Percentage
1	0	110	27.6	27.6
2	1	147	36.8	64.4
3	2	89	22.3	86.7
4	3	41	10.3	97.0
5	4	8	2.0	99.0
6	5	3	.8	99.7
7	6	1	.3	100.00
Total		399	100	

The table shows that nearly 28 percent-married women of reproductive age have no daughter. Nearly 38 percent respondent has only one daughter. Similarly 22.3 percent, 10.3 percent, 2 percent, .8 percent and .3 percent respondents have 2, 3, 4, 5 and 6 daughters respectively

Table No.10

Sex wise distribution of living children

SN	Sex of children	Number	Percentage	Cumulative Percentage
1	Son	540	51.87	51.87
2	Daughter	501	48.13	48.13
Total		1041	100	
Average Number of children		2.61		

As shown in the table no 6, sex-wise distribution of living children among the respondents is not so different. Average no of children among the married women of reproductive age in selected sample is 2.61perwomen which is less than national fertility of the Nepal.

Table No.11

Ethnic wise distribution of the respondents

Sn	Ethnics	Number	Percentage	Cumulative Percentage
1	Brahamin	98	24.6	24.6
2	Chhetri	98	24.6	49.1
3	Giri/Puri/Bharati	41	10.3	59.4
4	Magar/ Gurung	63	15.8	75.2
5	Marginalised	96	24.1	99.2
6	Newar	3	.8	100.00
Total		399	100	

Many studies demonstrated that ethnicity is associated with the occurrence of various health problems. Based on available information about different categories of ethnicity in the study area, it's classification was done according the socio culture practices in health and illness as shown in the table above. As seen in the above table the ethnicity distribution pattern was almost similar with the district pattern. In this regards, 50 percent sample was covered by the brahamin and chhetri and rest by others.

Table No.12

Number of Family member among the respondents

SN	No. of family member	Number	Percentage	Cumulative Percentage
1	Below 5 me members	135	33.8	33.8
2	5 – 8 me members	220	55.1	89
3	9 and above me members	44	11.0	100
Total		399	100	

Regarding to the number of family member, majority of the respondants lies between 5-8 family members it covers 55 percent of total respond ants. Remaining 45 % percent respond ants falls below the 5 family remember and 9 and above family me members. It indicates that program should be directed considering the medium level of family me members of that study area.

Table No.13

Education Status of the respondents

Sn	Education Status	Number	Percentage	Cumulative Percentage
1	Illiterate	121	30.3	30.3
2	Literate	90	22.6	52.9
3	Below 5 class	49	12.3	65.2
4	6 – 10 Class	100	25.1	90.2
5	10 plus	39	9.8	100
Total		399	100	

Education plays a significant role in people being aware in adopting healthy behavior, and to use the contraceptive when they desire. As the table shows that about two third of the respond ants were literate including, school study and higher class among the selected sample that is higher as compare to the national average. The table shows that only thirty percent married women of reproductive age are illiterate among total respond ants. The over all literacy rate is quite encouraging for study area however, school enrollment is not seen satisfactory.

Table No.14

Economic Status of the respondents

Sn	Economic Status	Number	Percentage	Cumulative Percentage
1	Food-not sufficient for a year	200	50.1	50.1
2	Food- sufficient for a year	189	47.4	97.5
3	Food- sufficient for a year and also selling	10	2.5	100
Total		260	100	

The economic status of the sampling unit was classified according to food-sufficient for year. The verbal question was asked to the respondents to find out the economic status of respondents. According to these criteria, 50 percent respondents have low level of economic status. Though, medium and high economic status is close to equal, ie 47 and 3 percent respectively.

Table No.15

Occupation Status of the respondents

Sn	Occupation Status	Number	Percentage	Cumulative Percentage
1	Agriculture	176	44.1	44.1
2	Business and Ghumti	74	18.5	62.7
3	Nokari	60	15	77.7
4	Labor works	85	21.3	99.
5	Others	4	1.	100
Total		399	100	

The table shows that agriculture was found as the main occupation accounting 44. Percent sample women. Similarly 21 and 18 percent respondents are involved in labor, business, and Ghumti respectively. Fifteen percent of respondents are involved in civil servant including private services.

