

**A STUDY ON KNOWLEDGE, ATTITUDE AND
PRACTICE OF CONTRACEPTIVE USE IN
MUSLIM COMMUNITY**

[A CASE STUDY IN BELHI VDC, SAPTARI, NEPAL]



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By

Mithilesh Prasad Sah



A Dissertation Submitted to
The Central Department of Population Studies,
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Central Department of Population Studies

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Kirtipur, Kathmandu, Nepal

August, 2000

RECOMMENDATION

This dissertation entitled "*A Study on Knowledge, Attitude and Practice of Contraceptive Use in Muslim Community*" is an independent research work of Mithilesh Prashad Sah completed under my supervision and guidance. It is prepared for the Degree of Master of Arts in Population Studies. To the best of my knowledge, the study is original and carries useful information in the field of knowledge, attitude and practice of contraception among Muslim community. I recommended it for the dissertation committee for approval and acceptance.

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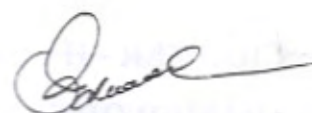
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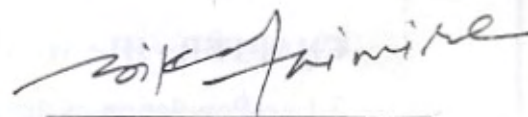
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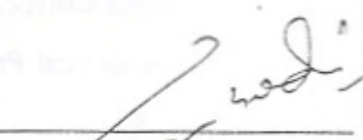


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ABSTRACT

This study is based on the primary data collected from Belhi VDC in Saptari district entitled "A Study on Knowledge, Attitude and Practice of Contraception in Muslim Community". The Muslim community were selected because they are original inhabitants. These groups are educationally, economically, socially and politically backward in Belhi VDC in Saptari. The main objective of this study is to examine the factors related to use of contraceptive, reason of not acceptance and perception about family planning. In addition, this study also aims to find out socio-economic, demographic and family planning characteristics of Muslim community. Further, this study also examines the general relationship between two or more variables through simple percentage and frequency tables.

The total number of respondents were 114 married women under the age of 15-49 years. This study concludes that average number of children of the respondents have 3.3. The median age at marriage in Muslim community is very low (11.00) and universal which are responsible for high fertility. About 92 percent know at least one method of contraception. Among them depoprovera is mostly known method as compared to female sterilization and other method of contraception. Ever use of contraceptive prevalence rate is 17.5 percent while the depoprovera used by 80 percent women. By the age most accepted age was 30-34 in which age 45 percent respondents have used the contraception. Majority of women use contraception (95%) after having 3 and more than 3 number of living children. More than 35 percent respondents prefer future intention to use of contraception. The highest percentage (34.0%) of women not use of contraception because of desire for son followed by second percentage (30.0%) by illiteracy and ignorance. About 70 percent respondents prefer 2 sons as ideal number of children. About 75 percent respondents preferred 4 to 6 person is suitable for ideal family size. More than 38 percent respondents are major referral sources of contraception was sub-health posts. Demographic variables show the positive as well as significant effect on use of contraception whereas socio-economic variables such as education and occupation of respondent and their husbands do not show significant effect on use of contraception in this study.

ACRONYMS AND ABBREVIATIONS

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CDPS	Central Department of Population Studies
CBS	Central Bureau of Statistics
CPR	Contraceptive Prevalence Rate
FP	Family Planning
FP/MCH	Family Planning and Maternal Child Health
KAP	Knowledge, Attitude and Practice
NFFHS	Nepal, Fertility, Family Planning and Health Survey
NFHS	Nepal Family Health Survey
UNFPA	United Nations Fund for Population Activities
VDC	Village Development Committee
WHO	World Health Organization
ICDDRDB	International Centre for Diarrhoeal Disease Research, Bangladesh.
WFS	World Fertility Survey
CPS	Contraceptive Prevalence Survey
RH	Reproductive Health
NFFS	Nepal Fertility, Family Planning Survey.
PRB	Population References Bureau
MOH	Ministry of Health
IUD	Intra-Uterine Device.
FPAN	Family Planning Association of Nepal
HIV	Human Immuno-Deficiency Virus
HMG	His Majesty Government
ICPD	International Conference on Population and Development
NGO	Non-Government Organization
STDs	Sexually Transmitted Diseases
UN	United Nations
INGO	International Non-Government Organization
DBASE-IV	Data Base Computer Programme
DHS	Demographic Health Survey
PAN	Population Association of Nepal
SPSS	Statistical Package for Social Sciences
TFR	Total Fertility Rate
MA	Master of Arts

CHAPTER - I

Introduction

1.1 General Background of the Study

Family planning movement in Nepal was initiated in 1958 by Nepal Medical Association and social workers in collaboration with the path finder fund, a voluntary organization. The family planning Association of Nepal was also established in the same year. The family planning project was established in 1965 and was put in the Maternal and Child Health section of the Department of Health Efforts were made to offer family planning service and information through the existing maternal and child health clinics. Family planning services actually started to be offered in 1966. Services of IUD's, pills and condoms were made available. The maternal child health and family planning section expanded its manpower paramedical training activities and the provision of services inside and outside of Kathmandu valley.

The family planning service was greatly expanded through Family Planning and Maternal Child Health (FP/MCH) clinics after the establishment of family planning and maternal child health board in 1968. At the same time FPAN also increased its activities. It became a full-fledged member of International Planned Parenthood Federation (IPPF) in 1969.

The first population policy was made during the nation's Third five-year plan period (1965-70). There was a separate chapter on "Population and manpower". The section on health discussed the importance of family planning in reducing the crude birth rate (CBR). However, it took two years to organize and formulate family planning policies and action programs for the third plan. The family planning contraceptive services were actually available to married couples only in 1969 (CBS, 1995). Further a three-year plan was made for the period 1967-70. The

objective was to reduce the crude birth rate from an estimated level 39.1 in 1967 to 38.1 per thousand by 1971 (Joshi, 1995).

After the royal declaration the family planning program was launched in 1968 with an objective to provide contraceptive services to as many currently married couples as possible. Family planning program aims to increase married women for child spacing in young ages and limitation of birth after having desired number of family size. Family health divisions family planning program offers contraceptives including sterilization in Nepal through different health centers. However, sterilization services are being provided through mobile camps also in rural areas. Beside this, family planning association of Nepal also provides family planning services in Nepal. These services are gradually expanding in rural areas. Despite this it is realized that Nepal's family planning program has not been succeeded to attract to many young women for spacing birth in their early reproductive life (Tuladhar, 1980).

The change in attitude is the basic of all the changes in human behavior. The media can stimulate the revolution on values which leads to socio-economic changes in developing countries. Radio is the only media, which reach to millions of people. Information is always important as it can change people's attitude and then behavior. Radio plays important role to disseminate information on health and family planning, agricultural and industry and population environment. Radio station was established 40 years before in Nepal. Since then it has been the major source of message dissemination in different languages. In general it is perceived as a reliable source of information by the local people (Adhikari, 1990).

In 1968 His Majesty's Government decided to run the national family planning and maternal child health program in a more extensive and integrated way. The role of communication highly needed to support the

nationwide family planning services. In this program various mass media campaigns were used to inform the target population about family planning services (Joshi, 1995).

An INGO named Nepal Contraceptive Retail Sales (CRS) company was established in 1979. It started Contraceptive Social Marketing (CSM) program all over the country. It emphasized on media campaign through radio, TV, posters, pamphlets, wall painting and cinema slides. A study of UNICEF (1987), revealed that radio is the most widely used medium, while an estimated 35 percent of the population could have access to the medium wave broadcast, as of 1981, there were just over 1,80,000 radios (UNICEF, 1987) in use throughout the country. Most of radio broadcast are made in Nepali and English, but 42 percent of the population do not speak Nepali language as a first language (HMG, 1988) and English is generally understood only by people living in urban areas (Adhikari, 1990).

Population education movement was started in 1974 in Nepal timed with the celebration of the world population year. HMG Department of Health organized a seminar on "population education" in which FPAN took active part; HMG's department of labor panchayat and co-operatives initiated programs with the financial assistance of UNFPA, programs to integrate population education concepts in their respective activities (NPI, 1987).

In 1974 FPAN opened 10 branches in various parts of Nepal. The primary focus of the association was to integrate family planning with community development program with the maximum input on the area of Information Education and Communication. FPAN has been assigning priority to IEC activities since its inception (FPAN, 1980).

Contraceptive use and fertility are negatively correlated. Contraceptive use, on the other hand is determined by various socio-economic and demographic factors such as education, age, number of living children

and desired number of children. Contraceptive use affects infant/ child mortality and maternal health positively (Tuladhar, 1986).

Occupation is an important determining factor of contraceptive use. Nepal is predominantly an agricultural country where almost 80 percent of the economically active population is engaged in agriculture sector. Practice of contraception is lower in agricultural occupation than the other occupation. Therefore, it is also difficult to reduce fertility without transferring peoples occupation in non-agriculture.

Urbanization is another most important factor that determines the use of contraceptives. In our country more than 90 percent people reside in rural areas may be the reason for low use of the contraceptives. It is visualized that contraceptives prevalence rate was 44 percent for urban women and 23 percent for rural women who reside in rural areas. Nepal Family Health Survey, 1996 reported that the contraceptive prevalence rate among urban women was 45.1 percent which for rural women it was 24.3 percent.

Wide spread family planning concept among the general population is very crucial for developing countries. Several governmental and non governmental organization such as, Family Health Services, Family Planning Association, Family Health Division, Red Cross Society and CRS Company have been engaging in Nepal to expand service about family planning. The eight plan (1992-97) has focused on the inclusion of Population education at the school and at the university level. Recently in 1999, HMG/CDC has made Health, Population and Environment studies as a compulsory subject in school level. In a number of colleges and at the university level population studies has been taught. In addition, FPAN occasionally provides reproductive and contraceptive information at 9th and 10th grade. Information Education Communication materials, booklets, brochures, etc. On the promotion of family life education in Nepal were designed and distributed by FPAN.

