PRACTICE OF CONTRACEPTIVE DEVICES AMONG MUSAHAR WOMEN

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DEDICATION

This work is dedicated to my grandparents- Late Chandradhar Shastri and Indra Kumari Kafle

DECLARATION

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

Manju Regmi, Degree Candidate August 14, 2011

AN ABSTRACT OF THE DISSERTATION OF

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Abstract Approved

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Reduction in population growth is believed to improve a country's prospects for economic development, which subsequently is believed to enhance a country's ability to improve the lives of its citizens. Rapid growth of population has been recorded since 1971 in Nepal. The same is now in the verge of double increase. There is no issue graver or more pressing than the rate of population growth in Nepal. It is thus that family planning and contraceptive devices are crucial components in saving the country from such a serious problem.

The aim of this study was to analyze the use of contractive devices among the currently married Musahar women (The Musahar are an indigenous group. The indigenous communities of this country live in a terrible plight, both socially and economically. They are victims of economic, racial and social discrimination, and have no access to natural resources, technological knowledge or educational opportunities) in their reproductive age (15-49 years) in Chandraayodhayapur VDC of Siraha district. The socio-demographic factors, the personal factors, practice of using contraceptive devices and relation between

practice and educational attainment were considered as research questions. This cross sectional survey was analyzed by taking a census. The data were collected through a pre-tested interview schedule. The analysis of data was done using SPSS software. Descriptive statistic such as frequency, percentage, mean, standard deviation and cross tabulation were utilized in the analyzing of data. Of the 145 respondents, generated from a total of 562 females in the population, 91 percent of women were illiterate and their major occupation was labor. 71 percent had prior knowledge of at least one form of contraceptive. The most commonly known methods of contraception were injection, female sterilization and male sterilization. Of the total respondents, 6.2 percent had used contraceptives at least once in the past and 36.6 percent were currently using contraceptive devices.

The use of contraceptive devices and the schooling of children were directly affected by the educational level of the women, as the women's age occupation, and number of living sons. Encouragement from friends and the sense of materializing the norms of small family were found to be the leading contributing factors for the usage of contraceptive devices. Lack of knowledge of contraceptive devices, and the desire for a son were founded as the key factors which prevented the women from using a family planning method.

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Manju Regmi, Degree Candidate

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AIDS	Acquired Immune Deficiency Syndrome
CBS	Central bureau of Statistics
CD	Contraceptive Devices
CPR	Contraceptive Prevalence Rate
DDC	District Development Committee
FPAN	Family Planning Association of Nepal
GO	Governmental Organization
HIV	Human Immune-deficiency Virus
ICPD	International Conference on Population and Development
INGO	International Non Governmental Organization
IIDS	Indian Institute of Dalit Studies
IUCD	Intrauterine Contraceptive Device
LDO	Local Development Officer
MDG	Millennium Development Goals
MoH	Ministry of Health
NGO	Non Governmental Organizations
NHDR	Nepal Human Development Report
NDHS	Nepal Demographic Health Survey
NHEICC	National Health Education, Information and Communication Centre
RH	Reproductive Health
SD	Standard Deviation
SPSS	Statistical Package for Social Science
STDs	Sexual Transmitted Diseases
UN	United nation
UNDP	United Nation Development Project
USA	United State of America
VDC	Village Development Committee

CHAPTER I

INTRODUCTION

Chapter Introduction

This chapter introduces the establishment of Family Planning Association (FPA) and its program and importance of use of contraceptives in the Nepalese context. It also incorporates objectives of the study statement of the problem and research questions. It includes the need and context of this study as well.

Background of the Study

Family planning is not a new phenomenon to the modern age. The concern of family planning increased only when the rapid growth of population exerted its effects on the overall development of human beings. Tremendous efforts have been made to control population growth, in which family planning was just one. Both the direct and indirect methods of family planning were put into practice and the focus was on reducing the maternal mortality rate.

Contraception is an essential part of reproductive health. The principal health outcomes of family planning are listed and discussed by a WHO scientific group on the Health Aspects of Family Planning. One such discussion dealt with women's health and noted that: pregnancy can mean serious problems for many women. It may damage the mother's health or even endanger her life. In many developing countries, the risk of dying as the result of pregnancy is 10 to 20 times greater than in developed countries (Park, 1997).

In the context of Nepal, the family planning program was started along with the establishment of the family planning association of Nepal in 1959 (FPAN, 2008). In fact,

Nepal was one of the first countries of south Asia, in which information about family planning was available through non-governmental programs. Since the mid-sixties the government of Nepal has been actively involved in providing family planning services with the establishment of Nepal Family Planning and Maternal Child Health Project. Family planning has become an integral part of the country's health services since the nineties (Oli, 2007).

Contraceptive devices have a direct role in controlling fertility, and their role ranges from control of population growth to the obtainment of a higher quality of life. The pattern of contraceptive differs from one to another, however; the role of contraceptive devices is universal. The main goals are to prevent unwanted pregnancy, to increase the birth space and to reduce the maternal mortality rate. These methods enable couples to temporarily and permanently avoid pregnancy. Permanent birth control is accomplished through sterilization. There are different types of contraceptive devices available in the market, hospital and clinic (Dhakal, 2001).

Family planning is the major component of reproductive health which can save human lives, control unwanted pregnancies, limit the number of births, limit birth to the healthiest age, avoid unsafe abortion, prevent transmission of sexually transmitted diseases (STDs), and consequently reduce infant and child mortality rates, and directly control fertility and population growth (Park, 1997). However, with effective family planning and contraception, an estimated 100,000 of these deaths could be avoided (Maja, 2005). The utilization of contraceptive devices has been increasing day by day, as a means of birth control recognized early in the development process and has been viewed as reproductive health and was recognized more readily after the International Conference on Population

and Development (ICPD) held in Cairo in 1994 (Sharma, 2004). Since individual health and wellbeing were recognized as pre-requisites for the life fulfillment of human beings, the conference emphasized on human rights, human development, individual well-being and also the need for small family size. The new thinking endorsed in Cairo was also that population growth can be stabilized and development efforts can be enhanced particularly by the development of women and improving the reproductive health (Sharma, 2004).

Nepal has shown its commitment to meeting the MDG by 2015. To implement this international commitment, the government of Nepal has implemented new policies, plans, laws, orders, rules, regulations, etc to eradicate evil social practices. A great number of NGOs and INGOs have been encouraged to regulate their programs in order to remove social evils; such as the systems of untouchables and to enlighten the people of every caste and class with contraceptive prevalence rates (CPR). Millions of rupees are being invested every year in contraceptive prevalence and the government has included this topic in every fifth year plan; however, the government has not been able to meet the target yet, despite some progress in CPR of Nepal in the comparison to the years before (FPAN, 2008).

Problem Statement

Rapid population growth is one of the most threatening problems in many developing countries. According to Guillebaud (1994), more than 90% of the growth in human numbers is occurring in poor countries like Nepal. Nepal is facing the problem of attaining a sustainable decline in fertility in order to reduce the burden of population. More people are using more fossil fuels for heat, transportation and manufacturing the level of greenhouse gases that cause continuous increase in global warming. As more farming occurs to feed millions of new people, more greenhouse gases enter the atmosphere. In

spite of an increased level of investment in the population field during the five successive development plans, declines in level of fertility remain very low (Bista P. S., 2006).

High population growth in Nepal is threatening to the developmental achievements and environmental sustainability of the country. It has created land pollution, water pollution and polluted the air quality (Compendium, 2007). The major cause of population increase in Nepal is natural phenomena such as birth. The total fertility rate is 3.1 per women (NDHS, 2006), which is because of early marriage, early conception and lack of contraceptive knowledge and its use (Bista, 2006). However in Nepal, contraceptive prevalence rate has increased by3% in 1967, 7% in 1981 and 15% in 1986 24% in 1994, 29.9% in 1997, 39% in 2001 and 48% in 2006 (FPAN, 2008) among all currently married women. To reduce the high birth rate, a family planning program is the most powerful device for controlling population growth all over the world. The government of Nepal has adopted family planning as an official policy in 1959 (FPAN, 2008). At that time GOs/NGOs and INGOs also focused on it. As a result of a national emphasis on services and logistic efforts during the last three decades, contraceptive knowledge level has increased. Various family planning surveys attributed to this increase in mass media coverage, community activities, interpersonal communication, counseling and other factors (FPAN, 2008). Despite this the rate is still low, so the question arises as to why there is still low use of contraceptive methods in some communities of rural areas in Nepal?

Musahars are the Dalit and they are a marginalized group of people in the society where they reside (Thakur, 2010). Usage of contraceptive devices in this group is lowest among all the other groups of people in Terai (IIDS, 2008). Since the national aim is the development of the people and nation through the use of contraceptive devices, the

Musahar people must also have been benefited. Despite the millions in investment by government and non-governmental organizations to bring balanced development, Musahars are bound to stay in the shadowed area where no sector of progress has been seen to peep in to their daily life practices (Thakur, 2010). Who is responsible for this? Why are they not thinking of themselves to bring change among them? Is it their culture or tradition that causes an obstacle in bringing changes in their lives? Have they changed themselves? What roles are the institutions and people surrounding them playing in supporting their contemporary situation? Questions like this encouraged this researcher to explore the situation of contraceptive device practices and to determine the issues as such and, therefore, this researcher has decided to find out the situation of contraceptive using practices among the Musahar women.

Purpose of the Study

The purpose of this study is to explore the practices of contraceptive devices among Musahar married women and to know the contribution of education, if any, in this practice.

Research Questions

a) What are the socio-demographic factors of married Musahar women?

b) What are the personal factors (knowledge, attitude and beliefs) of Musahar women on using contraceptive device?

c) What is their practice of using contraceptive devices?

d) Does their educational attainment play a role in practice of their contraceptive devices?

Significance of the Study

The practice of contraceptive devices in any area is affected by the education, occupation, and place of residence. Use of contraceptive devices also varies from one caste to other, one region to other, and it also varies from one age group to another. Family planning programs works best when women are fully involved in the process of designing provision, management and evaluation of services. Female empowerment and changing social traditions and norms may increase the rate of contraceptive users (Dhakal, 2007).

Users of contraceptive devices are more found in urban areas than in rural and it is also found distinction between variables of education, level of income, occupation and socio-religious context (Oli, 2007). In this sense, this study directs to provide practice and responsible factors on practice of contraceptive devices of a VDC and also provides information about the educational status, socio-demographic status and relation between these factors in the practice of contraceptives use. It has also highlighted why Musahar women do not intend to use contraceptives as means of family planning. This study will help policy makers, planners, administrators and demographers to formulate and implement specific programs, family planning and population control particularly, for the communities like Musahars in Nepal. This study will also serve as a milestone for the researchers who will carry out a similar research in the days to come.

Chapter Summary

This chapter highlighted the establishment and importance of the family planning program and its situation in the context of Nepal. It has also consisted of a statement of the problems which explain the gap and the cause of research study. Similarly, it has also included the need and importance of this study.

CHAPTER TWO

LITURATURE REVIEW

Chapter Introduction

This chapter discusses rapid population growth and its impact on the development practices in human life and also the environment which people live in. It has also highlighted the importance of family planning methods for contributing to address the issues of environment and development of the country. Likewise, relation of family planning and contraception with the other factors in human life are also accounted for as the part of literature. The components of human life which are deliberately affected and influenced by the family planning practices have been dealt with as variables for this study which have been discussed in relations to the previous research findings. This chapter also includes a deliberate discussion on conceptual framework adopted for the study. It has also highlighted the existing policies and practices on Family Planning and use of contraception particularly among the marginalized and disadvantaged group of people like Musahars. The review of literature related to this study has basically based on books, journals, research findings and articles. .

Family Planning and Contraception

The term "Family Planning" is the planning of when to have children, and the use of birth control and other techniques to implement such plans (Bista, 2006). The other techniques commonly used in Family Planning include sexual education, prevention and management of sexually transmitted infections, pre-conception counseling and management, and infertility management (FPAN, 2008). Family planning is often used synonymously with birth control. It is most usually applied to a female-male couple who

wish to limit the number of children. However, family planning doesn't just involve contraception. It also includes planning the birth of children for certain times possibly by spacing out births a few years apart and planning for a child or children when there are difficulties in conceiving (family doctor, 2005).Contraception is techniques and methods to prevent human fertilization. Other birth control methods include contraception, which prevents the implantation of the blast cyst, and abortion, the removal or expulsion of a fetus or embryo from the uterus. It includes barrier methods, such as condoms or the diaphragm, injectable contraceptives, and hormonal contraception, also known as oral contraception (family doctor, 2005). Contraception is affected by various socio-economic and demographic factors such as educational level, occupation, age at marriage, income, sex, and knowledge and perception of the people (Puri, 1994). Contraceptive use is seen as pivotal to protecting women's health and rights, impacting upon fertility and population growth, and promoting economic development particularly in much of sub-Saharan Africa. Globally, contraceptives help in preventing an estimated 2.7 million infant deaths and the loss of 60 million years of healthy life (Gorden, 2011). Therefore an effort is made to review literature related to explanatory capacity of these variables for the use and non-use of contraceptive devices in this study.

Family Planning and Development

Family Planning and development has been the subject of study for a number of years. Family Planning focuses on population control and development focuses to promote quality of life of people. The weak practice of the former one causes high rate of population growth, which pushes people to unemployment and increases dependency on land. As a result, deforestation, encroachment, uncultivated land becomes the part of

agriculture. So these all activities have given negative effects on environment which affects particularly the life of the poor because poor people live in the weak, unfertile and marginalized land (UNDP, 2001).

Family planning is indirectly related to the development because every year government spent a lot of budget in association of World Health Organization for maternal health program. The cost of one contraceptive device is $1 but the expenditure from her pregnancy to child birth is $ 125. This is because the mother in question has to be immunized regularly and they should also be supplied with iron, vitamin, nutrients, and services for safe delivery and provides free bed in the hospital (WHO, 2008). It is wise to save money instead of giving birth to more children. If we consider using contraceptive, it will be a fruitful idea to save over expenditure of the country. Controlling birth rate means improving maternal health. It also helps to save money, which can deliberately be used in the development of the nation as a whole. (Information given by authorized person of FPAN branch). With the purpose of ensuring development the Head of the stats and government of 189 countries showed their commitment in September 2000 to adopt seven goals of development including Contraceptive Prevalence Rate (goal 5b) declared by the UN. (UNDP, 2010). Nepal has also included reproductive rights for women development (Sharma, 2004) to ensure and promote human rights.

These l studies show that healthy population (men and women) is the power of the country. We cannot imagine the development of the nation without equal participation of healthy human power. For this, there should be balance between the available resources and the existing population. If the population is greater than the resources, it becomes a

hazardous for the country. Nepal has been facing similar situation for years. It is, therefore, obvious that use of contraception has close link with development.

High population Growth and Impact on Environment

Due to high rate of population growth Nepal's economic growth has not been high or sustainable (Nepal Human Development Report, 2000). The report has mentioned that the absolute number of people below the poverty line has doubled from 4.7 million in 1976 to close to nine million. Population growth has remained high but economic capacity of the people and the nation to create additional employment opportunities has remained low. This has led people to rely more on the land. At times, this has also led to clearing up forests, intensifying the use of public land, and farming marginal land. All these activities adversely have affected the environment which, in turn, has had devastating effects on the poor, as they usually rely on the most marginal and fragile land. (NHDR, 2002).

Knowledge of the People and Contraception

The knowledge of at least one modern method of family planning is nearly universal (99.9%) in Nepal (NDHS, 2006). The widely known modern contraceptive methods by currently married women are female sterilization (98.7%), male sterilization (96.3%), injectables (98.8%), pill (95.4%), and condom (96.8%) (NDHS, 2006). The most commonly used modern methods for currently married women are injectables (31.8%), female sterilization (18%), pills (18.1%) and condoms (22.2%) (NDHS, 2006: 76-77). However, people in Nepal never use these methods if they have no knowledge of using or wrong perception or fear about the contraception.

Khadka (2005) has found that the main source of information of contraceptive devices is radio. He has also mentioned that 42.83% and 31.28% of the respondents were unaware about the advantages of contraceptive devices.

MoH (2001) has stated that most ever married Nepalese men are against the idea that contraception is a women's business. More than 70% men also disagree that a woman has no right to tell a man to use device or that women who are sterilized may become promiscuous. According to MoH (2001), men who have used injectables believe that they are good method of family planning. More than three quarters of men who have heard of female sterilization believe that it is good method of family planning (Oli, 2007). It shows that the use of contraception depends on knowledge and perception of people.

Education and Use of Contraception

Education is the backbone for advancement of society and development. Education plays vital role in every field. Women education rather plays duel role in family as well as society. However, the gap of literacy between male and female still exists very wide in Nepal (Dhakal, 2007). She has mentioned that there is positive relationship between use of contraceptive devices and educational attainment of women. She has asserted that the practice of contraceptive devices is increased along with the increase in the level of education. In her study among the current users 17.8 percent of women are illiterate, 26.6 percent are non-formally educated and 22.9 percent of current users have passed S.L.C and above. She has also mentioned that sterilization is more popular than the other devices of contraceptive among uneducated women. Pill is being used by the women who possess the status of primary, secondary, S.L.C and higher education. Injection is mostly used by educated women. She has found that out of 38 only 4 illiterate women are using injection

(Dhakal, 2007). Charoehloet and his friends also reported that contraception rates appear to be positively associated with the level of education. Women with some level education have a relatively higher contribution than women with no education (as cited as in Thapa, 1989).

It is, therefore, obvious that education is an important factor which determines the use of contraceptives. The literature discussed above specifies that educated women use contraceptives outlet more frequently than uneducated women because they have better knowledge and information about it. According to NDHS (2001), contraceptive prevalence rate is 37 for women with no education whereas the same is 57 for women having educational level SLC and above (Dhakal, 2007).

The female literacy rate is very low in Nepal, which has direct association with health seeking behavior, early marriage, teen-age pregnancy, childcare, nutrition, unsafe abortion, use of family planning methods and fertility (FPAN, Annual Report 2008). Nepali women living in low-income households have largely been in the zone of discrimination in the family or elsewhere since their young age. . They often receive less food than boys. They comparatively, perform more household works and get fewer opportunities for education (Shakya, 2004). The poor access to education causes poor access to economic activities, which is backed by different forms of discrimination in the part of women. This plight causes the limitations on the access to education again. The cycle poverty and illiteracy goes on particularly in Dalit people's life that hinders the Dalit's development. This implies that the Dalits like Musahars can hardly get better access to education and economic activities unless this vicious cyclic order isn't torn apart. The status of the larger mass of people, Dalits in this case, is sure to be more deteriorating

if they are not prioritized for education and economic advancement. This will ultimately affect in the development of the country as a whole.

