

FACTORS RELATED TO NON-USE OF CONTRACEPTION AMONG COUPLES WITH AN UNMET NEED FOR FAMILY PLANNING IN NEPAL *

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* Final Report of an in-depth study conducted by New Era, Kathmandu, Nepal
under a Population Council subcontract with the
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INTRODUCTION

STATEMENT OF THE PROBLEM AND OBJECTIVES

Fertility and family planning surveys conducted in developing countries around the world have consistently reported an inverse relation between fertility preferences and practice of contraception. These surveys have also shown however, that substantial proportions of women stating that they do not want any more children are not practicing contraception. These proportions generally range from 25% to 50%, and reach even higher levels in Africa.^{1/} This discrepancy between women's stated preference to have no more children and their non-use of contraception is euphemistically referred to as the "Kap-Gap".

Results from previous survey research which reports the existence of a KAP-GAP provide little insight into the reasons for a "GAP". An analysis of WFS findings from 18 less developed countries provides proportions of currently married women of reproductive age who did not want any more children and who were not practicing family planning. However, data on reasons for not practicing were not collected by WFS and no further analysis was possible beyond describing the social and demographic characteristics of non-users.^{2/}

The Contraceptive Prevalence Surveys (CPS) collected information on reasons related to contraception for non-use of family planning. However, the categories of reasons utilized were far too general to provide anything more than a cursory

understanding of why women were not using contraception. Among 11 countries these categories included, "no knowledge or too expensive", "having had or fearing side effects", "religious reasons", and "husband opposes".^{3/}

As with most developing countries Nepal is also characterized by the presence of a "KAP-GAP". A survey conducted in 1986 indicated that among currently married fecund women of reproductive age the proportion who either want no more children or who want to delay their next birth was 59%.^{4/} However, the proportion of women who were currently using contraception was only 15%.^{5/} This raises the fundamental question of why prevalence rates are so low, and more specifically, what are the reasons for non-use of contraception among those women who either don't want any more children or want to delay their next birth. The categories of reasons for non-use of family planning reported by the Nepal Contraceptive Prevalence Survey of 1981 were insufficient to adequately answer this question. Only three possible reasons were related to contraception and they were tabulated for ever-users of a modern method of family planning. These included, "health condition", "family planning not available", and "family planning not needed".^{6/}

The objective of the present study is to move beyond previous research on the KAP-GAP by conducting an in-depth investigation which would identify the reasons for non-use of family planning among women in Nepal who want to space or limit their births. This objective is realized through the application

of focus group methods followed by a survey which includes an open-ended question regarding reasons for non-use. The focus groups and sample survey are discussed in detail in the section which follows.

The focus groups are utilized to identify the range of possible reasons for non-use of family planning in different geographical and residential areas. The intent here is to identify through the respondents' perspective their reasons for non-use. These reasons are then used to construct the questions which are administered to those women identified through the national sample survey as wanting to space or limit their births. Excluded from these groups are women who are pregnant; have no knowledge of or are currently using a modern family planning method; are infecund; and are either undecided about having another child or desire another child as soon as possible. Hence, the study or unmet demand population is a sub-group of all married women aged 15-49 years and comparisons between this group and past surveys of married women of reproductive age cannot be made.

It is expected that the detailed reasons for non-use provided by this investigation will be of greater value to the family planning program than the general reasons reported by previous surveys. For example, an identification of specific "conditions" and "effects" within the broader categories of "health conditions" and "side effects" would enable the IE and C component of the program to focus inputs upon a modification of these specific reasons for non-use. Further, the identification of these reasons and their geographic and residential distribution would allow restructuring of IE and C message content and the retargeting of populations for IE and C inputs.

METHODOLOGY

The study was conducted in two phases. In the first phase, focus group discussions were utilized to identify all the different reasons for non-use of contraception among women identified as having an unmet need for family planning. The information obtained from these discussions was used to design questions for inclusion in the second phase, a nationally representative sample survey. The focus groups and sample survey are discussed in the sections which follow.

FOCUS GROUPS

Four teams each with two female members, a moderator and a recorder, conducted a total of 16 focus group sessions among females in various locations throughout the country. These locations were purposively selected to ensure sufficient geographic coverage, and to exclude areas which were included in the national sample survey. The geographical and residential distribution of these sessions is presented in Table 1.

Training

Eight females were selected for training in focus group methods, four as moderators and four as recorders. A two

*
Two male teams of two members each were also trained for the purpose of conducting sessions among the husbands of women selected for focus groups. Two sessions were conducted and the results were compared with the results obtained from the women groups. The comparison indicated that the reasons given by the men were essentially the same as the reasons expressed by the women.

Table 1. Number of Focus Group Sessions Conducted by Geographic
and Residential Areas

Geographic Area	Residential Area				Total
	Rural		Urban		
	Spacers	Limiters	Spacers	Limiters	
Hills	2	2	2	2	8
Terai	2	2	2	2	8
Total	4	4	4	4	16

week training program was conducted which utilized a training manual, and the conduct of practice focus group sessions by the trainees. The training manual which was prepared in the Nepali language specifically for this study included an introduction to the research study; the objectives of focus group research and its advantages and disadvantages; the role of moderators and recorders; the organization and conduct of focus group sessions; and the preparation of a focus group report based upon the notes and recordings of the session.

All trainees were required to complete the training for both moderators and recorders. They also conducted one focus group session each and prepared a complete report based upon the notes and recordings of the session.

Selection of Focus Group Participants

A brief screening questionnaire was prepared to assist the focus group moderators and recorders to identify women with a current unmet need for contraceptives. In each area selected for focus group sessions a team of one moderator and one recorder canvassed households for currently married women aged 15 to 49 years. Women who were identified as eligible were administered the screening questionnaire. After the team had found up to 12 probable candidates for the focus groups the moderator and recorder selected eight for participation in the groups.

In addition to being currently married and aged 15 to 49 years focus group participants had to fulfill the following criteria identified through the screening questionnaire:

- perceive herself as being able to have more children;
- not pregnant at the time of interview;
- have knowledge of at least one modern method of family planning; and
- presently not using a modern contraceptive method.

These women were also asked if they wanted or desired additional children in the future. Those answering affirmatively were classified as spacers, while those answering "no" were classified as limiters.

Focus Group Findings

The focus group approach made important contributions to the questionnaire used in the subsequent national sample survey. First, the focus groups revealed a broad spectrum of reasons for non-use of contraception. A total of 40 reasons were identified, 20 were physiological or health related, 12 were socio-economic and cultural related and 8 were related to the national family planning program (See Appendix 1). From the total, 22 of the most frequently given reasons were selected and incorporated into the in-depth questionnaire as specific closed-ended questions. These 22 reasons are identified with an asterisk in Appendix 1.

Second, the focus groups assisted in defining a spacer through a screening questionnaire. A draft version of a screening questionnaire was used to identify women with an unmet need for contraception who were eligible for inclusion in the focus group session. The question used to classify women as a

spacer or limiter was, "Do you want any more children in the future?" Women answering in the affirmative were classified as spacers and those answering "no" as limiters. However, during the focus group sessions among spacers a frequent reason given for not using contraceptives was the desire for more children as soon as possible. This indicated some women were incorrectly classified as spacers, since they wanted to conceive as soon as possible and not in the future. Hence, the screening questionnaire for the sample survey was revised to incorporate questions which defined more accurately the status of spacer.

Finally, the focus group approach found that the reasons for non-use were related to specific family planning methods. Therefore, the in-depth questionnaire was designed to include questions on the methods to which the reasons for non-use referred.

THE SAMPLE SURVEY

Sample Design

The sample design utilized in the study is the same design used in the Nepal Fertility and Family Planning Survey (NFFS) of 1986. This multi-stage design is applied to rural and urban areas where at each stage of selection the sample is drawn on the basis of the probability proportional to the size (PPS) of the particular units.

The selection of the rural sample involved several stages. In the first stage 27 districts were selected from a total of 75

districts which were first arranged in serpentine order from east to west for Terai (Plains) districts, west to east for Hill districts and east to west for Mountain districts. The selection of districts was based on the 1981 population census and carried out with a systematic random sampling procedure.

The second stage involved the selection of two village panchayats from each district selected. At this stage a total of 54 village panchayats were selected. The third stage selected a total of 108 village wards from each selected village panchayat (i.e., 2 wards from one village panchayat). Village panchayats and wards were selected based on the number of households listed in the 1985 electoral list . At the final stage of sample selection, a complete listing of households was prepared for each selected village ward and approximately 40 households were selected with a systematic random sampling procedure.

The urban sample was also drawn at several stages. In the first stage 14 of the 29 town panchayats were selected. The Kathmandu town panchayat was selected three times because of its population size. A total of 48 wards (3 from each town panchayat) were selected at the second stage. Each of the wards selected was divided into sub-wards on the basis of maps and field reconnaissance. This was followed by the random selection

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Because of the unavailability of an electoral list for all village panchayats, 18 village panchayats or 36 village wards were selected with an equal probability assumption.

of a sub-ward and a systematic random selection of 30 households from a household list.

From the household list of the NFFS 3,836 rural households and 1,568 urban households were identified. All of these households were contacted to list all currently married women who resided the previous night at the house. In order to reduce the incidence of non-response, enumerators were required to make a minimum of three visits to complete the interview. All 156 sample points except one were visited to complete the survey. The reason for not completing the one sample point was an unfavorable situation for conducting interviews in the area.

Of the 3,836 rural households, 89.5 percent were successfully interviewed while 81.4 percent of the 1,568 urban households were interviewed (See Table 2). Approximately 10 percent and 19 percent of non-responses, respectively, of rural and urban households, were largely attributed to two reasons: "household not found" and "moved elsewhere". Altogether, 3,432 rural households and 1,277 urban households were successfully completed.

From the 3,432 rural households, 4,009 currently married women aged 15-49 years were identified as eligible women; and 1,268 women from 1,277 urban households were identified as eligible. Of these women, 97.3 percent in rural areas and 98.9 percent in urban areas were successfully interviewed.

Data Collection. The survey utilized three data collection instruments, a household questionnaire, a screening questionnaire

Table 2. Percent Distribution of Interview Results for Households by Place of Residence

Type of Interview Result	Place of Residence	
	Rural	Urban
Household completed	89.5	81.4
No adult at home	0.7	1.4
Refused	0.2	0.1
Vacant House	1.1	0.5
Incorrect address	0.2	0.2
Household not found	4.3	10.4
Moved elsewhere	2.7	6.0
Others	1.3	-
Total	100.0	100.0
Number of Households	3,836	1,568

and an in-depth questionnaire. The household questionnaire was used to identify all eligible women to whom the screening questionnaire would be administered. The purpose of the screening was to identify those women with a current unmet need for family planning. The criteria utilized for this identification were as follows:

- currently married and between 15 and 49 years of age;
- not pregnant at time of interview;
- heard of at least one modern family planning method;
- not currently using any modern contraceptive method; and
- perceives herself to be physically capable of having more children.

Questions on these items were asked in the above sequence and women not satisfying any one of the criteria were not interviewed further. Those women who fulfilled all of the above criteria were asked whether they desired any more children. Those saying "no" were classified as "limiters" while those answering "yes" or "don't know" were asked additional questions. Women who wanted more children but not immediately i.e., who wanted to wait for at least one month before conceiving, were classified as "spacers" while those wishing to have another child as soon as possible were dropped for further questioning.

