FERTILITY BEHAVIOUR OF MAGAR COMMUNITY

[A Study of Salyankot VDC, Dhading]

By:

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RECOMMENDATION LETTER

This is to certify that the dissertation work entitled **"Fertility behavior of Magar Community: A Study of Salyankot VDC, Dhading"** by Bhim Bahadur Thapa has been prepared under my supervision and guidance as partial fulfillment of the requirements for the Degree of Master of Arts in Population Studies. To the best of my knowledge, the study is original and carries out useful information's on the related subject. Therefore, I recommended it for evaluation to the dissertation committee.

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APPROVAL LETTER

The dissertation work entitled **"Fertility behavior of Magar Community: A Study of Salyankot VDC, Dhading"** by Bhim Bahadur Thapa has been accepted as a partial fulfillment of the requirement for the Master's Degree of Arts in Population Studies.

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ABSTRACT

This Study deals with “Fertility behavior of Magar Community: A Study of Salyankot VDC, Dhading”. To complete this Study primary and secondary data are collected. The analysis and interpretation of data are carried out by frequency and cross tabulation.

This Study is mainly based on the consideration that fertility is determined by different socio-economic and demographic variables. Only 135 respondents of Magar community in Salyankot VDC are taken to examine the relation of fertility with socio-economic and some demographic variables.

The specific objectives of this analysis are socio-economic and demographic characteristics of ever married women of aged (15-49) to access the relationship between fertility and specific socio-economic variables as education, occupation, income and land holding size, and also to study the relation with fertility (CEB) and some demographic variables like age at marriage, child loss experience and knowledge of family planning methods.

Among the total population of this VDC's Magar households males occurs 51.9 percent and female 48.1 percent. Sex ratio is 108 which is greater than national level sex ratio as 99.8. Out of total population of both sexes of aged 6 years and above the literacy rate is accounted 70.86 percent and the rest 29.14% are illiterate. Most of the respondents found to be engaged in households service and agriculture and same condition in sampled households. Majority of the respondents (65.2%) married before they reached 20 years, which bring the high fertility. More than 73 percent of the respondents heard about family planning method. Among

sampled respondents 48.15 percent are literate and the rest 51.85 percent are illiterate.

Accordingly, the mean number of CEB of respondents is (3.3) in Magar community of this VDC. the number of CEB is found in increasing order with increasing age of respondents. Women in age groups (45-49) years have highest mean CEB of (5.26) per women.

Relationship between educational and occupational status of respondents with mean CEB are found to be inversely associated while child loss experience and family planning methods users are found to be positively associated with the fertility.

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ABBREVIATIONS

MCHWs	-	Maternal Child Health Workers
CDPS	-	Central Department of Population Studies
BDCS	-	Birth, Death and Conceptive Survey
CBR	-	Crude Birth Rate
TFR	-	Total Fertility Rate
FP	-	Family Planning
UNFPA	-	United Nations Fund for Population Activities
UN	-	United Nation
NDHS	-	Nepal Demographic and Health Survey
CPR	-	Contraceptive Prevalence Rate
IEC	-	Information, Education and communication
VDC	-	Village Development Committee
CBS	-	Central Bureau of Statistics
MOHP	-	Ministry of Health and Population
NFHS	-	Nepal Family Planning and Health Status Survey
UNDP	-	United Nations Development Programme
TU	-	Tribhuvan University
SMAM	-	Simulate Mean Age at Marriage
NLSS	-	Nepal Living Standard Survey

SPSS	-	Statistical Package for Social Sciences
IMR	-	Infant Mortality Rate
NGO	-	Non-Governmental Organization
INGO	-	International Non-Governmental Organization
ICPD	-	International Conference on Population and Development
CEB	-	Children Ever Born
USA	-	United States of America
PRB	-	Population Reference Bureau

CHAPTER - 1

INTRODUCTION

1.1 General Background

Nepal is one of that types of developing country in south Asia which has still high population growth rate cause of high fertility. The three major demographic factors, which determine the structure, distribution and growth of any population, are fertility is one of the main factors in determining the age structure of a population. Comparatively, the study of because it is affected by host of factors including biological as well as behavioral

Historically, the information about population growth is low because of balanced in both fertility and mortality. In other words, in the pervious time, there were both fertility and mortality was high. In our country, the first census was held in 1911 A.D. The census counted the total population of our country was 56, 38, 749. After then, the three subsequent censuses (1920, 1931 and 1941) had taken before the 1952/54 census which are known as 'head counts'.

