

MARRIED DALIT FEMALES' PERCEPTIONS ON FAMILY PLANNING AND ITS PRACTICES IN KOHALPUR MUNICIPALITY, BANKE DISTRICT

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Abstract

The main objectives of study were to identify the perception of family planning methods among Dalit women. To examine the practices of contraception in the married women's of reproductive age and to identify the reasons for not using the family planning devices currently. The study was based on descriptive and quantitative research design in study. Interview schedule was for data collection. The research was conducted 120 respondents who were married women. All the married women were selected by lottery method. The major findings of the study area, majority of respondents 54.16 percent had perceived that advantage of family planning was delaying and limiting the birth and 32.50 percent of respondents attitude about family planning was reduced unwanted pregnancy. Thirty five percent of respondents were disagreed with family planning to induce sexual dysfunction. In this research majority of respondents had knowledge about Condom 85.83 percent, Pills 83.33 percent, Depo-Provera 79.16 percent, Vasectomy 60 percent, Laparoscopy 56.66 percent, Minilap 54.16 percent, Implant 51.66 percent and least of the proportion had knowledge about Foam tablet 16.66 percent, Calendar method 15 percent and Breast feeding 12.5 percent. T.V./Radio was the main sources of information about family planning method which account 31.66 percent. Nearly 63 percent of respondents were found to be current user of family planning devices. Women of 20 - 24 years age group and those having three children were found to be highly sensitive for family planning. It was found that 40 percent of respondents could get family planning devices from Sub health post among the current users. Some of the respondents were not using any family planning method because of side effect. The respondent reported various types of side effect of family planning method among these side effects disturbance in menstruation is reported mostly followed by headache, backache, loss of lactation and weakness. The respondents reported good perception towards the family planning method.

Keywords: Dalit, Delivery, ethnic group, family planning, contraceptives

INTRODUCTION

Today world is facing a terrible problem of population growth. The rapid population growth has become a problem for the socio-economic development of the nation as a whole. So, it has become a serious concern to each and every-body concerned with the welfare of human kind.

Nepal is a developing country with poor socio- economic condition. Nepal has facing the problem of population growth due to the lack of industrialization, low production and unemployment. In order to control population growth government of Nepal has systematically introduced many population programs since the third Five Year Plan.

Many NGOs, INGOs and governmental agencies are involved to reduce population growth rate. Contraceptive use is effective means for reducing population growth rate. NFHS, 1996, survey show that 98 percent of currently married have heard at least one method of family planning, which is a five-fold increase in the percentage of currently married women who know about modern method over the last two decades. However, why population growth rate is not reducing? Even Demography Health Survey (DHS, 2001) survey shows that only 39.3 percent and NDHS, 2006 survey shows that 48 percent are using contraceptive.

The pattern of fertility among the groups of the different religious and same religious community is different from each other. The Dalit women showed higher fertility in each group while compare to other upper caste women. The general direct observation of the specific group made by other researcher shows that the Dalits have higher fertility level while compared to higher caste/ethnic groups. This group is far behind in education, occupation and other sectors of development (Biswakarma, 1998).

The Dalits are belong to fourth level among the caste ethnic groups in Nepal. They are socio-economically and politically depressed and dominated ethnic group of Nepal. Most of the Dalit families are having poor economic, social and political condition in the study area. The increasing number of children is unknowingly being the over burden for them and decreasing their economic condition. However, they want to overcome their poverty by producing more children as assets to earn more money by working in the community.

There are very few research work that are directly related with particular ethnic group like Dalit in Nepal. This study fulfills the lack of demographic research in Dalit community at micro level. Therefore, the study aims to reveal the idea that how the fertility behaviour does Dalit group experience and how the variables like age at marriage, child loss, education, occupation and the use and non-use of contraception determine the fertility level.

However, this study has been confined in rural area of nation and specially in Dalit community. This study has been conducted in Kohalpur Municipality of Banke District. In this Municipality Dalit are minority group. And other problems like as high fertility rate and maternal mortality rate and high risk of health hazards is common in the community caused by lack of knowledge, low economic condition, low level of awareness etc. at the end they will not be able to get quality of life. Thus the problem stands as "Perception toward family planning and its practices in Dalit woman in Kohalpur Municipality, Banke district."

OBJECTIVES OF THE STUDY

The general objectives of this study was to examine the perception, practice and not using of family planning methods in Dalit community of Kohalpur Municipality of Banke.

The specific objectives of the study were as follows:

1. To identify the perception of family planning methods among Dalit women.
2. To examine the practice of contraception in the married women's of reproductive age.
3. To identify the reasons for not-using of contraception currently.

REVIEW OF LITERATURES AND RESEARCH GAP

Libenstein (1974) criticized Backer's theory primarily on socio-economic grounds. According to him, it is also necessary to take into account the socio-economic processes and influences which are, in part, the consequences of economic development. In his socio-economic theory of fertility he incorporated a new theory of consumption based on social status considerations that are critical to explanation of utility cost of children.

Richard Easterlin (1976) in his model uses three concepts of fertility, natural fertility, desired fertility and optional fertility. Natural is the number of births of a family believes which depend on health and sexual behavior. Desired fertility is that which a couple desire numbers of children of cost of fertility remains zero. The optional fertility results from maximization of utility with budget remain constant. Tuladhar (1989) examined the persistence of high fertility in Nepal using data from Nepal (Fertility Survey, 1976). He found that higher mortality level, specially of infants system, joint family system, early marriage system, low education attainment, working status specially of women are the main contributing factors of high fertility in Nepal.