For the purpose of the present study, "spacers" and "limiters" have been defined as the unmet demand population. "Spacers" refer to those women who are fecund, not currently pregnant, who have knowledge of family planning, desire

additional children some time in the future, and who are not currently using contraception; "limiters" refer to those women who are fecund, not currently pregnant, who have knowledge of family planning, desire no additional children and who are not currently using contraception.

All spacers and limiters were administered the in-depth questionnaire which focused primarily upon reasons for non-use of contraceptives. The questionnaire initially used an open-ended question to solicit spontaneous reasons for non-use, followed by questions which asked the respondent to identify the contraceptive method to which the reason referred. In addition the respondent was asked to identify the reason that was the most important for their non-use of contraceptives and the method to which this referred. This series of questions was followed by closed-ended questions which probed for any additional reasons the respondent had for non-use. The reasons for non-use referred to in these questions were identified from the results of the focus groups.

Staffing and Training

Nine field teams, each consisting of one field supervisor, one data editor and four female interviewers, conducted the data collection. All members of each team selected for the survey participated in a two week training program. The program utilized a training manual prepared specifically for the study and emphasized interviewing techniques, role playing interviews

in the classroom and three days of practice interviews in a field location.

The training program was completed in February, 1987. The nine field teams commenced data collection immediately after the program and all fieldwork was completed by the end of April, 1987.

RESULTS

THE UNMET DEMAND POPULATION

Two aspects of the unmet demand population are discussed. The first briefly describes the procedures through which the unmet population was identified, and the second examines the socioeconomic and family planning characteristics of the limiters and spacers who comprise this population.

The unmet demand population defined in the previous section under Methodology accounted for 33% of the total sample of 5,152 women. This proportion was obtained by screening from the original sample women who had any one of six possible characteristics. The following table presents the proportions of women who were found with these characteristics:

<u>Characteristics</u>	<u>Number</u>	<u>Percent of all women interviewed (5,152)</u>
1. Pregnant at time of interview	570	11.1
2. No Knowledge of a modern family planning method	319	6.2
3. Currently using a modern family planning method	1182	22.9
4. Consider themselves to be infecund	615	11.9

5. Undecided about whether to have another child	89	1.7
6. Desire the next child as soon as possible	747	14.5
Sub-Total	3,522	68.4
Spacers and Limiters	1,630	31.6
Total	5,152	100.0

Table 3 presents the socioeconomic and family planning characteristics of spacers and limiters. The proportions of spacers and limiters show little difference within the geographic regions for both rural and urban areas. However, as would be expected limiters are older and have larger numbers of living children than spacers. On the average limiters are about nine years older than spacers and have over twice the numbers of living children than spacers for both rural and urban areas.

The husbands of spacers on the average are more educated than the husbands of limiters in both rural and urban areas. This difference is most probably related to the difference in age found between the two groups. That is, limiters are older than spacers and in Nepal the younger portion of the population is generally more educated because of the increased availability of educational institutions and higher school enrollment rates over the past decade.

The proportions with knowledge of specific methods of modern contraceptives show little difference between spacers and limiters in both rural and urban areas. Among both groups of the

Table 3. Percentage Distribution of the Unmet Demand Population in Rural and Urban Areas by Selected Socioeconomic and Family Planning Characteristics

Selected Characteristics	Rural			Urban		
	Spacer	Limiter	Total	Spacer	Limiter	Total
<u>Geographic Regions</u>						
Mountains	11.3	10.2	10.8	0.0	0.0	0.0
Hills	55.1	59.8	57.3	48.0	47.2	47.6
Terai	33.6	30.0	31.9	52.0	52.8	52.4
<u>Women's Age (yrs)</u>						
15-29	83.4	33.2	57.6	89.7	34.7	60.9
30-49	16.6	66.8	40.4	10.3	65.3	40.1
<u>Mean</u>	24.3	33.0	28.5	23.7	32.3	28.2
<u>Living Children</u>						
1 child	46.9	2.2	25.7	51.4	1.6	25.2
2 children	26.1	14.7	20.7	28.6	23.8	26.1
3 children	16.6	22.0	19.2	11.4	25.4	18.8
4 children	6.5	24.9	15.2	5.7	21.8	14.1
5 or more children	3.9	36.2	19.3	2.9	17.5	15.8
<u>Mean</u>	1.8	4.2	2.9	1.7	3.8	2.8
<u>Husband's Education</u>						
No schooling	42.8	63.9	52.8	17.1	35.8	26.9
Grade 1-5	21.9	17.9	20.0	18.3	11.9	14.9
Grade 6-9	20.4	11.2	16.0	18.9	21.2	20.1
Grade 10 or above	14.9	7.0	11.2	45.7	31.1	38.0
<u>Mean</u>	4.0	2.3	3.2	7.3	5.9	6.6
<u>Heard of Modern FP Methods</u>						
Pills	74.5	70.1	72.4	83.4	88.6	86.1
Injectables	48.3	44.1	46.3	70.3	77.2	73.9
Condoms	61.7	51.9	57.1	83.4	82.4	82.9
IUD	27.3	20.0	23.9	42.9	54.9	49.2
Vaginal spermicide	15.4	8.5	12.1	33.7	29.0	31.3
Female sterilization	93.4	94.0	93.7	96.0	99.0	97.6
Male sterilization	92.8	93.8	93.3	92.6	99.5	96.2
<u>Ever-Used Modern FP Methods</u>						
Pills	2.7	9.3	5.9	6.9	20.2	13.9
Injectables	0.8	2.0	1.3	1.7	11.9	7.1
Condoms	1.5	2.7	2.1	5.7	3.3	7.1
IUD	0.3	0.0	0.2	0.0	3.6	1.9
Vaginal spermicide	0.3	0.3	0.3	0.0	0.5	0.3
<u>Ever Visited a Hospital, Health Post or Clinic for FP Information or Services</u>						
	1.7	5.8	3.6	6.3	25.4	16.3
<u>Ever Visited By Any Family Planning Worker</u>						
	10.7	20.0	15.1	13.1	21.8	17.7

unmet demand population the proportions who have knowledge of male and female sterilization are higher than the proportions with knowledge of any other method of contraception.

Limiters have consistently higher proportions than spacers of ever-use of each of the modern methods of contraception in both rural and urban areas. The proportions of limiters who have ever visited a hospital, health post or clinic for family planning information or services are higher than among spacers. Although the actual level of proportions is low, the proportions of limiters who have ever made visits are three times higher than the proportions for spacers in rural areas and four times the proportions in urban areas. These differences would be expected because spacers are considerably younger than limiters who have been exposed longer to ever use of these services.

Finally, contacts with the unmet demand population by family planning field workers are very low; only 15% in rural areas and 18% in urban areas have ever been visited by a family planning worker. According to the respondents, higher proportions of limiters than spacers in both residential areas have ever been visited by family planning workers. This difference reflects the apparent focus of the family planning program upon the promotion of permanent methods of contraception (86% of current family planning users have been sterilized) ^{7/} and the subsequent emphasis by field workers upon the recruitment of limiters.

REASONS FOR NON-USE OF FAMILY PLANNING

The analysis of the reasons for the non-use of family planning is presented in two parts. The first analyzes the response of spacers and limiters to each of the closed-ended questions on reasons for non-use developed from the reasons identified through the focus group sessions. The second part analyzes the responses to the open-ended question on reasons for non-use, focusing upon the reason given by respondents as their most important for not practicing a specific method of contraception.

This order of presentation, i.e., results from the closed-ended questions followed by results from the open-ended question, is intended to proceed from the general to the more specific. The former results provide the range of all possible reasons given for non-use and the distribution of methods to which these reasons refer. The latter results provide an identification of the distribution of the most important reasons for non-use of specific-methods, and those reasons to which programmatic efforts of change should be directed.

Closed-Ended Questions

As seen in Table 4 the proportion of spacers not using family planning because they believe it "causes headache, weakness or nausea" is almost 45%, the highest proportion recorded for all reasons. This was followed by the reasons "insufficient money for nutritious foods" and "causes weight loss", each of which was given as a reason by about one-quarter

Table 4. Reasons for Non-Use of Family Planning (in %) Among Spacers and Limiters*

Reasons for Non-Use of Family Planning	Spacer	Limiter
<u>Reasons Related to Contraception Health</u>		
(1) Currently In Poor Health	9.2	30.8
(2) Causes Heavy Bleeding	17.2	27.5
(3) Causes Headache, Weakness or Nausea	44.6	76.0
(4) Causes Weight Loss	23.4	42.2
(5) Reduces Husbands Sexual Potency	3.1	6.1
<u>Socio-Economic and Cultural</u>		
(1) Insufficient Money for Nutritious Foods	24.8	54.8
(2) Husband Unable to Perform Religious Functions	5.6	13.5
(3) Community Disapproves	3.1	5.4
(4) Religion Disapproves	6.6	11.2
(5) Husband Disapproves	13.6	21.6
(6) Family Other Than Husband Disapproves	7.0	8.0
<u>FP Program</u>		
(1) Don't Know How To Use FP	13.4	12.1
(2) Don't Know Where to Obtain Methods	13.7	13.9
(3) Methods Unavailable	1.9	4.0
(4) FP Source too Far Away	1.3	4.8
(5) Methods Are Unreliable	11.0	14.8
<u>Reasons Unrelated to Contraception</u>		
(1) Currently Breastfeeding	25.9	20.1
N =	(838)	(792)

* The results for three reasons for non-use, "dislike for distributor of family planning methods", "waiting period to obtain methods is too long" and "inconvenient timing of mobile camps", are not included because of near zero frequency of response.

of the spacers. With the exception of the reason "causes heavy bleeding", which slightly over 17% of spacers gave as a reason for non-use, the proportions indicating they were not using because of the remaining health, socio-cultural and family planning program reasons were all under 15%.

The reasons for non-use which have been identified are self-explanatory with the exception of "insufficient money for nutritious foods". The focus groups found the basis for this reason is the belief that after taking any medicine (e.g. oral pills) or after any operation (e.g. laparoscopy or vasectomy) one necessarily becomes weak. Therefore, additional foods must be consumed so that strength can be regained. These foods are apparently in addition to the regular diet and require further expenditures that families are unable to afford.

A reason for non-use unrelated to contraception is "currently breastfeeding". Slightly over one-quarter of spacers indicated they were not practicing for this reason.

Among limiters as with spacers health reasons and a socio-cultural reason were most frequently given for non-use of family planning. Three-quarters of limiters indicated they were not using contraception because it "caused headache, weakness or nausea" and over half indicated they were not using because of "insufficient funds for nutritious foods". Over 40% of limiters indicated they were not using because contraception "causes" weight loss", while around 30% were not using because they were "currently in poor health" and about the same believed that

contraception "causes heavy bleeding". Although slightly over one fifth of the limiters indicated they were not using because their "husband disapproves", the proportions not using for the remaining health, socio-cultural or family planning program reasons are all under 15%

The proportions of limiters not using for reasons unrelated to contraception are relatively low. One-fifth indicated they were not using because they were breastfeeding and a little over 10% were not using because their husbands were away from home.

The reasons related to contraception which the largest proportions of limiters and spacers, respectively, indicated were reasons for their non-use of family planning are further cross-tabulated with selected characteristics of the spacers and limiters* (See Table 5). The proportions of spacers not using contraception because they believe it "causes headache, weakness, or nausea" were significantly higher in the Terai than in the Hills, while the proportions between regions for the remaining five reasons showed little difference. Spacers in rural areas had significantly higher proportions not using contraception because they had "insufficient money for nutritious foods" than spacers in urban areas, while the differences between proportions not using because of the remaining reasons were not significant between the residential categories.