Moreover, FPAN has adopted a special strategy and implemented programs in some of the selected districts accordingly. These programs basically seek to provide education on basic reproductive health and sexuality and contraceptive as well as adolescent and youths (Alok, 1998).

Nepal is a country of multi linguistic, multi religious and multi ethnic groups since long past. The census of 1952/54, 1961, 1971, 1981 and 1991 have provided information on various languages and religions of the people. The total population of Nepal in 1991 was 18491097 out of which majority of population are Hindu (86.51%) followed by Buddhist (7.78%) and Muslim accounted for 653218 or (3.53%) (CBS, 1995).

Muslim society in Nepal Tarai consists of two religious group: Shiya and Sunni. The great majority of Nepali Muslims follow the Sunni belief and particularly the Hanafi school. However, an insignificant number of Shiyas are found in Sunsari district in the eastern region of Nepal. According to Bista (1972) social ranking of Muslim consists of four divisions : Saiyad, Seikh, Pathan and Mogul. Seikh and Saiyad claimed to have an Arabian origion. Pathans are believed to have come from Afghanistan and Moguls to be the descendants of the Turks.

The second class consists of occupational groups who later on converted to the Islamic religion. They are mainly found in almost all parts of Tarai. They are; Ansari (weavers), Sabji Farosh(vegetable vendors), Dhobi (Washerman), Naddaf (cotton teasers), Dafali (tassel and bangle sellers), Thakurai, and Dewan .

In the western hills "Churaute" are in the minority and their mother tongue is Urdu. In the Tarai, the mother tongue of the Muslims depends upon the locality where they live. For exmple, in Bara and Parsa Muslims speak Bhojpuri where as in Sunsari, Mahottari and other eastern districts of Nepal their mother tongue is Maithili. Except in Nikah the marriage is solemnized according to the local customs and

tradition. Thus, in Tarai, the Muslims have adopted local languages, local dresses and local culture. But in the religious activities, they have maintained their Islamic tradition. In the hilly region people are more associated with the local custom and that perform very few religious activities. Very few Churaute observe Roza (fasting) during Ramjan Namaz and Jakat are also less frequently observed by them (Siddika, 1993).

1.2 Statement of Problem

Population growth is one of the serious problems in many developing countries. So, governments of these countries are motivating the people towards the family planning. Nepal is also conducting many programs through HMG, NGOs and INGOs and from local leaders for maximum distribution of contraceptives to reduce fertility rate. But it is found that the contraceptive prevalence rate in Nepal is lower than other South Asian countries. For instance, the contraceptive prevalence rate(CPR) of any methods was just 29.9 percent in 1997 (Subedi, 1997) or against Srilanka (66%) and India (41%) (World Population Data Sheet, 1997).

However, the contraceptive prevalence rate increased from three percent in 1976 to seven percent in 1981 to 15 percent in 1986 (Tuladhar, 1989). The CPR reached 24 percent in 1991 (NFHS, 1991) and it increased 29.9 percent in 1997 (Subedi, 1997) among all currently married women. This is still lowest in the world. On the other hand the level of knowledge about family planning is more than 90 percent. However, knowledge and contraceptive practices differs with respect to caste/ethnicity.

The socio-economic status of Muslim society is low. The literacy rate of Musalman was 22.10 percent, life expectancy at birth was 48.7 years and the per capita purchasing power parity was 6336 Rupees by 1996

(Madhur Sandesh , 1998). While the literacy rate of Nepal in 1991 was 40. Muslims are the backward community in Nepal and financially weak. Muslims are traditionally based on caste system. They are highly influenced by social customs. According to the Islam religion Muslim children are the gift of Alah (Ansari, 1981). They do not want to accept any contraceptive devices. Therefore naturally Muslims fertility is very high which will pose many social problems. There are a few studies that deals with knowledge attitude and practice of family planning in Muslims community in our country. Therefore, there is difficulty in getting accurate information about family planning methods, in Muslim community.

A study conducted by Pant and Das (1999) utilizing data from the censuses and surveys (NFHS 1996, Nepal Living Standard Survey 1986, and K.C. et. al., 1997) reveals the total fertility rate, that is the average number of children born alive to a woman during her reproductive life span, was established at 7.90 children. The average annual growth rate of Muslims population was 2.27 percent during the period of 1961-71 but the annual growth rate increased to 5.05 percent during the period of 1981-1991.

The same study also shows about 43 percent of the Muslim women marry as early as before their fifteenth birthday. This indicates that early age at marriage is more prevalent among the Muslim community. The mean age at marriage for rural Muslim women is estimated at 15 years. Which is lower by 2 years than that of national average. The average age at first birth among the Muslim women is estimated at 18.2 years in the rural Nepal.

Infant and child mortality among Muslim were also found high as compared to the national average. For example, IMR was 136 and child mortality was 75. The same study indicate that knowledge of contraception in the Muslim women was over 97 percent. The

proportion of Muslims reporting to have ever used any method was estimated to be 16.6 percent. The CPR among the Muslim in the country was only 13.6 percent. The CPR in the rural was significantly lower as compared to urban areas. The health care practices among Muslim was also very poor. Only 1.2 percent of the Muslims reported to have used the clean delivery kit basically suggested. Similarly, women reporting to have used the clean delivery kit basically suggested. Similarly, women reporting to have given birth to a child at health facility was established 4.4 percent. Among Muslims 57.5% of the total birth was attended by friends relatives. Of the total birth by Muslim women, 4.6 percent were reported to have attended by no one.

Except pant and Das (1999) study, there are no such study among Muslim community about the knowledge and practice of contraception. Yet their study focuses on national level, and does not provide information at village and at district level. Therefore, it is essential to conduct research on this community to reveal the Muslims contraception behavior at village or district level. This is important because Muslims culture differs with respect to their locality where they are residing.

Among the Tarai district of Nepal, Saptari is the one where a significant number of Muslim reside. There are 114 village development committees (VDCs) and one municipality. According to the 1991 census total population of this district was 460746 in which Muslim population was 35013. Average annual growth rate of this district was 2.05 percent and sex ratio was 103 and density of population was 341.64 (CBS, 1995). Of the villages development committee in Saptari district, Belhi is a village of multi-religious and multiethnic society. It is located on the south and west corner of the Saptari district.

Rapid population growth is one of the burning problems but very few Muslims are practising family planning methods. One of the major

constraints that hampered the out reach service is the cultural, religious barrier in the Muslim community.

Therefore, it is essential to study about the knowledge attitude and practice of family planning methods among Muslim community.

1.3 Objectives of the Study

The general objectives of this study is to examine the knowledge, attitude and practice (KAP) of family planning methods in Muslims community of Belhi village of Saptari.

The specific objectives of the study are as follows :

- (I) To identify the knowledge of contraceptive methods among Muslim community
- (II) To examine the practice of contraception in the married couples of reproductive age
- (III) To identify the attitudes and beliefs on contraception
- (IV) To identify the reasons for non-use of contraception

1.4 Limitation of the Study

Due to constraint of time and resource present study has been limited to following areas.

- (I) The study only concentrated to the married women of age between 15-49 years.
- (II) The study will also cover the knowledge, attitude and practice of family planning methods.
- (III) The study will be limited to the Muslim community.
- (IV) This study is based on a case study (Belhi VDC) therefore, the findings may not be generalized to the whole nation.

1.5 Significance of the Study

The rising use of contraception has been found to be the main proximate determinants of the fertility decline in developing countries (Aryal, 1996). The problem of population growth is the serious and genuine for

every village development committee(VDC) and ultimately a nation as a whole. Tuladhar (1986), observed that the majority of couples are aware of the consequences of population growth but among them few are using contraception. Low level of contraceptive use is associated with high infant and child mortality, pressure on land and lack of opportunity. Muslims are considered as one of the ethnic groups in Tarai who do not easily use family planning. Development is itself the best threshold for contraceptive. However Nepal can not afford the time to wait achievement a certain level of development at which fertility rate starts declining.

There is a need of adoption of programmatic methods comparable to the social norms and values to avert the births (Acharya, 1996). Therefore, study must be carried out on contraceptive methods on the basis of individual compared with different community level, district level and as well as national level. Different community and regional people have different attitude perception and practice of family planning services. Variables which afford the acceptance of contraception must be known for implementation of the program and policies in different communities since the social structure of the different communities is different in Nepal.

The study is intended to find out the existing knowledge, attitude and practice of family planning methods in Muslims community in the selected area. This religion based study provide basic information to the planners and implementators to launch an effective family planning programs among Muslims community. This is the first study at the local level among Muslim community. This study also provides Muslims perceptions on family planning services which will add our understanding in the formulation of population policies.

CHAPETER - II

Literature Review and Conceptual Framework.

2.1 Literature Review

There are several studies in family planning in Nepal. Many national level surveys have already conducted since the last 30 years. The major surveys include : NFS (1976), NCPS (1981), NFFPS (1986), NFFHS (1991), and NFHS (1996). In the national studies locally and nationally conducted data are discussed. These survey do not provide information on Muslim community and cast/ethnicity. This chapter tries to review some national and international studies on knowledge, attitude and practices of family planning.

Nepal fertility survey (1976) was a first study in the field of family planning. It gives useful data on fertility and related to knowledge, attitude and practice of family planning, family size preference, and breast feeding. At that time twenty one percent had heard at least one method. Among the sample ever married women 1.9 percent accepted male sterilization and 1 percent accepted female sterilization. Male sterilization was popular than female sterilization at that time.

NCPS(1981) reported that almost 52 percent of currently married women of 15-49 years of age knew at least one method of family planning. Above 80 percent literate women knew at least one method. The over all rate of contraceptive use among currently married women was 8.6 percent. Twenty-seven percent of the total currently married women had attitude to use contraception in future.

The overall knowledge of contraception found to be 56 percent among currently married women and ever use of contraception was only 15.8

percent. The reason of low use of contraception was low education. Due to the lack of effective information, communication and education programs. The non-use of contraception is high in different groups of people .

