

CHAPTER IV

RESULTS OF THE STUDY

4.1 Background

A cross-sectional descriptive study has been conducted to assess the utilization of the contraceptive service among married women of reproductive age group in three villages (Limbukha, Kabesa and Khuruthang) of Punakha District in Bhutan. A total of 215 married women of reproductive age were interviewed by using a structured questionnaire by trained interviewer.

This survey was carried out in Punakha District, Bhutan over a period of four weeks and completed at the end of February 2005. The result of this survey are presented as follows:

- 1 Descriptive findings on independent and dependent variables among respondents are presented in frequencies, percentage, standard deviations (SD) and means.
- 2 Associations between the dependent and independent variables are presented in tables showing the statistical significance, with the p- value set up at 0.05.
- 3 Associations of contraceptive uses between three villages (Limbukha, Kabesa, and Khuruthang).

4.2 Demographic Characteristic (predisposing factors)

As shown in table-3, the distribution of respondents among the three villages was nearly equal. The minimum age of the women in Limbukha and Khuruthang was 19 years and the minimum age of the women in Kabesa was 18 years. The mean age in Limbukha was 32.04, in Kabesa was 30.46 and 27.95 in Khuruthang.

Table 3: Distribution of Frequencies, Mean and SD by Age and Village (n=215)

Village	Frequency	Age		Mean	SD
		Minimum	Maximum		
Limbukha	70	19	49	32.04	7.98
Kabesa	70	18	49	30.46	8.06
Khuruthang	75	19	43	27.95	28.35
Total	215	18	49	30.17	7.45

Table 4, Total respondent was 215 out of which 22 women do not need contraceptives, like women who had no children and not using contraceptives, women who had already reached menopause, the women who had hysterectomy (removed her uterus) and those women who had sterilization herself or her husband. Number of sample used to analyze was 193, excluding all those who do not need contraceptives.

Table 4: Need to use and no need to use contraceptives

No need to use respondents	Number	Analysis sample	Total
Sterilization	11	193	215
No children and no contraceptive use	5		
Menopause	3		
Hysterectomy	2		
Total	22	193	215

Age

As presented in table 5, the age distribution of respondents showed that the majority of the respondents were concentrated in the age group 26-35 years (42.0%), followed by the ≤ 25 years shows about (32.6%), and the age group above 35 years represented only 25.4%. Minimum age was 18 years and the maximum age was 49 years, the mean age was 30.17, and the mode was 25

Educational level

The majority of the respondents have not attended any form of formal education, this group accounted up to 65.8%, the respondents who have attended primary education accounts up to 13.5%, the respondents who have completed secondary level consisted of 11.4%, those who have completed higher secondary consisted of only 5.7%, respondents who attended non formal education (basic reading and writing skill) consisted of 3.1% and the highest educational level completed was only 0.5%

Occupation

In term of occupation farming comprises the maximum (40.9%), housewife represented 32.6%, government servant consisted of 14.5%, while business activities represented of 56.2% and the other (i.e. part time work) consisted of just 0.5%.

Religion

The most practiced religion was Buddhism, it accounted up to 83.9%, far less was Hinduism with 13.5% and the least were the Christians with just 2.6%

Income/Economic status

In terms of economic status, the majority of the respondents were from the medium income group, accounting up to 59.8%, respondents from the low-income group comprised of 34.8%, and the highest income group represented only 5.4%

Fertility

All 193 respondents had children, among those respondents. 58.0% had (1-2 children) in the family, 31.1% had (3-4 children), 9.8% have (5-7 children) in a family, and 1.0%, had (8-11 children). Regarding appropriate number of children required for completing a family, 1.0% said 1 child was enough to make a complete family, 34.7% said required 2 children in a family, 31.6% said needs 4 children, 20.2% said needs 5 children to make up a complete family, 2.6% said needs 6-7 children to make a complete family.

The respondents who had no son comprised of (24.9%), the respondents who had 1-3 sons comprised of (68.4%) and the respondents had more than 4 sons comprised of (6.7%). The respondents who had no daughter comprised of (24.4%), respondents who had 1-3 daughters comprised of (73.1%) and the respondents had more than 4 daughters comprised of (2.6%).