Table No.16

Age at marriage among the respondent

SN	Age distribution	Number	Percentage	Cumulative Percentage
1	Below 15	52	13.0	13.0
2	15 - 19yrs	264	66.2	79.2
3	20-24yrs	75	18.8	98.0
4	25-29yrs	8	2.0	100
Total		399	100	

Age at marriage is one of the important indicators of the reproductive health. The above table shows that 80 percent of the respondents involved in marriage are below the age of nineteen. This finding is also directly related with pattern of pregnancy. The above given table depicts that only 20 percent sampling unit take part in age at marriage after the age of 20 yrs. This table gives us so vivid picture we can easily say that present government efforts to raise the years of age at marriage and pregnancy has not success as the expected level. By observing the above table that it is concluded that efforts of the reproductive health should be directed to ward the adolescence health.

Table No.17

Having the information about contraceptive method among respondents

SN	Having information	Number	Percentage	Cumulative Percentage
1	Yes	382	95.7	95.4
2	No	17	4.3	100
Total		399	100	

Regarding to the percent of having the information about contraceptive method is observed remarkable in selected sample unit in compare to the literacy rate. They have received information from the various sources that is mentioned in another table.

Table No.18

Sources of information about family planning method among the Respondents

SN	Source of Information	Number	Percentage
1	Health Workers	315	78.9
2	Radio	286	71.7
3	Poster	68	17
4	TV	178	44.6

As seen the table, respondents received information from health workers, radio, poster and TV is observed 79 percent, 17 percent and 45 percent respectively. It is seen that health worker have dominant role to provide FP related information at the community level.

Table No.19

Contraceptive Method wise Knowledge of the Respondents

SN	Name of contraceptive	Number	Percentage
1	Pills	323	81
2	IUCD	111	27.8
3	Norplant	172	43.1
4	Depo	350	87.8
5	Lap	69	17.3
6	Minilap	222	55.6

As shown in the table, 88 percent of respondents have knowledge regarding the Depo provera contraceptive and similarly 81 percent, 55 percent, 43 percent, 28 percent and 17 percent are followed by pills, Minilap, Norplant, IUCD and Laparoscopy respectively.

Table No.20

Status of Current users of family planning methods among the respondents

SN	Current Users	Number	Percentage	Cumulative Percentage
1	No	149	37.3	37.3
2	Yes	250	62.7	100
Total		399	100	

As shown in the table, nearly 63 percentages of respondents have already used contraceptive method. Only 37 percentages of respondents are not using contraceptive during the data collection period. The contraceptive prevalence rate in the study area is more encouraging in the comparison of national figure. The Contraceptive prevalence rate shows that it is near to the target of second long term health plan.

Table No.21

Method Wise Distribution of Current users

SN	Name of contraceptive	Number	Percentage	Cumulative
1	IUCD	1	.4	.4
2	Norplant	4	1.6	2
3	Pills	18	7.2	9.2
4	Depo	46	18.4	27.6
4	Minilap	100	40	67.6
5	Vasectomy	81	32.4	100
		250	100	

It is seen from the above table that majority of the respondents have used minilap where as other method are followed by vasectomy, depo, pills, norplants and IUCD. In the terminal method most likely method by respondents is minilap and in the spacing method first place has taken by the Depo-Provera.

Table No.22

Status of the respondents who were not using FP method

SN	Desired	Number	Percentage	Cumulative Percentage
1	Yes	77	52	52
2	No	72	48	100
Total		149	100	

Regarding to the above table, fifty two percentage of respondents desire to use the family planning method but forty eight percentages do not wish to use family planning method due to the various reasons.

Table No.23

Wished Family Method who are not using

SN	Name of Contraceptive	Number	Percentage	Cumulative percentage
	Norplant	1	1	1
	Depo	33	43	44
	Minilap	43	56	100
		77	100	

A question was asked for those respondents who were not using contraceptive but they wished to use. In this regards 56 percent of respondents were willing to use terminal method where as remaining 44 percent wished spacing contraceptive to meet their present requirement.