There are various types of factors affecting to increase fertility such as illiteracy, economic status, unawareness towards fertility, lack of knowledge to use contraceptives, religion and cultural values and norms, early marriage, re-marriage, contraceptive failure, unwanted pregnancy and so on. By the cause of high fertility rate, the country can not distribute development facilities equally and also can not easily reach to all people. Therefore, people are going to be poorer gradually. Various studies show that while the people are poor the fertility is also found automatically high. In the process of development the higher level of

occupation are associated with lower level of fertility. (Tuladhar 1987 NPC - 1988 and Bhende, 1991)

Fertility behaviour means the actual reproductive performance of the women during their reproductive age (15-49). Generally, the child bearing performance of individual, couples, groups or population is known as fertility behavior. According to Bhende and Kanitkar (1994), “fertility behaviour is the process of giving birth which is interacted with the ambient environment and the environment is different societies. Besides the degree of interaction of environmental variables which is different within the biological limits of human fertility, several social, cultural, psychological as well as economic and political factors are found to operate and these are responsible for determining the level and differentials of fertility.”

There are various caste/ethnic group in Nepal which compose the different culture in the country. Among the various caste and ethnic groups 'MAGAR' is one of the largest 'JANAJATI' or 'INDOGENIOUS' groups and the third position of total population in our country. According to the latest data of 2001 census, total population 'MAGAR is 16,22,421 (7.14%) where the number of male and female is 7,84,828 and 8,37,593 respectively (CBS, 2001). Most of the MAGAR communities are living in rural areas of hilly region in Nepal. The occupation of this caste is agriculture as other alternatives are in military force and foreign employment. In an average of total 'MAGAR' community their status is low in economic as well as educational enrollment. Most of these communities largest groups of population are illiterate (44.1%) (CBS, 2003) and knowledge as well as aware about the bad effect of rapid population growth rate. Therefore high fertility behavior is found in 'MAGAR' communities and seeing that the deep-rooted natural and

religious factors influence on fertility behaviour. Most of couples are not agreed to use the contraceptive because of the shyness and low knowledge about the advantage of contraceptives. So this study has tried to find out the fertility situation of 'MAGAR' community in Salyankot VDC of Dhading district.

In the absence of demography any study may become incomplete. So, demography is the statistical and mathematical study of composition, size and spatial (geographical) distribution of human population and its change over time. In the demographic view, though the operations of the five processes of population change such as fertility, mortality migration, marriage and social mobility, fertility is one which take place a central position in the study of human population. Human fertility is responsible for biological replacement and for the maintenance of human society. (Bhende and Kanitkar, 2001).

1.2 Statement of the Problem

Although our country is being in practice to reduce the total fertility rate for control nations population, all kinds of governmental and non-governmental organization's policy and programmes are not success. The total fertility rate of our country was recorded as 4.1per woman in 2001 & 3.1 in 2006 (NDHS 2006). This data shows that the national goals of population control is not achieved and comparatively high than other some of the neighbouring countries. The total fertility of China is 1.7, Sri Lanka 2, India 3.1 and Bengladesh has 3 per woman. Accordingly, crude birth rate of Nepal was recorded 33.1 per thousand population which is comparatively higher than other neighbouring countries followed by India as 25, Bangladesh has 30, Sri Lanka 19 and Maldives 18 per thousand in the same period were observed. The contraceptive prevalence rate in Nepal is 48 percent in 2006 (NDHS,

2006) which is less than other neighbouring countries. The prevalence rate of India at the same time was 68, Bangladesh 60 percent, China has 93 and Sri Lanka has 76 percent among currently married women (PRB, 2006). Nepal is one of the agricultural country in South Asia and among SAARC countries where nearly 66 percent of the total population is dependent in this sector (CBS, 2003). According to 2001 census, literacy rate of Nepal is 53.74 percent where female literacy role is 42.8 percent.