Table 5: Socio-demographic Characteristics of the Respondents

Predisposing Factors/demographic (n=193)	Frequency	Percentage
Age in year		
≤ 25 years	63	32.6
26-35 years	81	42.0
> 35 years	49	25.0
Total	193	100.0
Education*		
None	127	65.8
Non formal	6	3.1
Primary	26	13.5
Secondary	22	11.4
Higher secondary	11	5.7
College	1	0.5
Total	193	100.0
Religion		
Buddhism	162	83.9
Hinduism	26	13.5
Christian	5	2.6
Total	193	100.0
Occupation		
Farming	79	40.9
Housewife	63	32.6
Day laborer	10	5.2
Government servant	28	14.5
Business	12	6.2
Others	1	0.5
Total	193	100.0
Economic Status **		
Low	70	36.3
Medium	113	58.5
High	10	5.2
Total	193	100.0

Table 5: (Cont.) Socio-demographic Characteristics of the Respondents

Predisposing Factors/demographic (n=193)	Frequency	Percentage
Fertility/ever had children		
Have children	193	100.0
Have no children	0	0.0
Total	193	100.0
Number of living children		
1-3 children	160	76.8
4-7 children	47	21.9
8-11 children	3	1.4
Total	193	100.0
Number children to complete family		
1 child	2	1.0
2 children	67	34.7
3 children	61	31.6
4 children	39	20.2
5 children	19	9.8
6 children	4	2.1
7 children	1	0.5
Total	193	100.0
Sons		
0 or no sons	48	24.9
1-3 sons	132	68.4
>4 son	13	6.7
Total	193	100.0
Daughter		
0 or no daughter	47	24.4
1-3 daughters	141	73.1
>4 daughters	5	2.6
Total	193	100.0

* Education was grouped as literate and illiterate to facilitate bivariate analysis.

** Considering mixed economic systems (barter & monetary) in rural Bhutan, economic status was assessed based on pre set indicators allowing to classify them into 'low', 'medium', and 'high' Economic status: type of house, type of vehicles, cattle, radio, and TV. Following values were assigned for the House (hut 10, traditional single storied 20, traditional double storied 30, brick house 40) Vehicle (truck 40, car 30, tractor 20, two wheeler 10). Cattle (many 50, few 30, none 0), TV (yes 10, no 0) Radio (yes 10, no 0) Minimum value was 20 and the maximum value was 150, divided as follows Low 20 –50, medium 60 –100, and more than 100 high economic status.

As shown in Table-6, about 25.9% of the respondent preferred to have girls and 17.1% preferred boys, while 57.0% didn't mind whether a baby was a boy or a girl. With regard to family planning decision-making, the majority of the respondents stated that family planning was decided between the couples, 78.7% stated to have discussed family planning with their husband. The respondents who decided for themselves on the use of Contraceptives comprised of 19.2%, none of the respondents stated to discussed family planning with their mother or mother in-laws.

Table 6: Frequencies and Percentages on Beliefs and Attitudes (n=193)

Beliefs and Attitudes	Frequency	Percentage
Gender preference		
None	110	57.0
Boy	33	17.1
Girl	50	25.9
Total	193	100.0
Family planning decision		
Self	37	19.2
Self and husband	152	78.8
Peer	1	0.5
Health worker	2	1.0
Mother/mother in-law	0	0.0
Others	1	0.5
Total	193	100.0

4.3 Contraceptive Utilization

Regarding contraceptive use overall use of contraception was 53.4%, out of which 47.2% used modern methods of contraceptives and 6.2% practices traditional methods. 46.6% did not use any types of contraceptives. This shows that only half of the married women are using contraceptive currently.

Among the current users of contraceptive methods, injection was reported as the most prevalent method used 38.3%, followed by the intrauterine device 20.6%, condom 16.8%, oral pills (12.1%). Some of the respondents practiced traditional methods, abstinence (10.3%) and withdrawal (1.9%).

