Socio-Demographic Factors Affecting Family Planning Decisions among the Married Women in Rural District of Nepal

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ABSTRACT

Introduction: Various socio-demographic factors are known to play decisive role in the acceptance of family planning methods. Commonly known factors include age of the women, age at marriage, age at first pregnancy, education and occupation.

Methods: This is a hospital based cross sectional, observational study conducted at Okhaldhunga Community Hospital among married women of reproductive age (15-49 years) attending either general OPD clinic or family planning clinic. Data were collected through an interview using a predesigned questionnaire.

Results: Age of women had statistical significance as the acceptance increased with the age. More than two-third of women using methods of family planning were married before the age of 20 years. About 43% of women had first pregnancy before the age of 20 years. There was no statistical significance between the current use of family planning methods and the education (p-value 0.6) and the various occupations (p-value 0.1).

Conclusion: There is a need for particular emphasis on contraceptive needs of adolescents and to improve accessibility and availability of all family planning services.

Key words: Family planning, Rural, Socio-demographic

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INTRODUCTION

Globally, family planning is an accepted part of social and familial dynamics. The acceptance varies not only between countries but also between the communities within the country. Various socio-demographic factors play decisive role in the acceptance of family planning and its methods. Age of the women is one of the important factors to influence contraceptive use. In Nepal, early marriage is common and about one third of adolescent female are married. 1 Age at first pregnancy may be another factor related to the use of contraceptives. Another socio-demographic factor having key determinant role in contraceptive use is female education. There is good evidence that women education does promote the use of contraception in most of the developing countries. 1,2 Similarly, several studies have revealed significant relationship between employment, education and desired fertility and fertility related behavior. 3

This study is an attempt to find out the role of various sociodemographic factors in Nepalese context particularly in a rural community. Despite constant efforts by government, there is still rural and urban disparity in fertility decline. TFR in urban area is close to the replacement level where as it is still high in rural area. Therefore, further exploration of the determinants of contraceptive use is required in rural area.⁴

METHODS

This is a hospital based cross sectional, observational study conducted at Okhaldhunga Community Hospital. A total of 210 married women of reproductive age (15-49 years) attending either the general OPD clinic or the family planning clinic, were interviewed using the predesigned questionnaire after taking an informed consent. The questionnaire included socio-demographic details and details regarding contraceptive practices. Utmost care was taken to maintain privacy and confidentiality.

RESULTS

The results were categorized into five different sociodemographic factors as follows.

1. Age:

Table 1. Age-wise distribution of women and current use of family planning

Age at present (n-210)	Yes	No	P value	Total
<20	0	10	0.02	10(4.8%)
20-30	46	36		82(39.1%)
>30	74	44		118(56.1%)

2. Age at marriage:

Table 2. Age at marriage of women and current use of family planning

planning						
Age at m (n-210)	narriage	Yes	No	P value	Total	
<20		76	68	0.2	144(68.6%)	
20-30		44	22		66(31.4%)	

All of them were married before the age of 30 years.

3. Age at first pregnancy

Table 3: Age at first pregnancy of women and current use of

Age at first pregnancy(n-	Yes	N	Р	Total
210)		0	value	
<20	46	44	0.3	90(42.9%)
20-30	74	46		120(57.1%)
>30	0	0		0(0.0%)

4. Education:

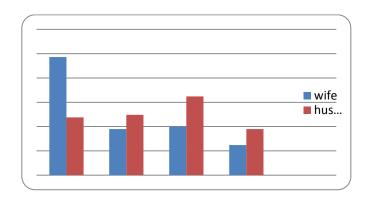


Figure 1: Education of the respondent and the husband

Table 4. Education of women and current use of family planning

Education (n-210)	Yes	No	P value	Total
Illiterate	54	48	0.6	102(48.6%)
Primary	28	12		40(19.0%)
Secondary	26	16		42(20.0%)
Higher	12	14		26(12.4%)

5. Occupation

Table 5. Occupation of women and current use of family

Occupation (n- 210)	Yes	No	P value	Total
Housewife/Farmer	92	70	0.1	162(77.1%)
Daily wages	6	2		8(3.8%)
Office	14	2		16(7.6%)
Student	4	10		14(6.6%)
Others	4	6		10(4.7%)

DISCUSSION

In this study, majority of the respondent were above 30 years of age (56%), while 34% were between 20-30 years and 4.8% were below 20 years. Age-wise distribution of women currently using any methods of family planning had statistical significance as the acceptance increased with the age. It is compatible with the tendency of early child-bearing. As the age advances, the need for family planning is realized and practiced. Similar findings have been reported from other developing countries like Nigeria^{5,6} and India.⁷ The practice of family planning method was highest among women in their thirties which may be attributed to already achieve desired

size of the family. Thus, the use of contraceptives was more popular to limit family size than to space birth.

Regarding the age at marriage, there was no statistical significance between the age groups <20 years and 20-30 years but there were no one in the age group >30 years. More than two-third of women using methods of family planning were married before the age of 20 years. A recent study done in Chennai, India had similar findings as there was no statistical significance between the age of <20 years and >20 years.⁸

In Nepal, early child bearing is a widely observed phenomenon. This study included 42.9% of women who had first pregnancy before the age of 20 years. Among them, 51.1% were using family planning methods and thus, it was likely that they tend to use it for the purpose of birth spacing. A study done by Nepal Demographic and Health Survey (NDHS) showed that only 6% of all the women first used at the time they had no children and 14% first used after the birth of their first child.¹

In this study, obviously male partners were more educated than their female counterparts. In Nepal, the national literacy rate of male is 65 percent whereas the national literacy rate of female in only 43 percent. 9 Women who are

CONCLUSION

There is a need for particular emphasis on contraceptive needs of adolescents and to improve accessibility and availability of all FP services. Improving formal female education will have positive impact to dispel the prevailing misinformation and misperceptions about FP methods. Family planning counseling needs to be universally included into routine antenatal clinic activities. Providers must know how to communicate with clients and counsel them so that the care is facilitated rather than just a prescription of a method of family planning.

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