

**A STUDY ON
FACTORS AFFECTING FAMILY
PLANNING PRACTICES AMONG
MUSLIM WOMEN OF REPRODUCTIVE
AGE GROUP**



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Bachelor in Public Health
(12th Batch)
2001

ACKNOWLEDGEMENT

Firstly, I would like to pay my sincere gratitude to Nepal Health Research Council (NHRC) for providing me financial assistance for this study. I am deeply indebted to Prof. Dr. Gopal Prasad Acharya and Prof. Dr. Ramesh Kant Adhikari for providing me this support.

First and foremost thanks goes to Assistant Campus Chief (Maharajgunj Campus) Mr. Chitra Kumar Gurung and Associate Professor Dr. Anand Ballav Joshi (Maharajgunj Campus) for providing me valuable guidance, feedback, time & encouragement throughout my study without which I think I could not have completed my study so easily.

My special thanks goes to Mr. Ramji Prasad Pathak (MPH Coordinator, Maharajgunj Campus) and Lecturer Mr. Naveen Shrestha (Maharajgunj Campus) for giving me valuable & precious guidance, during my research.

I also like to thank Mr. Bhimsen Devkota (Research Officer, NHRC) and Mrs. Rakhee Joshi (Information Officer, NHRC) for providing me valuable information for this study.

I would also like to give my heartfelt thanks to the staffs of local NGO, Banke Mahila Arthik Swabalamban Sanstha (BMASS) especially to field coordinator Mr. Sudeep Bhattarai, for providing valuable information regarding my research. Mrs. Tika khadka a staff of BMASS also deserves thanks for helping as an enumerator.

I also like to thank Mrs. Amrita Shahi, MCHW of Puraina SHP, helping me as an enumerator. I would like to pay my thanks to V.D.C chairman Mr. Khalil Darjee for his cooperation in my study.

My colleague especially Miss Sujeeta Shakya, Miss Shreejana Pokharel, Mr. Sagar Prasad Ghimire and Mr. Pralhad Bhattarai are those who were behind my work.

Mr. Gopal Krishna Dangol of Swopnil Multi Services also deserves sincere thanks for giving valuable time, energy and efforts for the preparation of this research report.

 Meraj Ahmad

EXECUTIVE SUMMARY

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Family Planning in the context of Islam and Family Planning Practice among Muslims, is a chapter, that has been controversy for several years and will remain controversy for coming more years unless and until some clear cut visions and research findings will not point out exactly what is and what should exactly be both to- the Muslims scholars & people as well as non Muslims groups.

This study is a small attempt to explore the underlying issues regarding Family Planning knowledge, attitude and various predisposing, enabling and reinforcing factors affecting FP Practice in the Muslim community.

The study was conducted in Puraina VDC of Banke district. Out of 46 VDCs, it is one, having majority of Muslim Population. The CPR was found to be 24.29% . Although it is very low in comparison to the National figure, it is a positive indication of FP practice in the Muslim community.

Majority Practice temporary methods. Among current users, 45.09% use Norplant followed by Depo (29.41%) and Pills (13.73%). However sterilization is almost nil. Among Ever users, most of them, i.e. 64.28% used Norplant. The main cause of discontinuation was its side effect.

Socio-demographic factors have both positives as well as negative impact on contraceptive use. Early marriage is still universal in the community.

Findings shows that women in very young (15-19) and very old age (45-49) have lowest demand of FP while in the intermediate age (25-34) they are more likely to use some kind of FP methods.

Literacy of husband has positive impact on contraceptive use among their wives. Women from Nuclear family are more likely to use contraceptives. Women having desired no of sons (2or3) wants to limit their family size. Study shows that 53% women among users had got 3-4 children.

Knowledge of FP is nearly universal in the community. About 98% have heard about the term Family Planning. Among which, 78% know some kind of modern FP methods. Majority of the users, i.e. 53% obtained the methods from the private sector while only 18% obtained from government sector i.e. SHP. FP service was quite accessible to them in terms of travel time. On the average it took only 10-30 minutes to reach the service outlet.

The attitude of women towards FP methods was found to be positive except that of regarding permanent methods. Majority believes that small family is very essential for the well being of Family Health. Perception of Local Muslim Religious Leaders was negative towards FP. According to their opinion, Family Planning is totally prohibited in Islam. In their opinion, both temporaries as well as Permanent methods are not allowed except that in a very extreme conditions when the lives of women are in danger.

ABBREVIATIONS

AHW	: Auxiliary health worker
ANM	: Auxiliary Nurse Midwife
AIDS	: Acquired Immune deficiency syndrome
BMASS	: Banke Mahila Arthik Swawlamban Sanstha
CBS	: Central Beuro of Statistics
CPR	: Contraceptive prevalence rate
Depo	: Depo Provera
DPHO	: District public health office
DHS	: Department of health services
FP	: Family planning
FPAN	: Family planning Association of Nepal
GDP	: Gross Domestic Products
HA	: Health Assistant
HMG	: His Majesty's Government
IOM	: Institute of Medicine
IEC	: Information Education Centre
IUD	: Intra Uterine devices
MWRA	: women of Reproductive age group
MCHW	: Maternal and Child Health worker
MOH	: Ministry of Health
MOP&E	: Ministry of population an environment
NFHS	: Nepal Family Health Survey
PGR	: Population growth rate
PHC	: Primary health centre
TBA	: Traditional birth attendant
TFR	: Total Fertility rate
STDs	: Sexual transmitted diseases
VDC	: Village development committee
VHW	: Village health worker
SHP	: Sub health Post
WHO	: World Health organization

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1. INTRODUCTION

1.1 BACKGROUND

The population dynamics of Nepal is not fundamentally different from those of other countries of the Asia-Pacific region at a similar stage of development. The population of Nepal is characterized by its youthful structure, high and stable fertility, declining mortality and early, near universal marriage.

These characteristics determine the nature of the problem that the country is facing in establishing a balance between resource development and population growth. The population of Nepal today is 1,84,91097 (1991) & 2,23,67048 (22 million) as projected for 1999 and the annual population growth is still above 2%.

The country is predominantly rural and based on subsistence agriculture, which produces about 60% of GDP and employs 90% of the labor-force. The availability of arable land, however, is limited due to steep snow-clad mountains in the north and rugged topography in the mid-hills.

Because of intensive exploitation, the carrying capacity of existing land has already been exceeded in many places. The resource constraints and the growing population growth have inevitably pushed the search for food production to marginal lands with commensurate adverse impact on forest resources and environment. This process has set in motion a chain of negative reaction among poverty, population growth and environment.¹

Economic growth of the country has not improved markedly over time to overtake population growth. As the current population growth is 2.3% per annum, the gain achieved by development activities has been concealed by growing population.

The total fertility rate (TFR) of Nepal, which was 6.33 in 1976, has declined to 4.6 in 1996. Despite these achievements, Nepal's population will keep on increasing for many years to come. This is because demographically Nepal's population is very young as the proportion of population of 0-14 age group has remained at 40% or more since 1961. Given the structure, Nepal's population cannot be stabilized before reaching 45 million due to population momentum, and if mortality decline is moderate, even if the level of fertility is reached to 2.5 as early as 2000 AD.²

The United Nations conference on human rights at Tehran in 1968 recognized family planning as a basic human right. The Bucharest conference on the World Population held on August 1974 endorsed the same view and stated in its plan of action that "all couples and individuals have the basic human right to decide freely and responsibility the number and

spacing of their children and to have the information, education and means to do so."

The rapid growth in population has affected almost every aspect of the Nepalese economy. Particularly, this has put a great challenge on the basic needs fulfillment programs of HMG.

A number of policies and programs were initiated by His Majesty's Government (HMG/Nepal) in the past regarding population planning with the specific aim of reducing fertility and gradually enhancing the quality of the people. The use of contraception doubled every 5 years between 1976 and 1986 but the current rate of 24.3% adoption is still relatively low to produce any meaningful result. Thus there is a need for strengthening family-planning services to secure decline in fertility rate.¹

A Nepali woman has 1 in 32 chances of dying because of pregnancies or childbirth in comparison to women in a developed country where the change is 1 in 10,000. At present approximately 4000-6000 women die of causes related to pregnancy and childbirth.³

During the period of 2053-2054 (1997-1998), under five mortality, child mortality and infant mortality rates are 100,118 and 74.7 per thousand live birth respectively. Even though the trend of fertility is towards declining, the current TFR is 4.58 and contraceptive prevalence rate is still 30.1 (053/054) compared to that of 1991 that was 30%.⁴

The world health organization estimates that worldwide each year at least half a million women die as a result of pregnancy and child birth, and almost 99% of these deaths occur in developing world.

In Nepal women of child bearing age (15-49 years) constituted 23% of the total population of 21 million in 1996. It is estimated that approximately 900,000 women became pregnant in 1997. Out of total pregnancy 40% are said to be high-risk pregnancy. Family health survey and other research findings have confirmed the leading immediate most of causes of maternal deaths are preventable with the provision of adequate antenatal care, safe delivery practices, timely referral and well organized accessible family planning services.

The government, therefore aims to increase awareness on population issues throughout the country and to give couples the knowledge and means they need to make responsible choice regarding their family size.

The ninth five-year 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, and stabilize present fertility rate at the end of this plan.⁵

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 STD. By spacing birth at least 2 years apart, FP can prevent an average 1 in 4 death in developing countries. Family planning is a cost effective health intervention that has immediate benefits for woman, children & families. In addition to preventing death and reducing burden of illness among woman & children.

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

Assessment of factors affecting unmet needs is important both for the national family planning program & population policy. Knowledge of existing needs for family planning will help program planers forecast contraceptive needs & plan service delivery outlets to meet the existing demand. Eliminating unmet need will also result in substantial decline in fertility.

1.2 PROBLEM STATEMENT

Findings of NFHS 1996 showed levels of unwanted child bearing are high in Nepal, where only one in 3 woman uses contraceptive. Although many woman in Nepal want to space or limit birth or even if they are in high risk, they are not using any contraceptive due to various enabling, predisposing, & reinforcing factors. The unmet need for Family Planing services has remained high in Nepal. It was 28% in 1991 (NFHS, 1991), & in 1996 it was 31% (14% to space births & 17% to limit births). Unmet need for spacing methods of limiting child bearing was higher among younger than among older woman (39% of woman aged 15-19) years vs. Less than 1% of woman aged 40-49 years), while unmet need for methods of Limiting child bearing was higher among older woman.

Short birth intervals are common in Nepal, with one in four births occurring within 24 months of a previous birth. Early child bearing and short birth interval remains a challenge to policy makers. Despite the decline in fertility, Nepalese women continue to have more children than they consider ideal. At current fertility levels, the average women in Nepal is having almost 60% more births than she wants. The wanted fertility rate is 2.9 births/women, compared with actual fertility rate of 4.6 births/women.

A widening gap exists in Nepal between the knowledge and practice on the use of contraceptives among Nepalese. The percentage varies greatly according to geographical as well as ethnic wise distribution of the population. The extent of knowledge of family planning among currently married women varies in the rural as well as urban settings. The contraceptive prevalence rate too, varies according to geographical regions.

It is high in urban areas while in rural areas the percentage is comparatively lower.

There is a wide variation in contraceptive prevalence rate (CPR) among the districts. It ranges from a low of 2% to a high of 62%. The districts with a relatively strong socio-economic setting and accessible to road transportation have higher CPR. In these districts CPR ranges from 25-62% whereas in remote districts the CPR is as low as 8%.

Low CPR in most of the accessible district is determined not only by its geographical location and accessible to transport but also by the nature of community that reside there, particularly the Muslim community.

It is believed that due to religious belief, Muslims are far behind in family planning practice. But the reality could be different. Time has changed, situation has also diverged. The condition of the country is not like that of 15-20 years back. Literacy rate has also gradually increased and people have become more conscious towards their Health.

Hence, research is needed to assess their knowledge, attitudes, practice and various factors affecting the unmet need in such community.

1.3 SIGNIFICANCE OF THE STUDY

Family planning is the priority program in the context of reproductive health. The main thrust of the national policy (1991) is to expand coverage and sustain adequate quality family planning services in order to reduce TFR from 5.7 to 4.5, increase CPR to 37.7 and reduce IMR and MMR.

Total population of Nepal according to census (1991, CBS) is 18,491,097. Among which Muslim population comprises of 653,218 (3.5% of total population), i.e. nearly 3rd highest population after Hindus and Buddhist.

Holding such an immense density in Nepal their needs, problems and health seeking practices simply could not be ignored. Particularly, this community has put a great challenge on the basic need fulfillment program of HMG, especially in the reduction of fertility rates, which are a key issue and also a priority program of the government in today's context.

Nepalgunj, Rauthat, Kapilvastu and Rupendehi are densely Muslim populated area in Nepal. According to the Annual Report of DOHS during the fiscal year 2055/56 (1998/99), CPR rate of these districts are 27.4%, 24.3%, 17.9% and 28.4% whereas CPR rate of nation as given is 33.7%. Population growth rate is also high in these districts, especially in Banke, it is 3.36% which is increasing at an alarming rate.

Although family planning is widely accepted and practiced in non-Muslim community, still there is a marked differences in the pattern of contraceptives use among Muslims. These differences reflects availability

and accessibility as well as social and cultural attitudes towards fertility control, sexuality and the roles of women in the society.

There is still a wide information gap on their contraceptive practices to the local and governmental level. Almost no study has been done in Nepal in such a community.

Another important aspect is Muslim religious leaders who are often viewed as real or potential obstacles to family planning. Research is needed to understand more fully their opinion about family planning and how they differ from those held by the general public.

Muslim religious leaders who as members of social networks are intimately involved in the everyday lives of their congregations, probably share ways of thinking that are prevalent within their community.

Indeed, religious scholars, who have a fuller understanding of religious texts than the general public, may be better able to disentangle traditional views of family planning from religious percepts regarding fertility regulation.

If we could motivate them toward positive attitude in family planning practice, it could certainly assist government to run family planning program more effectively and more successfully. For this, it is essential to assess their family planning attitude and factors affecting it.