In many developing countries high fertility is associated with the level of income, education, child survivors as well as cultural and religious factors. In addition family planning in general has an important role to play in reducing marital fertility (UNFPA, 1989: 73)

According to the national published data of census 1991 and 2001, Magar population is in third position in both census. The record is given that 7.2 percent in 1991 and 7.1 percent in 2001 census. The pattern of fertility among the sub-group within the same religious community may also differ from each other. Commonly, the lowest caste women showed (occurred) higher fertility in each age group while compared to upper caste women. Another side the ethnic diversity also differs the fertility rate in every society that the minority group exhibits a high fertility behaviour in comparison to the majority groups. Thus, it is notable that the population of ethnic groups has shown considerable variation in demographic and socio-economic characteristics.

Nepal is a unique country in South Asia with multi ethnic multi-lingual and multi-religious society. In fact, there is variaties in socio-economic position in different caste and ethnic groups. Mainly the society is directly divided into two different groups in upper socio-economic position and lower socio-economic groups (haves and haves not). In lower and upper caste system comparatively lower caste people are going

to lower and lower level day by day. Generally, they have high fertility behaviour, low educational status, and live under poverty line, most in remote areas of the nation. Among the lower condition caste MAGAR community is one of the suffering ethnic groups where most of the population are illiterate. Most of the Magar community have high fertility behvaiour, poor educational attainment (55.9%) lack of family planning knowledge caused by shyness and traditional beliefs. The reasons for high fertility in Nepal are low status of women in every society low level of education, high infant mortality rates, strong economic value of children, socio-cultural tradition which favours son preference early child marriage system, high poverty, inadequate distribution and coverage of family planning programmes to the people.

There are several studies in fertility behvaiour as national and secotrial levels with respect to different caste and ethnic groups. Among those studies have been rarely carried out especially in Magar community. Therefore, it is essential to focus on fertility behaviour among Magar community. So, the major findings of this study mainly contributes in the academic as well as policy making level to address the population issue by different ethnicity groups.

This study is especially based on Salyankot VDC of Dhading where Magar is the largest caste with households and population in this VDC. Among the 1056 HHs and 5538 population (2001, census) Magar HHs is 265 and population is 1733 (field survey, 2009). So, this research basically based in this Salayankot VDC. The main aims of this study is revealing the ideas that how the fertility behaviour has improved in the Magar community and how they have experienced with the use of contraceptive methods. On the other hand this study tries to find out the

fertility behaviour with respect to socio-economic and demographic variables in the Magar community of this VDC.

1.3 Objectives of the Study

The general objectives of the study is to analyse the fertility behaviour in Magar community. The specific objectives are as follows:

- To analyze the socio-economic characteristics of 'MAGAR' community in Salyankot VDC.
- To examine the family planning practices as well as knowledge and its effects on fertility among 'MAGAR' community,
- To study the relationship between fertility and some socio-economic and demographic characteristics.

1.4 Significance of the Study

In the present time, high fertility is one of the burning problem of population growth. The policy conducted by the nation is not success because of the lack of highly sensitive and awareness society. In Nepal there are many kinds of traditional communities which falls mainly in indigenous (*JANAJATIES*) groups. Among these various indigenous groups Magar is the highest community in total population but lowest socio-economic status in real practice and in an average high fertility behvaiour in this community. So, the main purpose of this analysis is to find out the various socio-economic and demographic aspect of fertility of Mager community in total area of Salyankot VDC. By the statistical figure Magar community is in third position in total population of Nepal (2001, census). But there is very rare studies are taken about Magar community. In this community fertility rate is high and most of the people are illiterate. Therefore, this study is important to know the fertility behaviour of Magar community.

Basically, fertility is started at 15 years and end of 49 years of every woman. This period is perfectly concerned with their fertility behvaiour. So, this analysis is mainly focus of the married women at age (15-49) years. On the other hand, some other married aged women are taken as respondent for the purpose of finding the fertility change in past period and now. This analysis gives research output to the nation and particularly for all people of salyankot VDC as well as other coming new researcher. This analysis also gives some awarness and recommendations for policy maker as well as planners for those Magar women who are still suffering from high fertility behaviour and facing the maternity health problem. Very rare individual and institutions and researchers have endeavored to study in this particular subject matter.