Table 7: Frequencies and Percentages of Current Use of Contraceptives and its Methods (n=193)

Current contraceptive use	Frequency	Percentage
Contraceptives		
Yes	103	53.4
No	90	46.6
Total	193	100.0
Methods (n=103)		
Oral pills	13	12.6
Intrauterine device	20	19.4
Injection	40	38.8
Condom	18	17.5
Abstinence	10	9.7
Withdrawal	2	1.9
Total	103	100.0

As presented in Table 8, regarding the facilities used to get the contraceptive services, the majority of the respondents used the Punakha hospital 49.1% to get the service, 35.7% got the service from health centers, while 9.8% got service from the family planning camps, very few women used outreach clinics to get the contraceptive service (0.9%), and 4.5% got the service from other districts (mostly from Thimphu).

Table 8: Types of Health Facilities Used (n=103)

Facilities used	Frequency	Percentage
Hospital	50	49.1
Health center	38	35.7
Family planning camps	10	9.8
Outreach clinics	1	0.9
Others (from other district)	4	4.5
Total	103	100.0

As shown in Table 9, with regard to the reason for using contraceptives, the majority of the respondents said they used the contraceptives to prevent pregnancy 94.2%, about 4.9% stated they used contraceptives to maintain their health, 2.9% stated that they used contraceptives to provide better life for their children.

Regarding the reasons for non-use of contraceptives, the majority of the respondents said they wanted to have more children 35.4%, most respondents also stated that they were lactating mothers 40.2%, while 2.4% of the respondents stated that they felt shy to get the contraceptives, further 8.5% stated that their husband opposed the use of contraceptives and those reporting less sexual activity as a reason for not using contraceptives comprised of 11.0%, few stated to be afraid of side effect (2.4%).

Table 9: Frequencies and Percentages of Reasons for Use and Non-use of Contraceptives

Reasons-Use and none use	Frequency	Percentage
For use (n=103)		
To prevent pregnancy	95	92.2
To maintain my health	5	4.9
To provide better life for my children	3	2.9
Total	103	100.0
For Non use (n=90)		
Opposed by husband	7	8.5
I want more children	29	35.4
Less sexual activity	9	11.0
I am lactating mother	33	40.2
Afraid of side effect	2	2.4
Feeling shy to get contraceptives	2	2.4
Total	82	100.0
Missing	8	

As presented in Table 10, in terms of receiving the methods of choice the respondents wanted, the majority of the respondents reported to receive the type of method they wanted 98.1%, there were only a few who didn't get the method of their choice 1.9%

Table 10: Frequencies and Percentages on Availability of Methods wanted

Availability of methods (n=103)	Frequency	Percentage
Yes	101	98.1
No	2	1.9
Total	103	100.0

As demonstrated in Table 11, in terms of knowledge 90.2% knew about injection, 87.6% knew about the oral contraceptive, 72.2% knew about IUD, 77.2% knew about condom, 63.7% knew sterilization, 50.3% knew about withdrawal and 50.3% knew about periodic abstinence as a contraceptive method

Table 11: Frequencies and Percentages for basic Knowledge (Acquaintance with Methods) (n=193)

Contraceptive knowledge	Frequency	Percentage
Oral pills		
Yes	169	87.6
No	5	2.6
Don't know	19	9.8
Total	193	100.0
Injection		
Yes	174	90.2
No	5	2.6
Don't know	14	7.3
Total	193	100.0
Intrauterine device		
Yes	149	72.2
No	9	4.7
Don't know	35	18.1
Total	193	100.0
Condom		
Yes	149	77.2
No	5	2.6
Don't know	39	20.2
Total	193	100.0
Periodic abstinence		
Yes	97	50.3
No	19	9.8
Don't know	77	39.9
Total	193	100.0
Withdrawal/coitus interrupt us		
Yes	99	50.3
No	20	10.4
Don't know	74	38.3
Total	193	100.0
Sterilization		
Yes	123	63.7
No	12	6.2
Don't know	58	30.1
Total	193	100.0

Table 12 represented the perceptions of the respondents on contraception and its methods. Most of the respondent seems to have strong a positive perception on small family size (93.3%) and the risk to the women's life from repeated birth/pregnancies (93.8%), many of the respondent also felt that the husband's approval is essential to use contraceptives (85.0%) while about 70.5% of the respondents felt that that the family planning is the sole responsibility of the women

Some of the respondents had the negative perceptions on contraception and its methods, such as tubal ligation makes women weak 49.7%, vasectomy makes men weak 53.9%, some respondent thought that CuT walks around the body (31.6%) and 18.7% thought that there should be a girl in the family before practicing any family planning and 32.1% thought that the condom reduces men's feelings.