Sex Preference of Child and Use of Contraception

Nepal has pre-industrial & traditional society. It has an overwhelming majority of population living in rural area with agro-based economy. The value and norms of the societies are dominated by Hindu religion, which supports sex preference (Gurung, 1992). Sons are more likely (than daughters) to support family on the farm or in family business, earn wages and to support their parents during old age. Bhattarai (2001) has mentioned that the probability of using contraceptives is extremely less among Nepalese women if they have no surviving son. It is, therefore, obvious that preference of son in Nepal is very strong. This preference among people has led the use of contraceptive devices less substantial (Bhattarai, 1997). World Fertility Survey 1987 shows that strong son preference prevailed in Southern Asian countries like Nepal, Pakistan, and Jordan whereas daughter preference is evident only in Jamaica which affects on use of contraceptive (Bhattarai, 1997). In several Asian countries, sex preference has appeared to be a major determinant of family size. Nepalese couple generally believes that family planning should begin only after they get male child. Nepalese parents prefer son to daughter because of their cultural and various role that sons play in their family lives. Son is the only person who can perform death and post death rituals to ensure that the gate of heaven will be opened for parents. In addition to this, sons also keep on existing family name and they also support in their old age. This kind of belief helps to increase population and decrease in the use of contraceptives (Karki, 1988).

Religious and cultural practices of Nepal have given more preference to men rather than women. Many Hindu rituals institutionalize the criticism of women, and systematically undermine their self-worth. This situation helped people internalize that women are not equal to men, and they are economically and socially dependent on male member. They are unwelcome at birth (Bhattarai, 1997).

Income and Use of Contraception

Operational research studies support the hypothesis that economic status bears an inverse relationship with fertility. The birth rate of children declines with an increase in per capita expenditure of the household. The World Conference at Bucharest in fact stressed that economic development is the best contraceptive. It will take care of population growth and bring about reduction of fertility (Park, K. 1997).The majority of women in Nepal live in rural area. Rural women, as elsewhere, play multiple roles. In the domestic sphere they are household managers, mothers and wives. They maintain social and cultural services in community, predominately on a voluntary basis. Economically they are active in family business and farms if they are not formally engaged as employees or entrepreneurs. Their low access to income, wealth and employment are the main causes of their low economic statues (Pandey, 2009). It directly and indirectly affects their decision making power even in their individual life and, hence, they don't use the contraceptive devices without consent of their male counterpart.

On the other hand because of the poverty people think that many hands mean more income. If they have more children they are sources of income. They can earn money with the help of many children. The perception and belief as such has led the poor in Nepal increase birth rate (Dhakal, 2001). In many developing countries the rate of using

sterilization is higher than the other methods of family planning. One of the reasons for high rate of sterilization in developing countries is direct cash payment as a motive of the poor. (Khadka H. B., 2005).

Occupation and Contraception

Occupation is another important determining factor of contraceptive use and fertility. Nepal is predominantly an agricultural country where 81.3% of the total population is engaged in agriculture (Puri, 1994)**.** According to Thapa (1989), those who engage in non-farm employment use contraceptives nearly five times more than those who work on farms (Thapa S. , 1989). The work status of women is often considered to be one of the major determinants of their fertility behavior and, hence, strong association of occupational status with contraceptive use is anticipated. Contraceptive Prevalence Rate (CPR) is generally higher among the women who engage in non-farming activities than those who are in farming (Puri, 1994)**.** Caste-central traditional occupation has made obstacle to use contraception because low caste people have lower access in every developmental infrastructure (HDR, 2004).

Based on the World Fertility Survey in 28 countries Zeeba & V. C. Chidambaram (1984) reported that the differences in the use of contraceptive were hardly noticeable, according to the work status of women, particularly in Costarica, Trinidad, and Tobago, Venezuela, Korea, the Philippines, Indonesia, Bangladesh, Pakistan and Nepal (Tuladhar, 1989). Gage, A. J. (1995) highlighted the importance of women's employment in their contraceptive behavior. His findings indicated that after controlling for other factors women who were self- employed & those who were employees had significantly higher predicted probabilities of using any methods of contraception than those who were not

employed (Thapa S. , 1989). UN (1989) reported that the women who work in formal sectors of the economy (non-agricultural) are mere likely to be current users that those work in non-formal sectors or who do not work at all. Bhattarai found that out of total ever user of contraceptive devices 90% of working women were using contraception followed by non-working women about 51.4% (Bhattarai, 2001). The above discussion conspicuously asserts that use of contraception is largely influenced by the level of education of the users.

Age at Marriage and Contraception

Age is also the most important factor that affects the utilization of family planning services. The uses of contraceptive devices increase from the age of 35 to 39 years and it declines with the increasing age of women (Bista, 2006). Nepal Family Health Survey (NFHS) had conducted a study from January through June1996, and collected data on fertility, family planning and maternal and child health from 8,429 ever-married women of 15 to 49 years of age. These women provided information on 29,156 children.

It was found that eleven percent of the children covered by the NFHS were born by the mothers of less than 18 years old, 22 percent had four or more siblings, and 29 percent of those with older siblings were born less than 24 months after the previous birth. Results show that all of these factors (young mothers, large families, and short birth intervals) substantially show the early married women don't use the contraceptive devices (Luther, 1999). Most of them were Hindus. According to this religion, if people married at the age of childhood (before puberty age or starting the menstruation) the parents will get heaven. It increases the fertility duration of the women and in the puberty age they don't use the contraceptive because of the shyness, lack of knowledge and fear (Dhakal, 2001). So they

become a mother by the age of approximatly15 and give birth to more children. They only start to use contraception by the age of 25 and thereafter (Yadav, 2001). The literature asserts that families arrange marriage for girls at an average age of 16, before being old enough to have a real sense of agency. The study mentioned above further asserts that 52% of women had at least one child by the age of 20. According to the above mentioned literature, once married a woman holds the lowest position in her husband's family and is judged in large part of the family depending upon her ability to produce male children and work hard. Thus, when women are first married, most of them do not want to use any form of contraception since the goal is to have a son as soon as possible in order to gain status in their new family's eyes (Joshi, 2002).

The adolescents and youth are facing many problems to get access to reproductive health care services. Young women are facing more problems as the socio-cultural factors such as marriage and pregnancy, poor maternal nutrition, high fertility, low literacy, and low status of women further undermine women's health and well-being. This has made Nepal's reproductive health indicators be the poorest in the SAARC region. Mean age at marriage for male increased gradually from 19.5 years in 1961 to 22.9 years in 2001 while it increased marginally from 15.4 years in 1961 to 19.5 years in 2001 (MoHP, 2005). Still early marriage of young girls is widespread in Nepal. More than one fourth (34 %) of young female are married compared with 16 % of their male counterparts. Contraceptives prevalence rate among adolescent is very low. It grew marginally from 6 in 1996 to 16 in 2006 (CBS, 2003).

Nepal is the country of socio-cultural diversity. People from different cultures have different feelings. Because of the socio-economic and cultural condition, the distribution

of power, knowledge and resources are unequal. Due to the inequality one group of people enjoy all sorts of facilities of the world today and the other group of people is bound to lead their life in all sorts of agonies (Cox, 1994). In this regard, Musahars are the group of people residing in the Terai of Nepal is much behind in the comparison of other group in relation to knowledge, power, resources and opportunities available in the country. They are one of the lesser known and marginalized people in Terai region (Mahato, 2007).

Musahar and Family Planning in Community

According to the census of 2001 the total population of Musahar is 1, 72,434 among them 88041 are male and 84,393 are female in Nepal. The total number of population of Siraha district is 292679 among them the number of Musahar is 31519. Out of 31519 Musahars in Siraha district the number of male Musahar is 16032 and female is 15,487 (Ojha, 2002). Musahars are the people residing at the Terai Pradesh of Nepal in Siraha, Saptari, Dhanusha, Mahottari, Sarlahi, Rautahat Bara, Parsa, etc. districts. (Mahato, 2007). According to the CBS 2001, Musahars are residing in 39 districts of Nepal. They are found in the nine districts of Eastern Development Region, thirteen districts of central region, seven districts of western development region, six districts of Mid-Western Development Region and four districts of Western Development Region. The survey has showed that 33% of the Musahars in Nepal are landless (Thakur, 2010).

According to health study of Mahato (2007) in Barmajhiya VDC of Saptari district, a very few Musahar females were found using contraceptive devices. In his study it is found that among 102 women 75% had knowledge about contraceptive devices and among them only 30% were found using them. All of 75% of the respondents had knowledge that contraceptives are used to space pregnancy and have the baby on own

desire. Despite the knowledge of contraception they do not use them due to lack of money. Their accessibility to contraception is low because they are not allowed to go outside their home without permission of their husbands. Lack of information about contraception and barriers of socio-cultures norms and values are some impeding factors that prevent Musahar women from going to health post, which is hardly at distance of 1 kilometer from their home, to get required suggestions about their health. (Mahato, 2007).

Policy Review on Family Planning

Established in 1959, the Family Planning Association of Nepal (FPAN) is a leading organization in reproductive health care in the country and is responsible for the vast majority of family planning services provided by non-governmental organizations (NGOs). USAID began working with FPAN in the early 1970s to achieve its objective of expanding access to and use of family planning services in Nepal. In 1973, with USAID funding, partnered with FPAN to operate three major clinics: one located in Kathmandu valley, another in Bharatpur town of Chitwan district and one in Dharan town of Sunsari district. These clinics focused on providing a full range of high-quality family planning services, including sterilization. Today, FPAN provides 25-30% of the total family planning services in Nepal. FPAN serves nearly half of the country's 75 districts, working primarily in the southern flatlands where Nepal's population is concentrated. FPAN provides a wide range of primary and reproductive health care: contraceptive counseling and services; infertility diagnosis and treatment; immunization; general health check-ups; and legal abortion services (FPAN, Annual program & Budget , 2008).

A National Health Policy (NHP) in Nepal was formulated in 1991 with the objective of enhancing the health status of the population. The NHP is a comprehensive

policy that addresses service delivery and the administrative structure of the health system. The 9th and 10th Health Plan and the Second Long Term Health Plan (SLTHP) (1997-2017) were developed in accordance with the NHP. (Bista, & Joshi, 2006).

The establishment of National Health Education, Information and Communication Center (NHEICC) in 1993 under the Department of Health was a milestone in health promotion efforts. This centre has backstopped important health programs such as safe motherhood, family planning, immunization, nutrition, and HIV/AIDS with impressive results (WHO). The International Conference on Population and Development (ICPD) in Cairo in 1994 introduced the concept of Reproductive Health (RH) through a life cycle approach. Reproductive health was explained as a state of complete mental, physical and social well being in all matters of reproductive systems, its functions and processes. It means being able to have a satisfying and safe sexual life and capability to have children and the freedom to decide when and how often to do so (Sharma, 2004). Free out patient service is also announced for Karnali Zone and the Far Western Development Region, including 35 districts under the poverty alleviation program (Bhattarai S. , 2010). Such free policy in district hospital and other health facilities below the district hospital will affect FPAN's free service policy. According to CBS 1987 Nepal has invested 15-19% of total wealth expenditure in family planning program (Kadka, 2005). But still total fertility rate is 4.5 per women (CBS, 2001), which is because of early marriage, early conception and lack of contraceptive knowledge and its use. However in Nepal, contraceptive prevalence rate increased by 3 percent in 1967, 7% in 1981 and 15% in 1986 (Tuladhar, 1986), 24% in 1994 (MoH, 1996) and increased 29.9% in 1997, 39% in 2001, and 48% in 2006 among all currently married women (FPAN, 2008).

The level of knowledge as family planning method (at least one) in 1976 was 21.3% which increased to 55.9% in 1986, 92.7% in 1991 and 98.3% in 1996. Family health survey shows that 98.3% of currently married women have knowledge of at least one of the modern family planning methods although the rate of its use is still low (Oli, 2007). Nepal's other NGO which provides this service is Sunaulo Parivar Nepal (MSI Nepal), the local affiliate of Marie Stops International. Established in 1994, MSI Nepal opened its first clinic in southern Nepal where factories are located, providing health care for factory and industry workers. In little more than a decade, MSI Nepal now runs 27 clinics providing primary health care, family planning, pre- and postnatal care, abortion, youth-friendly services and child rearing education. The clinics also use community-based volunteers who provide family planning information and services door-to-door, as well as make referrals for clinic-based health care located primarily in villages (Oli, 2007).

Nepal is the country in which the highest rates of maternal mortality in the world exist and an estimated 50 percent of these deaths are attributed to unsafe abortion. Reproductive health professionals, the Nepalese government and members of NGOs and women's legal communities have collaborated to work toward the liberalization of Nepal's formerly restrictive abortion law, which mandated that women who obtain abortions be imprisoned. Their work influenced the passing of a bill in 2002 to legalize abortion, for which more than 99 percent of the members of the House of Representatives voted in favor (Sharma, 2004). The International Conference on Population and Development (ICPD) in Cairo in 1994 for the first time introduced the concept of Reproductive Health (RH) through a life cycle approach. Reproductive health was explained as a state of complete mental, physical and social well being in all matters of reproductive systems, its functions

and processes. This emphasizes that an individual should be self-aware in leading a satisfying and safe sexual life. S/he should be capable to decide when and how often to give birth of a child . Nepal has defined the National Reproductive Health Policy, and has formulated a strategy which encompasses safe motherhood and neonatal care, family planning, management of complications of abortions, STI/HIV and AIDS, infertility, adolescent reproductive health, and reproductive health of the elderly including cancers as the essential components of the national RH package (Sharma, 2004).

According to Bista & Joshi (2007) Nepal has launched various programs and policies through five years plan since 1956. It has included population policies in each fifth year plan to reduce its growth rate and emphasized the family planning services. They have written that in first plan (1956-61) the Family planning association was established. The second plan (1963-1965) accepted the FPAN in policy. Third five-year plan (1965-1970) emphasized on the affects of health and family planning on population growth. It established family planning and maternal-infant welfare project. It was included in policy and the topic was "population & Human Resources" and explained the population growth and its consequences. The target was to provide the family planning services to 103403 currently married couples. But achievement was that only 44488 couple got the service. Similarly, in 4th five-year plan (1970-75) government had policy to increase the living standard reducing the population growth through family planning. The target was to provide the service for 15% (3, 12,000) currently married couples but the total users were 3, 27,577. The Crude Birth Rate, on the other hand, was increased from 43 per 1000 to 43.6 per 1000. It shows that the service was low in its effect. Similarly, in 5th five years plan the policy was to reduce Crude Birth Rate improve the socio-economic, cultural, and

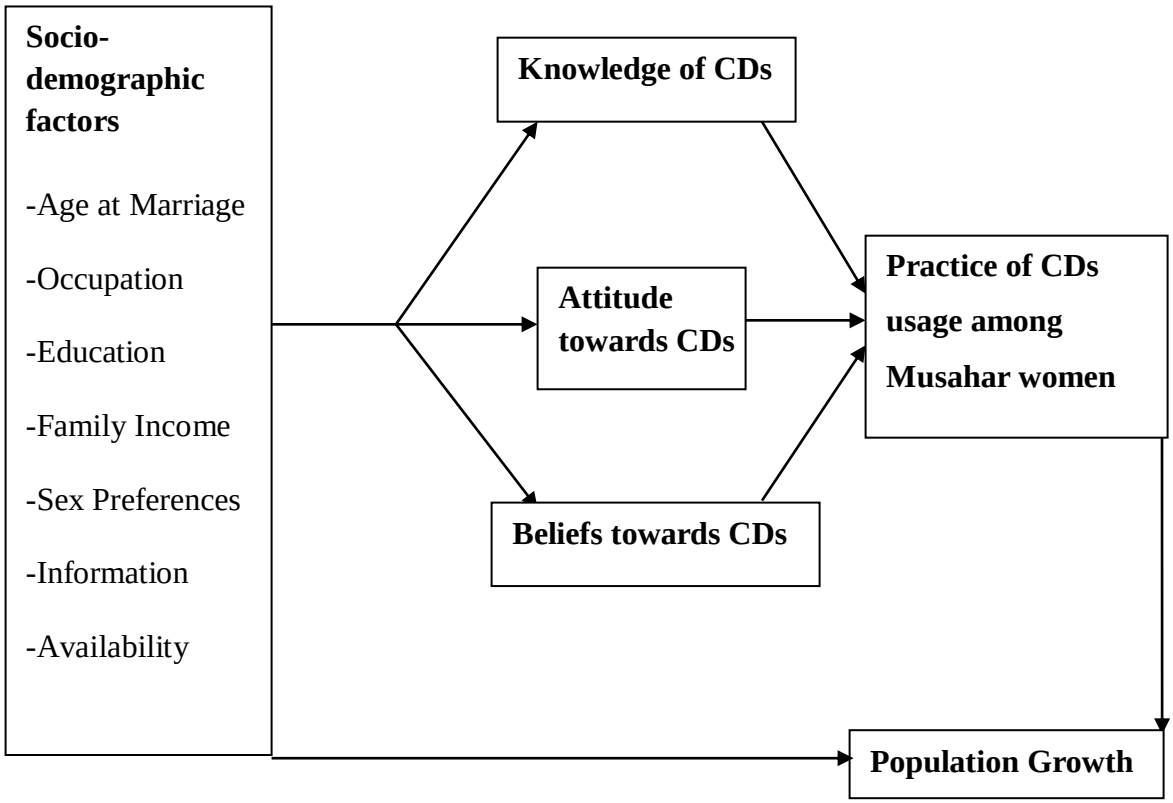
educational status and conducts extra FP & Maternal Infant Health Project. In this way government has included Family Planning Services to reduce population growth rate, in every five-year plan (Bista P. S., 2006).

According to the census of 2001, the population of Nepal was 2, 31, 51,423 and the growth rate of it is 2.24 (Population Census, 2001). In comparison to other countries Nepal's population growth rate is high. World's population growth rate is 1.3%. In developing countries it is 2%. For the economic development and to overcome the challenge of poverty & to uplift the health status of Nepalese people Government of Nepal is working to control the rapid population growth (Oli, 2007). This is through coordination with Nepal Family Planning Association; the Ministry of Health; the ministry of Population & Environment; and other National and International organizations. The important cause of rapid population growth is Family Planning constraints, low literacy rate, early marriage, and low socioeconomic status, superstition and socio cultural hurdles. According to health survey in 2056 B.S. 98.3% of married women know about at least one contraceptive method (Dhakal, 2009). 59.9% wanted to use contraceptive method but only 38.5% are actually using the method. Nepal has one of the highest Maternal Mortality Rate (Oli, 2007) mentioned 539/100000 live birth in 1996 and 281 in 2006 (new era, 2010).