The outcome of this study could be helpful to launch appropriate intervention programme in such community. This research could explore unresolved issues and knowledge about family planning of that community and hence, give contribution to help HMG program more effective.

This research could provide:

1. Information that could be utilized by local health managers:
 - to improve,
 - to modify, and
 - to implement the program related with family planning more effectively.
2. Help local and district level health authority in need assessment regarding family planning.
3. Identify factors of information gap and take appropriate measure to reduce such gap.
4. Identify various factors that may have direct or indirect impact on contraceptive practices of the community and launch appropriate intervention programmes accordingly.
5. Ultimately help government family planning programmes run successfully.

LITERATURE REVIEW
RESEARCH QUESTIONS
AND OBJECTIVES

2. LITERATURE REVIEW

An estimated, 120 million women in developing world want to delay or stop child bearing but are not using family planning methods. Meeting the existing demand for family planning in developing world reduce the no. of pregnancies by up to 20% and would bring about an equivalent drop in the number of maternal death and injuries.⁸

South-Asia region as a whole, about 48% of married women (15-49) years old, lack access to family planning. This statistics ranges 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 Asian - Population, shortage of trained health personnel and limited access to basic health services, all compounded the challenge of increasing the availability of family planning programs.

Unmet need in Nepal is 31% whereas in hilly region 33% (NFHS, 1996). Rapid population growth has overwhelmed economic development. It has also contributed to ecological degradation as marginal lands have been over harvested for firewood. 64 lakhs hectare land area of Nepal was covered by forest in 1964, which is decreased to 55 lakhs hectare (MOP & E, New Era 2054).

The total demand for spacing and limited was estimated at 50.5% in 1991, and 59.9% (Thapa S., 1997). If we could make the provision of meeting such unmet need of family planning services, the present level of CPR 29% could be raised to 60% (NFHS, 1999). Population of Nepal is 22.36 million in 2056 BS (MOP & E). Population of Nepal will be doubled within 30 years with current PGR 2.3% (CBS, 1999). The current use of family planning acceptor is 29% among which 26% are using modern methods (NFHS, 1996).

According to assessment of fertility in Nepal by Subedi S, 1998, Nepal's experience about the effectiveness of family planning program in reducing fertility is not so strong, although it has made it easier for contraception. The desired overall family size of Nepali couples is not going to radically change due to son preference. For economic and religious point of view, a women's desire for a son is stronger than that of a man (Subedi, 1998). Women's dependence on male family members is very high in Nepal society. Women perceive sons as having special value as insurance against the risk of divorce, widowhood, abandonment or the taking of the second wife (Subedi, 1998). The presence of son is the most important variable in the acceptance of a family planning program.⁹

The 1986 Nepal fertility and family planning survey data points out that 59% of currently married women of reproductive age either wanted no more children or wanted to delay their next birth.

A survey conducted in 1987 indicated that the population with unmet demand accounted for 33% of currently married women in Nepal (New Era, 1998). The characteristics of this population with unmet demand were younger. People who had heard of all family planning methods except IUD and vaginal spermicide. However, the contact of the people with unmet demand and family planning workers was also very low. Only 15% and 18% had been visited by health workers in rural and urban areas.

This study also found that a majority of those with unmet need did not know that births could be delayed or spaced using contraception, those who tended to have knowledge about contraceptives methods reported not adopted contraception method because of potential for side effects such as headache, weakness, nausea, heavy bleeding and effect on breast feeding. It was reported that lack of information about various family planning methods available, combined with fear of negative effect of the contraception, were reasons for unwanted births among many working class women.

Studies concerning the family planning beliefs of religious leaders are rare and, when conducted have typically relied on small sample. A study on the family planning attitudes & practices of Ethiopian Elites was conducted with a sample of 99 orthodox Christian priests & 86 Muslim religious leaders. It was found that 24% orthodox Christian & 80% of Muslim Religious leaders had heard of Family planning. Among those who were married (89% & 92%, respectively), 6% of the orthodox Christians & 26% of the Muslim practiced contraception. Religious leaders were found to be less favorably disposed toward Family planning than other elite groups (such as teachers & community leaders)

In a survey of 81 African Independent church leaders & 40 Muslim religious leaders residing in the Yoruba area of south most Nigeria, 12% of the former & 78% of the latter reported having practiced against Family planning.

Thus, the attitudes of political & social leader are important & should not be assumed when examining fertility trends.

Some reasons for nonuse of contraceptives among unmet need group:

Side effects and opposition of husbands:

A study in Chitwan district (1994) by Stash S on unmet need showed that many women with unmet need did not use contraceptive because they received or expected poor treatment at clinics or they heard side effects or husband opposed the use of FP and contraceptives users would have less relatives or friend

High child mortality rate and inaccessibility of FP service:

Valley research group communication survey finding of FGD in 1996 in Dang district showed when FP was not accessible some women were not using contraceptives due to lack of information & supplies. Other believed that they had to bear more children than they ideally would want because they expected some to die before they grew up.

Negative attitude of FP clinic staffs and unavailability of FP service and supply

Found in the study done by Shuler, et al, in 1985 on reasons for unmet need for FP

Social & cultural unacceptability

A study done by Family planning Association of Nepal in 1997 on growing unmet need for FPAN operation area (24 districts) found following factors affecting unmet needs: Lack of necessary knowledge of contraceptive, perception that contraceptives are socially and culturally unaccepted, fear of side effects, inadequate FP services, disapproval of husbands, Perception of being low risk of conceiving

Son Preference

From economic and religious point of view a woman desire for a son (Subedi, 19998)

Low social status

It was found that lack of information on various FP methods availability, combined with fear of negative effects of the contraceptives were reasons for having unwanted births among low social status(working class women) (New Era, 1998)

Distance from Health institution

A study by Rodrigrez, G on availability of FP and contraceptive practices in Nepal in 1979 showed that level of unmet need for limiting was lower among who know of only a distant outlet.

FAMILY PLANNING AND ISLAM: A REVIEW

Is birth control permissible in Islam?

A Muslim has three sources of knowledge to obtain answers to the questions pertaining to various aspects of human life. These sources are:

1. The **Holy Qur'an**;
2. **Sayings** (*hadith*) and **acts** (*Sunnah*) of the Holy Prophet (pbuh); and
3. The **views** of the leaders of juristic schools qualified to interpret the teachings of Islam.

1. The Holy Qur'an

No Qur'anic text forbids prevention of conception. There are, however, some Qur'anic verses which prohibit infanticide and these are used by some Muslims to discourage birth control.

But contraception does not amount to killing a human being. These verses in fact were revealed to forbid the pre-Islamic Arab practice of killing or burying alive a newborn child (particularly a girl) on account of the parents' poverty or to refrain from having a female child. Perhaps in those days, people did not know safe methods of contraception and early abortion.

2. Hadith

The principle of preventing conception was accepted in those sayings of the Prophet (pbuh) which allowed some of his followers to practice 'azl or coitus interruptus. There is a sufficient number of *ahadith* on contraception. The most commonly quoted ones are the following.

1. **According to Jabir**, "We used to practise 'azl in the Prophet's (pbuh) lifetime while the Qur'an was being revealed." There is another version of the same *hadith*, "We used to practise coitus interruptus during the Prophet's (pbuh) lifetime. News of this reached him and he did not forbid us."

2. **According to Jabir**, A man came to the Prophet (pbuh) and said, 'I have a slave girl, and we need her as a servant and around the palmgroves. I have sex with her, but I am afraid of her becoming pregnant.' The Prophet (pbuh) said, 'Practice 'azl with her if you so wish, for she will receive what has been predestined for her.'

3. **According to Abu Sa'id**, "We rode out with the Prophet (pbuh) to raid Banu al-Mustaliq and captured some female prisoners . . . we desired women and abstinence became hard. [But] we wanted to practise 'azl; and asked the Prophet (pbuh) about it. He said, 'You do not

have to hesitate, for God has predestined what is to be created until the judgement day."

4. According to Abu Sayed, "The Jews say that coitus interruptus is minor infanticide, and the Prophet (pbuh) answered, 'The Jews lie, for if God wanted to create something, no one can avert it (or divert Him).'"

5. According to 'Umar Ibn Khattab, "The Prophet (pbuh) forbade the practice of 'azl with a free woman except with her permission."

6. According to Anas, "A man asked the Prophet (pbuh) about 'azl and the Prophet (pbuh) said, 'Even if you spill a seed from which a child was meant to be born on a rock, God will bring forth from that rock a child.'"

These *ahadith* reflect two points: first that the Prophet (pbuh) knew about the practice and did not prohibit it (no. 1), and second, that the Prophet (pbuh) himself permitted the practice (no. 2 & 3).

3. Views of medieval Muslim jurists

Muslim jurists do not speak with one voice on the question of birth prevention, on its lawfulness, on conditions for practice and on methods that may be used. Muslim jurists determine the lawfulness of an act on the basis of a method which comprises four principles or sources (*usul*). Two of these (Qur'an and *Sunnah*) are religious sources. The other two principles include analogical reasoning (*qiyas*) and the consensus of the 'ulama (*ijma'*).

The most detailed analysis of Islamic permission of contraception was made by the great leader of the Shafi'i School of jurisprudence, al-Ghazzali (1058-1111). He discussed this issue in his great work, *Ihya' 'ulum al-Din* (The revival of Religious Sciences), in the chapter on biology in religion.

Al-Ghazzali stated that "there was no basis for prohibiting 'azl. For prohibition in Islam was possible only by adducing an original text or by analogy with a given text. In the case of contraception, there was no such text, nor was there any principle on which to base prohibition."

In his view, **coitus interruptus** was permitted absolutely (*mubah*) and this permission could be ratified by analogical reasoning. A man could refrain from marriage; or marry but abstain from mating or have sexual mating but abstain from ejaculation inside the vagina--'azl. Although it was better to marry, have intercourse, and have ejaculation inside the vagina, abstention from these was by no means forbidden or unlawful.

Al-Ghazzali made a distinction between **infanticide and contraception**. He said that "A child could not be formed merely by the emission of the spermatic fluid, but by the settling of semen in the woman's womb; for children were not created by the man's semen alone but of both parents together. So contraception could not be compared with infanticide which was the killing of an existing being while contraception was different."

In the process of contraception, the two (male and female) emissions are analogous to two elements, 'offer' (*ijab*) and 'acceptance' (*qabul*) which are

components of a legal contract in Islamic law. Someone who submits an offer and then withdraws it before the other party accepts it is not guilty of any violation, for a contract does not come into existence before acceptance. In the same manner, there is no real difference between the man's emission or retention of the semen unless it actually mixes with the woman's 'semen'.

Al-Ghazzali classified earlier and contemporary opinions into three groups:

1. Unconditional permission for 'azl;
2. Permission if the wife consents but prohibition if she does not.
3. Complete prohibition.

Al-Ghazzali accepts prevention or contraception if the motive for the act is any of these:

1. Desire to preserve a woman's beauty or her health, or save her life.
2. Desire to avoid financial hardship and embarrassment.
3. Avoidance of other domestic problems caused by a large family. He did not accept avoidance of female birth as a legitimate motive for contraception.

Another great scholar, Ibn Taymiyah, discussed Divine providence, procreation and contraception (in this way) in the early fourteenth century. He argues, "Allah creates children and other animals in the womb by willing the meeting of parents in intercourse, and the two semens in the womb." A man is a fool who says, 'I shall depend on God and not approach my wife and if it is willed that I be granted a child I will be given one, otherwise not and there is no need for intercourse.' This is very different from having intercourse and practising withdrawal, for withdrawal does not prevent pregnancy if God wills a pregnancy to occur, because there can be involuntary pre-emission of semen."

In all the early Muslim scholars, only one jurist rejected 'azl absolutely. This was the Spaniard, Ibn Hazm (994-1063) who belonged to the Zahiriyyah School of jurisprudence which was a short-lived movement. Ibn Hazm argued that numerous permissive *ahadith* were early and reflected the fact that in Islam everything was lawful until the Prophet (pbuh) prohibited it specifically. He based his argument on the *hadith* quoted by Judhamah bint Wahb.

Ibn Hazm claimed that the Prophet (pbuh) had abrogated these permissive *ahadith* when he later said that 'azl was '**hidden infanticide**.' Since the Qur'an prohibits infanticide in the strongest possible terms, and the Prophet (pbuh) called coitus interruptus hidden infanticide, he maintained that 'azl was prohibited also.

The views of Ibn Hazm were strongly opposed by later jurists. The most notable of these was the Hanbali scholar, Ibn Qayyim al-Jawziyyah (1291-1351), who proved 'azl as permissible in his famous work, *Zad al-Ma'ad*. Ibn Qayyim showed that the claim of Ibn Hazm required an exact historical

dating to prove that the abrogating *hadith* was subsequent to the 'permissive' *hadith* and that such an exact dating was impossible. He added that, in any case, it was generally agreed in the Islamic law that infanticide applied only after the foetus was formed and the child born. Infanticide thus defined was prohibited, coitus interruptus was clearly something else.

Some other scholars of the Prophet's (pbuh) tradition, like Ibn Majah and Ahmad, agreed that coitus interruptus was permitted by the Prophet (pbuh).

This in brief is the review of juristic opinion about contraception. There is no doubt that the earliest followers of the Prophet (pbuh) practised 'azl. This practice was within his knowledge and he did not forbid it.

Conclusion

It is forbidden to "permanently" end a man's or a woman's ability to produce children, such as by having a hysterectomy or vasectomy, as long as that is not called for by circumstances of necessity according to its Islamic framework.

It is permissible to control the timing of births with the intent of distancing the occurrences of pregnancy or to delay it for a specific amount of time, if there is some Shariah need for that in the opinion of the spouses, based on mutual consultation and agreement between them. However, this is conditioned by that not leading to any harm, by it being done by means that are approved in the Shariah and that it not do anything to oppose a current and existing pregnancy.

