

FAMILY PLANNING PERCEPTION AND PRACTICE AMONG NON-LITERATE  
WOMEN IN TAMANG COMMUNITY

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A Dissertation

Submitted to

School of Education

In partial fulfillment of the requirement for the Degree of  
Masters of Philosophy in Education (Development Studies)

Kathmandu University

Dhulikhel, Nepal

July, 2012

AN ABSTRACT OF THE DESSERTATION OF

*Rajani Thapa for the Master of Philosophy in Education (Development Studies)*

presented on 30<sup>th</sup> July, 2012 at school of Education, Kathmandu University.

Title: - *Family planning perception and practice among non literate women in Tamang community.*

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Women reproductive right is one of the emerging phenomenon in Nepal as in all developing countries. Though it has been growing with the implementation of family planning program, majority of Nepali women are not well familiar with their reproductive rights which consists to women's reproductive and sexual health. One of its concerned area is family planning and women's access to related services.

Therefore this study was undertaken with the prime purpose of exploring Tamang women's perception and practices toward family planning, Tamang socio-cultural roles to family planning practices and the role of education to change their perception towards family planning practices.

I conducted this study in Tamang community of Khorja Gaun in Changu Narayan VDC, Bhaktapur district in Nepal and took 4 non literate Tamang women as the participants who have experiences of using family planning devices. Mainly staying within interpretative approach; I followed the qualitative research method with support of informal conversational interview and observation tools for collecting necessary information as per my research questions. I employed with many relevant

sociological perspectives while interpreting and analyzing data. Especially, I injected Jurgen Habermas' "Theory of communicative action" to explain and interpret the study. I reviewed many empirical studies, policies, plans and strategies related to family planning so that I could easily reach to my destination of this study.

I found that my respondents were also familiar about family planning and its different means. They have practiced family planning methods as their own understanding and local context. They have generated knowledge of family planning by communicating and interacting with friends, service providers and development workers. Participants have taken family planning devices as means of 'birth control' and have experiences of side effects of using different FP methods. Actually, participants have faced different kinds of physical and mental problems as well as unintended pregnancy while using FP methods. Similarly, the misunderstanding and rumors about family planning devices and method have created uncomfortable environment to use family planning services among user groups.

The socio-cultural practices of the Tamang community were found very crucial in determining the family planning behavior of women. Tamang religion, trend of marriage, family system, power of decision making, preference to son were directly or indirectly influence women's practice of family planning. Generally, the trend of early marriage practice in Tamang community was one of the major causes which supported to increase the fertility power and hence in delivering large number of children. Similarly, the gender role plays a strong difference between Tamang woman and man for practicing FP devices. Tamang women's economic dependency on their husband is resulted in male control in family planning behavior of women. However, it was also found that husbands are not very concerned to apply the method

themselves but have given freedom to choose preferable methods of family planning to their wives.

Analyzing to educational contribution, participants have gained family planning education through way of informal learning. Participants learn about family planning practice by communicating and interacting about the experiences of family planning to each others. Thus, they have been learning family planning education from ‘learning by doing’ approach. At present, Government organization (GOs), NGOs, INGOs and local bodies are working unanimously with focus on family planning program. I found that participants were becoming economically active in saving and credit programs under mother’s group of the same community. It might be the outcome of the presence of development workers in that community. Thus, communications between local people and development activists have supported women to become more conscious on family planning related issues. All these show that education or learning through formal, non formal or informal system helped to enhance economic empowerment of Tamnag women so as to change their perception and practice of FP. Access to and participation in education, economic empowerment and supportive socio-cultural practices has thus direct implication in women’s reproductive health as well as in ensuring their reproductive right.

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Rajani Thapa, Degree Candidate

## DEDICATION

This dissertation is dedicated to my mother Late Ms. Chhatra Devi Thapa and my dear husband Mr. Hem Raj Thapa whose brainwave support me to reach at this stage. However my mother is no more in this world but her endeavor encourage is always attached with this work.

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## DECLARATION

I hereby declare that this dissertation has not been submitted for candidature for any other degree.

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## ACKNOWLEDGEMENTS

At first, I would like to express sincere appreciation to Prof. Mahesh Nath Parajuli, Ph.D. for his unwavering scholarly, intellectual, adequate encouragement and emotional support with heartily devotion. Due to his excellence guidance and instruction, I completed this research successfully. I am always thankful to his patiently constructive guidance that supports me to improve and complete my dissertation on time. My thanks also go to Prof., Dr. Tanka Nath Sharma, Dean, School of Education, and Kathmandu University for his encouraging and supporting advices to make my study meaningful.

I am always in debt to Dr. Mana Prasad Wagley, Dr. Lava Deo Awasthi, and Dr Shreeram Prasad Lamichhane for their incredible support to improve and completion of my dissertation. I would like to thank to Dr. Bal Chandra Luitel for his precious support to give initial support of establishing the knowledge regarding my research topic. Laxman Gnawali, Tikaram Pokharel, and Dhanapati Subedi are thankful to shape my dissertation as academic and develop my competency to the subject matter. All the staffs of School of Education and Library of Kathmandu University are also thankful for their support to complete the dissertation. My especial thank goes to my colleagues Suresh Gautam, Lal Bahadur Pun and Krishna Bahadur Rai for their valuable suggestion and feedback to complete my dissertation on time. Similarly, I appreciate my entire classmate of 2009 batch, Master of Philosophy in Education (Development Studies), KU for their wonderful sharing ideas and valuable opines which support my dissertation completion.

I always remember Bhim Tamang for supporting to entry that Tamang community and his help to translate Tamang language to Nepali made me clearer to

understand the subject matter. Likewise all the participants are thankful to support for my successful field visit. At last, but not the least, my family members are very much thankful for supporting me during my study time.

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30<sup>th</sup> July, 2012

Rajani Thapa, Degree Candidate

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## ABBREVIATION

ADRA	-	Adventist Development and Relief Agency
AIDs	-	Acquired Immune Deficiency Syndromes
ANC	-	Antenatal Care
BMASS	-	Banke Mahila Arthik Swalamban Sansthan
CBS	-	Central Bureau of Statistics
CBR	-	Crude Birth Rate
CHAD	-	Community Health Action for Development
CMMR	-	Crude maternal Mortality Rate
FP	-	Family Planning
FPAN	-	FP Association of Nepal
DFID	-	Department for International Development
DHS	-	District Health Service
HIV	-	Human Immune Deficiency Virus
ICPD	-	International Conference on Population and Development
INGOs	-	International Non Governmental Organizations
IPA	-	Interpretive Phenomenological Analysis
IUD	-	Internal Uterine Device
MCH	-	Maternal Child Health
MMR	-	Maternal Morbidity Rate
MOHP	-	Ministry of Health and Population
NDHS	-	Nepal Demographic Health Survey
NFP	-	Nepal Family Planning
NGOs	-	Non Governmental Organizations

NHSP-IP	-	National Health Sector Programme Implementation Plan
NPC	-	National Planning Commission
NRS	-	Nepal Retail Sales
RAND	-	Research and Development
RTI	-	Respiratory Tract Infection
SASON	-	Sociology and Anthropological Study of Nepal
STDs	-	Sexual Transmitted Diseases
TT	-	Tetanus Toxoid
UK	-	United Kingdom
UNDP	-	United Nation Development Program
UNESCO	-	United Nation Educational Scientific and Cultural Organization
UNFPA	-	United Nation Population Fund
UNICEF	-	United Nations Children’s Fund
UNIFEM	-	United Nations Development Fund for Women
USA	-	United state of America
USAID	-	United State Agency for international Development
VDC	-	Village Development Committee
WHO	-	World Health Organization
WW	-	World War



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## CHAPTER I

### INTRODUCTION

I begin this chapter with the background and the purpose of the study including three research questions; statement of the research problem, rationale of the study, delimitations of the study, and organization of the study. However, this chapter special focuses on the research topic and its' scope concentrating with women reproductive health through Family Planning (FP).

#### **Background of the Study**

Nepal as one of the least developed countries in the world has according to preliminary report of population census 2011, the population of 26,620,809 consisting of male 12,927,431 and female 13,693,378 with annual population growth that is 1.4% during the period of 2001 to 2011. The population growth has been rapidly increasing since the last decade of Nepal increased by 14.99% (CBS, 2011) which might a troublesome situation in for population management.

Considering on these facts, Nepal has adopted family planning program taking some objective; to limit number of children to prevent unwanted pregnancies, adolescent reproductive health and manage infertility (MOHP, 2011, p. 29). Accordance to Nepal Demographic Health Survey [NDHS], 2006, use of family planning methods have improved over the year (USAID, 2010, P. 23). Family planning program has given especial preference to women reproductive health status and integrated the maternal health services (MOHP, 2011, p.11). Thus, FP program has an endeavor support to women reproductive health status. Although

FP program support for considerable improvement in demographic aspect, women are experiencing some biasness from the society for getting these services because there are some socio-economic statuses which have a strong influence on women reproductive health status (USAID, 2010, p. 8).

As a woman I have experienced multiple forms of disparities and discriminations in health, educational and other basic infrastructures of development those may vary in different communities in Nepal. FP is also one of the basic development infrastructures in which women of Nepal are facing multiple forms of discriminations while using FP as abide by their socio cultural space. I feel that there are noticeable gender disparities to state facilities to women. So I argue that these kinds of disparities between men and women lead to deteriorate the women health status. Having less access to education, health service, and other income activities provided by state, women could not contribute to the development activities in their community. Therefore, these kinds of gender inequalities directly affect women's health status, their reproductive rights and reproductive health status as associated with FP practices of women.

Women health status is more discussed under the women's reproductive rights. Ministry of Health and Population (MOHP) (2011) stated the International Conference on Population and development (ICPD) definition of reproductive health is "A state of complete physical, mental and social wellbeing not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes" (p. 74). In regards to reproductive rights, most of the women of marginalized community experienced social biasness in terms of decision making right of controlling reproductive behaviors including sexual and reproductive health

matters. Women's reproductive rights largely covered to reproductive health status consisting FP, infant and maternal health etc.

Connecting to Nepalese women health status, there is a problematic data of maternal mortality ratio in Nepal. In each year many women are facing tolls of death from childbirth. MOHP (2011) has reported, "Some surveys and studies done in Nepal estimated of maternal mortality ratio utilizing the sisterhood method yielded a ration of 281 deaths per 1, 00000 live births. This ratio is one of the highest in the world indicting that a large number of mothers die due to causes related to childbirth" (p. 41). Due to lack of access to delivery care causes of mother and infant death in Nepal. Central Bureau of Statistics (CBS) (2011) reported in its statistical bulletin, "Delivery care by skilled birth attendants and institutional deliveries are poor in the mountains and rural areas. Home delivery is very high, at 69 %, whereas most deliveries take place without the support of skilled birth attendants" (p. 82). Furthermore, the Nepal Demographic Health Survey (NDHS) (2001) showed that nearly half of the births, mothers received antenatal care from health service providers and the situation has not improved as of NDHS 2006 results as well. The MOHP showed "A vast majority of births in Nepal, mothers did not receive any Ante Natal Care, which puts them at risk, for more than 72 percent of births, mothers received two or more doses of Tetanus Toxioid (TT) during pregnancy" (p. 88).

As the scenario of Nepalese women's reproductive health status, Tamang women likely have faced similar kind of pitiable condition in regards to their reproductive health status. Moreover, Tamang women as known indigenous group of people have less access to the health services and facilities as compared to the state offered facilities. They have less access to schooling, health facilities, employment and other aspects of development. In this connection, the huge number of Tamang

women still can't have ability to read and write (UNESCO, 2006, p. 16). Therefore, they are not empowered enough. Due to lack of information and knowledge on health, they couldn't easily get the health opportunities whatever the state has facilitated to them. In this sense, Tamang women have less access to the FP services provided by many Government and non Government actors and finally victimized from unwanted pregnancy and other kind of reproductive health problem as well. As Tamang (1996) explored that unwanted pregnancy is occurred in every societies in developing countries like Nepal (p. 271). In this relation, Tamang women are not exception. Though Tamang have a tradition of gender equality and choice of sexual partner (Molesworth, 2007, p. 92), women are still deprived from the decision making power in their reproductive rights. In this connection, Dahal and Frick (1998) revealed that Tamang women have difficulties to decision to stop childbearing and to articulate their fertility plan (p. 61). Thus, Tamang women are compelled to deliver a large number of children which gradually affects their reproductive health status as well as socio-economic status.

Tamang women have practiced liberal customs and spiritual world view regarding their socio-cultural status (Molesworth, 2007, p. 91). The religious and marriage system of Tamang culture provides gender friendly environment to Tamang women. But the early marriage system of Tamang gradually ruins to Tamang women reproductive health status. Similarly, Tamang have a strong son preference for their old aged protection (Molesworth, 2007, p. 92). This kind of son preference leads to Tamang women compulsion to deliver at least a male baby. Gradually this trend increased the number of children thus deteriorate mother reproductive health status in the family.

Tamang socio-culture is very flexible to women in one hand but in another side it is directly and indirectly proved that there is some socio-cultural determinants which gradually affect to women reproductive health status. Thus the socio-cultural pattern is interconnected to the women health issues. In this term, Gibbon, (1999) says that culture play a vital role for illness matter and all concepts of health and illness are social constructions which relate to specific time and locality. Similarly health care systems are cultural system built out of meanings, values and behavioral norms (p. 336). In this context, Tamang's socio-culture space has affected the health practice especially reproductive rights of women.

Considering women reproductive health, Nepal adopted National Reproductive Health Strategy in 1997. This strategy focused on the comprehensive reproductive health care and an integrated reproductive health package including FP, Safe motherhood, prevention and management of complications of abortion, child health, prevention and management of infertility, adolescent reproductive health, Respiratory Track Infection (RTI)/Sexual Transmitted Diseases (STD)/Human Immune Deficiency Virus (HIV)/Acquired Immune Deficiency Syndromes (AIDS) and problem of elderly women especially cancer treatment.

The concerned Government Organizations, Non Government Organizations, and Private Sector of Nepal have been involving to address the women issues related to reproductive health. In fact, FP association of Nepal is the first NGO, established to address the women reproductive health since 1959. Then after Nepal FP and Maternal Child Health (NFP & MCH) projects were developed in 1968 by GON. Nowadays many GOs and NGOs are providing FP services, awareness campaign, and other effective interventions to urban as well as rural area. Nepal Red Cross Society, Save the Children Nepal, Marry Stops, Plan Nepal, Care Nepal, Adventist Development

and Relief Agency (ADRA) have contributed to boost up to the reproductive health status and FP program in Nepal. A huge efforts from different national and international sectors have been employing for better reproductive health status of marginalized women of Nepal like Tamang. These organizations provided contraceptives and other FP devices through many pharmacies, health post, clinics, health campaign, government hospital and other concerning places. Similarly, the permanent methods (surgery) to male and female are implemented through mobile camp and in health center.

A private company named Nepal Retail Sales (NRS) has distributed condom and pills in very nominal cost through many pharmacies and health clinics (Hamal, 1986, cited in Tuladhar, 2007, p. 367) so as to offer an easy access of contraceptives and FP in rural areas Generally, pills, Depo-Provera, Norplant, Intra Uterine Devices, Condom, and male permanent method (vasectomy) and female permanent method (Minilap/ Laparoscopy) are the most popular contraceptive methods used in Nepal. In the very beginning phase, FP program was taken for reducing the Crude Birth Rate (CBAR) but now its aim is extended and covers many aspects to FP. According to Central Bureau of Statistics (CBS), (2003), the FP aims to limit and birth space of child, prevent the unwanted pregnancies, adolescent reproductive health and manage the infertility (p. 29).

### **Statement of the Research Problem**

Family Planning (FP) and women health is very prioritized matter at worldwide to control the population growth rate for quality of life. Similarly, Millennium Development Goal (MDG) targeted on women rights, well being and gender equalities. Likewise our Interim Constitution of Nepal, 2007 has said about the right of women that every woman shall have right to reproductive health and other



reproductive right. On the basis of the fundamental right on reproductive health, the GoN has implemented tremendous efforts on women reproductive health. Many policies and strategies are formulated and employed through FP program for betterment of women reproductive health status.

Despite of a great concern to women's reproductive health in Nepal, Tamang women especially from rural setting are still facing problems of reproductive health. Due to lack of education, it seems they hardly knew about reproductive rights and can't have access on the services related to reproductive health. Though (Molesworth, 2007) claimed that Tamang have a tradition of gender equality, there is a strong preference to son prevailing in Tamang community. The trend of strong son preference leads to increase a larger number of child deliveries hoping to have a male child in the family. Thus, the expectation of delivering a son gradually affects to their reproductive health status. Similarly, family decision making power is generally controlled by both husband and wife in Tamang society as it is assumed in so called ethnic society. In regards of decision making to reproduction system, Tamang male are seen first decision maker on it which might seem paradoxically given the relative gender equality of Tamang life. In this connection Dahal and Fricke (1998) expressed their idea that Tamang women get many difficulties to take their own decision on stopping child bearing (p. 60). Thus, women in Tamang community have very limited access especially to their reproductive rights.

Why all these efforts and interventions regarding women's reproductive health including FP are not successfully achieved its targets? What are the possible reasons hindering the access on reproductive rights for Tamang women? Why huge policy interventions have limited rights on their reproductive system? Why Tamang women have limited understanding on FP? Why the gaps still remains there? Who are

the responsible of this issue? Do Tamang women themselves not be aware from it? Do the state interventions are not exactly recognized to the local? What are the matters actually? Is our developmental intervention to FP unmatched to socio-cultural aspects? In spite of the long history of FP and various efforts, why we can't achieve the targets objectives of FP? Why people are still unaware of FP?

### **Purpose of the Study**

The main purpose of this qualitative study is to analyze the perceptions and understanding of non literate Tamang women of Khoria Gaun regarding FP. Staying within this broader purpose, the study also explored the relationship of FP to socio-cultural aspects and education status of the participants.

### **Research Questions**

Three questions are formulated to cover the whole study listed as below

- How do Tamang women in Khoria Gaun perceive FP?
- What roles and relationships are there exist between FP practices and Tamang socio-cultural norms, values and religious practices?
- How education does contribute to change perceptions and practices regarding FP?

### **Rationale of the Study**

Every idea has its own rationale which can contribute to expand more knowledge and information on those typical matters. Especially through this research, people can make a clear understanding on use of FP, like Tamang women and their status to reproductive rights, Tamang women's reproductive health status, Tamang society and the people, non literate women's local perception, the locale, and the major thing is to know about gaps of knowledge regarding FP especially to the Tamang Gaun (Khoria). This study provides the clear picture of non literate Tamang women's

perception/understanding, attitudes regarding FP. This qualitative study describes the reproductive rights and reproductive health status of Tamang women in Khoria Gaun. As it is known that Tamang has a gender equality tradition in general, it helps to portray the Tamang women's rights and health situation regarding their reproductive system especially to non literate women's group.

Moreover, the finding of this study would be fruitful to those academicians, researcher and development worker who want to study on the situation of Tamang women's reproductive rights. Similarly, it helps to the researcher to understand the overall scenario of Tamang Gaun (Khoria) and Tamang women's situation regarding their reproductive health especially in FP matter. It supports to understand the subject matter from interpretive perspectives. Through this research, researchers, academicians, governmental bodies, NGOs and INGOs can understand the ground reality of Tamang Women and need of the people so that they can make effective policies, strategies, and plans to address this issue. Thus, the study adds new dimension in academic field that the prior academic study is not came out in Nepal previously. Therefore, it provides new insights to policy makers, student, researchers, academicians and other laymen to focus on the issue related Tamang women's reproductive rights and their health status.

### **Delimitations of the Study**

I have delimited my study by giving it a proper shape as per the demand of research objectives. I delimited this study only on selected area and selected target peoples. I took the participants as per the demand basis of study. Therefore I choose non literate Tamang women of Khoria Gaun who are adopters and have lived experiences of FP. This research supports to portrait the perception and practice of FP among the participants. Similarly, the educational status and its contribution is another

concerning aspect of the study. Specifically, the main focus laid on women's reproductive rights and their reproductive health status through FP practices.