Conceptual Framework

In this study, two sets of variables were used. Demographic, socio-economic variables such as education, occupation, income, age at marriage, knowledge of contraceptive devices and sex preference were used as independent variables. In this conceptual framework it is shown the impact of socio-economic variables on practice of contraceptive devices, population growth and development. The figure below clearly shows the responsibility of independent socio-economic variables and practice- behavior as a dependent variable upon contraceptive device of Musahar women:

Figure 1: Conceptual Framework of the Study



Summary

The literature review in a research study shares the results of other studies that are closely related to the study being reported. Relevant articles and findings related to family planning program were reviewed to present this chapter. In the course of discussion, various studies were presented that were carried out by the various scholars. A clear vision, to show the relationship between socio-demographic factor, personal factors and practice of contraception and effects on development as a conceptual framework has kept at the end of the chapter.

CHAPTER III

RESEARCH METHODOLOGY

Chapter Overview

This chapter explains the philosophical consideration of this research. It also consists of research design and sampling procedure. It also discusses about study area, study population, sampling technique, measurement tools, data collection, data analysis, and ethical consideration, and limitation, benefit of the study, reliability and validity of this research.

Philosophical Consideration

This study is guided by post positivistic paradigm so it is a quantitative research design in which questions were predetermined and close-ended. Because the respondents were offered a set of answer from which they were asked to choose the one that most closely represents their views. Respondents were not allowed to write their own view frequently**.** After collecting the data statistical analysis process was used. It has identified the cause and effect variables (Nature of Philosophy, 2010).

Abstraction of reality is especially through mathematical models and quantitative analysis. On the basis of the preparation it belongs to post positivistic philosophy which assumes that there is only one unchangeable reality. It found the most emerging reality that the socio-demographic and personal factors are the responsible factors on the practice of contraceptives in Musahar women. These all realities have come with numerical and prepared questionnaire. According to post positivism, knowledge is verifiable, it gains validation and constructed by systematic study, which can be generalized in every where or can be generalized in same community (Wiersma, 2009).

Research Design

This was the case of a special community. They were different from other community and culture. They had their own culture and values. Their living standard and life style were different from others so the research design is the quantitative, descriptive, cross-sectional, explorative and analytical survey design. Cross sectional design is useful way to gather information about the prevalence of health related status or condition and aspects of people like attitude, knowledge and practices so it was used in this research as well. The data were collected by the face-to-face interviews to the individuals with the structural interview schedule. It had to study in a specific community to find the practice of contraceptive devices in a population at a particular point in time. Using questionnaire in-person is the most important way to data collection because it can be finished in low cost & in short time effectively, and gives responsibility to give answer in depth/detail (Brymn, 2009).

Study Area and Population

The following section consists of the location and physical setting, place of study, and inclusion and exclusion criteria of population selected for this study.

Locations and Physical Setting

Siraha District lies in Sagarmatha Zone of Eastern Nepal. It has 106 Village Development Committees, 2 Municipalities and 6 Election Constituencies. The district is surrounded by Saptari in the East, Udayapur in the North, Dhanusha in the West and Bihar state of India in the South. The total land is 1188sq km (122796.9 hectares). The area of this district is 42.4km north-south and 297km east-west. The total agriculture land of this district is 65810 hectares. The population is ethnically diverse. The majority of the

population (85.65 percent) is Maithili speaking indigenous Terai people. It has a population (2001) of 572,399. Out of them Hindu, Muslim, Buddhists and the others are 91.65%, 6.97%, 1.3% and 62% respectively. The people from various ethnic / caste groups like Tharu, Yadav, Muslim, Koiri, Teli, Tamang, Jhangad and Majhi are residing in this district (District Profile, 2010). This is one of the eastern Terai districts which have largest population of Musahar 31,519 (Koirala, 2004). Among them male population is 16032 and female is 15487(Koirala, 2004). The major economic activity of the people living in the VDC is agriculture. Many families mainly, Musahar are landless and they are earning for addressing their hand to mouth problem by working as labor either as agriculture labor or any other forms of labor.

The Village Development Committee is easily accessible by physical infrastructure such as road, water supply, school, primary health, education, and communicational services. The VDC consists of the people of many castes such as Mushar, Newar, Kewat, Dhanuk, Danuwar, Koiri, Teli, Sudhi, Hajam, Baniya, Muslim, Brahmin, Dhobi, Yadav, Tamang, Dom, Chamar (Field visit 2011). Chandraayodhayapur VDC lies in Election Constituencies no. 6. There are 24 VDCs in this Election Constituencies. Among them all, only Chandraayodhayapur had selected for the study, which is situated in the eastern part of Siraha District. It has 9 wards with total of population 7510. The total number of Musahar in this VDC is 1121 (Field survey, 2011). Out of 9 wards in this VDC, the study was taken place in only the ward number 1, 3, 4, 5, and 6 because Musahars were living only in these wards (Field survey, 2011). The population in this study was married Musahar women of reproductive age group between 15 to 49 years residing at Chandraayodhayapur.

Musahar community from Chandraayodhayapur VDC of Siraha district is selected purposively to obtain the relevant information for the study only because no one has conducted such type of research there till the date. The VDC is situated on the southern part from East-West highway, east and west part from Choharwa - Siraha link road. There were 1121 Musahars, among them 565 were female and 556 were male (field visit, 2011).

Place of Study and Population

Table 1
Distribution of Respondents by the Places of Study (N= 145)

Ward No.	Places of study	Number of respondent	Percentage
1	Purano Choharwa	15	10.34%
3	Khoriya Musahari	24	16.55%
4	Lapka Musahari & Purna Musahari	45	31.03%
5	Dhosiya Tole	20	13.80%
6	Panbari Musahari	41	28.28%
Total 5		145	100%

The Musahar community had been scattered in 5 wards. There were 83 female and 61 male in ward number 1 (Purano Choharwa). In ward number three (Khoriya Musahari) the number of female was 118 and male was 128. Similarly 141 female and 145 male were in ward number 4 (Lapka Musahari & purna Musahari). In ward number 5 named Dhosiya Tole had female 71 and male 62. In Panbari Musahari total population of Musahar was 149 female and162 male. Among them only 145 women were appropriate according to the objective.

There were 9 wards in Chandraayodhyapur VDC. Among these 9 wards, Mushahar population was found at ward 1, 3, 4, 5, and 6. All married women of reproductive age (15-49) were intended to study during this research process. However,

some exclusive and inclusive criteria were developed to facilitate the study. By these all women of the study area were not considered for study. The criteria were as follows:

Inclusion criteria

- All Married Musahar women who were between reproductive age 15-49 years and currently married status.
- All married women of that age group who wanted to give verbal and none verbal consent and had will to participate (i. e. hearing impaired).

Exclusion criteria

- Married Musahar women who were newly married and no permission to speak at the time of interview.
- Married Musahar women who were widows, divorced, separated, and singled.
- Married Musahar women who were out of the VDC at the time of interview.
- Married Musahar women who didn't intend to participate.

By these inclusive and exclusive criteria developed to facilitate the study, 145 among 565 were selected under this study.

Measurement Tools

The structured Interview Schedule was based on extensive literature review. Some questions were adopted from literature and some were constructed in support of the conceptual framework of this research. The draft Interview Schedule was pre-tested and checked by supervisor prior to piloting of the study.

The following factors were included in the Interview Schedule.

- Socio-demographic characteristics such as age, age at marriage, age at first child birth, types of family, family size, education of respondents, occupation of

respondents, family income, number of children, number of living son and daughter, occupation of father, education of parents, husband, son and daughter.

- Availability of contraceptives and conveniences to get the contraceptives.
- Knowledge about contraceptives and its practices, benefits, side effects and causes of not practice.
- Attitude towards contraceptives.
- Beliefs about contraceptives.
- Enrolment, retention and dropout of children in school.

Data Collection

After contacting with VDC secretary and getting permission and information about Musahar community, the researcher went to Panbari (Ward no. 6) first of all. Female Health worker helped to be an interviewer who was resident of the same ward and working in health post near the village. Another person was a female teacher of adult literacy from the ward. The researcher distributed Interview Schedule to the female health worker and the female teacher of adult literacy. The data were collected by the researcher with the help of female health worker, female leader of community, female teacher of non-formal education and single visit of researcher by means of face-to-face interview to the target married Musahar women (145 in number) in June 2011 in Chandraayodhayapur VDC of Siraha district.

The Interview Schedule was translated in Nepali language but all respondents were asked the same Interview Schedule translating it into the Maithili language because respondents were unable to speak Nepali. The researcher tried with the help of female health worker, non- formal teacher, female leader of ward, and some women among the

respondents who were able to understand the question and researcher's aim to find the women of reproductive age or target person of the research as much as possible because it was difficult to meet women due to the time of harvesting some kinds of beans. The participants were approached at their households at their convenient time. The researcher had to face emotional attack of some women who were out of the study and some were angry because of various type of interviews carried out by some NGOs at the same time for some different studies.

Data Analysis

All responses were coded before entering the data. The interview schedule included the socio-demographic characteristics, external factors and personal factors (knowledge, attitude and beliefs towards contraceptives) and practice of contraceptives usage. For data analysis, the statistical package for social science SPSS software was used. Descriptive statistic such as frequency, percentage, mean and standard deviation were used. In order to determine the relationship between the independent and dependent variables, cross tabulation was used.

Reliability and Validity

"Reliability and validity are tools of an essentially positivist epistemology." **(**Walting, as cited in Nahid Golafshani p.598). Reliability is the consistency of a set of measuring instrument, often used to describe a test. The research questionnaires was pre-tested of its consistency by assessing the participant's understanding with a group of 16 married Musahar women and others who, assumed to have more or less similar characteristics to the actual group.

Since this was a survey research, it was necessary to prepare a scale to measure the knowledge, attitude and beliefs and practice of CDs. The researcher prepared Interview Schedule consisting of the question types like yes/no question, a five point Likert scale for attitude, simple true/ false and not sure for knowledge and beliefs with the help of supervisor and the concept the researcher gained from the literature review. In the beginning the researcher had prepared Interview Schedule including 51 questions and had used as pilot test in the same age group of population after consulting experienced faculty members and professors from Kathmandu University. The questionnaire was prepared with different sub questions to measure knowledge, attitude and beliefs about contraceptive devices to assure the validity of the questionnaire. The reliability coefficient of this research tools was calculated using the split-half method and the value is .692. Finally, it was modified with the help of consulting experienced faculty members and professors from Kathmandu University then the researcher went for data collection.

A further and in many ways the most important criterion of research is validity. It is concerned with the integrity of the conclusions that are generated from a piece of research (Bryman, 2008). Validity can be measured in internal and external ways. For internal validity, the problem statement, and research questions are interconnected. For external validity, it can be approved by the experts. The research instruments were presented to the research advisor and experts for assessment of its contents, clarification and appropriate wording.

Ethical Consideration

All participants' right to self-determination and autonomy were respected. The decision to participate or not, was not revealed to any local authorities. The participation

was strictly voluntary. The interviewers explained the objectives, benefits of this study and procedure of the interview to all people of the area who had curiosity about the interview. The other interviewers read out the question and translated in local language because they may not be able to read and write Nepali language. No incentive was provided to avoid any favor of getting answer. The respondent could ask question to interviewer anytime she wants. The respondents were feeling free to participate or withdraw any time throughout the interview.

Summary

This chapter concluded that the study bounded with the post positivistic paradigm, cross-sectional survey study. Close-ended questionnaires were the measurement tool. Data were collected with census technique among married Musahar women of Chandraayodhayapur VDC. In this chapter it is maintained the location and population of the study area, method of testing reliability and validity, process of data collection, sampling technique, process of data analysis and the ethical consideration during data collection were also explained in detail.

CHAPTER IV

DATA PRESENTATION AND ANALYSIS

Chapter Overview

This chapter presents the expectations of this study found at the time of data collection, such as the socio-demographic characteristics of the respondents,knowledge, attitude and beliefs towards CDs, practice of CDs and relations between the socio-demographic status and educational attainment with the practice of CDs usage among married Musahar women.

This study was done to assess socio-demographic factors, personal factors, practice of contraceptive devices among currently married Musahar women and the factors related to the practice of contraceptives usage among married Musahar women of reproductive age of Chandraayodhayapur VDC in Siraha district. The results of this study are divided into six parts.

- The socio- demographic characteristics of married Musahar women of reproductive age (15 – 49) at Chandraayodhayapur VDC.
- practice of contraceptive devices.
- Knowledge of contraceptives among Musahar women.
- The attitude of the women towards contraceptive devices.
- Beliefs about contraceptive devices.
- Availability and accessibility of resources.
- The relationship between socio-demographic factors and the usage of contraceptive devices among currently married Musahar women.

Socio-demographic Characteristics of Married Musahar Women

The socio-demographic characteristics of the respondents in this study are shown in various tables. In order to form the general idea of the population's characteristics, some socio-demographic characteristics are discussed here. These characteristics are age, education, occupation, family type, family size, age at marriage, age at first child birth, number of children, number of living son, number of living daughter, educational attainment of family such as husband, parents, son and daughter.

Age of Respondents

The respondents' age plays an important role in determining the contraceptive behavior, because only females of a reproductive age group can bear a child. Table 2 shows the distribution of respondents' age by 5 year's age group.

Table 2
Number and Percentage of Respondents by Age Group (N=145)

Age	Frequency	Percent
15-20	12	8.3%
20-25	30	20.7%
25-30	34	23.4%
30-35	21	14.5%
35-40	18	12.4%
40-45	14	9.7%
44-50	16	11.0%
Total	145	100.0%

Among the study population, the highest number is observed in age group 25 - 30 (23.4%), followed by age group 20–25, and 30–35 (with 20.69% and14.48% each). Only 8.28 percent of the respondents are found in age group 15–20 years. This table shows that the greatest number of respondents were aged 25-30 in this study. There were a few women aged 15-20.

Age at Marriage

The age of the women at marriage is one of the major factors that determine the fertility of women. The legal age of marriage for girls in Nepal is 18 years in the case where the marriage is solemnized with the consent of the guardians and 20 years in the case the marriage is solemnized without the consent of the guardians (Malla, 2007). If age at marriage is low, the chances of giving birth to more babies become higher. To examine the relationship of age at marriage with number of children, the age at marriage was asked. Table 3 presents the age at marriage of the respondents.

Table 3
Distribution of Respondents by Age at Marriage (N=145)

Age at Marriage (in years)	Number	Percentage
5 – 10	3	2.07%
10 – 15	54	37.24%
15 – 20	85	58.62%
20 – 25	3	2.07%
Total	145	100%

Regarding the age at marriage, the above table shows that most of the women, 58.62 percent, had married at the age of 15–20 years. Similarly, 37.24 percent of respondents had married at the age of 10–15; 2.07 percent respondents had married before their ninth year and 2.07 percent had married at an age above 20 years. The age at marriage directly linked with the number of children. The women who married at a young age were found to bear a higher number of children than the ones who had married late. Most of the women had married at before 20 years. A few women were married after 20 years old and there was also trend of child marriage at below 15 years.

Age at First Childbirth

It was examined that the women who bore a child at an early age were likely to give birth to more children than those who do not.

Table 4
Distribution of respondents by the age at the birth of the first child (N=142)

Age at birth of first child	Number	Percentage
15 – 20	109	76.76%
20 – 25	30	21.13%
25 – 30	3	2.11%
Total	142	100%

Table 4 shows that the majority of women (76.76 percent) gave birth to their first child at the age from15 to 20 and this is followed by (21.13 percent) who gave birth to their first child at the age from 20 to 25.Similarly, 2.1 percent of them gave birth to their first child at the age from 25 to 30. Only 21.13 percent of the women gave birth to their first child at appropriate age the (20 – 25). It means in the community that most of the women had become a mother before the age of 20 year and only a few women became a mother after 20, which is often the symptom of poor maternal health.

Number of Children

There can be a relationship of number of living children to determine the use and non-use of contraception. If there are already a desired number of children to women, they are likely to use long-term birth spacing methods or to use a permanent method of contraception which is described in Table 5.

Table 5
Number and Percentage of Respondents by Number of Children (N=145)

Number of children	Number	Percentage
0	3	2.1%
1	22	15.2%
2	32	22.1%
3	27	18.6%
4	25	17.2%
5	22	15.2%
6	13	9.0%
7	1	0.7%
Total	145	100%

Some of the women (22.1%) had two children, followed by 18.6 percent of women who had three children, and 17.2 percent of women who had four children. The women who had one and five children were equal in percent (15.2%). Similarly 9 percent of them had six children and 0.7 percent of them had 7 children. But 2.1 percent of women had no children at all. However, the result remained comparatively satisfactory because a large proportion of women (22.1%) had two children.

Number of Living Sons

Due to the socio-cultural belief surrounding the number of living sons, this also can affect the use of contraception and desire for children. If there are already a desired number of sons, parents are likely to use long-term birth spacing methods or to use a permanent method of contraception. Table 6 shows the number and percentage of women with their number of living sons.

Table 6
Number and Percentage of Respondents by the Number of Living Son (N=145)

Number of living son	Number	Percentage
0	31	21.4%
1	51	35.2%
2	43	29.7%
3	17	11.7%
4	3	2.1%
Total	145	100%

It was noticed that 35.2 percent had only one son and 29.7 percent of women had two sons. Similarly, 11.7 percent of the women had three sons and only 2.1 percent of the women had four sons. No one had more than four sons. In the same way, 21.4 percent of the respondents did not have any sons, which directly resulted in the observed desire for more sons. According to this table, among 145 women most of the women had one and two son. There were also women without sons which can be the main cause of not using contraceptive devices.

Type of Family

Previously, Musahars used to live with an extended family. In modern days, they are living in both joint and nuclear family. The main reasons are comfort and peaceful living of an individual life. The larger the family, the more that women have to pass through more tensions (Shah, 2006). So there can be the relationship between the size of family and the use of contraceptive devices. Table 7 shows the number and percent of respondents according to family types.

Table 7
Distribution of respondents by the types of family (N=145)

Types of family	Number	Percentage
Joint	59	40.69%
Nuclear	86	59.31%
Total	145	100%

It was noticed that 59.31 percent of the respondents were from a nuclear family and 40.69 percent were from a joint family. It seems that there is a greater trend of nuclear family more so than joint family in this community.

Family Income per Month and Income Resources

Use of contraceptives has a direct relationship with their cost. If the women's income is very low they don't want to use any method paying cost. In this study the level of economic status of the respondents had been assessed on the basis of monthly average income of the family. Table 8 describes the family income per month and income resources.