FPAN (1987) has made a comparative study between experimental and controlled area of family planning of selected branches of FPA, Nepal and summarized that 90.2 percent and 80.1 percent respondents of the experimental and controlled areas had knowledge of contraceptive methods. Knowledge of proper use of condom and sterilization found relatively higher compared to injectable, IUDs and others. Similarly, relationship between knowledge, attitude and practice with age, education, occupation and number of living children was found in significant between experimental and controlled area.

✓NFHS (1991) reported that knowledge about at least one family planning method was 93 percent among currently married women. In 1970 it was 21 percent only. Educated women had found approximately cent-percent knowledge. Rural women were less knowledgeable than that of urban women. About 24 percent currently married women were using modern family planning method.

✓NFHS (1996) indicated about 98 percent currently married women heard at least one method of family planning. Mainly the knowledge comes from media exposure. About 53 percent exposed to family planning messages from the radio or the television and 23 percent exposed to family planning messages from print media. The survey also indicates the reason for not using the contraception in Muslim community is mainly due to religious i.e., (42.7%) and 25 percent Muslim women want more children. Over 6 percent women among

Muslim community do not use contraception because of fear of side effects.

The main cause of low use of contraception in Nepal is high infant mortality, old age security, joint family system and lack of communication between husband and wife (Tuladhar, 1989). Another reason of low use family planning method is the desired family size of Nepali couple is high (Dahal, 1992).

Risal and Shrestha (1989:33) have reported that a strong positive relationship between contraceptive use and education of women and husband's. Their study reveals that the level of current use varies from 14.2 percent among with no education to 39.9 percent among those with middle level schooling .

Several studies reveals that quality of service in mobile camps was poor than static clinic. Satisfaction from mobile clinic was lower than static clinic. Majorities of sterilization acceptors were from rural area. As for the occupation, agriculture was the main occupation for sterilization acceptors. Nineteen percent of the male acceptors and seven percent of the female acceptors as said, were also using reversible family planning methods before sterilization (New ERA, 1996).

Aryal (1994:83) found majority of the respondents have positive attitude towards in family planning methods. He got knowledge of contraceptive was found highest in Brahmins and practice about family planning in Chhetry community. Religious, side effects on health and son preference are reasons for not using family planning methods.

There is a strong positive association between use of contraceptives and number of living sons (Risal and Shrestha, 1989:33). The contraceptive

use sharply increased with increasing number of living sons up to 2. About 47 percent of currently married women with living two sons are current users of any modern methods, where as less than one tenth of women with no living son are using this method. This indicates that a women with higher number of living sons are more likely to use any contraceptive method than that of none (KC et al., 1996). The proportion of current users have increased markedly with the number of living sons. It is highest among those couples who have at least three living sons (Tuladhar, 1986:192).

✓ In 1994 JHU/PCS conducted a research on Family Planning Communication Survey (FPCS) in four districts namely Chitwan, Sunsari, Dangkuta and Dang. This research showed that over half of family planning message exposure came from radio and one third knew from health workers (HWs). This research also conclude that discussion with spouse is also a powerful influence on family planning use (JHU/PCS, 1994).

✓ Parajuli (1996) found respondents knows at least four methods if they have the primary and above level of education. In illiterate groups Tharu had less knowledge than Magars. The use of contraceptives found more in magars 37 percent followed by Tharu 17 percent. The reason for not using contraceptives was their own thought, first they are infecund desire and second is for more children for both ethnic groups.

In Tarai medium level of contraceptive acceptance also effected to lower level of fertility because Tarai is considered advanced interms of socio economic productivity is high in compared to hill and mountain. Socio-economic condition of household plays important role for reducing level of fertility (Suwal, 1996).

Pathak's (1996:75) study shows that lower percentage of current married rural women are practicing compare to urban women. It is also noted that female sterilization is popular among currently married women in Terai region and male sterilization is popular in Mountain and Hill regions. People believe that they can work well if they have sterilized, may be the possible causes of it. The study reveals that working Nepalese women are less likely to use female sterilization.

Establishment of family planning services in Nepal is just for three decades. The contraceptive acceptors were only 1852 in the fiscal year 1966/67. It was 225 thousands in fiscal year 1991/92. It became 820,121 acceptors in fiscal year 1994/95 (Pathak, 1999). This shows that family planning program acceptors are increasing over the years.

Joshi (1998) has studied Utilization of Family Planning Services : an evaluation on Byansi community at Khalanga VDC in Darchula district. The study reveals that almost all (99.2%) of currently married women of reproductive age group are familiar with at least one family planning method. By methods, female sterilization appears to be the best known method (99.2%) followed by male sterilization (96.5%), injectable (93.9%) and pill (62.6%). The overall knowledge of traditional methods is found very low 5.3 percent.

Mostly women want the family planning method which is easy to follow without problem and side effect. They can easily say the name of the methods of contraceptive users was about six times higher among those women who do not want more children than who want more children in Nepal (Tuladhar, 1986: 250).

Evaluating the progress since the 1994 Cairo (ICPD) conference regarding reproductive health policies and programs for eight countries, experts have stated that in Nepal progress toward the Cairo goals has been slight in all areas other than policy adoption. In particular, support for reproductive health services is limited, stakeholders are little involved and resources have so far not been mobilized behind the implementation of such services. However, like other developing countries, Nepal is also taking beginning steps toward implementing a reproductive health approach (Hardee, et. al., 1999).

The World Fertility Survey report in 1980 found out that age differentials in knowledge were most pronounced in Indonesia and Peru. Bangladesh, Malaysia, Pakistan, Srilanka and Mexico showed smaller differentials but there was a clear tendency for knowledge of contraceptions to be low at the extreme ends of the age scale (Vaessen, 1980; 11-15).

According to the Bangladesh fertility survey (BFS, 1989), the knowledge of family planning has been conveyed to the majority of couple in Bangladesh, the current rate of contraceptive users in Bangladesh is low, i.e. 31 percent, with regards to select demographic and socio-economic factors. In this survey, supports that women's education is the most important factor. It is followed in importance by women's participation in family planning decision making.

In many developing countries, knowledge and use of contraceptives among married women of reproductive ages has been growing, but has not yet reached the levels that exist in developed countries. Overall in those countries of Latin America and the Caribbean, and of Asia, where the contraceptive prevalence level among all currently married women is

moderately high, 50 percent or more, it is still usually the case that teen age women, married or unmarried, are less likely to be using contraceptives than other women. The level of use in most countries has been higher among women in their thirties and, typically lowest among teenage women and women in their forties. The considerations such as desired family size and child spacing influence contraceptive prevalence among married women at individual level while, at macro level, laws, regulations, and social policies that determine access to contraception (information and services) are important factors. For the most parts, law and regulation about contraceptives effect adult women and adolescent like on terms of the types of contraceptives that are permitted for distribution or prescription. However, some laws relate specifically to teen age women. On some countries, unmarried women are not permitted access to contraception and married women may require the consent of their spouse (UN, 1989).

Bogue (1977), A National Sample Survey in India was Conducted by the Operational Research Group of Baroda, found 85 percent respondents want the ideal number of 3 children 88 percent wants a son in a family necessary. Religious and social customs for reasons of son preferences. 83 percent of the husbands and 73 percent of wives were aware of family planning methods. They found large gap between the users in urban and rural also that is urban (27%) and rural (10%). It was found that practice of family planning was influenced by the no. of living children, educational status, economic status. Religion had no effect on knowledge and practice of family planning.

Cliquit, R.L. (1977: 190-191) The Population and Family Study Centre of the Ministry of Public Health and Family has conducted a national survey of fertility and fecundity in Belgium in 1966, covering a sample

of 2372 married women, under 41 years. This survey has shown the knowledge, practice and effectiveness of contraceptives prevailing in Belgium. According to the study, 98 percent of the respondents had been able to at least one contraceptive methods. Calendar (rhythm) method and oral contraceptives are the best known methods. More than 70 percent of the respondents know about them. IUD was almost unknown in 1976.

The CPR of Nepal is 29.9 percent (Subedi, 1997) which is lowest when compared with Asia (59 percent) where as current contraceptive use is now about 60 percent in the world, Sadik (1997:33). She has found highest contraceptive prevalence in Europe (72%) followed by lowest in Africa (19%).

By giving a stronger position inside and outside in the family and increasing their levels of education makes them much more confident about using contraceptive methods. In 1984/86 the total fertility rate(TFR) for women went with secondary or high education was 3.3, while for women with no schooling at all it was 4.4. The ICDDR B at its Matlab Field station report the CPR both 1976 and 1990 change dramatic difference. In the experimental area increased from 5 percent to 58 percent (compared with a 27% in control area) and fertility declined from 6.8 to 3.5 (Human Development Choices for Bangladesh: 49).

John et al., (1992:1) studies show that paralleling the fertility decline has been an equally revolutionary change in the use of contraception. There were about 38-40 percent contraceptives user in developing countries in 1980 among married women of reproductive age (MWRA). By 1990, this rate reached about 51 percent of MWRA. Among the

contraceptive methods, sterilization is the most prevalent method, more than 20 percent of all contraceptives rely upon it in 27 countries. IUD is the second prevalent method, which is used by 20 percent or more of all contraceptives in 10 countries, mostly famous in China. The pill ranks third, it is used by 20 percent or more of all contraceptives in 20 countries.

Shapiro and Tambashe (1994), in study of Zaire, have obtained women's economic status positively related to contraceptive use presumably reflecting greater motivation to use contraceptives and better access to them. They also suggest that better educated men and women employed in modern sectors are expected to be more likely to practice contraception, since they expected to be relatively low number of living children.