### **Organization of the Study**

This dissertation was organized into six chapters. The chapter I consists of the background, statement of the problem, purpose of the study, research questions, and rationale of the study, delimitation of the study and the organization of the research. The chapter II, literature review, was divided into four parts consisting thematic review, theoretical linkage, previous study review, and policy review. I reviewed theory of communicative action to analyze the data. The chapter III was about the discussion of my research methodology, philosophical stand, research paradigm, research design, conceptual framework, research participant, research area, data collection methods, data analysis and interpretation, and ethical consideration.

I divided Chapter IV into two section, the first section concerns analysis and interpretation of first research question; 'How do Tamang women in Khorla Gaun perceive FP?' and second section was about to second research question; 'What roles and relationships are there exist between FP practices and Tamang socio-cultural norms, values and religious practices?' There were many subsections constructed on the basis of theme that emerged from data in both sections. Similarly Chapter V described about third research question; 'How education does contribute to change perceptions and practices regarding FP? Finally Chapter VI described about summary, meaning making and conclusion of the research.

## CHAPTER II

### LITERATURE REVIEW

I discussed about the study background, purpose, rationale of the study and organization of the study in Chapter I. In this chapter I reviewed relevant literatures of my research which are meaningful to my study to find out the gap of my research.

In fact, I used literatures to collect the evident, facts, and different perspectives of FP to add the strength of the study. Likewise review of literature offered me new insight to claim and support my standpoint in this research. These secondary data supported me to understand the family planning and other related concepts. Therefore, for me, these literatures are pathfinder to achieve my destination to this study. It gives a prerequisite for our research construction. Similarly, I constructed reality based scenario from the literatures so that I was able to develop the in-depth understanding of the subject matter. In this connection, I was classified literatures into four broad categories; thematic review, empirical review, theoretical review and policy review. I reviewed reproductive rights and women rights, FP movement, birth control, people perception to FP from sociological perspectives analyzing gender and women status, women empowerment, socio-cultural norms and taboos. Similarly I interlinked theory of communicative action to explore the study purpose and finally I reviewed some empirical studies and existing state polices and strategies regarding FP.

#### **Thematic Review**

In this section I reviewed the literature related to the concept of FP so as to understand the issues from socio cultural perspective. I chose relevant themes and concepts of

various authors, researchers, academicians and development practitioners in order to shape my study in a significant way.

### **Reproductive Rights and Women Rights**

The concept of reproductive rights is defined by International Conference on Population Development (ICPD) on 1994 covering women's health and reproductive rights. This conference raised issues of women ensuring women's control to their own fertility. It considers women's self decision to their number of pregnancies as their reproductive right. As I understand that major themes of ICPD conference is women's empowerment and gender equality and equity under reproductive right and raised the voice of elimination of all forms of violence against women (UNFPA & UNIFEM, 2006, p. 21). After two years of ICPD the fourth world conference on women platform for action- 96 has briefed women's reproductive right as "The human right of women include their right to have control over, and decide freely and responsibly on, matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence" (UNFPA & UNIFEM, 2006, p. 22).

Such international conferences sensitized women rights more specifically reproductive rights around the world. In fact, women's right on deciding and controlling their body and reproductive behavior is known as reproductive rights (Ibid, p. 23). It is more related to reproductive and sexual health of couple. In developing countries like Nepal, as a woman, I experienced that there are still many worries and doubtful conditions regarding to take reproductive rights to a woman. Similarly, as a health worker I experienced that Nepal has been practicing reproductive right with the implementation of FP program from the initiation of Government, NGOs, INGOs and local peoples (Tuladhar, 2007, p. 367). Though reproductive rights is employed with FP intervention, majority of Nepalese women

especially in rural area mostly unaware about their reproductive rights and facing inequality of access to service due to socio-economic differentials (USAID, 2010, p. 8). So I argue here that peoples' unawareness and socio-cultural structure is the major causal factors leads to decrease women's reproductive health status. In this connection, "Illnesses and deaths from complications of pregnancy, childbirth and unsafe abortion, lack of access to pre-natal and post-natal care, lack of access to education and health services, social and cultural barriers for treating reproductive tract infections are top of the list of health threats to women of reproductive health worldwide" (Gosh, 1995, cited in Hossain & Akhatar, n.d., p. 1). Thus, women are depriving from their reproductive rights with the various kind of physiological and social problem in reproductive health they have faced.

In this study, I perceived FP services as participant's reproductive rights and their experiences regarding their right on reproduction through their own lived narration. The ground reality of participants' understanding on reproductive rights and practice are major concern in this research. I sketched the Tamang socio-cultural norms and taboos and its impacts on Tamang women's reproductive rights as well as their reproductive health. Similarly I focused on the educational background of Tamang women and it's relation to their reproductive health and reproductive rights. For me, education is vital determinant factor that support to people empower and make them aware about their right especially reproductive rights in this study. Therefore to know about participants' reproductive rights and health status, I came to conclusion to understand reproductive health through the concept of FP.

### **Family Planning and Its Development**

Looking at the history of the world, after II world war, many scholars argued that the population growth is going faster than the economic growth resulting in many other

problems like unemployment, pressure on public service, and eventually the slowed economic development (Sinding, 2007, p. 1). The developments of the FP concept lead a head to address these problems from the demographic perspective. The main demographic rationale of FP is to reduce rapid population and high fertility rate so that there may a managed population in the state and balance in each level. According to seltzer (2002), “ This rationale was based on concerns over the potentially negative effects of rapid population growth and high fertility on living standards and human welfare, economic productivity, natural resources, and the environment in the developing world” (p. xiii).

Lately the demographic concept of FP turned to be the rational of the human right perspective during 1990s. The decision of couple to give birth is related to the human right issues during the 90s decade. Under the couple’s fundamental rights; they have right over controlling their reproduction, birth spacing, birth limiting and other sexual affairs. Finally in 1994, at ICPD conference on Cairo Egypt, this rationale has given strong articulation (Sinding, 2007, p. 10).

Similarly health rationale another crucial area of FP which advocates women health status especially related to their reproduction. Due to unintended pregnancies, having more numbers of delivery and low birth space, adverse condition revealed as “High maternal mortality was associated with high risk circumstances that FP could help to address” (Seltzer, 2002, p. xiii). Thus through FP programme, these kinds of high risk can be addressed and promote mother and child health status. So the above three kind of rationale area are very much crucial and have to emphasize equally through FP program.



### **Peep on Family Planning**

FP programme ensures couples' rights to take decision of the numbers of children, birth spacing and limiting of the children. FP is a process by which a couple have to make their own rights about having children, to control rapid growth of population by reducing high fertility and make women and child health very well as well as managed economically prosperous family. World Health Organization, (1970) expert committee, has explained FP definition as

"FP refers to practice that help individuals or couples to attain certain objectives: to avoid unwanted births; to bring about wanted births; to regulate the intervals between pregnancies; to control the time at which births occur in relation to the ages of the parents; and to determine the number of children in the family. Services that make these practices possible include education and counseling on FP; the provision of contraceptives; the management of infertility; education about sex and parenthood; and organizationally related activities such as genetic and marriage counseling, screening for malignancy, and adoption services" (p. 3)

Form the above perspectives reproductive right is related having the number of children in the family which is directly and indirectly related with economic aspect, health status of women, human rights, and demographic matter. It promotes women health status by reducing maternal mortality rate through decreasing the numbers of children delivery and saving to high risk pregnancies.

According to Tuladhar (2007), there are major events was done on different timeline i.e, The FP association of Nepal is founded in 1959, Government of Nepal offers various kinds of FP services in 1965, 25 districts levels FP offices were established in 1969, The government decided that all health services including FP,

must be integrated in all 75 districts. The ministry of health is restructured in 1987 and finally the 1987 changes are largely reversed in 1993 (p. 365). The program is strategically trying to increase its coverage to rural area through providing mobile camps in local area. In this connection, GOs and NGOs are working in the field of FP to provide technical services, informational services; education and communication services related FP in Khoria Gaun at present.

### **Family Planning and Birth Control**

Normally, I believe FP and birth control are overlapping but it carries a bit distinct meaning. Birth control is taken as a technical sense whereas FP is taken as to behavioral choices related to reproductive behavior like to have control over the number of birth and fully taking responsibility for reducing unwanted pregnancy (Clifford, Julie & Kate, 2004). Birth control is normally taken as to use of practices, methods, devices to prevent unwanted pregnancies and simply also assumes as artificial FP. A research in America shows that 61% used birth control method like contraceptive and 27% used it as their own behavioral choice of taking responsibility to decrease unwanted pregnancy in 2003 (Grammich, Davanzo & Stewart, 2004, p. 198).

People want to have birth control methods but there are many confounding factors to consider while selecting birth control methods. Is that easily affordable? What health risks are brought from the method? Because these methods have obviously some side effects therefore Depo-Provera is not recommended to newly married couple who have no child. Similarly, permanency of method, partner involvement, Availability and prevention of sexually transmitted disease are the major indicator to choice the control methods. Generally temporary and permanent methods are used to control the unwanted pregnancy but it is categorized in 3 types on the

basis of its nature and practices that are 1) barriers methods: condom, diaphragm, cervical caps and sponges 2) hormonal methods (pills, patches, injection, copper-T, and Norplant) and 3) sterilization methods (vasectomy for male and minilap/laparoscopy for women).

For me, in this study, to understand participants opinion regarding their aim of FP is crucial. How they differentiate and understand FP and birth control in their locale context is the concerning area of this study. Therefore to reach the ground reality of peoples' practice to FP, it is important to gain the knowledge about 'FP perception' in-depth.

### **Perception on Family Planning**

In fact perception is the way of people's taking and understanding the matter. How people perceive the object is different to each individual. A statement explains perception as "perception is a process by which individuals organize and interpret their sensory impressions in order to give meaning to their environment" (Robinson & Judge, 2008, p. 139). Therefore peoples' ability to understand a phenomenon and interpreting it according to own understanding to meaningful way of their context is perception actually. There are various confounding factor which influence to perceive an object. However perceiving an object is depend on an individual's knowledge, environment, cultural context and other psycho-social aspects. So a research study by Shabana, Shiek, Nazer, and Samir (2003) has explained that women perception of their reproductive right depend on many cognitive, cultural, emotional social, and political factors (p. 298). Clearly perceiving FP matters to non literate women is depending on the above confounding aspects. Tamang womens' capacity of understanding, the locale, educational status, Tamang socio-cultural norms and values are the main factors which directly or indirectly influenced to FP perception.

Similarly perception is an integrated capacity to understand an object and also method of seeing on a matter. I concerned more on how non literate Tamang woman perceive FP and interpret it as a meaningful sense. I believe that perceptions, attitudes of Tamang women are interconnected to understand the perception in detail. So here under the perception I talked about attitudes of participants regarding the FP matter. Similarly, attitudes also processed to react for and against the use of the FP. It is an individual's reaction upon an object. A statement explains attitudes like; it refers to inclination to react in a certain way to certain situation or to organize opinions into coherent and interrelated structure (Roudsari, Kazemzadeh, Rezaeie, and Derakhshan, 2006, p. 864). Therefore according to context, knowledge, and people's inclination regarding subject matter and their interest, an individual shows his action on the subject matter.

Attitude is a process of evaluating by person regarding the matter which is his/her best or distinct area of interest. If the subject matter is his/her favorable then he shows positive action otherwise he can react it uninterestingly. According to Robinson and Judge, (2008) an explanation of attitudes is as "Attitudes are evaluative statements- either favorable or unfavorable-about objects, people, or event" (p. 75).

Moreover, WHO defines attitudes as personal biases, preference, and subjective assessments that predispose one to act or respond in a predictable manner? Attitudes lead people to like or dislike something, or to consider things good or bad, important or unimportant, worth caring about or not worth caring about (WHO, nd, p. 8). Here, attitudes comprises a broad range of concept regarding FP including values, beliefs, social norms, rights, intentions, motivation that the participant reaction against FP affairs. Similarly, gender plays a crucial role for perceiving FP practice. In this study, the relationship between gender and Tamang peoples understanding regarding

FP practice is largely discussed. How Tamang society construct idea of FP and defined role to male and female is the concerning subject of this research. So, I discussed the various aspects including gender to understand the participants' perceptions which support to insight my study near to the destination.

### **Socio-cultural Norms and Taboos**

I understood the norms and taboos are kind of customary rules constructed by society from the primitive period. These rules may be explicit or implicit. It is setting condition and ruled over to society from the very beginning of the social construction. Law of Nepal also assumed that the socio-cultural norms and values should be consider as a part of human being therefore a statement describe it as "Since law is considered to be a function of state institutions, primitive social norms are usually defined as moral precepts" (Anisimov1966, Tokarev 1972, Semenov 1974 cited in Pershits et.al,1977, p. 409).

In fact, norms and values are very much crucial to run society smoothly. We can take it a mix up idea of various factors. In this context, Pershits et .al (1977) describe, "Functionally ,social norms were a sort of amalgamation of legal, moral, and other less important rules of conduct such as manner - a broad spectrum of social regulation within which one can nevertheless differentiate between more important and less important, more compulsory and less compulsory norms" (p. 410). I believe that a taboo is a social ban or prohibition and it is also a social construction that society makes to regulate social structure smoothly. Taboos are the restriction tools that an individual have to follow it. But sometimes these norms and taboos are showed negative effects against to the matter. And finally result negative impacts on women health status. So, there may be such condition existing in Tamang social structure which adversely affect to women health.

## **Gender and Women Status**

Gender is socio-cultural construction which determines the role of people as their sex. It is people construction, so it is defined by man and the society. In fact, everything is assigned by the society accordance to its norm and value. Now, people are more concern to the gender sensitive issue and try to make more gender friendly environment for highlighting equity an equality concept with development of the society. Therefore the role of gender can be changed. In this term, UNESCO (2005) has explained gender as;

"Gender refers to the social roles and responsibilities that are believed to belong to men and women within a particular social group; for example, 'men as income earners' and 'women as child care givers'. Gender roles are created by a society and are learned from one generation to the next as part of a society's culture. Because gender is a socially learned perception (for instance, learned in the family or in school), anything associated with it can be changed to achieve equity and equality for both women and men. In other words, we can change the gender roles of 'women as child caregivers' to 'women as income earners'; 'men as income earner' to 'men as child caregivers' or better yet, 'men and women as income earners and child caregivers' " (p. 1)

In Nepalese context, gender plays significant role to inequality between men and women. Due to gender difference; women are facing unequal access to social, economical and educational access. Women face much more discrimination in access to quality health services. Men are taking better opportunities in every sector but women can't take the chance due to already fixed role. However, gender disparity is prevailing in every castes and ethnicities of Nepal. In this connection, the defined role of Tamang people regarding FP practice and its changing trend is explained in this

study. In fact, Tamang society may define some specific role of husband and wife in term of practicing FP methods which affects women's health status and their reproductive rights. Therefore to understand the gender construction of Tamang society regarding FP practice is crucial to achieve the aim of the research.

With the expansion of developmental intervention, there is tremendous change in socio-cultural structure. The socio-cultural structure is becoming more flexible for adjusting the favorable situation. The role of male and female is changed at present due to impact of development. In this term, there are various developmental efforts employed in Khorja at present and Tamang people become more advance and flexible to their role regarding FP practice. I discuss the development intervention and its impact on gender role of FP practice in Khorja gaun. Actually, despite of the huge efforts in FP program, still remains gender disparity in Nepalese context. The reproductive health status of women is still adversely affected due to prescribed role from the society. In this context Ministry of Health and Population (2011) stated that "Although there has been substantial improvement in the health status of the population over the years nevertheless, women's health in Nepal is still at a lower level" (p. 135). Thus the Gender is highly influenced to women health status compare to men. Similarly, due to gender prescribed role most of the women are confined to non productive work which makes them to depend on their counterpart. Furthermore, MOHP is stated " In Nepal women's participation in decision making remains quite low despite launching of administrative reform act and local self governance act 1999 by the government of Nepal (MOHP, 2011, p. 136). Thus, gender role defined by socio-culture plays a crucial role to women health and social status in the society. In fact, men and the women are the two side of the same coin and the equal status of both parts is responsible for making a single coin. Connecting this statement in term

of FP practice, both husband and wife are equally responsible for making their successful family status.

### **Women Empowerment and Family Planning**

Women empowerment is a concept to develop women status by achieving the best one or be competent in the global market. Women empowerment means to enhance women capacities to participate in equal field as men. Similarly, women empowerment is taken as women's advancement as necessarily involvement for their transformation at the male domination society. So, women empowerment means to make women more literate, educated, and have productive skills, have access to capital and self-confidence. The concept of women's empowerment is to gain power achieved through actions and grassroots movements (Moser, 1993; & Kabeer, 1994; cited in Datta, 2003, p. 353).

Empower means to authorize or delegate or give legal power to someone. In the Developing countries, where are the few resources and women doing have low access on resources; the government policy is often a necessity in empowering women. In this context, the techniques of empowerment play a crucial role in group development and maintenance (Beckhard, 1969; Neilsen, 1986 cited in Conger & Kanungo, 1988, p. 471). Therefore empowerment is a very sensitive term used by many researcher and development workers to give meaningful sense for empowering women. Again, Conger and Kanungo (1988) explained empowerment is emerging construction used by theorists to explain organizational effectiveness to their own words as:

The women empowerment have been very much emphasize by the international conference on population and development (ICPD) held in Cairo in 1994 and suggested that it is a basic tool for a country's overall development and



improving the quality of people's life. The ICPD has also declared that 'advancing gender and the empowerment of women and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility are corner stone of population and development related programmes' ( UNFPA, 1998 cited in MOH&P, 2011, p. 86).

Connecting to women empowerment to the research, the participants are non literate Tamang women and due to lack of education, they are less aware to their reproductive rights, decision making power, productive work and other developmental aspects. Therefore, making their equal status to men, women empowerment is crucial for their socio-economical advancement. In this connection, education play significant role for women development and empowerment. I largely discussed about the impact of developmental interventions and women's changed status in this study. With the entry of development activists in Khoria Gaun, women's are being able to involve in economic activities and aware about their children education. Women access on finance support to enable them in decision making power as well as enhance their leading capacity.

In this connection an example of women empowerment through financial access is; in participatory empowerment survey, Kashf is one of the best examples in Pakistan which help to empower women. According to Mayoux , this programme help to increase women status as follows, having their own income (85%), freedom of mobility (70%), equal participation of men and women in decision making ( 92%) (Kashf, 2004, cited in Mayoux, 2005, p. 1). According to above examples of women empowerment, it can easily apply to Tamang women context to empowering them like such programme and make them economically strength and ensure to have access on FP decision themselves.

### **Theory of Communicative Action**

In order to explain and interpret to this study, Jurgen Habermas' theory of communicative action was interlinked in this research. Jurgan Habermas is a German social philosopher born in Gummersbach on 1929 and developed the theory of communicative action. In this theory, Habermas views that communication is the process of transmission of information through actions and through communicative action people are getting common understanding and coordinate action with each other by consensus and cooperation. Turner (2005) summarized the Habermas's basic premise as

If we assume that the human species maintains itself through the socially co-ordinate activities of its members and that this coordination is established through communication – and in certain spheres of life, through communication aimed at reaching agreement – then the reproduction of the species also requires satisfying the conditions of a rationality inherent in communicative action (p. 201).

Connecting to Habermas' idea with this study, Tamang people of Khorria have maintained their lifestyle by communicating and interacting to each other for coordination. In terms of FP matter, participants are sharing their idea to each other while working together and make plan about FP method. They gained FP knowledge through communication and interaction with friends, service provider and development workers and hence by convincing to adopt FP method practically.

Similarly, in favor of communications' relationship to the society, Englund (2006) highlighted Habermas's idea of communication that emphasized the social integrative force and constitutive power of communication (p. 500). As Habermas (1981) conceptualizes that the human beings had been maintaining their actions

through the socially and culturally coordinated activities of their members. This coordination was established through communicative processes between people, development interventions and the practices. To understand the relationship between educational role and Tamang women practice to FP device, Jurgen Habermas' theory of communicative action is interconnected to explore the impacts of development intervention in the study area through the communicative action between local people and the development workers.