"Older" spacers (women aged 30 years and over) had significantly higher proportions not using contraception for four

* Reasons for non-use given by the smaller proportions of spacers and limiters (i.e., 15% or less) are not included in the cross-tabulations.

Table 5. Reasons for Non-Use of Family Planning (in %) Among Spacers and Limiters by Selected Social and Demographic Characteristics

Reasons for Non-Use of Family Planning	Selected Characteristics									
	Region		Residence		Women's Age (Years)		Husband Education			
	Hill	Terai	Urban	Rural	<30	30+	None	Class 1-5	Class 6-9	Class 10+
<u>Spacers</u>										
(1) Causes Headache, Weakness or Nausea	41.0	50.6*	46.9	44.0	42.4	57.0*	46.8	44.1	36.9	48.6
(2) Causes Weight Loss	22.5	24.8	25.1	22.9	21.0	36.7*	23.2	28.8	19.6	21.8
(3) Insufficient Money for Nutritious Food	24.0	26.1	17.1	26.8*	22.4	38.3*	31.5	32.2	17.9	12.3*
(4) Currently in Poor Health	9.0	9.6	13.1	8.1	7.5	18.8*	8.6	9.0	8.9	10.6
(5) Causes Heavy Bleeding	14.7	21.3	22.9	15.7	16.6	20.3	16.9	11.3	15.5	25.1
(6) Husband Disapproves	10.5	18.8	17.1	12.7	13.2	15.6	15.3	15.3	10.1	12.3
N =	(524)	(314)	(175)	(663)	(710)	(128)	(314)	(177)	(168)	(179)
<u>Limiters</u>										
(1) Causes Headache, Weakness or Nausea	74.3	79.1	72.0	77.3	70.7	78.7	79.9	70.8	77.8	63.7
(2) Insufficient Money for Nutritious Food	54.1	56.0	37.3	60.4*	45.9	59.3*	64.8	58.5	39.8	21.6*
(3) Causes Weight Loss	39.8	46.5	42.0	42.2	39.1	43.7	54.2	55.4	65.7	58.8
(4) Currently in Poor Health	30.8	30.9	42.5	27.0*	24.1	34.2*	29.9	28.5	36.1	32.4
(5) Causes Heavy Bleeding	36.2	22.7*	38.9	23.9*	27.1	27.8	26.8	20.8	30.6	36.3
(6) Husband Disapproves	16.5	30.9*	29.5	19.0*	22.9	20.9	23.7	19.2	23.1	13.7
N =	(510)	(282)	(193)	(599)	(266)	(526)	(452)	(130)	(108)	(102)

* Difference from other categories of variable significant at $P < .05$ by application of Chi-Square

of the six reasons than "younger" spacers (women aged less than 30 (years). The proportions not using because contraception "causes heavy bleeding" or "husband disapproves" were not significant between the age groups.

The proportion of spacers who indicated they were not using contraception because they had "insufficient money for nutritious foods" is significantly higher for spacers whose husbands have finished less than a 6th class education or higher. The proportions not using because of the remaining reasons show no consistent pattern of relationship with husbands educational attainment.

Among limiters regional differences in proportions not practicing for selected reasons are minimal with the exception of the reasons "causes heavy bleeding" and "husband disapproves". The proportions of limiters giving the former reason in the Hills is about 14 points higher than in the Terai, while the proportions giving the latter reason are slightly over 14 points higher in the Terai than in the Hills.

The proportions of limiters who are not using contraception for the reasons "causes headache, weakness or nausea" and "causes weight loss" show little difference between urban and rural areas. However, rural limiters have significantly higher proportions than urban limiters who do not use contraception because they have insufficient money to purchase nutritious foods. And urban limiters have significantly higher proportions than rural

limiters who are not using for reasons of "poor health", "causes heavy bleeding" and "husband disapproves".

Two of the six major reasons given by limiters for not using contraception show significant differences between age groups. The proportions of limiters 30 years and older have higher proportions not using because of "insufficient money to purchase nutritious foods" and "currently in poor health" than limiters less than 30 years of age.

The proportions of limiters not using because they have insufficient money for nutritious foods varies inversely with husbands educational attainment. These proportions range from about 65% among those whose husbands have "no education" to about 22% for those whose husbands have completed class 10 or above.

Thus far we have identified the reasons related to contraception for non-use of family planning given by the largest proportions of women who want to space or limit their births. What remains is to identify the specific contraceptive methods to which these reasons refer. Table 6 presents this information.

About 60% of the spacers who indicated they were not using contraception because it "causes heavy bleeding" were referring to oral pills; and almost half who were not using because they were "currently in poor health" or believed it "causes headache, weakness or nausea" or "weight loss" also referred to oral pills.

"Currently in poor health" and "causes heavy bleeding" were reasons given for not using depoprovera by approximately 30% and 20% of spacers, respectively, while "insufficient money to

Table 6. Proportions of Spacers and Limiters Not Using Selected Contraceptive Methods by Their Reasons for Non-Use of These Methods

Reasons for Non-Use of Family Planning	Contraceptive Methods Not Used							Total	
	Pills	Depo, Depo+ Pills	Laparoscopy	Laparoscopy and Others, Excluding Vasectomy	Vasectomy	Vasectomy and Laparoscopy	All Other Combinations of Methods		
								%	N
<u>Spacers</u>									
(1) Causes Headache, Weakness or Nausea	49.8	14.7	13.1	3.2	5.3	6.1	7.8	100	(374)
(2) Causes Weight Loss	47.5	15.8	20.4	1.0	5.6	5.6	4.1	100	(196)
(3) Insufficient Money for Nutritious Foods	21.2	12.5	30.8	2.3	13.0	11.5	8.7	100	(208)
(4) Currently in Poor Health	45.5	19.5	18.2	-	1.2	3.9	11.7	100	(77)
(5) Causes Heavy Bleeding	58.3	27.9	6.9	-	-	-	6.9	100	(144)
(6) Husband Disapproves	22.8	14.9	19.3	7.9	0.9	2.6	31.6*	100	(114)
<u>Limiters</u>									
(1) Causes Headache, Weakness or Nausea	15.1	6.5	26.8	6.5	9.3	26.2	9.6	100	(602)
(2) Insufficient Money for Nutritious Foods	3.5	2.1	47.7	4.4	10.8	26.5	5.1	100	(434)
(3) Causes Weight Loss	24.0	8.4	37.6	5.1	9.9	10.5	4.5	100	(334)
(4) Currently in Poor Health	9.4	2.9	52.5	8.2	13.1	10.2	3.7	100	(244)
(5) Causes Heavy Bleeding	45.9	22.0	24.8	-	-	-	7.3	100	(218)
(6) Husband Disapproves	6.4	0.6	66.7	8.2	5.3	5.3	7.5	100	(171)

* Includes 13.2% who referred to condoms

purchase nutritious foods" was given as a reason for not using laparoscopy by almost one-third of the spacers. The finding that spacers gave reasons for not using laparoscopy may well indicate their lack of knowledge that female sterilization is a permanent method of contraception.

In general the reasons given by limiters for not using contraception refer to female sterilization or a combination of female and male sterilization. Among limiters who indicated they were not using contraception because it "causes headache, weakness or nausea," one-quarter were referring to laparoscopy, and another quarter had in mind laparoscopy and/or vasectomy.

Almost half of the limiters not using because of "insufficient money to purchase nutritious foods" were referring to laparoscopy and another 27% were referring to both laparoscopy and vasectomy. Further over one-half and two-thirds of limiters respectively, who indicated they were not using contraception because they were "currently in poor health" or that their husbands disapproved were referring to laparoscopy. However, although about 40% of limiters who were not using contraception because it "caused weight loss" were referring to laparoscopy, almost a quarter indicated they were not using oral pills for this reason. Similarly, of those limiters who were not practicing because contraception "causes heavy bleeding", 46% indicated they were not using oral pills while another 25% were not using laparoscopy for this reason.

Open-Ended Question

The previous analysis assessed the responses of spacers and limiters to a series of closed-ended questions regarding reasons for non-use of family planning; and also analyzed the distribution of contraceptive methods to which respondents indicated these reasons referred. The present analysis focuses upon spacers and limiters responses to an open-ended question asking their reason(s) for not practicing family planning. In contrast to the previous analysis this investigation utilizes only the reason identified by spacers and limiters as the most important of all reasons for their non-use, and assesses the distribution of these reasons for each contraceptive method to which the reason refers. In addition, the differences in these distributions are analyzed between selected social and demographic characteristics, i.e., region, residence, women's age and husbands educational attainment. Three contraceptive methods, oral pills, laparoscopy and vasectomy, are the focus of this assessment. The numbers of women giving other contraceptive methods as the methods referred to by their most important reason for non-use are too small for analysis .

Reasons for Non-Use of Oral Pills. As seen in Table 7 among spacers the most important reasons for not using oral contraceptive pills are that they "cause headache, weakness, or

*
The numbers of women who referred to other methods are as follows: I.U.D. - 19; Depo-Provera - 48; Condom - 40

Table 7. Distribution (in %) of Reasons Given By Spacers As the Most Important for Non-Use of Oral Contraceptive Pills by Selected Social and Demographic Characteristic

Spacers Most Important Reasons for Non-Use of Oral Pills	Total	Selected Characteristics									
		Region		Residence		Woman's Age (Years)		Husbands Education			
		Hill	Teral	Urban	Rural	< 30	30+	None	Class 1-5	Class 6-9	Class 10+
<u>Health</u>											
(1) Causes Headache Weakness or Nausea	35.9	29.2	42.8	28.6	37.5	33.6	48.5	34.9	32.5	38.9	39.0
(2) Causes Heavy Bleeding	10.7	12.6	8.7	17.1	9.4	9.8	15.2	10.5	7.0	11.1	14.6
(3) Affects Breast-feeding and Dries Breastmilk	21.4	17.5	25.2	22.9	21.1	23.1	12.1	18.6	23.3	25.0	22.0
(4) Currently in Poor Health	3.4	3.9	2.9	5.7	2.9	3.5	3.0	3.5	2.3	2.8	4.9
<u>Socio-Cultural</u>											
(5) Religion or Family Disapproves	6.3	5.8	6.8	14.3	4.7	7.5	-	7.0	4.7	8.3	4.9
<u>Family Planning Program</u>											
(6) Methods Unavailable	9.2	13.6	4.9	2.9	10.5	9.2	9.1	9.3	14.0	5.6	7.3
(7) Others	5.8	8.7	2.9	2.9	6.4	5.8	6.1	8.1	11.6	-	-
<u>All Other Reasons</u>	7.3	8.7	5.8	5.6	7.5	7.5	6.0	8.1	4.6	8.3	7.3
Total	100	100	100	100	100	100	100	100	100	100	100
N =	(206)	(103)	(103)	(35)	(171)	(173)	(33)	(86)	(43)	(36)	(41)

nausea" or "affect breastfeeding and dry breastmilk". Over one-third of spacers gave the former reason and over one-fifth gave the latter reason. Proportions who gave any of the remaining reasons as most important for non-use were all under 11%.

The proportions of spacers in the Terai who were not using pills because they cause "headache, weakness or nausea" was almost 14 points higher than the proportions in the Hills who gave this reason as their most important for non-use. One-quarter of the spacers in the Terai were not using pills because they "affect breastfeeding and dry breastmilk" which is about 8 points higher than the proportions in the Hills giving this reason. Over twice the proportions in the Hills than in the Terai are not using pills because they are unavailable, however, the actual level of the proportions in the Hills giving this reason is only about 14%.