Backer's (1990) theory is based on conventional economic theory of consumer behavior, according to which parents compare the utility of the children with that derived from other goods. If knowledge of birth control method was universal, fertility would be positively associated with income. Because, according to him, higher income group can afford more children i. e. the income effect is positive. But the price effect is negative because higher income group who could afford more children very frequently have fewer children because higher income families want higher quality children who in turn are more expensive (Leibenstein 1974: 88).

Pant and Acharya (1998) stated in the study of fertility that individual factors such as income, educational social and economic status, occupation, urbanization, sanitation and utilization of the health care services are well stabilized important determinants. The influences of economic factors of fertility at the macro level are frequently examined by using per capita gross domestic product or national income as the measure of development.

Dahal (2003) conducted a study entitled a study on practice of contraceptives and situation of Birth spacing among Dalit community of Hayat V. D. C. The study showed that majority of respondents has known about family planning. The married women 54.77 percent knew about family planning. The study also carried out the respondents knowing Condom, the best known method 93 percent, Pill 65 percent, Norplant 15 percent, IUD 36 percent, Depo-Provera 82 percent, Male sterilization 95 percent, Female sterilization 98 percent, Withdrawal 57 percent and also Calendar method 41 percent. But in total 25.4 percent married women are ever users currently.

Poudel (2007) conducted a study entitled 'A study on fertility Behavior of Dalit community in Dhital V. D. C. The study showed that majority of respondents has not the knowledge of family planning methods and 44.76 percent have heard about it. The knowledge about Pills and injections have 44.78 percent in same ways the large number of knowledge about had 40 percent and few number of knowledge about Nor-plant had 38.09 percent very few respondents ahead knowledge about IUD and traditional methods. The survey found that about 47.52 percent using temporary or permanent methods out of total 108 women 52.48 had been found completely not using any family planning devices.

RESEARCH METHODOLOGY

RESEARCH DESIGN

The research design of this study was descriptive and quantitative which was fully based on field data.

SOURCES OF DATA

This study was based on primary data that researcher had collected on actual field. The data were collected by face to face interview with the married women who were equally selected in all nine wards at Kohalpur Municipality, Banke.

POPULATION OF THE STUDY

This study covered whole population of Dalit community who were married women. The study was based in Kohalpur Municipality of Banke district, a rural area of Nepal. All nine wards of the Municipality were taken for the study area where ethnic background stay including Dalit groups. Their representation was equal in this study area. Total population of Kohalpur Municipality in 26171 where Dalit population is 922 (3.52 percent of Dalit population, Census Report, 2011). The total eligible population under this study was 360. The population of Dalit married women was 120 were selected for study.

SAMPLING PROCEDURE AND SAMPLE SIZE

Out of 360 people who were eligible to be the study of respondents, the researcher took only 120 people as its respondents due to financial, time and human resource constrains. In order to select 120 respondents for the study, the researcher prepared a list of all the eligible respondents. After that, the researcher selected the respondents by using the random sampling (lottery method).

DATA COLLECTION TOOLS

For the purpose of data collection, the researcher used interview schedule in order to collect the information from the respondents. Interview schedule was concerned with knowledge, practices and reason of not using of family planning methods. Whereas rating scale developed by Rensis Likert was used to get information about perception. Interview schedule was divided into 4 parts. First part was about general information, second part was about perception, third part was about practices and last part was about the causes of not using family planning.

DATA COLLECTION PROCEDURE

First of all the researcher visited of Municipality office with a request later from Department of Health, Physical and Population Education, T.U. The researcher explained purpose of the study and prepared a list of total number of household. After listing, the researcher visited door to door in the selected households, then introduced himself and objectives of the study to each respondent and requested to provide information without any hesitation. Then, the necessary information was collected using interview schedule.

METHOD OF DATA ANALYSIS AND INTERPRETATION

After collection the data, they were edited to minimize the error. Data and information was tabulated and kept in sequential order according to the need of the research. Collected data were analyzed and interpret in table to make the presentation. Some simple statistics rules were followed

to make presentation more clear. Finally the summary and conclusion has been drawn and required recommendations were stated

ANALYSIS AND INTERPRETATION OF DATA PERCEPTION TOWARDS FAMILY PLANNING METHODS

Family planning is an important aspect of respondent's health. The perception of family planning determines the maternal and child health. In order to assess the perception about family planning among married women advantage and disadvantage of using, current and ever used, reason for non-use and further use of family planning devices.

ATTITUDE ABOUT FAMILY PLANNING

If people are more familiar with the advantages of family planning they are more likely to use family planning methods. If the respondent knows more advantages than disadvantages then their perception towards family planning becomes positive. Respondent's responses are presented in the table below.

Table 1: Distribution of respondents regarding attitude of family planning

| Attitude | No. of respondents | Percent | Total |
|--|--------------------|---------|-------|
| Delay and limiting the birth | 65 | 54.16 | 120 |
| Improve the family health | 46 | 38.33 | 120 |
| Improve the educational and economic condition of family | 58 | 48.33 | 120 |

Table 1 exhibits that majority of the respondents perceived delay and limiting of birth as a advantage of family planning. Such a share of respondents was 54.26 percent. Likewise 48.33 percent of respondents answered that it helps to improve the educational and economic condition and 38.33 percent replied that family planning helps to improve the family health. It was concluded in the study that respondents have positive attitude for family planning.

