

KNOWLEDGE AND USE OF CONTRACEPTION AMONG MARRIED WOMEN

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Abstract

This paper deals with knowledge of contraception, ever use of contraception, current use of contraception, purpose for using contraception, reason for not using contraception, future users of contraception and currently users by background characteristics from the selected respondents. The respondents were 121 married women of Birgunj municipality. The analysis reveals that 94.21 percent of the respondents currently use contraception and rest of them did not continue it.

Key words

Knowledge; contraception; married women; emergency oral contraception

Introduction

Family planning continues to be a priority highlighted in the Tenth Development Plan (2002-2007). The objectives of the National Family Planning Program include gradually reducing the population growth rate: promoting the concept of a small family norm to the population in general and the rural population more specifically; increasing the availability of and the demand for family planning services; providing high quality services; and reducing unmet need. The National Family Planning Program also aims to expand and sustain adequate family planning services at the community level utilization all health facilities (MoHP, 2006). To achieve this, mobile family planning camps

have been launched in the more remote districts to increase people's access to family planning services, and the private sector and NGOs have been encouraged to play a more effective role in the national family planning program (NDHS, 2006).

Family planning continues to be a priority for the government of Nepal and is highlighted in the current three-year interim development plan (2010-2012) (NPC, 2010b). It is also considered as an essential component of Nepal Health Sector Program implementation Plan 2010-2015 (NHSP IP-II). The objectives of the National Family Planning Program include gradually reducing the population growth rate through the promotion of a small family norm to the population in general and the rural

population more specifically, working toward satisfying the demand for family planning services, providing high-quality services and reducing unmet need.

Despite the high importance placed on family planning activities in national policies, strategies and plans, lack of funds and inadequate attention to family planning in recent years has meant that progress towards targets has stalled. In light of this, the Family Health Division is taking a leadership role to revitalize the family planning program in Nepal. The National Family Planning Program also seeks to expand and sustain quality family planning services throughout the health service network, including hospitals, primary health care (PHC) centers, health posts (HP), sub-health posts (SHP), primary health care outreach clinics (PHC/ORC), and mobile voluntary surgical contraception (VSC) camps (Ministry of Health and Population (MoHP, 2009). To this end, the Family Health Division (FHD) has initiated satellite clinics in all 75 districts. The Female Community Health volunteers play an important role in providing information and distributing condoms and re supply of pills. In addition, the private sector and nongovernmental organizations (NGOs) have been encouraged to play a more effective role in the National Family Planning Program (NDHS, 2011).

Family planning emerged as a major component of Nepal's planned development activities only with its Third Five-Year Development Plan (1965-1970). Before 1965, family planning programmes mostly aimed to raise awareness of the need for family planning, even though few services were available. In 1968, the public sector Family Planning and Maternal and Child Health Project (FP/MCH) was launched by the MOH. Under the FP/MCH, family planning services were still fairly limited and offered mainly through existing maternal and child health clinics. The Fifth Five-Year Development Plan (1975-1980) extended the family planning services through a system of outreach workers. However, current contraceptive services in

Nepal are mainly focused on married couples and very little attention is paid to the need of the unmarried (MoH, 1968).

As cited NPJ (2000) the knowledge of contraception is still limited in some of the least developed countries of Asia and in much of Sub-Saharan Africa. The percentage of women who know of a place to obtain family planning information and services is often lower than the percentage knowing about contraception. Lack of knowledge of service may reflect either their inaccessibility or ineffective publicity. A minority of women (between 27 and 48 percent) know of family planning outlet in Yemen, Burkina Faso, Mali, Niger, Nigeria, Senegal, Liberia, Madagascar and Pakistan. The same source shows that proportions between 50 and 80 percent were registered in another 14 of the 50 countries with this indicator available. There are also many countries (27 of the 50) where 80 percent or more women know of an outlet (UNFPA, 1999:67-69).