Similarly, Szczelkun (1999) has described the theory of communicative action as a way in which an actor tries to seek to reach the meaning, understanding, situation and plans of an action in order to coordinate peoples' actions by way of agreement. I also try to use this theory into the development interventions practice and its impact towards FP practice in terms of transmission, preservation and interaction of culture and society for social solidarity and personal identities. Furthermore, I used Habermas's (1981) theory of communicative action as 1) it transmits preserves and renew cultural knowledge, 2) it functions for social interaction and group solidarity; and 3) it creates atmosphere for the formation of personal identities (p. 222). For me in this study, Habermas' theory of communicative action supports to understand Tamang's socio-cultural structure and its changing pattern based on time and situation through communication and interaction between peoples. Communication and interaction support to coordinate among Tamang people and maintain group solidarity in the community. Talking about user group, they communicate and share their idea about FP practice and select the method. Thus a social harmony and solidarity is formed through the act of communication among the user groups.

Furthermore, Turner (2003) states that Habermas' theory of communicative action thus focuses on action and rationality in an effort to re-conceptualize both

processes in a manner that shifts emphasis from the subjectivity and consciousness of the individual to the process of symbolic interaction (p. 219). Human as a symbolic user, participants have produced many meaningful symbols while communicating and interacting about FP. The symbols they have used really showed about participants' intention and their socio-cultural status and influence to the use of FP. Similarly, Habermas had discussed about the life world with the concept evolution and dissolution of social activities. Social activities were interlinked to each other. In the course of time, some of them were evolving and many of them were dissolving in the process of social integration.

Henceforth, in the theory of communicative interpretation, Outhwaite (1996) states, "Habermas recognizes that action domains of the life world, which are primarily integrated socially are neither free of power nor of strategic action but he still defines the mechanisms of social integration in such a manner that they rest on the structures of action oriented towards reaching understanding" (p. 113). Thus, I used the theory of communicative action to gain knowledge about Tamang people social integration and their understanding about FP and its application.

Furthermore, Habermas discussed this theory as a bridge to establish coordination among the people of the society. In this regards, Turner further stated that "Communicative action is interaction among agents who use speech and nonverbal symbols as a way of understanding their mutual situation and their respective plans of action in order that they can agree on how to coordinate their behaviors" (Turner, 2005, p. 203). Accordance to theory of communicative action, communication plays a significant role to change society. Adams and Sydie highlighted the relation of communication and change from Habermas perspective as

For Habermas, the key to social change lies in the development of the ideal speech situation. The ideal speech situation is not a physical place. It is an outline of the “Necessary but general conditions for the communicative practice of everyday life that will enable the participants to realize concrete possibilities for a better, less threatened life, on their own initiative and in accordance with their own needs and insights” (Adams & Sydie, 2002, p. 419).

Likewise Habermas connected theory of communicative action to gender studies in his works. He saw a possible change can be bringing in gender role through communication between people in the society. In this context Adams and Sydie (2002) stated that “ Most especially, the possibility of the emancipator transformation through the ideal speech situation envisaged by Habermas requires a consideration of the way in which women’s voices and opinion can be heard when there has been little change in gender relations” (p. 420). Connecting this idea to this study, there are many development interventions that are being practiced in Khoria Gaun. The service provider and development activist support to change in Tamang people perception and understanding towards FP. The ideal and logical speech between two parties has been created an agreement and coordination to FP application. Similarly, Tamang women are now being economically empowered and they can fulfill their basic needs.

Furthermore, I used Hebermassian three ‘worlds’ in his theory to look at the perception of Tamang women in my research area as Turner (2005) summarizes “That is, each action is oriented to a somewhat different aspect of the universe that can be divided into the (1) ‘objective or external world’, (2) ‘social world’ of norms, values and other socially recognized expectations, and (3) ‘subjective world of experiences’ (p. 204). For me Habermas’ idea of ‘worlds’ support to analyze and interpret

Tamang people external, social and subjective world regarding FP practice. I tried to interlink Habermas ideas of ‘worlds’ in this study. Through Habermas’ external ‘world’, I tried to find out the relationship between Tamang people’s perception and external phenomenon towards FP. Similarly I tried to interlink Tamang socio-cultural influences on FP practice through ‘social world and finally I tried to understand Tamang people’s experiences and it’s linkage to FP practice in this study.

Similarly Habermas focused on symbolic expressions and its meaning accordance to theory of communicative action point of view. People are communicating with symbolic interaction which has a deep meaning which should be acknowledged or recognized by the two groups of actors for making meaningful communication. In this connection Habermas (2001) expressed his opinion as “By communicative action, I understand symbolically mediated interaction. It is governed by binding norms that define reciprocal expectations about behavior and that must be understood and acknowledge or recognized by at least two acting subjects. Social norms are enforced through sanctions. Their meaning is objectified in symbolic expressions and is accessible only through ordinary language communication” (p. 12). Connecting to this idea into this study, I have employed Habermas theory of communicative action to address the objectives of this research. Besides, I have tried to understand FP and its practice through previous works that is described as below.

### **Empirical Studies**

In this part I reviewed some researches, reports and facts that are highlighted in different articles, books and journals written by national and international authors in terms of FP matters. These studies can be very much fruitful to express and making sense to my study. So, some study related to my work is as follows.

Community Health Action for Development (CHAD) (1997) conducted a research on FP Programme in Dolkha District. Major findings addressed the situation of the women who desired deliver more number of children, physical weakness after using devices, low involvement of Matwali on FP, negative rumors and misconceptions regarding FP, women's low access on decision making power, careless of clients and health workers for failure of temporary FP, client's less knowledge on FP devices. This study helps me to understand people perception and socio-cultural influence in local context which may enrich for my study further.

“A research shows that every two hours in Nepal one maternal and ten neonatal death occurs that is, 12 mothers and 114 newborns die daily” (Levitt, 1999, p. 309). This situation shows that women reproductive health status is in danger in Nepal. However, FP program may support to improve women health status. Thus for this study, this data is crucial to understand and analyze the mother child health status and impact of FP especially on women health status.

Pachauri and Santhya (2002) have studied Asian adolescents and their reproductive choice focusing on contraceptive behavior and found that contraception awareness is almost universal among the married adolescents but knowledge and specific methods and resources of supplies is limited. Similarly, McMercer (1984) has explored the relationships of adult's attitudes concerning FP education and the variables of sex, age, religion and occupation and found that the adults are more supportive to FP education. Similarly, he explores that those adults who have high status occupation showed favorable attitudes towards FP education. He also found that the participant have strong agreement that a course about this subject should be taught so that it could facilitate family interaction and communication (pp. 523-530).

So obviously through this research we academicians are more encouraged to not be hesitant offering FP education into the public.

Similarly a research in Nigeria carried out by Odimegwa (1999) who investigated the association between Nigerian's attitudes about FP and their contraceptive behaviors. I have analyzed the related factors while measuring the association between participants' attitudes of FP and their practices. Likewise the study revealed that those who approved of FP were twice as likely as respondents who disapproved to be using contraceptive. Similarly, those couples who have clear communication of it was three times more likely than those who did not to be using a contraceptive. It also explored that the practices were more common among men due to FP media (p. 86-91). Therefore the role of media and communication play a crucial role for successful FP intervention. In fact, communications between development activists and village people have brought change in their FP practice and behaviors at present.

An opinion of Casterline and Sinding (2000) described about the unmet need of FP may give result of unwanted pregnancies. Mostly developing countries have experienced this kind of problem. Husband opposition is main cause for no use of FP device in Philippines, India, Nepal and Pakistan (Casterline, Perez, & Biddlecom, 1997; Viswanathan, Godfrey, & Yinger, 1998; Mishra et al, 1999; Stash 1999; Casterline, Sathar and Haque; cited in Casterline & Sinding, 2000, p. 710). Due to men's opposition, women can't think of FP procedure. Therefore the author has highlighted the need of policies and strategies for well informing and overcoming the obstacles especially in developing countries. Connecting to my study, Nepal is largely affected with patriarchy family system so males are the first decision maker of each



socio-economic activity. Therefore, there may have the same features in Tamang people which directly affect to their FP practice.

Furthermore, a study of Storey and Boulay (2000) presented a comprehensive research based integrated interventions which aimed to improve FP services and its delivery in Nepal. This report showed strong support of integrated media campaign for promoting the contraceptics practices and unmet need for FP. Especially the programs impacts on health service provider, women and men are observed and found to increase technical knowledge, improved awareness attitudes and skill in health service providers. As women's context, the favorable attitudes and having desire of exposure level to FP is gained. Likewise the impacts on men have more positive attitudes, favorable perception and spousal communication while taking FP decision is increased (37). So, I came to conclusion through these researches that overall the media campaign may have positive impacts on FP clients as well as service provider regarding to promote FP perception and attitudes.

A study of Rimal (2003) on hindrances of FP programmes in Banke district showed less effective result that Banke Mahila Arthik Swalamban Sangathan (BMASS) programme gained in that place. There is a local NGO, has facilitated FP but within 6 month programme implementing phase, more than 80% clients have discontinued the contraceptives use and only 2% contraceptives prevalence rate is increased within the 2 years implementation. So, outcomes of that programme were not achieved. Similarly, the researcher found that there are many hindrances which were major causes of not being effective of FP programme in Banke Mainly religion, desire of more children, son preferences, men's control over fertility matter, and women's lack of economic power affected the programme.

Through the Rimals' research, I in sighted to explore the lived realities of women that affect the use of FP. I discussed various socio-cultural aspects and its influences on FP at the Tamang community. Though the developmental intervention is employed through different level at the rural area, it is difficult to achieve the target of FP use due to the socio-cultural hindrances. Therefore it is necessary to know about the socio-cultural structure of particular context while injecting the program. In this connection, I understood the socio-cultural value regarding FP which is very insightful for my study.

### **Policy Review**

The Interim Constitution of Nepal (2007) has a provision of fundamental rights regarding health services by categorizing many chapters, clauses and sub clauses. In chapter 16, the clause 1 has stated about the free basic health services to every citizen as provided for in the law. Similarly in chapter 20 women rights, clause 1 has discussed that no women will be discriminated at the name of gender. Likewise Clause 2 revealed that every woman will have right to their reproductive health and other reproductive rights. In Chapter 21, right of social justice has stated the social justice for women, indigenous group, oppressed and economic, social and educationally deprived dalit (UNDP, 2008, pp. 58-70).

Similarly the National Development Plans are highly prioritized to the women health and FP. The third development plan (1965-1970), prepared by NPC is first focused on the FP service and the significant achievement of this plan is FP and maternal health project (1968). Than after seventh (1985-1990), eighth (1992-1997) and Ninth (1997-2002) development plans incorporate FP services considering to control population growth, to improve child- mother health and FP service effective and to eradicate poverty by expanding reproductive health services. Similarly, three

year interim plan (2007-2010) has prepared the regulars program of FP and provides services through hospital with special emphasis on quality delivery services (Tuladhar, 2007, p. 367). Considering the remote people, this plan has arranged adequate service. During this period, many NGOs, private sector institution has contributed to regulate the FP service effectively. In sum FP service is remarkably employed in this plan. The Sector wide programme NHSP-IP has also implement the strategy of reproductive health programme aiming to improve the maternal and neonatal health. Likewise the Safe Motherhood in Nepal (2004-2009) has implemented the national policy on skilled birth attendants in the form of Safe motherhood policy 1998. Now the Safe abortion policy is legalized and implemented under the specified condition. According to Ministry of Health and Population (2011) "There are three specified condition those are a) If the fetus is less than 12 weeks old, b) If the pregnancy is the result of incest or rape and the pregnancy is less than 18 weeks and c) If the pregnancy result in health hazard of the mother or the unborn child or the pregnancy result in deformed/disabled child" (p. 33).

The Government of Nepal has developed many health policies regarding FP program such as Safe Motherhood program. It has policies to established different level health institutions, decentralization of health service institution management, health sector reform and infrastructural development in order to provide the FP facilities to all citizens. Similarly the public private partnership concept is employed for effectiveness of FP interventions. The health research system is developed and health service technology policies are formulated for betterment of FP intervention. Besides, the Government of Nepal arranged free essential health service program regarding FP devices and developed free health care policy for providing the facilities to all people.

For me the above relevant reviews are pathfinder of achieving objective of this study. I feel that there is still lacking of research to seek about the knowledge of especially group to their ground context. Therefore, this study is supported to fill up the gaps knowledge from local level. However, these studies are interconnecting while analyzing data and give a meaningful sense in this study.

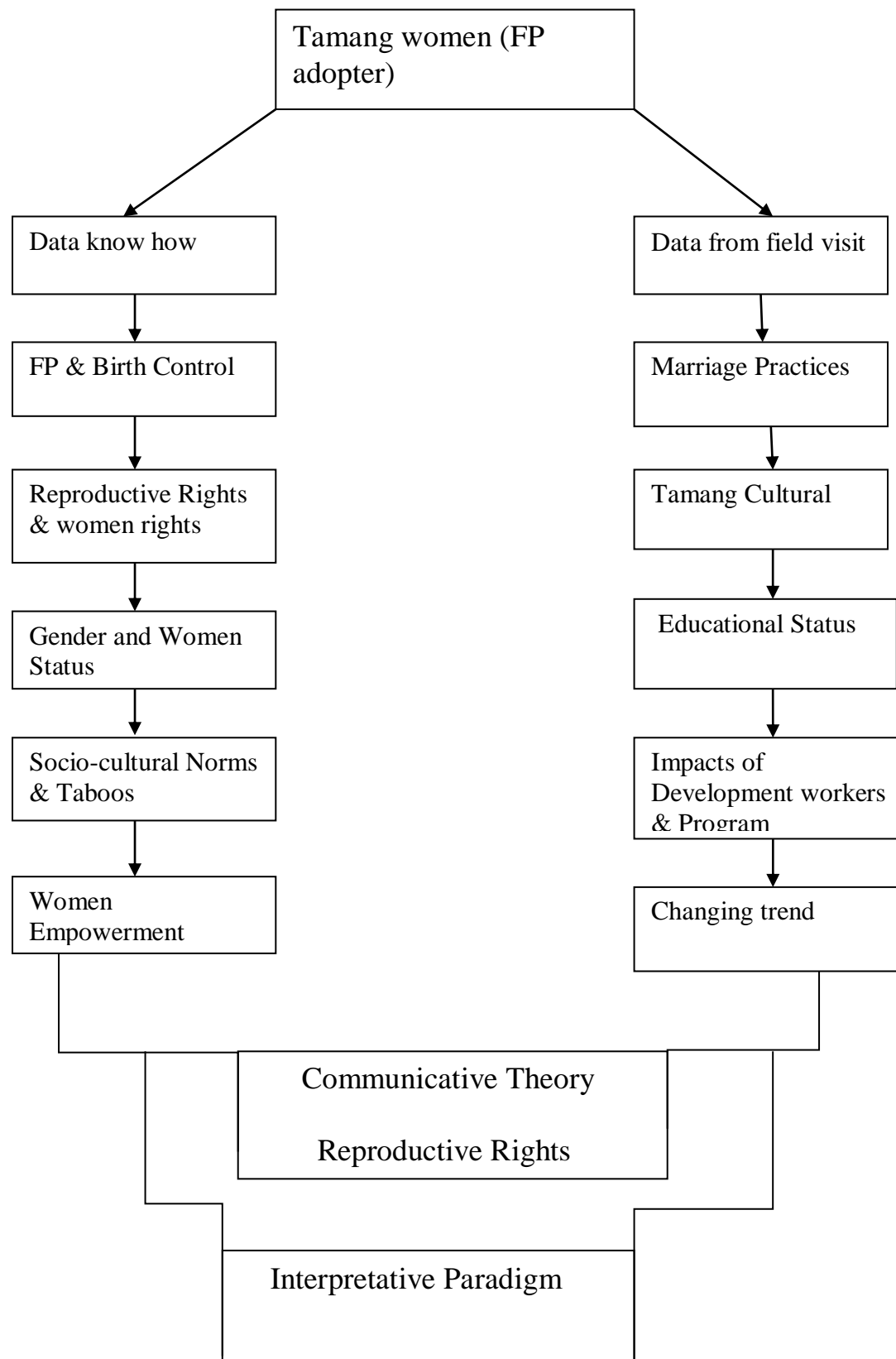
### **Conceptual Framework**

I developed the conceptual framework based on my experiences of working as the health worker, I assumed some themes related to the use and practice of FP and also incorporated the related concepts, reviews, methodology and findings of other research so as to create a concept of my study. While I was developing the conceptual framework it changed time and again. Perhaps, it was the nature of the interpretative research. At the same time I re structured my research questions.

This conceptual framework prepared before I went to the field for data generation. I reviewed some related concepts and terms related to my study through many book, article, research, and journal. It was required to myself be conceptually clear to the topic. Therefore, I read many themes i.e, reproductive rights and women rights, family planning movement and its definition, FP and birth control, Gender and women health status, Socio-cultural norms and taboos etc. However, I went to the field and met the gate keeper of the Tamang village and try to find out some concepts from ground level for this frame to my research. I picked up Tamang women's perceptions and practices, their marriage, religious, other cultural practices, and educational status. Finally, staying with interpretive paradigm, I try to interlink these data mainly with Jurgan Habermas' concept "Theory of communicative action" and women's reproductive rights. The conceptual framework as presented below:

Figure- 1

### Conceptual Framework



### **Research Gap**

Dahal and Fricke (1998) studied Tamang people's socio-cultural setting and explored how Tamang women lack access of reproductive decision making power. Likewise Molesworth (2007) studied Tamang people and women's status in rural village of Nepal. She explored the liberal custom and spiritual world view of that affect the reproductive rights of Tamang community of Jethul village. She also highlighted the gender equality and women well-position regarding sexual matter and freedom of marriage. Similarly, CHAD (1997) studied peoples' attitudes and practice regarding family planning at different castes in Dolakha district and explored participants' different views on family planning. Thus, many researchers have been carried out focusing on Tamang community and family planning aspects in different parts of Nepal. But any study and research in family planning practices have not been carried out in Khorja- a typical Tamang village of Nepal. This study bridges the gap of exploring the perception and practice of FP among non literate Tamang women especially in Changu Narayan VDC. Therefore, this study explores gaps of using FP and socio-cultural values of Tamang women.

### **Conclusion**

The concept of FP is emerged as a global movement through the population policy after world war (WW) II. Gradually, this movement covered all over the globe carrying the aim of birth control and avoid of undesired pregnancies. With the rapid change of development, the form of FP got advanced by incorporating various terms and aspects related to couple reproductive rights at present. Nepal has implemented FP program since 1960s to till date. Tremendous efforts from various sectors are employed to fulfill the national target however, hardly attainable. Women are still

depriving from FP service due to socio-cultural and other confounding factors prevailing in the society.

This chapter talks about various kind of literatures that reviewed relating my research. I reviewed the themes concern to FP to generate concept for developing my research agendas. Similarly I have taken interpretive research paradigm that is the base of my study for exploring the reality regarding FP practice. I have employed theory of communicative action as a main theoretical stance for this study. Besides, the concept of gender and women status, socio cultural norms and values are important themes of this study. This review is the pathfinder to my further study. At last I reviewed the state policies and strategies regarding FP program.

The third chapter, research methodology presents philosophical stand, research paradigm, research design, conceptual framework, study area, participants, data collection tools, analysis, ethical consideration and quality standard and trustworthiness.

## CHAPTER III

### RESEARCH METHODOLOGY

This chapter focused about the details what methodology I used for this study. In social science, it is taken as a way of research conduct. According to Tylor and Bogdan (1998) a methodology is based on our assumptions, interest and purposes (p. 3). Here I addressed my research questions using qualitative research methodology under my philosophical assumption. The methodology includes the philosophy and strategy of a research. I described about the participants and the location along with the data collection process, data analysis and interpretation strategies. Similarly, I highlighted research ethics and quality standard of the study. I attempted to analyze the non literate Tamang women's perception regarding FP and the educational contribution on the issue using qualitative approach and narrative data.

