

CHAPTER I

Introduction

For the last 30 years, Nepal has been experiencing an increasing trend in population growth, while the population growth rate in 1991 was 2.1, it was 2.41 in 1996. If this trend continues, the population is projected to be increased 37 million mark by the 2025 AD from present 20.32 million (Central Bureau of Statistics, 1996).

The Nepal Family Health Survey, 1996 shows that the present total fertility rate (TFR) of Nepalese women is 4.6 births per women which is 1.7 births per women higher than the wanted fertility (if all unwanted births were avoided) 2.9 birth per women (Pradhan et al. , 1997). The low or non-use of contraception among currently married women of reproductive age 15-49 have been seen as a problem for family planning program implementers to achieve the set objectives of reducing fertility rate to 4 births per women and increasing contraceptive use to 37% by the year 2000 AD in Nepal. It is also concluded that high fertility (4.6 birth/women) and low use of contraception (29%) among women of reproductive age are the causes of high population growth in Nepal (NHEICC, 1996). Therefore, the main issue addressed here is low or non-use of contraception among currently married women of reproductive age (15-49 years).

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The essay, Chapter II describes in detail the reasons behind the low or non-use of contraception, such as, lack of knowledge of services and methods of family planning, accessibility and affordability of family planning services, side effects of the methods, desire to have more children, religious restrictions and husband's opposition (Pradhan et al. , 1997). The essay also describes in detail that why contraception is needed for currently married women of reproductive age in Nepal.

Further the essay suggests and describes in detail some of the alternative solutions to increase the use of contraception such as maximizing access to good quality family planning services, focusing on men as well as women, integrating contraception services with other health services and emphasizing communication activities (Robey et al. , 1996).

The essay concludes that family planning counselling services to the clients should be one of the most appropriate interventions by viewing the nature of the causes of low or non-use of contraception and reviewing the different literature and study about evidence of success of intervention concerning to the problem.

According to the situation analysis done in essay about contraception, in Chapter III, I have proposed to improve the counselling services for family planning clients through trained health workers to increase the use of contraception in the Gajuri primary health centre (PHC), Dhading, Nepal.

Since, technical staffs, method of choice of contraception is available and easy accessibility in Gajuri primary health centre, the present use of contraception in PHC is only 6.8% among CMWRA (DHO, Dhading, 1996). The evidence of reasons for low or non-use of contraception by married women of reproductive age in Gajuri village is not available. Therefore, it can be assumed to be the same reasons found from the Nepal Family Health Survey, 1996 which include side effects of the contraceptive methods, desire to have more children, religious restriction and husband's opposition.

The general objective of this study is to improve the family planning counselling services through trained health workers in order to increase the use of contraception among clients in Gajuri primary health centre, Dhading, Nepal.

The specific objectives of this study are to train health workers, to implement the counselling services through trained health workers, to implement counselling services through trained health workers, to facilitate health workers by providing available information, education and communication materials for counselling to the

clients, to monitor and supervise counselling services and to evaluate the immediate impact of counselling services provided through trained health workers after training in terms of increase contraceptive use among currently married women of reproductive age 15-49 years in Gajuri primary health centre.

The main focus of this study is to provide counselling services to the family planning clients through trained health workers of Gajuri primary health centre. Therefore, family planning counselling training is a major component of the proposed plan. The purpose of training is to teach health workers how to counsell family planning clients as well as health workers will develop their interpersonal communication skills and learn how to communicate effectively with family planning clients. Counselling services will be provided in 3 stages as initial, method specific and follow-up counselling to family planning clients after training of health workers.

The proposed plan also includes provision to provide information, education and communication materials to the family planning clients through primary health centre before, during and after counselling services. It will help the clients to know what is family planning as well as understand and memorize the information given by the health workers.

The monitoring and supervision of counselling services will be done as planned in which monitoring will help to determine the achievement of the services

and supervision will help the health workers to perform their counselling job better by improving knowledge and skills.

After completing a year counselling services to the family planning clients in Gajuri primary health centre, plan is made to evaluate impact of counselling services in the family planning clients. As we will have made provision of counselling services to the family planning clients, the impact evaluation will answer the question such as are family planning clients satisfied with the counselling services provided by the trained health workers ? are they received enough information to make free and informed choices ? are they willing to continue their method longer ? have they decided their method themselves ?

The study is still in preparation phase so that actual data needed for the impact evaluation could not be collected here in Thailand. But, I have done data exercise here, in Thailand with setting two objectives such as refine data collection methods and develop data collection instruments. The main purpose of data exercise was to improve the proposal by incorporating lesson learned from data exercise. The focus group discussion was conducted in Phahurat, Bangkok, for the data exercise.

It was learnt that the focus group discussion is essential for exploring the in-depth information from the clients about contraception. The information emerged from the focus group discussion can not be taken from any other method of data

collection. The competency of health workers for services, waiting time, comfortable place for waiting, privacy was learnt to be included in the data collection instruments.

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