KNOWLEDGE ABOUT FAMILY PLANNING

Attitude towards family planning is responsible for using and not-using of family planning. If the attitude is positive, the use of family planning increases. Similarly, if the attitude is negative, the use family planning decreases. Respondent's responses are presented in the following table.

Table 2: Knowledge about family planning

| Knowledge | No. of Respondents | Percent |
|----------------------------|--------------------|---------------|
| Safe sexual behavior | 35 | 29.17 |
| Reduce unwanted pregnancy | 39 | 32.50 |
| Induces sexual dysfunction | 12 | 10.00 |
| Induces uterine diseases | 14 | 11.67 |
| Weakness | 20 | 16.66 |
| Total | 120 | 100.00 |

The above table 2 shows that 32.50 percent of respondents had knowledge of family planning as to reduce unwanted pregnancy. Likewise, 29.17 percent respondents had knowledge of safe sexual behavior, 16.66 percent of the respondents had knowledge of weakness, 11.67 percent had knowledge of induced uterine diseases and 10 percent had knowledge of induced sexual dysfunction. It was concluded that majority of the respondents in the study area had positive knowledge about family planning.

KNOWLEDGE ABOUT FAMILY PLANNING DEVICES

Family planning is an important aspect of reproductive health. The knowledge of family planning determines the maternal and child health. In order to assess the knowledge about family planning devices among early married women they were asked if they had ever heard the various contraceptive devices that a couple could use to delay or stop getting pregnancy. Respondent's responses are presented in the following table No. 3.

Table 3: Knowledge about family planning devices

| Devices | No. of Respondents | Percent | Total |
|-----------------|--------------------|---------|-------|
| Condom | 103 | 85.83 | 120 |
| Pills | 100 | 83.33 | 120 |
| IUD | 72 | 60.00 | 120 |
| Depo-Provera | 95 | 79.16 | 120 |
| Foam tablet | 20 | 16.66 | 120 |
| Calendar method | 18 | 15.00 | 120 |
| Breast feeding | 15 | 12.50 | 120 |
| Vasectomy | 72 | 60.00 | 120 |
| Minilap | 65 | 54.16 | 120 |
| Laparoscopy | 68 | 56.66 | 120 |
| Implant | 62 | 51.66 | 100 |

The above table 3 clearly shows that the large number of respondents had knowledge about condom 85.83 percent, Pills 83.33 percent, Dipo-provera 79.16 percent and IUD 60 percent. Likewise also knowledge of large number of respondents was permanent method Vasectomy 60 percent, Laparoscopy 56.66 percent, Minilap 54.16 percent, and Implant 51.66 percent. Very few respondents had knowledge about Foam tablet 16.66 percent and Traditional methods likewise, Calendar method 15 percent and Breast feeding 12.50 percent.

It is concluded in this study that respondents had satisfactory knowledge about family planning because most of the respondents have the good awareness about family planning devices.

OPINION ABOUT THE FAMILY PLANNING DEVICES: SELF SEXUAL BEHAVIOR

The respondents were further asked an opinion of family planning devices: safe sexual behavior. The responses are presented in table.

Table 4: Safe sexual behavior

| Opinion | No. of Respondents | Percent |
|-------------------|--------------------|---------------|
| Strongly Agree | 25 | 20.84 |
| Agree | 40 | 33.33 |
| Undecided | 10 | 08.33 |
| Disagree | 25 | 20.83 |
| Strongly Disagree | 20 | 16.67 |
| Total | 120 | 100.00 |

The above table 4 shows that one third 33.33 percent of respondents agreed that family planning makes safe sexual behavior. Nearly 21 percent of respondents strongly agreed that family planning make safe sexual behavior. Further, 20.83 percent of respondents stated that they were disagreed

about this matter, 16.67 percent of respondents strongly disagreed and 08.83 percent of respondents undecided the safe sexual behavior. It means agree with family planning is safe sexual behavior.

OPINION ABOUT THE FAMILY PLANNING DEVICES: TO REDUCE UNWANTED PREGNANCY

The respondents were further asked about the family planning devices: to reduce unwanted pregnancy. The responses are shown in table 5.

Table 5: Reduces unwanted pregnancy

| Opinion | No. of Respondents | Percent |
|-------------------|--------------------|---------------|
| Strongly Agree | 32 | 26.67 |
| Agree | 53 | 44.17 |
| Undecided | 05 | 04.16 |
| Disagree | 16 | 13.33 |
| Strongly Disagree | 14 | 11.67 |
| Total | 120 | 100.00 |

The above table 5 shows that 44.17 percent of respondents were agreed that family planning as to reduce unwanted pregnancy. Nearly 27 percent of respondents strongly agreed that family planning as to reduce unwanted pregnancy. Likewise, 13.33 percent respondents were disagreed and few 04.16 percent of respondents undecided the family planning as to reduce unwanted pregnancy. In this data indicated that opinion about the family planning was to reduce unwanted pregnancy where few proportions of respondents had lack of knowledge and effect of tradition.