Table 8
Distribution of respondents by family income and income resources (N=145)

Category of respondents	Number	Percentage
Family Income per month		
Below RS 4000	18	12.41%
RS 4000 - 5000	51	35.17%
RS 5000 - 6000	44	30.34%
RS 6000 - 7000	19	13.10%
RS 7000 - 8000	11	7.90%
RS 10000 and above	2	1.40%
Income resources		
Own Agriculture	2	1.38%
Other's Agriculture	5	3.45%
Labor	106	73.10%
Daily wage	11	7.59%
Foreign Employment	20	13.79%
Driving	1	0.69%

It was found that 35.17 percent of the families had incomes ranging between Rs. 4000 to 5000 and 30.34 percent of the households had incomes ranging between Rs. 5000 to 6000. In the same way 13.10 percent had incomes ranging between Rs. 6000 to 7000 and 12.41 percent of the households had incomes below 4000 rupees per month. Again, 7.59 percent of the households had incomes ranging from Rs. 7000 to 8000. In the same way there were only 1.4 percent of the households where monthly incomes were above Rs. 10,000. The main income source of respondents was labor (73.1%). Nowadays the trend of foreign employment as a form of labor has also started in this community, and which represents 13.79 percent of the income sources. Some 7.59 percent of respondents informed that a daily wage was their income resource; farming in others. Agriculture was the main income resource of 3.45 percent respondents, 1.38 percent had their own

agriculture and 0.69 percent were drivers. From this table it is found that the main income range is Rs 4000-6000, and laboring was the main income resource.

Educational Attainments

Education is the backbone for advancement of society and development. Education plays a vital role in every field. Female education particularly plays a duel role in family as well as in society. The higher education level of the respondent is also likely to be associated with a lower probability of early marriage, a lower probability of delayed consummation of marriage, and a lower probability of early motherhood. Typically, young men and women in Nepal do not marry while they are in school, and the longer they stay in school, the later they are likely to marry (Choe, Thapa and Mishra, 2004). The educational attainment of respondents is presented in Table 9 below.

Table 9
Educational level of respondents (N=145)

Categories of respondents	Number	Percentage
Education of respondents		
Illiterate	132	91.0%
Non – formal	11	7.6%
Primary	2	1.4%
Causes of illiteracy of respondents		
Parents didn't send	127	96.2%
Others	5	3.8%
Total	132	100.0%

This table shows the poor educational condition of the Musahar community. It reveals that 91 percent of respondents were illiterate and 7.6 percent of them had obtained literacy from non-formal education. Similarly, only 1.4 percent had passed primary level education and no one was from above the primary level.

It was asked about the causes of illiteracy among the research population. Among 132 illiterate respondents, 96.2 percent of the respondents blamed poor responsibility of parents. Similarly, socio-cultural beliefs and that their parents needed help in household work (2.4 percent were the causes of illiteracy among them. There is poor status of women education in the community. Parents were not conscious about the daughter's education.

Schooling

According to literature about the education in the Musahar community written by Thakur, (2010), Shah, (2007) and Mahato, (2007) the literacy rate of the Musahar is only 7.2 percent in Nepal. They found a low rate of enrollment of Musahar children in school of their study area, so this researcher also wanted to see the trend of schooling of Musahar children and to find out the causes of illiteracy and dropouts in the study area.It was also asked about the schooling of children, the educational level of children causes of not sending and causes of dropout. All those findings are shown in table 10.

Table 10
Schooling of children, causes of illiteracy and dropout

Variables	Number	Percentage
Schooling of respondent's children		
Only son	20	13.8%
Only daughter	10	6.9%
Both of them	18	12.4%
None of them	60	41.4%
Drooped out	18	12.4%
Causes of not sending school by respondents		
Poor people don't need education	23	15.9%
They are small	32	22.1%
Others	29	19.9%
Causes of drooped out from school		
Family needed help	4	22.2%
School is so far	7	38.9%
Did not like school	6	33.3%
Shyness	1	5.6%

Another question was about the practice of schooling of their offspring. The data showed that13.8percent of the respondents had sent only their sons and 6.9 percent of them had sent only their daughters to schools. In the same way 12.4 percent admitted that they had sent both sons and daughters to school while 41.4 percent of them did not show their consent in sending either sons or daughters to school. Out of the 145 respondents, 12.4 percent showed the cases of dropout and that the far distance from school was the main cause of dropout. The reasons behind "home stay" (not going to school) of children and their dropout were also enquired. Among 77 women who never send their children, 15.9 percent replied that poor people don't need education and 22.1 percent of them could not speculate whether their children reached school-going age. Other causes of the burden of

work and were the fact that there were no friends (4.1%), poor economy (0.7%), school was too far (2.8%), children were engaged in earning money(3.4%) and some said that they engaged their children in household works(4.8%) instead of sending them to school. Regarding dropout, 38.9% of the respondents indicated 'long distance' between school and home as the responsible factor which caused hindrances in sending their children to school. Similarly, 33.3% of them said simply that their children did not like to go to school and 5.6% of them indicated that 'shyness' of children caused dropout. In the same way, 22.2% of respondents asserted that the family needed help from the children so they stopped going to school. In this way, it seems that majority of women were uneducated. There is low trend of schooling in the Musahar community. Some had been sent but the problems of dropout were also there. Far distance from school is the main cause of dropout.

Occupation

Occupation is one of the most important characteristics of the people to determine the practice of contraceptives. So it was asked the occupation of respondents which is shown in table 7

Table 11
Distribution of respondents by occupation (N=145)

Occupation	Number	Percentage
Labor	94	64.8%
Housewives	51	35.2%
Total	145	100%

Most of the women (64.8%) under this research were engaged in labor and 35.2% of them were housewives. In the case of labor, they used to go to the field as seasonal labor such as cropping paddy and harvesting paddy, wheat, beans and the rest of the time they used to go into the brick industry and tobacco industry to work.

Household Facilities, Own Property and House Construction

According to some studies, household facilities also play a vital role in the use or none use of contraception (Dhakal, 2007). If they have TV or radio they can see or hear information that helps to increase knowledge. Likewise, they can clear their negative attitudes and wrong beliefs by asking over telephone correspondence. To examine the relation of this statement, respondents were asked about the household facilities of their home. These all are described in the table below:

Table 12

Distribution of respondents by household facilities, religion, property and land (N=15)

Variables	Number	Percentage
Household Facility		
Electricity	47	32.4%
Television	23	15.9%
Radio	6	4.1%
Telephone	48	33.1%
Piped water	2	1.4%
Toilet	0	0%
Own property		
Own land	6	4.1%
No land	139	95.9%
House construction		
In own land	6	4.1%
In other land	139	95.9%
Land Owner		
Government	132	91%
Land lord	7	4.8%
Self	6	4.1%
Total	145	100%

This study found that 47 respondent's had electricity facilities, 48 households out of 145 had mobile facilities, followed by Television facilities with 23 out of 145, 6

households had a radio, 2 households had piped water, but none of them (out of 145) had toilet facilities (what is the importance of this? It is not discussed in the introduction to facilities about toilets, but it is key, a sentence should be added about this importance.). Similarly, 4.1 percent had their own land and house. 95.9 percent had no land and had constructed their house on government authorized (Ailaani) land. Landless Musahar had constructed their house on Ailaani land.

Education of Parents and Husband

Parent's education plays an important role for their daughter's education and age of marriage. If parents are educated, their children are also found to be educated. Children of educated parents are married at later ages than the children of illiterate parent's. To examine the relationship between parent's education and respondents' education, respondents were asked the educational status of their parents and they were also asked about the literacy of husband because this researcher also wanted to see the relationship of husband's education and its role in their family life, which is presented in table 13.

Table 13
Educational level of father, mother & husband (N=145)

Educational Level	Number	Percentage
Father's education		
Illiterate	143	98.6%
Non formal	1	0.7%
Equivalent to primary	1	0.7%
Mother's education		
Illiterate	144	99.3%
Non formal	1	0.7%
Husband's education		
Illiterate	111	76.6%
Non formal	9	6.2%
Equivalent to primary	15	10.3%
Class 8 pass	7	4.8%
Class 10	1	0.7%
SLC pass	2	1.4%

Table 12 shows that 98.6% of the respondents had illiterate fathers and 99.3% had an illiterate mother. Likewise, 76.6% of them had an illiterate husband. Only 1.4% of the respondents agreed that their husband was an SLC graduate. Although education is the backbone of the people, there is low trend of schooling. Most of the respondents had illiterate parents which had affected the respondents and their children's education.

Education of Children

There could be a relationship between the educational level of children and their use of contraceptive devices. Thus data concerning educational status of children were examined which is presented in Table 14.

Table 14
Education of children (N=145)

Variables	Number	Percentage%
Education of son		
Illiterate	64	44.1
Non formal	13	9.0
Equivalent to primary	32	22.1
Class 8 pass	3	2.1
SLC pass	2	1.4
no son	31	21.4
Total	145	100
Education of daughter		
Illiterate	76	52.4
Non formal	16	11.0
Equivalent to primary	19	13.1
No daughter	34	23.4
Total	145	100.0

It is found that 44.1% of the respondents had illiterate sons and 52.4% of them had illiterate daughters. Only 1.7% of them had a SLC graduate son, and none of them had educated daughter more than past primary level. Still now there is discrimination between the son and daughter in education because this table shows that only 44.1 percent of the women did not send the son for schooling while 52.4 percent of women were not ready to send their daughter.

Occupation of Father

Occupation of father is another factor to determine the use or non-use of contraceptives. If father is educated their children are also educated and can cause the use of contraceptives (Dhakal, 2007). Table 15 describes the number and percentage of respondents according to their father's occupation.

Table 15
Occupation of father (N=145)

Occupation	Number	Percentage
Agriculture	3	2.1%
Labor	141	97.2%
Social worker	1	0.7%

In this study, most of the women (97.2%) answered labor on daily wages as the main occupation of father in the family. But no one told that the father in the family was employed in any office. A few (0.7%) told that her father was a social worker (ward president). 2.1% of respondents had answered the main occupation of their father was agriculture. Table majority of the Musahar population depends upon laboring. There is no other option of employment besides laboring.

Knowledge, Attitude, and Beliefs towards Contraceptives

The principle objective of this part is to examine the knowledge, attitude and practice (use) of family planning among currently married women of reproductive age group (i.e. from 15 to49 years of age group). Knowledge, attitudes, beliefs and practices of contraceptive devices among the respondents have been discussed in the paragraphs below:

Knowledge about Contraceptive Devices

Knowledge of contraceptives among people is almost universal in Nepal. Knowledge of contraceptive method is an important pre-condition toward gaining access and then using a suitable contraceptive device in an effective way when needed. Without proper knowledge of contraceptive devices a woman could not decide which kind of contraceptive would be suitable for her to use. The description of all contraceptive devices heard by respondents is shown in table16.

Table 16

The contraceptive devices ever known by respondents (N=103)

Variables	Number	Percentage
Heard any method		
Yes	103	71%
No	42	29%
Name of the methods		
Injectables	86	59.3%
Oral pills	70	48.3%
Norplant	65	44.8%
IUCD	11	7.6%
Male sterilization	71	49.0%
Female sterilization	84	57.9%
Safe period	3	2.1%
Implant	1	0.7%
Emergency contraceptive	0	0%

In collecting the data on this part, the question "Have you heard any method of family planning?" was asked to all selected currently married women of reproductive age group (15 – 49) to access the knowledge about contraceptives. In response, 71 percent of the respondents agreed to have heard of contraceptive methods previously. Among the many contraceptive methods, injectable appeared to be the best-known contraceptive method among 59.3 percent of the respondents. Similarly, female sterilization appeared as popular among 57.9 percent of the respondents, male sterilization among 49%, pills among 48.3 percent, Norplant among 44.8%, and IUCD among 7.6 percent and safe period among 2.1 percent of the respondents. In the same way only 0.7 percent of the respondents knew of the implant as means of contraceptive device and none had heard about emergency contraceptives.

Kinds of Contraceptive Heard

It is asked about eight types of contraceptives and measured the number of kinds which they have heard. Often they have heard of different methods, and in this way they can choose the devices according to their knowledge. It is maintained in table17.

Table 17
The kinds of contraceptive devices known by respondents (N=103)

Kinds of Contraceptive heard	Number	Percentage
One	16	15.5%
Two	10	9.7%
Three	14	13.6%
Four	13	12.6%
Five	33	32.1%
Six	13	12.6%
Seven	3	2.9%
Eight	1	1%
Total	103	100%

Among those respondents who had heard about contraceptive devices, 32.04% had heard five types of devices, only one method was known to 15.53% of them. Similarly 13.6% of the respondents had heard three types of methods. There were an equal percentage of them who had heard about four and six types of methods. 9.71% of respondents had heard of only two types of contraceptives. 2.91% had heard of seven types and only one woman (0.97%) had heard about eight types of contraceptive devices. From the above table, among 103 respondents, most of the women had heard of five types of contraceptive devices. Only one subject knew about all eight types.

Age and Knowledge

There can be a relationship between age and knowledge about contraceptive device. Threfore, data concerning age of the respondents and their knowledge on contraceptive device were examined. The table 18 shows the relationship between them in detail.

Table 18

Number and percentage of knowing at least one method by age group (N=103)

	Known modern method		
Age group	Number of women	Percentage	Total
15 – 19	4	33.33%	12
20 – 24	18	60.0%	30
25 – 29	31	91.18%	34
30 – 34	15	71.43%	21
35 – 39	15	83.33%	18
40 – 44	11	78.57%	14
45 – 49	9	56.25%	16
Total	103	71%	145

This study found that 71 percent of currently married women knew at least one modern contraceptive method. The table 17 indicates that the knowledge of elder women on modern method of contraceptive was lower than younger aged women. For example, only 56.25 percent of currently married women (aged 45–49) knew at least one modern

method, whereas 91.18% of married women (aged 25-29, 35-39 groups) were familiar with this method. This was not true for 15-19 years age group, because only 33.33% were familiar with it from this age group. In this table, knowledge of contraceptives has increased with growing age.

Knowledge of Contraceptive Devices and Education

Knowledge is affected by education. With education comes the ability study about contraceptive devices in their curriculum and the opportunity to learn with friends. The relationship between education and knowledge about contraceptive devices is outlined in table 19.

Table 19
Distribution of currently married women knowing at least one method by educational attainment (N=103)

	Known contraceptive method		
Education of women	Number of women	Percentage	Total number of women
Illiterate	90	68.2%	132
Non formal	11	100%	11
Primary level	2	100%	2
Total	103	71%	145

This table shows the positive correlative relationship between education and knowledge of respondents. Among 11 literate respondents, all had knowledge of at least one method of contraceptives, but only 68.2 percent of illiterate respondents among 90 respondents had this same knowledge. This table shows the positive relationship between education and knowledge of contraceptives.

Knowledge about Contraceptives According to Utilization

The respondents were then further asked about how the kinds of contraceptives can be used to prevent pregnancy, as well as about their advantages, side effects, complications, and other contradictions indicating that they were not suitable to use. The

knowledge about contraceptive methods consisted of 14 questions and the score was 1 for each correct answer and 0 for an incorrect or not sure answer. If the total score of the knowledge was more than or equivalent to 80% (>11), the respondent was noted as having high knowledge of contraceptives. Between 60% and 80% of the total scores (11 - 8) were noted as moderate knowledge and score lower than 60% (< 8) of the total score was noted as low knowledge. The knowledge scores ranged from 0 to 14. Five questions were negative questions mixed randomly with nine other positive questions. The knowledge level is shown in the table below:

Table 20

Levels of knowledge about contraceptives among married Musahar women of 15-49 years of age. (N=145)

Levels of knowledge	Number	Percentage
Low knowledge	121	83%
Moderate knowledge	19	13.1%
High knowledge	5	3.4%
Total	145	100%

The knowledge of the respondents was assessed that the main proportion of women (83%) were classified with low knowledge whereas 13.1% had moderate knowledge and a few of them had high knowledge (3.4%). Regarding the knowledge level of respondents using contraceptives, it is indicated noticeably that women with high knowledge of contraceptives were too few in number, although 36.6% of them were contraceptive users.

People use contraceptives on the basis of the utilization of the devices and knowledge which they have (Dhakal, 2007).To measure the knowledge about, and the advantages and disadvantages of contraceptives there were fourteen questions in negative and positive form. Answers were in three forms such as true, false and not sure. Table 21 shows the number and percentage of respondents only who gave correct answers.

Table 21

Correct answers of knowledge about contraceptive devices (N=145)

Statements	Number	Percentage
1. Women who take oral contraceptive should take a pill every day to avoid being pregnant	56	38.6%
2. Contraceptive devices doesn't help to abort unwanted pregnancy	26	17.9%
3. Oral pill doesn't cause dizziness & nausea	10	6.9%
4. Depo injection should be taken once in 3 months to prevent pregnancy	70	48.3%
5. Injection can't cause cessation of breast milk	32	22.1%
6. Women can have children again by stopping to take pill or injection	58	40.0%
7. If the women do not want the children anymore, sterilization should be used	67	46.2%
8. Contraceptive devices don't help to cure many diseases	11	7.6%
9. Male sterilization can't cause weakness to men	0	0%
10. Women cannot get pregnancy when they have intercourse 7 days before and 7 days after their menstrual period	2	1.4%
11. Using contraceptive device can care of child as well as mothers	18	12.4%
12. Improper practice of contraception can cause unplanned pregnancy	10	6.9%
13. Injectables should be avoided at the time of high blood pressure and more than 70kg weighted	28	19.3%
14. Norplant prevents for 7 yrs from unwanted pregnancy	41	28.3%

Table 21 reveals that the number and percentage of Musahar women who answered correctly to each question. The majority of the women knew the advantages of contraceptive devices and they had knowledge about the contraceptive method to some

extent. Regarding to how to use the pill, 38.6% of them answered correctly, i.e. a pill should be taken every day to reduce unwanted pregnancy. Similarly, 48.3% of the respondents could answer correctly to the question that Depo injection should be taken once in 3 months to prevent from unwanted pregnancy. Some were clearly aware about the advantages, effectiveness, and the rules of use of contraceptive devices.

There were five negative questions randomly mixed with nine positive questions. Regarding the side effects of Depo-Provera, 22.1% of the respondents could answer for misbelieves related to the 3 months injection such as cessation of breast milk. Likewise, it was asked whether the oral pill can cause dizziness & nausea and only 6.9% could answer correctly about misbeliefs and side effects of the pill. 17.9% of the respondents had knowledge about contraceptive devices which didn't help to abort unwanted pregnancy. 40% of the respondents had correct answers about the rule of contraceptive devices such as that women can have children again by stopping to take pill or injections. It was asked about the result of improper use of contraceptive devices, and 6.9% could answer for the improper practice of contraceptive devices which can cause pregnancy. Unfortunately, no one could answer correctly for one negative question which was about male sterilization. It was asked whether male sterilization can cause weakness for men, and 46.2% of respondents thought so. A very low percentage (1.4%) of respondents knew about the safe period method which is a method of family planning. For another negative question, only 7.6% gave a correct answer which was about contraceptive devices that can help to cure many diseases and more than 6% of them thought it was correct. About the rule of 3 months injectable contraceptives being avoided at the time of high blood pressure and at times with more than 70 kg of body weight, 19.3% answered correctly, and even users of

this couldn't answer correctly or at all. 12.4% answered correctly for the benefits of contraceptives for mother and child. About female sterilization, 46.2% of the respondents could answer that women who don't have more children can sterilize. In this way, it shows that most of the respondents had limited or inaccurate information about contraceptive devices.