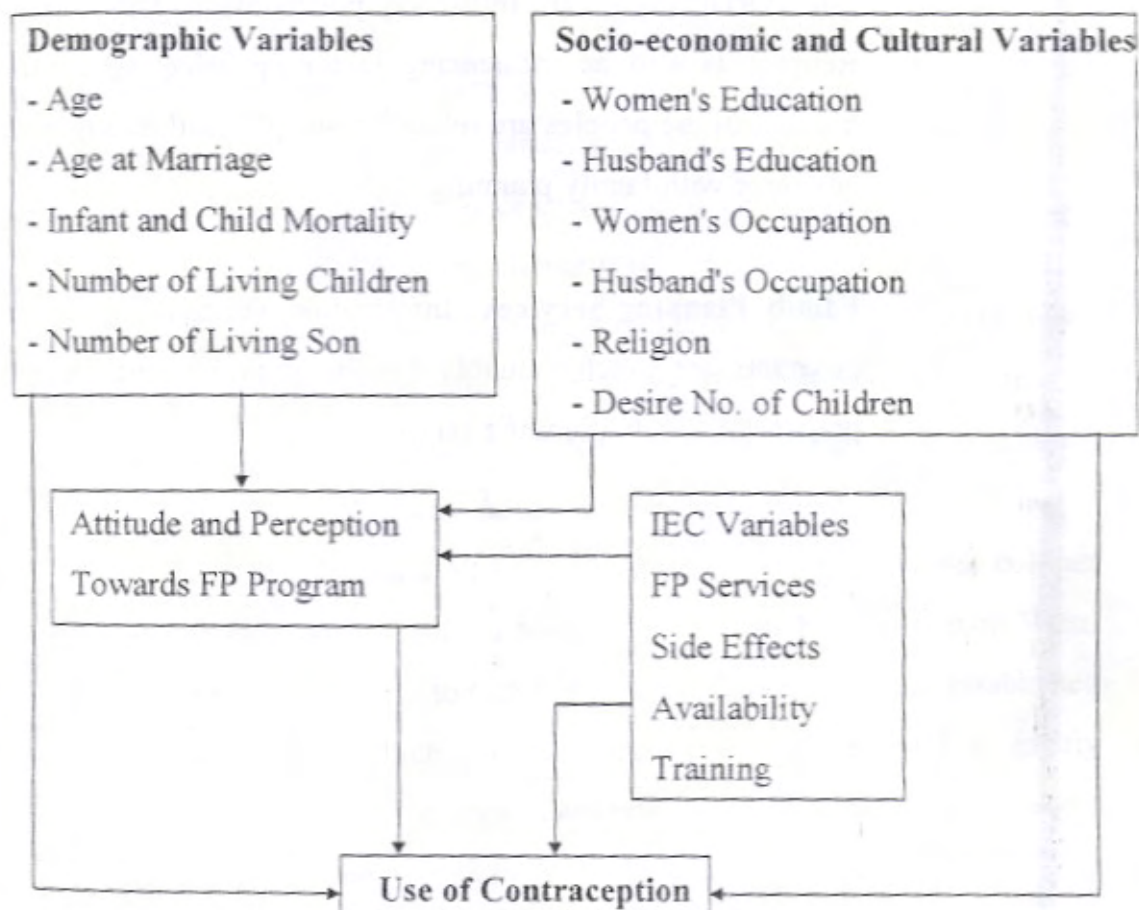
In the Turkmenistan found that lactation is the most accepted methods of natural contraception. It is used by 39 percent of urban women and 45 percent of rural women. There CPR is near about 18 percent. 80 percent IUD acceptor of this country followed by 17 percent oral contraceptive (UNFPA, 1995).

There is progressive increase in knowledge and use of family planning in Pakistan. According to contraceptive prevalence survey (CPS) 62 percent married women 15-49 years of age knew at least one method and use of contraception 6.7 percent in 1984/85. Which is increased 91 percent in knowledge and 17.8 percent in using contraception. Population and family planning indicators survey report in 1993 that 21.9 percent user's in the Pakistan. These report shows incidence of unwanted pregnancies, side effects of modern contraception and unmet need for family planning, (Eco/UNFPA conference in Reproductive

Health and FP services, Hosted by Govt. of Pakistan, Islamabad, 13-15 April, 1996).

2.2 Conceptual Framework

On the basis of literature review the following conceptual framework is proposed.



Demographic, socio-economic and cultural variables and family planning services are the fundamental factors influencing on contraceptive behavior in Muslim community.

Demographic Variable : If the couples are near the late stage of fertile age (40-45 years) they will have less desire to practice of family planning, where as the people who are at the middle age (25-30 years)

can be found positive towards family planning. If the couples are experienced high infant and child mortality, their tendency towards the use of contraception is negative.

Socio-economic and Cultural Variables : There are most important variables for the knowledge, attitude and practice of family planning services. High level of education of women and husband plays positive role. Occupation can influence positively if they are high status. Religion is also an influencing factor on affecting contraceptive use because of the peoples are related to socially and traditionally, they may not agree with family planning.

Family Planning Services : Information, education and communication programs are much valuable for the improvement, development and practice of family planning services.

CHAPTER - III

Methodology

This study mainly utilized primary data which were collected through the purposive census method. The following methodological procedure was undertaken.

3.1 Population of the Study Area

Total population of Saptari district was 465668 and Muslim population accounted for 35013 by 1991 census. Belhi VDC is one of the VDCs of Saptari district. The total population was 3309 in 1991.

In the Belhi village the Muslim population mostly reside in ward number 3, 4 and 5. Therefore, ward number 3, 4 and 5 were selected for the study. About 85 percent of population is engaged in agriculture sector. It is almost 32 Km. far from district head quarter. This VDC is surrounded by Mauwaha VDC in North and East, international boarder (between India and Nepal) in South and Bhutahi Balan River in West. There is no bus services to rich in this area. Government has established a sub-health post which provides health facilities as well as family planning services in this area. Two primary schools are also available and there are no one secondary or higher secondary schools.

3.2 Source of Data

This study depends upon primary data collection that was collected through complete enumeration (census type). The main objectives of the study was to know about family size perception and family planning perception. This is important to understand the attitude of family planning among Muslim women.

3.3 Construction of Tools and Instruments

This study used a set of semi-structured instruments (questionnaire). Household Questionnaire was designed to obtain household and individual information. The household schedule includes age, sex, literacy status, marital status and occupation of the study population.

Individual questionnaire provides in depth study of 15-49 years old women. This collects information on occupational status, age at marriage, husband's occupation and education, fertility, infant and child mortality and family planning of Muslim women (Annex -1).

3.4 Data Collection Procedure

After preparing questionnaire, field work was accomplished. For interview, the researcher choose the local women volunteers and local leader in the same community and explain in detail about the purpose of research and was visited door to door.

3.5 Statistical Procedures and Analysis

After gathering the data questionnaire was re-coded before they entered into the computer. The data were tabulated according to the objectives into the personal computer (PC) in dBase IV program at CDPS, TU. Then the data were translated into SPSS program. The required tables were generated with the help of SPSS. The data were analyzed and interpreted applying simple statistical methods, such as, frequency, percentage, distribution and mean .

CHAPTER - IV

Characteristics of the Study Population and the Eligible Women

It is essential to know some demographic and socio-economic characteristics of the study population and the eligible women. The section of this chapter are twofold. The first is to identify the demographic and socio-economic characteristics of the study population. The second is to assess the variation of use by different demographic and socio-economic characteristics of the eligible women.

4.1 Characteristics of the Study Population

This section deals with some selected characteristics (age-sex structure, age dependency ratio, marital status, literacy status, occupational status and land holding) of the study population.

4.1.1 Age-Sex Structure

Age-sex structure of the population is the most important variable in the study of population dynamics. Age-sex are the basic characteristics or the biological attributes, of any demographic group and affect not only its demographic but also its social, economic, and political structure, for they influence birth and death rates, migration, marital status composition, manpower, the gross national product, planning regarding educational and medical services and housing.

A total of 653 persons are enumerated from 87 households. Among them 337 (51.6%) are males and 316 (48.2%) are females. Median age of study population is 15.65 years. It means this population is relatively younger. Median age for males and females are 16.1 and 15.2 respectively. Thus the difference between male and female median age is 1 (one) year.

Table 4.1 shows that the high percentages of children below 15(50%)and low percentages of elderly persons of 60 years of age or

above(2.6%). The percentages of the population in the working age(15-59) are (47.5%).

These study also shows that the male population in the childhood age is 40 percent but the age group 10-44 shows 48 percent males this is the most fertile period. In the elder ages (60+) male population are very low that is only 3.5 percent. By the females this study shows that only 36.4 percent females in the childhood ages(0-9) due to high female mortality in the early ages or sex preference. For female population, highest percentage (55%) belongs to the age group 10-49 that is the reproductive age for Muslim women because more than 85 percent women married before age 15 years. This is the indicator of high fertility in the Muslim community. Only 1.6 percent female belongs to the elderly ages(60+).

Table 4.1 : Percentage Distribution of Population and Sex Ratio of the sample population by Age and Sex.

Age Group (years)	Male		Female		Total		Sex Ratio
	Number	Percent	Number	Percent	Number	Percent	
0-4	68	20.2	59	18.7	127	19.4	115
5-9	66	19.6	56	17.7	122	18.7	117
10-14	29	8.6	42	13.3	71	10.9	69
15-19	25	7.4	25	7.9	50	7.7	100
20-24	20	5.9	30	9.5	50	7.7	66
25-29	24	7.1	23	7.3	47	7.2	104
30-34	30	8.9	23	7.3	53	8.1	130
35-39	22	6.5	13	4.1	35	5.4	169
40-44	12	3.6	12	3.8	24	3.7	100
45-49	8	2.4	6	1.9	14	2.1	133
50-54	11	3.3	12	3.8	23	3.5	91
55-59	10	3.0	10	3.2	20	3.1	100
60+	12	3.5	5	1.6	17	2.6	70
Total	337	100.0	316	100.0	653	100.0	100

Source : Field Survey, 2000.

The sex ratio for over all study population is 106.6 implying that number of male is higher in the study population. Table 4.1 also shows age wise sex ratio. Age group 20-24 have lowest sex-ratio of 66.7 whereas age group 35-39 has highest sex ratio 169.2. Very high sex ratio in younger and older ages might due to higher female mortality. The high female mortality is related to sex preference. The slightly masculine character of the population is reflected in a sex ratio of 106.6 i.e., for every 100 females enumerated there were 106.6 males.

4.1.2 Family Size

Family size plays a vital role in the development of the people. Large family size has always problems about the economic, educational and social.