Family planning, understood by Islam, is not opposed to marriage or to the begetting of children, nor does it's concept imply disbelief in the doctrine of fate and Divine dispensation—for Allah Almighty has bestowed reason upon man to enable him to distinguish between the useful and the harmful, and to help him follow the path that would assure him happiness in this world as well as in the world to come.

The early followers of Islam were few and weak in the midst of a vast majority of aggressive and oppressive people. The good of the Muslims then required that there should be a call for the multiplication of their numbers, in order that they might be able at the time to fulfil their responsibilities in defending the mission of Islam and protecting the true religion of Allah against the power and multitudinous adversaries threatening it.

But now we find that conditions have changed. We find that the density of population in the world threatens a serious reduction in the living standards of mankind to the extent that many men of thought have been prompted to seek family planning in every country so that the resources may not fall short of ensuring a decent living for it's people to provide public service for them.

Islam, as the religion of pristine nature, has never been opposed to what is good to man. Indeed it has always been ahead in the effort towards the achievement of this good so long as it is not in conflict with the purposes of Allah's law. It is not allowed to enact a general law that limits the freedom of spouses in having children.

3. RESEARCH QUESTIONS

1. What are the factors that effect family planning practice among Muslims?
2. Do the KAB level of the community effects family planning practice?
3. How do Muslim religious leaders perceive towards family planning?

OBJECTIVES

4.1 GENERAL OBJECTIVE:

- ❖ To Identify the factors affecting family planning practices among Muslim women of reproductive age group in Banke district.

4.2 SPECIFIC OBJECTIVES

- ❖ To study various **socio-demographic** factors associated with family planning practices (users & non-users)
- ❖ To assess various **predisposing** factors associated with family planning practices:
 - To assess knowledge on family planing.
 - To assess attitude towards family planning.
 - To assess belief towards family planning.
- ❖ To assess various **enabling** factors associated with family planning practices:
 - Availability of family planning services
 - Accessibility of family planning services
- ❖ To assess **reinforcing** factors associated with family planning practices:
 - To assess perception of local Muslim religious leaders towards family planning.

METHODOLOGY

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5. METHODOLOGY

5.1 Study Design:

It was cross-sectional, explorative study based on non-experimental design. It is a simplest form of an observational study based on a single examination of a cross-section of Population at one point in time.

5.2 Study Area:

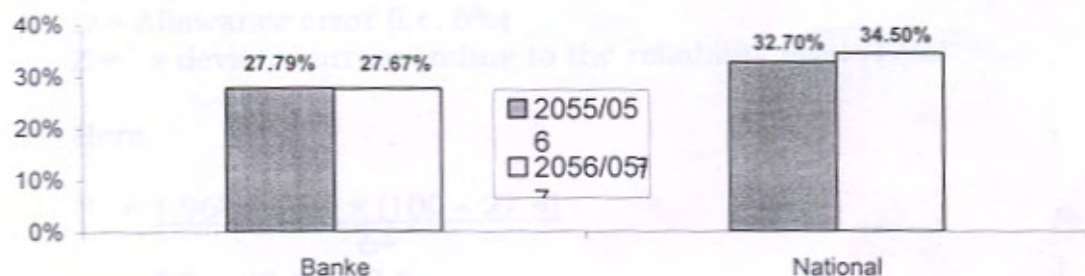
Study was conducted in the Pura ina VDC of the Banke district:

Justification of the selected Area (Why Banke district?)

The research aims to identify factors affecting Family planning practice in a Muslim community. Banke is one of among 75 districts which have comparatively more muslim population.

According to census of 1991(CBS) the total population of Banke district is 285604. Among which, Muslim population is 45787 i.e 16.03% of the total population that is sexcond highest population after the Hindus.

Also CPR of the district is also low during the fiscal year, 2055/56 (27.79%) and 056/57 (27.67%), with comparison to the nation as shown below.



Population growth rate of the district according to district profile of DDC is 3.36% which is also high in comparison to nation.

5.5 Sampling Technique:

5.3 Study Population:

Sampling technique was multistage purposive sampling.

The study population was, married women of reproductive age group. As Muslim religious leaders have direct impact on the community, hence their perception towards family planning was also assessed.

5.4 Sample Design:

a) Sampling Frame:

Sampling frame was developed from the latest voter list.

b) Unit of Analysis:

Married women of reproductive age group.

c) Sample Size

Sample size is calculated by using the formula:

$$N = \frac{Z^2 PQ}{D^2}$$

Where,

N = no. of sample

CPR = 27.4 % (1998/99, Annual Report,)

P = CPR (positive character)

Q = 1-p

D = Allowance error (i.e. 6%)

Z = z deviate corresponding to the reliability level (1.96)

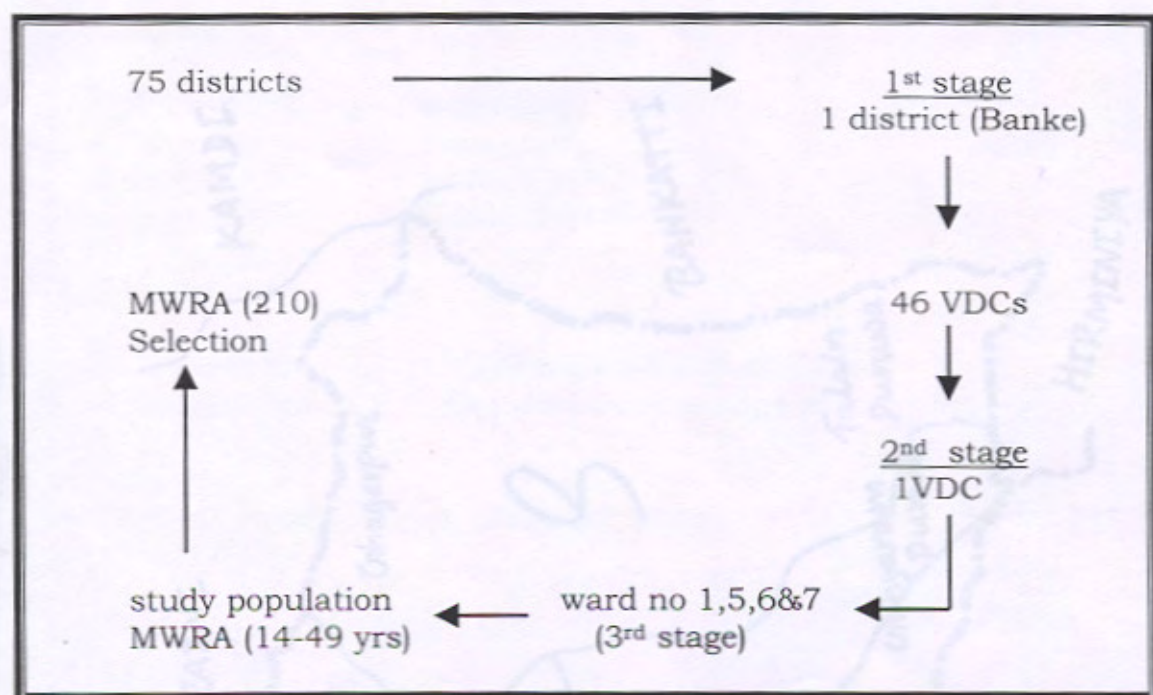
Here,

$$\begin{aligned} N &= \frac{1.96^2 \times 27.4 \times (100 - 27.4)}{6^2} \\ &= \frac{3.8 \times 27.4 \times 72.6}{36} \\ &= 210 \end{aligned}$$

From above list Puraina VDC was chosen Purposely for the study. Population distribution according to the survey report conducted by local NGO, Banke Mahila Arthik Samvahan Samithi (BAMSS)- ICH Project in Puraina VDC shows following data:

5.5 Sampling Technique:

Sampling technique was multistage purposive sampling:

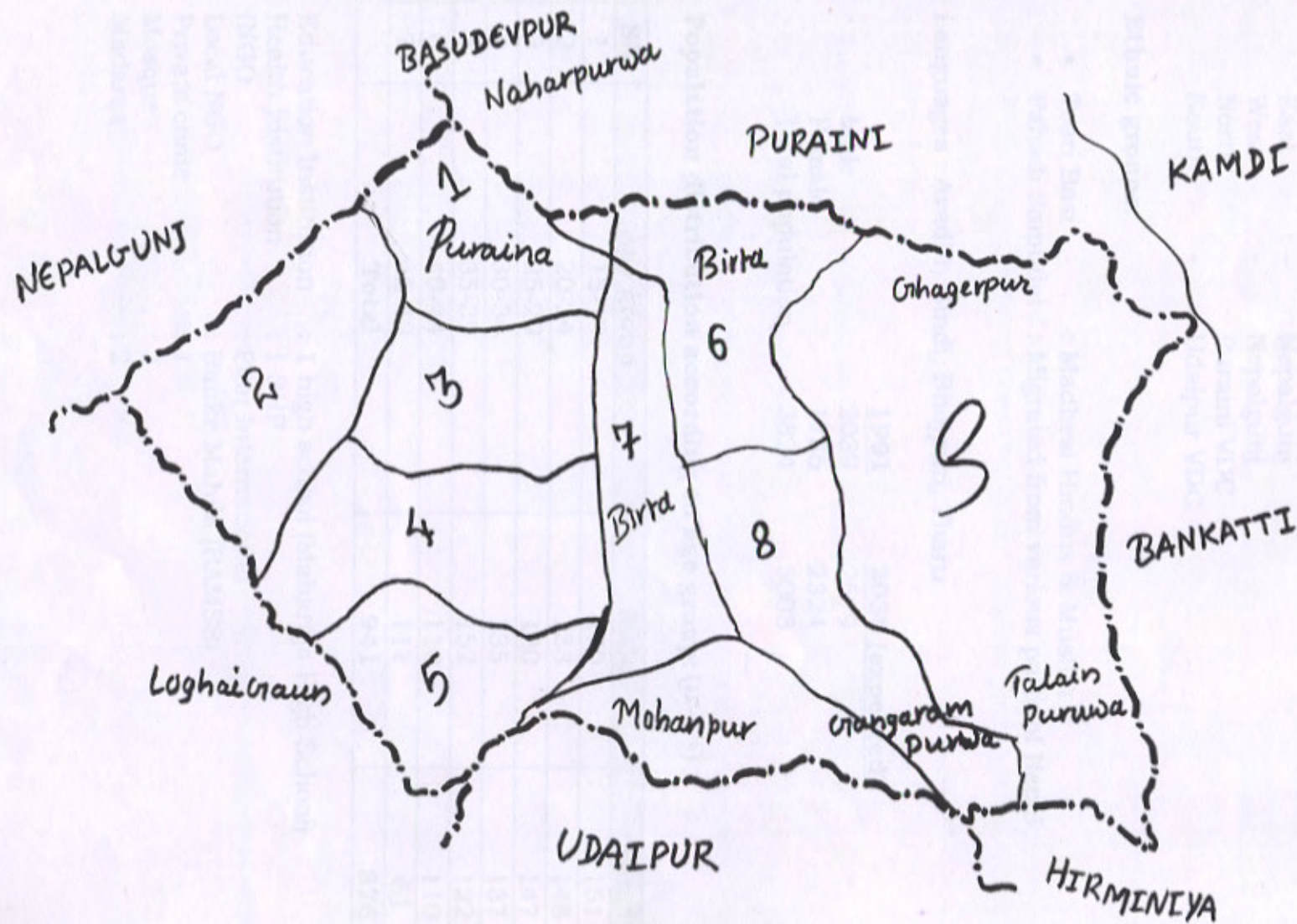


Firstly out of 46 VDCs, the most densely populated Muslim VDCs were listed according to percentage of densely populated Muslim areas as following:

SN	Name of VDCs	Total population	% of Muslim population
1	Jaispur	4214	68.4
2	Raniapur	3949	63.58
3	Laxmipur	3416	53.3
4	Kalaphanta	3082	47.66
5	Sonapur	5551	43.05
6	Bankatti	3809	36.8
7	Naranapur	3870	34.7
8	Puraina	3824	32.84
8	Matehiya	4808	27.9

From above list Puraina VDC was chosen Purposively for the study. Population distribution according to the survey report conducted by local NGO, Banke Mahila Arthik Swavlamban Sanstha (BAMSS)- RH Project in Puraina VDC shows following data:

Map of Puraina VDC, Nepalgunj



VDC PROFILE

Geography:

East	-	Nepalgunj
West	-	Nepalgunj
North	-	Puraini VDC
South	-	Udaipur VDC

Ethnic groups:

- Teari Basi : Madhesi Hindus & Muslim
- Pahadi Samudai : Migrated from various parts of Nepal

Languages : Avadhi, Hindi, Bhojpuri, Tharu

	<u>1991</u>	<u>2058 (expected)</u>
Male	2039	2679
Female	1785	2324
Total population	3824	5003

Population distribution according to age group: (15-49)

SN	Age group	Male	Female
1	15-19	170	151
2	20-24	133	148
3	25-29	130	147
4	30-34	135	137
5	35-39	152	122
6	40-44	110	110
7	45-49	111	61
	Total	941	876

Education Institution	: 1 high school (Maharaja High School)
Health Institution	: 1 SHP
INGO	: Plan International
Local NGO	: Banke Mahila (BAMSS)
Private clinic	: 1
Mosque	: 3
Madarsa	: 2

Population distribution ward-wise of Puraina VDC.

WARD NO	VILLAGE	HINDU POP	MUSLIM POP	HINDU ELIGIBLE COUP	MUSLIM ELIGIBLE COUPLE
1	Puraina	280	392	43	120
2	Puraina	734	132	135	14
3	Puraina	123	207	16	48
4	Puraina	252	147	50	26
5	Naharpurwa	113	242	65	77
6	Beerta	247	384	10	41
7	Beerta	235	488	31	102
8	Mohanpur	427	85	100	16
9	Jhagalpur	339	85	54	27
	Total	2750	2162	504	471

From above table, Ward no 1, 5, 6 and 7 was chosen purposively for the study. After that, analyzing latest voter list, eligible respondents were chosen for the study.

5.4 Variables:

Variable were independent and dependent.