OPINION ABOUT FAMILY PLANNING DEVICES: INDUCES SEXUAL DYSFUNCTION

The respondents were further asked about the family planning devices: induces sexual dysfunction. The responses are shown in table 6.

Table 6: Induces sexual dysfunction

| Opinion | No. of Respondents | Percent |
|-------------------|--------------------|---------------|
| Strongly Agree | 10 | 08.33 |
| Agree | 12 | 10.00 |
| Undecided | 16 | 13.37 |
| Disagree | 42 | 35.00 |
| Strongly Disagree | 40 | 33.33 |
| Total | 120 | 100.00 |

The above table 6 shows that 35 percent of respondents disagreed with family planning as it induces sexual dysfunction. Nearly 34 percent of respondents were strongly disagreed with family planning as it induces sexual dysfunction. Likewise, 13.34 percent of respondents undecided, 10 percent of respondents agreed and 8.33 percent of respondents were strongly agreed. It reveals positive opinion about family planning method.

OPINION ABOUT FAMILY PLANNING DEVICES: INDUCES UTERINE DISEASES AFTER LONG TIME

The respondents were further asked about the family planning devices: induces uterine disease after long time. The responses are shown in table 7.

Table 7: Induces uterine diseases after long time

| Opinion | No. of Respondents | Percent |
|-------------------|--------------------|---------------|
| Strongly Agree | 36 | 30.00 |
| Agree | 21 | 17.50 |
| Undecided | 05 | 04.17 |
| Disagree | 31 | 25.83 |
| Strongly Disagree | 27 | 22.50 |
| Total | 120 | 100.00 |

The above table 7 shows that 30 percent of respondents were strongly agreed with family planning as it induces uterine diseases after long time. Nearly 26 percent of respondents were disagreed with family planning as it induces uterine diseases after long time. Likewise, 22.5 percent of respondents were strongly disagreed, 17.5 percent of respondents were agreed and 4.17 percent of respondents undecided. It means that respondents were aware about the family planning services.

OPINION ABOUT THE FAMILY PLANNING DEVICES: CAUSES WEAKNESS

The respondents were further asked about the family planning method devices: causes by weakness. The responses are shown in table 8.

Table 8: Causes weakness

| Opinion | No. of Respondents | Percent |
|-------------------|--------------------|---------------|
| Strongly Agree | 20 | 16.67 |
| Agree | 15 | 12.50 |
| Undecided | 25 | 20.83 |
| Disagree | 30 | 25.00 |
| Strongly Disagree | 30 | 25.00 |
| Total | 120 | 100.00 |

The above table 8 shows that 25 percent of respondents were strongly disagreed and 25 percent were disagreed with family planning causes weakness. Nearly 21 percent of respondents had undecided. Likewise, 16.67 percent of respondents were strongly agreed and 12.5 percent of respondents were agreed with family planning causes weakness. It is observed that the positive responses about the family planning.

NEED OF CHILDREN IN IDEAL FAMILY

Ideal families are important for shaping family, family size and birth spacing. Availability of family planning services/devices to the access of users help to make ideal family. The respondents were further asked if they could list some of the opinions of ideal family which are given below.

Table 9: Need of children in ideal family

| Children No. | No. of Respondents | Percent |
|--------------|--------------------|------------|
| One | 22 | 18.33 |
| Two | 64 | 53.33 |
| Three | 27 | 22.50 |
| Three Above | 07 | 05.84 |
| Total | 120 | 100 |

Table 9 indicates that most of the respondents 53.33 percent of the study area were aware about the two numbers of children for ideal family. Nearly 23 percent of the respondents said that three children needed for ideal family and 18.33 percent also said that one child needed for ideal family. Only 5.84 percent said that with three above children is ideal family. It is concluded in this study that respondents had needed two children for ideal family.

PRACTICES OF FAMILY PLANNING

In this segment, perception and knowledge of family planning method, advantage and disadvantage of family planning method, negative and positive attitude of family planning, sources of information on family planning devices and currently using family planning devices.

SOURCES OF INFORMATION REGARDING FAMILY PLANNING DEVICES

The respondents were further asked about the sources of knowledge as family planning devices. The responses are shown in table 9.

Table 10: Sources of information regarding family planning devices

| Sources of knowledge | No. of respondents | Percent |
|----------------------|--------------------|---------|
| Friends | 23 | 19.17 |
| Parents | 19 | 15.83 |
| Radio/TV | 38 | 31.67 |
| Literature | 10 | 08.33 |
| Neighbours | 12 | 10.00 |
| Health worker | 15 | 12.50 |
| Others (FCHV) | 03 | 02.50 |
| Total | 120 | 100.00 |

The above table 10 shows that the main sources of information about family planning devices were Radio/TV 31.67 percent and Friends 19.16 percent followed by Parents 15.83 percent, Health worker 12.5 percent and Neighbors 10 percent and very few of respondents had sources of information about others (FCHV).

It means radio/TV followed by peer approach becomes the most powerful sources of information to disseminate the information regarding family planning devices. This may be due to the availability of the sources and regular contact and open discussion with friends.

KNOWLEDGE ABOUT SOURCES OF FAMILY PLANNING DEVICES

The respondents were further asked about the knowledge sources of family planning supplies. The responses are shown in table 10.