The table 4.2 clearly shows that the majority of the family is composed with 1-5 (29.9%) family members. It is also found that 59.8 percent consists with 6-15 family members. Majority of households 9 (10.3%) have more than 15 members in a family. The number of family members depends upon the structure of family. Most of the families were of joint type.

Table 4.2: Percentage Distribution of Household by Family Member Numbers.

Family Member	Households	Percent
1-5	26	29.9
6-15	52	59.8
16+	9	10.3
Total	87	100.0

average family size=7.50.

Source : Field Survey, 2000.

The average family size is 7.50 persons per households for the study area. However the 1991 census estimated 7.04 persons per household

for the whole VDC. This indicates Muslim population under study larger family size than the VDC as a whole.

4.1.3 Age Dependency Ratio

Population of under 15 years and 65 and above years ages are generally considered as non working while the rest groups are considered working population. Population of non working age groups is the burden for the population of working age groups. Table 4.3 clearly shows that overall age dependency ratio is 102.3. This implies that 100 working populations have to support approximately 102 population of non working ages. The child and old age dependency ratios are 99.2 and 3.1 respectively. Dependency ratio is higher among females than that of males.

Table 4.3 : Age Dependency Ratio for Total Population by Sex.

Age Dependency Ratio	Male	Female	Total
Child Dependency Ratio	96.44	101.95	99.2
Old Age Dependency Ratio	2.96	3.25	3.1
Total	99.4	105.2	102.3

Source : Field Survey, 2000.

4.1.4 Marital Status

In Muslim Community, marriage is almost universal. Table 4.4 reveals that among 404 population of aged 10 and over, the majority 306 (75.7%) were married where as 82 (20.3%) were unmarried. The percentages of widow and widower are very small (4.0 %). There were no divorced and separated women in the sample households. This shows marriage is necessary among the Muslim community.

In case of males out of 202 males 150 (74.3%) are married where as 44 (21.8%) are unmarried. Only 4.0 percent males are widower. Similarly out of 202 females 156 (77.2%) females are married, 38 (18.8%) females are unmarried and 8 (4.0%) females are widow. Almost equal

percentage of married and unmarried males and females is found. But percentage of widow is similar in males 8 (4.0%) and females 8(4.0%).

Table 4.4 : Percentage Distribution of Population Aged 10 years and Above by Marital Status and Sex.

Marital Status	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Unmarried	44	21.8	38	18.8	82	20.3
Married	150	74.3	156	77.2	306	75.7
Widow/Widower	8	4.0	8	4.0	16	4.0
Total	202	100.0	202	100.0	404	100.0

Source : Field Survey, 2000.

4.1.5 Child Women Ratio

One of the commonly and widely used and easily understood measures of fertility is the child women ratio also known as fertility ratio. This ratio is usually computed by dividing 0-4 years aged population by 15-49 years married women. This is the crude and simple measure of the fertility level of the population. Since the numerator of the ratio is based on the survivors of the births. This ratio is affected by infant and childhood mortality. Child women ratio is found to be 1.11 for the study population. This is one of the high fertility incidence of this community.

4.1.6 Literacy Status of the Population

Education plays an important role in all around development of any country. It affects and develops all social, political, economic, religious institutions and behaviors. Therefore, the knowledge, attitude and practice of family planning is determined by educational status of the respondents.

In the study population the level of education is very poor. Table 4.5 clearly shows that 75 percent Muslims are illiterate. Only 25 percent Muslims are literate. Among them male literacy rate is higher 42.6

percent than female literacy rate 7.1 percent. The gap between male and female literacy rate is above than 35 percent.

According to the level of education, it can be concluded that majority of literate population i.e. 56.2 percent completed primary level of education. Among male education 48 percent completed lower secondary and above. Among female group only one female (5.9%) was found having studied up to primary level. Only 1.7 percent population is reported to have been literate through non formal education.

Table 4.5 : Percentage Distribution of Population 6 years and Above by Literacy Status and Educational Attainment by Sex.

Literacy Status	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Illiterate	140	57.4	224	92.9	364	75.1
Literate	104	42.6	17	7.1	121	24.9
Total	244	100.0	241	100.0	485	100.0
Level of Education						
Literate by Non Formal	1	1.0	1	5.9	2	1.7
Primary Level	53	51.0	15	88.2	68	56.2
Lower Secondary and Above	50	48.0	1	5.9	51	42.1
Total	104	100.0	17	100.0	121	100.0

Source : Field Survey, 2000.

4.1.7 Occupational Status of the Study Population

Occupational status reveals to some extent, the living standard of the household that also influences the use of contraception and other factors of population.

Table 4.9 shows occupational status for the study population aged 10 years and above.

Nepal is a agriculture country where 91 percent people are engaged in agriculture. Similarly, the total agriculture based population in Belhi Muslim is 71 percent. Among 404 population aged 10 years and above, the highest 288 (71.3%) are engaged in agriculture followed by 53(13.1%) in off farm (labor) sector. Of the total population 19 (4.7%) are students.

By sex, 106 (52.5%) males and 182 (90.1%) females are engaged in agriculture. Out of agriculture total 9.9 percent females are engaged in house work. There were only 2.5 percent of male population engaged in business but the female population in business is zero. It was found that 3.5 percent of male were engaged in services but no any female engaged in service. This is due to the majority of illiterate population.

Table 4.6 : Percentage Distribution of Study Population Aged 10 years and Above by Occupational Status and Sex.

Occupation	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Agriculture	106	52.5	182	90.1	288	71.3
House work	0	0	20	9.9	20	5.0
Student	19	9.4	0	0	19	4.7
Services	14	6.9	0	0	14	3.5
Business	10	5.0	0	0	10	2.5
Off-farm (Labor)	53	26.2	0	0	53	13.1
Total	202	100.0	202	100.0	404	100.0

Source : Field Survey, 2000.

4.1.8 Land Holding

According to land holding Table 4.7 shows that 10 (11.5%) households have not own land. The highest percentage of households 41.4 percent operates 1-9 *katha* of own land where 25.3 percent operate 10-19 *katha*

of own land. Only 8 (9.2%) households have more than 60 *katha* of own land.

Table 4.7 : Percentage Distribution of Households by Amount of Land Holding.

Land in <i>Katha</i>	Households	Percent
0	10	11.5
10-19	22	25.3
1-9	36	41.4
20-39	5	5.7
40-59	6	6.9
60+	8	9.2
Total	87	100.0

Source : Field Survey, 2000.

4.1.9 Food Sufficiency for Months

Most of the households grow crops such as rice, wheat, corn and vegetable. They use rice in their daily meal. Among households 9 (11.7%) are self sufficient in food where as 30 (39%) reported. self sufficient only for 5-8 months. Majority of households 4 (5.2) have for 9-10 months self sufficient in food over the period of 1 year. Only 2 (2.6%) households have more than 12 months sufficient food. The highest majority 32 (41.5%) households have only 1-4 months self sufficient in food over the period of one year. Mostly the households face the scarcity of food. About 50 percent have not sufficient food for six months.

Table 4.8 : Percentage Distribution of Households by Food Sufficiency for Months.

Food Sufficiency for Months	Households	Percent
1-4 months	32	41.5
5-8 months	30	39
9-10 months	4	5.2
11-12 months	9	11.7
13+	2	2.6
Total	77	100.0

Source : Field Survey, 2000.

4.2 Characteristics of the Eligible Women (or Respondents)

This section deals with some selected characteristics (literacy and educational attainment, occupational status, number of living children, number of child loss and age at marriage) of the eligible women.

4.2.1 Respondents by Age at marriage

The age at marriage plays an important role in fertility behavior. The pattern of marriage almost universal for women in Muslim community.

Table 4.9 reveals that 20.2 percent women had got married before age 8, 84.3 percent had got married before age 14 years and almost 98 percent women got married before age 16 years. The highest age at marriage is 17 years and lowest age at marriage is 5 years.

In the age group 20-24 the total number of women is 25, out of which 7 married before age 8, 6 married between 8 to 10, 8 married between 11 to 13 and only 4 women married between age 14 to 17. The female age at marriage is very low in the Muslim community.

The main cause of doing early marriage is illiteracy. A research study found that all the couple do not live with their spouses just after marriage. But it is found that above than 75 percent of them only live

with after a certain time period called second marriage(Duragaman or Gauna).

This early marriage is the one of the most important causes of population growth because long fertility period gives more births. Women and their reproductive organs are not fully developed before 20 years, so early marriage is risky for the mother and the child. As well as they create the highest mortality and fertility.

Table 4.9 : Distribution of Women According to Their Age and Age at Marriage

Age	Age at Marriage (Years)				Total	
	5-7	8-10	11-13	14 and Above	Number	Percent
15-19	1	3	10	2	16	14.0
20-24	7	6	8	4	25	21.9
25-29	4	4	13	4	25	21.9
30-34	5	7	5	3	20	17.5
35-39	2	3	5	2	12	10.5
40-44	3	4	2	3	12	10.5
45-49	1	1	2	0	4	3.5
Total (%)	23(20.2)	28(24.6)	45(39.5)	18(15.8)	114	100.0

Source : Field Survey, 2000.

4.2.2 Respondents by Education

Education of the respondents affects directly the contraceptive use and fertility. Literacy rate of Muslim women (15-49 years) is found to be very low. Table 4.10 shows that above than 95 percent respondents are illiterate.

According to the level of education it can be concluded that majority of literate women i.e. 80 percent completed primary level of education and 20 percent completed non formal education. No any respondents have education above primary level.

Table 4.10 :Percentage Distribution of Respondents According to Their Educational Status.

Literacy Status	No. of Women	Percent
Illiterate	109	95.5
Literate	5	4.5
Total	114	100.0
Level of Education		
Literate by Non-formal	1	20.0
Primary	4	80.0
Total	5	100.0

Source : Field Survey, 2000.

4.2.3 Respondents by Husbands Education

Almost half of respondents (50.9%) whose husbands are illiterate and (49.1%) are literate. Out of 58 literate near about 60 percent are passed lower secondary level and above than 35.7 percent are primary level (1-5).