Table 12: Percentages on Perceptions on Contraception and its Methods
Perception on Contraception and Methods (n=193)

S. No	Statements on Contraception and Method	Agree		Don't know		Disagree	
		N	%	N	%	N	%
1	Non use of contraceptive leads to unwanted pregnancies	181	93.8	11	5.7	1	0.5
2	Repeated pregnancies makes women's life risky	186	94.6	5	2.6	2	1.0
3	Husband's approval is essential to use contraceptives	164	85.0	26	13.5	3	1.6
4	Pills may be used throughout the reproductive age by most of the women	78	40.4	88	45.6	27	14.0
5	Condom reduces men's feeling*	62	32.1	90	46.6	41	21.2
6	Oral pills and injection causes many problems*	100	57.8	74	38.3	19	9.8
7	Cut walks around in the body*	61	31.6	105	54.4	27	14.0
8	Tubal ligation makes women weak*	96	49.7	77	39.9	20	10.4
9	Vasectomy makes men weak*	104	53.9	72	37.3	17	8.8
10	Contraception is only for limiting children	155	80.3	29	15.0	9	4.7
11	Small family is happy family	180	93.3	11	5.7	2	1.0
12	Family planning is women's responsibility	136	70.5	54	28.0	3	1.6
13	Family planning is good for women's health	159	82.4	20	10.4	14	7.3
14	Family planning is against nature and undermines women's health*	54	28.0	111	57.5	28	14.5
15	People should not interfere God's doing*	23	11.9	153	79.3	17	8.8
16	Family planning is not good as long as there is no daughter*	36	18.7	140	72.5	17	8.8
17	Following tubal ligation and vasectomy men and women can work as before	81	42.0	96	49.7	16	8.3

* Negative statement on contraception and its methods

Perception were assessed through 17 questions, out of which 6 were negative statements (reverse coding) Coding was done as follows: Agree=3, Don't Know=2, Disagree=1, giving range from 17 (highly negative) to -51 (highly positive). A score less than or equal to 34=was considered negative and a score between 35-51 considered as positive

As presented in Table 13, for the distance from their house to the health center, the majority of the respondents needed half an hour to 1 hour to reach the nearest health center (60.2%), for some it took one to two hours (27.2%), and for a few of them it took three to four hours to reach the nearest health center (12.6%).

Table 13: Frequencies and Percentages of Time taken to reach Health Center/Hospital (n=103)

Distance	Frequency	Percentage
Half an hour to 1 hour	62	60.2
One to two hours	28	27.2
Three to five hours	13	12.6
Total	103	100.0

As shown in Table 14, time required in receiving the service by the respondents, 38.8% received the service within half an hour, 33.0% received the service within an hour, 25.2% received the service within two hours, and for 2.9% it took much longer time to receive the service.

In terms of service provider, 37.9% of the respondents received the service from the female health worker, 7.8% received the service from the male health worker, and 54.4% had obtained service from both male and female the health workers.

Regarding the condition under which the respondents obtained the service, the majority of the respondents stated to that they received service alone in the procedure room (82.2%), few of them obtained the service in a crowd 15.5%, and 1.9% of the respondents got the service in other places, like in dispensing room and examination chamber.

Table 14: Frequencies and Percentages on Waiting Time, Gender of Service Providers and Service Conditions (n=103)

Cultural Appropriateness	Frequency	Percentage
Waiting time		
Half an hour	40	39.2
One hour	33	32.4
Two hours	26	25.5
More than two hours	4	2.9
Total	103	100.0
Service provider		
Male	9	8.7
Female	36	35.0
Both	58	56.3
Total	103	100.0
Condition		
In the crowed	17	16.5
Alone	83	80.6
Others place	3	2.9
Total	103	100.0

As shown in Table 15, regarding contraceptives use in the future 82.2% of the respondents would like to use contraceptive in future and 17.8% do not intend to use contraceptives

Regarding preferred methods, the majority of the respondents experienced preference for injection 35%, followed by oral pills 14.9%. IUD and sterilization (13.5%) the least liked methods were condom, abstinence and withdrawal.