Table 11: Knowledge about sources family planning devices

| Sources | No. of respondents | Percent |
|----------------------|--------------------|---------|
| Sub-health post | 41 | 34.17 |
| Health post | 06 | 05.00 |
| Primary health care | 05 | 04.16 |
| Hospitals | 35 | 29.17 |
| Health workers | 15 | 12.50 |
| Mobile health clinic | 03 | 02.50 |

| | | |
|---------------------------|------------|---------------|
| Others (Pharmacy, friend) | 15 | 12.50 |
| Total | 120 | 100.00 |

Table No. 11 shows that respondents had knowledge about family planning devices to get from Sub health post 34.16 percent, Hospitals 29.17 percent, Health worker 12.50 percent, Pharmacy 12.5 percent, Health Post 5 percent, Primary Health Center 4.16 percent and 2.5 percent got form Mobile health clinic. In this way, the majority of the respondents had knowledge about to get family planning devices.

USE OF FAMILY PLANNING DEVICES

All people should use family planning devices for prevention of unwanted pregnancy. Use of family planning is one of the most important proximate determinants of the aggregate level of the fertility. Furthermore, it is generally assumed to play crucial role in transition to lower fertility. The use of family planning may have significant impact on declining population growth. The use of different family planning devices by respondents are shown in table 12.

Table 12: Distribution of respondents by use of family planning devices

| F. P. Devices | No. of Respondents | Percent |
|---------------|--------------------|---------------|
| Sterilization | 06 | 08.00 |
| Pills | 20 | 26.67 |
| Condom | 08 | 10.67 |
| IUD | 02 | 02.67 |
| Depo-Provera | 31 | 41.33 |
| Implant | 03 | 04.00 |
| Others | 05 | 06.66 |
| Total | 75 | 100.00 |

The table 12 shows that 41.33 percent married women had used Depo-Provera among the 75 respondents. Dipo-provera was popular method in this area. The modern method such as Pills 26.67 percent, Condom 10.67 percent, Sterilization 8 percent, others (Brest feeding, withdraw) 6.67 percent, Implant 4 percent and IUD 2.66 percent.

In this data indicated that respondents had used Depo-Provera, Pills and Condom which were easy or popular method in family planning services but others like IUD, Norplant etc. were less used due to lack of availability of family planning service, negligence, ignorance and low socio-economic status of women.

FAMILY PLANNING USED BY AGE GROUP OF THE RESPONDENTS

Age is the most important fact in demographic analysis. Here use of family planning by age group of sample married women in the study area is analyzed. The following table provides the percentage distribution of respondents who have used each of the family planning method by age group.

Table 13: Family planning used by age group of the respondents

| Age group | No. of Respondents | Percentage |
|-----------|--------------------|------------|
| 15-19 | 10 | 13.33 |
| 20-24 | 20 | 26.67 |
| 25-29 | 18 | 24.00 |
| 30-34 | 13 | 17.33 |

| | | |
|--------------|-----------|---------------|
| 35-39 | 08 | 10.67 |
| 40-44 | 04 | 05.33 |
| 45-49 | 02 | 02.67 |
| Total | 75 | 100.00 |

The table: 13 shows that people with age 45 and above this were found to be least user of family planning devices, the possible cause behind is that respondents had knowledge regarding the anatomical stage of the body for infertility during this period. During the fertile period, the people of age group (15-19) were found less sensitive about the use of the family planning in one hand. On the other hand respondents with age group (20-24) were found highly sensitive than other. It might be because either they did not have any child or they gave major priority to child.

EDUCATION OF WOMEN AND USE OF FAMILY PLANNING

Education plays vital role in the adoption of family planning method. The condition of use of family planning by educational level in this study area is given below:

Table 14: Educational level of respondents and use of family planning

| Education | No. of Respondents | Percentage |
|--------------------|--------------------|---------------|
| Illiterate | 21 | 28.00 |
| Literate | 16 | 21.33 |
| Primary level | 14 | 18.67 |
| L. Secondary Level | 10 | 13.33 |
| Secondary Level | 09 | 12.00 |
| S. L. C. above | 05 | 06.67 |
| Total | 75 | 100.00 |

Table: 14 shows that higher percentage of literate women had used more family planning as compared to illiterate women. About 28.00 percent of illiterate women were found using family planning, while the corresponding table was 21.33 percent for literate women. Likewise, primary level 18.67 percent, lower secondary level 13.33 percent, secondary level 12.00 percent and SLC above 06.67 percent respondents were found using family planning devices. It is concluded in this study that illiterate and literate respondents had highly used family planning services.

NUMBER OF LIVING CHILDREN AND USE OF FAMILY PLANNING

In Nepalese context, women in general, don't use family planning until she bears a child to prove her fertility and secure her marriage. Therefore, the number of living children directly influences the level of family planning use. The table presented below gives the relationship between number of living children and use of family planning.

Table 15: Number of living children of the respondents and use of family planning

| Children | No. of Respondents | Percentage |
|--------------|--------------------|---------------|
| One | 11 | 14.67 |
| Two | 20 | 26.67 |
| Three | 23 | 30.67 |
| Four | 13 | 17.33 |
| Five above | 08 | 10.66 |
| Total | 75 | 100.00 |

Table No. 15 shows that the respondents who have three children had used 30.67 percent and who have two children had used 26.67 percent of family planning devices.