Table 4.11 :Percentage Distribution of Women by their Husbands Education

Literacy Status	No. of Women	Percent
Illiterate	58	50.9
Literate	56	49.1
Total	114	100.0
Some Education		
Informal Education	3	5.4
Primary Level (1-5)	20	35.7
Lower Secondary level (6+)	33	58.9
Total	56	100.0

Source : Field Survey, 2000.

4.2.4 Respondents by Occupation

Nepal is a agricultural country. Its agriculture depends upon rain water due to lack of irrigation. So as far as rainfall is decreasing day by day agricultural productions are also declining. It is revealed that out of 114 women 94 (82.7%) engaged in agriculture as their main occupation followed by house work (17.5 %). No any women engaged in other sectors such as business, services and any types of labor.

Table 4.12 :Percentage Distribution of Women by Their Occupation

Occupation	No. of Women	Percent
Agriculture	94	82.7
House Work	20	17.5
Total	114	100.0

Source : Field Survey, 2000.

4.2.5 Respondents by Husband's Occupation

Husbands occupation of the respondents affects directly in the fertility behavior and use of contraception.

Table 4.13 clearly shows that almost half of women (44.7%) whose husbands are related with agriculture occupation. Table also shows that the 35 percent of women related to off farm (labor) occupation of their husbands. Only 14 women (12.3%) whose husbands are in service as their occupation.

Table 4.13 :Percentage Distribution of Women by Their Husbands Occupation.

Occupations	No. of Women	Percent
Agriculture	51	44.7
Off -farm(Labor)	40	35.1
Services	14	12.3
Business	9	7.9
Total	114	100.0

Source : Field Survey, 2000.

4.2.6 Respondents by Number of Living Children.

Table 4.14 shows that most of the respondents 40.3 percent had 3 to 4 living children. This number was followed by 19.3 percent of respondents who had 5 to 6 living children. It is interesting that there were 1 percent of respondent who had 8 living children. More than 40 percent women experienced more than 3 number of living children. The average number of children of the respondents have 3.3 children . It shows that most of the respondents are denying the two children or three child norm.

Table 4.14 :Percentage Distribution of Women by Number of Living Children

Number of Living Children	Number of Women	Percent
0	6	5.3
1-2	39	34.2
3-4	46	40.3
5-6	22	19.3
7+	1	0.9
Total	114	100.0

Source : Field Survey, 2000.

4.2.7 Respondents by Number of Children Died

Table 4.15 shows that more than 33 percent women experienced child loss. Nearly 10 percent women experienced 2 to 3 child loss. This number was followed by 23.7 percent of respondent who had 1 child loss. It is interesting that there were 1 percent of respondents who had 3 children loss.

Table 4.15 : Percentage Distribution of Women by Number of Children Died.

Number of Children Died	No. of Women	Percent
0.00	76	66.7
1.00	27	23.7
2.00	10	8.83
3.00	1	0.9
Total	114	100.0

Source : Field Survey, 2000.

CHAPTER - V

Knowledge of Contraception

This chapter deals mainly knowledge of contraception of the eligible population, such as knowledge on contraception by methods, sources of information, sources of contraceptives supplies, birth spacing, and knowledge by age of women.

5.1 Knowledge on Contraception by Methods

Generally, the knowledge of family planning is measured on the basis of heard or not heard or by the ability to give name or names of contraceptive methods. Among the various contraceptive methods, condom, pills and injectable and female sterilization are found most popular and heard methods.

Table 5.1 clearly shows that out of 114 Muslim respondents 91 percent heard at least one method of contraception. Of the total 84 percent women have knowledge of depoprovera followed by female sterilization 72.8 percent. Male sterilization was known by only 20 percent women. No any women had knowledge about the traditional methods such as calendar method, withdrawal, Norplant and IUD.

Nearly 90 percent women knew permanent methods of family planning. Depoprovera is familiar among the Muslim women. The research also found that they are very poor in knowledge about contraceptive devices by their names. This is due to lack of information, education and communication(IEC). The family planning workers have not explained different types of contraceptives in rural communities.

Table 5.1 : Proportion of Women by Knowledge and Specific Methods

Methods	Heard of Methods Proportion
Any Methods	91.2 (104)
Depo	84.2 (96)
Female Sterilization	72.8 (83)
Condom	59.6 (68)
Male Sterilization	20.2 (23)
Pills	19.3 (22)
Total	(114)

Source: field survey, 2000.

5.2 Knowledge on Source of Information

The respondents who had knowledge about at least one method of contraceptives were asked where from they knew sources of information. Study related that all respondents knew about it.

In general above than (51%) 50 percent women stated that they heard about contraception from neighbors. Above than 18 percent mentioned that they heard it from friends. In total only 27 percent women received the information by the health workers. Out of 114 woman only one women get information about contraceptives by their parents. Radio message stands as the fourth source.

Table 5.2 : Percentage Distribution of Women by Knowledge on Sources of Information about Contraceptives.

Knowledge on Sources of Information	No. of women	Percent
Neighbors	53	51.0
Health Workers	28	26.9
Friends	19	18.3
Radio/ TV	3	2.8
Parents	1	1.00
Total	104	100.0

Source : Field Survey, 2000.

5.3 Knowledge on Sources of Contraceptives

It can be noticed that above than 38 percent of the women indicated sub-health posts as their main places for source of contraceptives. Health post was ranked as the second important source followed by hospitals. Out of 114, 43 women have no knowledge on source of contraceptives. The mobile health clinic and medical stores about contraceptive supplies are zero.

Table 5.3 : Percentage Distribution of Women by Their Knowledge on Sources of Contraceptives.

Knowledge on Source of Contraceptives	Number of Women	Percent
Sub-health posts	44	38.6
Health Post	13	11.4
Hospital	11	9.6
Health Workers	3	2.6
Don't know	43	37.7
Total	114	100.0

Source : Field Survey, 2000.

5.4 Knowledge on Birth Spacing

The difference between the first and second birth interval is called as birth spacing. Many studies show that there is negative relationship between birth spacing and risk of death of child and mother, i.e. shorter the birth interval, higher the rate of death of both child and mother. The attitude of a married couple or person towards birth spacing plays a vital role in family planning. Table 5.4 clearly shows that 17 percent of Muslim respondents showed three years as appropriate spacing. It was followed by above than three years by 9.6 percent of respondents. Above than 34 percent of respondents showed positive attitude towards 2 years spacing. The attitude of birth spacing affects the fertility also.

The less the birth spacing more the fertility. There were 31 percent women showed no knowledge or attitude about birth spacing.

Table 5.4 : Percentage Distribution of Women According to Their Knowledge towards Birth Spacing.

Birth Spacing (Years)	No. of Women	Percent
One	9	7.9
Two	39	34.2
Three	19	16.7
Above than three	11	9.6
Don't Know	36	31.6
Total	114	100.0

Source : Field Survey, 2000.

5.5 Knowledge by Age of Women

Out of 104 knowledgeable women 66 women were less than 30 year old, and 38 women in the age of 30 and above. Only 10 women have no knowledge about contraceptives. Out of 10 no knowledgeable women 8 women completed less than 30 years. This means lower the age of women lower the knowledge about contraceptives.

Table 5.5: Percentage Distribution of Women by Age group and Knowledge

Age (Years)	No. of Women		Total (%)
	Knowledge	No Knowledge	
Less than 30	66	8	74 (64.9)
30 and Above	38	2	40 (35.2)
Total	104	10	114 (100.0)

Source : Field Survey, 2000.

CHAPTER - VI

Practices of Contraception and Attitudes Towards contraception

The objectives of this chapter are twofold. The first section includes practices of contraception and second include attitudes towards contraception.

The objectives of the first section is such as : users by age, by specific methods, by number of living children, by number of living sons, by number of child loss, by education and occupation, use of contraceptive methods, attitude towards side effects, and reason for non use of contraception.

The objective of the second section is such as : future intention to use of contraceptive methods by age only for non-users, desired number of children by sex and desired family size of the respondents.

6.1 Practices of Contraception

6.1.1 Users by Age

The current use of contraceptive methods, as shows in the Table 6.1 was found increasing with the age up to 30-34 years. Contraceptive device were more used in middle stage and later stage again sudden declining the user. There were 4(20%) women using contraceptive devices in the age group 15-24 years. According to age group 9(45.0%) women were found 30-34 years. After than 35 years of age the use of contraception is decreasing. Only 10 percent of women were using contraception in the age group 35-39 and 40+.

A few young Muslim's respondents used contraceptive devices at the initial stage of marriage. This is because in initial stage they have greater desire for children immediately after marriage and middle stage at feeling burden for rearing more children. They use contraceptive devices later stage because feeling of burden for the more children, they preferred using less contraceptive devices because they felt that there

will be less chance of conception in the later stage less sexual interest and their perception low contraceptive rate. So they were not used contraceptive methods.

Table 6.1 : Percentage Distribution of Ever users by Current Age of Women

Age	Users	Percent
15-24	4	20
25-29	3	15
30-34	9	45
35-39	2	10
40+	2	10
Total	20	100.0

Source : Field Survey, 2000.

6.1.2 Uses of Contraceptive Methods

Current use of contraceptive devices is a main aspect of practice of family planning. The data and facts drew from this area are major indicators in the family planning program. That is why the researcher has assessed the practice of contraceptives in Muslim community. Only 17.5 percent of Muslim women were using contraceptive devices. Which was lower than the nation level 30 percent.

Table 6.2 : Percent Distribution of Women by Users and Non-Users.

	No. of women	Percent
Non- Users	94	82.5
Users	20	17.5
Total	114	100.0

Source : Field Survey, 2000.

6.1.3 Users by Specific Methods

The use of specific contraceptive methods develops a positive or negative about it. Users in turn affects the total family planning program. In this study, it was found that there were only four contraceptive methods used in the study area of Muslim community e.g., depoprovera, pills, sterilization and condom.

Table 6.3 clearly shows that among 20 users, 40 percent had used sterilization, 80 percent were using depoprovera, 45 percent of them were using pills and only 25 percent of women told condom used by their husbands. There were repeated answers due to many users change the contraceptive devices and said about all these methods which they had used.