Attitude towards the Use of Contraceptive Devices

There has been significant change recently in the attitude towards contraceptives devices. Now, people in general, have a better understanding about the need for contraceptive devices, and the need for spacing as well as limiting the number of children. Therefore, they have a much more positive attitude towards contraceptive devices. The attitude of people towards contraceptive devices plays a vital role in the acceptance and adoption of contraceptive devices in any given community. People, who have positive attitude towards the method of contraceptives, do better in adopting a method than the people with negative attitude. The study also attempted to identify the general attitude towards contraceptive devices among married Musahar women.

In order to measure the attitude towards contraceptives usage among married Musahar women, all the respondents were asked to opine for or against (agree or disagree) with a statement regarding contraceptives. This variable is also assessed in five categories such as strongly agree, agree, uncertain, disagree and strongly disagree according to the Likert scale. The attitude portion consisted of 8 questions and the two questions were negative. For positive questions, the score was given 5 for strongly agree, 4 for agree, 3 for uncertain, 2 for disagree and 1 for strongly disagree. It was indicated by the total score obtained from responses to the attitude questionnaire. For 8 items the possible score was 8

– 40. The standard point for attitude was mean ± standard deviation. The score < mean refers to a negative attitude. The score > mean refers to a positive attitude and the score within mean refers to a moderate attitude, which are shown in table 22.

Table 22
Level of attitude towards contraception (N=145)

Statements	N	Mean	SD
1. Contraceptive devices help to make a small and happy life	145	3.15	1.92
2. Contraceptive utilization should be taught in the school	145	3.22	1.90
3. Discussion on using contraceptive is not a shameful manner among couples	145	3.13	1.95
4. Buying contraception is not a shameful manner with male	145	2.20	1.24
5. Small family size gives a quality of life	145	2.88	1.75
6. Oral contraceptive devices should not be used only at the time of sexual intercourse	145	2.34	1.29
7. Using contraceptives helps to improve economic condition of family	145	2.52	1.48
8. Bearing child every year makes weak the maternal health	145	3.65	1.90

It is found that 49.7% respondents had positive attitude towards contraceptives and consented that it helps to make a happy life (Mean= 3.15, SD= 1.92). It was found that irregular use of pills was one of the major causes of abortion. This means that the women used the pill only at the time of sexual intercourse which did not prevent them from unwanted pregnancy. So it was asked to the respondent whether oral contraceptive devices should not be used only at the time of intercourse. Only 10.3% of respondents answered correctly (Mean=2.34, SD=1.29). Another negative concept was found that buying

contraceptives is regarded by males as a shameful act. Only 8.9% of the respondents strongly agreed that it is not a shameful act. Among them, 43.8% of the respondents did not agree to buy with a male person. They had negative attitude with this statement (M=2.20, SD=1.24). There was the positive view of the respondents for the statement, utilization of the contraceptive should be taught in school (Mean=3.22, SD=1.90). For another statement, discussion on using contraceptive is not a shameful manner among couples and 51.4% of the respondents agreed that is not a shameful act (M=3.13, SD=1.95). There was a question assessing the knowledge of whether the use of contraceptive can cause improvement in economic condition of the family. The attitude of the respondents towards this question remained moderate (M=2.52, SD=1.48). The interesting result was observed in the last question, because 65.8% of the respondents strongly agreed that bearing a child every year makes maternal health weak (m=3.65, SD=1.90). Table 23 shows the percentage of respondents' attitudes towards each question regarding the use of contraceptive devices.

Levels of attitude towards contraception among married Musahar women of reproductive age have been shown in Table 23. According to the data (Table 23) the score of attitude of respondents was ranged by their answer individually such as those who correctly answered to only 2 questions or below ranged to negative attitude. Those who correctly answered 3-5 questions ranged in moderate attitude and ones who correctly answered 6 or more ranged to positive attitude. Most of the respondents (41.1%) had a negative attitude towards contraception. More than 35 percent (35.6%) of the respondents had a moderate attitude and the other 22.6% had a positive attitude towards contraceptives.

Table 23
Level of attitude towards contraception (N=145)

Level of attitude	Number	Percentage
Negative attitude	60	41.1%
Moderate attitude	52	35.6%
Positive attitude	33	22.6%

This table shows that according to their individual answer the most of women (41.1%) possessed negative attitude towards the use of contraception.

Beliefs about Contraceptive Devices

Belief is an important determinant of the use of contraceptive devices. Sometimes popular misbeliefs of the society can create a barrier in the practice of contraceptives. Therefore, to know the beliefs about contraceptives among married Musahar women, all the respondents were asked about their opinion regarding contraceptive devices in terms of true or false statements. To assess the beliefs there were three categories of answers such as true, false and uncertain. The beliefs portion consisted of eight questions, five were negative and three were positive aspects. Among 145 respondents, a few (9.7 percent) of the respondents answered correctly that regular breast feeding does not prevent unwanted pregnancy. Only 13.1 percent of respondents believed that using contraceptives helps to improve maternal health. Likewise, 15.9 percent of respondents could answer correctly for contraception being a good way to reduce complicated pregnancy. It was asked whether children being a gift of god meant that contraceptives are not necessary, and to this only 31.7 percent of them could answer correctly for a negative question that. Likewise, 15.9 percent of them answered correctly against the negative question that eating some kind of foods and fruits before intercourse can prevent unwanted pregnancy. One of the wrong beliefs related to contraceptives, such as sterilized

people cannot go to heaven was answered correctly only by 3.4 percent of women. However, 45.5 percent of the respondents believed that health education is a good method for the ensuring of a bright future. Table 24 shows the percentage of respondents and their beliefs regarding contraceptives.

Table 24

Percentage of respondents on each item of beliefs about contraceptives (N=145)

	Statement	Percentage		
		True	False	Not sure
1.	Contraception does not prevents from all type of diseases	22 (15.2%)	4 (2.8%)	119 (82.1%)
2.	Regularity of breast feeding can't prevent unwanted pregnancy	14 (9.7%)	-	131 (90.3%)
3.	Using contraceptive helps to reduce maternal health	19 (13.1%)	1 (0.7%)	25 (86.2%)
4.	Contraception is a good way to reduce the complicated pregnancy	23 (15.9%)	-	122 (84.1%)
5.	Health education is a good method of bright future of people	66 (45.5%)	-	79 (54.5%)
6.	Sterilized people can go to heaven	5 (3.4%)	-	140 (96.6%)
7.	Children aren't god gifted we can use the contraceptive devices to control the birth	46 (31.7%)	-	99 (68.3%)
8.	Eating some kind of foods or fruits before intercourse cannot prevent from becoming pregnancy	23 (15.8%)	-	122 (84.1%)

Practice of Contraceptive Devices

The major objectives of contraceptives devices are to control birth and to ensure good maternal health. The major objective of this study was to study the use practice of

contraceptive devices among Musahar women to ensure the position of practice of contraceptives. This is important because the most effected method of population control is use of contraceptives. The percentage of respondents using contraceptives shows the development of community and people also. Among all surveyed currently married Musahar women (aged 15 – 49), the users of contraceptive devices were 36.6 percent and the rest were not using any type of contraceptives at the time of the survey. They (6.2%) also consented that they had used it in her life time and the rest (57.2%) had never used (Table 25).

Table 25
Contraceptive devices usage among respondents (N=145)

Contraceptive devices usage	Number	Percentage
Current usage	53	36.6%
Have ever been usage	9	6.2%
No practice	83	57.2%
Total	145	100%

The percentage of women of reproductive age who used contraceptive devices until the time of survey without interrupted was 36.6 percent. The respondents who did not use contraceptive at the time of survey were 6.2 percent and the women who never practiced were 57.2 percent. Only a few women had practice with the contraceptives. Some had used but had left at the time of study. A large proportion of women of reproductive age were not using contraceptives.

Kinds of Contraceptives

It was measured the popular method among current users and those women who had used previously but not yet used. It was found that four different devices were popular and that is shown in table 26.

Table 26

Methods of contraception currently and ever been used by respondents (N=61)

Kinds of contraceptive	Number of respondents	Percentage
3 month injection	25	41%
Pills	2	3.3%
Norplant	2	3.3%
Sterilization	32	52.5%
Total	61	100%

Among the respondents, the most popular (52.5%) practiced method was permanent sterilization. The second most popular method was a temporary three month injection (Depo-Provera). There was no difference found in the practice of Norplant and pills because they occurred among only 3.35 percent of the respondents for each. Among all 61 current users and previous users sterilization and the three month injection were the major method of contraception.

Kinds of Popular Contraceptive Devices among Currently Users

Besides those respondents who had discontinued use, among current users, there were only three types of devices in practice. Table 27 shows the names of the used methods and number and percentage of respondents.

Table 27

Currently practiced methods by respondents (N=53)

Kinds of contraceptive devices	Number of currently users	Percentage
3 month injection	18	34.61%
Norplant	2	3.85%
Sterilization	32	61.54%
Total	52	100%

Among the married Musahar women aged 15 – 49 most of the users were sterilized with 61.54 percent. The three months injection remained in second position, which was seen in the practice among 34.61 percent of the respondents, and Norplant only among

3.85 percent of the respondents. Only 20 women were using continuous temporary devices at the time of survey. Thus it can be said there is permanent method in high level of practice more so than others for birth control.

Reason for Not Using Contraceptives

There are many obstacles faced which serve as reasons for not using. It was measured fourteen possible causes for not using. The following table, Table 28, shows the description of the reasons why the respondents did not use contraceptive devices.

Table 28

Reasons of not currently using contraceptive devices (N=92)

Reason of not using	Number	Percentage
Lack of knowledge about contraceptive devices	16	17.4%
Desire of son	26	28.3%
Fear of bad effect	8	8.7%
More hands more work	7	7.6%
Automatically stopped fertility	7	7.6%
Desire of more children	5	5.4%
Because of miscarriage and death in infant	5	5.4%
Husband has gone out of country	5	5.4%
Others	13	14.13%
Total	92	100.0%

Most of these women (28.3%) asserted that they wanted a son and so they were choosing not to use contraceptives until they gave birth to a male child. The second most common reason as asserted by 17.4 percent of the respondents was that they had no knowledge about any type of contraceptive devices, such as how and when to use, where is available, etc. among them all 8.7 percent of them asserted that they were afraid of the side effects such as irregular menstruation and bleeding 7.6 percent of them agreed that they wanted more children so that they could earn money for the family and help the family in

eliminating poverty. 7.6 percent of them had stopped fertility after giving birth to some children. 5 percent of them had the problem of miscarriage and infant mortality and another 5 percent wanted more children because of fear of child mortality. 5 percent of respondents had not used contraceptives because their husband had gone outside of the country. 14.13 percent of the respondents agreed that they did not use contraceptives due to the desire for a daughter. Some agreed that they were s not easily accessible or readily available due to distant health posts and also because they did not get permission from their husbands to use it. Some other reasons behind not using contraceptive were observed as being newly married, desiring long birth space, having no child born yet, no provision of inception to control the birth, shyness, and no menstruation period after child birth.

Reason for Using Contraceptives

In this study, some of the interesting matters are found for the reasons of using contraceptives and shown in table 29.

Table 29
Reasons for usage of contraceptive devices (N=53)

Reasons for use	Number	Percentage
To materialize the small family norms	46	86.8%
To space the pregnancy and have the baby on own desire	1	1.9%
It helps to reduce the birth rate	3	5.7%
It helps to care of child	3	5.7%
Total	53	100%

Table 29 reveals the reasons for usage of contraceptives devices among current users. Out of the total respondents, 86.8 percent agreed that contraceptives are used to materialize the small family norms. 5.7 percent of them agreed that contraceptives are used to reduce the birth rate and another 5.7 percent of the respondents used contraceptives as a

means for caring for the child. Only 1.9 percent used these devices to space the pregnancy and have the baby on their own desire.

Advisors for the Practices

A woman's decision to use contraceptive devices is inspired by many various resources. It is said that "The method of contraception chosen by an individual woman will be determined by several people" (Loudon, N, Glasier, A. & Gebbie, A., 1995).In this there is a question regarding the advisors for using contraceptives. Table 30 shows the number and percentage of respondents according to their respective advisor.

Table 30
Advisor for using contraceptive devices among the respondents (N=60)

Advisor	Number of respondents	Percentage
Husband	3	5.0%
Mother In law	1	1.7%
Friends	35	58.3%
Female health worker	9	5.0%
Relatives	12	20%
Total	60	100%

The above maintained table shows that, with regard to the suggestion for using contraceptive devices, 58.3% of the respondents who were current and ever users were suggested to do so by their friends. Among them, 20% had decided to use contraceptives due to the encouragement of relatives. 15% of them were advised by female health workers; and 5% users were recommended by their husband. A small proportion of women (1.7%) had reached the decision because of their mother- in- law.

The Availability and Accessibility of Resources

The availability, accessibility and affordability of resources also play a vital role in practice of contraceptive use. These factors influence the choice of contraceptive usage.

Due to this, they were assessed by using questions concerning topics such as where and how far the contraceptive were available. These are explained in-depth in Table 31:

Table 31
Availability and accessibility of resources to facilitate contraceptives

Variables	Number	Percentage
Place to get contraceptives		
Health post	53	36.6%
Transportation to get contraceptive		
Walking	48	33.1%
Public vehicle	5	3.4%
Time taken to reach (Travel Time)		
15 minute	23	15.9%
25 minute	1	0.7%
30 minute	2	1.4%
45 minute	7	4.8%
60 minute	20	13.8%

In terms of the accessibility of contraceptive devices, 36.6% of the respondents stated that health post was the main center for receiving contraceptives, and none of the users had answered about the place, transportation and travel time.

Regarding the transportation to arrive at the source of the contraceptives, 33.1% of the respondents reached to the source by walking, because the sources were not too far away from their home. Only 3.4% answered that they used a public vehicle to get access to contraceptives. Regarding the distance from home to the place where contractive devices were available, 15.9% of them said that it took 15 minutes to reach the place. For 13.8% of them it took about an hour, for 4.8% of them it took about 45 minutes, for 1.4% of them it took about 30 minutes and only 0.7% of them it took 25 minutes to reach the nearest health post. Concerning the cost of the contraceptive devices all users answered that all were

available at no cost to them. It appears that there were more users who were nearby to the health post and to whom no need of transportation was needed. This was a greater number than of those who lived far from the health post and needed transportation.

The Sources of Information

A strong mediator of information also plays a vital role in the practice of contraceptives. If they are illiterate but use modern technology or other method of information it helps to use contraceptives. So, the respondents were asked about the best source of information about contraceptive methods and shown in table 32:

Table 32
Sources of information about contraceptive devices (N=62)

Variables	Number	Percentage
Radio	1	1.6%
Friends	2	3.2%
Community health worker	13	21.0%
Street play	3	4.8%
Neighbor	5	8.1%
Advertisement of hospital	30	48.4%
Relatives	8	2.9%
Total	62	100.0%

Among 62 sterilized, current users, and users who had just finished use, 48.4% stated that the advertisement of the hospital was their main source of information. 21% of the respondents got information from community health workers. Likewise, 12.9% of them said that their relatives were the main source of information, 3.2% of got information from their friends, 8.1% of the respondents had been informed by neighbors, and 4.8% of the users got the information about contraceptive devices from street play. Only 1.6% stated the radio as a source of information. The advertisement of the hospital plays a vital role as

a source of information and women community health workers is another important source of information. Relatives, neighbors, street play, friends, etc. were successful informing the respondents to practice contraceptive device use in this community.

Socio-Demographic Factors and Practice of Contraceptive Devices

According to related literature, there is a strong relationship between some socio-demographic factors and the practice of contraceptive usage. In the investigation of this statement, Kamla Raj (2010) found a positive relationship between education, income and family size. Likewise, Puri (1994) has mentioned that occupation determines the use of contraception. Age and age at marriage also help to determine the use of contraception (Bista, 2006). To assess the relationship between selected socio-demographic characteristics and practice of contraceptives usage, Table 32 outlines the collected related data.

Age and Practice of Contraceptive Devices

The results show that age was associated with contraceptive use. The practice of contraceptive use was increased according to growth of age group, because there is not any use of contraceptives in the 15 – 19 age groups. It was as started from the age group 20-24 which is shown in table 33:

Table 33

Relationship between age and practice of contraceptive devices among married Musahar women aged 15-49 (N=145)

	Practice of contraceptives		
Age group	Yes	No	Using in previous not yet
15-19	0 (0.0%)	12 (14.5%)	0 (0.0%)
20-24	3 (5.7%)	24 (28.9%)	3 (33.3%)
25-29	15 (28.3%)	16 (19.3%)	3 (33.3%)
30-34	10 (18.9%)	10 (12.0%)	1 (11.1%)
35-39	11 (20.8%)	6 (7.2%)	1 (11.1%)
40-44	9 (17.0%)	4 (4.8%)	1 (11.1%)
44-49	5 (9.4%)	11 (13.3%)	0 (0.0%)
Total	53 (100.0%)	83 (100.0%)	9(100.0%)

The contraceptives were used from 20 – 24 age groups by 5.7% (N=3). There were 28.3% of the users who had used contraceptives from 25 to 29 years of age. 18.9% in age group 30 – 34. More than 20.8% had used in age 35 – 39. But in the age group 44 – 49 only 9.4% of women had practiced contraceptive use among 53 respondents. The greatest amount of none users and discontinued users were in the 20-24 age groups.. No one had used from the 15-19 age group.

Age at Marriage and Practice of Contraceptive Devices

According to the Hindu religion, if people are married at the age of childhood (before puberty age or before starting the menstruation) their parents will get to heaven. It is said that this increases the fertility duration of the women and in the puberty age they don't use contraceptives because of shyness, lack of knowledge, and fear (Dhakal, 2001). It is in such a way that they become mothers by the age of approximately15 years old and give birth to more children, and start to use contraception by the age of more than 25 years old (Yadav, 2001). To examine the relationship of age at marriage with the number of children, the age at marriage was asked and shown in the table below (Table 34):

Table 34
Age at marriage and practice of contraceptive devices (N=145)

	Practice of contraceptives		
Age at marriage	Yes	No	Using in previous not yet
5-10	0 (0.0%)	2 (2.4%)	1 (11.1%)
10-15	22 (41.5%)	29 (34.9%)	3 (33.3%)
15-20	30 (56.6%)	50 (60.2%)	5 (55.6%)
20-25	1 (1.9%)	2 (2.4%)	0 (0.0%)
Total	53 (100.0%)	83 (100.0%)	9 (100.0%)

Regarding the age at marriage and practice of contraceptive devices, Table 33 described that the majority of women (56.6 percent) who had practiced, were married at age of 15–20 years. Similarly, 41.5 percent of users had married at the age of 10–15, and 1.9 percent users had married at an age above 20 years. Most of the users were married at between 15-20 years of age. No one who was a user were married in the age of 5-10 and a few women had practiced the use of contraceptives who had been married at the age of 20-25.