Table 15: Frequencies and Percentages on Contraceptive Use in Future and what Methods

	Frequency	Percentage
Intend to use in future (n=108)		
Yes	74	82.2
No	16	17.8
Total	90	100.0
Choice of contraceptives (n=74)		
Oral pills	15	20.3
IUD	11	14.9
Injection	35	47.3
Condom	1	1.4
Abstinence	1	1.4
Withdrawal	1	1.4
Tubal ligation	10	13.5
Total	74	100.0

4.4 Bi-Variate Analysis

The association between the utilization of contraceptives and the independent variables was tested using Chi- Square and Fisher's exact test. The level of significance for the association was set up at (p-value = 0.05)

Following association were examined:

- The association between the predisposing factors and the utilization of the contraceptive services
- The association between enabling factors and the utilization of the contraceptive service
- The association between the level of perceived needs and the utilization of contraceptive service
- Association between location and other variables

Association between Predisposing Factors (Socio-Demographic) and utilization of Contraceptives are presented in tables 16 to 20

Association between the age and the contraceptive use and non-use were tested. There was no statistical significant between age groups and contraceptive usage among the respondents, (p-value .184). However the contraceptives usage was low among age group ≤ 25 years and the respondents among the age group 26-35 years used contraceptive the most (43.7%), and as the age of the women goes beyond 35 years there was decrease in contraceptive usage. The contraceptive usage among this age group was (29.1%).

Table 16: Association between Contraceptive Use and Age of the women (n=193)

Age in years	≤ 25 years		26 to 35 years		>35 years		Total
	N	%	N	%	N	%	%
Contraceptive use and none use							
Current use	28	27.2	45	43.7	30	29.1	100.0
Non use	35	38.9	36	40.0	19	21.1	100.0

$\chi^2: 3.387$; p-value .184

The association between income and contraceptives use and non-use were tested. Non-use of contraceptives was higher among the medium income group (72.2%), contraceptives used was high among the lower and the high income group, 43.7% used contraceptives among low income group and 9.7% used contraceptive among the high income group. There was statistical significant different between income and contraceptive use, (p-value < .001).

Table 17: Association Contraceptive Use and Income of the women (n=193)

Income	Low		Medium		High		Total
	N	%	N	%	N	%	%
Use and non use of contraceptives							
Current use	45	43.7	48	46.6	10	9.7	100.0
Non use	25	27.8	65	72.2	0	0.0	100.0

$\chi^2: 17.475$; p-value <.001

There was statistical significant different between contraceptive used and the number of living children, (p-value .029). Contraceptives used were more among those respondents who had more number of living children. Contraceptive uses increases as the number of living children increases.

Table 18: Association between Contraceptive Use and the Number of living children (n=193)

No of living children	1-3		4-6		7-11		Total
	N	%	N	%	N	%	
Use and non-use of contraceptives							
Current use	73	70.9	27	26.2	3	2.9	100.0
Non use	78	86.7	11	12.2	1	1.1	100.0
χ^2 : 7.059; p-value .029							

There was no statistical significance between contraceptive use and education, (p-value.220). Among 133 illiterate respondents 66.0% used contraceptives and 72.2% of the respondent did not use any contraceptives, among the literate group out of 60 respondents 34.0% used contraceptive and 27.8% of the respondents did not use contraceptives. There was no difference seen in contraceptive used between the literate and the illiterate groups of respondents, use and non-use of contraceptives among the group was almost equal.

Table 19: Association between Contraceptive Use and Education of the women (n=193)

Education	Literate		Illiterate		Total
	N	%	N	%	
Use and non-use of contraceptives					
Current use	35	34.0	68	66.0	100.0
Non use	25	27.8	65	72.2	100.0
Fisher's Exact Test .220					

There was statistical significant difference between contraceptive used and occupation of the women, (p-value .003). The majority of the respondents in the survey-using contraceptives were from the respondents those who are working outside (29.1%), non-use of contraceptives was high among those women who are working inside (87.8%). Contraceptive uses increases as woman goes out to work.