Male sterilization, Norplant, Foamtablet, Calendar method were not used by any one person in Muslim community. The main cause of not using the male sterilization was that male are doing hard and physical labor, ploughing, carrying heavy loads . They thought that they would be unable to run those work after sterilization which results in physical inability. Other temporary methods were not used by the women due to lack of education, information and communication as well as religion. Female sterilization, depoprovera and pills are most favored contraceptives for Muslim community. Other contraceptives were not being in favor due to lack of knowledge, lack of time to consult health workers/volunteers, sub-health posts and fear of side effects.

Table 6.3 : Proportion of Ever Users by Specific Methods

Methods	Users	Percent
Pills	9	45
Sterilization	8	40
Condom	5	25
Depoprovera (ing.)	16	80

Total number of users = 20.

Source : Field Survey, 2000.

6.1.4 Users by Number of Living Children

Number of living children also affects acceptance of contraceptive methods. This can be seen in this community. About 45 percent of the women uses after having 4 living children. There is no any case found who has used without 0-1 living children. About 10 percent users have 3 children. This study showed 85 percent users have 4 and more number of living children. 40 percent users have 5 and more number of living children.

Table 6.4 : Percentage Distribution of Users by Number of Living Children.

No. of Living Children	No. of Users	Percent
0-1	0	0.0
2	1	5.0
3	2	10.0
4	9	45.0
5+	8	40.0
Total	20	100.0

Source : Field Survey, 2000.

6.1.5 Users by Number of Living Sons

Highest percentage of current use (46.2%) of contraceptive is observed for those women who have already got 3 and above than 3 number of living sons. contraceptive use was very uncommon among these women who have 0 or 1 number of living son. Contraceptive use of women having two sons is 15.6 percent . Number of living children and number of living sons also determine the difference in current use.

Table 6.5 : Proportion of Married Women According to Use of Contraception by Number of Living Sons.

Number of Living Sons	No. of Women	Users	Proportion of Users
0	20	1	5.0
1	34	1	2.9
2	32	5	15.6
3+	28	13	46.2
Total	114	20	

Source: Field survey, 2000.

6.1.6 Users by Number of Child Loss

Highest percentage of user (30%) of contraceptive is observed for those women who have already experienced 2 child loss. Contraceptive use of women having one child loss is 18.5 percent. Among total number (114) women 76 respondents do not have experience any loss of children. Among the women who do not loss any child, 12 (15.8%) women used the family planning methods. No any women practices the contraception having 3 or above than 3 children died.

Table 6.6 : Proportion of Married Women According to Use of Contraception by Number of Children Died.

Number of Children Died	No. of women	Users	Proportion of Users
0	76	12	15.8
1	27	5	18.5
2	10	3	30
3+	1	0	0
Total	114	20	

Source : Field Survey, 2000.

6.1.7 Attitude Towards Side Effects

Almost all allopathic medicines have side effects on human body. In the cases of family planning methods the side effects are either physical or mental or both. Mostly side effects of contraceptives are physical because they have no change the internal natural environment of the body. Consequently adverse reactions can be seen in different extents and levels depending upon the physical characteristics.

Researcher found generally the side effects are headache, loss of lactation, backache and disturbance in menstruation. Out of 20 users, 75 percent users got side effects, 30 percent users had disturbance in menstruation, 25 percent users had weakness, 15 percent users had have backache and only 5 percent users loss of their lactation.

Table 6.7 : Distribution of Women by Side Effects

Side Effects	Number of Women	Percent
Disturbance in Menstruation	6	30
Weakness	5	25
Backache	3	15
Loss of Lactation	1	5

Total No. of users = 20

Source : Field Survey, 2000.

6.1.8 Users by Education and Occupation

Women's education also shows variation in uses of contraception. Among women who are literate have higher level of contraceptive use (40.0%) as compared to those who are illiterate (16.5%). This difference may be due to higher level of consciousness of literate women towards family planning. In general data indicates a positive relationship between literacy level and adoption of modern methods of family planning.

Women's occupation also shows difference in the use of contraception. A total of 94 women are engaged in agriculture sector. Among agriculture sector only 17(8.8%) used contraception. Other 20 women engaged in house work. In the house work only 3(15.0%) women practices of family planning. No any women engaged in the non agriculture sector like civil service, business and off farm labor.

Table 6.8 : Proportion of Women According to use of Contraception by Education and Occupation.

Variable	No. of women	Users	Proportion
Women's Education			
Illiterate	109	18	16.5
Literate	5	2	40.0
Women's Occupation			
Agriculture	194	17	8.8
House Work	20	3	15.0
Total	114	20	

Source : Field Survey, 2000.

6.1.9 Reasons for Non-use of Contraception

There were 94 respondents who are not using contraception. They were asked to specify the reasons. Reasons for non-use of contraception is presented in Table 6.9. It was disclosed that the highest percentage of respondents in Muslim community were not using contraception(34.0%) because they want to have more number of sons. second majority of respondent were influenced by illiteracy and ignorance 30.9 percent. These women have no knowledge to use of contraception or they are not much concern about family planning and burden of more children. Only 17 percent women were not using the contraception because of religion and culture. Some women were not using the contraception because of fear of side effects (14.9%) such as bleeding, weakness and backache.

Only 3.2 percent of women said that they were not using the contraception because of not easy available.

The low use of birth control devices mostly influenced by illiteracy and ignorance. In fact most of them had no knowledge about contraceptive devices due to lack of information, education and communication. Next causes of low use of contraception because they thought that children or son were gift of Alah! If they were prevalent the children by the use of contraception Alah would be angry from them. They were also afraid from the society because use of contraceptive devices are against their religion and culture.

Table 6.9 : Percentage Distribution of Women Who do not Use Contraception by Reasons.

Reasons for Non-use	No. of women	Percent
Desire for Son	32	34.0
Illiteracy and Ignorance	29	30.9
Religion and Culture	16	17.0
Fear of Side Effects	14	14.9
Not Easy Available	3	3.2
Total	94	100.0

Source: Field Survey, 2000.

6.2 Attitude Towards Contraception

6.2.1 Future Intention to Use of Contraceptive Methods by Age (Non-user)

Currently married women who were not using any types of contraceptive at the time of survey were asked if they intended to use contraceptives in future. It is revealed that out of 94 currently non users 35 percent (33) women want to use contraception in near future. 64.9 percent (61) women did not want to use of contraception. By the age of women 65 women are less than 30 years of age, and 29 women are 30 and above than 30 year of their current age.

Among the less than 30 years old women 41.5 percent (27) women said future intention to use of contraception. In age 30 and above only 20.7 percent (6) women asked there future intention to use of contraception. It is clear that Muslims women did not have positive attitude about use of contraceptive in near future. By the age of women their future intention to use of contraception is more negative in the age of 30 and above.

Table 6.10 :Percentage Distribution of Non-User's Women According to Their Future Intention to Use of Contraceptive Methods by Age.

Response	Non User		Total	
	<30 (Years) (%)	≥ 30 (Years) (%)	Number	Percent
Yes	27 (41.5)	6 (20.7)	33	35.1
No	38 (58.5)	23 (79.3)	61	64.9
Total	65 (100.0)	29 (100.0)	94	(100.0)

Source: Field Survey, 2000.

6.2.2 : Desired Number of Children by Sex

The central concern of the family planning program is to motivate for, to make knowledgeable about and to make practice of child limiting, spacing methods and ideal family size. Who (1971) and ICPD (1994) perceive family planning as a responsible and voluntary decision taken by couples about child and future of the family. These are different ideas, which we must not ignore, what ever their ideas are, we could motivate only, cannot compel. In this study as shown in table 6.11, the respondents were asked to put their views on ideal number of children by sex need for a ideal family. Most of the Muslims women 67.5 percent preferred two sons as ideal number of children because of the traditions. One son as ideal number preferred by 26.4 percent women of the Muslim community. Small portion of the respondents 6.1 percent said that they would like to have three and more than three sons. The

following table (6.11) also shows that 63.1 percent of Muslim women preferred only one girl as ideal no. of daughter. Two daughter preferred by 36 percent women. The researcher found that, there is good sign in the discrimination of child in this study.

Table 6.11 :Percentage Distribution of Women by Their View on Desired Number of Children by Sex.

Desired No. of sons	No. of women	Percent
1	30	26.4
2	77	67.5
3	7	6.1
Total	114	100.0
Desired No. Daughters.		
1	72	63.1
2	41	36.0
3	1	0.9
Total	114	100.0

Source : Field Survey, 2000.

6.2.3: Desired Family Size by the Respondents

Almost 46.5 percent women preferred 4 to 5 person is suitable for ideal family size. The following table clearly shows that 28 percent women said 6 person is suitable for ideal family size. It had showed that above than 53 percent of women indicated their ideal number of family size to be 6 and more than 6. Therefore we can say that their view on ideal family size is joint type. 25 percent of women showed that their view on ideal family size was 7 and above.

Table 6.12 :Percentage Distribution of Women by Their View on Desired Family Size.

Family Size	No. of Women	Percent
4-5	53	46.5
6	32	28.1
7 and above	29	25.4
Total	114	100.0

Source : Field Survey, 2000.

CHAPTER - VII

Summary, conclusion and recommendations.

7.1 Summary

The main purpose of this study was to assess the knowledge, attitude and practice of family planning in Muslim community of the Belhi VDC of the Saptari district. The study results are based on primary data which were collected from the all married females of the reproductive age (15-49). An interview schedule was prepared with open ended and structured questions. The data were collected from the respondents with the help of research tool. The data have been tabulated and analyzed according to the objectives of the study. Simple statistical techniques have been used in analysis and interpretation of data.

The major findings of this research are followings. A total population of 653 is enumerated in 87 households along with 337 (51.6%) males and 316 (48.4%) females. Overall sex ratio is found 106.6. The median age for the study population is 15.65 years indicating young population. By the sex median age for males and females are 16.1 and 15.2 respectively.