As Balasubramanian & Ravindran (2008) have mentioned, the family type, literacy, occupations, and age of women are significantly associated with contraceptive use. This study has also tried to identify the relationship with this statement in different tables.

Occupation and Contraception

According to literature, many researchers have found that the occupation of respondents plays a vital role in practice of contraceptives use. To determine the relationship between the occupation of respondents and their practice of contraceptive usage, the various kinds of occupations were categorized; however, only two were found - laborer and housewife (Table35)

Table 35
Occupation of respondents and practice of contraceptives (N=145)

	Practice of contraceptives		
Occupation of respondents	Yes	No	Using in previous not yet
Housewife	14 (26.4%)	35 (42.2%)	2 (22.2%)
Labor	39 (73.6%)	48 (57.8%)	7 (77.8%)
Total	53 (100.0%)	83 (100.0%)	9 (100.0%)

There was a strong difference between the occupation and practice of contraceptive use. This is best seen in the fact that only 26.4% of housewives used contraceptives, while 73.6% of women working as laborers had practiced contraceptive use. Among 83 none users more than 70 percent of users were laborers and only 26 percent of users were housewives, so there can be a claimed relation between occupation and practice of contraceptives.

Types of Family and Contraception

The type of family also determines the practice of contraceptive use. Women who live in a nuclear family are free from decision making more so than the women of a joint family. To measure this reality the relationship between type of family and the practice of contraceptive usage was assessed using cross tabulation. The presumed relationship was found the true and is explained in Table 36:

Table 36
Types of family & practice of contraceptives (N=145)

	Practice of contraceptives		
Types of family	Yes	No	Using in previous not yet
Joint	16 (30.2%)	39 (47.0%)	4 (44.4%)
Nuclear	37 (69.8%)	44 (53.0%)	5 (55.6%)
Total	53 (100.0%)	83 (100.0%)	9 (100.0%)

Among 53 users, it was found that 69.8% of the women lived in a nuclear family while only 30.2% of women lived in a joint family. This table shows that the women who lived in a nuclear family were more sensitive to the topic of contraceptive usage than those who lived in a joint family. It shows that the type of family also has an effect on the practice of contraceptives use.

Number of Total Children

Number of total children was associated statistically with the use of contraceptives. Among the respondents, those women who did not have any children and those with only one child were not using contraceptives at the time of survey. This may be mainly due to the fact that they wanted to give birth to a child because they didn't have any and also because they had only one child. The more children they had, the higher the percentage of practice of contraceptive use was found; and this is described in greater detail in Table 37below:

Table 37

Number of total children and practice of contraceptives (N=145)

	Practice of contraceptives		
Total children of respondent	Yes	No	Using in previous not yet
1	0 (0.0%)	21 (26.2%)	1 (11.1%)
2	7 (13.2%)	22 (27.5%)	3 (33.3%)
3	10 (18.9%)	14 (17.5%)	3 (33.3%)
4	14 (26.4%)	10 (12.5%)	1 (11.1%)
5	14 (26.4%)	7 (8.8%)	1 (11.1%)
6	7 (13.2%)	6 (7.5%)	0 (0.0%)
7	1 (1.9%)	0 (0.0%)	0 (0.0%)
Total	53 (100.0%)	80 (100.0%)	9 (100.0%)

Table 36 shows the relationship between the number of children and the practice of contraceptive use. 26.4% of women who had 4 & 5 children were using contraceptives while only 13.2% were using contraceptives that had only 2 children. Only one woman who had 7 children was using contraceptives. The women with only one child did not use any contraceptive devices. When the women had only two children they began to use contraceptives but in a few number. When they had 4 or 5 children, a large proportion of women started to use contraceptives. It shows that the women who had few children didn't concern themselves with the use of contraceptives. After the birth of more children, only then did the Musahar women start to use contraceptives.

Number of Living Sons and Practice of Contraceptives

Number of living sons is also related with the practice of contraceptive device use in rural areas and some communities in Nepal. To see the relationship between these two variables, respondents were asked about their number of living sons. The findings of this study have been compiled in table 38.

Table 38
Number of alive son &practice of contraceptive (N=114)

Total no of alive son	Yes	No	Using in previous not yet
1	13 (25.5%)	35 (63.6%)	3 (37.5%)
2	24 (47.1%)	15 (27.3%)	4 (50.0%)
3	13 (25.5%)	4 (7.3%)	0 (0.0%)
4	1 (2.0%)	1 (1.8%)	1 (12.5%)
Total	51 (100.0%)	55 (100.0%)	8 (100.0%)

There were 114 respondents who had a living son. Among them all, only 51 respondents had used contraceptives, 55 women didn't use and 8 of the respondents had discontinued use. Among 51 users only 25.5% of women who had one son were using any contraceptives at the time of survey. On the other hand, the same percentage of the women

were using contraceptives had 3 sons. There was a higher percentage of practice of contraceptive among those who had 2 living sons because 47.1% of women were using with two sons. The same was not found to be true of the women with 4 sons. Among 55 non-user women, 63.6 percent didn't use contraceptives who had one son, but there were only 7.3 percent of non-users who had 3sons. Among the dropped women, 50 percent had only two sons. It is because of these reasons that we can assume that the number of sons is also related with the practice of contraceptive device usage.

Income and Use of Contraception

The income level of a woman also helps to affect her use of contraceptives. If the income level is high then women are more likely to use contraceptives to maintain their living standard. They have a greater desire to spend their income in the care of a child and that child's education and therefore, they have a greater sense to control the birth rate. If there is poverty; however, then the women and her family do not have money to pay for contraception, and they are more likely to consider the children as sources of income. It is thus that they will most often not be concerned with reducing the birth rate. (Park, 1997)The relationship between income and contraception usage is shown in Table 39.

Table 39
Income level of family and practice of contraceptives

	Practice of contraceptives		
Income level of family	Yes	No	Using in previous not yet
1000-1900	1 (1.9%)	0 (0.0%)	0 (0.0%)
3000-3900	9 (17.0%)	7 (8.4%)	1 (11.1%)
4000-4900	20 (37.7%)	26 (31.3%)	5 (55.6%)
5000-5900	12 (22.6%)	30 (36.1%)	2 (22.2%)
6000-6900	7 (13.2%)	11 (13.3%)	1 (11.1%)
7000-7900	3 (5.7%)	8 (9.6%)	0 (0.0%)
Above 10000	1 (1.9%)	1 (1.2%)	0 (0.0%)
Total	53 (100.0%)	83 (100.0%)	9 (100.0%)

It was found that 1.9% of the women whose income was Rs. 10,000 had practiced usage while the other half did not have any practice of contraceptives. More than 37% of the women whose income was Rs. 4000-4900 had used contraceptive devices and only 5.7% of the women used CDs whose income ranged from Rs.7000-8000. According to this data, there appears to be no relationship between income and practice of contraceptives. This may be due in large part to the free of cost policy of the government. There is no relation between income level and practice of contraceptive devices use in this community.

Educational Status and Contraception

One of the research objectives of this study was to examine the role of education in the practice of contraceptive devices among married women of reproductive age 15-49. Therefore it has been calculated the number and percentage of respondents using cross tabulation between these two variables and is shown in Table 40.

Table 40

Educational status of respondents& use of contraceptives (N=145)

Educational status	Yes	No	Using in previous not yet
Illiterate	46 (86.8%)	79 (95.2%)	7 (77.8%)
Non formal	5 (9.4%)	4 (4.8%)	2 (22.2%)
Equivalent to primary level	2 (3.8%)	0 (0.0%)	0 (0.0%)
Total	53 (100.0%)	83 (100.0%)	9 (100.0%)

Regarding the educational status of women and their use of contraceptives, it appeared that the use of contraceptives had increased along with the increased level of education. Out of 53 user respondents 86.8 percent were illiterate. 9.4 percent were not formally educated and 3.8 percent had passed the primary level. Out of 83 none user respondents 95.2 percent were illiterate. Likewise, 4.8 percent were not formally educated. No women with a primary level education were found to be none users. Among 9 dropper respondents, 77.8 percent were illiterate. 22.2 percent were not formally educated, but no one was from primary level of education. In this way, we can say that the practice of contraceptives is strongly associated with education.

Education of Parents, Husband, Children and Use of Contraception

Father's education and mother's education are generally known to be strong correlates of the socioeconomic status of the family. In the context of social change, youths from families with higher socio economic status are likely to behave less traditionally. For this reason, higher levels of a father's and mother's education are expected to be associated with a lower probability of early marriage, a lower probability of delayed consummation of marriage and a lower probability of early motherhood (Choe, Thapa and Mishra, 2004). It is thus that there can be a relationship between education of parents and practice of CDs as well. To examine this relationship this study has used cross tabulation. This is shown in Table 41:

Table 41

Educational level of father, mother, and practice of CD (N=145)

	Practice of contraceptives		
Education of father	Yes	No	Previously used
Illiterate	52 (98.1%)	82 (98.8%)	9 (100.0%)
Non formal	1 (1.9%)	0 (0.0%)	0 (0.0%)
Equivalent to primary	0 (0.0%)	1 (1.2%)	0 (0.0%)
Total	53 (100.0%)	83 (100.0%)	9 (100.0%)
Education of mother	Yes	No	Previously used
Illiterate	52 (98.1%)	83 (100.0%)	9 (100.0%)
Non formal	1 (1.9%)	0 (0.0%)	0 (0.0%)
Total	53 (100.0%)	83 (100.0%)	9 (100.0%)

In the relation of father's education and practice of contraceptives, 82 of the respondents had no practice of contraceptives whose fathers were illiterate and all of the respondents had practiced whose father was literate from a non-formal education. All of the respondents were not using contraceptives whose father had passed primary level. While among those 53 women who practiced contraceptives, 98.1 percent of the respondents had illiterate fathers, and only one had a non-formally educated father. So it seems that there is no relationship between father's education and use of contraceptive devices.

There was a positive relationship found in between the mother's education and the practice of contraceptive devices. The total women (83) were not using any types of contraceptives who had illiterate mothers but the total percentage of the respondents had practiced whose mothers were literate.

Education of Husband and the Practice of Contraceptive Devices

This study was established to find the relationship between education of husband and its effect on his family life and in particular his wife's use of contraceptive devices.

Sometimes the education of the partner plays a vital role in the decision making for the quality of life. Therefore the educational status of the respondent's husbands was also mentioned in the questioning and is shown in Table 42.

Table 42
Educational level of husband (N=145)

	Practice of contraceptives		
Educational level	Yes	No	Previously used
Illiterate	47 (88.7%)	59 (71.1%)	5 (55.6%)
Non formal	3 (5.7%)	6 (7.2%)	0 (0.0%)
Equivalent to primary level	3 (5.7%)	11(13.3%)	1 (11.1%)
Class 8 pass	0 (0.0%)	6 (7.2%)	1 (11.1%)
SLC pass	0 (0.0%)	0 (0.0%)	2 (22.2%)
Only 10 class	0 (0.0%)	1 (1.2%)	0 (0.0%)
Total	53 (100.0%)	83 (100.0%)	9 (100.0%)

There was a negative relation with the husband's education and the women's practice of contraceptive devices, 88.7% of respondents had practiced contraceptives whose husband was illiterate, but among 24 educated only 12.5% of the women had practice of contraceptives whose husband had informal education and the same applied with those whose husbands were primary passed. There is another interesting finding, because no one was a user whose husband was educated with class 8 pass, class 10 and SLC graduate.

Education of Son Practice of Contraceptive Devices

This study also wanted to find the relationship of the education of children and the practice of contraceptives. Sometimes illiterate parents learn many things from their children. Due to the widely accept belief that many children share their knowledge to their parents, the thinking was measured using cross tabulation and shown in Table 43.

Table 43

Education of son and practice of contractive devices (N=145)

	Practice of contraceptives		
Educational level	Yes	No	Previously used
Illiterate	19 (35.8%)	41 (49.4%)	4 (44.4%)
Non formal	5 (9.4%)	8 (9.6%)	0 (0.0%)
Equivalent to primary	23 (43.4%)	5 (6.0%)	4 (44.4%)
Class 8 pass	2 (3.8%)	1(1.2%)	0 (0.0%)
SLC pass	2 (3.8%)	0 (0.0%)	0 (0.0%)
no son	2 (3.8%)	28 (33.7%)	1 (11.1%)
Total	53 (100.0%)	83 (100.0%)	9 (100.0%)

There was a positive relationship between the education of the son and the practice of contraceptive devices. This study found that 35.8% of women had practiced whose sons were illiterate. However, this increased with the educational level of their son where 43.4% of the respondents had used whose son's had primary graduate level and all of the respondents had used whose sons were SLC graduates.

Education of Daughter Practice of Contraceptive Devices

There could be the probability of a relationship between daughter's education and practice of contraceptive use. Daughters spend their maximum time with their mothers and often share their knowledge. It can help the practice of contraceptives, so Table 44 explains this relationship.

Table 44
Education of daughter& practice of contraceptives (N=145)

	Practice of contraceptives		
Education of daughter	Yes	No	Previously used
Illiterate	29 (54.7%)	44 (53.0%)	3 (33.3%)
Non formal	6 (11.3%)	9 (10.8%)	1 (11.1%)
Equivalent to primary	9 (17.0%)	9 (10.8%)	1 (11.1%)
No daughter	9 (17.0%)	21 (25.3%)	4 (44.4%)
Total	53 (100.0%)	83 (100.0%)	9 (100.0%)

Among 53 users, 54.7% had illiterate daughter, 11.3% had been informally educated and 17.0% had primary level graduation and the same percentage had no daughter. Likewise, of 83 non-users, 53% had an illiterate daughter, 10.8% had informally and primary level educated daughters, and 25.3% had no daughter. Among those who had discontinued use (9), 33.3% had an illiterate daughter, 11.1% had an informally and primary graduated daughter. It shows that there could be a small relationship between the education of daughter and the practice of contraceptive use.

Father's Occupation and Contraception

The occupation of the father is also one of the important components of using contraception (Dhakal, 2007). To prove this within this study the relationship has been examined in terms of these variables and is shown in Table 45.

Table 45
Relationship between father's occupation and practice of CD

	Practice of Contraceptive		
Occupation of father	Yes	No	Previously used
Agriculture	1 (1.9%)	2 (2.4%)	0 (0.0%)
Labour	51 (96.2%)	81 (97.6%)	9 (100.0%)
Social Worker	1 (1.9%)	0 (0.0%)	0 (0.0%)
Total	53 (100.0%)	83 (100.0%)	9 (100.0%)

Among 53 users, 1.9% of the respondent's fathers were farmers, while 96.2% of user's fathers were laborers. There was only one user whose father was a social worker. Among 83 non user respondents, 97.6 percent of women classified their father as a laborer and 2.4 percent as a farmer. Among 9 dropped respondents all stated that their father was a laborer. It shows a positive relationship between occupation of father and practice of contraceptive devices.

Accessibility, Availability and Contraception

The external factors of accessibility and availability also can influence the use of contraceptives. Due to this, they were also assessed by including questions to the respondents such as where and how they can get CDs and also how the use of contraceptives is influenced by the distance from home to the place where it is available.

Table 46
Accessibility and availability and practice of CDs (N=23)

	Practice of contraceptives		
Transportation	Yes	No	Previously used
Walking	22 (95.7%)	18 (85.7%)	8 (88.9%)
In Public vehicle	1 (4.3%)	3 (14.3%)	1(11.1%)
Total	23 (100.0%)	21 (100.0%)	9(100.0%)
Distance away	Yes	No	Previously used
15 minute	14 (60.9%)	5 (23.8%)	4 (44.4%)
25 minute	0 (0.0%)	0 (0.0%)	1 (11.1%)
30 minute	2 (8.7%)	0 (0.0%)	0 (0.0%)
45 minute	3 (13.0%)	3 (14.3%)	1 (11.1%)
60 minute	4 (17.4%)	13 (61.9%)	3 (33.3%)
Total	23 (100.0%)	21 (100.0%)	9 (100.0%)

Only 53 respondents answered about the transportation used to get the service. Among them there were only 20 current users who were using at the time of interview and

2 were permanent users and one was a natural user. Among 23 respondents, 95.7% walked to get their contraceptives. Among 21 non- users 85.7% had answered that they would have to walk to the place where contraceptives were available. Among 9 droppers, 88.9% of them used to walk when they had used. Only 4.3% of current users used public vehicles to reach the place where contraceptives devices were available. Among 21 non-users, 14.3% of the respondents had not used contraceptives because they felt it difficult to reach the place where contraceptives were available even by using public transport. Another question was asked about the distance it took to reach the health post in which 60.9% of the respondents had used contraceptives stated that they were only 15 minutes away from the nearest health post. 8.7% of the user respondents were 30 minutes away from the health post. 17.4% of the users were an hour away from the health post and 13.0% were a 45 minute distance away. The availability, accessibility of resources also plays vital role in practice of contraceptive use and influences the choice to use contraceptives.

Summary of the Chapter

This chapter presented all aspects of the study in depth. It described the socio-demographic characteristics, personal factors and external factors of the married Musahar women of reproductive age (15 – 49) at Chandraayodhayapur VDC who served as this study's subjects. It described their knowledge, attitude, beliefs about and practice of contraceptive use. Another topic described the relationship between availability, accessibility of resources, socio-demographic factors and practice of contraceptive devices among currently married Musahar women aged 15 – 49 in detail. It was discussed that the socio-demographic factors also influenced the use of contraception. It was found that education, especially, is the most important factor which influenced the use of

contraceptives. The women's age at marriage, occupation, parent's occupation and education level, type of family, number of living children, sexual preference, knowledge and attitude are also all additional factors which play a vital role in the women's use of contraceptive devices.

CHAPTER V

SUMMARY, FINDINGS, DISCUSSION, CONCLUSION AND IMPLICATIONS

Chapter Overview

This is the last chapter of the study. In this chapter the summary of previous chapters, findings of the study at the time of data collection, discussion on 6 related topics. Finally conclusion and required implications are included in detail.