Family planning is the major component of reproductive health. It can save human life, controlling unwanted pregnancy, limiting the number of births, avoiding unsafe abortion, preventing transmission of sexually transmitted disease (STDs). Consequently reducing infant and child mortality is one hand and on the other hand, it directly controls fertility and population growth. Therefore, the utilization of the family planning method has been increasing day by day as a means of birth controls recognized early in the development process (Maharjan, 2012).

Family planning is also the systematized process through which medical science is applied to control and plan the number of children and their spacing as desired by the couple. WHO defines family planning as a way of thinking and living which is adopted voluntarily, upon the basis of knowledge, attitude and responsible decision by individuals and couples to promote the health and welfare of the family. Family planning

is very important aspect to maintain the reproductive health of male and female. The main aims of family planning program should be spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full ranges of safe and effective method (Sharma, 2009).

Zambia is among the sub-Saharan African countries with a high fertility rate of 5.9 births per woman (Central Statistical Office, 2002:6). The country has a population of 10.3 million inhabitants' (Central Statistical Office-2002) and the population growth rate in 1990 and 2000 was 2.9 % per annum (Ngoma and Kadantu, 2010).

As cited NPJ (2000) In the 1996 NBDCS, knowledge of contraceptive methods was determined first by asking respondents to mention all the methods they heard about their use and then by reading the names and brief descriptions about the use of method. The former is termed as spontaneous knowledge of contraceptive method while the latter is referred to as probed knowledge. The sum of spontaneous and probed knowledge is the total knowledge of a contraceptive method (NBDCS, 1996).

Methods

A descriptive and quantitative research design were used in this study. The study was based on primary data collected from Birgunj Sub-Metropolitan city ward no 4. Birta. The study area was selected with the help of purposive sampling method because researcher was himself residing in the study area and then household were selected with the help of simple random sampling with lottery method. Respondents were selected with the help of purposive sampling method those women who seemed to be interested to give their interview which gave 121 respondents as sample size. Data were further filtered and percentage and cross-table were used to analyze and interpret.

Results and discussion

The total 121 married women of 15-18+ years age were enrolled in the study. Among the represents, 62.5% had parity between 3-5 member, while 37.43% had parity higher than 5 member. Most of the subjects had high school and intermediate education. Among them 61.8% of the subjects belonged to social class 4 i.e. lower middle (Prasad's scale).

Knowledge of contraception

As cited from Nepal Population Journal (2000) knowledge of contraception is still limited in some of the least develop countries of Asia and in much of sub-Saharan Africa. The percentage of women who have knowledge of place to obtain family planning information and services is often lower than the percentage knowing about contraception. Lack of knowledge of services is often lower than the percentage knowledge about contraception may reflect either their inaccessibility of ineffective publicity. Study showed that hundred percent respondents have knowledge that belongs to 15-18+ year age. A majority of women (between 27 and 48%) know of family planning outlet in Yemen, Burkin, Faso, Mali, Nigeria, Senegal, Liberia, Madagascar and Pakistan (UNFPA, 1999).

Knowledge of family planning methods in Nepal is universal more than 99% of all women age 15-49 know at least one modern method of family planning. The most commonly known methods are female sterilization(99%) , indictable(98%) , and condoms (98%) (NDHS, 2011). The study showed that hundred percent have knowledge who belongs to 15-18+ year age.

Ever use of contraception

Data on ever use of contraception as special significance because it reveals that the cumulative success of programmes promoting the use of family planning among couples. Ever use refers to use of method at any time, with no distribution between past and present use.

In the 2006 NDHS, respondents who heard of method of family planning were asked if they had ever used a method (NDHS, 2006).

Current use of contraception

Current use of contraception is defined as the proportion of women who reported the use of a family planning method at the time of interview. The level of current use usually calculated among currently method women is the most widely used and valuable measure of the success of family planning programs (NDHS, 2006). More than 4 in 10 married women (43%) currently use a method of family planning. Another 7% are using a traditional method. Female sterilization is the most common (15%), followed by inject able (9%), male sterilization (8%), the pill and male condom (4% each) (NDHS, 2011).

Use of modern family planning methods is fairly high in both urban and rural areas (50%and 42% respectably), but varies by sub region. Modern contraceptive use ranges from a low of 32% in Easter hill to high of 55% in Far-western terai (NDHS, 2011). Contraception is important for shaping family size, prevention of HIV/AIDS and birth spacing.