Table No.24

Causes lead not to use FP method

SN	Name of Contraceptive	Number	Percentage	Cumulative Percentage
1	Disapproval of the Husband	24	31.2	31.2
2	Due to the rumors regarding to the Family planning	20	26	57.2
3	Fear of Side Effect	15	19.5	76.7
4	No proper Counseling by Health Workers	6	7.8	84.5
4	Due to the time constraints	5	6.5	91
5	Others	7	9	100
	Total	77	100	

Regarding to the causes not to use family planning method, majority of the respondents were not using contraceptive due to the disapproval of the husbands and remaining respondents followed by rumors, side effects, no counseling, time constraints and others are 26 percent, 20 percent, 8 percent, 7 percent and 9 percent respectively. The other column includes no menstruation started and Lahure husband.

Table No.25

Status of Satisfied clients with health workers

SN	Satisfaction Status	Number	Percentage	Cumulative Percentage
1	Satisfied at all	194	43.6	43.6
2	Satisfactory	214	53.6	97.2
3	No satisfactory at all	11	2.8	100
	Total	399	100	

The study showed that majority of the respondents (97 percent) is satisfied with health workers where as only three percent respondent are not satisfied with health workers.

Table No.26

Status of pregnancy among the respondents

		Number	Percentage	Cumulative Percentage
Status pregnancy	Yes	36	9	9
	No	363	91	100
	Total	399	100	
	Desired Pregnancy	20	55	55
	Not Desired	16	45	100
		36	100	
not desired	Always	15	93.75	6.25
	Limited Period	1	6.25	100
	Total	16	100	

In terms of status of pregnancy, 9 percent of respondents are in having pregnant among the total MWRA. Among the total pregnant women desired and not desired pregnant are 55 percent and 45 percent respectively. Similarly among the not desired pregnant women, 94 percent wished terminal method where as only 6 percent respondent wished spacing method.

Table No.27

Status respondent's desire for farther pregnancy

Sn	Further pregnancy	No	Percentage	Cumulative Percentage
1	Desired for farther Pregnancy	117	29	29
2	No desired for farther Pregnancy	101	25.5	54.5
3	Terminal contraceptive users	181	45.5	100
Total		399	100	

In reference to desire for farther pregnancy, 29 percent respondents desired for farther pregnancy, remaining 25.5 and 45.5 percent respondents are no desired for farther pregnancy and used terminal contraceptive respectively

Table No.28

Unmet need among the married women of reproductive age

Sn	Status of unmet need	No	Percentage	Cumulative Percentage
1	Unmet need	77	19	
2	Met need	250	63	
3	Others (unwanted)	72	18	
Total		399	100	

As shown in the table, 19 percent respondents have un met need among the total respondents. Met need by modern contraceptive among the respondents is 63 percent which reveal the more encouraging status. Eighteen percent respondents do not wish FP method due to various reasons

Cross Tab Analysis

Table No.29

A Comparison between education status, Number of family member and ethnic groups with contraceptive users.

1	Education Status	Current contraceptive users			P value	
		Total	Yes	No		
	Literate	298	176 (63%)	102(37%)	.69	
	Illiterate	121	74 (61%)	47(39%)		
	Total	399	250	149		
2	Number of family Members	Total	Yes	No	.001	
		Below 5 members	135	76(56%)		59(63%)
		5 to 8 members	220	156(71%)		64(29%)
		9 plus	44	18(41%)		26(59%)
		Total	399	250		149
3	Ethnic Groups	Total	Yes	No	.89	
		Brahamin	98	59(60%)		39 (40%)
		Chettri	101	67(66%)		34(34%)
		Giri/ Puri/Bharati	41	26(63%)		15(37%)
		Magar/ Gurung/	63	40(63%)		23(37%)
		Marginalised cast	96	58(60%)		38 (40%)
		Total	399	250		149

Above table shows there is no significantly relationship between education status and contraceptive users at existing study. Only more than 2 percent respondents are using contraceptive by literate than illiterate MWRA. The relationship between number of family member and contraceptive users is highly significant among the respondents. The respondents who have the medium level of family size adopting the contraceptive method in abundance. The table indicates that there is no significant relationship among the ethnic group and contraceptive users. Marginalised and brahamin ethnic groups are using lowest percent of contraceptive at that study area.

Table No.30

A comparison between number of living child and given information to the respondents with contraceptive users.