Rural spacers have higher proportions (by about 9 points) than urban spacers who are not using pills because they "cause headache, weakness or nausea". In contrast urban spacers have almost twice the proportions as rural spacers not using pills because they "cause heavy bleeding". Although the actual level of the proportion is relatively low at 17%, it still ranks as the third most important reason for non-use of pills among urban spacers. The second most important reason for non-use of pills among spacers, "affects breastfeeding and dries breastmilk", shows little difference in proportions between the residence categories.

Almost half of women aged 30 years and older indicated they were not using pills because they "cause headache, weakness or nausea", while one-third of the women in the younger ages gave this reason as their most important for not using. Approximately one-quarter of younger spacers indicated they did not use pills because of their effect upon breastfeeding which was almost double the proportions of older spacers who gave this reason for non-use.

Reasons for non-use of pills among spacers show no consistent relationship with husbands educational attainment. The proportion not using because pills "cause headache, weakness or nausea" or "heavy bleeding" are highest for spacers whose husbands have the highest educational level. However, the difference in these proportions from the proportions for other educational levels are generally small.

The most important reasons given by limiters for not using oral pills are presented in Table 8 . Slightly over two-fifths of limiters gave "causes headache weakness or nausea" as their most important reason for not using pills. Three additional reasons account for another 40% of limiters reasons for not using pills i.e., almost 17% were not using because they believe the pill causes heavy bleeding, and slightly over 12% were not using because pills were unavailable or affected breastfeeding, respectively.

*

Proportions for residence, age and education are not presented because of an insufficient number of cases in selected categories of the variables.

Table 8. Distribution (in%) of Reasons Given By Limiters As the Most Important for Non-Use of Oral Contraceptive Pills By Region

Limiters' Most Important Reasons for Non-Use of Oral Pills	Total	Region	
		Hill	Terai
<u>Health</u>			
(1) Causes Headache, Weakness or Nausea	41.1	29.7	58.2
(2) Causes Heavy Bleeding	16.7	24.1	5.6
(3) Affects Breastfeeding and Dries Breastmilk	12.2	9.3	16.7
(4) Currently in Poor Health	5.6	5.6	5.6
<u>Socio-Cultural</u>			
(5) Religion or Family Disapproves	1.1	1.9	-
<u>Family Planning Program</u>			
(6) Methods Unavailable	12.2	20.1	-
(7) Others	6.7	7.4	5.6
<u>All Other Reasons</u>	4.4	1.9	8.3
Total	100.0	100.0	100.0
N =	(90)	(54)	(36)

Several differences between regions in the proportions of reasons given by limiters for not using pills were found. Almost 60% of limiters in the Terai indicated their main reason for not using pills was because they cause headache, weakness or nausea. This proportion is almost double the proportion given by limiters in the Hill region. In contrast about a quarter of limiters in the Hills were not using pills because they cause bleeding which is over four times higher than the proportion for limiters in the Terai. Further, another 20% of limiters in the Hills were not using pills because they were unavailable, a reason which was not given by any of the limiters in the Terai.

Limiters Reasons for Non-Use of Laparoscopy. As seen in Table 9 almost half of the limiters indicated that their most important reason for not having a laparoscopy was that it causes weakness and they could not work. The remaining health reasons account for almost another third of all reasons. Slightly over 16% said laparoscopy caused severe stomach pain, and slightly less than 8% said it caused physical discomfort (other than stomach pain), and that they (the limiters) were currently in too poor health to have the operation.

Slightly over half of the limiters in the Hills gave as their main reason for not having a laparoscopy that it caused weakness and they could not work. The proportions of limiters giving this reason in the Terai was 12 points below the proportions who gave this reason in the Hills. In contrast almost a quarter of limiters in the Terai did not want to have a

Table 9. Distribution (in %) of Reasons Given By Limiters As the Most Important For Non-Use of Laparoscopy by Social and Demographic Characteristics

Limiters Most Important Reasons for Non-Use of Laparoscopy	Total	Selected Characteristics									
		Region		Residence		Women's Age (Years)		Husbands Education			
		Hill	Teral	Urban	Rural	< 30	30+	None	Class 1-5	Class 6-9	Class 10+
<u>Health</u>											
(1) Causes Weakness and Cannot Work	45.9	50.9	39.1	29.2	49.0	38.7	49.1	43.9	54.7	47.4	38.7
(2) Causes Severe Stomach Pain	16.4	10.8	24.1	14.5	16.7	21.7	13.7	19.9	9.4	15.8	6.5
(3) Cause Physical Discomfort Other Than Stomach Pain	7.5	6.5	9.0	10.9	6.8	8.5	7.1	8.2	5.7	2.6	12.9
(4) Currently in Poor Health	7.9	9.7	5.3	20.0	5.3	1.9	10.8	6.1	5.7	13.2	16.1
<u>Socio-Cultural</u>											
(5) Fear of Child's Death	4.7	3.2	6.8	9.1	3.8	9.4	2.4	5.1	1.9	2.6	9.7
(6) Religion or Family Disapproves	7.2	5.9	9.0	10.9	6.5	5.7	8.0	7.2	5.7	7.9	9.7
<u>Family Planning Program</u>											
(7) Method Unavailable	8.2	11.4	3.7	3.6	9.1	11.3	6.6	7.7	13.2	7.9	3.2
<u>All Other Reasons</u>	2.2	1.6	3.0	1.8	2.8	2.8	2.3	1.9	3.7	2.6	3.2
Total	100	100	100	100	100	100	100	100	100	100	100
N =	(310)	(185)	(133)	(55)	(263)	(106)	(212)	(196)	(53)	(38)	(31)

laparoscopy because it "causes severe stomach pain", while in the Hills less than half this proportion gave the same reason.

Residential differences in the most important reasons for non-use of laparoscopy were also found. The proportion of limiters who said they were not using because the method causes weakness and they could not work reached about 50% in the Rural area, 20 points above the proportion giving this reason in the urban area. In contrast a fifth of urban limiters indicated they were not using because they were in poor health, which is almost four times the proportion among rural limiters.

Among women 30 years and older almost half indicated their most important reason for not using laparoscopy was that it caused weakness and they would be unable to work. Less than 40% of the younger women gave the same reason for not using laparoscopy. However, about 22% of younger women did not want to have a laparoscopy because they believed that it causes severe stomach pain compared to about 14% who gave this reason among older women.

The proportions of women giving selected reasons for non-use of laparoscopy in general show no consistent relationship with husbands educational attainment. Women whose husbands are more educated have higher proportions who don't want to have a laparoscopy operation because they are currently in poor health than those with husbands who are less educated. However, these proportions are still under 20% among women whose husbands have attained the highest level of education.

Limiters Reasons for Non-Use of Vasectomy. Almost two-thirds of limiters indicated the most important reason for their husbands non-use of vasectomy was that it would cause weakness and they would be unable to work (See Table 10). About 16% indicated their husbands were not vasectomized because either their religion or family disapproved.

The proportions of limiters in the Hills and Terai and in selected education groups show little variation in reasons for their husbands non-use of vasectomy. Differences were found however, between limiters from urban and rural areas. Almost 70% of rural limiters compared to just a little over half of urban limiters said their husbands were not vasectomized because it would cause weakness and they would be unable to work. Although the actual level of proportions is relatively low, the proportions of husbands who were not vasectomized for reasons of poor health or because vasectomy was unavailable were more than three times higher among urban than rural limiters.

A little over three-quarters of the younger limiters (age less than 30 years) said their husbands were not vasectomized because it causes weakness and they could not work, while slightly over 60% of the older women gave the same reason for their husbands non-use of vasectomy. About a fifth of the older limiters said their husbands were not vasectomized because their religion or family disapproved which was almost three times greater than the proportions among the younger limiters.

Table 10. Distribution (in %) of Reasons Given By Limiters As the Most Important For Husbands Non-Use of Vasectomy by Selected Social and Demographic Characteristics

Limiters Most Important Reasons for Non-Use of Vasectomy	Total	Selected Characteristics							
		Region		Residence		Women's Age (Years)		Husband's Education	
		Hill	Terai	Urban	Rural	< 30	30+	None	Some
<u>Health</u>									
(1) Causes Weakness and Cannot Work	65.1	63.6	69.8	51.4	68.6	76.1	61.1	68.2	58.9
(2) Fear of Severe Physical Pain	5.8	7.0	2.3	2.9	6.6	6.5	5.6	5.2	7.1
(3) Currently in Poor Health	7.6	7.8	7.0	17.1	5.1	4.3	8.7	8.6	5.4
<u>Socio-Cultural</u>									
(4) Religion or Family Disapproves	15.7	15.6	16.3	11.5	16.8	6.5	19.0	14.6	17.9
<u>Family Planning Program</u>									
(5) Method Unavailable	4.7	5.4	2.3	11.4	2.9	4.3	4.8	3.4	7.1
<u>All Other Reasons</u>	1.1	0.6	2.3	5.7	-	2.3	0.8	-	3.6
Total	100	100	100	100	100	100	100	100	100
N =	(172)	(129)	(43)	(35)	(137)	(46)	(126)	(116)	(56)

Spacers Reasons for Non-Use of Laparoscopy and Vasectomy.

Rather unexpectedly, more than one-third of all spacers who have a reason related to contraception as their most important reason for not using family planning were referring to terminal methods of contraception. Twenty-five percent had in mind laparoscopy, and 9% vasectomy*. Spacers reasons for non-use of these methods are presented in Table 11. These results show that when spacers were asked their most important reason for not practicing family planning 121 or 27% of all spacers who gave a reason related to contraception responded that they were not practicing because they still desired more children. This suggests that this group of women are unaware that births can be delayed or spaced by temporary methods of contraception.

The residual group of women, i.e., those who gave reasons other than a desire for more children for not using laparoscopy or vasectomy illustrate an additional problem. That is, they would appear to be unaware that laparoscopy and vasectomy are permanent methods of contraception. This group of women however, make up a much lower proportion i.e., 13% of all spacers giving a reason related to contraception.

* Proportions are calculated by dividing the number of spacers who gave a reason for not practicing Laporoscopy and Vasectomy, respectively, by all spacers who gave a reason for non-use related to contraception.

Table 11. Distribution (in %) of Reasons Given By Spacers As the Most Important for Non-Use of Laparoscopy and Vasectomy

Spacers Most Important Reasons for Non-Use of Laparoscopy and Vasectomy	Laparoscopy		Vasectomy	
	%	N	%	N
<u>Health</u>				
(1) Causes Weakness and Cannot Work	17.6	(24)	19.6	(9)
(2) Causes Severe Stomach Pain	2.2	(3)	-	-
(3) Causes Physical Discomfort other than stomach pain	2.9	(4)	-	-
(4) Currently in Poor Health	2.2	(3)	4.3	(2)
<u>Socio-Cultural</u>				
(5) Desire More Children in the Future	67.8	(92)	63.2	(29)
(6) Fear of Child Death	1.5	(2)		
(7) Religion or Family Disapproves	4.4	(6)	8.6	(4)
<u>Family Planning Program</u>				
(8) Method Unavailable	0.7	(1)	4.3	(2)
<u>All Other Reasons</u>				
Total	100	(136)	100	(46)

SUMMARY AND CONCLUSIONS

The objective of this study was to identify the reasons for non-use of family planning among women in Nepal who want to space or limit their births. This objective was attained through the application of focus groups and a national sample survey. Focus groups conducted in different regions and residential areas of the country were utilized to identify the range of possible reasons for non-use of contraception. These reasons were then used to construct the questions for the survey. The national sample survey (N = 5,152) included a set of screening questions which identified married fecund women aged 15-49 years who knew at least one modern method of contraception, wanted to space or limit their births and were not currently using contraception. These women comprised the group to whom the questionnaire on reasons for non-use was administered.

