

Knowledge and Practice of Family Planning in the Danuwar Community at Panchkhal, Kavre

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Abstract

Family planning (FP) is one of the effective means to control rapid growth of population and to make desirable family size. It helps to maintain good health of mother, child as well as family. But in Nepalese community, the practice of family planning is not easily accepted by all the peoples due to various reasons such as social, cultural, religious, superstition, lack of proper Knowledge of FP, fear of losing health etc. The objective of this study was to identify the knowledge and practices of family planning methods in the Danuwar community at Panchkhal, ward no. 8, Pipaltar, Kavre. A descriptive study design was used for the study. Fifty percent households (99 households) were taken from total one hundred and ninety eight households through simple random Sampling method. The respondents were married Danuwar women aged from 15-49 years. Only one respondent was taken from each sample household. Interview schedules were used to collect the data.

The finding of the study revealed that almost (97.98%) women heard about family planning. However 68.31 percent (male or female) had used FP devices or methods among 99 respondents. They had just used family planning devices or methods suggested by neighbors, friends or imitation of peer group. Most of all the respondent women had side effects of irregular menstruation who had used contraceptive temporary devices. Couples of the Danuwar preferred two numbers of children but the number of children they have borne about more than four because of Socio- belief. Almost all the preferred child was male because they thought that the male children will take-care their parents during their old age. There was not found child birth spacing in the study area. They have borne child almost every year.

Keywords: *birth spacing, FP methods, permanent sterilization, side effect, temporary contraceptive*

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Introduction

Family planning (FP) is one of the important components of Nepal's national health system. The government has made commitments in several development plans and strategies since 1968. Family planning services are offered in all district-level hospitals, Primary health care centers, health posts, urban health centers, 88% of zonal and above hospital of the government and in 70% of the private hospitals. The major aim of the family planning program is to increase equitable access to voluntary family planning services based on informed choices by individuals and couples so that they may plan and accomplish their desired number of children, have pregnancy spacing and reduce the incidence of unintended pregnancies, unsafe abortions and maternal deaths (MOH, 1999). The United Nation Conference on Human Rights at Tehran in 1968 recognized family planning as a basic human right.

Rapid population growth is always the main problem of developing countries, like Nepal. Nepal's population growth rate is 2.1 percent (The ninth plan, 1998) Therefore HMG of Nepal is committed to reduce the growth of population by providing access to quality family planning services. The main goal of HMG is to reduce the total fertility rate (TFR) from 5.8 in 1991 to 4 by increasing the modern contraceptive prevalence (CPR) from 28.9 in 1996 to 37.7 by the year 2000 (National RH/FP, IEC Strategy, 1996).

Family planning (FP) and maternal and child health (MCH) care services were first made officially available in Nepal in 1968 with the establishment of the Nepal Family Planning and Maternal Child health Board. The board would take measures to reduce the crude birth rate and to provide maternal and child health service in an organized manner throughout the country. This was the start of the provision of family planning services as part of over-all population policy. The FP/MCH project, under the direction of FP/MCH board, has since been providing family planning services, education, research and training as well as the usual maternal and child welfare services. In Nepal so many children die in infancy that, on average, Women have to bear six or seven children in order to ensure that one or two sons survive and take care their parents in old age. It was felt that the program in Nepal would have a better chance of success if basic maternal and child health care was provided along with contraceptive (Evaluation of FP/MCH projects Panchayat based health workers, 1981).

Unwanted high fertility adversely affects the health and welfare of individuals and families, especially among the poor and seriously impedes social and economic progress in many countries. Women and children are the main victims of unregulated fertility. Too many, too close, too early and too late pregnancies are major cause of maternal, infant and childhood mortality and morbidity (UN, 1996).

Family planning makes a significant contribution to safe motherhood and child survival. The contribution of family planning to health should not, however, be seen as limited to this narrow context. Family planning is an integral component of women's health, apart from its impact on safe motherhood and child survival (UN, 1996).

The service of maternal and child health and family planning have become essential elements of public health activities. Unlike MCH, FP services represent a new concept and their acceptance has varied from society to society. In Many countries MCH and FP services increasingly offered as integrated services. These two services complement each other (Yang, 1996).