1	Number of living Children	Current contraceptive users			P value
		Total	Yes	No	
	0	9	2 (22%)	7(78%)	.001
	1-2	202	101 (50%)	101 (50%)	
	3-4	157	122(78%)	35(22%)	
	5 and plus	31	25(80%)	6(20%)	
	Total	399	250	149	
2	Given information about family planning	Total	Yes	No	.001
	Yes	382	249(65%)	133(35%)	
	No	17	1(6%)	16 (94%)	
	Total	399	250	149	

The table reveals that 22 percent respondents who have not any child are using the contraceptive at that study area. The relationship between the contraceptive users and number of living children is significant among the respondents. It reveals that higher number of children, higher number of contraceptive users. At the study area where contraceptive users are more than 60 % but nearly 50 % respondents have more than 3 children. The program should be directed to those couples who have more than 3 children.

Above given table indicate that Information regarding the family planning method is more essential to adopt it. The table shows that p value is highly significant between those respondents having the information or not.

Table No.31

Education Status and undesired Pregnancy among the respondents

1	Education Status	Undesired pregnancy			P value
		Total	Yes	No	
	Illiterate	121	3(2%)	118 (98%)	.45
	Literate	278	13(5%)	265(95%)	
	Total	399	16(4%)	383(96%)	

Among the total respondents 4 percent MWRA have unwanted pregnancy at that study area. There is no direct relation ship the between the literate and illiterate women for undesired pregnancy. Undesired pregnancy is observed slightly higher percent among the literate group rather than the illiterate.

Table No.32
Age wise distribution of spacing and terminal method

Age	Current contraceptive users			P value .0001
	Total	Spacing	Terminal	
15 -19yrs	29	4(50%)	4(50%)	
20- 24 yrs	95	23(58%)	17(42%)	
25-29 yrs	74	21(40%)	32(60%)	
30- 34yrs	82	9(16%)	46(84%)	
35-39yrs	56	6(14%)	38(86%)	
40-44yrs	63	6(12%)	44(88%)	
Total	399	69(28%)	181(72%)	

Regarding the contraceptive users and age of respondents, it is seen that there is inverse relationship between the spacing and terminal method with age of respondents. It means that number of terminal method users is increasing with the increased age of respondents, similarly number of spacing method users are decreasing with the increased age of respondents. The p-value indicates that there is significantly inverse relationship between the users of spacing and terminal method.

Table No.33
Compare age wise distribution of unmet need with other remaining respondents

Age	P value			.32
	Total	unmet need	Others	
15 -19yrs	29	9 (31%)	20(69)	
20- 24 yrs	95	20(21%)	75(79%)	
25-29 yrs	74	14(19%)	60(81%)	
30- 34yrs	82	18(22%)	64(78%)	
35-39yrs	56	7(12%)	49(88%)	
40-44yrs	63	9(14%)	54(86%)	
Total	399			

As shown in the table, 15 -19 yrs respondents have high percent of unmet need among the total respondents. Percent of unmet need above 35 years of age is below 15 percent. The table gives a vivid picture that teen age group have not decision making power to adopt reproductive right. However association between unmet need and age distribution is not significant (p-value >.05)

Table No.34

Status of contraceptive users having no children among the respondents

SN	Children	Total Numbers	Contraceptive users		P value
1	Son	21	Spacing	Terminal	.0001
2	Daughter	51	16 (76%)	5(24%)	
Total		72	17 (33%)	34(66%)	

The study table shows that 24 percent respondents, who have no son, used terminal method but 66 percent of respondents have used terminal method in spite of no daughter. Similar situation is found in spacing method. The table shows that most of the respondents do not like to use terminal method if they have no son.

Discussion

A study published in Indian Journal of community medicine shows that the extent of unmet need among married women of reproductive age attended in immunization clinic in a medical college of Calcutta was 23.1 percent. The study finding of Calcutta is more or less similar with this study (19percent). Majority of mother belonged to the age group 21-30 years (53.5%) at that Calcutta study, in this study 44 percent mothers are belonged to the age group 20 – 29 years. Causes of unmet need in Calcutta study shows that 25.25 percent respondents are concerned with the side effect of contraceptive method and followed by lack of information (26 percent) , inconvenient and unsatisfactory services(27.5 percent) and opposition from husband (12%). The study of Birendranagar shows that 20 percent respondents do not use contraceptive due to the fear of side effect. Disapproval of husband covers nearly 31 Percent out of total causes of unmet need and followed by rumors, no proper counseling, time constraints and others.