#### **My Philosophical Stand**

Based on non-positivistic philosophy I used qualitative approach. Believing that qualitative research helps me to understand people's behaviors, attitudes, norms and value system of the culture with thick description of peoples lived experiences. In this connection, qualitative research is stated as "Endlessly creative and interpretative. The contemporary emphasis of the qualitative research has been on the liberation and empowerment of socially and economically disadvantaged people" (Uprety, 2007, p. 65). Furthermore, "Qualitative research is an in-depth description of social reality using natural language" (Timseena, 2007, p. 53). Therefore, I used qualitative research methods to find out the Tamang women lived experiences regarding FP perception, attitudes and practices from interpretive perspective. Similarly, qualitative



research support to explore the reality through people day to day lived experiences. People have created different meaning and understand the phenomenon according to their day to day practices. In this regards, I have found that the non-literate Tamang women have gained FP knowledge through their experiences on FP devices and their day to day interaction among the users group. I took out participants' experience to generate meaning of linguistic and bodily expression regarding FP. I understood socio-cultural and psychological meaning of the used words and expression through participants lived experiences and interaction to the particular phenomenon. Finally, lived experiences with thick description about FP practice of Tamang women were explained by using interpretative perspective.

### **My Ontology**

Richard (2003) has defined the literally meaning of ontology is a 'Science or study' of being is concerned with the nature and the reality and people's position (p. 33). By studying people's knowledge, skill and experiences, it may find their meaningful lifestyle on their ground reality. As Smith (2003) described "Ontology as a branch of philosophy is the science of what is, of the kinds and structures of objects, properties, events, processes and relations in every area of reality"(p. 1). In this connection, I assume that there are multiple realities constructed by Tamang women regarding their reproductive right and health especially to FP through their local and specific knowledge and experiences. Tamang women created multiple meaning of realities about the reproductive rights and their health according to their own individual understanding and make their livelihood meaningful. Tamang women may make different sense and may interpreted different way about to FP in the same context. The perceive way is different to each women accordance to their understanding and

experiences of FP. The whole issue is perceived by many angles and may take differently accordance to women's consensuses.

Similarly, Denzin and Lincoln defined ontology as “Realities are apprehendable in the form of multiple, intangible mental constructions, socially and experientially based, local and specific in nature and dependent for their form and content on the individual persons or groups holding the constructions”(Denzin & Lincoln, 1994, pp. 110 - 111). I believed that Tamang women's have multiple insights on their reproductive rights as well as their reproductive health on the basis on their own life experiences and self consciousness as taken for granted way. Therefore, my ontology is to purview the phenomenon regarding Tamang women's perception regarding their reproductive rights and health in a subjective way to find out their ground realities especially about the FP affairs which is locally constructed and experienced by the participants of this study.

### **My Epistemology**

Creswell (2003) viewed epistemology as the way of knowing about the matter (p. 6). Again Richard (2003) clarified epistemology as a science or study which refers to view the relationship between knower and known about the knowledge (p. 6). Clearly, epistemology is transactional and subjectivist for me in this study. I interpreted the reality subjectively and reflected by my research participants according to their understanding. I perceive the subjective reality of a phenomenon by dialectic interaction between participant's consciousness experiences and researcher consciousness experiences. According to Punch (1994) epistemology is, “How do we know the world? What is the relationship between the inquirer and the known?” (p. 99). Similarly, a definition talks about epistemology as “The investigator and the

object of investigation are assumed to be interactively linked so that the findings are literally created as the investigation proceeds” (Denzin & Lincoln, 1994, p. 111).

In this study, I used the subjective way to produce knowledge of reproductive rights and reproductive health especially FP affair of Tamang women. I dialectically engaged with my participants and try to understand their multiple experiences and phenomenon related to the particular knowledge and idea of reproductive rights as well as reproductive health situation. Participants are communicating their experiences to each other regarding to this phenomenon and produce meaningful ideas from their interaction.

### **Research Paradigm**

Paradigm is a basic belief system or a set of basic beliefs. According to Denzin and Lincoln, (1994) “Paradigms is basic belief systems based on and methodological assumptions” (p. 107). From my philosophical base I drew the line of interpretative research paradigm to explore the lived realities of Tamang women. “There are three epistemological premises of social science research: positivist, interpretive and critical” (Sharma, 2006, p. 35). On the basis of interpretive paradigm, I continued this research to focus the subjective reality of Tamang women’s perception on the FP affairs. I collected their subjective narration as data of their lived experiences about FP practices. The study focused on participants lived experienced and used symbols by their day to day interaction regarding FP matter.

### **Research Design**

The research design helped me to carry out research activities smoothly. However, my research design has been changed frequently. In this section I showed my plans and structure of the research. “Research design is the plan and structure of a study, a sort of blueprint of the procedures by which a researcher addresses his or her research

question and interprets the result” (Convey & Chwalek as cited Rana, 2006, p. 82).

Therefore I moved ahead on the purposed study, I made the research design as supported by my ontology and epistemological stand under the interpretative paradigm. The entire study is based on interpretative approach with participants’ lived experience, phenomenon related FP practice, meaningful symbols, and interaction regarding FP.

### **Study Location and Context**

Khoria is one of the main village of Changu Narayan VDC Ward Number five where largest number of Tamang people inhabited. The VDC profile (2007) revealed that the largest numbers of Tamang people hardly used the FP devices. Even among the adopters, most of the female in the same village used permanent method of FP (p. 40). There were similar kind of Tamang houses that were made by stone and mud with tin roof. Few houses were made and repaired by cement with toilet system now. There was a clean common water source (pandhera) located in the left side of that village underneath some huge trees. A school was established near that village and almost all Tamang people used to send their school aged children there at present. One of the common structure of the houses were; an animal shed which was very near to their house and a place for preparing local alcohol outside of house at corner side. Many houses combined wall system and common subway to reach main way in that village. Generally, the study area represented the village of a typical homogeneous structure and caste group with common interest.

### **Research Participants**

I selected the non-literate Tamang women who were user group of FP devices of Khoria Gaun, Changu Narayan VDC, Bhaktapur district. Especially I tried to pick up participants’ lived experiences of their practice to FP method. Among the four

participants; two were still practicing the FP devices, one of them did not use the devices any longer due to its adverse effect. Another participant stopped using FP method after her menopause. I selected my participants as criterion based sampling method that was participants should have used or adopt the FP devices at least once in their life.

All participants had their own history of large number of delivery. The husbands of Kanchhi, Ran Maya and Aiti were also non- literate whereas Sanmala's husband was a teacher of primary school of the same village. Professionally, he was a teacher. Including Kanchhi Tamang, Aiti and others many were still practicing Depoprovera whereas Sanmala left the injection due to the side effect. So she was not in favor of FP practice. Similarly, Ranmaya was not practicing any kind of devices due to menopause. The participants of this study were typically used Tamang language and sometime felt uncomfort to communicate in Nepali language. Therefore as a gatekeeper of this study, Bhim Tamang has supported me to translate their meaningful conversation into Nepali language. I was already familiar with Bhim Tamang and his family, so it was not difficult to identify the target participants of this study. Thus, I made friendly environment with the participants and got information of the proposed study. Participants of this research study are as below:

Table 1:

## Participants of the study

S.N	Name of participants	Age	Number of children	Occupation	Husband's education	Use of Devices
1.	Kanchhi Maya Tamang	41 yrs	7 children (only 5 are alive now)	Farmer	Non Literate	Still Taking 3 month injection ( Injection Depo- Provera)
2.	Sanmala Tamang	38 yrs	4 children ( after continuously deliver 3 daughters than have a boy)	Farmer	SLC Passed and working as a teacher in the near primary school of the village	Leave to take Injection/oral contraceptive due to side effect
3.	Ran Maya Tamang	62 yrs	9 children (Only 6 are alive now)	Farmer	Non Literate	Stop the devices due to her menopause
4.	Aiti Maya Tamang	49yrs	3 boys	Farmer	Non literate	Still taking Injection Depo- Provera

Note: All these names are pseudonyms

### Data Collection Methods and Tools

In this study, I collected mainly lived narrative of my research participants regarding FP. I went to Khorja Gaun and generated primary data in the participant's own local context. I especially focused the knowledge source looking through the participants'

perception. What participants understood about the meaning of FP and what they interpreted it as their own understanding was the main concern of this study. I, therefore, picked up their reality of FP; I used primary data collection method through conversational interview and observation of the field area. Similarly, some relevant thematic review, research work, theories, state policies and strategies Global understanding, books will be used for fulfillment of this work as secondary data collection.

### **Observation**

To get the issues, understand the context and situation I frequently observed the research site with the help of the gatekeeper (Bhim Tamang) of my study. Before presenting myself with the participants, I visited Khorja Gaun three times before I started data collection. Observation for me was one of the most prominent methods of data collection under the interpretative paradigm. I think sometimes direct interaction may not be enough to collect data in qualitative research; it requires observation because their behaviors in certain situation can be very observable and reliable while taking interview and that is possible in the field visit. In this term Yin argues, “A field visit to the study site provides opportunity for direct observation (Yin 1994, cited in Timsalsina, 2009, p. 74).

Thus, I observed many meaningful situations during my field visit which were directly or indirectly connected to FP practices. A statement clearly stated “Observation is a favorite way of gathering data about the real social world” (Denzin & Lincoln, 2005, cited in Timalsina, 2009, p. 74). “Moreover, it has been argued that in a sense all social research is a form of participant observation, because we cannot study social world without being part of it” (Hamersley & Atkinson 1983 cited in

Denzin and Lincon, 1994, p. 249). So, I observed their activities and their expression regarding FP.

Especially, I made four levels of observation in the field. I observed the number of children, family size, the head of family in family level observation whereas Tamang feast and other kind of celebration, their dress up, fooding habit, house structure is observed in community/social level observation. Similarly, people attitudes, behavior, verbal and non verbal speech are consider on individual level observation and finally I observed documentation level observation through “Changu Narayan ko bastugan bibaran, 2063 published by Changu Narayan Village Development Committee (VDC).

### **Informal Interview**

I followed informal interview with the participants in my field work. As Jacob explained that “The goal in informal interviews is to have the participants talk about things of interest to them and to cover matters of importance to the researcher in a way that allows the participants to use their own concepts and terms” (Jacob, 1978 cited in Rai, 2011, p. 41). Therefore, I employed informal conversational interview to get the objective of the study from the participants of my study site. In fact informal interview is a kind of interview which is a most common and powerful ways to know the human beings. As Barbour (2008) revealed that “Interview as an art as well as a science. And Barbour again explains that “Interviewing as a means of eliciting relevant, valuable and analytically rich data is to be realized” (p. 114). Actually in qualitative research, interview is taken by fairly informal way; I mean it looks like conversation or discussion. In this connection, I followed the informal interview to unpack ground reality regarding FP in this study. Thus, to find out the realities I used



some guidelines of open informal interview which supported to bring me in tract to the subject matter.

### **Data Recording and Management**

I was very conscious about to record and manage data collection process during the field. I know value of these tools for my research that is why I properly collected whole data from field. In the very beginning, I was very confused to enter the field as a qualitative researcher. There were no any unstructured questionnaires prepared. Therefore, I made some checklist according to my research questions and discussed with my supervisor. After his advised, I revised these checklists and finally went to the field visit.

The recording version was very much effective while analysis the text which makes the study lived. I took camera for capturing the pictures and recording the video of interview. In the very beginning, I requested my gate keeper (Bhim Tamang) to capture whole interview in my camera. Besides, I wrote down the especial and important points and narrations in my field note too. But I felt problems while taking interview in front of Bhim Tamang. As a male person, the participants didn't feel comfortable to answer my question regarding FP and their practices properly. Realizing these situations, I tried to capture our conversions myself without the presence of Bhim Tamang. I transcribed each conversation in my laptop after returning from visit. So that the recording version helped to keep data safe and can find immediately at the time of analysis procedure. Thus, I was succeeding to capture the lived conversations.

Similarly, I maintained daily diary at the bed time. I tried to write down all the especial text in descriptive way. The important events and vital information from other Tamang people were also tried to note down. Thus, I tried to manage the

collected data after back from each visit. Besides, I always consider my checklist and read at least once before went to the field.

### **Data Analysis and Interpretation**

For analyzing qualitative data I feel that it is very much important to portray the event or phenomenon in narrative way that helps me to understand and generate the meaning. Therefore I collected narrative data from informal in-depth interviews from non literate Tamang women (Users Group) and informal observation was performed in research area.

In the process of data analysis and interpretation, I followed some vital steps that consisted: data gathering, transcribing, codification, editing and processing, categorization, theme making, data interpretation and meaning making. In the very beginning, I carefully read the holistic field notes again and again which was written in Nepali language. Similarly I wrote down all the text which was recorded in digital camera. Then after, I transcribed all the text from field notes and camera records in electronic version for further steps. Secondly, I time and again read the electronic transcribed texts time and again listened to the records many times carefully. As Powell and Renner (2003) said, “Good analysis depends upon the understanding the data. For qualitative data you read and reread the text. If you have tape recordings, you listen to them several times. Write down any impressions you have as you go through the data. These impressions may be useful later” (p. 2). Thus, I followed the same idea of Powell and Renner and distinguished the code according to the nature of data.

Thirdly, I edited all the transcribed text and code so that I picked up the missing information from the text. I carefully edited the data one by one to avoid errors and to present these data in standard format. Similarly, in forth step I again

revisited to my research questions to seek the answers. Therefore I carefully read the narrative taken from the field and made categories related to the research questions. I developed many categories of themes on the basis of the three research questions of the study: participants' understanding and practice regarding FP, experiences of FP, misunderstanding and rumors of FP, marriage and religious practice of FP in Tamang culture etc. Thus, I coded to the transcribed text into many categories under the research question.

In another step, I gathered all the information taking from individual under a categorization which helped to dig out all the key insights taken from individual basis. After categorization process, I made themes from different categories. I again revisited the research questions and under that question I made relevant themes. Finally, revising many categories frequently, I generated smaller and very specific themes related to my research questions. These themes were really helpful to reveal meaning. Broadly, these themes supported to explore the idea what i actually wanted to find out the idea of a research. Similarly, in sixth step, I interpreted the themes linking with mainly Jurgan Habermas's idea of "Theory of communicative action". Similarly the narration of participants were paraphrased or quoted as per the demand of interpretation of the subject matters. Likewise all the ideas which I explained in literature reviews were also the part of the interpretation. Finally, with the support of interpretation of themes I linked to different ideas related to the study and the meanings of the research. The important narration with same meaning were brought together and summarized to support the argument whereas less relevant or repeated meaning were deleted while the process of meaning making. I took the guidance from my guide, tutors and friends for this process.

### **Ethical Consideration**

Research ethics is very much crucial matter for a research. From the very beginning to end and even after the completion of the research, I carefully maintained my research ethics. In the same line Rana (2006) explains “The ethics of qualitative inquiry are concerned with the ethical principles, obligations and professional articulations governing conduct in the field and writing up accounts” (p. 110). Clearly to maintain the ethics of my research, I introduced myself and my research purpose to my participants so that they could know about me. It makes me to build up the rapport with my participants. Than after I got permission from them to take interview. I didn’t impose them forcefully for getting my answer. If they didn’t want to reply I strategically tried to get the data through another way like using probing question. I always tried to respect my participants, their opinion and their culture. For fulfilling my purpose, I tried to be patience and never asked any question in hurry and consider the human value and try to maintain forever. I promised them that all the data and their identification kept confidential by erasing recods after interpreting data. I faced some ethical problems while recording our conversation. Bhim Tamang was recording the interview. In the meantime, I realized family planning and its practice is purely private and very closely to sexuality matter. Participants couldn’t share their experience in front of Bhim Tamang (as a male), therefore I immediately understood the situation and handle the recording system myself. Thus I maintain the ethical issues regarding video recording during field visit.

Thus, as a qualitative researcher I maintained my own value of trust, no harm, deception, secrecy and consent on the whole research period and after publication so that it is on the welfare of my participants.

### **Quality Standard and Trustworthiness**

In qualitative research 'trustworthiness' is crucial for findings therefore Denzin and Lincoln said, "Four factors are considered in establishing the trustworthiness of findings from qualitative research: credibility, transferability, dependability and conformability" (Bowen, 2005 cited in Rai, 2011, P. 46). In this connection, I collected multiple data from four participants through informal conversational interview and observation for establishment of trustworthiness of findings in this study.

In the research process, I kept in touch to my supervisor for getting his feedback and correction. I got important suggestions from my senior and colleague of Kathmandu University. I visited APA expert and other lecturers for getting their feedback to my study. Similarly, I visited to my participants again after our interview, and try to find out their responses and tried to tally with their previous responses.

I visited each of my participants frequently and validated the previous information. Did the recorded version give the same sense? I checked and rechecked the data by listening the recorded data and again communicating with my participants. I used the thick description process to reach very near to the reality. I asked step by step related questions until unless I am satisfied with the answers related to my research questions. Thus, I have followed deep and one by one question seeking the reality based answer from the participants.

I applied member check and tried to list down the responses from the participants. For getting multiple ideas regarding one issue, I asked the same questions to all participants and list down their narrations. Each and every response was noted down. After collecting member based responses I compared all data whether there is similar or different ideas they had shared. Thus, I tried to incorporate

every possible answer from the participants. I frequently keep in touch with the gate keeper (Bhim Tamang) for getting support to translate the text from Tamang language to Nepali while translating the text from record version. Similarly to understand the exactly recorded data and the captured situation, I phoned and inquired to the gate keeper (Bhim Tamang) because he was supported to me while observing and interview with the participants. To make clearer regarding some issues, I again visited to the participants and repeatedly interacted to my participants. Thus I again and again checked data from participants' side. For making my analysis procedure easier, I made my text very simple and understandable which could get easier to everyone too.

Moreover, I fully gave attention to my research while analyzing the data. I followed the literature based writing and systematic way of organizing and interpreting data in analysis process. I tried to make it more reflexive to the study linking with relevant theoretical perspectives and empirical studies. I employed the main idea of Jurgan Habermas 'theory of communicative action' as per the demand and basis of the research questions. Similarly, data were necessary connected with the relevant themes which are described in the literature reviews section. I employed and interlinked the relevant ideas from previous studies in order to give meaningful sense to this research. Beside, making prove and more closer to real ground I coated more authentic and updated data and statements from different books, articles, journals and reports.

Similarly, I was attentive to the context-based analysis and working in natural setting. I tried to use their native Tamang words and their socio-cultural setting to give real and natural pictures of Tamang community in this study. Apart from this, participant's unique expressions and their multiple voices are carefully employed

while analyzing the data. Likewise I followed the way of journal writing in my research study. I incorporated more rigorous data while interpreting data.

Similarly, I established coherence to ensure the conformability while analyzing and interpreting of the data for findings. I coherently presented the findings by interpreting data through various kinds of previous documents and related sociological perspective. I followed APA manual while designed the research report.

To maintain representational crisis, I was aware while selecting the accurate participant from whom I got the reliable information. My study needs those people who are illiterate Tamang women and had experience of at least one family planning device in her life. Therefore, participants were selected on the basis of my research criteria. I choose 4 non literate Tamang women who have lots of lived experiences towards FP and their reproductive health status. I maintained field notes and daily diary so that every events and responses were captured while interpreting the data. Finally a reader friendly report was developed.

I used process documentation method for making my study live. Every activities that I had done followed in a process way. Similarly I followed reflexive writing to make my research by using the reflection as a woman. I brought my reflection what I understand FP in the field and helps to find out the laps of FP in the village while engaging to my participants. To set up quality standard of the qualitative research I shall believe some point which is mentioned in Creswell (2007) are; (1) prolonged engagement and persistent observation in the field include building trust with participants (2) peer review or debriefing, (3) negative case analysis, (4) clarifying researcher bias from the outset of the study, (5) member checking, and (6) rich, thick description. To ensure quality standard in my interpretations, I will record the interviews, and transcribe them. I will collect the data using different tools such

as interview, observation, and document review. I will try to fulfill my research purpose and research questions through study related variables. I will try to enhance trustworthiness of the study by adopting rigorous techniques and methods of collecting and interpreting the in-depth data.

### **Conclusion**

Research methodology supports to provide clear procedure pictures of the whole research as an instrumental tool of the study. Therefore, this chapter showed the key procedure that how I carefully handled his study and to disseminate findings from the research.

I employed interpretive approach as a research paradigm. I sketched participants multiple realities and their meaning making towards FP devices through their lived experiences. Similarly to dig out their realities regarding FP I used dialectical interaction with the participants. I made observation and informal conversational interview based tools to pick up their perception and practices regarding FP. Likewise as a researcher I maintained research ethics and quality standard to this study. Therefore, I explained about the research methodology that I adopted in this study in this Chapter.