The ninth plan focusing on reducing the increasing the population growth rate gradually, bringing the awareness of 'Small Family for Happy Family' to the village people and reducing the higher infant and maternal mortality rate, safe motherhood under reproductive health, family planning and female health will be conducted with priority in this plan. A target is set to reduce the present reproductive rate from 4.6-4.1 percent, maternal mortality rate from 539 to 400 per 100000, contraceptive user rate from 28.9 to 37.3 percent. During the plan period family planning service will be provided to 1691,020 people trained traditional birth attendants will be increased to 22,000 and 2060,000 pregnant mothers will be provided safe maternity service (Ninth plan, 1998). Thus the context of Nepal, FP knowledge and practice is very important factor to control rapid population growth, to reduce child and maternal mortality and morbidity. That's why the specific objectives of this study are given below.

- a. To identify the knowledge of family planning methods.
- b. To assess the practice of family planning devices in the Danuwar community.

Methods and Materials

This study was descriptive nature which was done in Panchkhal, ward no. 8 Pipaltar in the Danuwar Community. This study has been delimited to married Danuwar women aged between 15-49 years. There were 198 Danuwar's household in ward no. 8, among them fifty percent of total households have been consisted through simple random Sampling procedure in this study. Open ended, close and mixed type, self-administered interview schedules were used to collect the data. Data collection tool was developed based on the review of related literatures, journals and research reports. Five percent interview schedules of total sample respondents have been trial-tested in Baluwa, ward no. 3, Aapaghari, Bikramtar to identify the practicability and determine validity and objectivity. The data collection tool had been revised and finalized on the basis of the result obtained from trial-test. Only one respondent woman was taken for interview each sample household. The data had been verified and tabulated in different groups. Descriptive version and simple mathematical interpretation procedure has been adopted in this study.

Result and Discussion

This study shows that there were total 648 people among sample households. Among them 293 were male and 355 were female. 56.57 percent household's people use Danuwar language for communication in their family. Those who use Danuwar language in their family can speak Nepal language too. In the study area 96.97 percent household are Hindu and few (3.03%) are Christian. 45.45 percent respondent women belonged to joint family and rest of them 54.55 percent were in nuclear family. Among 99 respondent women, there were 3.03

percent were respondents below 19 years old. 57.58 percent were between 20-29 years, 30.30 percent were between 30-39 years old and rest of them, 9.09 percent women were between 40-49 years old. There were 162 literate persons among 99 households, that was only 25 percent in total in the Danuwar community. 91.92 percent respondent women were illiterate and only 8.08 percent respondent women were literate among total respondent women. 6.06 percent respondent women had married between the ages of 10-14 years likewise 78.79 percent respondent women between the age of 15-19 years and remaining 15.15 percent women had married between the ages of 20-24 years old. Most of the Danuwar women had married below 20 years old. This result was matched by the result of the study conducted in Likhu Rural Municipality-2, Nuwakot (Nagarkoti, 2022) as well as Shahid Lakhan Rural Municipality, Gorkha in Gurung community too (Aryal, 2019).

There are many sources of communication media to inform people about family planning such as radio, television, printing media etc. in the study area, 48.45 percent respondent women had gained the information about family planning through radio, similarly 25.77 percent through friends/ neighbors, 16.50 percent through TV, 7.22 percent through health workers and remaining 2.06 percent women had gained information about FP through printing media and 2.02 percent respondent women had not heard about FP through any media among 99 respondent women. It is concluded that radio was more effective media to spread information about FP in the community because most of the houses had a radio and printing media was less effective media to expose about family planning information because most of the women were illiterate. Hardly 8.08 percent women could read and write simple Nepali language in the Danuwar community.

Knowledge of family planning is virtually universal in Nepal, with 98 percent of currently married women having heard of at least one methods of family planning (NFHS, 1996). It was found that 97.98 percent Danuwar women had heard about family planning but rest of them only 2.02 percent women did not know about it. Among the respondent women's couples, only 46.47 percent women had used temporary contraceptive and 23.23 percent has done permanent sterilization among 99 couples. In total, the FP devices or methods were used 69.70 percent couples and remaining 30.30 percent couples had not used any contraceptive methods among 99 couples in the study area. Among the user of contraceptive methods, 20.29 percent men and 13.04 percent women had done permanent sterilization. Likewise in temporary contraceptive, 30.43 percent respondent women had taken Depo-Provera, 24.64 percent had used Norplant, 2.90 percent had taken pills, 4.35 percent had used IUD/ copper 'T' and 4.35 percent husband of respondent women had used condom. Rest of them 43.48 percent couples had not used any contraceptive methods of family planning. It is concluded that most of the male persons had done permanent sterilization. In temporary contraceptive, most of the respondent women had taken Depo-Provera. Contraceptive users were higher in this community with comparison to the national data (30.1%, The Ninth Plan). However, the Danuwar people had used contraceptive devices or methods, they could not understand the importance of family planning. Just they had

used contraceptive methods through suggested by neighbors or friends or imitation of other females.