In Kenya in 1993, 35.5 percent of married women had an unmet need for family planning. Reproductive health surveys conducted in Ruusia in 1996 indicate that 11- 15 percent of women of reproductive age were in need of family planning. Corresponding estimates from reproductive health survey data for Czech women of reproductive age in 1993 are 10 and 31 respectively. The level of unmet need is highest in sub-Saharan Africa ranges from 15 % in Zimbabwe to 37 % in Ruwanda. A study conducted on unmet need of family planning in Torkey(1992), Dominican Republic, Madagascar(1992) and philippines(1993) are 39%, 35% and 21% respectively.

Among the Asian countries surveyed unmet need varies 11 % in Thailand to 32 % in Pakistan. Comparing data derived from the 1991and 1996 NFHS shows that 30.7 % and 31.4% of MWRA of Nepal has the unmet need of family planning method respectively. Similarly study shows that the level of unmet need was higher (28%) in rural area than in urban area(19.7%). Percent of MWRA with unmet need for family planning services in FPAN focuses area 1994 and 1997 were 29.1 and 33.2 respectively. A study conducted in Latikoili VDC shows that 27 percent of respondents have un met need for family planning which is neighboring VDC of Birendranagar Municipilaty. The

study conducted in Birendranagar municipality reveal those 19 percent women of reproductive age have unmet need of family planning method where literacy rate is nearly 70 percent. The study finding looks like the NFHS 1996. Number of living children and information/ knowledge regarding the family planning for the respondents is considered one of the most important weapons to reduce the unmet need of family planning. The p-value is less than .05 between the comparison of number of living children and information regarding the family planning with current users which indicate the significant relationship between the mentioned variables. This study reveals that 31 percent women are not using contraceptive due to the disapproval of the husband. It means that women have pitiable decision making role in their pace of life.

In the concentrate, improving communication (interpersonal communication), empowerment activities focusing on women as well as men will reduce unmet need

Conclusion and recommendation

The study shows that nearly one-fifth (19percent) women of reproductive age in Birendra nagar municipality reported having an un met need for family planning services. This includes 8.5 percent who are in need of spacing and 10.5 percent who are required terminal method

2.3 percentage respondents have no any children and 12 percentage respondents have five plus birth. Whereas, in this table five plus children are in 8 percentage level. It is concluded that higher no of birth lead higher number of death.

Average no of children among the married women of reproductive age in selected sample is 2.61perwomen which is less than national fertility rate.

. As seen in the study, the ethnicity distribution pattern was almost similar with the district distribution pattern. In this regards, 50 percent sample was covered by the brahamin and chhetri and rest by others.Regarding to the number of family member, majority of the respondents lies between 5-8 family members it covers 55 percent of total respondents.

As the study shows that about two third of the respondents were literate.

According to these criteria, 50 percent respondents have low level of economic status. The agriculture was found as the main occupation accounting 44.Percent sample women. Similarly 21 and 18 percent respondents are involved in labor, business, and Ghumti respectively.

Age at marriage is one of the important indicators of the reproductive health. The study shows that 80 percent of the respondents involved in marriage are below the age of nineteen.

The health workers are main sources (79%) of family planning information. Least information (17%) received from poster. Eighty eight percent of respondents have knowledge regarding the Depo provera contraceptive and similarly followed by pills, Minilap, Norplant, IUCD and Laparoscopy is 81 percent, 55 percent , 43 percent, 28 percent and 17 percent respectively.

Sixty three percent of respondents have already used contraceptive method. Only 37 percentages of respondents are contraceptive current users.The contraceptive prevalence rate in the study area is more encouraging in the comparison of national figure the Contraceptive prevalence rate shows that it is close to the target of second long term

health plan. It is seen that majority of the respondents have used minilap where as other remaining method are followed by Vasectomy, depoproverae, pills, norplants and IUCD. In the spacing method most likely method is depoproverae.

A question was asked for those respondents who were not using contraceptive however, they wished to use. **As shown in the study, 19 percent respondents have unmet need among the total respondents.** In this regards 56 percent of respondents were willing to use terminal method where as remaining 44 percent wished spacing contraceptive to meet their present requirement.