In the fourth chapter, I have largely discussed about Tamang women's perception and practices regarding FP and their reproductive health status. Likewise various aspects of Tamang culture and its value and norms those are interlinked with their FP practice. Thus, Tamang cultural aspects and their perception were largely explained in fourth chapter.



## CHAPTER IV

### TAMANG WOMEN'S PERCEPTION AND SOCIO CULTURAL INFLUENCES ON FAMILY PLANNING

Addressing two research questions I described the Tamang women's perception on FP in the first section including the participants' knowledge, opinion, attitudes, bodily expression, FP practices, existing misunderstandings or rumors and some other specific phenomenon of participants' lived experiences. Similarly, I described Tamang women's socio-cultural influences on FP affair interpreting from cultural perspective. Using interpretative I aim "To chart the network of shared meaning that constitutes reality within a community" (Smart, 1998, p. 113). In so doing, I made meaning of my participants' understandings within their social and cultural context. Among the participants, three of them are FP devices users currently and one of them used FP devices at once. I Interpreted meaning of participants' understanding of FP practices. In this sense, language for me as Ashley and Orenstein (2005) stated, "Language is created by the exigencies of human practice and in the service of human interests. The range of possible activities that humans find meaningful is always dependent on value orientation and social context" (p. 36). Therefore, through interpretation of the Tamang's social context, I tried to understand their perception and socio-cultural construction regarding FP practices.

#### **Exploring Perception of Tamang Women on Family Planning**

Perception is the process of people's estimation towards the nature of truth. In this connection Hoffman (n.d) perception aims to recover, or estimate, objective

properties of the physical world. A primary goal of perceptual categorization is to recover, or estimate the objective statistical structure of the physical world (p.3). People's perception is the natural process. After interacting with the objects, the sensory organ support to collect the information and people make estimate and interpret towards the matter. Frank (2006) stated that "Perception is largely automatic and quick. Preparation can be observed but usually isn't" (p. 61). Based on these concepts I explored the perception of Tamang women about the use of FP.

In this section I mainly described the participants' perception including knowledge, experience, and practice regarding FP. I derived main theme for the discussion based on the participants' understanding of participant's ways of understanding the FP in their own local context. Besides, I described how they became aware of and interpret the FP information through their own lived experienced.

My interest of exploring the local cosmology of Tamang women regarding FP was further substantiated by their social construction. Social construction for me is like Bourdieu (1989) stated, "The thought objects constructed by the social scientist in order to grasp this social reality have to be founded upon the thought objects constructed by the common-sense thinking of men, living their daily life within their social world" (P. 15). In this connection, I incorporated participants' local knowledge and FP practices and grasp the reality of FP practice of Tamang people. How the non literate Tamang women develop the knowledge, thought, imagination, perception and consciousness regarding FP is the main concern of this section.

### **Women's Understanding on Family Planning**

While talking to the Tamang women I came to realize that FP is the common theme of development among the people as the form of worldwide campaign. They understood

FP is an important tool to maintain their quality of life as most of the women in the world understand.

One of my participant Kanchhi (pseudo name) shared her understanding about FP practices saying that *“It is injection, isn't it? Taking injection for stopping child bearing is FP, isn't it?”* She further said, *“I like injection because it suits (phapibida) to me and I don't need to take daily, it is tension free (Jhaeu chhainna)”*. Similarly, she named other kinds of FP devices from her own local words i.e; *khaane chakki* (contraceptive pills), *narpant* (norplant), and operation (permanent method).

Similarly, Sanmala (pseudo name) stated that FP as a way to stop child birth by taking injection and operation. She preferred to have injection and said; *“Injection is the best way because it should be taken only once in three month. And most of the sisters of this village are taking it”*. Similarly Aiti said *“I took injection for not to give more birth. After my sixth child, I started to take it. Now government officials provide these services in our village. They usually came 27<sup>th</sup> day of each month. I and my other friends of this village are using this injection easily. This is good for us”*. As a result of FP intervention in Nepal, many women are getting easy access to FP service. In this connection, I observed that there are many others women in the village are using FP devices as a result of national strategies regarding FP.

Likewise, Ran Maya (pseudo name) presented little bit different opinion. She said *“I like to use FP methods and it is very good for women especially for poor one like us. The FP providers should inform all women of this village and should encourage using FP methods for their happiness. I think that especially poor women like Tamang having lots children should take it. Because it helps to our welfare”*. All participants agreed to use the FP as Bennett, Dahal, & Govindasamy (2008) have stated that *“ While awareness about FP is almost same among Nepali men and*

women, there is significant variation between different caste/ ethnic groups in terms of practice” (p. 20).

In Nepalese social context, knowledge on FP and its practice is known to majority of married women. According to Nepal living standard survey (2011), among the married women aged 15 to 49, 83% women know any kind of FP devices, 54% have practiced FP devices in once time of their life and 39% of couple are now practicing family planning devices (p. 30). In this context, as GON’s strategy to provide FP service to all over the country, Tamang women of Khoria Gaun has also been aware about FP and its practice. They perceive FP affairs just to control the birth rate.

There are various confounding factors which directly or indirectly affect to perceive FP concept. Deregowski (1972) suggested that perceiving perspective of an object is in fact a cultural skill, which is learned rather than automatic but also from the specific culture (Pp. 82-88). Thus as Deregowski, (1972), participants of the study area understood FP to control birth rate as their cultural understand. As WHO (1970) stated one of the aim of FP that is to avoid and control unwanted births, participants have also taken FP as a means of birth control. However the participants knew about the temporary and permanent devices of FP and its implication as their level of understanding. Although they were not familiar with the medical terminology of FP devices but able to name it through their own words or language whatever they understood.

Interpreting their voice from the right- based perspective; I noticed that participants were not familiar with their reproductive rights. They were hardly conscious regarding the reproductive right. I found that participants felt FP service were useful for them. On the other side, some participants were not satisfied with the

FP services due to its side effects. Participants were still facing many problems i.e false pregnancy, physical and mental stress from side effects which I described in subsections of this section below. In spite of huge efforts from various sectors in FP, It failed to recognize this issue among the Tamang women. .

In terms of FP practice, I found some cases of unintended pregnancy among participants were a daunting issue not only in Nepal but in the world. In this connection, Gurung, Gupta and Hays (2009) stated, unintended pregnancy is a worldwide problem that affect women health, their families and society. One of the vital reasons behind the unintended pregnancy is the contraceptive failure (p. 48). In this term, participants shared the phenomenon of failure cases of FP devices especially about 3 months injection. After using injection Kanchhi Tamang and Aiti Tamang became pregnant. Both experienced false conception after using the devices. Kanchhi Tamang expressed her history as:

*Although I took it (injection) since my 6<sup>th</sup> delivery, I gave 6<sup>th</sup> birth as a daughter. When I felt the movements of baby in my stomach then only I knew about my pregnancy. I didn't remember. I forgot all the things that happened. A health worker told me that I missed the exact time of injection so I became pregnant. But I still didn't remember what exactly happened? Thus, I became pregnant. What is it? Laughing.....I delivered seventh birth again. How can we uneducated Tamangni know about it?*

Similarly, Aiti stated that

*I took injection not to deliver another child. Because I had given birth of eight children and it was more than enough for me. Therefore, I used to take injection from Bhaktapur in each 3 months regularly. But it was proved wrong; I again became pregnant and delivered my youngest daughter. I didn't know how was it happened?*

*Anyway I delivered 9<sup>th</sup> child in my old age. I went to take injection according to hospital people (Health worker) but at last I again got a baby. I don't know why this was happened. Now I am getting old and my menstruation stopped. I feel relaxed now.*

From these narrations, it was reflected that they became pregnant even after using FP devices. They faced false conception even taking injection such as Depo-Provera (tin mahine sui). In Nepalese context, women were largely facing the unintended pregnancy. Lack of education might be the main reason not to use these stuffs aptly. In this connection a study explored that “In many developing countries poverty, malnutrition, lack of sanitation and education contribute to serious health consequences for women and their families experiencing an unintended pregnancy” (Gurung, Gupta & Hays, 2009, p. 48). Similarly, a study showed that unmet need of FP is also a major cause of unintended FP. In this case, Casterline and Sinding (2000) found that husband’s opposition to use FP was major cause of unintended pregnancy in Nepal. Therefore connecting to this stud, participants experienced that husband’s assumption of FP matters as the main cause of unintended pregnancies.

All participants delivered large numbers of children. Though they heard about FP they didn’t use any devices till delivering a large number of children. They realized to use the FP devices as they felt burden with the increased number of children. They were not planned to give birth to manage the family using FP devices. WHO (2003) states, “Families with a large number of persons are still the Norm in South Asian Countries” (p. 4). Therefore the above statement is suited to Tamang culture of the study area.

Explaining the history of children, Kanchi Tamang told her story of pregnancy as *“In total, I delivered 7 sons and daughters but only 5 children are alive. I heard*

*about FP before delivering child but there was no trend of taking the medicine before delivering children in the village. I thought that FP will be used after getting children".* Similarly, Ran Maya expressed her statement as:

*I delivered 9 children but now only 6 of them (3 sons and 3 daughters) are alive. In our time, all people had delivered large number of children. My mother -in - laws had also delivered 12 children. At that time people delivered children easily and the children were cared and reared by their siblings. People didn't feel much burden to care and rear children. In such way we also became young. Now delivering children was supposed to be a burden. Plural children were difficult to provide food and education. It was too difficult for food and school to the children. That's why people delivered one or two children in their life.*

This data text offers a new insight to link FP and their economy level. Tamang women who think to give less birth in order to escape from economic burden in their family. FP has been associating with the economic development of the Tamang women. Nepalese economy is largely based on agriculture, so most of the people involved in this sector. To provide the large number of human resource for agricultural production people wanted to give more birth. For this purpose, some decades ago, there was a trend of having large number of children especial in Asian countries. Similarly, I knew that with the large number of delivery, participants had the less chance of their children survival. Though, my research participants delivered large number of children, all children weren't alive. According to the Bennett, Dahal, and Govindasamy (2008) stated that "The 2006 NDHS notes that there is little knowledge in rural Nepal to keep newborns warm" (p. 15). It means the participants weren't aware to adequate care of newborn as a result didn't survive.

At present, the global phenomenon of decreasing in average annual rate of population growth, the worldwide campaign of FP supported to move from high to low population rate especially in Asian countries. The target population maintains and contributes all aspects of country's need as well as family development. It contributes to economic, social, as well as cultural aspects and maintains living standard which was known as model family now days. By influencing the concept of FP, participants are now using the FP devices and maintain the number of children in the family.

### **Tamang Women's Experiences of Family Planning**

As Habermas' action of "subjective world" of experiences, Tamang women are communicating and sharing their experiences regarding FP practice. Their actions were guided by their experiences of FP which are shared among the users group. Participants were selecting the appropriate methods of FP as they experienced. Therefore the action of Tamang women's 'subjective world' of experiences was a determinant to use the FP devices. During my field trip, I found that Tamang women have different kind of experiences about FP devices. Most of the women from that village preferred to injection (Depo-Provera) because it was easy to use it. They experienced both positive and negative effects of using Depo- Provera. In this term, Kanchhi Tamang expressed her good experiences of injection as "*it suited (phapibida) me, made me healthy. I weight of my body got increased since I started using injection. It was useful for me because I should not use daily*". Thus, she seemed to be satisfied towards using injection. Similarly, Ran Maya shared her experiences that "*Injection was good for all. It was very good to me. As uneducated and farmer woman, I had to work household chores. There was no tension to take injection in-between three month. It did not have any harm. So, I liked it very much*".



Whereas Sanmala experienced adverse effect of injection and thus expressed her irritation to service provider. Now she left the injection and was not ready to adopt any devices. She expressed:

*“Before taking injection, I was healthy and fat but now I became thin with black faced (closma). It made me ugly too. It almost made my body bad. I became so sick and lying to bed almost more than a month. Now I left injection and had not any idea to use it again. It is my opinion, I wish, I would go to doctor for continuing it.. As uneducated women how can we know about the bad effect of injection? They (service providers) have eye (education), they should inform us about it, before giving us injection.*

Generally, the Tamang women who are adopting any kind of FP devices are complaining about the side effects they have faced in Khoria Gaun. They experienced minor to major form of side effects from FP devices. Herzberg, Draper, Johnson and Nicol highlighted the case of side effect that is studied in a company as “headache as a side effect of oral contraceptive medication have been described by several workers” (Witty et.al, 1966; British Medical Journal, 1968; Grant and Mears, 1968 cited in Herzberg, Draper, Johnson and Nicol , 1971, p. 500). In terms of side effect, the history process of women health status is significant while providing the FP services. I found that the service provider didn’t follow up to the Tamang women health status after providing the FP devices. Therefore, some participants raised voice against using FP devices. Therefore the history taking and follow up process are the vital procedures in FP. In this connection, “There is evidence that women with a history of depression are more likely to develop psychiatric side effects from oral contraceptives. Kaye (1963) reported the cases of three women with severe depression while taking oral contraceptives, two of whom had been under psychiatric case

previously” (Herzberg, Draper, Johnson and Nicol , 1971, p. 495). Therefore, history taking process is very necessary in the beginning stage of providing FP contraceptive. If the side effect is seen in between the use of contraceptives, immediate care and counseling should be provided to the users group otherwise respondents may develop negative attitude toward FP and its services.

### **Symbolic Meaning to Family Planning**

Participants have expressed their practice of Family Planning method symbolically. Keeping silence with curtsy head, shaking head for answering yes/no, making flush face, using strange words which expressed their shame, turning their head on the opposite direction while answering, can't keep eye contact and many meaningful local phrases they had used. So, all these kinds of symbols I found during the conversation. These symbols have carried important meaning regarding FP practice. Human has a distinctive feature of using symbols than other living creature in the world. They use symbols for making meaningful statements and communicate to each other for sharing the ideas of an objects. In this term, Turner (2003) stated human as symbols users, he further explained “Human have become, to a very great degree, liberated from instinctual and biological programming and thus rely on their symbol using powers to adapt and survive in the world” (p. 352). Human can use symbolic communication through vocal or gesture and able to read each other for adjustment. Actually, symbolic communication is a complex process to understand each other and variant to local context. In this connection, Turner (2003) again reveled that “Symbolic communication is, of course, extremely complex, because people use more than word or language symbols in communication. They also used facial gesture, voice tones, body countenance, and other symbol gestures that have common meaning and understanding” (p. 353).

I observed the meaningful symbolic expression while doing research. Generally the participants couldn't express their opinion and didn't talk freely in terms of FP practice they had. I observed their body reaction and facial expression while answering my queries. Kanchi Tamang expressed many symbols in shyly manner through facial expression i.e, making red face/flush face, shaking head for yes or no, be confuse. Besides I observed that respondents use the onomatopoeia word to express their shy and fear i.e, *Abbui...., chhyaa...., Achiii*. These words represented symbolic meaning of their shy and fear from others while talking about their practice of FP affairs. I found that talking their marriage relation and practice of FP devices assume as a secret matter. Therefore they refused to answer while I ask about it. In this context Kanchhi Tamang told me “....*What you asked? Chhyaa... I don't know. You asked such shameful matter? Do you finish yours questions*”? She just wanted to skip my quires regarding her practice of FP device. Similarly, Sanmala ignored my question about her marriage “*I don't know. Uuuuuuu I don't have any idea hehehe* “. She seemed very silent and she was not responding my queries. I observed that she become very red and having flush face. Likewise, Ran Maya stated that “*Chhaya..... How can I request to my husband about using plastic cover (Condom). It is shameful matter (lajjamardo)* “*It means she couldn't share about the idea of FP matter even with her husband. Similarly, Aiti answered me almost in shouting and surprising manner “Abbui .... Though my son is educated and may have a lot of knowledge regarding FP matter, he never talks with me in this matter. Is it true? How an adolescence son (thita manchhe) can teach use of FP devices with father and mother???? It is shameful matter”*. So, talking with son about FP idea also assume as shameful matter in her words.

Another participant (Ran Maya) felt shy when she shared the name of Male FP device. I observed that she named condom with red face “*we have never used such plastic cover. Don’t you know? I heard about it from my friends. It is called **Dhal** (local name of condom). It will be bad and shame if the male know that we are talking about plastic cover. They will take us as **chhada aaimai**”* In the meantime, I observed that she turned around her head and looked to and fro suspiciously. Whether there were someone (male) hearing her voice? I found my participants hesitated to discuss and to share openly about their idea regarding FP devices because they were afraid of males. They had a kind of fear that whether a man blamed them as Chhada women after hearing their conversation of device. It means the women who are talking openly about FP, their marriage relationship and practice of devices known as loose character women in that community. Therefore my participants seemed very quiet and silent to describe means of FP. In this context, I observed that there are a lot of meaningful symbols, words and actions which can interpret as their socio-cultural norms, value and male’s perception to them.

These symbols and their meanings of objects which are arise out during their everyday social interactions with their friends (users group). “The two parts-symbol and interaction-produce meaningful interaction. That is interaction involves giving social objects symbolic value” (Adams & Sydie, 2002, p. 503). The participants showed many symbols and gestures while talking about FP affairs. Likewise, the onomatopoeia words i.e *chhyaa*, *abui* etc they used have symbolic meaning of their perception regarding FP.

I understood their cultural values, norms, taboos and worldviews manifested through symbols and expression of their social behavior while conversation. In this context, Battlefield (2004) reveals “All social interaction is symbolic, and meaning is

derived from how these symbols are constructed and put to use” (p. 10). Therefore I found the symbolic meaning of used words and sense of their bodily expression while interacting with the respondents. Similarly, I noticed that they beautifully construct and present the symbols in their daily activities regarding FP. Likewise; I found the cultural symbolic meaning of Tamang women towards FP and its practice. As Abraham (2008), described that culture is symbol as “Is something the meaning or value of which is bestowed on it by us. It is an object often with no intrinsic meaning but infused with a profound meaning that is created and transmitted by culture. Therefore, the meaning of symbols are mostly arbitrary, a matter of cultural invention, and the meaning exists only as long as people share it” (p. 55). In this regards, I found the cultural symbolic meaning of FP practice in that society. Consulting with teenaged son about FP matter is taken as ashamed matter. It meant the cultural norms and value couldn't allow them to talk with son or other male about FP matter. Likewise, the husband absences or less involvement to practice had its own cultural meaning. Their culture assumed FP practice is women matter and as a breadwinner of family, their culture didn't permit husband to do operation due to some symbolic traditional beliefs (effect on income due to weakness from operation) in their society.

