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 COMMUNITY HEALTH VOLUNTEER

SARALA SHRESTHA: THE PROCESS AND OUTCOME OF EMPOWERMENT OF FEMALE COMMUNITY HEALTH VOLUNTEERS IN REGARDS TO INCREASE IN THE CONTRACEPTIVE ACCEPTANCE AMONG THE CURRENTLY MARRIED WOMEN OF REPRODUCTIVE AGE GROUP IN RURAL NEPAL. DISSERTATION ADVISOR: ASSISTANT PROFESSOR NUNTAVARN VICHIT-VADAKAN, M.S., Dr.P.H., DISSERTATION CO-ADVISOR: ASSOCIATE PROFESSOR JINTANA YUNIBHAND, M.S.N., Ph.D., 196 pp. ISBN 974-9599-59-4

Despite the presence of ample evidences of the beneficial effects of family planning on maternal and child health and on the population growth rate of a country, lesser than one-third of the women of reproductive age group in Nepal practice birth spacing and limit their child births through contraception. Although another one-third has the desire to space or limit births they are not using any method of contraception. Different reasons have been given for non-use of contraception, with one of the commonest reasons being the negative attitude towards contraceptives. Currently the contraceptive prevalence rate is increasing at the rate of 1% per year, which is 50% less than the desired increase to achieve the target set by the government by the year 2020. In this regard, interventions aimed at increasing the contraceptive prevalence rate would be highly desirable to the country.

Therefore, this study was conducted with the aim of enhancing contraceptive acceptance among the Currently Married Women of Reproductive Age Group (CMWRAs) through empowerment training of Female Community Health Volunteers (FCHVs). The objective of the study was to develop and test a model of empowerment of FCHVs in regards to increase in the contraceptive acceptance among the CMWRAs

The study used a before-during-and-after design to measure the process and outcome of empowerment of FCHVs. Seventeen FCHVs who were working in Kakani Village Development Committee in the hills of central Nepal attended the empowerment training that used participatory action research and reinforcement mechanisms. Following the training FCHVs were expected to empower the CMWRAs to increase their contraceptive acceptance. The impact of the intervention was assessed in a sample of 241 CMWRAs who were neither pregnant and nor using contraceptives at the time of selection, by interviewing them before and six months after the intervention.

The findings revealed that the participatory approach used in the model helped FCHVs to learn from one another's experiences and develop group cohesion. Their ability to identify and intervene the stakeholders increased. They considered peer reinforcement as an easily accessible and feasible source of support to them. Their awareness, competence and confidence in providing FP services at the community level increased considerably through the empowerment training. Comparison of the FP activities performed by FCHVs before and after the intervention revealed a considerable change in their service activities following the intervention.

The use of modern contraceptives among the CMWRA six months following the intervention increased from none before the intervention, to 53.9%. There was a significant increase in CMWRAs' satisfaction with the services provided by the FCHVs. The study concluded that empowerment training of FCHVs using participatory action research and peer reinforcement was effective in increasing contraceptive acceptance among CMWRAs in a rural area of Nepal.

**Student's signature** .....

**Field of study** Health Systems Development **Advisor's signature** .....

**Academic year** 2004 **Co-advisor's signature** .....