Regarding to the causes not to use family planning method, majority of the respondents were not using contraceptive due to the disapproval of the husbands (31percent) and remaining respondents followed by rumors, fear of side effects, no counseling by health workers , time constraints and others are 26 percent, 20 percent, 8 percent, 7 percent and 9 percent respectively The study showed that majority of the respondents (97 percent) is satisfied with health workers where as only three percent respondent are not satisfied with health workers. In terms of status of pregnancy, 9 percent of respondents were pregnant. Among the total pregnant women desired were 55 percent and not desired 45 percent.

There is no significantly relationship between education status and contraceptive users at this study. Only more than 2 percent respondents are using contraceptive by literate married women of reproductive age than illiterate. The respondents who have the medium level of family size adopting the contraceptive method in abundance is highly significant ($p\text{-value}<0.05$). . At the study area where contraceptive users are more than 60 % but nearly 50 % respondents have more than 3 children. The program should be directed to those couples who have more than 3 children.

Information regarding the family planning method is more essential to adopt it. Respondents who have not received information, Only 6 percent are using contraceptive.

Among the total respondents, 4 percent MWRA have unwanted pregnancy at that study area.. Regarding the contraceptive users and age of respondents, it is seen that there is inverse relationship between the spacing and terminal method with age of respondents ($P\text{-value}<0.05$).

Recommendations

A study gives so vivid picture that government efforts to rise age at marriage and age of pregnancy has not success as the expected level so it is concluded that efforts of the reproductive health should be directed to ward the **adolescence health**.

At the study area where fifty percent contraceptive users have **more than 3 children** so the program should be directed focusing to those couples. Information regarding the family planning method provided by health worker is more essential to adopt it so attention should be given to the **counseling service to avoid rumors, fear of side effect etc.**

In the concentrate, improving communication (interpersonal communication), empowerment and gender related program focusing on women as well as men will reduce unmet need.

Recommendations for farther study

- A study should be conducted to find out causes of disapproval of house band to adopt contraceptives.
- The study reveals the eighty percent of respondent's age at marriage is below the 20 percent so farther studies is also recommended to find the causes of early marriage.

Annex 1

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Annex 2
Questionnaire

- Name of interviewers Date: 2061/
 Name of interviewee: Age
 Ward Numbers: Number of living Birth:
 Number of living children: No of living of living son:
 Number of living daughter: Age of young child:
 Age of husband: Ethnicity:
 Number of family members living with:
- 1 Education Status
 a illiterate b Literate c Below 5 class d 6 to 10 class e 10 and above
- 2 Economic Status:
 a In sufficient food for a year b Sufficient food for a year c Saving and also selling
- 3 Occupation
 a Agri b Business c Civil servant with private d Labors e Mention if others
- 4 Age at marriage
 a Below 15 yrs b 15-19yrs c 20 - 24 yrs d Above 25 yrs
- 5 Having information regarding the contraceptive
 a Yes b No
- 6 Information from
 a Health workers b Radio c Poster/phamphlet d TV e Others
- 7 What information
 a Pills b IUCD c Norplant d Depo e Laporascopy f Minilap
- 8 Wishes FP method
 a Yes b No
- 9 Before FP method used
 a Yes b No
- 10 if used what method
 a Pills b IUCD c Norplant d Depo e Laporascopy f Minilap

11 Now are you or yours husband using FP method.

- a Yes b No

Note: If answers are No, ask remaining questions from 13 to 20 and answer is yes asking question no14 and 20

12 if used what method

- a Pills b IUCD c Norplant d Depo e Laporascopy f Minilap
g Vasect

13 If not used FP method, ask

- a Whether she desire b Whether she does not

14 If she desire, what method

- a Pills b IUCD c Norplant d Depo e Laporascopy f Minilap

15 If she desire why she has not used

- a No b Side effect c Dispro d Rumors e No proper f Time
 availabl of family val of Regarding counseling by constraints
 e FP planning husban the FP health workers
 method method d methods
g Others

16 17Are you satisfied with health workers?

- a Satisfy at all d Satisfy c No satisfy at all

17Mins stops

- a Yes b No

18 If yes

- a desired b No desired

19 If no desired

- a forever b Limited period

20 If no pregnant, when she want farther child

- a immedi b With in 2 two c With in d With in e No need farther
 ately years 3 yrst 4 yrs childrens