Table 1: Percentage distribution of respondents by their current use of contraception

Current Use of Contraception	Number of Respondents	Percentage
Yes	114	94.21
No	07	05.79
Total	121	100.00

Table 1 shows that among the 121 respondents, 94.21 percent respondents still currently users of contraception and rest of them did not give continuity.

Purpose for using contraception

Purpose of Contraception is important for shaping family size, prevention of HIV/AIDS and birth spacing. There was no single purpose for all people to use contraception. One can use for birth spacing. Respondents who had used contraception devices replied the purpose of using contraception that was done in following way.

Table 2: Percentage distribution of respondents by their purpose for using contraception

Purpose for Using Contraception	Number of Respondents	Percentage
Prevent unwanted pregnancy	40	35.09
Birth Spacing	36	31.58
Small family size	32	28.07
Safe Sex	03	02.63
Total	114	100.00

Table 2 shows that among the 114 respondents, 35.09 percent were currently using contraception to prevent unwanted pregnancy followed by birth spacing (31.58%). Similarly, 28.07% of the respondents used contraception for small family size and 2.63% for safe sex.

Reasons for not using contraception

An understanding of the reasons women give for not using family planning methods is critical to designing programs that could improve the quality of services (NDHS, 2006). The most common reason for not use in contraception was fear of side effect. Other reason for non users where not access to health facilities, prefer male child, religious believes, cost and family pressure.

Table 3: Percentage distributions of respondents by their reasons for not using contraception

Reasons for not Using Contraception	Number of Respondents	Percentage
Husband disapproval	5	71.00
fear of side effect	2	29.00
Total	7	100.00

Table 3 showed that 71 percent respondents said that due to husband disapproval they did not like to use contraception followed by fear of side effect (29%).

Future users of contraception

An important indicator of the changing demands for family planning is the extent to which non users of contraception plan to use family planning in the future. Currently married women who were not using contraception at the time of the survey were asked about their intention to use family planning in the future (NDHS, 2006).

Table 4: Percentage distributions of respondents by their future users of contraception

Future Users Contraception	Number of Respondents	Percentage
Continues	5	71.0
Discontinues	2	29.0
Total	7	100.00

Table 4 shows that among the non users 71.00 percent reported that they intended to use a family planning method in the future and 29.0 percent said that they do not intend to use any method in the future because of fear of side effect.

Current use of contraceptive by background characteristics

The study of differentials in current use of contraception is important because it helps identify subgroups of the population to target for family planning services (NDHS, 2006). Table 5 presents that with the increase in age at marriage and educational status. There is also a steady increase in the contraceptive use because with the increase in age need to use increases and with the increase in level of education. Women are better aware of all contraceptive methods.

Table 5: Percentage distributions of respondents by their current use of contraception by background characteristics

Background Characteristics	Using	Percentage
15 years	4	3.51
16 years	18	15.79
17 years	29	25.44
18+ years	63	55.26
Education		
Illiterate	32	28.07
Literates	82	71.93
School	16	14.03
Campus	98	85.96
Occupational Status		
Housewife	52	45.61
Business	42	36.84
Service	20	17.53
Family Nature		
Nuclear Family	85	74.56
Joint Family	29	25.44
No. of Living Children		
One Child	20	17.54
Two Child	91	79.82
Three Plus	3	2.63

Table 5 shows that about 45.61 percent housewife are using contraception context

of business (36.84%) and services (17.53%) generally house wife likes to give pleasure her husbands and to take care a children.

Among the women who residing in nuclear family there contraception using seems to be 74.56 percent .Among the women who got two children those using contraception seems to be 79.82 percent. It shows that replacement level plays pi-vital role to contraception.

Conclusion

Although there has been a steady change in the attitude of married women regarding contraception as means of spacing children and achieving small family size. The society is still characterized by high birth rate but

poor continuity rate of contraceptive use. Knowledge and use of contraception among the married women seemed to be low.

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