Questions on non-use began with an open-ended question which asked for reasons for non-use followed by a question which asked respondents to identify the most important of their reasons, and the contraceptive method to which this reason referred. The closed-ended questions were then asked on a variety of possible additional reasons. The intent here was to capture as far as possible the range of reasons for non-use through the close-ended questions and at the same time to identify through the open-ended question the method-specific reasons perceived as most important.

The analysis of these data initially focussed upon the results of the closed-ended questions. This was followed by the analysis of responses to the open-ended questions to determine the most important method-specific reasons for non-use.

Spacers and limiters responses to closed-ended questions on reasons for non-use of family planning indicated that health reasons and one socioeconomic reason received the highest proportions of affirmative responses for not using family planning. Health reasons included concerns about headache, weakness or nausea, weight loss, heavy bleeding and not being healthy enough to practice contraception. The socioeconomic reason for non-use was that women had insufficient money to purchase the nutritious foods they believed were necessary to maintain their health so they could practice contraception. When asked what contraceptive method these reasons referred to, the highest proportions of spacers indicated they were not using oral pills because of concerns about headache, weakness or nausea, and weight loss; and that they were not using laparoscopy or vasectomy because of insufficient money to purchase nutritious foods. This latter finding indicates these spacers are unaware that laparoscopy and vasectomy are permanent methods of contraception and cannot be utilized for spacing. The actual proportion that these spacers are of all spacers, however, is relatively low at less than 15%.

Among the majority of limiters, laparoscopy and vasectomy are the methods not used because of insufficient money for nutritious

foods; and concerns about not being healthy enough to have the operation, or side effects such as headache, weakness or nausea and weight loss. A concern about heavy bleeding was given by the majority of limiters as the reason for not using oral pills.

Generally, few differentials in reasons were found between regional, residential, age and education groups. The proportions of spacers and limiters who indicated they were not using contraception because they had insufficient money for nutritious foods were highest in rural areas, among women 30 years and older, and among women whose husbands had low levels of education.

The next portion of the analysis focussed upon spacers and limiters responses to an open-ended question on reasons for not using family planning. This investigation differed from the previous analysis because the focus was on the reason identified by spacers and limiters as the most important of all their reasons for non-use. Further, the distribution of these reasons was assessed for each contraceptive method to which the reason referred, i.e., oral pills, laparoscopy or vasectomy. Other contraceptive methods were not included because the numbers of women giving these methods as the methods referred to by their most important reason for non-use were too small for analysis.

The most important reasons given by spacers and limiters for non-use of oral pills were concerns about health side effects. These included, headache, weakness and nausea, heavy bleeding, and the effect upon breastfeeding, i.e., the belief that oral pills dry up breastmilk. It should be noted that all of these

reasons including the reason "affects breastfeeding and dries breastmilk" were given by women who were not currently breastfeeding. This suggests the women may hold the mistaken belief that the use of oral pills affects breastfeeding and dries the breastmilk for children they expect to have in the future. This explanation may be appropriate for spacers. However, limiters supposedly would not have the same concerns since by definition they want no more children. Another possible explanation for limiters which may also be appropriate for spacers is that since pills are believed to affect breastmilk they may also be perceived as having other negative health effects. Hence, women may only know pills can dry breastmilk and they associate this with other possible health effects which they can't identify but think would happen if they used oral pills.

There were only minimal differences given by the different socioeconomic groups as the most important reasons for non-use of oral pills. The proportions of spacers who were not using oral pills because they believe they cause headache, weakness or nausea were higher in the Hills than in the Terai, and higher among older than younger women. The proportions not using pills because of their effect upon breast-feeding were higher among younger than older women.

Limiters who were not using oral pills because they cause headache, weakness or nausea had higher proportions in the Terai than in the Hills. However, the reverse was the case for the

proportions who were not using pills because they caused heavy bleeding.

The most important reason among limiters for non-use of laparoscopy and vasectomy was that the operations cause weakness and recipients are unable to work. The proportions of limiters giving this reason for non-use of laparoscopy were higher in the Hills than in the Terai, in rural than in urban areas, and among older than among younger women. Similar differentials between residence and women's age groups were also found in the proportions who gave this same reason for not using vasectomy. In addition higher proportions of women whose husbands have no education as compared to those whose husbands have some education indicated their husbands were not vasectomized because they believed the operation caused weakness and they would be unable to work.

Contrary to expectation a small group of spacers also gave laparoscopy and vasectomy as methods not used because of their most important reason for not practicing family planning. These results suggest that first, among those spacers who gave as their reason for non-use a desire for more children, there is a lack of awareness that births can be delayed or spaced by temporary methods of contraception. And second, that among those spacers who gave other reasons for non-use of laparoscopy and vasectomy there is a lack of awareness that these methods are indeed permanent methods of contraception.

IMPLICATIONS FOR THE FAMILY PLANNING PROGRAM

Several implications for family planning program efforts in Nepal can be derived from the above findings. First, the range of method-specific reasons for non-use identified through the closed-ended questions, and the distributions of the most important method-specific reasons obtained through the open-ended question provide the family planning program with information on reasons for non-use that can be targeted for IEC campaigns and utilized in the training curriculum for the health workers. The following table provides a summary of these reasons for selected contraceptive methods:

<u>Reasons for Non-Use</u>	<u>Pills</u>		<u>Laparoscopy</u>	<u>Vasectomy</u>
	<u>Spacer</u>	<u>Limiters</u>	<u>Limiters</u>	<u>Limiters</u>
Causes Headache, Weakness, Nausea	*	*		
Causes Weight Loss	*	*	*	
Causes Heavy Bleeding	*	*	*	
Insufficient Money for Nutritious Foods	*		*	
Causes Weakness and Cannot Work			*	*
Currently in Poor Health	*		*	
Husband Disapproves	*		*	
Affects Breastfeeding and Dries Breastmilk	*			

The challenge which remains for the family planning program is to develop an IEC strategy which would effectively address

these reasons for non-use and reduce the KAP-GAP by persuading substantial proportions of the unmet demand population to practice contraception. The apparent method-specific nature of the reasons for non-use strongly suggests that a method-specific IEC strategy to reduce the KAP-GAP would be the preferred approach for the family planning program to follow.

An additional challenge for the program will be to effectively integrate the information on method-specific reasons into the training curriculum of the health workers. The objective of this training would be to familiarize health workers with potential reasons for non-use and the explanations which they could utilize to respond to these reasons from both prospective and current contraceptive acceptors. This should contribute to the workers effectiveness in alleviating fears and concerns regarding selected methods of contraception during both their motivational and follow-up activities.

Second, two of the reasons identified for non-use suggest that the conduct of family planning programs in areas where nutrition and/or supplemental feeding programs are operating could contribute to an increase in contraceptive use. These reasons, "insufficient money for nutritious foods" and "causes weakness and cannot work", each refer to costs incurred for food, the former directly and the latter indirectly. From the latter reason it could be inferred that the inability to work results in lost wages, one impact of which is to reduce the money available to purchase foods. Therefore, if appropriate foods were provided

through selected programs a constraint to the practice of contraception may be removed.

Although this conclusion is necessarily hypothetical further investigations should be conducted to assess if family planning programs conducted in areas concurrently with food programs (e.g., CARE feeding programs) result in higher levels of contraceptive prevalence than areas where there are no food programs. This also suggests the testing of the impact upon contraceptive use of a programmatic intervention characterized by the integration of family planning with supplemental feeding programs. It is obvious that if a test of this intervention found a positive impact upon contraceptive use, then the effectiveness of the family planning program would be enhanced through program policies advocating integration with food programs.

Third, health reasons were clearly the most important reasons given by the unmet demand population for non-use of contraception. Unexpectedly, family planning program reasons, e.g., problems with availability of and accessibility to methods, and problems resulting from improper treatment of family planning clients by clinic staff or field workers, were relatively unimportant.

An explanation for the apparent unimportance of these family planning program reasons is that the majority of the unmet demand population has not attempted to obtain contraception and also has not been contacted by service providers. Therefore, they have not

been confronted with the problems of availability of and accessibility to methods and improper treatment by program staff. This explanation is supported by the survey data which found that less than one-tenth of the rural and less than one-third of the urban unmet demand population had ever-used a modern method of contraception. Furthermore, only 15% of the rural and 18% of the urban unmet demand population had ever been visited by a family planning worker; and only 4% and 16% of the urban and rural unmet demand populations, respectively, had ever visited a clinic, health post or hospital for family planning services.

As increasing numbers of the unmet demand population attempt to acquire contraceptives, problems of availability and accessibility will no doubt arise ^{8/}. Similarly, as contacts between prospective clients and family planning clinic and field staff increase, problems associated with how clients are treated by staff may also emerge as important ^{9/}. However, the results from this study indicated there are a whole host of other reasons, primarily related to health, which are much more important in accounting for why the unmet demand population is not practicing contraception. Until these problems can be solved it is highly unlikely that any major increase in contraceptive use will occur.

The solution to these problems requires a superior IEC program effort complemented by service providers (both clinic and fieldworkers) who are effective in their motivational and follow-up activities. This would include increased contacts between the service providers and clients which necessarily increases the

availability of and accessibility to contraception for the clients. That is, for contraceptive methods to become more available and accessible increased contacts with clients are required. This allows the family planning workers the opportunity to conduct their motivational activities aimed at alleviating health concerns regarding contraception. Therefore, the solution to the problems reflected by health reasons for non-use is interrelated with the solution to more contact with family planning workers and to the problems of availability and accessibility.

Finally, the survey results indicated that the unmet demand population, which comprises 32% of currently married fecund women of reproductive age, was divided almost equally between spacers and limiters. If contraceptive use is to be increased the family planning program will have to be responsive to the contraceptive needs of each of these groups. This obviously means that the family planning program would have to balance its emphasis on and its provision of both temporary and permanent methods of contraception. The current contraceptive mix in Nepal, i.e., sterilization accounts for 86% of current users, would indicate that this balance has not been achieved. This is not meant to imply that the program should not be active in attempting to increase the number of limiters from spacers. What is being suggested however, is that the existing unmet demand needs to be met with an appropriate balance of permanent and temporary methods if contraceptive use is to increase in the country.