Independent Variables

Socio-demographic factors:

1. Education
2. Occupation
3. Family size/Family type
4. No. of living children
5. Desire for male child
6. Age/age at marriage
7. Economic status

Predisposing factors:

1. Knowledge
2. Attitude
3. Belief

Enabling factors:

1. Accessibility
2. Availability

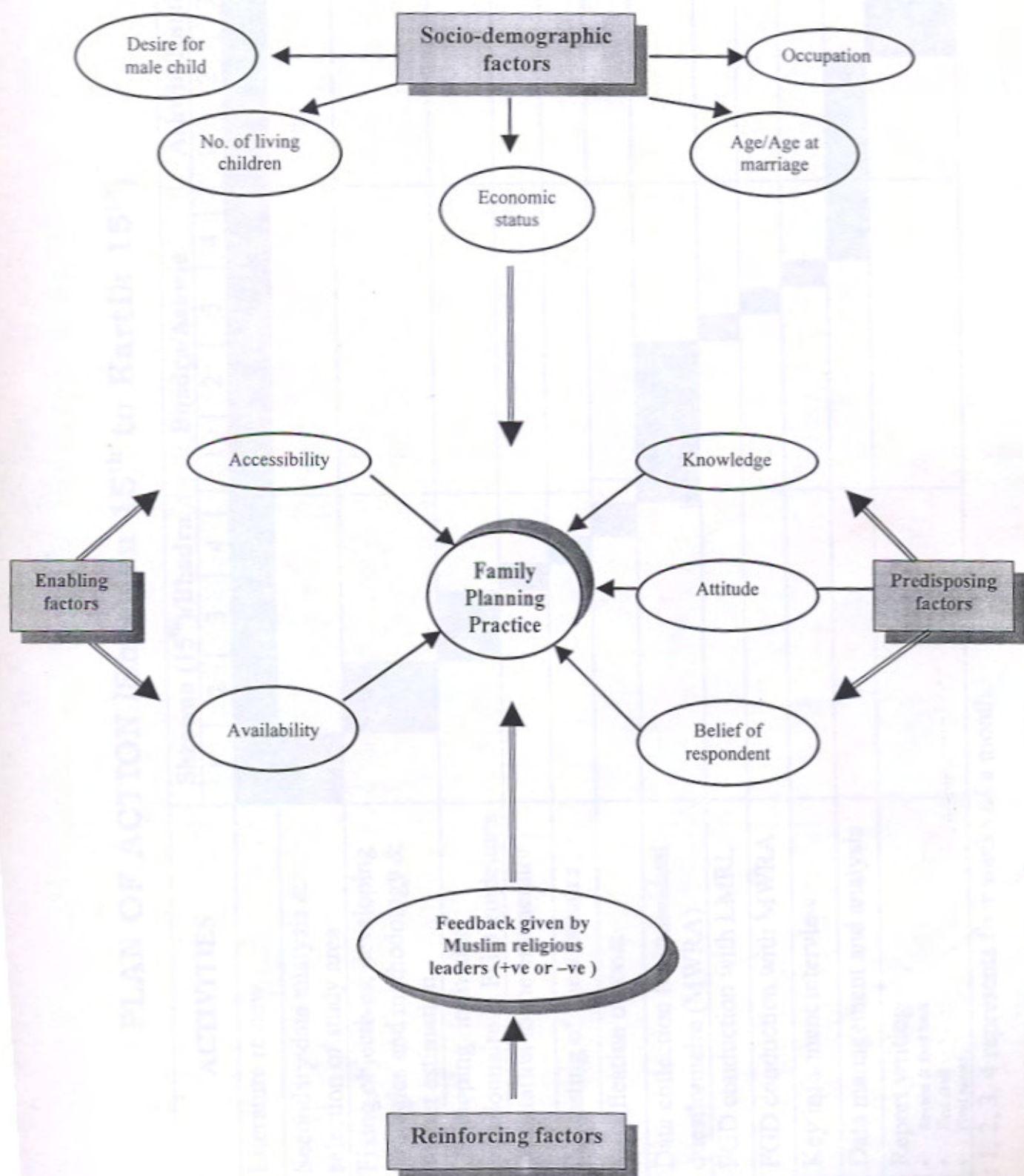
Reinforcing factors:

Attitude of religious leaders towards family planning

Dependent Variable

- ❖ Family planning practice.

CONCEPTUAL FRAMEWORK



PLAN OF ACTION (Shrawan 15th to Kartik 15th)

SN	ACTIVITIES	Shrawan (15 th)/Bhadra				Bhadra/Ashwin				Ashwin/Kartik (15 th)			
		1	2	3	4	1	2	3	4	1	2	3	4
1	Literature review												
2	Secondary data analysis & selection of study area												
3	Fixing objectives, developing strategies and methodology & budget estimation												
4	Developing individual questionnaire & FGD guidelines												
5	Orientation to the enumerator												
6	Pre-testing of questionnaire												
7	Modification of tools												
8	Data collection for individual questionnaire (MWRA)												
9	FGD conduction with LMRL												
10	FGD conduction with MWRA												
11	Key informant interview												
12	Data management and analysis												
13	Report writing • Review & feed back • First draft • Final report												

Note: 1, 2, 3, 4 represents four weeks of a month.

5.5 Instrumentation:

Data needed for this study were collected basically from different sources. To meet the research objectives both quantitative as well as qualitative information were needed. For qualitative and quantitative data following instrument were designed.

- Structured and semi-structured questionnaire for women of reproductive age groups.
- Open ended (unstructured) questions for key informants.
- FGD guidelines for Muslim religious leaders and general women.

Secondary data were also analyzed for the sampling process from voter list, VDC report, DDC.

5.6 Data Collection Method:

Respondent were interviewed with the help of questionnaire by house to house visit. Focus Group discussion was conducted with the general women of Reproductive age group and with Muslim Religious leaders of that VDC. Secondary data were analyzed for sampling process.

5.7 Field Administration:

Enumerator were chosen from the same community and were female. One Enumerator was S.L.C passed and working as a FP counselor in the local NGO, BMASS named Mrs. Tika Khadka and one was paramedics named Uma Tiwari, ISC passed, working in the same NGO as FP Paramedics.

Similarly MCHW of the SHP, (Puraina VDC) named Mrs. Amrita Shahi also helped in data collection. They were given small orientation on filling the questionnaire prior to data collection.

Researcher himself also collected data and supervised them. He also conducted one FGD with Muslim Religious Leaders and Key informant interview.

5.8 Data Processing and Analysis:

Editing:

Data were edited on the same day by rechecking and cross-checking the questionnaire to detect errors and omissions in the questionnaire. Editing involved a careful scrutiny of the completed questionnaire. Editing was done to ensure that the data is accurate, consistent, uniform and complete.

Coding:

Assigning symbols and numbers in the questionnaire so that analysis will become more efficient and easy.

Entry and Analysis:

It was done in the computer as well as manually.

Inclusion Criteria:

Only eligible women were interviewed.

Exclusion Criteria:

All pregnant, divorced women were excluded from the study.

5.9 Validity and Reliability:

- Pre-testing and appropriate modification of questionnaire.
- Orientation to the enumerator prior to data collection.
- Questions were asked in their local language (Hindi & Awadhi).
- Enumerator were female, chosen from the same community and were from health background.
- Appropriate supervision to them by researcher.
- Researcher himself conducted one FGD (LMRL) and key informant interview.
- Guidance and feedback from research guide and other resource person time to time.
- Editing of data on the same day

5.10 Ethical Consideration:

- Respondents were explained the purpose and objectives of the study in clear and understandable term.
- Respondents were not compelled to give answer and they were left independent on their wish.
- Questions were asked taking religious issues under consideration.
- People were assured that the information they provide would maintain privacy and confidentiality.
- We didn't force them on use and non-use of family planning but just we collected their opinion and views.
- During FGD the use of recorder was explained to them.

5.11 Limitation of the Study:

- Due to small study sample the outcome of the research may not generalize the entire district
- As the research area and population were selected purposively, the findings may not generalize whole Muslim community of various parts of Nepal.
- The study was also limited in time and resources.

5.12 Operational Definition:

Family planning Practice:

Women of reproductive age group (14-49) currently using any modern FP methods.

Muslim Religious Leaders:

Persons who are known to community as strong follower of Kuran and Hadith. Believing firmly in a religion and paying great attention to its practice. Preaching in Islam.

Education status:

Illiterate	: who can neither read nor write
Literate	: can read and write
Primary	: class 1-5
Secondary	: 6-10
Higher	: S.L.C. above

Perception:

Understanding and interpreting something according to one's knowledge, opinion, views.

Attitude:

A way of thinking and behaving

Belief:

Feeling that something is real and true. Trust

Spontaneous response:

Giving response by own understanding. Not forced or suggested from outside.

Probed response:

Response after giving some clues or options/explanations.

The background is a solid pink color. A black line forms a rectangular border with rounded corners. At the top-left and bottom-left corners, the line curves inward to create a scroll effect.

**FINDINGS OF
QUANTITATIVE STUDY**

6. FINDINGS OF QUANTITATIVE STUDY

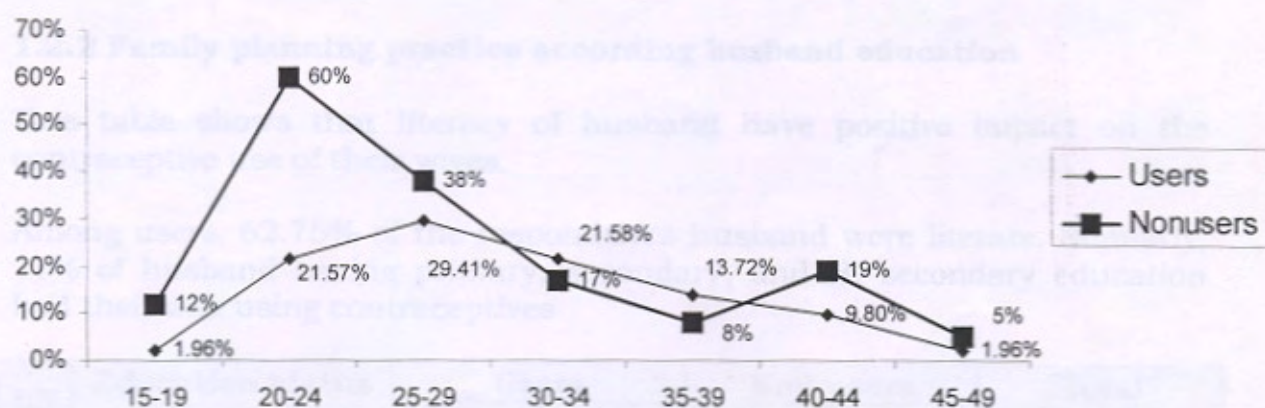
1. Socio Demographic Characteristics

1.1 Current Age and Family planning practice:

Among the users, highest use of contraceptives was found in the age group 25-29 (29.41%) followed by age group 30-34 (21.58%) and the lowest use of contraceptive was found in the age group 15-19 (1.96%) and 45-49 (1.96%) respectively. Highest non-users were in the age group 20-24.

Similarly, current users in the total were 24.29%. Similarly in the total highest contraceptive users were in the age group 30-34 and 35-39 respectively, while lowest use was found in the age group 15-19.

Age group		Users		Nonusers		% of Users	Total Number
		No	%	No	%		
1	15-19	1	1.96	13	12	7.55	7.69
2	20-24	11	21.57	71	60	37.74	15.49
3	25-29	15	29.41	53	38	23.90	28.30
4	30-34	11	21.58	28	17	10.69	46.67
5	35-39	7	13.72	15	8	5.03	46.67
6	40-44	5	9.8	24	19	11.95	20.83
7	45-49	1	1.96	6	5	3.14	16.67
	Total	51	100	210	159	100	24.29



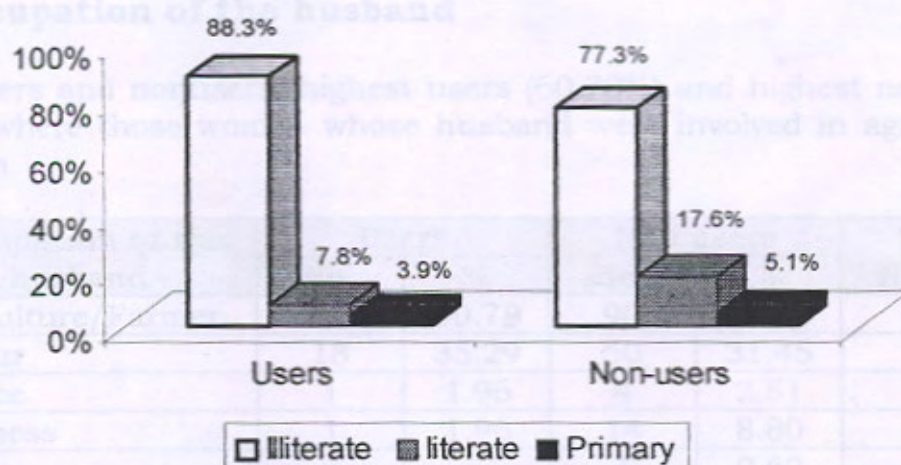
1.2 Educational Status and Family planning:

1.2.1 Respondent

Table shows that among users, 88.3% are illiterate, and only 11% are literate and have primary education.

Hence, literacy seems to have almost no impact on the use of contraceptives.