Summary

Rapid population growth has become the most serious obstacle for the development in the country and has created various environment problems. contraceptives is the major component of reproductive health it can save human lives, controlling unwanted pregnancies, limiting the number of births, limiting birth to the healthiest age, avoid unsafe abortion, preventing transmission of sexually transmitted diseases (STDs), consequently reducing infant and child mortality in one hand, on the other hand it directly controls fertility and population growth. There are various types of contraceptive devices. Approximately, 99% of the women knew about contraceptives of the country but contraceptive prevalence rate was found to be only 48%. Even, government, NGOs, and INGOs have provided many methods of contraceptive devices in the country since 1959. So it was the problem observed in this study.

This study was carried out to assess the situation of this problem in a community of Siraha district. It was found that the total population of the district was 5, 72,399 (census, 2001). Total fertility rate was 4.64, crude birth rate was 37 (per 1000), and crude death rate was 11.5 (per 1000).

Musahar, as a whole, is a marginalized group (Thakur, 2010). Many researchers have assessed the socio-economic characteristics of the Dalit and Musahar population in different places of the country. Maternal and child health is one of the major concerns. But there is no any study on practice of contraception in this VDC. So, this study population was 15-49 years old married Musahar women who use currently or had ever used or never used contraceptive devices in her life time. Total numbers of respondent was145 and were interviewed using close ended interview schedule. The purpose was to assess the situation of the practice of contraceptive devices in the community particularly among the married women of 15-49 age groups. Four research questions were formed to meet the purpose.

The research questions focused to explore the socio-demographic factors of married Musahar women, the personal factors (knowledge, attitude and beliefs) of Musahar women on contraceptive device, their practice of using contraceptive devices, and the way their educational attainment plays the role in practice of contraceptive devices among them. After the study, possible benefits of the study have kept in the significance of the study. Likewise, associated programs and policies were reviewed in the study to enrich this research finding by supporting with the information explored by the other scholars. Possible influencing factors in practice of contraceptive devices have been explained in the second chapter of this study. This researcher has explained the appropriate philosophical consideration, research design, methods of data collection, major tool of the data collection, and process of the data analysis, methods of data analysis, target study population and the research site. The researcher also considered some ethical considerations while collecting the data in the field. Survey method was used in this study. A pilot test was conducted for testing reliability on the practice of contraceptives devices.

To test consistency the split-half method was used and the value was 0.692. Interview schedule that was primarily multiple choices was used as instruments for collecting data.

Findings and Discussion

The objective of this study was to identify the situation of practice of contraceptive devices among Musahar women of Chandraayodhyapur VDC, of Siraha district. The following section consists of major findings of study.

Findings

- The highest percentages (23.4%) of the married women were from the age group from 25-30 years. Most of them (58.62%) were married at the age of 15–20 years.
- The majority of the women (76.76%) had given birth to their first child at an age before 20 years old.
- Among the women studied most (22.1%) had 2 children and an equal percentage had more than 5.
- A large percentage of respondents were (59.31%) from a nuclear family.
- Among 145 respondents, 33.1% of them had a mobile phone, 32.4% had electricity facilities and 15.9% had television; however, none had a toilet facility in their home.
- Labor work was identified as the most common occupation among the test population
- Regarding knowledge of contraceptive devices, 71% of the women had heard of at least one method of contraception, and the majority of the respondents (59%) had heard about injection.
- There was no difference between income range and the women's knowledge of contraceptive devices. Respondents whose family income was more than 4000-5000 were much more familiar with contraceptive devices than higher income groups.

- Hospital advertisements were found to be the main source of information about contraceptive devices
- More than 86 percent of respondents perceived that the advantage of contraceptive devices was to make a small and happy family life.
- Among 53 respondents, a greater percentage of the women who lived in a nuclear family had practice of contraceptives (69.8%).
- Most of the women who were users had 4 or 5 children (26.4%).
- Among 145 women, only 114 had living sons and only 51 had practiced contraceptive usage; 55 didn't practice and 8 had discontinued usage.
- Among 55 nonusers, over half of women (63.6%) had only one son and were not found to be using any contraceptives at the time of the study. Among 51 users, 47.1% had 2 sons.
- The women working as laborers (73.6%) had practiced contraceptive usage.
- The use of contraceptive devices varied along with the age interval of the women. More users were found in the age group 25-29.
- The main reason for not using contraceptives was found to be a desire for a son (28.3%) ,followed by a lack of knowledge about contraception (17.4%).
- The main advisor to use contraceptives was said to be a friend (58.3%).
- The local health post was the main place for contraceptive devices to all current users (53 respondents).
- A large number of respondents (45.8%) were found to get access to contraceptives just by walking. Among the 23 current users, 60.9 percent had to maintain 15 minutes walking distance to reach the nearest health post.

- None of the respondents who had been married at 5-10 years were found to be using contraceptives. Usage started with 41.5% women who had been married at age 15-20.
- The majority of the users (96.2%) had informed that laboring was the occupation of their father.
- Injectable (59.3 %), Female sterilization (57.9 %), male sterilization (49%), Pills (48.3 %), and Norplant (44.8%), appeared as popular methods.
- Among 90 uneducated respondents, 68.2 percent had heard about at least one modern method of contraception.
- Most of the women (83.4%) were classified into low knowledge of contraceptives, 13.1% had a moderate knowledge base and only 3.4% had high knowledge.
- Women with a negative attitude towards CD's were highest (41.4%), 35.9% had a moderate attitude and 22.8% had a positive attitude.
- The percentage of illiterate respondents who were using contraceptive devices was 86.8% among 53 users. Likewise, 9.4 percent were educated by the means of informal education and 3.8 percent had passed the primary level.
- Out of the 83 nonuser respondents, 98.8% had no practice of contraceptives whose father was illiterate, and all of respondents had practice whose father was informally educated and all of the respondents were not using contraceptives whose father had primary level education.
- There was positive relation between the respondent's mother's education and their practice of contraceptive devices. Because the total number of nonusers (83) had illiterate mothers but among 53 users women, one had informally educated mother.

- Among 53 users, more than 88 percent (88.7%) of respondents had an illiterate husband, 5.7% women had a husband who had been informally and primary level educated. Among 83 nonusers, 13.3% of the respondents had primary level graduate husbands. Similarly, the total number of the women who had no practice of contraceptives had a husband who was a SLC graduate.
- Among 53 respondents, 35.8% had practiced contraceptive use whose sons were illiterate. However, all of the women had practiced contraceptive device usage whose sons were SLC graduates.
- Among 53 users 54.7% had an illiterate daughter, 11.3% had daughters who were informally educated and 17.0% had primary level education the same 17.0% of users had no daughter.

Discussion

The main aim of this study was to explore the practice of contraceptive usage among married Musahar women of Chandraayodhayapur VDC of Siraha district. This study also explored the relationship between socio-demographic factors and usage of contraceptive devices among married Musahar women. Mainly five different places of Chandraayodhyapur VDC of Siraha district namely, Panbari, Khoriya, Purano Choharwa, Dhosiya Tole, Lapka and Purna Musahari were selected intentionally because Musars live only in these places of the VDC.

Various popular modern methods of contraceptives had been distributed in Siraha district. According to the record of District Health Office, the users of pills, depo-provera, IUD and Norplant were 28854, 90264, 12602 and 12854 respectively. Despite the availability of these contraceptives in the research site it was not found to be used among

women under this research. It is, therefore, concluded that the Musarhar women under this research are not well-informed about the usage and consequences of contraceptives. Fortunately, these areas were catchment area of female health workers, and social workers as known to the researcher. The data were collected by the means of face- to- face interview of the respondents with close-ended interview schedule. The data were analyzed and interpreted and findings were derived. The discussions of the findings are presented in the following subheadings.

Practice of contraceptive devices among married Musahar women.

- The personal factors (knowledge, attitude and beliefs) of Musahar women on contraceptive devices.
- The relationship between socio-demographic factors, availability, accessibility and practice of contraceptive devices among currently married Musahar women.
- The educational attainment and its role in practice of contraceptive devices.

Practice of contraceptive devices among married Musahar women. This study showed that 36.6% (out of 145) of the married Musahar women uses contraceptive. At the time of interview it was asserted that only 13.7% of them used temporary CDs and the rest of them were sterilized. This figure is 30% more than the percentage of Musahar women using contraceptive devices, which is mentioned in Mahato (2007). Similarly, Dhakal (2007) mentioned that 85% of the women of Sheshnarayan VDC of Kathmandu had practiced the contraceptive devices and 54% of them had chosen the injectables for birth spacing. But in this study it appeared that only 36.6 percent of women had practiced the contraceptive devices and 41 percent of them had chosen the same devices for birth spacing. The difference in the findings of the two different studies has taken place due to

the success of family planning program of government. The difference as such also shows that the distribution of contraceptive devices free of cost by government has been effective in controlling the birth rate.

Puri (1994) has asserted that the sex preference among people in Nepal also has minimized the use of CDs. This study is similar to him because it is found that the reason of not using contraceptive is the desire of son among the respondents. This study maintains the data that more than 31% of the respondents do not use it because of the sex preference and also 33% of the ever users discontinued using it for the cause.

Khadka (2005), on the other hand, maintained that 31.28 percent of the respondents were unaware about the advantages of the contraceptive devices. Similarly, this study also came up with the similar finding, which asserts that Musahars women under this study do not use contraception due to the lack of its appropriate knowledge. More than 19% of the respondents under this study occurred under this problem.

Knowledge, attitude and beliefs of Musahar women on contraceptive devices knowledge. The knowledge of at least one modern method of family planning is nearly universal in Nepal. The widely known modern contraceptive methods are female sterilization (99%), male sterilization (98%), injectables (97%), pill (93%), and condom (91%). The most common use of modern contraceptive devices among currently married women were injectables (21%), female sterilization (15%), pills and condoms (12%). It shows that the most common method of CDs is injectable and sterilization among female.

Contraceptive knowledge was measured on the basis of which contraceptive devices that individuals have heard of. Women were initially asked to name any methods known to them. The responses were recorded as spontaneous ones. Then women were

given a list of all contraceptive methods and they were asked whether they had heard of any of them. Responses obtained from this were recorded as prompted ones. For this study, both spontaneous and prompted ones were counted as knowledge of contraception.

The knowledge of the respondents was also assessed by scoring their answer. Most of the women (83.4%) appeared to have possessed low knowledge, 13.1% had moderate and only 3.4% had high knowledge. This finding was double in the comparison of the study accomplished by Chaw (2009) in which only 6.4% of the women were recorded to have high knowledge of contraception. Most of the women knew the benefits, methods of using contraception and side effect of the injectables. Most of them had heard about female sterilization.

Regarding the side effects of depo 22.1% of the respondents could answer for wrong beliefs related to 3 months injection such as cessation of breast milk. Likewise, only 6.9% could answer correctly about misbelieves of side effect of pills. Out of 145 respondents, only 17.9% had knowledge about CDs which did not help them to abort unwanted pregnancy. Likewise, 40% of respondents duly answered about the methods of using CDs such as women can have children again by stopping to take pills or injection. Only 6.9% of the respondents could answer for the improper practice of contraceptive devices which caused pregnancy. Unfortunately, no one could answer correctly for about male sterilization. It was asked whether male sterilization can cause weakness for men. Few (1.4%) of the respondents knew about safe period which is a method of family planning. A few women knew that contraceptive devices can't help to cure many diseases. About the purpose, methods and condition of using 3 months injectable contraceptives only 19.3% of the respondents answered duly. Out of 145 respondents 12.4% answered

correctly for the benefits of contraceptives to mother and child. In this way, it might be assumed that most of the respondents had limited or inaccurate information about contraceptive devices.

Attitude towards contraceptive devices. The attitude of people towards contraceptive devices plays vital role in the acceptance and avoidance of the contraceptive in any given community. Positive attitude towards the contraceptive devices do better in adopting a method than the people with negative attitude. The study also attempts to identify the general attitude towards contraceptive devices. This study has found that the percentage of respondents with negative attitude was highest (41.4%), 35.9% of them had moderate attitude and only 22.8% of them had positive attitude towards the use of contraception.

Among 145 respondents approximately half (49.7%) of the respondents had positive attitude towards contraceptives which helped to make a small and happy life. Only 10.3% of respondents were agreed to have used oral contraceptive devices. However, 47% of the respondents were uncertain on the exact way and duration of using contraceptive. Only 8.9% of the respondents strongly agreed to say that buying contraception is a shameful act among male. The respondents asserted that utilization of the contraceptive should be taught in school. 51.4% of the respondents agreed that public discussion on using contraceptive is not a shameful act. The respondents showed moderate attitude for improving their economic condition by using contraception. It is good to know that 65.8% of the respondents strongly agreed that bearing child every year makes the maternal health weak. The respondents didn't want to talk more in front of other people about these topics because they thought it is a shameful act to talk with new person and also, buying and

asking about CDs with men was shame in the part of women. Even the users of contraceptive had negative attitude about the use of contraceptive other than they use themselves.

Beliefs. The belief towards the usage of contraception is an important determinant of their practices. If there is spread of misbelieves towards CDs the illiterate and cultural bounded people never use them. So, to know the beliefs about contraceptives among married Musahar women, all the respondents were asked about their opinion through true or false statements. Regarding usage of contraceptive, 15.2% of the respondents opined that contraceptive devices don't prevent from all type of diseases. Regarding misbelieves 9.7% of the respondents answered that regular breast feeding do not prevent unwanted pregnancy. Only 13.1% of the respondents believed that use of contraceptive helps to improve maternal heath. About the advantages of contraceptives 15.9% of the respondents could answer that contraception is the good way to reduce complicated pregnancy and 31.7% of them answered that children aren't god gifted so we should use contraceptives. Likewise, 15.9% didn't belief to eating some kind of foods and fruits before intercourse to prevent unwanted pregnancy. One of the misbelieve related to contraceptive such as sterilized people cannot go to heaven was challenged by the majority of women who were not sure and told that nobody has returned after death, so they had sterilized. But they believed that male sterilization was the cause of poor health of men. A good thinking was that 45.5% of the respondents believed that the health education is a good method of bright future.

Relationship between socio-demographic factors, availability, accessibility and practice of contraceptive devices. This study has found correlation between practice of

CDs and age, occupation, education, number of living son, age at marriage etc. The result shows that age was strongly associated with contraceptive use. The practice of contraceptive use is increased along with the increase in the age of the people. This assertion was claimed on the basis of the data, which maintain that there was not any single case of using contraception among the 53 women whose age ranged from 15 to 19 years. However, it was found that 5.7% of the respondents used contraception whose age ranged from 20 to 24 years. Again, 28.3% of the women used contraceptives whose age ranged from 25 to 29 years. . But only 18.9% of the respondents were found using contraception that was from 30 to 34 years of age group. The large proportion of women (76.76 %) bore their first child at age from 15 to19 years. It means that many of them become mother before 20 years but started to use contraceptive devices from the age of 25-29. This shows the poor condition in the rate of using contraceptive devices. It also asserts that there is high risk for health of both the mother and the child. Risk of malnutrition, maternal mortality, infant mortality and population growth are some still other hazards that increase in such case. Similarly the work status of women is often considered to be one of the major determinants of their fertility behavior and, hence, strong association of occupational status with contraceptive use is anticipated (Puri, 1994).This study has also found that more number of users were engaged in labor works than housewife.

Park (1997) has stated about positive relationship between income and practice of CDs. He has suggested that increasing rate of income increases the practice rate of CDs usage but there was no relation between income and practice of contraceptives in this study because it was found that half of the women whose income was 10,000 had practiced contraceptive while the other half had not. Among 53 users the rate of using

contraceptives decreased while their income level increased. Similarly maximum (37.7%) users had Rs 4000-4900 income range. This may be due to the free of cost services of contraceptive devices in that area provided by government in the process of family planning promotion program.

Number of total children was associated statistically with use of contraceptive devices. Total number (N=3) of women who did not have any children and total women N=22) who had only one child were not using contraceptives. This may be mainly due to the fact that the one who did not have any child wanted to give birth to a child and those who had only one child wanted to get more. The more children they had, the higher percentage of practice of contraceptives was found. Such as among 53 users 26.4% of women had 4 or 5 children while 13.2% of them were using contraceptives that had 2 children. Similarly, there was only one woman with 7 children but was using contraceptives. Number of living son was also related with the practice of contraceptives devices. Among 53 respondents only 25% had practiced contraceptive who had only one son at the time of survey while 47.1% of women having 2 sons were using contraceptives. Most of these women asserted that they were not using contraception because they had desire for a son. On the basis of the data there was positive relationship between father's occupation and practice of contraceptive because among 53 respondents only 1.9% stated that agriculture was the occupation of father. But 96.2% stated that laboring was the occupation of father and only one woman stated that her father was a social worker and using contraceptives. Among 23 current users of contraception 95.7% used to walk to the shop to get contraceptives. But only 4.3% of them used to go to get contraceptive by public vehicles and among 9 respondents who discontinued using contraception had used to go on

food to to buy contraceptive devices . This study shows that the use of public transportation in buying contraception is one of the most important factors which influence the practice rate of CDs because the had to spend more money for transportation rather than buying contraceptive devices. Another affecting factor in the use of CDs is the distance to reach the health post. Among 53 users, 60.9% of respondents had recorded that they were 15 minutes far from health post. Similarly, 8.7% of the users had to cover 30 minutes of distance to reach health post. But only 17.4% of the respondents had used CD, who were an hour far from the health post. So accessibility and availability of contraception are also major affecting factors in the use of CDs.

Educational Attainment and Practice of Contraceptive Devices. The trend of schooling in this Musahar community is very low. Because of the illiterate parents 91 percent of respondents were illiterate and it is also found that the illiterate respondents were not considered for the education of their children. There is the problem of dropout also. But regarding educational status of women and contraceptive use, the rate of contraceptive use had increased with educational level. Among 53 users, 9.4% were non-formally educated while among 83 non- users only 4.8% were from non- formally literate. Likewise there were two women who had primary education and both of them had practiced contraceptive devices. So we can say that there is significance relation between education of women and practice of contraceptives.

As Dhakal (2007) established positive relationship between education of father and husband and practice of CDs and this study is not similar with her. This study explored that among 53 users, father of 98.1% of the respondents were illiterate but only 1.9% (only one) of respondent had practiced it. But there was one respondent whose father had

primary level education but was not using contraceptives. Likewise, there was negative relation with husband's education and practice of contraceptive devices. Among 53 respondents, 88.7 % had practiced contraceptives whose husband was illiterate and 5.7% had non -formally educated and another 5.7% had also husband with the qualification of primary level. There was significance relation in between mother's education and practice of contraceptive devices. Out of 53 users, 98.1% had illiterate mother while out of 83 nonusers, none of them were using any types of contraceptives. Also there was positive relation between education of son and practice of contraceptive devices. Out of 53 users 35.8% had illiterate son. But 43.4% had son with qualification of primary education. Similarly all of respondents (N=2) had practiced contraception who had SLC graduated son. On the other hand, among 83 nonusers 41% had illiterate sons. Likewise 6% had son with the qualification of primary education, 1.2% of the respondents had son with the qualification of grade 8 and no one had SLC graduated son among nonusers.