FOOTNOTES

- 1/ Richard M. Cornelius, "Toward An Understanding of the KAP GAP", paper presented at the Population Association of America Meeting, San Francisco, April, 1986, pg. 7
- 2/ Charles Westoff And Pebley, "Alternative Measure for Unmet Need for Family Planning in Developing Countries", International Family Planning Perspective, Vol. 7, No. 4, pp. 126-135
- 3/ Leo Morris, G. Lewis, D. Powell, J. Anderson, A. Way, J. Cushing and G. Lawless, Contraceptive Prevalence Surveys: A New Source of Family Planning Data, Population Reports, Series M, No. 5 (May-June) Population Information Program, the Johns Hopkins University.
- 4/ His Majesty's Government of Nepal (HMG) Ministry of Health, Family Planning and MCH Project, Planning, Research and Evaluation Section, Nepal Fertility and Family Planning Survey Report, 1986, pg. 93
- 5/ Ibid., pg. 117
- 6/ Ministry of Health, Family Planning and MCH Project and Westinghouse Health Systems, Nepal Contraceptive Prevalence Survey Report 1981, Kathmandu, Nepal, 1983, pg. 124

- 7/ HMG, Ministry of Health, op. cit. pg. 124
- 8/ J. M. Tuladhar, "Effect of Family Planning Availability and Accessibility on Contraceptive Use in Nepal", Studies in Family Planning, Vol. 18, No. 1 (Jan/Feb) 1987, pg. 49-53
- 9/ S.R. Schuler, et. al. "Barriers to Effective Family Planning in Nepal", Studies in Family Planning, Vol. 16, No. 5 (Sept./Oct.), 1985, pp. 260-270

Reasons for Non-Use of Contraceptives Identified by Focus Groups

S. No'	A. Physiological or Health Reasons for Non-Use	FP Method to Which Reason Refers	Spacers (N = 53)	Limiters (N = 51)	Total (N = 104)
* 1.	Headache/Nausea	Pills, Depoprovera	19	36	55
* 2.	Causes weakness	Depo, Steri, Pills	21	33	54
3.	Irregularity and pain during menstruation	Depo, Pills	4	7	11
4.	Menstruation not returned since last birth		10	15	25
5.	Body pain/back pain	All (except - loop, condom)	8	23	31
6.	Post-partum abstinence		0	7	7
7.	Withdrawal followed (used)		1	8	9
* 8.	Loss of weight	Depo, Steri, Pills	7	19	26
9.	Weight gain	Pills	1	4	5
* 10.	Due to poor health (contraindication)	Pills	7	13	20
11.	Loss of appetite	Pills, Depoprovera	2	9	11
* 12.	Bleeding	Depo, Pills, Loop	11	14	25
13.	Difficulty to use (uneasy feeling)	Loop	2	5	7
* 14.	Spouse away		0	4	4
* 15.	Breast feeding		4	10	14
16.	Chance of loop, condom getting inside	Loop, Condom	5	1	6
* 17.	Reduce breast milk	Pills, Depoprovera	6	9	15
18.	Causes vomiting	Pills, Depoprovera	1	8	9
19.	No time to take rest	Sterilization	2	11	13
20.	Burning sensation (body)	Pills, Loop	4	0	4

* Most frequently given reasons that were selected and incorporated into the in-depth questionnaire as specific closed-ended questions.

S. No. 1	B. Socio-Cultural Reasons for Non-Use		Spacers	Limiters	Total
1.	Desire for more children	All	37	0	37
* 2.	Husband disapproves (distasteful)	Condom	15	21	36
3.	Shame (embarrassing to buy)	Condom, Pills	6	9	15
4.	Use leads to death of youngest breast feeding child	All	7	2	9
* 5.	Society does not approve	All	7	2	9
* 6.	Poor economic condition inhibits nutritious food and follow up treatment if necessary	All	36	18	54
7.	No consensus between husband and wife	All methods except Condom	6	9	15
8.	Difficult to keep secret (privacy)	Condom	-	8	8
9.	High Price	Pills	4	-	4
10.	Sound economic condition and can afford many children	All	3	-	3
* 11.	Religion forbids	Sterilization	25	5	30
12.	Distasteful/disposal problem	Condom	-	7	7

S. No.	C. Programmatic Reasons for Non-Use		Spacers	Limiters	Total
* 1.	Lack of knowledge/unaware of method of use	All	2	22	24
* 2.	Don't know where to obtain	Depo, Loop, Kamal, Condom	-	6	6
* 3.	Not reliable	Depo, Loop, Steri, Pills	23	28	51
* 4.	Service not available through family planning worker		22	5	27
* 5.	Not available (to buy)	All	10	1	11
6.	Various sources or some sources at different times suggest different methods which leads to confusion		-	5	5
* 7.	Due to bad behaviour of nurse in hospital.	Depo, Loop, Steri	2	2	4
* 8.	Not at the right time (mobile camps)	Sterilization	1	7	8

APPENDIX II : SURVEY QUESTIONNAIRE

NEPAL IN-DEPTH SURVEY
DHS/NEW ERA
HOUSEHOLD QUESTIONNAIRE

PLEASE CONFIRM THAT YOU HAVE COME TO THE CORRECT (SAMPLED) HOUSE AND NOTE DOWN THE NAME OF THE HOUSEHOLD HEAD ACCORDING TO SAMPLE LIST.

1.1 Name of Household Head (Original) _____

IF THE HOUSEHOLD HEADSHIP HAS CHANGED DUE TO DEATH OR OTHER REASON(S), WRITE THE ORIGINAL NAME ABOVE AND THE NEW HOUSEHOLD HEAD'S NAME BELOW.

1.2 Name of New Household Head _____

IDENTIFICATION*

DISTRICT _____
PANCHAYAT _____
WARD NUMBER _____ VILLAGE _____
SAMPLE POINT NUMBER _____ HOUSEHOLD NUMBER _____

INTERVIEWER VISITS

		1	2	3
DATE		_____	_____	_____
INTERVIEWERS'S NAME		_____	_____	_____
RESULT*		_____	_____	_____
NEXT VISIT	DATE TIME	_____	_____	_____

* RESULT CODES: 1. COMPLETED
2. NOT ADULT AT HOME
3. POSTPONED
4. REFUSED
5. DWELLING VACANT
6. ADDRESS NOT A DWELLING
7. ADDRESS NOT FOUND
8. OTHERS (SPECIFY) _____

	FIELD EDITED BY	CHECKED BY SUPERVISOR	OFFICE EDITED BY
NAME	_____	_____	_____
DATE	_____	_____	_____

2.1 Could you please tell me the names of all married women who slept last night in this house and their ages and marital status ?

EXCLUDE THOSE WOMEN WHO DID NOT SLEEP IN THIS HOUSE LAST NIGHT.

S.No.	Woman's Name	(Age in Completed Years)	MARITAL STATUS		ELIGIBILITY Circle No. for All Women Currently Married and Between 15-49 Years
			Now Married	Separated Widowed/ Divorced	
1.		[[[]	1	2	1
2.		[[[]	1	2	2
3.		[[[]	1	2	3
4.		[[[]	1	2	4
5.		[[[]	1	2	5
6.		[[[]	1	2	6
7.		[[[]	1	2	7
8.		[[[]	1	2	8

NEPAL IN-DEPTH SURVEY
DHS/NEW ERA
SCREENING QUESTIONNAIRE
CURRENTLY MARRIED WOMEN AGED 15 TO 49 YEARS

IDENTIFICATION			
District _____	Panchayat _____	[]	[]
Ward No. _____	Sample Point Number _____	[] [] []	
Household No. _____	Woman's Line No. _____	[] []	[]

	INTERVIEWER VISITS			
	1	2	3	
Date	_____	_____	_____	[] []
Interviewer's Name	_____	_____	_____	[] []
Result*	_____	_____	_____	[] []
Interview Duration (in minutes)	_____	_____	_____	[] [] []
Next Vist	DATE TIME	_____	_____	[]
<p>* RESULT CODES:</p> <p>1. Completed Screening only</p> <p>2. Completed Screening and In-Depth</p> <p>3. No Adult at Home</p> <p>4. Postponed</p> <p>5. Refused</p> <p>6. Dwelling Vacant</p> <p>7. Address not a Dwelling</p> <p>8. Address not Found</p> <p>9. Other (Specify) _____</p>				

	Field Edited By	CHECKED BY SUPERVISOR		Office Edited By
		Spot Check	Final Check	
Name Date	_____	_____	_____	_____
	_____	_____	_____	_____

1.0 Could you please tell me the year and month that you were born ?

Year [] [] []

Month [] [] []

88. Only Year/Don't Know



1.1 How old were you at your last Birthday ?

Age in Completed Years [] [] []

(IF THE RESPONDENT'S AGE IS BELOW 15 YEARS OR ABOVE 49 YEARS TERMINATE INTERVIEW)

2.0 Are you currently pregnant ?

1. Yes

2. No

8. Don't Know

↓
(TERMINATE INTERVIEW)

3.0 There are various ways or methods that a couple can use to delay or avoid a pregnancy. Which of these ways or methods have you heard of or know about ?

(PUT A CIRCLE MARK UNDER SPONTANEOUS COLUMN IN TABLE 1 FOR EACH METHOD MENTIONED SPONTANEOUSLY AND ASK QUESTION 4 i.e. WHETHER SHE HAS EVER USED THE METHOD).

3.1 (CHECK TO SEE IF ALL ITEMS LISTED IN 1 TO 10 HAVE BEEN MENTIONED. IF ONE OR MORE ITEMS HAVE NOT BEEN MENTIONED, THEN ASK 1 TO 10 IN TURN, SKIPPING THOSE METHODS ALREADY CIRCLED UNDER SPONTANEOUS COLUMN. BEGIN BY ASKING)

There are some other methods which you have not mentioned and I would like to find out if you might have heard of them.

(IF THE RESPONDENT HAS HEARD THE SPECIFIC METHOD, THEN PUT A CIRCLE MARK UNDER 'PROBED' COLUMN, OTHERWISE PUT A CIRCLE MARK UNDER 'NO' COLUMN. FOR EVERY ITEM FROM 1 TO 10 THERE SHOULD BE A CIRCLE MARK IN ONE OF THE THREE COLUMNS).

4.0 Have you ever used _____ (mention name of method) ?

(IF SHE SAYS 'YES' CIRCLE CODE '1' UNDER EVER USE COLUMN IN TABLE 1. IF SHE OR HER HUSBAND HAS BEEN STERILIZED, DO NOT ASK QUESTIONS 6 AND 6.1. BUT PUT CIRCLES IN THE APPROPRIATE CODES AND THEN TERMINATE INTERVIEW).

Table 1 :

Family Planning Methods	KNOWLEDGE			5.3 EVER-USE	
	5.1 Sponta- neous	5.2 Probed	No	Yes	No
	1. <u>PILL</u> : Women can take a pill everyday.	1	2	3	1
2. <u>IUD</u> : Women can have a loop or coil placed inside them by a doctor or nurse.	1	2	3	1	2
3. <u>INJECTIONS</u> : Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	3	1	2
4. <u>CONDOM</u> : Men can use a rubber sheath during sexual intercourse.	1	2	3	1	2
5. <u>FEMALE STERILIZATION</u> : Women can have an operation to avoid having anymore children.	1	2	3	1	2
6. <u>MALE STERILIZATION</u> : Men can have an operation to avoid having any more children.	1	2	3	1	2
7. <u>VAGINAL TABLETS</u> : Women can insert a foaming tablet inside them before intercourse.	1	2	3	1	2
8. <u>PERIODIC ABSTINENCE</u> : Couples can avoid having sexual intercourse on particular days of the month when the woman is likely to become pregnant.	1	2	3	1	2
9. <u>WITHDRAWAL</u> : Men can be careful and pull out before climax.	1	2	3	1	2
10. <u>ANY OTHER METHODS</u> : Have you heard of any other ways or methods including traditional ones that women or men can use to avoid pregnancy ? _____ (Specify)	1	2	3	1	2

5. (CHECK TO SEE IF THERE IS A TICK MARK UNDER THE 'SPONTANEOUS' OR 'PROBED' COLUMN FOR ANY ONE OF THE ITEMS IN 1 TO 10. IF THERE IS AT LEAST ONE TICK MARK CONSIDER HER AS HAVING HEARD ABOUT FAMILY PLANNING).