Educational status of respondents		users		non users		Total No
		no	%	no	%	
1	Illiterate	45	88.3	123	77.3	168
2	literate	4	7.8	28	17.6	32
3	Primary	2	3.9	8	5.1	10
Total		51	100	159	100	210



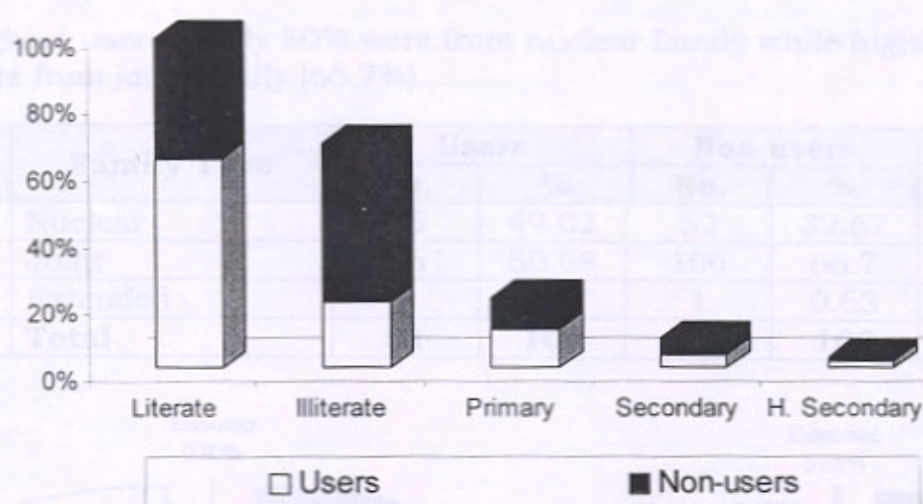
1.2.2 Family planning practice according husband education

This table shows that literacy of husband have positive impact on the contraceptive use of their wives.

Among users, 62.75% of the respondent's husband were literate. Similarly, 17% of husband having primary, secondary, and H. secondary education had their wife using contraceptives

SN	Education status of husband	Users		Non users		Total Number
		No.	%	No.	%	
1	Literate	32	62.76	58	36.48	90
2	Illiterate	10	19.60	76	47.80	86
3	Primary	6	11.76	15	9.43	21
4	Secondary	2	3.92	8	5.03	10
5	H. Secondary	1	1.96	2	1.26	3
Total		51	100	159	100	210

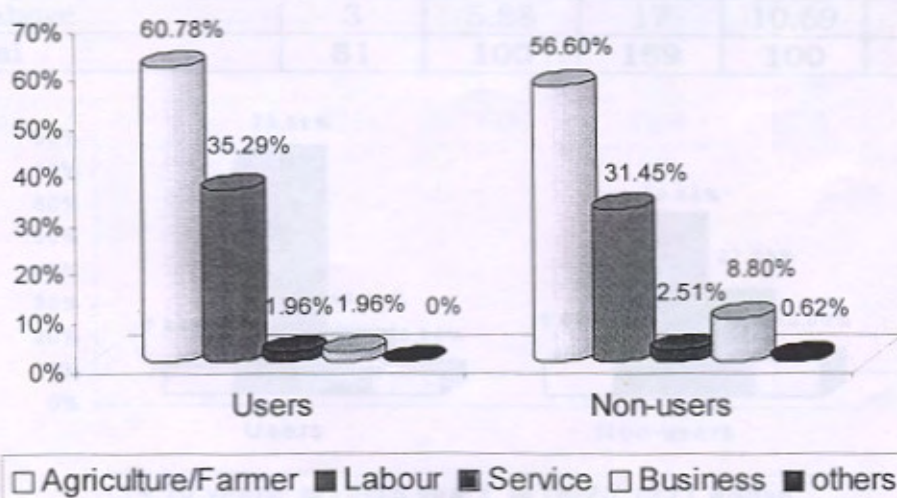
1.4 Family type and FP practices



1.3 Occupation of the husband

Among users and nonusers, highest users (60.78%) and highest non users (56.60%) were those women whose husband were involved in agriculture occupation.

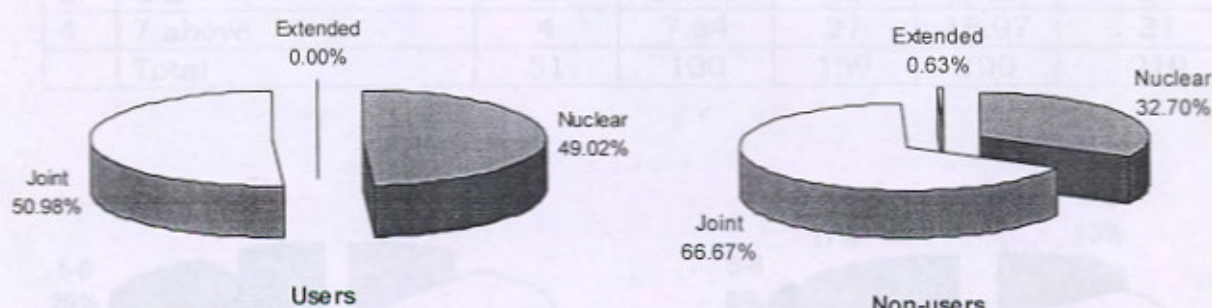
SN	Occupation of the husband	Users		Non users		Total Number
		No.	%	No.	%	
1	Agriculture/Farmer	31	60.78	90	56.60	121
2	Labour	18	35.29	50	31.45	68
3	Service	1	1.96	4	2.51	5
4	Business	1	1.96	14	8.80	15
5	others	-	-	1	0.62	1
	Total	51	100	159	100	210



1.4 Family type and FP practices

Highest users nearly 50% were from nuclear family while highest nonusers were from joint family (66.7%).

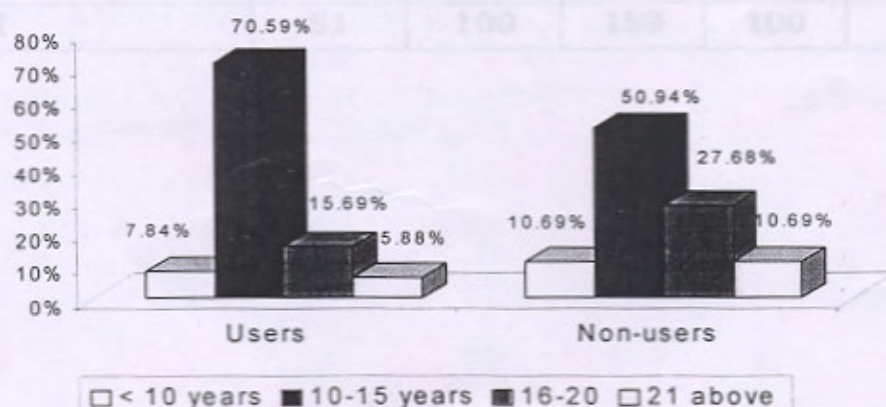
SN	Family Type	Users		Non users		Total Number
		No.	%	No.	%	
1	Nuclear	25	49.02	52	32.67	77
2	Joint	26	50.98	106	66.7	132
3	Extended	-	-	1	0.63	1
	Total	51	100	159	100	210



1.5 Age at first marriage

Among Users, i.e. 71% were married in the age group 10-15 years., while , only 6% only were married in the age group 21 above. Among non-users, majority was married in the age group 10-15 years and lowest in the age group <10 years.

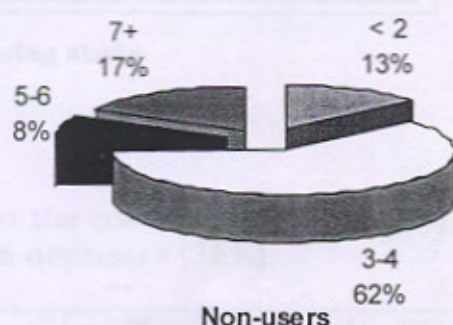
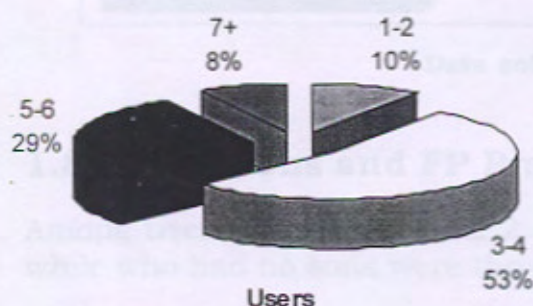
SN	Age at marriage	Users		Non users		Total Number
		No.	%	No.	%	
1	< 10 years	4	7.84	17	10.69	21
2	10-15 years	36	70.59	81	50.94	117
3	16-20	8	15.69	44	27.68	52
4	21 above	3	5.88	17	10.69	20
	Total	51	100	159	100	210



1.6 No. of Children and Family planning Practice

Table shows that users and nonusers, having 3-4 children were 53% and 62% respectively. While contraceptive users (i.e 30%) were found to be more than non-users (i.e. 9%) who had already got 5-6 children.

SN	No. of children	Users		Non users		Total Number
		No.	%	No.	%	
1	< 2	5	9.8	21	13.2	26
2	3-4	27	52.94	98	61.63	125
3	5-6	15	29.41	13	8.18	28
4	7 above	4	7.84	27	16.97	31
	Total	51	100	159	100	210



1.7 Desire for Male Child

Out of total respondent, when asked about desire for son, only 18% replied that they need sons.

SN	Desire for male child	Users		Non users		Total Number
		No.	%	No.	%	
1	Yes	2	3.93	28	17.61	30
2	No	49	96.07	131	82.39	180
	Total	51	100	159	100	210

Table shows that 10% users had a knowledge on Family Planning while only 9% among nonusers had heard of Family Planning.

SN	Desire for male child	Users		Non users		Total Number
		No.	%	No.	%	
1	Yes	2	3.93	28	17.61	30
2	No	49	96.07	131	82.39	180
	Total	51	100	159	100	210

3.2 Source of FP knowledge



Data collecting during study

1.8 No of Sons and FP Practice

Among users, those who had 2 sons were the maximum users (42%) of FP while who had no sons were the maximum nonusers (38%).

SN	No. of children	Users		Non users		Total Number
		No.	%	No.	%	
1	1	8	15.69	35	22.01	43
2	2	21	41.18	36	22.64	57
3	3	16	31.37	29	18.25	45
4	No son	6	11.76	59	37.10	65
	total	51	100	159	100	210

2. Family planning knowledge

2.1 Heard about family planning

Table shows that 100% users had a knowledge on Family Planning while only 97% among nonusers had heard of Family Planning.

SN	Heard	Users		Non users		Total Number
		No.	%	No.	%	
	Yes	51	100	153	96.23	204
	No	-	-	6	3.77	6
	Total	51	100	159	100	210

2.2 Source of FP knowledge

Those who had heard about Family planning i.e 204 (98%) were asked the source of information. Most of them had heard it either from health institution /health workers or from their neighbors. About 61% of users had heard it from health worker, or health institution.

SN	Source	Users		Non users		Total Number
		No.	%	No.	%	
1	Health workers/ Institution	31	60.78	85	55.55	116
2	Radio	-	-	9	5.89	9
3	Spouse	4	7.84	9	5.89	13
4	Neighbors	16	31.38	47	30.71	63
5	Others	-	-	3	1.96	3
	Total	51	100	153	100	204

2.3 Knowledge of FP by methods:

Among those who had knowledge on FP were then asked whether they knew any of the methods of FP.

Findings show that out of total respondent i.e.204 having knowledge on FP, only 78% knew any methods of FP.

SN	Knowledge	Users	Non users	Total Number	
				No.	%
1	Knows	51	107	158	77.45
2	Don't know	-	46	46	22.55
	Total	51	153	204	100

2.4 Knowledge of family planing by various FP methods

Those who had knowledge on FP methods were further assessed in two ways:

Respondent were first asked to name the methods of contraceptive they knew of had heard of. Each method mentioned was recorded as a spontaneous response. The interviewer then read out the name and a short description of each methods not mentioned spontaneously but listed in the questionnaire. If The respondent recognized the method , it was recorded as a probed response.

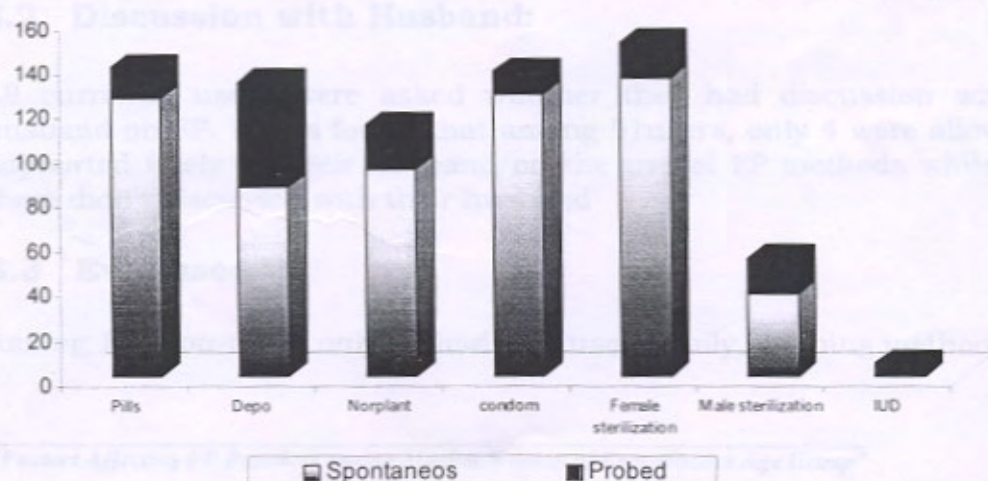
The sum of spontaneous and probed knowledge was calculated as the total knowledge of contraceptives.



Enumerator taking interview with the respondent

Among all methods, Female sterilization i.e. 95% was the best known contraceptive method, followed by pills (88%) and condom (87%), Depo (84%) and Norplant (72%), while IUD was least known and almost no one knew about Diaphragm/foam / Jelly.