### **Misunderstanding & Rumor Regarding Family Planning**

During my field visit, I found that there are some negative rumors and misunderstandings of FP prevailing in Tamang society. Some phenomenon regarding FP created a kind of fear and suspicious among Tamang women. “Society is the complex of forms or processes each of which is living and growing by interaction with the others, the whole being unified that what takes place in one part affects all the rest” (Cooley cited in Bhusan & Sachdeva, 2005, p. 74). Therefore the participants shared negative rumors of FP devices that they had a kind of fear from condom and

permanent operation minilap and laparoscopy and denied to practice. I came to know this kind of rumor from my participant Ran Maya Tamang. The couple denied to adopt condom due to an event happened in their own village. She stated

*“My husband (**khepa**) told me an event that once, an unmarried couple had used condom that remained inside the abdomen of the girl she had to go to hospital to take it out. Therefore all the villagers knew about their sexual relationship. Now the girl is mentally ill. She is getting old and no one wants to marry with her. Thus, this event makes her life ruined. It is so shameful matter. So, I and my husband are afraid of using condom. What to do if the same event will happen to me”.*

This kind of rumors prevails in Nepal as WHO (2003) stated that “Studies suggest that most South Asian adolescents have conservative attitudes towards marriage and sex. In some cases even the hint of a friendship with a boy can ruin a girl’s reputation, her marriage prospects and the social status of her entire family” (p.13). Comparing Ran Maya’s story and WHO study, I found that having sexual relationship before marriage ruined the girl’s life in Tamang society and the girl may not be accepted in society. On the other hand I came to know how a negative attitude built from this event among the users group. It directly affected their practice of FP behaviors especially for using condom. Ran Maya again described similar kind of concern that they shared with friends (users group) while they were gossiping. She stated:

*“We have shared this matter with friends while working together in tap and at communal work (**nagleeneepa** and **wadineeba**). It is easy way to spend time while working. Our friends told me that sometime thread (IUD) goes to our upper body and reach near the heart which makes cancer. So, it is very dangerous. “I don’t like this one “Said one of the participants. When the thread is kept in lower abdomen I think*

*we should not work, perhaps it slowly goes up and reaches at heart. Therefore all of my friends are scared with this danger of using IUD.*

These kinds of rumors spread all over the village. For me as a health worker these all are traditional, unscientific, illogical and conservative beliefs and thoughts are prevailing in that Tamang society. Participants have communicated their idea and experiences for understanding mutual situation of using FP. This kind of gossip passed over their working time. In this connection, as theory of communicative action explained that people understand the situation and their respective plans of action for coordinating their behaviors through communicative interaction (Turner, 2005, p. 203). Adopting FP is very sensitive subject for them as they believed rumors as mentioned by the participants in data text. Therefore users group always had deep interest about affair and listened to their friend's matter curiously. They easily believed on this kind of affairs. In this context, I found that Tamang women (users group) believed these rumors and scared to use that kind of devices. Likewise, Kanchhi Tamang shared another very interesting story that she heard from her friend. She highlighted the event as:

*One of my friends had minilap in Bhaktapur hospital. She was conscious during the minilap process and observing each activity. She heard the sound of sewing wound in her lower abdomen thas....thas...thas... She was scared at that time. She felt pain. She cried and cried. After operation, she felt very weak and could not work many days. She shared her experience and advised me not to do operation (Minilap and laparoscopy). Abuiiii... .. I was very scared from operation and decided never to do operation. If the operation makes us very weak than why should we do it? We as a farmer always should work in our farm if we can't work; we face*

*hand to mouth problem. The sound **thas... thas...thas...** is sound very dangerous. I will never do it.*

During the conversation with Kanchhi I saw a kind of fear on her face. I clearly observed that she felt same kind of pain as her friend felt at the time of operation. The sound of sewing the wound *thas...thas..thas* really disturbed her mind and made afraid of operation. On the other side, I noticed that she was quiet against to operation and never be ready to do operation. Thus, this kind of experienced rumors, misunderstanding, traditional beliefs and thoughts discourage to the users group towards FP. From their story I came to understand that why many women mostly preferred and practiced the injection (Depo-Provera).

From above different story regarding FP practices, I came to understand that there were lack of awareness to FP methods and its practices among them. They had an attitude to follow the rumor and believed as a truth. Therefore they are scared for applying these methods to their life. In my opinion, the service providers need to find out these kinds of negative story prevailing in the society and try to make clear about it to the client. Service providers need to consider strong culture specific counseling services to the client so that the program can work effectively in the community level.

Theory of communication deals as a process of transmitting information which is deeply rooted in society and human behaviors. Therefore my research participants were getting the FP information through communication with each other's (users group) while gossiping in their working place. Likewise they were familiar with the use of devices from service providers. Thus, the research participants gained knowledge through their daily communication with friends and other related persons and the knowledge is transmitted to one users group to another. But according to theory of communication, there were some barriers in communicating process that



receiver couldn't receive the entire message that the sender told properly. And sometime the misunderstanding will be created. In this regards, Chaffee (2000) described "According to ward (1970), 70-80% of our waking life is spent communicating. Yet, communication discover is fraught with misunderstandings and many individual often find the effort unsuccessful and futile" (p. 338). In this context, I found many rumors and misunderstanding regarding FP in my study area. Due to barriers process, the respondent can't perceive it properly and diffuse the understanding over the community as traditional beliefs

### **Socio-Cultural Influences on Family Planning**

In this section I have described Tamang social construction and it's interrelationship with FP affairs so as to address the second research question; 'What roles and relationships exit between FP practices and Tamang socio-cultural norms, values and religious practices?' Gender role and women status to FP are the concerning issues of this section.

#### **Marriage & Religious Practices of Family Planning in Tamang Culture**

According to March (1997), "Tamang are the Tibeto-speaking people of Tibetan origin, organized into clan (not castes), who marry their cross-cousins (mother's brother's children or father's sister's children)" (p.137). On regards to marriage practice, I found the bilateral cross-cousins marriage system in my study area. Their culture permits them to marry between sister's in law's and their uncle aunt children. In this context, Kanchhi Maya Tamang got married with her *samdhi* (son of aani and Syolon- sister-in-law) in very small age and her son is followed similar pattern of marriage a year before. I incorporated Kanchhi Maya statements in her words:

*Father and mother had given me with son of Ani and Syolon (sister-in-law's and her husband) at small age. My oldest son is now 18 years old and was studied in*

*grade 8, but he also got married to his Samdisya (Uncle's daughter) Last year when he was 17 years. This kind of marriage is accepted in our culture. Wedding among our own blood makes the relationship more deep and good. So far in my knowledge, it existed from our forefather's time.*

Other three participants told the same kind of story of the cross cousin marriage. They stated that they got married in early age and even can't say their exact age at the time of marriage. In this context, Sanmala said, "*Father and mother gave me with my sister's in law's son in my early age. I didn't remember my age of marriage. That is the trend of our village*". Therefore these women got an affectionate and familiar environment in their bride's home. They have already a good family relationship and communication with their bride and his family. Due to their fixed kinship knot, they hardly felt embarrassment to share about their idea. Therefore in the context of FP and reproductive rights, this marriage system can be supportive to share the ideas between groom and bride. So, the cross cousin marriage system can contribute to the participants providing a friendly environment to share about the plan of their children and other reproductive rights with their husbands.

Similarly, most of the Tamang women got early marriage in cross-cousin marriage system. According to Dahal and Frick (1998), "The tie to systems of kinship and marriage is suggested by the almost identical average ages at marriage (age 19) for Gurung and Tamang" (p. 62). Cross-cousin marriage relationship was advantageous for Tamang because it supported to tie up a good relationship among relatives. The reason of cross-cousin marriage is as described by Molesworth (2007) "There was a preference for cross-cousin unions, which enabled labour and land resources to remain at the disposal of family networks" (p. 92). But the trend of early marriage has been transmitted generation to generation since historical period. Since

the practice of girl's marriage in young age is most common in South Asia (UNICEF, 2001, p. 4). But from the health perspective, the early marriage adversely affects to women health status and also support to increase the morbidity rate due to bad reproductive status of women. UNICEF (2001) explained that the health problem due to early marriage is adversely affected to both mother and fetus and continue after delivery (p. 11). Similarly, women were not habituated to care the infant that's why a large number of infant's death was occurred in this situation. In this regards, "An evidence shows that infant mortality among the children of very young mothers is high-sometimes two times higher-than among those of older peers" ( UNICEF, 2001, p. 11). Thus, early marriage played supportive role to ruin reproductive health of women and infants.

In previous paragraph, I mentioned the history women describing the causes of infant mortality. Early marriage was a cause of larger number of delivery and large number of the infant deaths too. Bennett, Dahal, and Govindasamy (2008) have also mentioned, "A factor leading to high total fertility rate is early marriage and early commencement of child birth" (p. 20). Similarly, the women who got early marriage assumed in high risk mother because they became pregnant in the same age. An evidence further stated "Early marriage extends a women's potential childbearing capacity, which itself represents a risk to mothers" (UNICEF, 2001, p. 11). Therefore their marriage status and age of marriage was much interconnected to the FP matter.

In term of religious practice, though the participants like to identify themselves as Buddhist that celebrates all Hindu feast and festival too as March (1997) described "Tamang are Buddhist or animist and have their own priest called lamas" (p. 16). Major life events of Tamang such as Death, Birth and worshipping

Timlala followed as Buddhist tradition as guided by their Lama (Religious priest). In this connection, Kanchhi expressed her belief on her own words as:

*We celebrate all festivals of Hindu and Buddha though we call ourselves Buddhist. But we perform death and other cultural ceremony as defined by Lamas following Buddhism. Our big god is Kulyan. All the worshiping rituals should be performed by Laptaba (Religious priest). In our society no any restriction is made against FP. Our Laptaba didn't tell anything against to apply FP. There is no restriction to us for participating in worshiping ceremony while using any FP devices.*

Talking about relationship about religious practice and FP, CHAD (1997) explored through his research in Dolakha District that religion is a main barrier for FP practice in Hindu culture. But here in case of Tamang women, I came to know that Tamang culture is very flexible in term of adopting FP devices. My respondent didn't face any kind of religious barriers while practicing FP. As another respondent Sanmala stated “Our *timlala* (god) doesn't restrict having FP and there is nothing wrong to them who have already used FP. We have no more restriction from our religion as well as our *timlala* (god). There is no restriction for adopting FP”. As Ran Maya told “In our tamang, nothing is restricted to us as users. We can work equally as others. Tamang see as a good eye towards FP matters”.

In connecting to religion and FP practice, there are many for and against views on FP prevailing in the world. In Nepalese context, I have experienced that Hinduism is not favor to FP practice especially for abortion. As a woman, I have seen that women are experienced moral conflict while doing abortion but nowadays, religion permits her to consider the decision in light of the demands of the situation and her own conscience.

But in case of Buddhism, women have freedom to choose FP practice according to their own choice. There is no any restricted view for applying FP method. Women are free to choose abortion under certain circumstances. As Buddhist philosophy stated, “In the context of abortion, terminating a pregnancy in the interest of the women’s life or health, or in cases of rape, would not necessarily be considered an immoral act” (ibds). Thus, I found the participants have followed Buddhist religion and experienced no any restriction on adopting any kind of FP methods in the study area.

### **Patriarchy in Tamang Family**

As I understand, patriarchy is an authoritative system which is resulted from the western European historical and sociological approaches to the development of social and family structures as addressed by western scholar. Similarly Sylvia Walby further explained “It is a system of social structures and practices in which men dominate, oppress and exploit women” (Walby, 1990, cited in Ray,n.d, p. 1). Thus, patriarchy is a system of male oppression and discrimination to women in which men controlled to women’s production, reproduction and sexuality. My participants left their natal home and live with her husband’s house after their marriage. As Sanmala said, “*After marriage I came and lived with husband and his family. It is the rule of world. What to do living with my natal house? We as women should go to husband’s house one day and I also left my father house*”.

During my field I realized that husbands dominated wives in different form, mainly in economic affairs because the main source of income and all the properties owned to husband’s name. The participants were fully depended on husband and believed that their responsibilities to feed and to protect the whole family were pertinent. Generally, Tamang women engaged on household chores, farming and

keeping livestock. Answering the question of properties, Kanchhi Maya expressed her views:

*His name and work were recognized. As a head of family all land, house and cattle were his property. We as women can't do anything for holding the properties. We performed all the family works but they deserved to be the owners. We are made for doing household chores and caring our children but I like it. Sometime we support to husband's work while working in farm.*

During talking to Kanchhi I realized that she was fully depended on her husband. She even assumed herself as a subordinate to her husband. She saw herself as a meaningless and worthless woman and expected all things from husband. Similarly, Sanmala has expressed her idea in this context *“As a male it is his duty to make money to fulfill the food and clothes for family. I also do all work. Male work for money that's finish but we women should manage the entire task for regulating family properly. Maintaining whole household chores is very difficult than earning. Isn't it? But nobody cared to our works. Even husband ignores me whom I expect to come. There is no option for us”*. Hearing Sanmala's statement, I came to know that husbands engaged to productive work but women always spent their time in unproductive, volunteer and non cashed work. Similarly Agrawal (1997) revealed, *“In many parts of the world, women need are underplayed and assumed to be subordinate to or even synonymous with the family needs, while for men the distinction between family and personal needs is widely accepted and sanctioned”* (p. 11). As a result of patriarchal family structure, all the decision was made by husband. Even they decided to use the FP devices to wives. Due to men's ownership on properties women are economically dependent to their husband. As uneducated women they have to accept husband's dominance on economic activity. As Bennett,

Dahal and Govindasamy (2008) stated, “Women’s ‘bargaining power’ in the family is strengthened when she has education and when she has a job that brings cash into the family economy” (p. 26). Therefore being uneducated women, participants work was undervalued and limited to unproductive work. They couldn’t get easy access to finance which makes them dependent to their husband even to FP practice. In this term, it is required to empower them by capacitating in each field as their male counterparts. Economic empowerment may one of the key parts to make them more strong and enabling them to achieve a respectful position in the society. Thus, I found the patriarchy system affected women’s rights in practice of FP as well as women social status in Tamang community.

### **Decision Making Power Regarding Family Planning**

In term of decision making to use FP devices, I found that women were free to choose the preferable method themselves. Husband didn’t interfere on this matter. Although, they followed patriarchal system in general but their society is not rigid as compared to other society. Thus, I realized that there was women friendly environment in that Tamang society. But in the very beginning they should know about different FP devices. In this context, Aiti Maya stated that *“I told my plan of adopting FP devices to my husband and he gave permission. Abui... we both should know about this. If I didn’t inform him, he may kick or kill me. There may always raise fight between us”*. Thus, it is found that husbands are the first decision maker for adopting FP devices in the study area.

Similarly Ran Maya stated, *“My husband also thought about it and gave permission immediately while I shared the idea of FP practice. Since then I am regularly taking it”* She again said, *“Husband told me to manage FP device myself. “You can go with friend to hospital” He said. He never used to go with me. There was*

*no tradition to go with husband; it was shameful to walk with husband. . So we women had usually gone there together”.*

From these narrations, I found that Tamang people (husband) of my study area seemed less responsible for using devices. They were showing reluctance to adopt male devices and assumed that FP was typically made for women. A research has showed “Men’s involvement in FP can have a significant effect on fertility levels and trends” (Kaura et al., 1997 cited in Mostafavi, Mehryar and Agha, 2006, p. 9). Therefore through this study, I found that husband wanted to get rid from this practice as possible as ever. And they gave this responsibility to their wives. In this context Ran Maya shared what her husband opined to Male operation (Known as vasectomy)

*“When I told my husband for operation. He refused and said that who would earn who would feed us if I adopted vasectomy. I as a man should earn money for family. If you like you can do. I think it is true. He must do all the work. Sometime he should do heavy work. If he did vasectomy who feeds all the family so we don’t want to do operation. Injection is all right to me”.*

Therefore, I came to know why my entire participants preferred injection. A large number of female were practicing FP than male in that Tamang community because the Tamang socio-culture understanding of FP assumed to be subjected to women and they should tackle it themselves in that community.

Likewise, as Sanmala told *“Why should my husband do operation? If I died he had to bring next wife..... (She ironically charged her husband)”* This statement showed that Sanmala tried to express the male dominating nature of society satirically. How Sanmala tried to show Husband’s nature of understanding FP only for women’s issue? My participants expressed their ideas freely among women. It meant women were getting flexible environment in Tamang society than others in



terms of expressing their ideas in one hand. On the other side, they ironically expressed the social plight that was mostly favorable on Male in the society. Though my participants expressed their experiences, I clearly feel the pain of male dominance to their face at the time of interview. Connecting to Habermas' theory of communicative action, participants expressed 'subjective world' of experiences by manipulating their behavior for organized activities. They coordinated to 'social word' of norms and value through communication interaction.

In fact, Tamang is known as gender friendly ethnic group and women have access on decision making power. In this term, a study shows that "Family decision-making, however variable according to the individual characters involved, was generally done equally between couples. Traditionally, cash was controlled by senior women in extended family households" (Molesworth, p. 92). Connecting to my study, I found that the first decision maker in economic decision is the head of the family is husband. Though female as a collector and saver of the money, husbands invest and expense the money as his wisdom. Thus, I found that Tamang women are playing subordinate role in Khorla village and they were dominated by male

Similarly I emphasized the social cultural structures that made men as head of family and source of income. At the same time they followed the rumors of traditional and conservative beliefs towards FP devices. They believed that they become weak after doing operation. Male hardly gave permission for permanent FP. Likewise husbands of the participants assumed that FP was completely concerned to women. So women should tackle this issue. These kinds of socio cultural norms and values reflected the structure of Tamang community. So I think the developmental intervention of FP and their socio cultural norms and values are unmatched. The developmental intervention of FP and the socio-cultural system should be addressed

these issue properly. However, health care system should be developed according to nature and demand of the socio-cultural status.

### **Preference to Son**

From this research, I got that Tamang people of Khoira village preferred to son rather than daughter. One of the main factors to give more birth was a desire of son.

Especially husband were more interested of getting sons and they viewed that more than one son is best for them. Similalry, wife Kanchhi Tamang also supported to her husband opinion and stated

*My husband wants to next son. There is a saying that “One eye is not eye (Auta ankhaa ke ankha) which is also true, If there is bad fortune to us and anything happens to son, What would happen ? Therefore after two daughters I continuously deliver 2 more male babies and which is very good. Son is very necessary in family.*

I noticed that her husband stated almost shouting way inside from the room while we are talking about this matter. He told *“There is no way without having son. Why not? Son is very needed to each people”*. Thus I found that how much Kanchhi’s husband interested to sons? Similarly Kanchhi also preferred to son and delivered two more sons continuously. On another side, Sanmala also expressed her views:

*“Son is our care giver in old age. Daughters are going to their own home after marriage. But son lives with us forever that are why son is required to everyone. All our death rituals were performed by Lama but son is our representative on funeral ceremony after our death”*.

This statement shows how Tamang people in my study area are influencing by the preferences to son. As per their fulfillment of cultural requirement son would perform rituals after their death. Son would take when they alive during their old

ages. Thus, they encouraged to deliver more number of sons. I realized that desiring son was one of the influencing factors for increasing size of the family.

Tamang society is known as Gender friendly community in general. A study has showed that “Tamang have a tradition of gender equality that is pronounced within the context of mainstream Nepalese society” (Molesworth, 2007, p. 91). But I found that the Tamang community of Khorja demonstrated a strong son preference. They assumed the son as their safeguard of old age and their properties. Therefore they have provided better care for male baby in childhood comparatively than female baby. In this connection Molesworth (2007) found her study at Jethul community that “Given the uncertainty of child survival and high infant mortality, married couples concentrated their energies and investments on the survival of productive sons” (p. 92). As this statement, I found participants are more interested to son delivery than daughter. Both husbands and wife of this study area have strong preference to son which obviously increase the number of deliveries and finally affects to women reproductive health. These kinds of son preference thought may compel to participants sacrificing their reproductive rights. Therefore the ‘son preference’ concept directly or indirectly affects to participants’ reproductive health as well as their reproductive rights.

### **Conclusion**

As Pachauri, and Santhya (2002) stated that FP contraception awareness is almost universal among the married adolescents but they explained in their own cultural space. They are aware about the FP methods by their own lived experiences of FP practice and other phenomenon related FP. They understood FP as means of birth control and explained FP method in local words. Participants experienced good and bad effects from FP methods, those who experienced good effect showed a positive

attitude and those who experienced bad effects taken it as the error of the service providers and they were not ready to adopt any kind of devices again. Participants have used many symbols which give meanings for me to understand their attitude and cultural sense regarding family planning practice. It is found that participants have an attitude to follow the prevailing rumors and belief on that event without knowing the truth. In this connection, FP system failed to address local people's aspirations and their cultural quintessence.

Generally Tamang socio-cultural norms and value played significant impacts on FP practices. Their early marriage practice directly affected to women reproductive health as well as helped to increase the number of children in the family. But their religious priest perched positively about FP. According to March (1997), "The most respected religious practitioners are Buddhist Lama" (p. 13). The lama was not against to FP practice and the women, who used FP, could participate each religious ceremony as others. Similarly, Tamang family based on patriarchy provided greater space to husbands who were the main source of income. Generally Tamang were known as gender friendly caste group but found that male was superior and female was subordinated especially in making process. Husband took that FP practice made for women and assumed that it should be tackled by women themselves. Thus, husband seemed to be reluctant using FP devices. Likewise Tamang preferred to son as their old age safeguard and properties protector. Therefore this kind of socio-cultural aspects directly affects Tamang women's reproductive rights especially in FP sector.

FP, society and culture are interrelated and interconnected subject. Adopting FP devices are not only biophysical but also socio-cultural matters. FP device is not only affected to the users group but the socio-cultural organisms are responsible to

determine the FP and peoples behaviors. Thapa (2005) stated, “Disease or health problem are not merely biological phenomena. It has deep concern to the social fabric and cultural configuration” (p. 25). In this study Tamang socio-cultural pattern of marriage, number of children, religion, nature of family, son preference and decision making power directly or indirectly affected towards FP and its application. Thus, I found that due to socio-cultural structure, participants have faced constrain regarding FP practice.