Table 20: Association between Contraceptive Use and Occupation of the women (n=193)

Occupation	Work inside		Work outside		Total
	N	%	N	%	
Use and nonuse of contraceptives					
Current use	73	70.9	30	29.1	100.0
Non use	79	87.8	11	12.2	100.0
Fisher's Exact Test .003					

Table 21 to 26, shows an association between the beliefs and attitudes and contraceptive used. Among those respondents, who intended to become pregnant, 30.1% used contraceptives and 65.6% did not used contraceptives. Among those respondents who did not intend to become pregnant 69.9% used contraceptives and 34.4% did not used contraceptives. There was a statistically significant difference between intention to become pregnant and contraceptive used, (p-value < .001).

Table 21: Association between Contraceptive Use and Intention to become Pregnant (n=193)

Do you intend to become pregnant?	Yes		No		Total
	N	%	N	%	
Use and none use of contraceptives					
Yes	72	69.9	31	30.1	100.0
No	31	34.4	59	65.6	100.0
$\chi^2 : 24.266; p\text{-value} < .001$					

There was also statistically significant difference between child's gender preference and contraceptive use, (p-value < .001). Contraceptive used was high among those respondents who had no child's gender preference. 6.8% used contraceptives among those respondents who had preference for son/boy. 21.4% used contraceptives among those respondents who preferred to have girl or daughter. The probable reason could be that those respondents who had no gender preference must be having both the gender of the child already

Table 22: Association between Contraceptive Use and Child's Gender Preference (n=193)

What gender would you prefer to have?	None		Boy		Girl		Total
	N	%	N	%	N	%	
Contraceptive use and none use							
Current use	74	71.8	7	6.8	22	21.4	100.0
None use	36	40.0	26	28.9	28	31.1	100.0
$\chi^2 : 24.020; p\text{-value} < .001$							

There was no statistical significant between contraceptive use and the number of living sons, (p-value .114). Out of 48 respondents who had no sons 19.4% used contraceptives, contraceptives used were high among those respondents who had more sons.

Table 23: Association between Contraceptive Use and Number of living Sons (n=193)

Number of living sons	0/no sons		1-3 sons		>4 sons		Total %
	N	%	N	%	N	%	
Contraceptive use and none use							
Current use	20	19.0	74	71.8	9	8.7	100.0
None use	28	31.1	58	64.4	4	4.4	100.0

χ^2 : 4.340 p-value .114

There was no statistical significant between contraceptive use and the number of living daughters, (p-value .384). Out of 47 respondents who had no daughters, 20.4% used contraceptives; contraceptives used were high among those women who had more daughters.

Table 24: Association between Contraceptive use and Number of living Daughter

Number of living daughters	0/no daughter		1-3 daughters		>4 daughters		Total %
	N	%	N	%	N	%	
Contraceptive use and none use							
Current use	21	20.4	79	76.7	3	2.9	100.0
None use	26	28.9	62	68.9	2	2.2	100.0

χ^2 :1.915 ;p-value .384

There was statistically significant difference between contraceptive use and decision- making, (p-value .009). 25.2% of the respondents decided family planning for themselves and 70.9% of the respondents discussed family planning with their husband, 3.9% of the respondent discussed family planning with friends, health worker and neighbor. None of the respondents discussed about family planning decision with their mother and mother in-laws.

Table 25: Association between Contraceptive Use and family planning Decision-making (n=193)

Who decides family planning for you?	Self		Self & husband		Others		Total
	N	%	N	%	N	%	%
Contraceptive use and none use							
Current use	26	25.2	73	70.9	4	3.9	100.0
None use	11	12.2	79	87.8	0	0.0	100.0

χ^2 : 9.485 ; p-value .009

There was no statistical significant between contraceptive used and the perception on the family planning methods, (p-value .484). Respondents who had negative perceptions on contraceptives and its method comprised of 108 women, among these respondents, 55.3% used contraceptives. Respondents those who had positive perceptions on contraceptives and its methods comprised of 85 women, among these respondents 44.7% used contraceptives. Contraceptive used was almost equal among those women who had positive perceptions and those who had negative perceptions on contraceptives and its methods.