Conclusion

High population growth in Nepal is threatening to the developmental achievements and environmental situation of the country. It has created land pollution, water pollution and has polluted the air quality. Nepal Human Development Report (2002) has pointed that Since Nepal's economic growth has not been high or sustainable during the last two and half decades, high population growth has meant that the absolute number of people below the poverty line has doubled from 4.7 million in 1976 to close to nine million. High population growth without commensurating economic growth, especially in terms of the economic capacity to create additional employment opportunities, has led people to rely even more on the land. At times, this has meant clearing forests, intensifying the use of

public land, and farming marginal land. All these activities adversely affected the environment which, in turn, has had devastating effects on the poor, as they usually rely on the most marginal and fragile land (NHDR, 2002). So, this study had been conducted in a poor marginalized community of Tarai region to assess whether those people had practiced the contraceptive devices to ensure controllable family size.

This study resulted that a few women practiced of contraceptives usage among married Musahar women of reproductive age. The main reason for not using contraceptive is the desire for son. The most common reasons, why they preferred those methods are the suggestions from friends, relatives and female health workers. The practice and knowledge of contraceptive devices was found among them who were close to health service centre and health workers. It shows that awareness programs are the most effective factors to change the knowledge, attitude and beliefs of Musahar married women of reproductive age towards use of contraceptive.

People are excited for education of the children and had positive attitude about health education but they had no income resources in some places to provide the dress and stationary for the children especially, in “Child Education” class. There was not the economic problem in practice of CDs but was required the knowledge about benefits of CDs.

Here the researcher concluded that women education has come at the top level of concern because it is found that the practice of contraceptive devices affected by the educational status of women. The schooling of children is also affected by the education of women. Occupation, age, age of marriage, sex preference and knowledge about CDs are the most important parts as well. Socio-cultural values and beliefs also play the vital role in

practice of CDs usage. But we can change them with appropriate awareness programs even the people are illiterate.

Implication

This study found that practice of contraceptive devices is in low rate even it is provided free of cost. The other notable matter is that there is more percent of permanent than temporary users. So government services and NGOs should focus on encouraging and promoting CDs usage by giving more information about CDs in rural areas strongly. It also appeared that there is a gap between practice and knowledge of CDs. One reason behind not using contraceptive was the lack of knowledge about CDs. The other reason of low usage of contraception was lack of information on the doses and process of using contraceptive. . So provision of effective health education program to CDs is necessary in this community. Because of illiteracy they depend on the advertisement of any media so materials emphasized on contraceptives should be provided and introduced in the community of Musahar using multimedia.

Because of their poverty they always use to seek the incentives in any program so government and other NGOs/ INGOS should think to promote the further family planning program. There was no any health related program conducted and it is, therefore, also the matter of concern. On the basis of conclusion of this study, the following implications are considerable to the policy, community and future research:

Policy Implication

- Women education and age at marriage are strongly associated both with the individual as well as at the societal level. Women with secondary level education are considerably

less likely to marry during adolescence. Female education, therefore, seems to place in major priority in the national policy of education.

- The education and literacy of the Musahar are considerable to improve immediately. For this, training program can be launched giving emphasis on the importance of family planning, effects and impacts of education of daily life, health education, awareness, sanitation and public health.
- Employment opportunity of government / semi-government organizations for men and women, primary health care practices and family planning were not effective among Musahar women which are necessary for the development. The findings of this research will contribute in developing policy focusing to create employment and health care opportunities for the Musahar like women.
- It is better to provide primary education in their mother language so that it would be easy for them. Books, Stationary and dress should also be provided free of cost to the Musahar children by the government.
- Proper attention is necessary for preserving, upgrading and documenting the cultural practice of Musahar community. For this, the Musahar should be united and organized for their social development, the government / NGO / INGO has also to provide necessary assistance and launch program at grass root level.
- All Musahar in this VDC are landless and they do not have land even for residential purpose. So government has to consider providing the land.

Community Level Implication

- To reduce the population growth of Musahar community education, employment, awareness program are necessary in the community.

- The age of marriage and age of child bearing are the major aspects of birth control so community has to take accountability of these aspects.
- The so-called higher caste people have to change their vision to Musahar community.
- The male and female health workers should inform them about healthy practices and also about the health program that takes place in community so that they will be able to participate.
- There is no any provision for health workers. It should be done in every month not only in the health post situated nearby but also at far off areas from health centers where Musahars lie. It is seen that there is communication gap between community leaders and Musahar community, which is to be avoided.

Future Researchers

- Similar study can be done in the role of health post or health centre in health service for the Musahar community.
- Education of the Musahar of this VDC can be another topic of research.
- Maternal health at the time of pregnancy is an important for further study.
- Additional research can be conducted to determine ways of establishing good relation between Musahar and so-called higher caste people.

Furthermore, Musahars are mud digger and their traditional occupation is agro labor and digging land for many purposes. Though they are interested in cultivation they are landless. They should be provided with land for cultivation. They should get priority for employment opportunity of government / semi government organization. Primary health care practices and family planning were not effective among Musahar women. There was not any positive answer about health related training or awareness program

except female heath volunteers. Hence especial attention is required for the lower caste female to improve their awareness to health care. Government organization program should be implemented to raise the income of Musahar involved in traditional caste occupations such as making bamboo basket, broom, straw mat, hay rope, etc. and employment which help to reduce fertility and thereby improve women's health condition.

Summary of the Chapter

In this chapter, at first, the researcher discussed the overall scenario of the study and highlighted the major findings of the study. Finally, the researcher has suggested extending such study in future to verify the inconsistencies in the findings between this and some previous researches and to explore new findings to address new emerging issues related to this topic.

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ANNEX 1: Research Frame

S. N.	Research Questions		Key Questions
1	What are the socio-economic and demographic factors of married Musahar women?	**Socio-Demographic Factors:** -Age at Marriage -Age at first child birth -Family size -No. of children -Household facilities Family occupation Income	 -What is the common age of Musahar girls in time of marriage? -What is the common age of Musahar women at the time of first child birth? -Which types of family do they have? - How many children do they have?-Do they have modern means of information? -Do they have managed house? -What is the main occupation of their and father and husband? -What are the main economic activities of Musahar women? -What is the monthly income of Musahar women?

2	What are the personal factors (knowledge, attitude and beliefs) of Musahar women on contraceptive device?	**Personal factors:** -Knowledge	-Why contraceptive devices are using by copulas? -What are the benefits and side effects of contraceptive devices? - do they have the knowledge about it? - Give the name of common contraceptive devices to be used by women and men? -What are the sources of receiving contraceptives of the targeted women? -Who brings contraceptives devices for the couple? -Who taught the targeted women using contraceptive devices? - Why women use the contraception? - Who insists for using contractive devices? (husband, wife)
		-Attitude	Do the women talk freely with their peers on contraceptive devices? - What is the best child bearing age of women? - What are the reasons for using and not using the contraceptive device? - does contraceptive device make people ill? - Are the contraceptive users not holy?
		-Beliefs	- Why do women use not a male?

3	What is their practice of using contraceptive devices?	-Status -Sources -Methods • Advisor • Availability, Affordability,	-Are the Musahar women using contraceptive devices? -What are the sources of information? -Give the name of common contraceptive devices to be used by women? -What are the sources of receiving contraceptives of the targeted women? -Which methods are popular? -Who taught the targeted women using contraceptive devices? -Which of the contractive device used more frequently in the targeted population? - Who insist for using contractive devices? (husband, wife) What are the sources of receiving contraceptives of the targeted women? -Who taught the targeted women using contraceptive devices? (Women Child Health Worker, health personnel, doctor, teacher, etc) -How taught the facilitator to use contraceptive to the women? (only lecture, lecture and demonstration, etc) -What is the main reason of not using? -Why they use it? -Are always available contraceptives in the market? (yes, no) -Do the women afford contraceptive devices as per their needs? (yes, no)

		And Accessibility • Condition	-If no, what are the reasons? -Do the women talk freely with their peers on contraceptive devices? -What is the common age of using contraceptive devices? - Do the family environment is encouraging for using contraceptives to the women? -If no, who disturbs using it? -What condition helps using contraceptive devices to the women? (easily available in local level, easy access, affordability, cooperative husband, supportive family, awareness program on family planning, promotional program on contraceptive devices, government policy etc)
4	How does their educational attainment play the role in practice of contraceptive devices?	Role of Education ----- Formal/non-formal • Parent's education • Respondent's education • Husband's education • Children's education	-What is the educational qualification of targeted women? (Literate, Illiterate, equivalent to grade 5 pass, grade 8 pass, SLC pass, IA/12 class pass, above than 12 class, etc) What is the education level of their father and husband? (literate, Illiterate) Are they sending their children for schooling? (Only son, daughter, both of them, none of them) What types of women are using/not using the contraceptive devices? (literate, Illiterate)

ANNEX 2: Interview Schedule

Part I Socio-demographic characteristics

Demographic information:

Name of Respondent: _____

1. Age: _____
2. Age at Marriage: _____
3. Age at Birth of First Child: _____
4. No. of Children: _____
5. No. of Children Alive: Son: _____ Daughter: _____
6. Type of Family: Joint: _____ Nuclear: _____
7. Family Size: _____
8. Religion: _____

Socio-economic Condition:

10. What is the main occupation of your family?

☐ 1. Agriculture ☐ 2. Service ☐ 3. Business ☐ 4. Livestock ☐ 5. Labour

11. What is your father's occupation?

☐ 1. Agriculture ☐ 2. Business ☐ 3. Service ☐ 4. Labour ☐ 5. Others…

13. Do you have your own property?

☐ 1. Yes ☐ 2. No

13. How much land do you have?

……

14. What is your main income resource?

☐ 1. Own Farm ☐ 2. Other's farm ☐ 3. Labour

☐ 4. Daily wage ☐ 5. Foreign Labour ☐ 6. Others…

15. Is your agricultural production is enough for your family throughout this year?

☐ 1. Yes ☐ 2. No ☐ 3. Only for 6 month ☐ 4. Only for 3 months

16. What is your monthly income?.....

17. Especially what do you do?

☐ 1. Housewife ☐ 2. Domestic servant ☐ 3. Labor ☐ 4. others

18. Where is your house constructed?

☐ 1. On the own land ☐ 2. On the other's land

19. If others, whose land is this?

☐ 1. Government ☐ 2. Landlord ☐ 3. Relatives

20. Do you have following facilities in your home?

☐ 1. Electricity ☐ 2. Television ☐ 3. Radio

☐ 4. Toilet ☐ 5. Telephone ☐ 6. Piped Water

Part II Personal Factors

A. Knowledge of contraception

21. Have you ever heard about contraceptive devices?

☐ 1. Yes ☐ 2. No. …

22.1 Which kind of contraceptive methods have you ever heard? Please! Tick the following:

Methods	**Self reported**		**Promoted**	
	Yes	**No**	**Yes**	**No**
Injectables				
Oral pills				
Emergency pills				
Norplant				
Implant				
IUD				
Male sterilization				
Female sterilization				
Male condom				
Female condom				
Periodic abstinence				

23.2 Knowledge upon contraception (T= true, F= false, NS= not sure)

S. N.	statements	T	F	NS
1	Women who take oral contraceptive should take a pill every day to avoid being pregnant			
2	Contraceptive devices help to abort unwanted pregnancy			
3	Oral pill can cause dizziness & nausea			
4	Depo injection should be taken once in 3 months to prevent pregnancy			
5	Injection can cause cessation of breast milk			
6	Women can have children again by stopping to take pill or injection			
7	If the women do not want the children anymore, sterilization should be used			
8	Contraceptive devices help to cure many diseases			
9	Male sterilization can cause weakness to men			
10	Women cannot get pregnancy when they have intercourse 7 days before and 7 days after their menstrual period			
11	Using contraceptive device can care of child as well as mothers			
12	Improper practice of contraception can cause unplanned pregnancy			
13	Injectables should be avoided at the time of high blood pressure and more than 70kg weighted			
14	Norplant prevents for 7 yrs from unwanted pregnancy			

B. Attitude

23.3 Attitude towards use of contraceptive devices (SA= strongly agree, A= agree, UC= uncertain, D= disagree, SD= strongly disagree)

SN	Statements	SA	A	UC	D	SD
1	Contraceptive devices help to make a small and happy life					
2	Contraceptive utilization should be taught in the school					
3	Discussion on using contraceptive is not a shameful manner among couples					
4	Buying contraception is a shameful manner with male					
5	Small family size gives a quality of life					
6	Oral contraceptive devices should be used only at the time of intercourse					
7	Family planning method helps to make economic condition of family					
8	Bearing child every year makes weak the maternal health					

C. Beliefs

23.4 Beliefs towards contraceptive devices (T= true, F= False, NS= not sure)

SN	Statements	T	F	NS
1	Contraception prevents from all type of diseases			
2	Regularity of breast feeding can prevent unwanted pregnancy			
3	Using contraceptive behavior reduce maternal health			
4	Contraception is a good way to reduce the complicated pregnancy			
5	Health education is a good method of bright future of people			
6	Sterilized people cannot go to heaven			
7	Children are god gifted we should not use the contraceptive devices			
	Eating some kind of foods or fruits before intercourse can prevent from becoming pregnancy			

Part III Practice

Practice of Family Planning Devices

24. Are you using any ideas of contraceptive for delaying pregnancy?

☐ 1. Yes ☐ 2. No ☐ 3. Using in pervious not yet

25. If yes then which type of contraceptive devices do you have?

☐ 1. Natural ☐ 2. Permanent ☐ 3. Temporary

26. From which sources did you get the information?

☐ 1. Radio ☐ 2. Television ☐ 3. Teacher ☐ 4. Friends
☐ 5. Community health worker ☐ 6. Street Play ☐ 7. School
☐ 8. Newspaper/magazine ☐ 9. Neighbor ☐ 10. Hospital/health post
☐ 11. Poster/pamphlet ☐ 12. Volunteer ☐ 13. Relative
☐ 14. Family member ☐ 15. Others…

27 If you are using contraceptive device then who have?

☐ 1. Husband ☐ 2. Wife

28 Who suggested using?

☐ 1. Husband ☐ 2. Mother in-law ☐ 3. Friends ☐ 4.Others…

29 Which female contraceptive device are you using?

☐ 1. Injectable ☐ 2. Copper-T ☐ 3. Oral pill
☐ 4. Norplant ☐ 5. Kamal chakki ☐ 6. Sterilization

30. What is the age when you used it at first?.....yrs

31 If you are not using then why? Because of:

☐ 1. Lack of knowledge of contraceptive devices. ☐ 2. Lack of money to buy it.
☐ 3. Problem to get it due to far of health post ☐ 4. No permission from husband.
☐ 5. Fear of bad effect ☐ 6. More children are source of income
☐ 7. desire of son ☐ 8. Need of daughter ☐ 9. Sterilization ☐ 10. Others…

32. What are the possible side effects of contraceptive devices?

☐ 1. Over bleeding ☐ 2. Irregularity in period ☐ 3. Vomiting/ convulsion
☐ 4. Headache ☐ 5. Weakness ☐ 6. Growth in weight ☐ 7. others…

33. Why do you desire the son? Because:

☐ 1. For family dynasty ☐ 2. To care at old age

☐ 3. To keep prestige in society ☐ 4. Society hates those who have no son

☐ 5. There is no value of one son

34. What are the main reasons to using the contraception?

☐ 1. To materialize the small family norms

☐ 2. To space the pregnancy and have the babyon own desire

☐ 3. Simple to use and free of cost ☐ 4. It prevents from other diseases

☐ 5. It helps to reduce the birth rate ☐ 6. It keeps good health of mothers

☐ 7. It helps to care of child ☐ 8. It helps to increase the weight of mother

☐ 9. Others

35. If you have sterilized, then who have?

☐ 1. Husband ☐ 2. Wife

36. What is the cause of sterilization?

☐ 1. No side effect ☐ 2. Do not necessary to take every day/month

☐ 3. Incentives ☐ 4. Others

37. Can you have any type of contraceptive easily if you are in need?

☐ 1. Yes ☐ 2. no

38. If yes, from where?

☐ 1.Friends ☐ 2. Health personnel (NGO/private/public)

☐ 3.Relatives/family ☐ 4. Drug stores ☐ 5. Others (specify)…

39. How can you go to family planning service to get?

☐ 1. Walking ☐ 2. Private vehicle ☐ 3. Public vehicles ☐ 4. Others…

40. How long will it take for you to reach the available place?

……hours…….minute.

41. How much does it cost for contraceptive device you used?

☐ 1. Free ☐ 2. Paid

- Contraceptive type…….
- Cost……

42. Have you discussed about any type of contraception with your spouse/friends?

☐ 1. Yes ☐ 2. No

4. Educational Attainment

Part IV Education

43.

Categories	Educational status						
	Illiterate	**Non-formal**	**Equivalent To primary level**	**Grade 8 pass**	**SLC pass**	**IA/12 pass**	**Above than 12 class**
Respondent							
Father							
Mother							
Husband							
son							
Daughter							

44. If you did not go to study then why? Because of:

☐ 1. Parents did not send ☐ 2. Needed at home for work ☐ 3. School is too far
☐ 4. Needed at home for looking after siblings ☐ 5. Lack of money
☐ 6. Socio-cultural believes ☐ 7. The illiterate parents ☐ 8. Others…

45. Have you sent your children for education?

☐ 1. Son ☐ 2. Daughter ☐ 3. Both ☐ 4. None of them ☐ 5. Drooped out

46. If no, then why?

☐ 1. Because of the burden of work ☐ 2. To care the house ☐ 3. To earn money ☐ 4. There is discrimination in the school ☐ 5. Poor people don't need education ☐ 6. Others…

47. Why did they drop?

☐ 1. Family needed help ☐ 2. There is discrimination in the school
☐ 3. Failed exam ☐ 4. Could not afford school fees ☐ 5. Family did not allow continuing ☐ 6. Did not like school ☐ 7. School is too far ☐ 8. Others

48. Since you have been here, have you ever received any health education materials or health education on contraception?

☐ 1. Yes ☐ 2. No

49. What type of health education materials or health education have you received?

☐ 1. Pamphlets/brochure/leaflet ☐ 2. Group training/workshop

☐ 3. Cartoon booklet ☐ 4. Health talks ☐ 5. Wall sheet/poster

☐ 6. Video ☐ 7. Others (specify)…

50. Where or from whom did you receive?

☐ 1. Friends ☐ 2) health personnel (NGO/private/public) ☐ 3) Relatives/family

☐ 4) Boss /owner of factory ☐ 5) others (specify)…

ANNEX 3: District map