## CHAPTER V

### CONTRIBUTION OF EDUCATION: TAMANG WOMEN'S CHANGING PERCEPTION AND FAMILY PLANNING PRACTICE

I analyzed and interpreted the changing perception of Tamang women in using FP and their own lived experienced. I highlighted the contribution of education that has changed the perception and practice of Tamang women regarding the FP in this chapter.

#### **Educational Status in the Past**

Formal school system in Nepal was established after 1951 revolution in a national framework. Before 1951, people in Nepal received non formal education from their society, elder and peer by interacting each other in local context. The process of being educated in Nepal was mostly interactive before formal schools were set up. They gained knowledge through their day to day activities and action to the objects. In this term, Sharma (2001) stated, "Education can't be confined to the process of giving knowledge to children in schools. Its programme goes on from birth till death.

Everyone learns something or the other throughout life by various experiences and activities. All this is education" (p. 5). Thus, community was the school and the people related to each phenomenon were their teachers. In short, people learn everything from their own community and the actors of that community taught to their children. In this connection Eggleston (1967) stated, "The physical, moral and social welfare of the young would have been the sole responsibility of the parents aided informally by the other adults in the community. The social functions of socialization, selection and welfare were once left to the informal processes of the

community” (p. 13). Therefore people know the things from their society first. In this connection, Gowin (1990) explained, “Neither educating nor the study of educating begins with a blank slate, a clear page, undisturbed phenomena. Students, even young ones, already know a lot when schooling begins” (Donaldson, 1978, cited in Gowin 1990, p. 23). In this context, I analyzed Tamang women’s past educational status in this section. In fact, the participants said that they did not have access to education in the past. Even their parents did not have such ideas to send them in the schools. They always engaged in the household chores and cattle grazing; otherwise they did not maintain their livelihood especially to hand to mouth problem. In this term Kanchhi Tamang stated:

*We never went to school. Our father and mother didn't tell us about importance of education and school. Going to school was really out of our mind at that time. We used to go raring our cattle, fetching water, Mela parma and household chores. To solve hand to mouth problem, we used to work daily in our farm and land. Farm, jungle and cattle were our teachers. That was our school (She laughs)*

Similarly, Sanmala expressed her experience of being educated to FP:

*I hadn't got a chance to go school ever. In our time we did household chores and farm work because we only thought a good food from our land. We had to concentrate only at the work, if there was no food it was hard to fulfill food for the family. In this context who could teach us about FP and its methods. I didn't have remembered any women in village who used FP in the past. Perhaps nobody had any ideas of FP in the village. And at that time people couldn't think about FP. I realize the importance of FP after long time of my marriage through our friends who were taking about the FP methods.*

Similarly another participant Aiti Maya Tamang stated:

*I am illiterate and didn't know about school, teacher, exercise book and book. I spent my life in the village where I had to do hard work in the farm, jungle and in the house. There was no trend of going to school in our village. I and my friends used to work together and gossiped about FP. At that time we didn't have ideas of FP and I hesitated to talk about the FP. Thus I spent my adolescence in my natal house and shifted to here (husband house) after getting married.*

In a way the participants shared their experiences about their educational background and use of FP methods. Though they had no formal education in formal school system, they learned from their own work, from their elders and from the socio-cultural system. Generally they gained knowledge while communicating with each other in the society. However, the participants experienced or learned in the society by informal way of education. UNESCO (2005) stated informal learning as “Informal learning results from daily life activities related to work, family or leisure. It is not structured. Typically, it doesn't lead to certification. Informal learning may be intentional but in most cases, it is non-intentional (or ‘incidental’/random)” (p. 5). In the same way Tamang women were learning about FP informally every day in accordance to their need as a lifelong learning process. Therefore the participants gained knowledge through informal way that is through their parents, friends and their own work of household, farm and jungle. Thus, the eventful life supports them to educate informally. In this connection, Gowin highlighted the educating process as “An eventful process, changes the meaning of human experience by intervention in the lives of people with meaningful materials, to develop thinking, feeling, and acting as habitual dispositions in order to make sense of human experience by using appropriate criteria of excellence” (Gowin, 1990, p. 36).



Undoubtedly, human beings live in the society and learn to be socialized from Communicative action through informal or non formal, first and, then formal ways. In this connection, though the participants had no formal education they gained knowledge through communication and experienced the knowledge. Habermas communicative action explains that people action is dealing to promote the common understanding and cooperation in the society (Turner, 2005, p. 202). In this term, Bolton explained that Habermas communicative action theory as “Actors in society seek to reach common understanding and to coordinate actions by reasoned argument, consensus, and cooperation” (Habermas, 1984, cited in Bolton, 2005, p. 1). Thus the participants understand and learn the use and methods of FP from their social networks in which the actors as their parents, friends and the surrounding. In this sense, though participant can't have access to formal education which is as a pathfinder in human civilization, they learn and fulfill the human need through informal and non formal education which also covers broader scope of educational activities and socialization process through effective way of relating each other that is from communicative actions in the past.

### **Education and Its Impact at Present**

Education is everywhere and deeply rooted in the society from the history of human development. Education and society are the interconnected concept as Sharma (2001) highlighted that there is a close and intimate relationship between society and education. Both are interdependent and complimentary. As is the society so is its education. As is the education so is society. Society organizes education according to its needs, ideals and aspirations. Education constructs and often reconstructs the social structure (p. 159).

Looking at past scenario of education, the participants did not have opportunity to go to schools so that they were unaware about the formal education. However, at present, they are aware about education and schooling so that they send their children to schools and emphasized to their children's schooling. In this line I think that formal education supports to people and makes more rational thinkers. Therefore formal education is significant to transform the society especially in rural context because as Atchoarena and Sedel (2006) stated "It is estimated that for the next two decades, the majority of the population living in developing countries will continue to be rural" (p. 35). Therefore, it is necessary of formal schooling for rural transformation. "To convey a vision of pro-active and positive proves of change and development of rural communities in the context of national and global changes. Education is seen as key instrument for shaping and fulfilling the goal of rural transformation" (INRULED, 2001, cited in Lakin & Gasperini, 2006, p. 79). In this connection, the education system reformers must understand the complexity of rural setting in order to transform the society. As reform in education system, 'Education for all' strategically supports to provide basic education in Nepal. It develops social, cultural, physical and mental to the participants of Khorja village. Participant's attitude to schooling is seen in positive way that's why they are become more aware to their children schooling. In this context, Aiti Maya said:

*Though I and my husband had no education, we are sending our children to the school. The school is very near from here. Therefore my children can go there easily. Nowadays, a person without having education is useless. We have not adequate land and property so doing hard work, we send our children to school. After being great person he will be able to stand his own foot. It is our duty to educate them for their sustainable development.*

Participants became more socialized and awakening realizing the need of education to their children. They became conscious to educational benefit of their children so that they sent their children to school for sustainable livelihood. Likewise another participant Sanmala stated

*Though I am illiterate, my husband is a teacher who used to take all children to school. My husband told that we should support to our children for better education rather than property. Now my children are grown up and study in the school near village. I and my husband have decided to continue to educate our children as far as they are willing to study. In the present context, education is the property. If they will be an educated man, they will do job and earn money. Thus, they will have spent good life.”*

As being a wife of teacher, Sanmala know the connection between education and social life. She was influenced by her husband’s educational status and has positive views to her children’s educational carrier. By daily communication with husband, she gained the knowledge of education informally. Thus, she understood the value of education by informal and non formal way of education through day to day interaction and communicative action of her husband and others. Likewise, Ran maya shared:

*Being an illiterate Tamangni I have delivered 9 children. If I were educated, I could not have given more birth. Now I expect desired number of children of my son and daughter. Now, most of the son and daughters-in-laws of this village have less number of children that is 3 in more and 2 in less; it is very good. And my son has also one son and one daughter which is enough. I told my sister-in-law not to delivery anymore. If they delivered larger number of children, they will also face the problem that I had”.*

I found the consciousness and awareness of children delivery and its connection to other aspects from Ran Maya. Now the trend of delivering children has been changing in that village. By influencing the changed phenomenon of education, Ran Maya was aware of the number of children in the family. Now children were being sent to schools because the parents know that if their children are uneducated, they want become like them. Thus, the impacts of education from daily phenomenon and interactions supported to participants to be aware to use of FP matter. As their day to day interaction with new phenomenon they have built up common understanding to new subject from their networks and the actions. In this connection, with development of society, the participants get chance to understand value of education through formal schooling system. Participants set new environment which is created by their interactions with others in society. It supports to develop interpersonal relation thus know the value of education and send their children to school at present. In this term Habermas theory of communicative action stated:

“The concept of communicative action refers to the interaction of at least two subjects capable of speech and action who establish interpersonal relations (whether by verbal or by extra verbal means). The actors seek to reach an understanding about the action situation and their plans of action in order to coordinate their actions by way of agreement” (Habermas, 1984, cited in Sumner, 2000, p. 268).

Thus to restate this in Habermas term, the participants understand the value of schooling through informal and non formal way of education in the society. They learn ideas to control birth rates in a family and society

### **Access on Family Planning Service**

As the result of Governmental and Non Governmental efforts towards FP program, participants received FP services to their own area at present. Some years ago,

Tamang women of Khoria Gaun used to go to Bhaktapur hospital for service. They experienced uncomfot for getting the services. In this regards, Kanchhi stated:

*Before two or three years, I went to Bhaktapur with my friends for taking FP methods. At that time, we did not get the bus easily therefore we used to walk two hours to reach the health post. I managed all the household chores to go there. I was scared to talk with hospital staffs so I took the injection of Dipo Provera quietly. I didn't ask hospital staff any question regarding to the FP practice. My friend answered all the questions they asked from my side. Now it is very easy to us for using contraception in our village. Because health officials come every 27<sup>th</sup> day of month for providing injection of Dipo and pills. Now I talk with them as a friend and ask question about problem to. The number of women in the village increases who want to get FP service.*

The access of FP service in their own village developed more communication and interactions between participants and service providers. Getting ideas about FP practice through service providers, participants became conscious of using it and their communication even makes sense of using FP as a tool to solve the problems associated with family management. Thus, friendly environment was created between participants and service providers. They communicated about their problem which is being more meaningful for their practice. As Aiti Maya expressed:

*They (Service Providers) are coming in our village for our welfare, so I think we must share our problems to them so as to get the solution. So in my opinion their arrival makes our life easier and comfortable. Similarly, we are very closer to them as compared to the past. . We invite them to our especial feasts in major festivals. Thus we become as a friend and share our problem to them and they also hear our problem. So we get FP service very easily nowadays”.*

Linking these ideas of participants they were getting an easy access of FP services in their own village that creates an atmosphere of informal education by sharing their ideas through the series of activities. Participants got opportunities of FP services into their own village promoting an interaction between both clients and service providers. Thus the FP program helped to establish an agreement between participants and service providers about the FP content these activities helped to support participants to understand the FP and its methods. Likewise the service provider can understand the participant's problem regarding FP practice. Thus this communicative action helped to coordinate between two parties and create mutual understanding regarding FP. Similarly, it created friendly environment to share the knowledge regarding FP and hence support to reach both parties to its achievement. In the same context, Han (2002) is linked to Habermas's idea of communicative as "Action oriented to reaching understanding of which the goal is the bringing about of an agreement that terminates in the inter-subjective communality of mutual comprehension, shared knowledge, reciprocal trust and accord with one another" (Habermas, 1984, McCarthy, 1978, cited in Han, 2002, p. 150). Thus, the informal and non formal way of education through FP service creates the mutual understanding between the participants and service provider to strengthen FP practices.

#### **Presence of Service Provider/ Developmental Activist**

Presence of development workers in the village made the participants' life style changed. The development actor's supported to the participants to understand the FP perception, children education, socio-cultural and economic status, sanitation and many more aspects of development in the society. The interaction between development actors and participants created the consensus and cooperate for further development of society. However in the development discourse, the communication,

agreement and other condition are set between the Tamang women and the development actors which lead to understand the problem and achieve the success.

For aiming to development, many GOs and NGOs were working in various areas of development in that village. NGO is placed to make great contribution on education, health, economic and many socio-cultural developments. These development actors constituted a new form of connectivity through the interaction and establish mutual understanding in the society. Similarly, the discourse on FP between service provider and participants created agreement and convinced to the participants for application of development practices. The relationship between service providers and clients play a crucial role for the successful FP program. In this term Murphy (n.d), stated, “Clients are more likely to be satisfied with services if all staff, not only the counselor, treats them in a respectful and friendly way. In turn, client satisfaction wasoften associated with effective use and continuation of FP, while poor CPI (client-provider interactions) can lead to discontinuation and method failure” (Murphy, n.d, p. 23). Thus, people of that village trust to the service provider and understand the subject through communicative actions. In this context Kanchhi Tamang stated

*Nowadays many NGO officials come in our village for the different purpose of development. The people of World Vision are one of the main among them. They come and teach us about use of Toilet and sanitation. It supports us for constructing toilet, drinking water tap, the school building. Similarly, they provide stationary and other support for girls in school.. They come and listen to our problems and offer some solutions. The entry of World Vision really supports to lead our village towards development. We understand the meaning of education, sanitation and economic activities from them. Likewise, health officials are really helpful to ‘teach’ us about FP and its method. I have some confusion to understand the operation (permanent*

*method). But now I came to know more about it than before. So, they are good for us and I really like to their help for us.*

At present, there were many NGOs concentrating to rural area for enhancement of people's livelihood. Many NGOs were focusing on the contemporary issues and try to seek the solutions for betterment of the village people's livelihood. NGOs are contributing to make people more aware and sensitive to the development process. NGOs supported to raise awareness among the public through non –formal education. Actually most of NGOs' were working in rural and slum area have not the goal of providing education but strategically they should take up non formal education as prerequisite to teach people about health, FP and their surroundings. As a development worker, I have experiencing that NGOs are playing very important roles to provide health services to the population in rural area. Similarly it has done remarkable work in the field of literacy, FP, population, environment conservation and development of non formal education at present. In this connection, with the entry of development workers, Tamang women of that village were aware to their socio-cultural status, children's' education, and their surroundings. The developmental discourse and their day to day activities with developmental actors supported to women economically empowered. As a result of empowerment, a mother group and a youth club were established at that village. In this regards Kanchhi told:

*We have a mother group in this village. All the Tamang women involve in this group and save money daily. Beside we can borrow the required money from it as loan. After collecting the money we pay the entire loan. Thus this mother group supports us in many aspects related to our livelihood. We should not ask for money to our husband for our personal expenses. So this mother group makes easy to all women in this village. Similarly our young children formed a youth club here. It*



*especially works for village sanitation and other issues as per the requirement. Thus the mother group and youth club support us to make aware.*

Actually the development intervention from NGOs has major purpose to empower people like Tamang. “NGOs interventions positively contribute to women empowerment” (Ullah 2003, cited in Islam & Sultana, 2005, p. 24). In fact the development intervention supported women especially poor to enhance their socio-economic status. Therefore Islam and Sultana again highlighted the NGOs’ contribution to women empowerment as

“NGOs central goal is empowering the powerless women folk or helping them to bloom their hidden potentialities that is power of thought, power of world, and power of organization, with a view to helping them to participate in the socio-economic development for their emancipation from less human condition to more human condition” (Haider and Aktar, 1999, cited in Islam & Sultana, 2005, p. 25)

In this connection, there were many NGOs and local government bodies working to improve the livelihood of the Tamang women in Khoria village. Women participation in mother group and saving money was one of the major outcomes of developmental intervention of NGOs to Khoria village. Women were developing their strength in economic activities through the mother’s group. They didnot depend on their husband for fulfillment of their daily requirement. In this context, Oakley and Clayton highlighted the Moser’s opinion

“While the empowerment approach acknowledges the importance for women of increasing their power, it seeks to identify power less in terms of domination over others and more in terms of the capacity of women to increase their self-reliance and internal strength. This is identified as the right to determine choices in life and to

influence the direction of change, through ability to gain control over crucial material and non-material sources” (Moser 1991 cited in Oakley & Clayton, 2000, p. 4).

Through this citation I connect to Habermas’s theory of communicative action, participants are educated through informal and non formal ways of education that helped to empower the participants with close relationship with the developmental actors. Participants learn to flourish the economic activities by participating and involving in the mother group and its day to day activities. Participation and involvement in mother group support to them to provide economic friendly environment at present.

### **Conclusion**

Education helps to understand life world and develop the thought by communicative action which people are learning through formal, informal and non formal way of education. In this sense, the non literate Tamang women of Khorla village had gained the knowledge through the informal way of their day to day activities and interaction in the past and at present. There was no trend of formal schooling so that they came to understand FP from learning by doing methods in the past. Though they couldn’t read and write, they can understand the use of FP from friends and their own daily experienced activities. Thus, by communicating with different people, participants have gained the knowledge and experienced the FP practice now.

Participants experienced FP education from different sources such as community and colleagues accordance to their time and situation. After marriage they got the opportunities to share the FP idea with friends, husbands, development workers and service providers informally. Thus this kind of opportunities to interact about FP supported them to be very close in the reality of FP practices. Participants comparatively gained better understanding of FP practice and aware to different form

of FP method than before. By their own experiences and interaction with many people, they were convinced the methods and adopt the method as their interest. Thus, the number of FP users has been increasing in that village now.

Aiming to develop the village, many GOs and NGOs are now functioning to that village as a medium of educating the people of the Khorla village. With entry of state program, NGOs, INGOs and other developmental actors as the form of educators, people became more aware regarding to education, sanitation, economy and socio-cultural development of the village. The non formal way of educating people through two way communication from these institutions convinced to send their children to the school now. They became responsible for FP to manage their family. They were aware about the saving and credit programme and started to save money for their future. In this context, participants realized their duties and responsibilities on their offspring that they see a golden gate of the life from schooling. Therefore they sent their children to school now days.

## CHAPTER VI

### SUMMARY, MEANING MAKING, AND CONCLUSION

The fifth chapter is discussed about the participant educational status and analyzed the changing trend of their socio-cultural and health status giving especially priority to family planning practices. Similarly, this chapter provides a reflection of summary, interpretation, meaning making, conclusion, and implication of my dissertation.

#### **Summary**

The first and foremost, I introduced my research issues linking to socio-cultural setting and its impacts on women health and reproductive right through my own experiences and the relevant data from literatures. I presented the pitiable health condition especially focus on women reproductive health with support of data from CBS, NDHS and other relevant sources. On the basis of the research issues, I developed mainly three research questions in which the whole study was circulated for seeking the answers. I especially reviewed four types of literatures so that I proceeded the study very systematically. Under thematic review, I incorporated some sorts of themes which are very vital to understand family planning and its practices. In theoretical connection, I took Jurgan Habermas's concept of 'Theory of communicative action' and used to my study while analyzing and interpreting the data. As picture talks everything, I made a conceptual framework to understand the study at a glance.

In the section of research methodology I highlighted my research paradigm as an interpretive paradigm of qualitative approach which supports to find out the subjective data from the research field. Furthermore, I have discussed my ontology

and epistemology; as there was developed locally knowledge about family planning among participants which I collected the information from dialect and interaction with them from their own ground. For collecting information related to research, I got support from both primary and secondary data and used informal conversational interview and field observation as a tool of data collection. I used digital camera to capture the audio-visual records of the field site and participants responses. Likewise, I maintained daily diary during my field visit which support to transcribe the text in writing process to reflect the field activities.

In Chapter IV, I described about participant's perception, practices and influence of socio-cultural factors on family planning adoption. I carefully presented participants narrations and locally used word about family planning. I linked up their own voices with the support from various relevant literature based evident while interpreting process. Participant's local understanding, practices, faced problems; rumors and symbolic meaning making towards family planning were well categorized and defined in terms of addressing the research question number one. Similarly, on the basis of research question number two; various aspects of socio-cultural status, norms, value and its effects on family planning practices are described on the same chapter here. Participant's marriage status, structure of family, religious point of views, decision making power, son preference concepts are directly or indirectly affects to their practice of family planning as well as happiness of the family status.

