



KNOWLEDGE OF FAMILY PLANNING METHODS IN DHIMAL WOMEN OF BUDDHASHANTI RURAL MUNICIPALITY

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Abstract

Knowledge of family planning method can contribute to a very important role for the reduction in fertility and unwanted pregnancies. This study aims to understand general idea about the knowledge/awareness and practice of family planning among the married women of Dhimal community of Budhashanti Rural Municipality. Among the total 207 Dhimal households, all 207 married 15-49 years women of Budhashanti Rural Municipality were purposively chosen for this study. Collected primary data were analyzed by the use of simple tables and percentages. Among all the married respondents, 47.8% women were aged 20-29 years, 64.8% were literate, 50.2% were engaged in agriculture, 17.9% engaged in business, 9.1% engaged to achieved self-employment and 22.8% respondents engaged as worker to others. Hundred percent respondents heard about any methods and had knowledge about permanent and temporary methods of family planning. Television program was the important source of family planning knowledge and education whereas GOs, NGOs and INGOs were the family planning service provider institutions. Among the total respondents, 38.6%, 45.9% and 15.9% responded permanent, temporary and natural methods of family planning respectively as their most likely family planning methods. Findings show that awareness/knowledge about family planning methods is almost universal among the respondents. But most likely and currently using family planning method was not similar.

Keywords: *unwanted, chosen, literate, family planning, awareness*



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Introduction

The term “family planning” (or contraception) was largely replaced in international development discourse by the much broader term “reproductive health and rights.” Family planning refers to the planning of when to have children, and the use of birth control. It allows individuals and couples to anticipate and have their desired number of children, and to achieve healthy spacing and timing of their births. Family planning is achieved through use of contraceptive methods and the treatment of involuntary infertility (Save the Children, 2012). Other techniques commonly used include sexuality education, prevention and

management of sexually transmitted infections, pre-conception counseling and management, and infertility management (WHO, 2012).

Use of family planning (FP) methods can contribute to a substantial reduction in fertility and reduce the proportion of unwanted pregnancies as well as maternal deaths that would otherwise occur in the absence of contraception. In 2008, contraceptive use averted over 250,000 maternal deaths worldwide by reducing unintended pregnancies, which is equivalent to 40% of the 355,000 maternal deaths that occurred in that year (Cleland et. al., 2012). However, while knowledge of FP has significantly increased over the last decade; uptake of FP services has remained low, especially in sub-Saharan Africa. Total fertility rates in sub-Saharan Africa remain critically high with an average of 5.5 children per woman of reproductive age in most African countries (NPC, 2013). Although efforts to expand and promote the use of family planning services in sub-Saharan Africa have received recent international attention, the unmet need for modern family planning methods continues to remain high (UNFPA, 2014). Fear of contraceptive side effects and associated treatment costs, cultural barriers and low male involvement continue to hamper effective use of FP services in most countries (UBS, 2012). Lack of knowledge of where to obtain FP methods (Khan, 1996) and lack of information on what women consider to be trusted sources of FP information and services, are key barriers that affect access to and utilization of FP methods in most sub-Saharan African countries (Khan, 1996 & Montez, 2011). This calls for interventions that can simultaneously improve women's knowledge of FP methods and improve uptake of such services by utilizing sources that they trust most. However, despite prior research on the uptake of contraceptive services in sub-Saharan Africa (Haider et. al., 2012 & Urban et. al., 2012), there is still limited research on the extent to which women are aware of specific methods of family planning; and if they do, where they obtain this information from. There is virtually no literature on what women consider to be the most trusted sources of FP information and services, yet knowledge of such sources is important for targeted FP promotion (Molyneaux, 2000).

Research Problem

Family planning implies the ability of individuals and couples to anticipate and attain their desired number of children by spacing and timing their births. It is achieved through the use of contraceptive methods and the treatment of involuntary infertility. Contraceptive use is a proximate determinant of fertility plays a critical role in reducing fertility and since long

contraceptive prevalence rate has been taken as a sole indicator to evaluate the effect of family planning programs.

Socially, economically, educationally, politically and opportunistically Dhimals are backward. Dhimals are dependent on traditional agriculture system with negligible landholdings. As like the population in minority in the country, Dhimals are also in minority in every aspect of socio-economic and demographic settings. Likewise, awareness/knowledge about family planning is also an important factor which affects the socio-economic as well as the demographic condition of the Dhimial population. The level of awareness/knowledge regarding family planning in the Dhimial women in the study area is the prime concern raised in the study.

Research Questions

The research questions of this study are as follows.

Are the women of Dhimial community aware about family planning methods?

Are there any differences between family planning knowledge and practices?

Objectives of the Study

The present study aims to understand the knowledge/awareness of family planning among the married women of Dhimial community of Budhashanti Rural Municipality. As its specific objective, is to examine the difference between family planning knowledge and practices in the women of the study area.