SN	FP Methods	Spontaneous	Probed	Total Number	
				No.	%
1	Pills	125	14	139	87.97
2	Depo	85	47	132	83.54
3	Norplant	93	20	113	71.51
4	condom	127	10	137	86.70
5	Female sterilization	134	16	150	94.93
6	Male sterilization	37	16	53	33.54
7	IUD	-	6	6	3.80

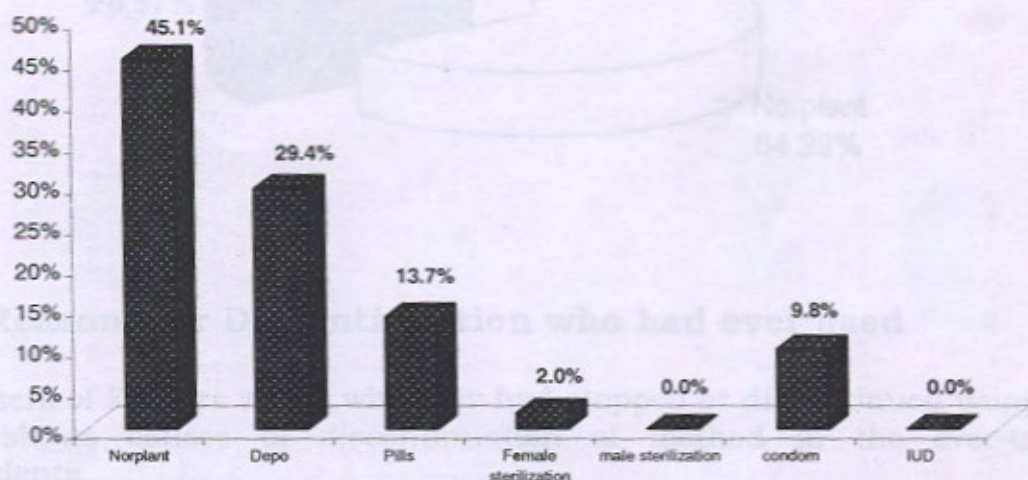


3. Family Planning Practice:

3.1 Currently users according to FP methods:

Respondents who were currently using the methods were asked about various methods they were using. Majority i.e. about 46% were using Norplant followed by Depo and Pills. The least used FP methods was female sterilization.

SN	FP methods	No. of users	%
1	Norplant	23	45.09
2	Depo	15	29.41
3	Pills	7	13.73
4	Female sterilization	1	1.97
5	male sterilization	-	-
6	condom	5	9.80
5	IUD	-	-
	Total	51	100



3.2 Discussion with Husband:

All currently users were asked whether they had discussion with their husband on FP. It was found that among 51 users, only 4 were allowed and supported freely by their husband on the use of FP methods while rest of them didn't discussed with their husband

3.3 Ever used

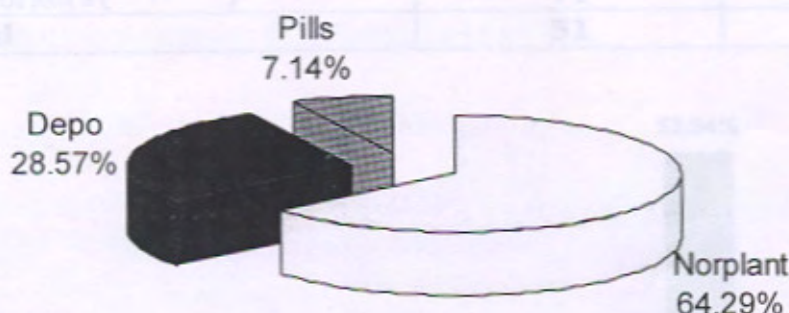
Among 159 non-users only 28 had ever used family planning methods.

3.4 Ever user of contraceptives by FP methods:

Among Respondent, those who were not currently using, were asked whether they had ever used any particular methods of contraceptives. About 18% (28 out of 159) reported to ever practiced any form of contraceptive.

Table shows percentage and number of women who had ever used some methods at some time in the past. Among ever users, About 65% had used Norplant followed by Depo (29%) and pills(8%)

SN	FP methods	No. of users	%
1	Norplant	18	64.28
2	Depo	8	28.57
3	Pills	2	7.15
	Total	28	100



3.5 Reasons for Discontinuation who had ever used

Ever users of FP were asked why they had stopped or discontinued using it. Table shows causes of discontinuation of method in the ever-used respondents.

Majority, about 47% had discontinued due to its side effect, while 33% didn't use because it didn't suited them. Similarly 4% had discontinued due to religious reasons.

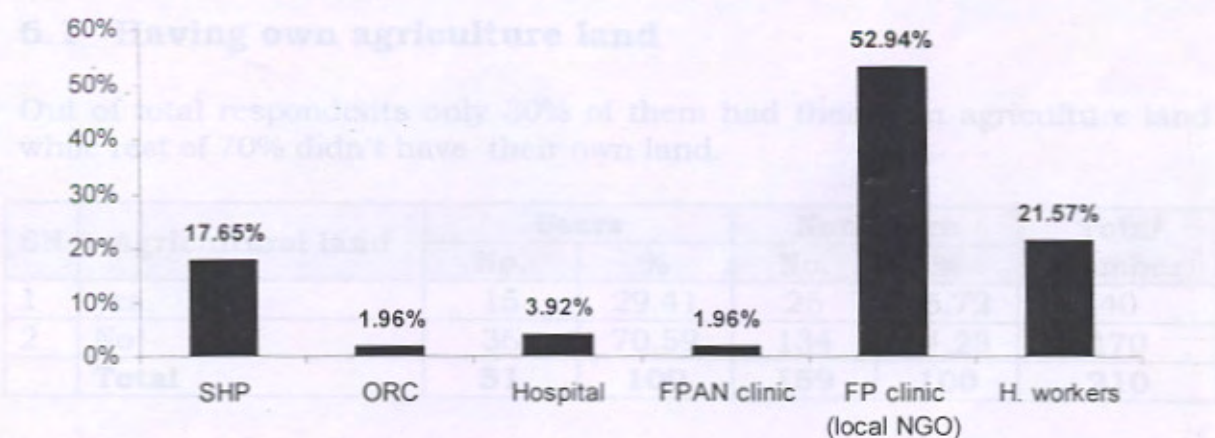
SN	Cause of discontinuation	No. of users	%
1	Side effects	13	46.43
2	Didn't suit (jhanjhatilo)	9	32.14
3	Unavailable	3	10.71
4	Husband refusal	2	7.14
5	Religious reasons	1	3.58
	Total	28	100

4. Availability of Family Planning Method

Currently users of FP were asked to report the source from where they obtained the methods. Table 8 & figure shows number and percentage of modern methods users obtain methods from various sources.

Among those, majority i.e. 53% obtained the methods from a local FP clinic named BAMSS (Banke Mahila). Second most popular source was SHP, about 18% took service from there.

SN	Sources	No. of users	%
1	SHP	9	17.65
2	ORC	1	1.96
3	Hospital	2	3.92
4	FPAN clinic	1	1.96
5	FP clinic(local NGO)	27	52.94
6	H. workers(, ,)	11	21.57
	Total	51	100



4.1 Availability of FP methods

The currently users were asked that which methods was available in the nearby service centre. Norplant and pills were the most available methods.

SN	Methods available	No of users	%
1	Pills	11	21.57
2	Norplant	14	27.45
3	Condom	9	17.65
4	Depo	17	33.33
	Total	51	100

5. Accessibility

Time required to reach health facilities for FP

Majority of users, i.e. about 69% replied that it took 10-30 mins to reach the nearby FP service outlet, while 28% users had to walk only less than 10 mins to reach to take service.

SN	Time	No. of users	%
1	<10mins	14	27.45
2	10-30 mins	35	68.63
3	30-60 mins	2	3.92
	Total	51	100

6. Socioeconomic Characteristics

6.1 Having own agriculture land

Out of total respondents only 30% of them had their own agriculture land while rest of 70% didn't have their own land.

SN	Agricultural land	Users		Non users		Total Number
		No.	%	No.	%	
1	yes	15	29.41	25	15.72	40
2	No	36	70.59	134	84.28	170
	Total	51	100	159	100	210

6.2 Sufficiency of food having own Land

Those who had own land (i.e 30%) were asked, for how long the crops they grow is sufficient.

About 60% replied that food was sufficient for 6 months. (Users)

SN	Duration	No.	Users	%
1	< 6months	32	9	60
2	6-12 months	5	3	20
3	> 12 months	3	3	20
	Total	40	15	100

6.3 Income source other than Agriculture:

Those who didn't had own land were asked what was their income source then.

Among users , Majority i.e. 53% use to work as Labour in the construction work (*misitry*) , Rikshaw puller as well as a tenant.

SN	Income Source	Users	%	Total
1	Business/shop	1	2.78	18
2	Service	1	2.78	1
3	Labour	15	41.67	53
4	Tenant / Labour	19	52.78	98
	Total	36	100	170

6.4 Sufficiency:

When they were asked about the sufficiency of earning, about 25% replied that it was not sufficient for fooding and some time they had to take loan also.

SN	Sufficiency	Users	%	Total
1	Sufficient for fooding and saving also	-	-	-
2	Sufficient for fooding and no saving	21	58.33	101
3	Difficult for fooding also	6	16.67	21
4	Not sufficient and have to take loan	9	25	48
	Total	36	100	170

7. Attitude Measure:

The questionnaire included 6 statements to measure respondent 's attitude towards contraceptive use and other fertility related issues. Each statement had a set of responses categorized as Agree, Disagree, and Don't know.

SN	Statements	Agree	Dis-agree	Don't know	Total
1	Using FP methods cause side effects	69	10	-	79
2	Contraceptive use may cause infertility in women	14	56	88	158
3	Having few children may cause a person to feel economically insecure in the old age	9	199	2	210
4	Parents with fewer children have better financial status	190	20	-	210
5	Frequent pregnancies may lead to health problems	165	44	1	210

1. First statement:

Among currently using or ever used respondents(79) , about 69 , 88% were Agreed with the statement that FP use have side effects

2. Second statement:

Among those who Had knowledge about FP methods , (159) most of them didn't know that it can cause infertility in women.

3. Third Statement :

Out of total respondents(210) , Majority disagreed with the statement that " Having few children may cause a person to feel economically insecure in the old age"

4. Fourth statement:

Out of total respondents,about 190(91%) agreed with the view that family having fewer children have better financial status.

5. Fifth statement:

Out of total respondents , majority Agreed that too many pregnancies has an adverse affect to their health.

6. Sixth statements:

Majority i.e. 191 (91%) believed that its use is against Muslim religion. (but most agreed with only temporary not permanent methods)

FINDINGS OF QUALITATIVE STUDY

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FINDINGS OF FGD WITH THE LOCAL MUSLIM RELIGIOUS LEADERS

BACKGROUND:

Muslim Religious leaders, who are called either "*Maulvi*" or "*Mulla*" in local language have directly or indirectly impact on the behavior change of the community. Muslim religious leaders are often assumed to hold more conservative attitudes than the general population on FP. Indeed, Muslim Religious leaders' views and attitude toward FP is often misinterpreted. While they can be expected to refer to religious texts for guidance to interpret the acceptability of new ideas. They act as reinforcing factors for the community. Hence their opinion was assessed before making any conclusions.

OBJECTIVES:

To Generate necessary information regarding FP in terms of their knowledge, attitude and FP acceptability from religious point of view.

FINDINGS:

Altogether 6 MRL (Muslim religious leaders) were participated in FGD. Their general information regarding age, family size, education and duration of working in the Masjid or Madarsa (Muslim name of school), is given below.

FGD Findings

S.N.	A	B	C	D	E	F
Age	28 yrs	26 yrs	25 yrs	41 yrs	25 yrs	54 yrs
Education	literate (Hafiza)	literate (Hafiza)	literate (Hafiza)	literate (Urdu)	literate (Hafiza)	SLC
Family size	♂: 2 ♀: 2	♂: 1 ♀: 2	♂: 1 ♀: 0	♂: 5 ♀: 3	♂: 0 ♀: 4	♂: 5 ♀: 3
Duration	7 mths	8 yrs	7/8 mths	8 mths	3 yrs	25 yrs

♂ = Son

♀ = Daughter

Hafiza = Quran learned by-heart

Majority were working as a teacher in Madarsa / Masjid.

QUALITATIVE INFORMATION

Knowledge on FP:

❖ They were asked whether they know about FP and its various methods:

Almost all the participants had heard about FP and some of the temporary methods as well as permanent methods. Spontaneously they were able to reply. they answered:

- "इसके बारे में मालुमात है।"
- "कुछलोग माला-डी खाते हैं, क्याप्सुल रखवाते हैं। नसबन्दी भी करवाते हैं।"

That means, Mala D (an Indian product of pills) is known to them. Also in their words 'Nasbandi' (Hindi) i.e. permanent sterilization methods they also know i.e. vasectomy.



Conducting FGD with Local Muslim Religious Leaders

❖ Source of FP:

When asked about the source of information on FP , they replied that they have come to know from *Akhbar* and local Urdu patrika.

❖ Family planning and Islam :

When they were asked , Is FP is consonant with Islam? they replied:

No, it is not legal in Islam ,It is *Haram* i.e. almost prohibited. They replied like this:

- "पिल्स खाना औलादको कत्ल करना है।"
- "औलादको कत्ल करना हराम है।"

According to them one statement of Kuran was :

وَلَا تَقْتُلُوا أَوْلَادَكُمْ مِنْ أَمْلَاقٍ نَحْنُ نَرْزُقُكُمْ وَإِيَّاهُمْ (الانعام ١٥١)

وَلَا تَقْتُلُوا أَوْلَادَكُمْ خَشْيَةَ أَمْلَاقٍ نَحْنُ نَرْزُقُكُمْ وَإِيَّاكُمْ (الاسراء ٣١)

that means:

Allah says " Kill not your children because of poverty-we provide sustenance for you and for them" (Al-Anaam 151)

When asked , It is said , except sterilization, all other methods are allowed?

They answered like this:

- "यह तरिका भी इस्लाम में दुरुस्त नहीं है।"

(that means these methods are also not correct)

Further question was asked: "हराम है कि दुरुस्त नहीं है?"

(Totally prohibited or not correct?)

They replied:

- "करीव करीव हराम ही है।"

Further they were asked :

करीव करीव का क्या मतलब हुआ ? बिल्कुल हराम है या नहीं ?

(what does it mean by nearly prohibition., is it totally prohibited or ...?)