Table 26: Association between Contraceptive use and Perception on Contraceptives (n=193)

Perception on contraceptives and its methods	-ve (≤ 34 score)		+ ve (35-51 score)		Total %
	N	%	N	%	
Contraceptive use and none use					
Current use	57	55.3	46	44.7	100.0
None use	51	56.7	39	43.3	100.0
Fisher's Exact Test .484					

Table 27 to 30, shows an association between enabling factors and the contraceptives use. Regarding service provider, 54.4% of the respondents received service from both the gender of the health worker, 37.9% of the respondents received service from female health worker and 7.8% of the respondents obtained service from the male health worker. There was statistical significant, (p-value $<.001$). Contraceptive used was high among those respondents who received service from the both the male and female health worker. This study had shown that there was no gender sensitivity in Bhutan and it also shows that contraceptive utilization was high when both the gender of health worker provided the contraceptive services.

Table 27: Association between Contraceptive Use and Service Provider (n= 193)

Usually who provide you the service when you visit the health center?	Male		Female		Both		Total %
	N	%	N	%	N	%	
Use and non use of contraceptives							
Current use	8	7.8	39	37.9	56	54.4	100.0
None use	10	11.1	68	75.6	12	13.3	100.0
$\chi^2 : 35.557 ; p\text{-value} <.001$							

There was no statistical significant in terms of contraceptive use and distance, however there was slight difference in contraceptive used and the distance. 12.6% of the respondents used contraceptive among those who had to walk for 3-4 hours to reach the health center, 28.2% of the respondents used contraceptives among those who had to walk for 2 hours, 59.2% used contraceptives among those respondents who had to walk shorter distance i.e. ½ hour-1 hour

Table 28: Association between Contraceptive Use and Distance (n=193)

How long does it take for you to reach the hospital/health center?	½ an hour		1 to 2 hours		3 to 4 hours		Total %
	N	%	N	%	N	%	
Use and none use of contraceptives							
Current use	61	59.2	29	28.2	13	12.6	100.0
None use	43	47.8	34	37.8	13	14.4	100.0
$\chi^2 : 2.649 ; p\text{-value } .266$							

There was no statistical significant between the contraceptive usage and the condition in which she received the service, (p-value .247). 81.9% of the respondent got service in privacy and 18.1% of the respondents received service in the crowded or without privacy.

Table 29: Association between Contraceptive Use and Waiting time (n=193)

Under what condition do you obtain the service?	With privacy		Without privacy		Total %
	N	%	N	%	
Use and none use of contraceptives					
Current use	85	82.2	18	17.8	100.0
None use	87	96.7	3	3.3	100.0
$\chi^2 : 10.417; p\text{-value } .005$					

There was statistical significant difference between contraceptive used and the knowledge on contraceptives and the methods (p-value .017). 55.4% of the respondents who had higher knowledge on contraceptives used contraceptives, 60.9% of the respondents among the lower knowledge group did not used contraceptives. Non-use of contraceptive was more among the women who have lower level of knowledge. This study shows that the use of contraceptives increases as the knowledge of the women on contraceptives and its method increases.

Table 30: Association between Contraceptive Use and Knowledge of the women (n=193)

Knowledge	Low knowledge		High knowledge		Total
	N	%	N	%	
Use and none use of contraceptives					
Current use	46	45.6	57	56.4	100.0
None use	55	61.9	35	38.1	100.0
Fisher's Exact Test.030*					

Table 31 to 33, shows an association between the perceived need and the contraceptive use. Regarding the information needed on contraception, it was divided into four group, such as information on contraceptive methods, availability of the service, adverse effect and other information like when to avail for contraceptive and follow up.

In terms of information required on the contraceptives there was statistical significant difference between contraceptive use and the information needed, (p-value .010). Among those who wanted information on contraceptive methods 32.0% used

contraceptives, 13.6%, who wanted information on adverse effect used contraceptives, 13.6% who wanted information on availability of the methods used contraceptives, 25.2% of those respondent wanted information on others matter like when to avail for contraceptives, how to take and when to follow up used contraceptives. Non-user had less desire to get information on contraceptive methods, availability, side effects and others.