Furthermore, in Chapter V, I focused on relationship between education and participant's perception and practices regarding family planning. I analyzed participants' educational status since their childhood to till and tried to find out changes on perception and practices due to means of education. Though they never had access to formal schooling but understand the family planning phenomenon with

learning by doing from their own lived experiences. The way of informal learning was one of the vital educational approach; this supported them to build up family planning perception in their real life. At present the government intervention and many development workers contributed to make them more aware and conscious towards family planning practices. They became economically empowered due to the impacts of development efforts. Thus, communication with many development activists and family planning service providers supported them to change perception and practices regarding family planning at present. At last, the whole research summary, finding with discussion and conclusion is drawn in Chapter VI.

### **Meaning Making**

In Chapter VI, I summed up the whole dissertation process and drawn some implication. On the basis of three research questions, I interpreted and generated meaning of the study in briefly. The research questions are as follows:

1. How do Tamang women in Khorja Gaun perceive the FP?
2. What roles and relationships exist between FP practices and Tamang socio-cultural norms, values and religious practices?
3. How does education contribute to change perceptions and practices regarding FP?

### **Participants' Perception and Socio-cultural Influences on Family Planning**

The Tamang women (participants) perceived FP as their own lived experiences in local context through interacting and communicating to each others. Generally, participants understood the FP as their own purpose of practicing the method. They practiced the FP method for not giving birth to children again so they defined it as birth control perspective while answering the question related FP perception. In this context, FP aims to control birth and WHO (1984) also stated FP covers broad area of

birth, birth control, birth spacing, parenthood, education and counseling of FP and its devices (p. 3). Thus, participants expressed their perception of FP as means of 'control birth' through their own experienced phenomenon of FP practice to their life.

FP and the use of contraceptive became popular in Nepal like other developing countries of South Asia. In this context, Tamang women were also familiar about FP contraceptives. Participants expressed the idea of using FP in their local language. They were familiar to various kind of methods that were practicing in present time but address them as their own local words as three months injection ( Depo-provera), Khaane chhakki (Contraceptive pills), Napant (Norplant), thread keeping into abdomen (IUD), plastic cover (Condom) and operation (Permanent technique that is vasectomy for male, minilap and laparoscopy for female). During my field trip, I found many of Tamang women of Khorla used and preferred to three month injection. Similarly, the participants experienced other methods of FP but due to its side effect and tedious application, they didn't continue it. Thus most of the women of that village preferred to use three month injection which leads to increase the number of Depo-Provera users in that village.

In term of FP practice, women experienced various kinds of impacts of using FP those were both good and bad stories of being pregnant even after using the FP devices was found. Women were at confusion of false conception regarding FP. Similarly, some women experienced the good effects of devices and seemed to be satisfied to the services. On the others side, some women raised aggressive voice regarding the services and the methods that were not as useful as they thought. This kind of phenomenon may lead to decrease the number of users in future which directly affects individually as well as the target of national policy regarding FP. In this context, the monitoring and evaluation system should be maintained from

national level and strictly implement at the local especially in rural with guidelines application. On the other hand, I found that the women had no plans about the children in the very beginning period of their marriage. After interaction with others people (user group) helped to realize the application of method to the women. Though Nepal has adopted FP program in 1959-75 and still expanded the services yearly, still can't seek to the grass root problem. The national report related to fertility announces the declining trend of fertility in Nepal but still showed high rate in village or rural area (MOHP, 2011, p. 22).

Many meaningful symbols are used by participants which showed some significant socio cultural sense regarding FP. I grasped the meaningful symbols user, participants expressed so many symbolic expressions through physically, verbally and by meaningful statements which produced some meaningful sense regarding FP. In this term, they used many onomatopoeic words that helped me to understand their lived realities. Similarly their meaningful narrations were insightful to reflect the socio-cultural norm and value on this matter. Beside, participant's meaningful bodily reactions showed importance FP. They hardly communicated FP practice to each other in society. They hesitated to share their experience of FP practice. However, they would like to use FP methods. This showed that they liked to maintain the privacy of their sexuality and marriage affairs in Tamang culture. Similarly, they mostly shook their head while answering questions these types of socio, cultural set of norms set their actions lead them to use FP methods. Likewise, participant's expressed exclamation words like *Abhui and Chhya* they produced some meaningful sense towards FP. I found that talking about FP and its practice with others (especial to male) was taken as shameful matter in that society. They felt shy talking about male device. Even the participant didn't ask to use with her husband. I came to know



that the participants didn't hesitate to talk about the female devices that they had used in female group but in the case of male devices especially condom they kept silence and felt shame to talk about it. Thus the symbolic meaning of participants' attitudes and behaviors through their interaction is analyzed which is already set with their socio-cultural setting.

Some misunderstanding and rumors related FP devices were prevailing in Tamang community of Khorla Gaun. As a feature of society, participants shared their idea and practice regarding FP through their day to day interaction. In this regards, I found some interesting rumors and its effect to users group. In communication, the barriers in process created misunderstanding and circulate the information to all people while interaction to each others. Thus, the participants believed these rumors as facts in reality and scared to use the devices. The existing story related IUD (locally known as thread), condom (locally known as plastic cover) and operation create fear among the users group that lead the less preference to these devices. So, accordance to improvement of communication, there should be developed the mechanism of other kind of medium to give information properly which support to give exact information to the people. In this regards, the system of intervention should be revised and should be develop such mechanism which supported to the participant be clearer about the devices which may help to erase their misunderstanding and rumors of FP devices.

### **Socio-cultural Influences on Family Planning Practice**

In this section, I discussed and analyzed about Tamang socio-cultural aspects i. e; marriage, marriage age factor, religion, patriarchy, decision making power and son preference and its relationship with FP practice.

Broadly, I found that the bilateral cross cousins marriage system that practiced in Tamang society. Their cultural accepts the bilateral marriage in between the uncle's children and sister's in law children helped to form the strong family relationship. There was no any impact of this marriage system seen into the FP. In this regards, as other researchers showed that early marriage increased the chance of high fertility rate. Therefore, I found that the participants had large numbers of children. Thus, in one hand, from analyzing their narrations, I found that the marriage system of Tamang supported to maintain the harmony among the family members, in the other hand early marriage system lead to increase the number of children in the family. Thus, this social institution of Tamang culture is interconnected to the FP concept.

In terms of religion, Tamang are Buddhist but they celebrated all Hindu feast and festival. Their main rituals ceremonies were celebrated as following Buddhist culture. They had their own Lama (priest) for all rituals work. The lamas were the respective person to them. Their main God timlala (God of house) worshiped by the priest known as Laptaba. So, all the rituals and worshipping works were performed done by the Laptaba. In this term, the Timlala (god) and laptaba (priest) never restricted voice against FP. Though all the rituals works were carried out by lama in their religion they were not restricted to participate in any religious and cultural performances using FP methods. Thus I found no any restriction of religious and cultural Lams to use FP for women in that society.

Under the theme of patriarchy, I analyzed the patriarchal family system and its' impacts to FP practice of Tamang women. Tamang women left their natal home after getting marriage and migrated to their husbands' house. Women were dependant to their husband after their marriage. Husband had the superior role to be performed in the house. Likewise women involved in their household chores and farm

but male were the main source of earning. I found as Hindu culture, that the participants accepted the husband superiority in the family and assumed that he was the protector and bread winner of the family in Tamang culture too. In this term, for asking about money to any work, the participant should ask to her husband. Even for taking FP service (before they used to go Bhaktapur for taking FP service) they used to ask money from their husband. In such condition, the patriarchy system directly and indirectly affected to the FP practice.

Similarity, mostly decision was taken by Tamang male as compared to their husband. In this line, gender played a vital role to women's decision making power in FP practice. In this term, a study stated "Gender has a powerful influence on reproductive decision making and behavior" (Mcfarlane, et al., 1994; Blanc et al.; 1996; and US agency for international development, 1997; cited in Oladeji, 2008, p. 133). In this study, though Tamang women practiced the devices by own choice, they confessed and got the permission of the FP decision from their husband in the very beginning period. They felt fear from their husbands, if they decided to FP practice without their husband permission. Similarly, husband of Tamang women showed irresponsible to FP practice. They took FP as women methods were made only for female. "In many developing countries men were the primary decision-makers about sexual activity, fertility, and contraceptive use. Men were often called gatekeeper because of the many powerful roles they play in society as husbands, fathers, uncles, religious leaders, policy-makers, and local and national leaders" ( Danforth & Jezowski, 1994; Green et al.; 1995; and Greene and Biddlecom, 1997 cited in Oladeji, 2008, p. 133). Therefore, the husband seemed to be the first decision maker regarding FP decision in Tamang society of the study area.

As so called social and gender prescribed norms the participants had complete responsibility of FP practice. They thought if anything went against to their husbands' will by doing operation; they would face a great trouble. Thus participants accepted their husband as a decision maker regarding FP practice. During my field trip, I found that the participants have expressed great desire on son. They thought that sons in their old age would be their protectors. Their husbands seemed to be more interested having son than the female participants. In this regards, participants delivered large number of children waiting to deliver a male baby.

Therefore the construction of the social institution and their cultural practices were vital for the success of the health intervention. In this context, I found socio-cultural aspects and its influence in FP matter in the study area. The trend of getting early marriage lead to increase the number of children in their family. As NDHS (2006), being as a rural women they have little knowledge to keep baby safe result that the children survival rate is seen less among the users group. Thus, I have found that the social structure and the marriage pattern of Tamang society affects to FP. I found the family system of the Tamang society is based on patriarchy. In this term, March (1997) described about Tamang family system in his article as "Patrilineal descent and patrilocal post-marital residence mean that a Tamang women must leave her natal family and move to live with her husband's family when she marries" (p. 138). As the participants' narration, I analyzed that after marriage they shift to their husbands' house and be economically dependent to their husband. In this term, they should have asked to their husband for every task even to their FP practice. It means they have felt discomfort to their marital homes. March (1997) described about Tamang women, "Every married women counterpoised natal and marital homes. All

women spoke of their birth home as a place of comfort, freedom, affection and tranquility; they found their marital homes hard, constrained, and argumentative” (p. 154).

In this way I found that the socio-cultural parts were interconnected and affects to practice the FP practice in Tamang society. In fact, after analyzing all the socio-cultural status and individual perceptions, I found that participants were somehow deprived from their rights regarding reproductive rights especially in their reproductive health matters but not in all aspects.

### **Educational Contribution on Family Planning Perception**

Believing education as a lifelong learning process, Tamang women were getting knowledge of using FP formally and informally. In fact, the informal learning as the root of today schooling, Tamang women learnt many things of family planning. Therefore, informal learning system was the first step of education among Tamang women to use and practice FP. In this context, I discussed the past and present situation of learning system to the Tamang women especially referencing to FP system. I found that Tamang women gained knowledge through ‘learning by doing’ strategies. In the past, they did not have almost any access to schooling and education. People were not conscious to send their daughter in school where they could learn about FP. They learnt the reality by their own day to day activities through communication to other Tamang women. Family, parents, friends, farm, jungle, cattle and their surrounding were the different places from where they learnt something about FP and other kinds of information. In regards to FP matter, they even could not discuss it openly. Moreover, they didn’t know about FP in their past especially to their natal home. After marriage they got an environment of sharing the knowledge and experiences regarding FP and its practice. At present they became aware of using FP

methods because various development actors contributed to change the previous experience of Tamang women. Some years ago, they received the FP service from Bhaktapur hospital but now they got such services in their own village. I found that the presence of these service providers made them more interactive and tended to seek the solution by communicating with service providers. Being very close between two parties (participant and service providers) they created an environment of sharing information, coordination, thus developed mutual understanding to reach the FP objectives from both sides. By communication and frequently interaction with service provider, participants were updating about the recent information of FP methods. Now they convinced to the application of FP.

With the process of developments, GOs, NGOs and INGOs plans and programmes enhanced Tamang women to empower them by supporting their sustainable livelihood development. Strategically, they were working in many sectors like, sanitation, education, entrepreneurship development, employment FP etc for uplifting the livelihood of local people. In this context, I found less governmental efforts as compared to the efforts of NGOs; INGOs. Most of the women of that village involved in the mothers' group and participated in saving and credit programmes. Now, they were able to fulfill their basic requirements of their family and they could borrow loan for especial work from mother groups also. Besides, they were aware to their children schooling, and other responsibilities to their children. Thus, after interaction and communication with different development actors, they were empowered hence had access on economy and good socio-cultural position than before which was directly and indirectly related to FP practice. Women became conscious to parenthood which was one of the vital changes observed among Tamang women. At last, the informal and non formal ways of learning from different

development actors supported participants to bring changes in perceiving and practicing FP at present.

### **Conclusion**

From this study, I concluded that the participants understood FP as one of the important methods to manage the number of family from their own practice and experiences. They perceived FP accordance to their cosmological eyes through their day to day interaction regarding FP. They perceived the meaning of FP on the basis of their aim of adopting the devices that is 'to control birth'.

The knowledge of FP method was nearly universal so I found Tamang women perceived knowledge about FP methods by their own understanding through locally used terms named three months injection (Depo-Provera), Khaane chakki (Contraceptive pills), plastic cover (condom), Narpant (Norplant), Thread (IUD) and operation (permanent methods vasectomy/minilap).

As the result of national strategies of FP intervention, the number of practiced Tamang women (users group) got increased due to easy access on services in their own village. They became aware about the side effect and implication of FP devices. Especially three month injection (Depo-Provera) was the choice of the method among Tamang women due to its easy implication and tension free application.

Tamang women have been experiencing both good and bad effect from devices (Three month injection); those who experienced the good effect seemed satisfied and wanted to continue it but those who experienced bad effects were unsatisfied to the service and decided not to adopt any devices. Likewise within their adoption of FP devices, some participants also experienced false conception and compelled to deliver baby again. Thus due to lack of proper counseling and supervision of FP program, some participant did not take the use of FP for granted in

their live which may tend to affect the national goal of FP intervention of Nepal for long term.

Most of the participants had large numbers of children in their family and were facing different problems to educate them. Child survival rate was less than total delivery. Similarly, inadequate and improper care to newborn babies tended to increase the child mortality rate.

Likewise, Tamang women used the symbols and expressed their actions through their interaction regarding FP practice. I found many meaningful words and statements they used which showed their behaviors, attitudes and socio-cultural guidance towards their practice of FP devices. The used words, facial expressions and bodily reaction really showed some interesting socio-cultural norms and taboos regarding FP.

Similarly, there were some rumors and misunderstanding of FP practice was prevailing there. Tamang women mostly believed that these rumors scared them to use the devices. Due to these kinds of misunderstanding and rumors, Tamang women were not interested to use other FP devices (condom, IUD & operation). In fact, the FP matter was closely related to sexuality. Therefore Tamang women kept silence while asking to their practice especially about male device (condom). In this context they were not counseled properly about the FP devices.

There are some socio-cultural aspects which directly or indirectly influenced to Tamang women FP practice. I found Tamang accepted bilateral cross cousin marriage and they have trend to get early marriage. I didn't find any impacts of their cross cousin marriage system to their family planning practice but found that socio-cultural practice of early marriage supports to increase the fertility power; result the large number of delivery occurred in the family.



In religious point of view, there was no any restriction or taboos to practice the FP devices in Tamang community. As the respective person of Tamang culture, Lama never restricted Tamang women to use FP.

On the other side, I found that the participants were not entertaining family planning practice as women rights due to the socio-cultural setting. Tamang society practiced patriarchal family system; women left their natal home and shifted to their husband house as a Hindu society. Therefore, with shifting to their husband's home, they were economically and socially dependent to their husband. They accepted their husband dominance to family. In this regards, they felt discomfort and scared to decide the FP practice themselves. Similarly, the husband was assumed that his wife should handle the responsibilities about FP practice. Thus, Tamang woman compelled to manage the FP affairs herself.

Likewise in term of decision making of FP practice, Tamang women usually got permission to their husband in the very beginning period. After getting permission from husband, they only practiced their own choice of the FP method. I found the husband controlled and decision making power in Tamang family. Likewise Tamang women and their husband were very much interested to deliver son. They emphasized to son as their old age safeguard and bread winner in their old age rather for fulfillment of cultural demands. In this context, until delivering a son, Tamang women delivered children again and again. Thus, expectation of son made a large number of children in their family.

Tamang women gained knowledge through informal and non formal way of education while interacting to each others. In this case, Tamang women gained the knowledge by interacting and communicating with their parents, friends and other peoples of the society.

They understood their surrounding learning by doing way of lifestyle. Though they were not aware to FP idea in their past, now they have understand about FP idea and they started to adopt its methods. After marriage, they found the environment of sharing knowledge about FP and its application by interacting with their husbands, friends (users group), service providers and development activists which support them to more aware about FP education, children schooling, economic empowerment.

The presence of FP service to the village created an interacting environment between service providers and Tamang women that helped to participants closer to understand FP.

Similarly, the non formal way of educating from many development actors supported to them to be economically empower. It supported them to involve the economic activities and hence they got the financial access to fulfill their basic needs. Now they were economically empowered and could able to fulfill their basic needs through involving the saving and credit system.

Thus, educating from informal and non formal way of learning enable them to perceive FP idea and encourage for adopting the methods. Similarly they were seen more conscious to children education and other parents' responsibilities at present which was one of the major aspects of FP.

### **Implications**

I have drawn some implications of this research which is particularly useful for state policy maker, health service provider, development worker, educationists, social worker to know about the subject matters which support to insight their further plans and interventions in this field. Participant's perceptions, understanding, socio-cultural influences and educational contribution to FP are the interconnected concept for generating new ideas in the local context. For betterment of the developmental

intervention, these aspects should be considered as tools to address the problem in grass root level.

In broader sense, those who are very interested and concerning to FP issue with various socio-cultural aspects can benefit from the findings of this study. The following implications are drawn as below:

1. Family Planning program can't address the cultural aspects properly in Nepal which is crucial for success of these interventions. This study calls for culturally focused family planning services at grass root level.
2. Family Planning awareness is vital to all especially to achieve the country's target about Family Planning program. Therefore it is better to establish awareness about reproductive rights to men, women, girls, boys as well as all human beings.
3. It is better to organize such combined programs of family planning and reproductive rights so that people will consider and give preference to reproductive right as women rights on health status especially to the field of women's reproductive health.
4. The policy makers, political leaders, development activists and educationists may prepare inclusive family planning interventions and curriculum related to family planning program and education.
5. It is suggested to National and International donor agencies to keep their eye on this especial group (non literate Tamang women) and manage the special fund for Family Planning program.

### **Research Implications**

I have attempted to explore the non literate Tamang women's understanding and perception related phenomenon regarding FP through their ground realities and day to

day interaction. I have analyzed various aspects of the Tamang women's understanding, and socio-cultural influences to FP affairs. In this research, I am trying to show how education contributes to change FP behaviors of Tamang women. This research has produced some new conclusions that can contribute to seek more new knowledge in this field. However, there are lots of issues and subjects are still left behind it which can't incorporate here and they are really very important for further research. Some of them are as given below:

1. Perception and practices of Family Planning between educated and uneducated Tamang Women Users Groups.
2. Governmental Scheme and Gaps related to FP.
3. Relationship between FP counseling and Users Group.
4. Need of male involvement to FP practice.
5. Relationship between FP program and development of the grassroots people.

### **Learning Points of the Research**

This research has given insight to me in the field of women reproductive rights as well as the women's socio-cultural status and its impact on their reproductive health. I believed that Tamang women as an indigenous group, they have experienced the gender equality in their society. In fact, they are also facing many kinds of hurdles in term of getting facilities as a male. Though I have found some of their rituals which are very friendly to them i.e, religion and cross cousin marriage relationship, on the other hand their practice of early marriage is terribly affected to their reproductive health status as well as socio-cultural status. Similarly, I have realized that the socio-cultural structures like patriarchy, son preference and decision making power are also some of the predominant factors which lead to women suppression in Tamang community.

In terms of education, informal and non formal education plays a strong role to make people aware about things as formal education. Learning by doing approach is crucial in human life. Education is everywhere and people learn even from a small phenomenon they have experienced. Therefore the main things are communication or interaction which play important role to make people aware about the information. In this context, though the participants are not literate but aware about family planning from interaction with family, friends, service provider and development activists. So, day to day life phenomenon is itself a teacher to all which lead to people to be aware about their surroundings. Very last but not least, I have gained knowledge regarding the relationship between socio-cultural aspects and biological status especially in Tamang community from this research.

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