1. Heard about family planning 2. Not heard about family planning

↓
(Terminate Interview)

6. Are you or your spouse currently using any family planning method ?

1. Yes



2. No

↓
(Skip to Question 7)

6.1 What method are you or your spouse currently using ?

- 01. Pill
- 02. IUD (Loop)
- 03. Injection (Depo-provera)
- 04. Condoms
- 05. Female sterilization
- 06. Male sterilization
- 07. Vaginal tablets
- 08. Periodic abstinence/calendar
- 09. Withdrawal
- 10. Others (specify) _____

(IF SHE OR HER HUSBAND IS USING ANY OF THE METHODS BETWEEN '01' AND '07' TERMINATE INTERVIEW)

7. As far as you know, is it Physically Possible For you and your Husband to have a child in case you wanted one ?

1. Yes

2. No

8. Don't Know

↓
(TERMINATE INTERVIEW)

8. Would you like to have more children or would you prefer not to have any more children ?

1. Have Another

(Go To 8.2)

2. No More

(CLASSIFY AS LIMITER
IN 9 AND FOLLOW
SUBSEQUENT INSTRUCTION)

8. Undecided/Don't Know



8.1 Are you more inclined towards having another child or towards not having another child ?

1. Have Another

(Go to 8.2)

2. No More

(CLASSIFY AS
LIMITER IN 9
AND FOLLOW
SUBSEQUENT
INSTRUCTION)

3. Undecided/Don't know

(TERMINATE
INTERVIEW)

8.2 How many additional children would you like to have ?

Children

8.3 Would you like to have the next child as soon as possible or would you prefer to wait until sometime in the future ?

1. As soon as Possible



2. Wait Until Sometime in the future



3. Don't Know/Others

(CLASSIFY AS SPACER
IN Q. 9 AND FOLLOW
SUBSEQUENT
INSTRUCTION)

8.3.1 For the next child, how long would you like to wait before becoming pregnant ?

1. One Month or Less

(TERMINATE INTERVIEW)

2. More than One Month

(CLASSIFY AS 'SPACER' IN
Q. 9 AND FOLLOW INSTRUCTION)

9. 1. Spacer

2. Limiter

(GO TO IN-DEPTH QUESTIONNAIRE)

1. Limiter - 15. You have said that you don't want to have any more children and you and your husband are not currently using any contraceptives to prevent pregnancy. Could you please tell me the reason(s) why you and your husband are not practicing some modern method of contraception.

3. Spacer - 16. You have said that you want more children sometime in the future but not immediately and you and your husband are not currently using any modern contraceptives to prevent pregnancy. Could you please tell me the reason(s) why you and your husband are not practicing any method of contraception.

(RECORD THE REASON(S) IN THE RESPONDENT'S OWN WORDS AND ASK QUESTIONS NO. 17 AND 18).

Reasons	17. If no method given in reason, repeat reason and ask, which contraceptive method (s) does this reason prevent you or your husband from using ?	18. Does this reason come from your own experience or your friends/neighbours/relatives experiences or did you hear about it from another source ?
	1. Pill 2. IUD 3. Depo. 4. Condom 5. Female sterilization 6. Male sterilization 7. Other (specify) _____ 8. Not related to any method	1. Own experience 2. Friends/'relatives' experience 3. Other (specify) _____ _____
	1. Pill 2. IUD 3. Depo. 4. Condom 5. Female sterilization 6. Male sterilization 7. Other (specify) _____ 8. Not related to any method	1. Own experience 2. Friends/'relatives' neighbours experience 3. Other source (specify) _____ _____
	1. Pill 2. IUD 3. Depo. 4. Condom 5. Female sterilization 6. Male sterilization 7. Other (specify) _____ 8. Not related to any method	1. Own experience 2. Friends/'relatives' neighbours experience 3. Other source (specify) _____ _____
	1. Pill 2. IUD 3. Depo. 4. Condom 5. Female sterilization 6. Male sterilization 7. Other (specify) 8. Not related to any method	1. Own experience 2. Friends/'relatives' neighbours experience 3. Other source (specify) _____ _____

Reasons	17. If no method given in reason, repeat reason and ask, which contraceptive method (s) does this reason prevent you or your husband from using ?	18. Does this reason come from your own experience or your friends/ neighbours/relatives experiences or did you hear about it from another source ?
	1. Pill 2. IUD 3. Depo. 4. Condom 5. Female sterilization 6. Male sterilization 7. Other (specify) _____ 8. Not related to any method	1. Own experience 2. Friends/'relatives' experience 3. Other (specify) _____ _____
	1. Pill 2. IUD 3. Depo. 4. Condom 5. Female sterilization 6. Male sterilization 7. Other (specify) _____ 8. Not related to any method	1. Own experience 2. Friends/'relatives' neighbours experience 3. Other source (specify) _____ _____
	1. Pill 2. IUD 3. Depo. 4. Condom 5. Female sterilization 6. Male sterilization 7. Other (specify) _____ 8. Not related to any method	1. Own experience 2. Friends/'relatives' neighbours experience 3. Other source (specify) _____ _____
	1. Pill 2. IUD 3. Depo. 4. Condom 5. Female sterilization 6. Male sterilization 7. Other (specify) 8. Not related to any method	1. Own experience 2. Friends/'relatives' neighbours experience 3. Other source (specify) _____ _____

19. Of all the reasons you have mentioned which ones would you say are the most important ?

(PLACE A TICK MARK IN THE BOX NEXT TO THE REASON (S)).

20. You have told me your reasons for not practicing family planning. Now, just to make more that we have all the reasons from you, I will read the reasons given by other women. Please let me know if these reasons are also preventing you or your husband from using contraceptive method(s).

(IF ANY OF THE FOLLOWING REASONS HAVE ALREADY BEEN STATED EARLIER IN QUESTION NO. 15 AND 16 DO NOT REPEAT THE QUESTION. JUST CIRCLE (O) THE APPROPRIATE CODES).

21. Are you not using family planning methods because you are breastfeeding your child ?

1. Yes

2. No

22. Are you not using family planning methods because of poor health ?

1. Yes

2. No (Skip to Q. No. 23)

↓

22.1 Because of this reason, which family planning method(s) were you not able to adopt ?	
1. Pills	6. Male sterilization
2. IUD	7. Other (specify) _____
3. DEPO.	_____
4. Condom	8. All methods of family planning
5. Female sterilization	

23. Are you not using family planning methods because they cause heavy bleeding ?

1. Yes

2. No (Skip to Q. No. 24)

↓

23.1 Because of this reason, which family planning method(s) were you not able to adopt ?	
1. Pills	6. Male sterilization
2. IUD	7. Other (specify) _____
3. DEPO	_____
4. Condom	8. All methods of family planning
5. Female sterilization	
23.2 Is this your own/friend's/relative's experience or did you hear about it from somebody else ?	
1. Own experience	
2. Friend's/relative's experience	
3. Other (specify) _____	

24. Are you not using family planning methods because they cause headache, weakness, and nausea ?

1. Yes

2. No (Skip to Q. No. 25)



24.1 Because of this reason, which family planning method were you not able to adopt ?

- | | |
|-------------------------|-----------------------------------|
| 1. Pills | 6. Male sterilization |
| 2. IUD | 7. Other (specify) _____ |
| 3. DEPO. | _____ |
| 4. Condom | |
| 5. Female sterilization | 8. All methods of family planning |

24.2 Is this your own/friend's/relative's experience or did you hear about it from somebody else ?

1. Own experience
2. Friend's/relative's experience
3. Other (specify) _____

25. Are you not using family planning methods because they cause weight loss ?

1. Yes

2. No (Skip to Q. No. 26)



25.1 Because of this reason, which family planning method(s) were you not able to adopt ?

- | | |
|-------------------------|-----------------------------------|
| 1. Pills | 6. Male sterilization |
| 2. IUD | 7. Other (specify) _____ |
| 3. DEPO. | _____ |
| 4. Condom | |
| 5. Female sterilization | 8. All methods of family planning |

25.2 Is this your own/friend's/relative's experience or did you hear about it from somebody else ?

1. Own experience
2. Friend's/relative's experience
3. Other (specify) _____

26. Are you not using family planning methods because they will reduce your husband's sexual potency ?

1. Yes

2. No (Skip to Q. No. 27)

↓

26.1 Because of this reason, which family planning method were you not able to adopt ?

1. Pills	6. Male sterilization
2. IUD	7. Other (specify) _____
3. DEPO.	_____
4. Condom	8. All methods of family planning
5. Female sterilization	

26.2 Is this your own/friend's/relative's experience or did you hear about it from somebody else ?

1. Own experience
2. Friend's/relative's experience
3. Other (specify) _____

27. Are you not using family planning methods because extra money will have to be spent on nutritious food ?

1. Yes

2. No (Skip to Q. No. 28)

↓

27.1 Because of this reason, which family planning method(s) were you not able to adopt ?

1. Pills	6. Male sterilization
2. IUD	7. Other (specify) _____
3. DEPO.	_____
4. Condom	8. All methods of family planning
5. Female sterilization	

27.2 Is this your own/friend's/relative's experience or did you hear about it from somebody else ?

1. Own experience
2. Friend's/relative's experience
3. Other (specify) _____

28. Are you not using family planning methods because they are not reliable ?

1. Yes

2. No (Skip to Q. No. 29)

28.1 Because of this reason, which family planning method(s) were you not able to adopt ?

1. Pills	6. Male sterilization
2. IUD	7. Other (specify) _____
3. DEPO.	_____
4. Condom	8. All methods of family planning
5. Female sterilization	

28.2 Is this your own/friend's/relative's experience or did you hear about it from somebody else ?

1. Own experience
2. Friend's/relative's experience
3. Other (specify) _____

29. Are you not using family planning methods because your husband will be unable to perform religious functions ?

1. Yes

2. No (Skip to Q. No. 30)

29.1 Because of this reason, which family planning method(s) were you not able to adopt ?

1. Pills	7. Other (specify) _____
2. IUD	_____
3. DEPO.	8. All methods of family planning
4. Condom	9. Not related to any family planning methods.
5. Female sterilization	
6. Male sterilization	

30. Are you not using family planning methods because community disapproves ?

1. Yes

2. No (Skip to Q. No. 31)

3. Nobody talks about family planning

30.1 Because of this reason, which family planning method(s) were you not able to adopt ?

1. Pills	6. Male sterilization
2. IUD	7. Other (specify) _____
3. DEPO.	_____
4. Condom	8. All methods of family planning
5. Female sterilization	9. Not related to any family planning methods.

31. Are you not using family planning method because religion disapproves?

1. Yes

2. No (Skip to Q. No. 32)



31.1 Because of this reason, which family planning method(s) were you not able to adopt ?

1. Pills

2. IUD

3. DEPRO.

4. Condom

5. Female sterilization

6. Male sterilization

7. Other (specify) _____

8. All methods of family planning

32. Are you not using family planning methods because your husband is away from home ?

1. Yes

2. No

33. Are you not using family planning method because your husband disapproves ?

1. Yes

2. No (Skip to Q. No. 34) 3. Never discuss with husband



33.1 Because of this reason, which family planning method(s) were you not able to adopt ?

1. Pills

2. IUD

3. DEPO.

4. Condom

5. Female sterilization

6. Male sterilization

7. Other (specify) _____

8. All methods of family planning

9. Not related to any family planning methods.

34. Are you not using family planning method because family members other than husband disapprove ?

1. Yes

2. No (Skip to Q. No. 35)



34.1 Because of this reason which family planning method(s) were you not able to adopt ?

1. Pills

2. IUD

3. DEPO.

4. Condom

5. Female sterilization

6. Male sterilization

7. Other (specify) _____

8. All methods of family planning

9. Not related to any family planning methods.

35. Are you not using family planning methods because you don't know how to use them ?

1. Yes

2. No (Skip to Q. No. 36)



35.1 Because of this reason, which family planning method(s) were you not able to adopt ?	
1. Pills	6. Male sterilization
2. IUD	7. Other (specify) _____
3. DEPO.	_____
4. Condom	8. All methods of family planning
5. Female sterilization	9. Not related to any family planning methods.