1.5 Limitation of the Study

The statement is true and also difficult to cover and analysis in depth all of the one of the nation by this small and short time analysis report. So this study is limited to the following points (terms)

- The study is only based on fertility behaviour of Magar community of salyankot VDC of Dhading district.
- This analysis is based on the general socio-economic study of the analysis population and married women aged (15-49).
- The study is related some selected variables to describe the status of women and its relationship with fertility.
- The selected respondents of this analysis are married women of reproductive ages.
- This analysis has been carried out in village among ever married women of reproductive ages, especially in Magar

women's the generalization may not be possible for the other community group women as well as urban women.

1.6 Organization of the Study

This analysis is organized into six chapters. The first chapter covers the introduction which includes background of the analysis, objectives of the analysis, statement of the problem, significant of the analysis, limitation of the analysis and organization of the analysis are then main part of the first chapter. The second chapter deals with literature review in which theoretical literature, empirical literature and conceptual framework are included.

The third chapter related with the methodology of the analysis where introduction of the study area, selection of the study area, sources of data, sample design, questionnaire design and other major tools used for the data collection procedure are included. Accordingly, the fourth chapter concerned with the background characteristics of analysis population as well as demographic and socio-economic characteristics of the households.

Fifth chapter contains the core part of the analysis population of Salyankot VDC. This chapter provides about the analysis of analyzed women's fertility behavior such as age distribution, age at first marriage, as at first menstruation, number of children ever born, ideal number of children, family planning knowledge and use which relationship of women's CEB with different socio-economic variables. At last sixth chapter informed the summary of findings, conclusions and recommendations are included.

CHAPTER - II

LITERATURE REVIEW

2.1 Theoretical Literature

In the study of fertility subject matter, there are various theoretical and empirical literature related with. Fertility behavior and are various assumptions as well as methods to control over it. Especially, fertility is determined by different physical factors and their interplay with social, cultural, religious, economic and modernization factor. In the field of demographic views, in terms of fertility, various demographer and social researcher were argued in different way with related basic features.

There are mainly two major generations demographers, can be identified in terms of theories of fertility. The first generation fertility theory is derived from the classical demographic transition theory, which has dominated demographic thinking for half a century. This theory was foreshadowed by Thompson (1929) but created in its classical form largely by Notestein (1945, 1953) and places a broad emphasis on social and economic modernization. In general, demographic transition theory can be characterized by four phases. An initial phase of high fertility and mortality, a second phase where mortality falls and fertility remains high resulting in rapid population growth, a third phase where fertility drops, slowing growth, and a final phase of low mortality and low fertility. Transitions in fertility were explained on the basis of a version of modernization theory (Notestein, 1945) and of cultural diffusion (Coale, 1973). According to Notestein, in traditional rural agricultural societies, fertility was seen as necessarily high to offset high mortality to ensure population survival, as a society develops (modernise) economic and social changes such as industrialization, urbanization and increased

education. First lead to a decline in mortality and subsequently also to a decline in fertility.

The second generation fertility theories paid attention to the nature of political, economic and cultural issues and focuses on a local level perspective. The key point here is salience of micro level process toward understanding fertility. Topics covered in these studies included the "economic value of children" (Becker, 1960, 1981), (Easternlin, 1975, 1978), (Leibesitein, 1981), "intergenerational wealth flows" (Cardwell, 1976, 1982). Proximate determinants of fertility (Bongaarts 1978, 1982, Bongarts and Potter, 1983), Institutional determinants for fertility change (Cain, 1977, 1981, 1982, 1985, 1986, Mc Nicoll, 1980, 1992, 2001) the ideational theory (Cleland and Wilson, 1987), and gender and family system in the fertility transition (Moson, 1987, 2001). Each theoretical approach outlined above is linked to the classical demographic transition theory (Cited from Subedi, 2006).

Fertility decline is a largely rational process. It is based on individual calculations that lower fertility makes sense, not selely in economic terms but also for social and psychological reasons. Rohald Freedman (1975) introduce two types of norms in his model namely norms about family and norms about intermediate variables. Varying life style related to position in a status, hierarchy influences norms about family size. Status indicators such as education occupation, income, wealth, power, prestige, caste and general class indicators may influence the desire number of children. Social organization such as also family planning progammer may involve without explicit reference, either of norms or may influences the intermediate, which is turned affect fertility behavior (Tuladhar, 1987).

'Bengladesh Fertility survey' found that female age at marriage has a significant and direct negative influences on fertility. Thus rising the female age at marriage by employment a minimum age at marriage is likely to lower fertility. Duration of breastfeeding is also found to have a significant and direct negative effect on fertility.