- "ये भी हराम ही है।"

When asked about Sterilization: ,they said:

- "नसबन्दी नहीं कराना चाहिए।"
- कहते हैं, "जो ऐसा करे, उसको अपने खानदान से अलग किया जाए, उसके हाथ से न खाना पानी पिया जाए।"
- "उसके हाथसे फातेहा नहीं होती है।"

(Fatheha: ,very ritual from religious point of view.)

When they were asked about frequent pregnencie and its adverse effect to the mother health , they replied:

- "तब इसके लिए बहुत सारी दवाइयाँ भी तो है।"
- "अगर सर में दर्द पैदा हो रहा हैतो, उसके लिए दवा भी तो है।"

They further said:

- "औलाद अल्लाह तालाके तरफसे एक निअमत (gift) है। तो अब थोड़ी सी परेशानी के लिए इतनी बड़ी निअमत (gift) को हम नहीं बर्दाश्त कर सकते क्या?"

Do you think financial status becomes poor having more children?
they replied, No.

- "हमलोग के विचार में, बच्चे अगर इन्सान पैदा कर रहा है, तो ऐसा नहीं है।"

وَلَا تَقْتُلُوا أَوْلَادَكُمْ خَشْيَةَ إِمْلَاقٍ نَحْنُ نَرْزُقُهُمْ وَإِيَّاكُمْ (الاسراء ٣١)

"And kill not your children for fear of poverty. We shall provide for them as for you. Surely the killing of them is a great Sin"
(al- Isra 31)

- "अल्लाह ही रिज्क का मालिक है। पहाड में हो, जंगल में हो, दुनियाँ के किसी भी कोने में हो, वही उसके लिए रिज्क पहुँचाएगा।"
- "वही अनाज पैदा करता है।"
- "शादी होने से पहले ही, बच्चे होने या न होना मुकरर (fix) कर देता है।"

One said that:

- "बच्चा पैदा होने के बाद, जब दाँत नहीं था तो दूध दिया, जब दाँत दिया तो, वह रोटी नहीं देगा क्या?"

Is there any condition, when FP is permitted?

In reply they said one statement in Arabi:

فمن اضطر غير باغ ولا عاد فلاثم عليه ان الله غفور رحيم

فمن اضطر غير باغ ولا عاد فلاثم عليه ان الله غفور رحيم (البقرة ١٧٣)

- "जो शख्स परेशान किया जाए या मजबूर किया जाए बगैर किसी सरकसी (problem) और ज्यादाती की वजह से, तो ऐसा कर सकता है।"
- "अगर मौतका खतरा है तब तो 'नसबन्दी' करा सकता है। अगर मौत का खतरा नहीं है यूहीं सिर्फ औलाद के लिए तो नहीं कर सकता है।"

FINDINGS OF FGD WITH WOMEN OF REPRODUCTIVE AGE GROUP

During Quantitative data collection, with the women of reproductive age group, there were some issues, regarding Knowledge, Attitude and Practice on FP of which the researcher couldn't get sufficient a satisfied information. So to go through in depth on the key issues of a research topic a FGD was conducted, It was a step to aid in developing a quantitative study.

Findings of FGD:

Altogether 10 participants were chosen for FGD from the age group 15-49. Out of 10 Participants, 4 were currently users, 2 had ever used and 4 had never used contraceptives in their lives:

General Information;

Age:

- Four participants were in the age group 30-35
- Four Participants were in the age group 40-45
- Two Participants were in the age group 25 years

Education status:

Out of 10 only one was literate. She had informal education.

Age at marriage:

- ❖ Four respondents were married when they were 10-12 years old.
- ❖ Six respondents were married at the age group 14-16 years

Family size:

- ❖ Two respondents had 6-7 children.
- ❖ Six respondents had 3-4 children .
- ❖ Two respondents had 5-6 children.

Knowledge on FP:

All had listened about FP and FP methods. According to them (mostly spontaneously) they could name – Pills, Depo, Norplant, condom, and female sterilization

No one knew about Male sterilization and IUD.

Source of FP knowledge:

Most of them had come to know it from staffs of private NGO working in FP/RH in that VDC and from SHP. Few of them had become familiar by listening to their neighbors who were using methods and knew about it.



Conducting FGD with local Muslim women (14-49)

Belief regarding use and non use:

When asked about their belief, one replied:

- "अपरेशन नहीं करावे के चाही अउर बाँकी सब तरिका से कुछ नहीं होई।"

(that means except operation, other temporary methods can be used.)

We are using pills, Depo, Norplant and many other women are also using of our ward.

When asked that, It is said, FP is prohibited in Islam:

Regarding operation, they replied,

- "जौन मेहरारु अपरेशन कराई ओकर जनाजा के चालिस कदम तक घसिटकर कबर में ले जावा जाई। अउर कबर में चालीस डण्डा मारा जाई।"

Means, it is said, those who has found to have done operation, after deaths, their dead body will be taken 40 step pulling to kabristan and on their kabr 40 sticks will be

One users said, In fact no methods are allowed but What to do? They said:

- "का करि मजबुरी है। मजबुरी में सब चिज जायज है।"

One said that:

- "वैसे तो सुअर का गोश्त भी इस्लाम में हराम है, मगर अगर कोई जान बचावे के खातिर खावत है तो वो भी मेरे हिसाब से जायज है।"

According to them Majority believe that except operation all are allowed.

❖ when asked to users about FP methods, they replied:

However we are using methods. One said Previously I used Depo, but since it didn't suit me and also it was very uneasy to inject every 3 months in gap, that's why I replaced it with Norplant. But it is also not suiting me.

For many days, I have many problems and I am thinking to take out .

❖ When asked about the problems, they replied,

- "खुन सुख जात है, बुखार आत है, चक्कर आत है, उल्कन होत है, दिल घबराता है।"

❖ When asked with ever users, they said:

❖ No method suited. Husband was also not so happy to using us.

One was Maulana's wife. She had just given birth to a baby. It was her 7th child. During the birth of 5th one she had used pills. Now she is planning to use FP methods without taking consent of her husband. Her husband didn't allowed to use her any methods. She was using it by hiding with her husband and other neighbors due to her husband's social respect.

❖ Asking about Large Family and small Family:

One said:

- "एघार बजे रात से जागत है, देहाती आदमी, खेत में न जाए तो का खाइ ? ढेर बच्चे रहे तो कैसे काम करी ?"

• When asked how will they feel in the old ages if they have lot of children? one said:

- "लेडका रही, लडकासँग खेल्यौ, गलियन धूल उडायो, जबानी निंदभर सोया, बुढापा देख कर रोया।"



FGD conduction

Finding of Key Informant Interview:

VDC	: Puraina
Village	: Beerta-Ward no 7
Qualification	: B. L
Status	: Programme coordinator of local NGO working in, FP/RH
NGO Name	: Banke Mahila Aarthik Swabalamban Sanstha (BAMSS)
Duration of work	: Working for last 4/5 years in the V.D.C

Past Situation:

- ❖ No any NGOs/INGOs had ever worked in this V.D.C. before we started working here. And also no any organization has interest to work on FP in this community having majority of Muslim population. They think that their programme will worthless as Muslim had negative attitude towards Family planning.
- ❖ We first started our FP static clinic at Beerta (ward no-7). We first had a baseline survey in the V.D.C and recognized the extent of problem.
- ❖ FP users very almost nil. It had been very difficult in the initial stage Most people were illiterate, Client didn't came, More and more counseling had to be given, staffs had to go house to house for FP advice and FP services.
- ❖ Later with a regular and continuous awareness program and counseling we were able to convince the people gradually.

Present situation:

Now, there is drastic change in the Knowledge as well to some extent in the practice also.

Majority use temporary methods, among which in our Clinic Norplant and Depo has highest Demand. While so far permanent methods is not used. However 2/4 Muslim women sterilized themselves yearly by hiding with others.

Factors for the Non use of FP

- ❖ Husband Pressures
- ❖ Still most of them are exploited by their husbands

Findings of Key Informant Interview
Findings of Key Informant Interview

KEY INFORMANT INTERVIEW WITH VDC CHAIRMAN

- ❖ No any programs regarding adult literacy and awareness program
- ❖ Almost No any private NGOs and INGOs had provides FP services except of FPAN (rarely). All NGOs are only programme motive, not service motive.
- ❖ Demand of Norplant is comparatively high but not sufficient enough to fulfill their demand. (Norplant is not available in SHP. It is only available in our clinic (not sufficient), in FPAN, in PHC, in VSC, in Bheri zonal hospital, and Meristopes clinic in Kohalpur.

Recommendations:

- ❖ VDC should deposit separate fund for Public welfare. From that interest, FP services can be given
- ❖ DPHO should provide separate fund for FCHV/ TBA

KEY INFORMANT INTERVIEW WITH VDC CHAIRMAN

Education : Primary education

Age : 46 years

Status : VDC Chairman

Past and present situation:

- ❖ In previous years, used to be high mortality among infants. Women had a lot of children within a very short interval of time. An average woman had 10/12 children. Lot of infant died due to lack of raring and of health services
- ❖ 4-5 years back ,99% women were illiterate.
- ❖ 3-4 years back SHP was not been established.
- ❖ Now adult literacy classes have been conducted by Plan International ,
- ❖ Private NGO is working here for the last 3-4 years in RH. It is also conducting literacy classes frequently. Also refresher training program to FCHVs and TBA is also conducted by it every 6 monthly.
- ❖ It is providing services on Family planning to the village people
- ❖ Now pregnant women come 2-3 times in SHP for checkup
- ❖ Majority is using Family planning methods.
- ❖ FCHVs are actively working in the VDC.

Occupation: Major about 75% are labor.

Education: Most of people send their children to Madarsa. there beside Arabi and Urdu they also gain knowledge on Hindi, Nepali and mathematics

Health Services: It takes only 10-20 minutes to reach to SHP from every ward.

- 6/7 women of VDC chairman's family have already sterilized.



Interview with VDC Chairman

DISCUSSION

Age:

Findings shows that in very young age (15-19) and very old age (45-49), women have low demand of FP. This indicates that relatively fewer women know a modern method at the youngest and oldest age groups compared to the women with intermediate age (25-34) groups.

Similar type of findings also found in the study 'Contraceptive knowledge and use in Nepal, 1998) and also study done by FPAN (1997).

Education Status:

Findings shows that literacy of the women have almost no effect on their contraceptive use, while that of husbands have positive impact on contraceptives use. Findings show that most of illiterate women are the user of FP. It indicates two things:

Firstly women although they are illiterate are more aware and concerned about their health. It is due to the good and affecting awareness program of FP services, affective counseling by health workers, and consciousness towards their health.

Secondly, husbands who are literate having some primary and secondary education are more likely to take correct decision regarding the health of their family.

Family Type:

Women from nuclear family are more likely to be the users in compared to non users of FP.

Occupation:

Since agriculture is the main occupation and majority are farmers, hence the no. of users from this category is obviously to be more. Findings show that laborers are the second in no. of FP users. Study also shows that those who are farmer or labour, their economic status is very poor and hardly they could provide for fooding for their family. Hence they are more concerned to limit their family size to avoid financial burden

Age at first marriage:

Those who were married early in the age group 10-15 years, were found to be the maximum users of FP. Study reveals that respondents falling in this category had already got 3-4 or 5-6 children. Hence, they do not desire more children and use contraceptive methods.

No. of children and FP.:

Most of women after having 3-4 children want to limit the no. of children. In this study about 53% of women were users of contraceptive because they have reached to desire no. of children. Similarly, those who were not using any family planning methods, tend to have more children. In this study, those who have more than 7 children had never used any contraceptive in their lives. It shows FP users are more likely to have small family than those who never used it.

No. of sons and FP practice:

Women after having 2 or 3 sons want no more sons. Hence, in this study the percentage of users having 2-3 children is high i.e. 42% and 32%. While those who have not a single son have desire for son. Hence, they were mostly non-users.

This indicates that a woman with higher no. of living sons is more likely to use any contraceptive method than that of none.

Economic Status:

Economic status of majority of the peoples is very poor. Only 30% have their own agriculture land but also it is not sufficient even for more than 6 months. Similarly, those who didn't have own land or use to work as tenant in other land couldn't earn sufficient money for livelihood.

Availability

Among users, majority i.e. 53% obtained the methods from private sectors i.e. from local family planning clinic (BMASS). They received from mainly Depo., Norplant, and Pills from there. Second major source was SHP (about 18% users) most of them reported that the attitude of health workers of SHP was not good. They didn't get family planning methods and other services, whenever they needed in compare to BMASS. Staff of SHP very rarely used to present there. VHW never visit to the field.

Accessibility:

One of the important indicators of accessibility is the travel time, required to get to the source of contraceptive. It is obvious from the study that the major sources (BMASS, SHP) were not too far from individual houses. It took only 10-30 minutes in average to reach the facilities.

Family Planning knowledge:

Knowledge of family planning is nearly universal in this VDC. Finding shows that 98% of women have heard the term 'family planning'. The main source of knowledge was health workers and their neighbors. Among who had

heard, 78% knew any modern contraceptive method. The people are more convinced to use if they are well counseled by health workers. Among the individual methods female sterilization i.e. was the best known contraceptive method followed by Pills, Condom, Depo and Norplant.

Attitude Measure:

Knowledge and awareness play a major role in the development of positive or negative attitude towards something. Though person's attitude is very difficult to measure exactly, however, in this study attitude was measured by probing them with the given statements.

It was found that despite of lot of rumors in the village, women did not agree that any FP can cause infertility in women. These means, there is not negative attitude and have positive understanding towards FP. Similarly people have clear and positive concept of small family norms because most of the respondents were agreed with the statement that large family burdens economic status. They think that too many children invite economic burden and well being of the family

However strong religious belief persists here. Most women think that it is against religion but this is only for permanent methods not for temporary methods.

Ever users of Contraceptives

- ❖ Among the respondents, who were not using any methods, about 18% had ever used some methods. Norplant was used by most of them followed by Depo, and Pills. An FGD finding shows that ever users discontinued using mainly due to its side effect. Mostly headache, weakness, legs swelling, pain, Eye weakness, over bleeding etc.