The data indicated that knowledge of family planning devices and used devices are not same. According to above data, the current use of family planning had been increased with increasing number of living children up to one and then highly declined as increasing number of living children. The study also shows currently married women with no living child are less likely to use family planning than women having already one or more children.

GETTING SOURCES OF FAMILY PLANNING DEVICES

The respondents were further asked about getting sources of family planning devices. The responses are shown in the table 15.

Table 16: Getting sources of family planning devices

| Sources | No. of respondents | Percent |
|-----------------------|--------------------|---------------|
| Sub health post | 30 | 40.00 |
| Health post | 02 | 02.67 |
| primary health center | 03 | 04.00 |
| Hospital | 05 | 06.67 |
| Pharmacy | 19 | 25.33 |
| Health worker | 12 | 16.00 |
| Mobile health clinic | 04 | 05.33 |
| Total | 75 | 100.00 |

Table No. 16 shows that respondents got family planning devices from Sub health post 40 percent, Pharmacy 25.33 percent, Health worker 16 percent, Hospital 6.67 percent, Mobile health clinic 5.33 percent, Primary health center 4 percent and Health post 2 percent. In this way, the majority of respondents had got family planning devices from government health organization. The causes behind it are free access for respondents.

SIDE-EFFECT OF FAMILY PLANNING DEVICES

To manage their family size, the respondents in this study area were using various types of family planning method but by using them they were facing various types of side effects which are shown in the following table.

Table: 17 Side- effects after use of family planning methods

| Side Effects | No. of Respondents | Percentage |
|------------------------|--------------------|---------------|
| Irregular Menstruation | 23 | 30.67 |
| Back Pain | 17 | 22.67 |
| Bleeding | 16 | 21.33 |
| Headache | 09 | 12.00 |
| Weakness | 03 | 04.00 |
| No effect | 07 | 09.33 |
| Total | 75 | 100.00 |

Above table: 17 show that 30.67 percent of respondents faced irregular menstruation cycle as side effect by using family planning methods. Likewise, 22.67 percent of respondents felt back pain.

Likewise, 21.33, 12 and 4 percents of respondents complained Bleeding, Headache and Weakness as side effect of family planning methods respectively in one hand and on the other hand 09.33 percent respondents had found no side-effects.

In this data indicated, almost all chemical in allopathic medicine have side effects on human body. Family planning devices have side effect on either physical or mental health. Consequently elder's reaction can be seen in different extents and levels depending upon the personal physical characteristics.

ADVANTAGES OF FAMILY PLANNING DEVICES

The respondents who were currently using modern methods of family planning devices were asked about advantages during the period. Results are presented in table below.

Table 18: Advantages of family planning devices

| Advantages | No. of Respondents | Percentage |
|-------------------------------|--------------------|---------------|
| Birth spacing | 25 | 33.33 |
| Control of unwanted pregnancy | 20 | 26.67 |
| To make ideal family | 12 | 16.00 |
| Good for mother's health | 08 | 10.67 |
| Don't know | 10 | 13.33 |
| Total | 75 | 100.00 |

Table: 18 indicates that 33.33 percent of respondents got advantage for birth spacing , 26.67 percent of respondents experienced to control unwanted pregnancy. In addition, 16 and 10.67 percent of respondents said to make ideal family and good for mother's health respectively.

This data indicated that majority of respondents had got the advantages of the family planning method. But 13.33 percent of respondents were unaware about the benefit about the family planning devices in this study area.

REASON FOR NOT USING OF FAMILY PLANNING DEVICES

Knowledge about family planning and side effect of these methods play vital role for using family planning methods. Social, cultural and economic characteristics of the population also play an important role for determining for using family planning method.

INTENTION OF NOT USING OF FAMILY PLANNING DEVICES

Currently married not user women were asked about reason for not using any family planning method at the time of the survey. To which they gave their responses as presented below.

Table 19: Main reasons not using family planning devices

| Reason for non use | No. of respondents | Percent |
|--------------------------|--------------------|---------|
| Religion and culture | 02 | 04.44 |
| Illiteracy and ignorance | 08 | 17.78 |
| Not easily available | 00 | 00.00 |
| Fear of side effect | 20 | 44.45 |
| Desire for son | 03 | 06.67 |
| Sexual displeasure | 02 | 04.44 |

| | | |
|--------------|-----------|---------------|
| Others | 10 | 22.22 |
| Total | 45 | 100.00 |

The table: 19 shows that the reason of not using the family planning devices, where most of respondents 44.45 percent answered that the reason of not using family planning was fear of side effect. Similarly, 22.22 percent of respondents said the reason is absence of husband now and 17.78 percent of respondents said the reason is illiteracy and ignorance. Likewise, 04.44 percent of respondents had reason of sexual displeasure and also same with the reason of religion and culture. It is indicated in this study that respondents were not using family planning services due to fear of side effect, due to absent of husband, due to the lack of the health education as well as religion and culture of the community.

SIDE EFFECTS OF FAMILY PLANNING DEVICES

Almost all the chemicals in allopathic medicine have side effects on human body. Family planning devices have side effect on either physical or mental health. Consequently elder's reaction can be seen in different extents and levels depending upon the personal physical characteristics. Some of the reasons for not using family planning devices due to side effects are given in the table below.