Easterlin (1978) postulate a set of eight variables under "Eastern framework" which are:

i. Labor value of children

ii. Children values as old age security

iii. Infant and child mortality

iv. Age at marriage

v. Proportion of never married

vi. Incidence of widowhood or widower

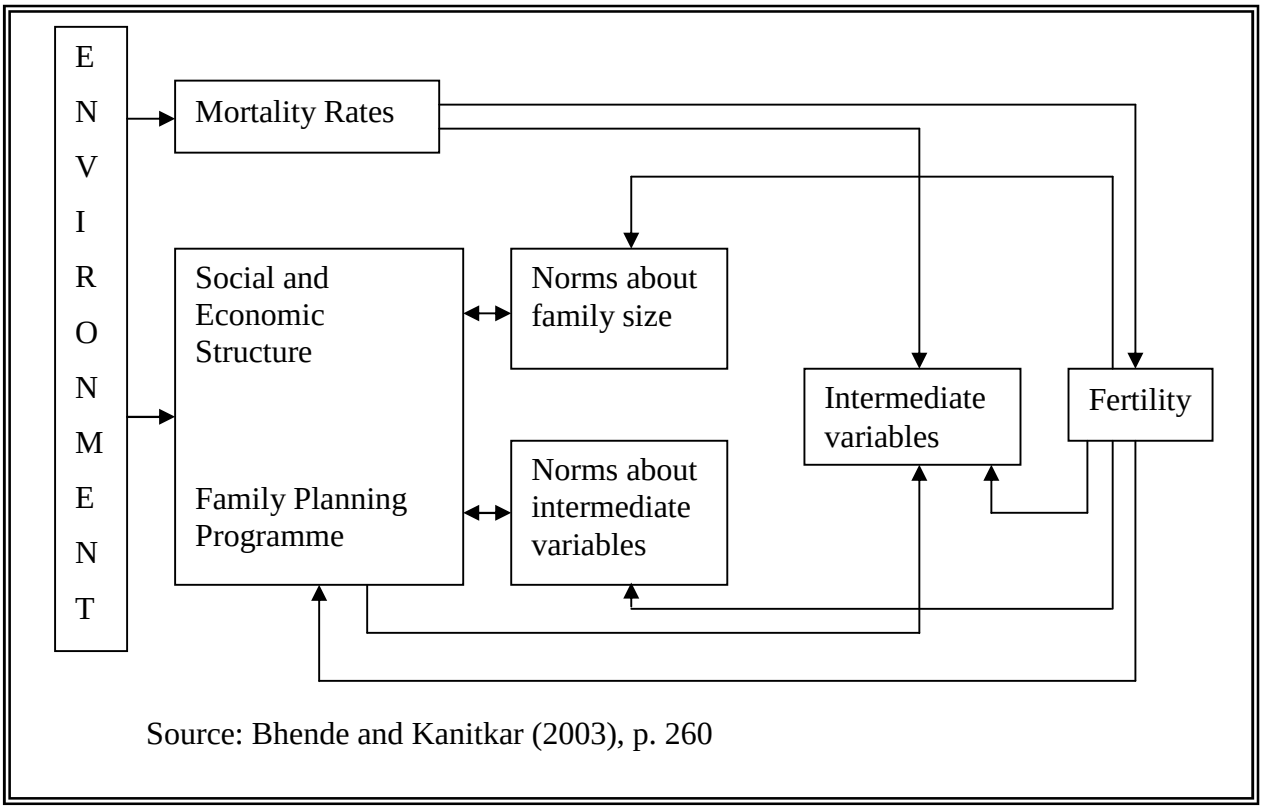
vii. Infecunding due to breast feeding, malnutrition disease physical, psychological and monetary cost.

viii. Economic cost of children.