The respondent women who did not use any contraceptive methods of birth control. The causes of not using contraceptive devices were 36.67 percent women had no interest to use likewise 33.33 percent fear of having side effects, 20.00 percent had not used due to lack of knowledge and rest of them 10.00 percent respondent woman had not used because of disagree of their husband among who did not use any contraceptive devices. It is concluded that most of the respondent women had known about FP methods but had not used because most of the women had lack of interest to use. Its main cause was lack of proper knowledge about family planning.

Some respondent women had side effects of contraceptive devices while using it. Among 69 respondents who had used contraceptive devices, among them 44 respondents had side effects of contraceptive devices and 25 respondents had not any sign of side effects. Respondent women had expressed more than one side effects of family planning device. Therefore, more than one answers had been taken of the respondents women, that's why the number of side effects were more than number of respondents, who had side effects. 61.36 percent responses were found having irregular menstruation likewise 43.18 percent responses were having backache, 15.90 percent responses on headache, 11.36 percent on bleeding, 9.09 percent responses on weight gain and 9.09 percent responses on weakness, giddiness among 44 respondents who had side effect of using contraceptive devices. More than fifty percent of respondents had side effects of irregular menstruation. The same result was found on the study title 'Family Planning Practice in Majhi Community in Kavre' (Dhungana, 2019). And this result was not supported by the result of the study conducted in Gujarat, India (Mishra, 2017).

Every couple prefers different number of children with different sex. No one had preferred one child, 82.83 percent respondent women had preferred two numbers of children such as 16.16 percent had preferred three children and 1.01 percent had preferred more than three children among 99 respondent women. Most of the respondent women had preferred only two children, one was male and another was female. But in their practical life, it was not found in the community. It was found that, a couple had to bear approximately 4 children. Like that 45.45 percent respondent women had preferred male children. No one had preferred only female children, 51.52 percent had preferred both sex of children i.e. one was male and another was female, and remaining 3.03 percent respondent women replied that they had preferred any sex of Children whatever they would have. It is found that male children were more preferred than female because every respondent woman had thought that the male children will take care of their parents during their old age.

Birth spacing is one of the important ways of improving the health of mother and children. Contraceptive Devices helps to birth spacing for couples. In the study area, no one was agreeing on one year child spacing period. 20.20 percent respondent women had expressed that child spacing period should be two years. Likewise, 51.52 percent had agreed with three years

and rest of them 28.28 percent respondent women had said that child spacing period should be more than three years. It is found that most of the respondent women expressed their view about child spacing, there should be at least three years gap between two or more children but it was not found in the Danuwar community because of the Danuwar people could not understand the importance of child birth spacing. The Danuwar couples have borne child almost every year. This result was supported by the result of the study conducted in Gorkha district, Bakrang (Aryal, 1994).

Among 69 respondents, 65.22 percent Danuwar people had taken family planning service from hospital, 30.43 percent from health-post, 2.90 percent from health workers and 1.45 percent people had taken family planning service from private health clinic. Most of the people had taken FP service from hospital (ADRA hospital) Banepa. ADRA had launched women literacy program in most of the VDC of Kavre district. That's why many women were connected with ADRA hospital.

In the study area, it was found that 23 person (include both male and female/ couple) who did permanent sterilization among 99 couples. Among 23 persons, 13.04 percent people had done FP sterilization after two children, likewise 26.09 percent after three, 21.73 percent after four and 39.14 percent after more than four children. It is concluded that most of the couples had done permanent sterilization after more than four children in the Danuwar community because of desire of son, lack of knowledge about FP, fear of having side effect of FP, lack of education etc. but this result was not supported by the result of the study in rural area in Pakistan (Mustafa, 2015).

Conclusion

Based on the finding of the study, it is concluded that almost all respondent women had heard FP devices but they could not understand the importance of family planning as well as lack of knowledge about it. They had just used contraceptive devices which were suggested by neighbors, friends or imitation of peer group. Most of the views of respondent women on the side effect of using FP devices were irregular menstruation. The Danuwar couples had preferred two numbers of children, one was male and other was female. In their practical life, it was not found that, a couple had to bear about more than four numbers of children. No had one preferred only female children. Most of the Danuwar respondent women preferred male children because they had thought, the male children will take care their parents during their old age. They had expressed that there should be more than three years of child spacing but it was not found in the study area because of they could not understand the important of child birth spacing. Among permanent FP sterilizer, most of (39.14%) couples had done FP sterilization after more than four children because of the desire of son, lack of knowledge about family planning and education.

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