36. Are you not using family planning methods because you don't know where to get it ?

1. Yes

2. No (Skip to Q. No. 37)



36.1 Because of this reason, which family planning method(s) were you not able to adopt ?	
1. Pills	6. Male sterilization
2. IUD	7. Other (specify) _____
3. DEPO	_____
4. Condom	8. All methods of family planning
5. Female sterilization	

37. Are you not using family planning methods because you are not aware that it can be used for spacing the time between two children ?

1. Yes

2. No (Skip to Q. No. 38)



37.1 Because of this reason, which family planning method(s) were you not able to adopt ?	
1. Pills	6. Male sterilization
2. IUD	7. Other (specify) _____
3. DEPO	_____
4. Condom	8. All methods of family planning
5. Female sterilization	9. Not related to any family planning methods.

38. Are you not using family planning methods because you don't like the person who distributes contraceptives ?

1. Yes

2. No (Skip to Q. No. 39)

↓

38.1 Why don't you like that person ?

39. Are you not using family planning methods because contraceptives are not available ?

1. Yes

2. No

3. Don't know the place to get contraceptives

↓ (Skip to Q. No. 40) ↓ (Skip to Q. No. 40)

↓

39.1 Where did you try to obtain contraceptives ?

1. Family planning worker
2. Clinic/Healthpost
3. Hospital
4. Other (specify) _____
5. All of the above

39.2 Because of this reason which family planning methods were you not able to adopt ?

1. Pills	6. Male sterilization
2. IUD	7. Other (specify) _____
3. DEPO	_____
4. Condom	
5. Female sterilization	8. All methods of family planning

40. Are you not using family planning methods because waiting period is too long to obtain contraceptives ?

1. Yes

2. No (Skip to Q.No.41)



40.1 Where did you try to obtain contraceptives ?

1. Family planning worker
2. Clinic/Healthpost
3. Hospital
4. Other (specify) _____
5. All of the above

40.2 Because of this reason which family planning method(s) were you not able to adopt ?

- | | |
|-------------------------|-----------------------------------|
| 1. Pills | 6. Male sterilization |
| 2. IUD | 7. Other (specify) _____ |
| 3. DEPO. | _____ |
| 4. Condom | |
| 5. Female sterilization | 8. All methods of family planning |

41. Are you not using family planning methods because the source of supply of contraceptives is too far away ?

1. Yes

2. No (Skip to Q. No. 42)



41.1 Where did you try to obtain contraceptives ?

1. Family planning worker
2. Clinic/Healthpost
3. Hospital
4. Other (specify) _____
5. All of the above

41.2 Because of this reason which family planning methods were you not able to adopt ?

- | | |
|-------------------------|-----------------------------------|
| 1. Pills | 6. Male sterilization |
| 2. IUD | 7. Other (specify) _____ |
| 3. DEPO | _____ |
| 4. Condom | |
| 5. Female sterilization | 8. All methods of family planning |

44. Have you ever been visited by a family planning worker at your home ?

1. Yes

2. No (Go to Q.No.45)



44.1 Please describe your experience relating to the visit of the family planning worker. For example, his/her behaviour towards you and politeness.

44.2 Did the staff provide you with any helpful information or services ?

1. Yes

2. No

45. (INSTRUCTION ; FOR THOSE WHO ANSWERED 'YES' IN EITHER QUESTION NO 43, 43.1 or 44 ASK QUESTION NUMBER 45, OTHERWISE SKIP TO QUESTION NO. 46)

Is family planning worker's behaviour one of the reasons that you are not using family planning method ?

1. Yes

2. No

46. Would you like to visit the family planning workers in their office or would you prefer them to visit you ?

1. I want to visit them

2. I want them to visit me



46.1 Would you like to visit them even if the clinic or hospital is a far away ?

1. Yes

2. No

47. (INSTRUCTION : IF IT IS MARKED 'YES' IN EITHER QUESTION NO.43, 43.1 OR 44 CIRCLE NO. '1' BELOW, OTHERWISE CIRCLE NO.'2')

1. Has either been to hospital/ health post/clinic or met the family planning worker at home.

2. Has not been to hospital/ health post/clinic or has not met the family planning worker at home.

(Skip to Q.No. 51)

47.1 We have heard from other women about both satisfactory and unsatisfactory experiences with family planning staffs. Now, I will read the unsatisfactory experiences and please let me know if you have ever had the same kind of experience.

47.2 Women have said they were not able to obtain the contraceptive they wanted from family planning staffs.

1. Yes

2. No (Skip to Q. No. 48)

47.2.1 Which contraceptives were you not able to obtain ?

1. Pills
2. IUD
3. DEPO
4. Condom
5. Female sterilization
6. Other (Specify) _____

47.2.2 Was it during your visit to the hospital/clinic/health post or their visit to your home that you were not able to obtain family planning services ?

1. During the home visit by the family planning worker.
2. Clinic/health post
3. Hospital
4. Other (specify) _____

48. Women have said that family planning staff do not tell them about the variety of contraceptives available, but only talk about certain methods.

Have you ever had that experience ?

1. Yes

2. No (Skip to Q. No. 49)

↓

48.1 What methods did the worker talk about ?

1. Pills	6. Male sterilization
2. IUD	7. Others (Specify) _____
3. DEPO	_____
4. Condom	
5. Female sterilization	

48.2 Where did the above conversation take place ?

1. During the home visit by the family planning worker.
2. Clinic/health post
3. Hospital
4. Other (specify) _____

49. Women have said that they tried to talk about problems of side effects from contraceptive and sterilization with family planning staffs, but they have not been helpful. Have you ever had this experience ?

1. Yes

2. No (Skip to Q.No.50)

↓

49.1 Which contraceptive's/sterilizations side effect did you try to discuss ?

1. Pills	5. Female sterilization
2. IUD	6. Male sterilization
3. DEPO (Injection)	7. Other (Specify) _____
4. Condom	_____

49.2 Was it at the clinic/hospital or at your home that you tried to discuss the side effects of family planning methods ?

1. During the home visit by the family planning worker
2. Clinic
3. Hospital
4. Other (Specify) _____

50. Women have said that family planning workers do not visit them to see how they are doing after using family planning method(s). Have you ever had this experience ?

1. Yes

2. No (Skip to Q.No. 51)



50.1 Which family planning method were you using when you had this experience ?

1. Pills

2. IUD

3. DEPO (Injection)

4. Condom

5. Female sterilization

6. Male sterilization

7. Other (Specify) _____

51. INTERVIEWER : PLEASE CIRCLE THE PEOPLE PRESENT DURING SCREENING AND IN-DEPTH INTERVIEWING SESSION.

People Present

1. Husband	1
2. Mother-in-law	1
3. Father-in-law	1
4. Other adult relatives	1
5. Other females	1
6. Other males	1
7. Children	1

APPENDIX III : LIST OF RESEARCH TEAM MEMBERS

CENTRAL TEAM

1.	Mr. Ashoke Shrestha	Project Director
2.	Dr. John Stoeckel	Technical Monitor
3.	Dr. Jayanti M. Tuladhar	Project Consultant
4.	Mr. Madhup Dhungana	Project Associate
5.	Mr. David Leon	Computer Programmer
6.	Mr. Rajendra Lal Singh	Computer Operator
7.	Ms. Sharmila Shrestha	Computer Operator
8.	Ms. Sarita Baidya	Logistic/Administrative Assistant

FOCUS GROUP

1.	Mr. Shibesh C. Regmi	Research Officer
2.	Ms. Sarita Baidya	Moderator/Recorder
3.	Ms. Tara Bantawa	,, ,,
4.	Ms. Pabitra Chamling	,, ,,
5.	Ms. Bina Gurung	,, ,,
6.	Ms. Roseleen K.C.	,, ,,
7.	Ms. Bela Shrestha	,, ,,
8.	Ms. Sharmila Shrestha	,, ,,
9.	Ms. Sheela Shrestha	,, ,,
10.	Ms. Ratna Kamal Tuladhar	,, ,,

SURVEY

1.	Mr. Bharat Ban	Research Officer(Sampling)
2.	Mr. Ganesh Gurung	,, ,, (Training)
3.	Mr. Jagat B. Basnet	Field Supervisor
4.	Ms. Sarita Baidya	,, ,,
5.	Mr. Sudhir V. Gurung	,, ,,

6.	Mr. Dal Bahadur G.C.	Field Supervisor
7.	Ms. Ratna Devi Kansakar	'' ''
8.	Mr. Min Bahadur K.C.	'' ''
9.	Mr. Sita Ram Neupane	'' ''
10.	Mr. Luk Bahadur Rana	'' ''
11.	Mr. Chola Kant Sharma	'' ''
12.	Mr. Muneshor Shrestha	'' ''
13.	Mr. Bal Ram Amatya	Data Editor
14.	Mr. Harihar Adhikari	'' ''
15.	Mr. Rabin Baidya	'' ''
16.	Mr. Saran Gurung	'' ''
17.	Mr. Durga Kafle	'' ''
18.	Mr. Dadhi Ram Paudel	'' ''
19.	Mr. Prem Bahadur Thapa	'' ''
20.	Mr. Ram Chandra Tiwari	'' ''
21.	Mr. Sidhi Tumbhahamphe	'' ''
22.	Mr. Bhim Prashad Upreti	'' ''
23.	Ms. Krishna Amatya	Interviewer
24.	Ms. Tara Bantawa	''
25.	Ms. Lucky Neeru Chetri	''
26.	Ms. Rajeshori Chitrakar	''
27.	Ms. Bimala Gurung	''
28.	Ms. Radha Gurung	''
29.	Ms. Roseleen K.C.	''
30.	Ms. Chandika Kayastha	''
31.	Ms. Usha Kafle	''
32.	Ms. Pushpa Mishra	''
33.	Ms. Sharda Pandye	''
34.	Ms. Bina Pokharel	''
35.	Ms. Apsara Pokharel	''
36.	Ms. Gayatri Pokharel	''
37.	Ms. Mahalaxmi Rajbhandary	''
38.	Ms. Bimala Thapa	''
39.	Ms. Leela Thapa	''
40.	Ms. Tara Thapa	''

41.	Ms. Anjana Thapa	Interviewer
42.	Ms. Urmila Thapa	''
43.	Ms. Bishnu Maya Tamang	''
44.	Ms. Ratna Kamal Tuladhar	''
45.	Ms. Bela Shrestha	''
46.	Ms. Kiran Saha	''
47.	Ms. Shakuntala Sainju	''
48.	Ms. Shanta Shrestha	''
49.	Ms. Sheela Shrestha	''
50.	Ms. Tara Shrestha	''
51.	Ms. Roshani Shrestha	''
52.	Ms. Chitra Kumari Shrestha	''
53.	Ms. Heera Laxmi Shrestha	''
54.	Ms. Neelam Shrestha	''
55.	Ms. Purna Kumari Shrestha	''
56.	Ms. Goma Upreti	''