Socio-cultural, economic and demographic characteristics affect the level of fertility of a country according to different explanations of fertility decline. So, it is necessary to understand the important of causal links between socio-economic and demographic variable and their relationship with fertility (Aryal, 1978). The theory of diffusion of cultural pointed out that the decline in birth rate in western countries was due to change on values and attitudes towards reproduction, resulting with the sensitive use of methods of birth control. Which included contraception, abortion and voluntary abstinence (Bhende and Kanitkar 1996: 24). Bhenda and Kanitkar have shown a framework of fertility in

their authorized book entitled principle of population studies: in fertility chapter. The framework has been shown as follows:

Figure 1: Sociological frame work of fertility



Source: Bhende and Kanitkar (2003), p. 260

In Nepalese society, high economic and social values of children, low education status and social status of women, poor health an insufficient nutritional intake, inaccessibility of quality family planning service and its unmet demand are the major determining factors of high fertility in our country. Fertility is also affected by some other proximate determinants such as age at marriage, post-partum amenorrhoea, contraceptive use and induce abortion. On the other hand these proximate deferminants are also affected by social, economic psychological and environmental variables.

2.2 Empirical Literature

Rapid population growth in most of the developing counties like Nepal is low level of mortality rate and high level of fertility rate. In

different number of studies related with fertility which attempt to summarize the studies regarding the determinants of fertility are briefly discuss about selected factors and presented below respectively.

2.2.1 Education and Fertility

Education is one of the important factor to determine fertility behaviours of human being. We are seeing that the relation of these two variables is inversely proportion it means that increase in educational status decrease in fertility rate and decrease in educational status increase in fertility rate. A well known study showed high fertility among the women with elementary level of education than graduate in USA (UN, 1973).

In the context of our country Nepal education has been considered as a catalytic agent to reduce fertility. In many cases educated women are more aware and sensitive of the issue of quality of children then non educated. (Risal and Shrestha, 1989). In Nepal, the average number of CEB is 1.8 for literate women especially for primary education and 1.5 for graduate which is lower than illiterate with CEB 2.8, ICPD, 1994 in its chapter eleven reveals that the education is a key variable in sustainable development. Education helps to reduce fertility, morbidity and mortality. The increase in education of women and contributes to women's empowerment, to post ponement of marriage and to reduce in family size (UN, 1994). In Nepal, women with no education have 3.9 CEB, primary education 2.8 and secondary have 2.3 only. Similarly, CEB of a women where husband is illiterate has 3.6, with primary education 3.1 and with secondary education 2.7 (NDHS, 2006).

2.2.2 Occupation, Income and Fertility

Income status is related to occupation status in poverty shades area the fertility is higher due to the involvement of children in labour force. Parents having higher income prefer few number of child. The production and distribution system in the society are inversely related to the level of fertility. Increasing occupational opportunities individuals goes outside home which also reduce the level of fertility (Dahal, 1993: 85).

Adhikari (1992), Risal and Shrstha (1998) found that the work status of women was inversely related to mean number of CEB. Better education and increase in mean age at marriage was 20.2 years for administrative workers and 17.9 years for the women working in form and agriculture sector. While observing the fertility incase of CEB of different group of people i.e. not working in agricultural and household and non-agricultural according to. Birth, Death and Contraceptive Survey, Nepal the CEB for not working was 3.2, for household worker 3.3 and for non- agricultural women 2.9. (CDPS, 1996)

In order to reduce poverty in Nepal, it is highly important to effectively implement fertility reduction programmes. Many studies shows that since 1970, developing countries with lower fertility and slower population growth have seen higher productivity, more saving and productive investment. Family planning programmes and population assistance were responsible for almost one third of the global decline in fertility from 1972 to 1994. These social investments attack poverty directly and empower individuals especially women the enable choice (CBS, 2002).

2.2.3 Age at Marriage and Fertility

Marriage is cohabitation of two opposite sex. The early age at marriage provides the chance to experience all the reproductive period of women. Many studies conducted to find the relation between fertility and age at marriage reveal the inverse effect of age at marriage in fertility. Those women who marry late have less number of children and total fertility.

In Nepal, age at marriage is found to be lower for females was 19.3 years 21.5 years for males in 2006 (MOHP) reported. Nepal is a multi-lingual, multi-religious and multi-ethnic society. According to the age and other religion and ethnicity, age at marriage and CEB are different women who have started cohabitation at the age of in and earlier had CEB of 3.7 children whereas the women cohabitation in (15-17) years had 2.3 and 18 years and later has 2-9 (Acharya, 1996). The values of singulate mean age at marriage (SMAM) have increased by 3 years for males and 4 years for females since 1961 and these are in 2001 increased the trend of SMAM.