Table 20: Reason for not using family planning devices due to side effect

| Side effects | No. of Respondents | Percent |
|-----------------------------|--------------------|---------------|
| Headache | 04 | 20.00 |
| Loss of lactation | 01 | 05.00 |
| Backache | 03 | 15.00 |
| Weakness | 02 | 10.00 |
| Disturbance in Menstruation | 10 | 50.00 |
| Total | 20 | 100.00 |

The table: 20 show that 50 percent of respondents had reason for not using family planning devices due to disturbance in menstruation. Likewise 20 percent respondents had fear of headache, backache 15 percent, loss of lactation 5 percent and also weakness 10 percent.

It is concluded in this study of area that main cause of not using family planning was fear to side effect of body. In past history, disturbance in menstruation and headache was reason for not using family planning services.

FAMILY PLANNING NOT USED BY AGE GROUPS OF RESPONDENTS

Respondents, who did not use any family planning services by age group of married women in this study area is analyzed. The following table provides the percentage distribution of respondents who were not using family planning method by age group.

Table 21: Family planning not used by age groups of respondents

| Age Group | Number | Percentage |
|-----------|--------|------------|
| 15-19 | 13 | 28.89 |
| 20-24 | 14 | 31.11 |
| 25-29 | 06 | 13.34 |
| 30-34 | 05 | 11.11 |
| 35-39 | 04 | 08.89 |

| | | |
|--------------|-----------|---------------|
| 40-44 | 02 | 04.44 |
| 45-49 | 01 | 02.22 |
| Total | 45 | 100.00 |

Table: 21 shows that 31.11 percent of respondents of age group (20-24) had not used any family planning and followed by the age group (15-19) was 28.89 percent. Likewise, 13.34 percent of respondents were not using family planning by age group (25-29). This study 4.44 and 2 percent of respondents were not using family planning by age group (40-44) and (45-49) respectively. Nearly 9 percent of respondents had not used family planning by age group (35-39). The data shows that lack of education, fear to side effect, tradition and absence of husband were the causes of not using family planning services.

FAMILY PLANNING NOT USED BY EDUCATIONAL STATUS

Education always plays a vital role in overall development of a nation. It is an important indication of civilization of society. The respondents were not using family planning by the different educational status of this study area.

Table 22: Family planning not used by educational status

| Educational Status | No. of Respondents | Percentage |
|---------------------------|---------------------------|-------------------|
| Illiterate | 16 | 35.55 |
| Literate | 09 | 20.00 |
| Primary | 07 | 15.56 |
| Lower Secondary | 06 | 13.33 |
| Secondary | 04 | 08.89 |
| SLC above | 03 | 06.67 |
| Total | 45 | 100.00 |

In table: 22, the data indicated 35.55 percent of respondents were not using family planning services by illiterate educational status. About 20 percent of literate respondents were found not using family planning services. Some others not using family planning devices mentioned were Primary level 15.56 percent, Lower secondary level 13.33 percent, Secondary level 8.89 percent and SLC above 6.67 percent.

The data shows, those respondents who were illiterate were highly not using family planning and low portion of literate respondents were not using family planning. In this way very less number of respondents who got Primary, Lower secondary, Secondary and SLC above education were not using family planning services.

FUTURE PLAN FOR USING OF FAMILY PLANNING DEVICES

All non-users respondents were asked about future plan for using of family planning devices at the time of survey and they gave different responses, which is presented below.

Table 23: Use of family planning devices

| Name of Devices | No. of Respondents | Percent |
|------------------------|---------------------------|----------------|
| Sterilization | 04 | 08.89 |
| Depo-Provera | 10 | 22.22 |

| | | |
|--------------|-----------|---------------|
| Oral Pills | 08 | 17.78 |
| Condom | 05 | 11.11 |
| Implant | 02 | 04.45 |
| IUD | 01 | 02.22 |
| None | 15 | 33.33 |
| Total | 45 | 100.00 |

From above table 23 it indicates that 8.89 percent of respondents said to use of Sterilization in future. Likewise, 22.22 percent said to use Depo-Provera and some respondents said to use oral Pills 17.78 percent, Condom 11.11 percent, Implant 4.45 percent in future, while 2.22 percent of respondents said to use of IUD in future.

From this, it is concluded that 66.67 percent of respondents had a plan to use of family planning devices in future among the not using respondents. But 33.33 percent of respondents did not want to use it in future.

FINDINGS

The major findings of this study area were as follows:

KNOWLEDGE AND PERCEPTION

- Fifty above respondent had positive knowledge about family planning in this study area. Among the respondents, 54.16 percent of respondents had knowledge about delay and limiting the birth.
- Among the total respondents attitudes about family planning, 32.50 percent of respondents had their attitude to reduce unwanted pregnancy.
- Majority of respondents had knowledge about modern method like Condom 85.83 percent, Pills 83.33 percent, Dipo-provera 79.16 percent, Vesectomy 60 percent, Laproscopy 58.66 percent, Minilap 54.16 percent, Implant 51.66 percent and least of the proportion had knowledge about Foam tablet 16.66 percent Calendar 15 percent and Beast feeding 12.5 percent.
- The opinion about family planning devices was safe sexual behavior where 33.33 and 22.83 percent of respondents were agreed and strongly agreed respectively.
- The opinion about family planning devices was to reduce unwanted pregnancy 44.17 and 26.67 percent of respondents were agreed and strongly agreed respectively.
- The opinion about family planning devices induce sexual dysfunction 35 and 33.33 percent of respondents were disagreed and strongly disagreed.
- The opinion about family planning devices induces uterine disease, 30 and 17.50 percent respondents were strongly agreed and agreed respectively.
- The opinion about family planning devices causes weakness where 25/25 percent of respondents were strongly agreed and agreed respectively.
- Almost 53.33 percent of majority of the respondents were aware about the two children were needed for ideal family

PRACTICES

- The main sources of information about family planning devices were Radio/ TV which accounted 31.66 percent of total respondents.