The average family size is found to be 7.50 persons per household indicating very large family size of study population. Overall age dependency ratio is found to be 102.3. About 76 percent population aged 10 years and above are married. Divorce/separated are not found in this Muslim community. A crude measure of fertility, child women ratio is found to be 1.2 children per woman.

Literacy level is higher (42.6%) for males as compared to females (7.1%). This reveals very low literacy level of women in this community. Schooling of women is very rare in this community. Majority of population (71.3%) are engaged in agriculture sector. Less than one fourth households 22 percent operate 20 *katha* or more land.

About 15 percent households have sufficiency food over the period of one year. Among total households, 30 percent are of nuclear type.

Knowledge of at least one method of family planning methods was found above than 91 percent. The knowledge increased with age up to the age of 30 and decreased with age increment.

All literate (100%) respondents had knowledge of at least one family planning methods. More than 70 percent of Muslims knew depoprovera (84.2%) and female sterilization (72.8%). 59.6 percent respondents knew about condom. There is no knowledge about IUD, Foam, Calendar method and Norplant. This was due to lack of education and lack of awareness program in this community. Highest (38.6) percent of the respondents had knowledge about sources of contraceptive were supplies from sub-health post, 11.4 percent were from health post, 9.6 percent from hospital. The study found that majority (34.2%) of respondent should have positive attitude towards 2 years as appropriate spacing, on the other hand 31.6 percent do not know birth spacing period.

There were 17.5 percent of Muslims using contraceptive devices. Most of Muslim users (45%) were in the age groups of 30-34 years and 25-29 (15%) years age groups. Among ever users depoprovera was most frequently used in Muslims community (80%) but pills and sterilization was used by about 40 percent respondents.

About 35.1 percent non user respondents were found that the future intention to use of contraceptive. Out of 94 respondents have very important reason for not using contraceptives was their own thought, that is the highest percent (34.0%) respondents were related to desire for son. 30.9 percent were illiterate and ignorance, 17 percent were religious and culture and 14.9 percent afraid by fear of side effects.

Of the total respondents majority (82.5%) were not practicing contraceptive devices. Which would create many problems by

population exploration. About 70 percent respondents are preferred 2 son are need for ideal family. Nearly 63 percent respondents wants 1 daughters in a ideal family. About desired family size one half respondents like 4-5 no. of person in a households.

7.2 Conclusion

This study examines the knowledge, attitude and practice of contraception among married women of reproductive age (15-49) in Muslim community with particular focus on the extent to which socio-economic and demographic factors exert independent influence on use of contraception. It appears from the present study that while knowledge of family planning has been above than 90 percent of respondents, the ever use of contraception is low, almost 17.5 percent. The current pattern of using contraception among Muslim community is dominated by depoprovera. Female sterilization and pills is second widely accepted method. Acceptance of male sterilization is zero. Majority (35%) of respondents prefers to use contraceptive after having desired number of children. Lower use in under age 25 indicates they are not intended to space child birth rather than limiting their children. Present study concludes that there is no strong relation between women and their husbands occupation and literacy with use of contraception. The relation between no. of living children or no. of living son and acceptance of contraception is found positively related which indicate that they do so with higher no. of children or son. Incentives plays most important net effect on use of contraception.

7.3 Recommendations

On the basis of the findings, the researcher forwards following recommendations :

7.3.1 Policy Recommendations

1. Knowledge, attitude and practice of family planning are dependent upon level of women and husband education. Therefore formal and non-formal intensive education should be provided for women of the rural areas.
2. This findings suggests that son preference is prevailing among the married women in Muslim community. The existing concept of son preference should be changed by applying different convincing and motivating programs, effected educational programs and modern thought.
3. Literacy program should be launched with population and family planning related texts as well as effective audio-visual programs should be launched in rural area.
4. Local community peoples should be involved and participatory discussion have been made in family planning programs activities.
5. An effective follow-up, counseling and guidance services for the family planning users should be made effective.
6. The MCH Services should be provided at local level to provide the knowledge of maternal child health care, family planning methods, breast feeding as well as necessary practical training in the field in order to promote better family health.
7. The government should provide to children some incentives like schooling, medicine, child care facility and employment opportunity if parents have not more than two children.
8. Any civil servant who decides to remain unmarried, or remain childless, and/or to limit his or her children to a maximum of two by under going permanent sterilization, should be awarded merit or points towards his or her promotion.

9. Political leaders and other social workers who have been permanently sterilized after having two children should be given priority in political appointments over persons who have either had more than two children or who have not adopted family planning methods.
10. For all civil servants and other political leaders or workers, either the worker himself or his other spouse should be required to adopt a permanent family planning method.
11. For any new appointments in the civil services should be required:
 - An unmarried applicant should be given priority over a married person.
 - A person with a maximum of two children who has already adopted a permanent family planning method should be given priority over applicants with more than two children.
12. In order to generate awareness of the population problem among students at various educational levels, necessary competitions and debates on population should be organized winners should receive cash awards.
13. An individual or an organization making a substantial contribution to the field of population planning should be awarded a medal .
14. Any family which adopts permanent family planning methods after two children but loses both children due to their death later ,should be entitled to government old age security.
15. If conception occurs after vasectomy operation, and if both the husband wife want to abort the pregnancy ,they should be legally allowed to do so.

7.3.2 Recommendations for the Further Area of Research

1. This study suggests following area for further research. This study covers only Muslim community in a rural village. Similar type of study may conduct for other communities might be useful.
2. Further more qualitative researches are required to develop interventions that help increased prevalence rates of contraception, minimizing maternal and infant mortality. Therefore, continuous study and assessment in this regard is suggested.

Appendix : 1
SAMPLE QUESTIONNAIRE
Tribhuvan University

Faculty of Humanities and Social Sciences
Central Department of Population Studies
(For the purpose of MA Thesis)

(A Study on Knowledge, Attitude and Practice of Family Planning in
Muslim Community of Belhi, Saptari, Eastern Region of Nepal)

INTERVIEW SCHEDULE

- Section A. **Identification**
- (1) Name of Household Head
 - (2) Name of Respondents
 - (3) Religion (4) Ward No. (5) Date
 - (6) How many members are in your family ?

S.N.	Name	Relation to HH	Sex	Age	Education Lit/illite [Above than 5 Years]	Marital Status [Above than 10 Years]	Occupation [Above than 10 Years]	No of Eligible

Individual Questionnaire [15-49 Years old married women]

(7) Can you read and write ?

(a) Yes (b) No

If Yes, which class have you passed ? class

0 = Informal/Adult Education

(8) Is your husband read and write ?

(a) Yes (b) No

If Yes, which class has he passed ? class

0 = Informal/Adult Education

(9) What is your Occupation ?

(a) Agriculture (b) Service (c) Labor
(d) Business (e) House work (f) Other (Specify)

(10) What is your husband's Occupation ?

(a) Agriculture (b) Service (c) Labor
(d) Business (e) House work (f) Other (Specify)

(11) What is your current age [Completed Years] ? Years

(12) At what age did you get married ? Years

(13) Have you own cultivated land ?

(a) Yes (b) No

If Yes, how much (In Bigaha/Katha)

(14) How many months it maintain your food ? Months

(15) Have you given any birth ?

(a) Yes (b) No

If Yes, Total

Son Daughter

(16) Had your any child died ?

(a) Yes (b) No

If Yes, in which age ? Years Sex.....

(17) Have you given vaccination to your last child ?

(a) Yes (b) No

If yes, how many times ?

Knowledge of Family Planning Method

(101) Have you heard any methods of family planning ?

(a) Yes (b) No

If Yes, what are these ?

Permanent

Temporary

(a) Vasectomy

(a) Condom

(b) Minilap

(b) Pills

(c) Laproscopy

(c) IUD

(d) Depo (inj.)

(e) Foam Tablet

(f) Calendar method

(102) What are the sources of your knowledge about family planning ?

(a) Friends (b) Parents (c) Radio/TV

(d) Literature (e) Neighbors (f) Health worker

(g) Other (Specify)

(103) Do you know what are these sources of family planning supplies ?

(a) Yes (b) No

If yes, what are these ?

(a) Health post (b) Hospital (c) Sub-health post

(d) Health workers (e) Mobile health clinic

(f) Others

(104) Which of the following birth spacing is better for health of mother and child in your opinion ?

(a) 1 year (b) 2 years (c) 3 years

(d) Above than 3 years (e) Don't know.

Practices of Family Planning Methods

(201) Have you and your husbands ever use any contraceptive devices ?

(a) Yes (b) No

[If yes, goto question no. 202 or no than goto question no. 203]

- (202) If yes, which
- (a) Sterilization (b) Pills (c) Condom (d) IUD
(e) Depo (inj.) (f) Norplant (g) Others

[Goto question no. 204]

- (203) If no, why
- (a) Religion and culture (b) Illiteracy and ignorance
(c) Not easy available (d) Fear of side effects
(e) Desire for son (f) Sexual displeasure
(g) Others (Specify)

[Goto question no. 301]

- (204) Did you fill any side effects ?

- (a) Yes (b) No

If yes, what are these ?

- (a) Headache (b) Loss of lactation (c) Backache
(d) Weakness (e) Disturbance in menstruation
(f) Others (Specify)

- (205) Have you discussed about side effect ?

- (a) Yes (b) No

- (206) Did you get any treatment ?

- (a) Yes (b) No

If yes, than are you satisfied ?

- (a) Yes (b) No

- (207) Do you or your husband use contraception regularly or sometimes ?

- (a) Regularly (b) Sometimes

Attitude towards Family Planning Methods

- (301) Have you ever visited the centre for family planning services ?

- (a) Yes (b) No

If yes, which place do you like to go to family planning services ?

- (a) Hospital (b) Sub-health post (c) Medical Shop
(d) Mobile health clinic (e) Others.

- (302) What do you know about family planning ?
- (a) Delaying and limiting the birth.
 - (b) For the improvement of health condition of family.
 - (c) Plan for improvement of educational and economical condition of the family.
- (303) In your opinion how many children are need for ideal family ?
- Total (a) Son (b) Daughter
- (304) Do you want to use any methods of family planning ?
- (a) Yes (b) No
- (305) What is your desired family size ?

Thanks.

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