Review of Literature

Greater availability and accessibility of family planning services is associated with increased use of contraception, independent of education and urban residence. In countries where services are widely available, differences in use between urban and rural women are small. Where services are few and distant, as in Nepal, increasing availability and accessibility might bring about a large increase in use (Rodriguez, 1978).

Programs to promote family planning in developing countries began in the 1960s, with the number of countries with official policies to support family planning rising from only two in 1960–74 by 1975 and 115 by 1996 (UNDSAPD, 2003). Between 1960 and 2000, the proportion of married women in developing regions using contraception increased from less than 10 to about 60 %, though with huge variations from one area to another (UNDSEAPD, 2003). However, many of today's poorest countries, mainly in sub-Saharan Africa (SSA), still have high fertility and high unmet needs for family planning and their

populations are projected to double in the next few decades (Cleland et al., 2006). Moreover, in most African countries, high fertility and rapid population growth represent a bigger threat to achievement of the Millennium Development Goals than infectious diseases such as HIV/AIDS (Cleland et al., 2006).

In 1986, the Cameroonian Government officially clarified its position about promoting the practice of family planning in the country, though there was dearth of information in this regard all over the country. Data from the Demographic and Health Survey (DHS) revealed a 26 and 24 % prevalence of contraceptive uptake respectively in 2004 and 2011 (NIS & ICFI, 2011), hence a very low number of women using contraception.

According to DHS 2011, knowledge of family planning methods is almost universal among Nepalese men and women, with 100% of currently married women and 99.8% of currently married men able to identify at least one method of contraception. Men and women were more familiar with Nepal and Family Planning: An overview of 7 modern methods of contraception especially female sterilization, injectables, condoms and male sterilization. Relatively few men and women had heard about emergency contraception (39% and 29%, respectively). It is interesting to note that never-married men and women were more familiar with this method than currently married ones.

According to DHS 2011, the CPR for modern methods remained almost unchanged at 43%. Owing to an increase in acceptors of traditional methods of contraception to 7% of all women, half of all married women were using some method of contraception during the 2011 survey. While the interregional differences within the country were minimal, the use of contraception by women residing in urban areas was significantly higher than by their rural counterparts. While over 54% of urban women in the reproductive age group were using a modern method of contraception, only 42% of rural women were doing so in 2006.

There are various researches regarding Family planning knowledge, attitude and practices. But particularly in the Dhimal community women that type of researches and studies have not been done and it is desirable to find out the situation of family planning knowledge/awareness and practices, it is the research gap of this small study.

Methodology of the Study

Study Site and Population

The present study was conducted in south-eastern part of Nepal, Budhashanti Rural Municipality selected from Jhapa district of Mechi zone. The Dhimal community was

purposively chosen for the study because the Dhimals are in minority in their number in Nepal. Among the total number of Dhimal Population some are inhabitant in this Rural Municipality. From the total 207 households of Dhimal population, there were 207 reproductive age group of women (i.e. 15-49 yrs.) were interviewed for the study.

Data Collection and Sources

Data were collected with a detailed structured questionnaire and direct interviews which were equally undertaken in the course of the study. Census method of data collection was employed because all the reproductive age group of respondent women was interviewed. At the stage of data analysis and discussion the data of National Population Census 1952, 1961, 1991, 2001 and 2011 were also examined.

Data Analysis and Discussion

For this study, data were analyzed with the use of descriptive statistics such as simple tables and percentages.

The national census of 1952 taken on the basis of mother tongue shows the number of Dhimal people was 5,671. In the census of 1961 made on the basis of mother tongue, the total population of Dhimal was recorded as 8,188 including 3529 in Jhapa and 4,659 in Morang district. However, the 1971 and 1981 census has not recorded the Dhimal population separately. The national population census of Nepal 1991 recorded 16,781 population of Dhimal which covered the 0.09 percent of the entire population. At the time of the census of 2001, Dhimal's population reached 19,537 with annual average growth rate of 1.52 percent during the last decade 1991 – 2001 (CBS, 2003).

According to 2011 Census among the total 26494504 population of Nepal Dhimal population shared only the 26298 (i.e. 0.10%) of total population. Dhimal Population of Jhapa District covers 8950 (i.e. 34.03%) of total Dhimal Population (CBS, 2011) of Nepal. Dhimal population of Buddhashanti Rural Municipality is 856, which is 2.05% of total population (41585) of Rural Municipality. Dhimal population of Buddhashanti Rural Municipality shared 3.25% of total population of Dhimal community of Nepal.

Family planning is closely associated with the characteristics of population. In the study population some characteristics like age group, marital status, level of education, income source/occupation etc. were collected and assessed. In the course of data collection it was observed that the households of the respondent women fall under the young age category, not achieved the specific level of education or majority are literate only, poor

agricultural activity or very limited land holdings and engaged in very small businesses like vegetable shop, fruit shop, fish shop etc.