Table 31: Association between Contraceptive Use and Information women wanted (n=193)

What information do you need about contraception?	Med		Avail		A/Effect		Others		Total
	N	%	N	%	N	%	N	%	%
Use and none use of contraceptives									
Current use	33	32.0	14	13.6	30	29.1	26	25.2	100.0
None use	25	27.8	28	31.1	26	28.9	11	12.2	100.0
χ^2 :11.313 ;p-value .010									

There was no statistical significant between waiting time for the contraceptive services and contraceptive used, (p-value .094). The majority of the respondents received service within 1 hour, only few of the respondents had wait for more than 2 hours to get the services.

Table 32: Association between Contraceptive Use and Waiting time (n=193)

How long does it take for you to get the service?	½ an hour		1 hours		2 hours		>2 hours		Total %
	N	%	N	%	N	%	N	%	
Use and one use of contraceptives									
Current use	40	38.8	35	34.0	25	24.3	3	2.9	100.0
None use	47	52.2	29	32.2	14	15.6	0	0.0	100.0
$\chi^2 : 6.382 ; p\text{-value } .094$									

There was statistical significant between contraceptives used and the availability of method of choice, (p-value < .005). Among those respondents who received the method of their choice 99.0% used the contraceptives. This result showed that the use of contraceptives was highly influence by the availability of the contraceptives method of respondent's choice.

Table 33: Association between Contraceptive Use and Contraceptives methods (n=193)

Do you always get the method you wanted?	Yes		No		Total %
	N	%	N	%	
Use and none use of contraceptives					
Yes	102	99.0	1	1.0	100.0
No	81	90.0	9	10.0	100.0
$\chi^2 : 7.920; p\text{-value } .005$					

Table 34, represent the association between the location and the facilities used, in this survey it was shown that there was an association between the villages and the facilities used by the women to obtain contraceptive services, (p-value was < .001). 79.5% of the women who are living in Khuruthang used Punakha hospital, 25.9% of the

respondents from Kabesa used Punakha hospital, 32.4% of the respondents of Limbukha also used Punakha hospital to obtain the contraceptive services. Few respondents from Khuruthang used other facilities like health center, out reach clinics and F/P camps and other district, 18.9% of the women from Limbukha used other facilities to obtain the contraceptive services mostly from Thimphu. 63.0% of the women from Kabesa used health center to obtain contraceptive services. Punakha hospital was least used by Kabesa village (25.9%). Probable reason could be that Kabesa is far away from Punakha hospital.

Table 34: Association between Location and Facilities used

	Hospital		Health center		Others		Total
	N	%	N	%	N	%	%
Village (n=103)							
Limbukha	12	32.4	18	48.6	7	18.9	100
Kabesa	7	25.9	17	63.0	3	11.1	100
Khuruthang	31	79.5	3	7.7	5	12.8	100

χ^2 : 28.674; p value < .001*

Table 35, represent the economic status by villages, regarding economic status, the majority of the respondent fall under the medium income group Limbukha had the majority of respondents among the middle income group 38.1%, the lowest income group was more in Khuruthang village 45.7% and high income group was more in Limbukha and Kabesa 40.0% respectively. There was no statistical significant between the economic status of the villages (p-value .173).

Table 35: Association between the Economic Status and the Location

	Name of village						
	Limbukha		Kabesa		Khuruthang		Total
	N	%	N	%	N	%	%
Economic Status (n=193)							
Low	19	27.1	19	27.1	32	45.7	100
Medium	43	38.1	37	32.7	33	29.2	100
High	4	40.0	4	40.0	2	20.0	100

χ^2 : 6.366, P-value .173

Table 36, displays an association between contraceptive used and the location, regarding contraceptives used by location, Khuruthang village used the most 79.5%, followed by Limbukha 32.4%, and Kabesa village was the least user of contraceptive among the three villages (25.9%). There was statistical significant (p-value <.001).

Table 36: Association between Contraceptive use by Location

	Hospital		H/C		Others		Total
	N	%	N	%	N	%	%
Village (n=103)							
Limbukha	12	32.4	18	48.6	7	18.9	100
Kabesa	7	25.9	17	63.0	3	11.1	100
Khuruthang	31	79.5	3	7.7	5	12.8	100

χ^2 : 28.674; p-value <.001