Current Users

Contraceptive prevalence rate was found to be 24.29%. It seems to be very low in comparison to the National figure i.e. 32.6%. But it should not be forgotten that this figure indicate the positive behaviour of this community towards FP, Muslim Community where maximum totally boycott the use of FP methods, this is the good indication of existing FP practices there.

Among current users, maximums were the users of Norplant. It is due to the fact that it is inserted once and it is effective for many years without any further need of using it, Also they do not have to take it daily like that of pills or use at every intercourse like condoms. It is also simple to insert by trained and expert health workers. Depo is also very popular there. Once it is injected it works for 3 months (not jhanjhatilo)

Majorities of current users were using only temporary methods while almost negligible women had done Female sterilization.

From FGD Findings it is clear that due to religious prohibition people use only temporary methods only. According to them use of permanent methods is against Islamic Law. From FGD it was also found that, it is said that though temporary methods is also not keeping with Islam but however they are using it because they have very low income and poor socioeconomic status. So they are compelled to limit their family size.

FGD Discussion:

Opinion of LMRL: all the participants have knowledge on family planning and family planning methods. The attitudes towards family planning of LMRL are negative. According to them neither temporary nor permanent method is allowed as per Quran and Hadith. According to them, more children do not invite economic burden in the family.

Opinion of general women: They permit temporary or reversible measures and do not permit permanent or irreversible ones in other than extreme cases (e.g. when the woman life is endangered).

Key informant interviews shows that the family planning practice is in increasing trend.



A touch with the reality

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A touch with the reality

The survey clearly shows that virtually all of the women in the sample have heard of family planning. Another important findings is that the attitudes of majority of women towards small family-happy family is prominent, various unrealistic rumors regarding family planning methods is very rare, acceptance that family planning use may have several side effects. But from the religious point of view they totally reject permanent methods while towards temporary method the attitude is positive.

CONCLUSION

This study is a small attempt to provide information regarding knowledge and practice on FP, explore underlying issues regarding community attitude and belief and forecast demand of FP methods especially in the context of Muslim community.

The study has analyzed various Socio-economic, predisposing, enabling and reinforcing factors that have and could have either positive or negative impact on the FP practice in the community.

The preceding sections discussed contraception practice and the impact of Socio-economic variables such as age, age at marriage, education, family size, no of children, son preference and economic status of the community.

Age at marriage is still very low in this community. Early and almost universal entry into marriage can substantially boost the level of fertility.

Age is also very important factor for determining family planning practice. In the very low and old age family planning demand is low while the education of the husband is very necessary to bring about to change in contraceptive use.

As a number of children including one son have reached, woman wants to stop child bearing. Poor economic status of the community is also one of the major factors that has compelled woman to limit the family size.

Finding shows that the demand of family planning is increased with how much the service is accessible to them and to what extent is available in the nearby service outlet. It also points out toward the health worker's responsibility and attitudes in providing family planning services.

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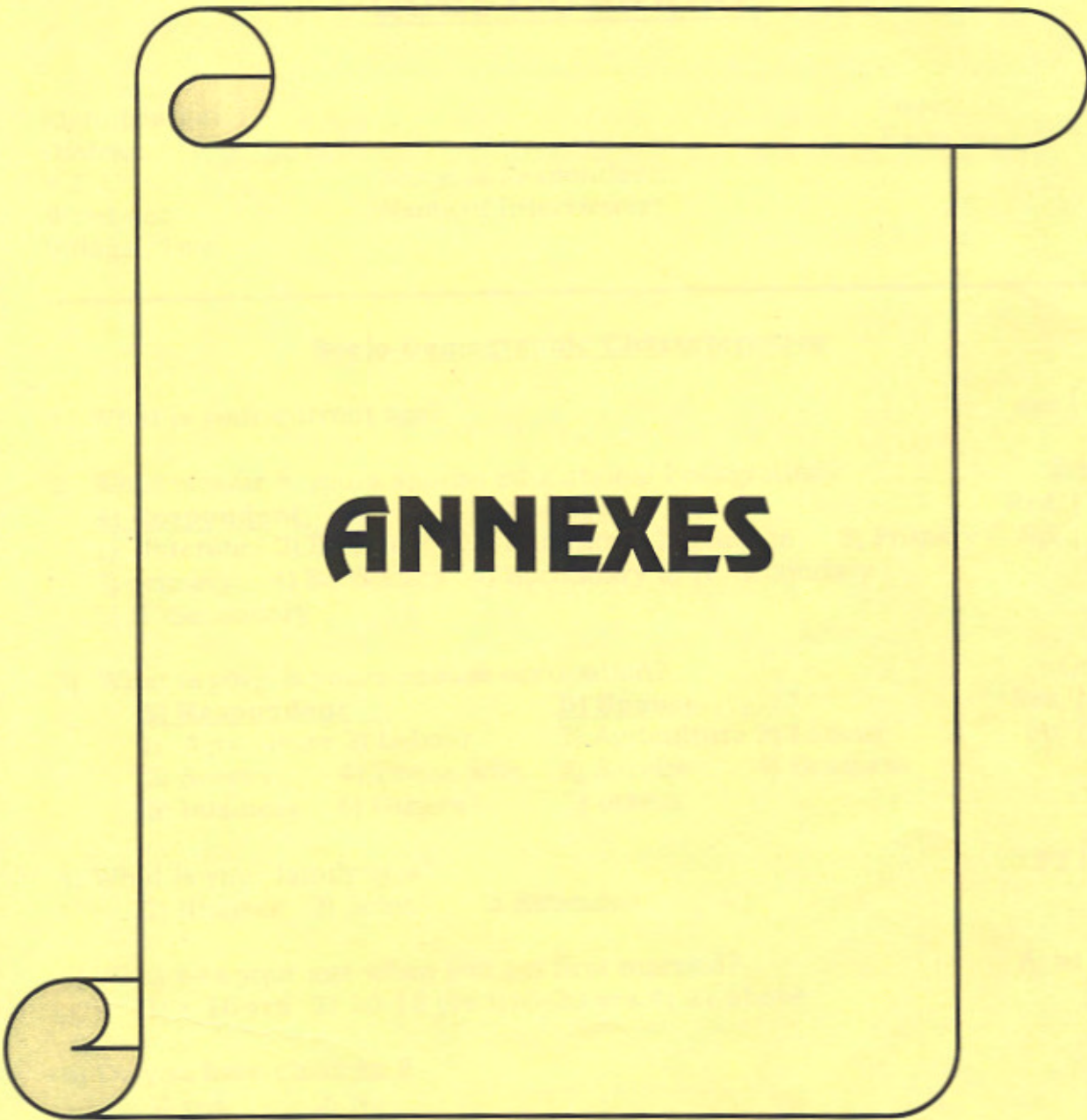
Conclusion

There is wide knowledge gap on male family planning methods especially for that of male sterilization. Although CPR rate is low in compare to national figure but being a Muslim community it is very good indication. There is high demand of Norplant and Depo provera.

Health facilities are accessible in terms of travel time but availability of family planning method is questionable in the government sector (sub health post).

RECOMMENDATIONS

- ❖ Actual level of knowledge is still low. DPHO should take initiative to expand male services and encourage greater use of male contraceptive, IEC materials should be adequate and should be available in local languages in Avadhi and Hindi for those who can read and write while adequacy of flipchart, posters, pamphlets for illiterate people.
- ❖ Taking account of the religious fact, temporary methods such as Norplant should be made available in the SHP. Also Depo, pills, and condom should be available according to the community demand.
- ❖ Private sector has become a key source of FP services. Therefore, it should be further encouraged by others NGOS/INGOs and HMG program should combinely go in an integrated way.
- ❖ Incentive to FCHVs and TBAs should be provided to encourage and facilitate good functioning in their work.
- ❖ Follow up for defaulter and current users, and selected home visit for eligible couple should be done regularly by health VHW, FCHVs and TTBA .
- ❖ Educational efforts should be designed to reach women/ men who are not yet receiving family planning services.
- ❖ More structured education about Family planning should be directed toward men with the least schooling: Well informed men are more likely to either use a method themselves or support their partners in using a method.
- ❖ VDC has also significant role in raising community status. VDC members should also be involved for the planning and implementation of health programmes for their community.



ANNEXES

Factors Affecting Family planning practice Among Muslim Women of Reproductive age group

QUESTIONNAIRE

Identification

District:

V.D.C.:

Ward no.:

Village /Tole:

Date:

Form no:

Family planning Knowledge:

Name of Respondent:

Name of Interviewer:

Socio-Demographic Characteristics:

1. What is your current age? age []

2. What is your & yours spouse educational background? Edu.

A) Respondent	B) Spouse		Res. []
1) Illiterate 2) literate	1) Illiterate 2) Literate 3) Primary		Sp. []
3) primary 4) Secondary	4) Secondary 5) H. Secondary		
5) H. Secondary			

- 3) What is your & yours spouse occupation? Occ.

A) Respondent	B) Spouse		Res. []
1) Agriculture 2) Labour	1) Agriculture 2) Labour		Sp. []
3) Service 4) House wife	3) Service 4) Business		
5) business 6) Others	5) others		

- 4) What is your family type? FT []

1) Nuclear	2) Joint	3) Extended
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- 5) What was your age when you got first married? A. at M.

1) < 10 yrs	2) 10-15 yrs	3) 16-20 yrs		4) 21 above []
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- 6) Do you have children ? []

1) yes	2) No
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- If yes, []
- 7) At present , how many children do you have? []

a) Number:	b) Sons:	c) Daughter:		[]
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- 8) Do you want more children? []

a) yes	b) No
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If yes,

9) How many children? []

a) Sons: b) Daughter: []

If sons: []

10) In your opinion how many sons do you need ?

Family planning Knowledge:

11) Have you heard about Family Planning? []

a) Yes b) No

If yes,

12) Where did you come to know from? Source []

a) Radio

b) Health workers/ health institution

c) Neighbors

d) spouse

e) others

13) Have you heard about FP methods? []

a) Yes b) No

If Yes,

Please tell me the name of contraceptives, you have heard:

S	Family planning methods		spontaneous	Probed	total
N					
1	Pills	women can take this tablet every day to prevent pregnancies (like Mala D)			
2	Depo	women can have an injection which stops them from being pregnant for several months			
3	Norplant	Women can have small capsules placed in their upper arms which can prevent pregnancies for several years			
4	condom	Men can use rubber sheath during sexual intercourse			
5	Female sterilization	Women can have an operation to avoid having more children			
6	male sterilization	Men can have an operation to avoid having more children			
7	IUD	women can keep copper tube inside them to prevent pregnancies			
8	Diaphragm /foam /jelly	women can place a sponge, rubber, cream or jelly inside themselves before intercourse			

14. Attitude Measure:

S. N	Statements	Agree	Dis-agree	Don't know	Total
1	Using Family planning causes side effects				
2	Contraceptive use may cause infertility in a women				
3	Having few children may cause a person to feel economically insecure in the old age				
4	Parents with fewer children have better financial status				
5	Frequent pregnancies may lead to health problem				
6	Contraceptive use is against religion				

Family planning Practice

15) Are you or your spouse currently using any kind of FP methods? []

a) Yes

b) No (skip to Q.No. 18)

16) Please mention the method you or your spouse are currently using ? []

17) Do you have discussion with your husband on FP? []

a) Yes

b) No

18) Have you ever used any method of FP? []

a) yes

b) No (skip to Q. No. 20)

If yes, []

19) Which method did you use?

20) Why did you discontinued it ? []

1) Due to side effect

2) Don't suit you

3) Unavailable

4) Husband opposition

5) Religious reasons

6) others

Availability & Accessibility

21) Where do you go to take FP services/advices? []

22) How long does it take to reach the place for FP advice/ services from your home? []

23) What FP methods are available in the nearby health institution? []

Socio- Economic status

- 24) Do you have an agricultural land ? []
a) Yes b) No(skip to Q. No.) 26

- If yes, []
25) For how long , the crops you grow is sufficient?
a) < 6months b) 6-12 months c) > 12 months

- 26) What is your income source ? []
a) Business/shop b) Service c) Labour d) other

- 27) Is it sufficient for livelihood? []
a) Sufficient for fooding & saving also
b) Sufficient for fooding & but no saving
c) Difficult for fooding also
d) Not sufficient & have to take loan

GUIDELINES OF-FOCUS GROUP DISCUSSION FOR LOCAL MUSLIM RELIGIOUS LEADERS

General information

Date
Time

- A) No of participants:
 - B) Age:
 - C) Education:
 - D) Family size;
 - E) Duration of work:
-

- 1) Have you heard about FP and its various methods?
- 2) Where did you come to know from?
- 3) Do you think FP is consonant with Islam?
- 4) What does Islam advocate towards FP?
- 5) It is said that except sterilization, all other methods are in keeping with Islam. what is your opinion?
- 6) Is there any condition, when FP is allowed in Islam?
- 7) Do you think that large no of children burdens Family's financial status?
- 8) Do you think that large families are less happy than small families?

GUIDELINES OF-FOCUS GROUP DISCUSSION FOR GENERAL WOMEN

General information

Date
Time

- A) No of participants:
- B) Age/age at marriage:
- C) Education:
- D) Family size:

-
- 1) Have you heard about FP and its various methods?
 - 2) Where did you come to know from?
 - 3) What is your belief regarding the use and non-use of family planning methods?
 - 4) What are the major health problems caused by the use of family planning methods?
 - 5) It is said that except sterilization, all other methods are in keeping with Islam. What is your opinion?
 - 6) Do you think that large no of children burdens Family's financial status?
 - 7) Do you think that large families are less happy than small families?

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GUIDELINES FOR KEY INFORMANTS INTERVIEW

General information

Date

Name:

VDC:

Qualification:

Status

- 1) What is the past and present situation regarding family planning in this community?
- 2) In your opinion, what are the factors for use and non-use of family planning?
- 3) What are the problem, constraints regarding family planning in this community?

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