Table 1 Population Characteristics

Characteristics	Number (N=207)	Percentage (%)
Age Group		
15-19	30	14.5
20-24	55	26.6
25-29	44	21.2
30-34	29	14.0
35-39	27	13.0
40-44	12	05.8
45-49	10	04.9
Marital Status		
Married	207	100.0
Level of Education		
Illiterate	073	35.2
Literate	134	64.8
Income Source/Occupation		
Agriculture	104	50.2
Business	037	17.9
Self-employed	019	09.1
Worker to others	047	22.8

Source: Field Survey 2017 and Author's calculation

Table 1 demonstrates characteristics of the total number of interviewed sample women aged 15-49. Among them, majority of the women were young age (below 30 year), with nearly half (47.8%) aged 20-29 years. All the respondents were married. Near about three quarter of the respondents were literate (64.8%) and more than one-third of the respondents were illiterate (35.2%). More than half of the respondents were engaged in agriculture (50.2%) as their income source/occupation. However, 17.9% reported to engaged in business, 9.1% reported to engaged to achieved self-employment and 22.8% respondents engaged as worker to others.

Table 2 Awareness/Knowledge of family planning methods

Methods	Numbers (N=207)	Percentage (%)
Heard about any method of FP	207	100.0
Knowledge of separate methods of FP		
Permanent	207	100.0
Temporary	207	100.0
Natural	104	50.2

Aware about TV Program related to FP		
FP Education	64	30.9
FP Means	81	39.1
Advantages from FP	38	18.4
All of the above	24	11.6
FP Provider Institution nearby		
	Numbers (N=207)	Percentage (100%)
Govt. Institutions	127	61.4
Non Govt. Institutions	032	15.5
INGOs	048	23.1

Source: Field Survey 2017 and Author's calculation

Table 2 depicts the awareness/knowledge of family planning methods in the study population. All the respondents (100%) heard about any methods of family planning. All the (100%) respondents had knowledge about permanent and temporary methods of family planning whereas fifty percent respondents had the knowledge about natural methods of family planning. Near about one third (30.9%) respondents got knowledge about family planning education from TV program. Likewise 39.1% respondents achieved knowledge about family planning devices from TV program. Nearly one fifth (18.4%) of the respondents got awareness about advantages of family planning from TV program. Remaining 11.6% respondents had got knowledge about Family planning education, family planning devices and advantages of family planning from TV program. There were family planning service provider institutions near by the respondents. Among the total respondents, 61.4% benefited by Government Institutions, 15.5% benefited by Non Governmental Institutions and 23.1% benefited by International Non Governmental Organizations.

Table 3 Most likely and currently using methods of family planning

Methods	Numbers (N=207)	Percentage (%)
Most likely method of FP		
Permanent	80	38.6
Temporary	95	45.9
Natural	32	15.5
Currently Using FP Methods		
Permanent	090	43.5
Temporary	114	55.1
Natural	003	01.4

Source: Field Survey 2017 and Author's calculation

Table 3 represents the answer about the questions-which method of family planning do you like mostly and which method of family planning is currently using to the respondents. In the most likely method of family planning related question, 38.6% responded permanent, 45.9% responded temporary and 15.5% responded natural method as their most likely methods of family planning. But in the question of currently using family planning method, there were 43.5% respondent responded permanent, 55.1% respondent responded temporary and 1.4% respondent responded temporary method as their currently practicing methods. There was not similarity between most likely methods of family planning and currently using family planning methods.

Key Findings

This a very small study made very few but a typical findings which are as follows.

- Population characteristics of the respondents like age and marital status are seems effective to family planning but educational status and income source/occupation are not effective for family planning
- Most of the respondents aware about permanent, temporary and natural methods of family planning. Respondents were aware about family planning education program from Television
- There was difference between most likely and currently using family planning methods

Conclusion

Present, a brief study is based on primary data collected from precise questionnaire relating to the awareness/knowledge and practices of family planning methods. It can be concluded that there were higher the percentage of women in the younger age group of women and lower the percentage of women in higher age group within the reproductive aged women. All the respondent women were married and two third (64.8%) were literate, 50.2% were engaged in agriculture and remaining was engaged in business, self-employed and workers to others as their income source/occupation. All the respondents were known about any one as well as permanent and temporary methods of family planning. But only 50.2% respondents were known about natural methods of family planning. Nearly two third respondents were aware about family planning education & devices and nearly one fifth were aware about advantages of family planning through TV program. Only 11.6% respondents were known to F P education, F P means and advantages of F P through TV program. Family planning provider institutions near by the respondents were GOs, NGOs & INGOs, most of the respondents received knowledge from GOs. Majority (45.9%) of the respondent

responded temporary as the most likely methods of family planning. But in contrast, 55.1% respondents were currently using temporary methods of family planning.

This conclusion suggests a need for further research in attitude and practice of family planning and met and unmet demand of family planning in this study area and in the same respondents.

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