- b. It was found that 34.17 percent of respondents had knowledge about to get family planning devices from Sub health post.
- c. It was found that 62.5 percent of the respondents were using family planning devices among the total respondents.
- d. Among the 75 respondents it was found that use of family planning method was the highest 26.67 percent in age group of women (20-24) years and the lowest 2.67 percent in age group of above 45.
- e. Among the 75 respondents it was found that the highest 68 percent of users were educated up to secondary level and lowest 28 percent of users were illiterate respondents.
- f. In this community, it was found that 30.67 percent of respondents were using family planning who had got three children. Only 26.67 percent of respondents were using family planning devices bearing two children.
- g. Among the 75 respondents, 30.67 percent of respondents faced irregular menstruation cycle as side effect of use of family planning devices.
- h. It was found that 40 percent of respondents could get family planning from Sub health post.
- i. Majority of respondents were aware about the advantages of family planning methods. But 13.33 percent of respondents were unaware about benefits about the family planning devices in this study area.

NOT USING FAMILY PLANNING DEVICES

- a. Among the 45 respondents main reason of not using family planning services. Among which 44.44 percent of respondents were not using family planning due to fear of side effect.
- b. Among the 20 respondents the major reasons of not using family planning method were disturbance in menstruation 50 percent and headache 20 percent.
- c. Among the 45 respondents, the highest proportion of not using family planning method was age group (20-24) and lowest in (45-49) years.
- d. Among the 45 respondents, the highest proportion of not using family planning method was illiterate education status 35.55 percent and lowest in SLC above 6.67 percent.
- e. Among the 45 respondents, majority 66.67 percent of respondents were interested to use family planning in the future. Similarly, 33.33 percent of respondents were uncertain about the use of family planning in the future.

CONCLUSION

This study examines the perception towards family planning and its practice on married Dalit women in Kohalpur MUNICIPALITY. Knowledge and perception about different family planning method was highly positive. Among them Condom, Depo-provera, Pills male and female sterilization were well known among the respondents. This was mainly due to the mass media advocacy, health workers and teachers role in disseminating knowledge and perception. On FP matters majority of the respondents were found ever using currently FP devices. Among them, condom, Depo-Provera and pills were popular among Dalit women's. Nearly 63 percent of respondents use FP method. Similarly, 37.5 percent of the respondents were not using family planning methods due to the desire for son, side effect and distribution of menstruation. There are various factors that linder the perception of FP and practice of married Dalit women's such as ignorance, religious belief, desire for son etc. In addition, mass media and teacher's health workers, advocacies hold a very significant role for influencing and encouraging the respondents for promoting effectiveness of FP methods.

REFERENCES

1. Acharya, S.K. (2002). "Family planning programme in Nepal: Achievement and constrains" in Bal Kumar K.C. (ed.), *Population and development in Nepal* Vol. 9 (Kathmandu: Central Department of Population Studies).
2. Bhande, A. & Kantikar, T. (1994). *Principles of population studies*. Bunbay: Himalaya Publishing House.
3. Bishwakarma, P.L. (1998). *Utpidit dalit mukti andolan ko sahi disha samata*. Kathmandu : Mukti Samaj.
4. Dahal, S. (2061B.S.). *Practices of contraceptives and situation of birth spacing among Dalit community*. An unpublished master`s thesis submitted to HPPE Dept FoE T.U., Kirtipur
5. Jha, M. (2062B.S.). *Family planning practices and it`s effect on doom community*. An unpublished master`s thesis submitted to HPPE Dept FoE T.U., Kirtipur
6. Karki, A.K (2064B.S.). *Foundation of population education and reproductive health*. Kathmandu : Pairabi Publication
7. Khanal, P. (2065 B.S.). *Education research methodology*. Kathmandu: Sunlight Publication
8. Manab-Maryada, (1999). *Nepal ma dalit haruko abastha ra janashankhya*. Kathmandu: Local Development Ministry.
9. MOH, (1987). *Nepal fertility and family health survey report 1986*. Kathmandu: Ministry of Health.
10. New ERA, (2011). *Nepal demography health survey*. Kathmandu: MOH
11. Poudel, A. (2064 B.S.). *Fertility behaviour of Dalit community*. An Unpublished master`s thesis, submitted to HPPE Dept FoE T.U., Kirtipur.
12. Pradhan, A.R.H. Aryal, G, Regmi, B. B. & P. Govindaswamy (1997). *Nepal family health survey 1996*. Kathmandu. Nepal.
13. Suwar, K.P. (2002). *Knowledge, attitude and practices of family planning in SAARC countries*. An unpublished M.A. dissertation submitted to Central Department of Population Studies, T.U., Kirtipur, Kathmandu.
14. Tuladhar, J.M. (1989). *Effect of family planning and accessibilities on contraceptive use in Nepal*. Studies in Family Planning.