A study claims that women marring between 20 and 24 years have similar fertility that of those marrying before age 20, only if the marriage age reached 35 or over would there be a significant reduction of fertility. Perhaps this is one of the reasons for persistent high fertility in Nepal (Karki, 2003). The number of child ever born affects the socio-economic condition of the people in the country. Empirical study have shown that number of children ever born and poverty are positively associated. The maternity health and family planning are interrelated and they together have an impact on the quality of population.

Tuladhar (1989) examined the decline trends of fertility in Nepal using data for Nepal fertility and family planning survey. He found that

fertility seemed to be declining over the past 10 years from TFR of 6.2 to 5.6. The declining in fertility among young women is probably due to increase in marital age.

2.2.4 Infant and Child mortality and Fertility

Infant mortality rate ceases the action that reduces post partum amenorrhea period and resumption of ovulation occurs and the mother is ready to caring another baby. Another side death of children reduces the child caring responsibilities, child caring mothers in some culture sleep separately from her husband and the absence of child resumes sexual activities. Parents desire to reduce the death child with new one which further helps to increase the complications of pregnancy, maternal mortality and also infant and child mortality due to low birth weight and Malnutrition.

Women with higher child loss experiences had higher CEB and women with an experience of no child loss had 2.5 those with one child loss had 4.3 and those with two or more child loss had CEB 6.5. A steep increase in CEB for cases of two or more daughters or sons dead is evident. So women with higher child loss experience had higher CEB. (Acharya, 2000).

New Era (1986) found a close relationship between infant mortality and number of children ever born. The study conducted the existence of strong child replacement effect in Nepal. According to the NFHS (1996), there is a close association between survivorship of previous child and birth interval. Accordingly, NFHS (1991), higher CEB to the younger women than over age 30 was seen. The reproductive performance is affected by the experience of child loss which affects the number of CEB (Adhikari, 1996: 7-8).

According to NDHS 2006, the CEB of currently married women aged (15-49) years was 3.04 while mean CEB of all women was 2.44.

The interdependent relationship between fertility and mortality suggests that a reduction in infant child mortality will trigger a subsequent decline infertility, it has also found that lower IMR motivates couples to produce less number of children (Karki, 2003).

The current estimate of child mortality in Nepal is 28.6 indicating that of the 100 babies surviving to age one, 28.6 percent die before they reached the age of five. In a likewise manner under five mortality is 91 indicating that of the 1000 children born today 91 will be die before they reach the age of five and IMR is estimated 48 per 1000 live births (NDHS, 2006).

2.2.5 Contraceptive Use and Fertility

Almost of the human societies are widely belived that family planning awarness helps to control population growth in the country. (Nepal Demographic Health Survey, (NDHS 2006) estimates 93.8 percent of all aged women are knowledgeable about at least one of the FP methods, 53.3 percent have ever used it and 48 percent are currently using any kinds of FP methods. Current use rate of family planning is higher among (35-39) years as recorded 81.3 percent. This is higher among those from richer households. Basically, ratio is the most common media of information about family planning. The majority of the women 38 percent reported radio, as the source of information about family planning methods followed by friends /relatives (24%) television (7%) and Newspaper (3%). In response to the question asked to women aged (15-49) years on the type of family planning methods, currently using either by them or by their husbands 33 percent reported laproscopy /Minilap, 20 %, Vasectomy, 39% other temporary methods and only 8%

condom. Among them 60 percent of users of family planning methods visit public health institutions to get those methods, followed by VSC (19%), Pharmacies (9%), private health institutions (5%) and Health workers (4%). Such a pattern is observed in all developmental regions, ecological zones, age groups and conception genitives. However, after public health institution, pharmacy is more popular in urban areas and the richest quintile (CBS/NLSS, 2003/04).

Various organizations NG, NGOs and INGOs are trying to reduce fertility by launching family planning programmes and increasing the percent of contraceptives uses but they can not get success for it because there are different social, economic psychological, cultural and other causes towards it. So, fertility level is also high in developing countries like Nepal.

K.C. (1998) reported that only 38.4 percent of women with living children had used contraception and 40.5 percent of women with three and more living sons. This shows that the women with fewer sons do not use any contraceptive. The situation in Nepal is that only 34 percent of the reproductive women with even five children had used contraception in 1996 (Acharya, 1999).

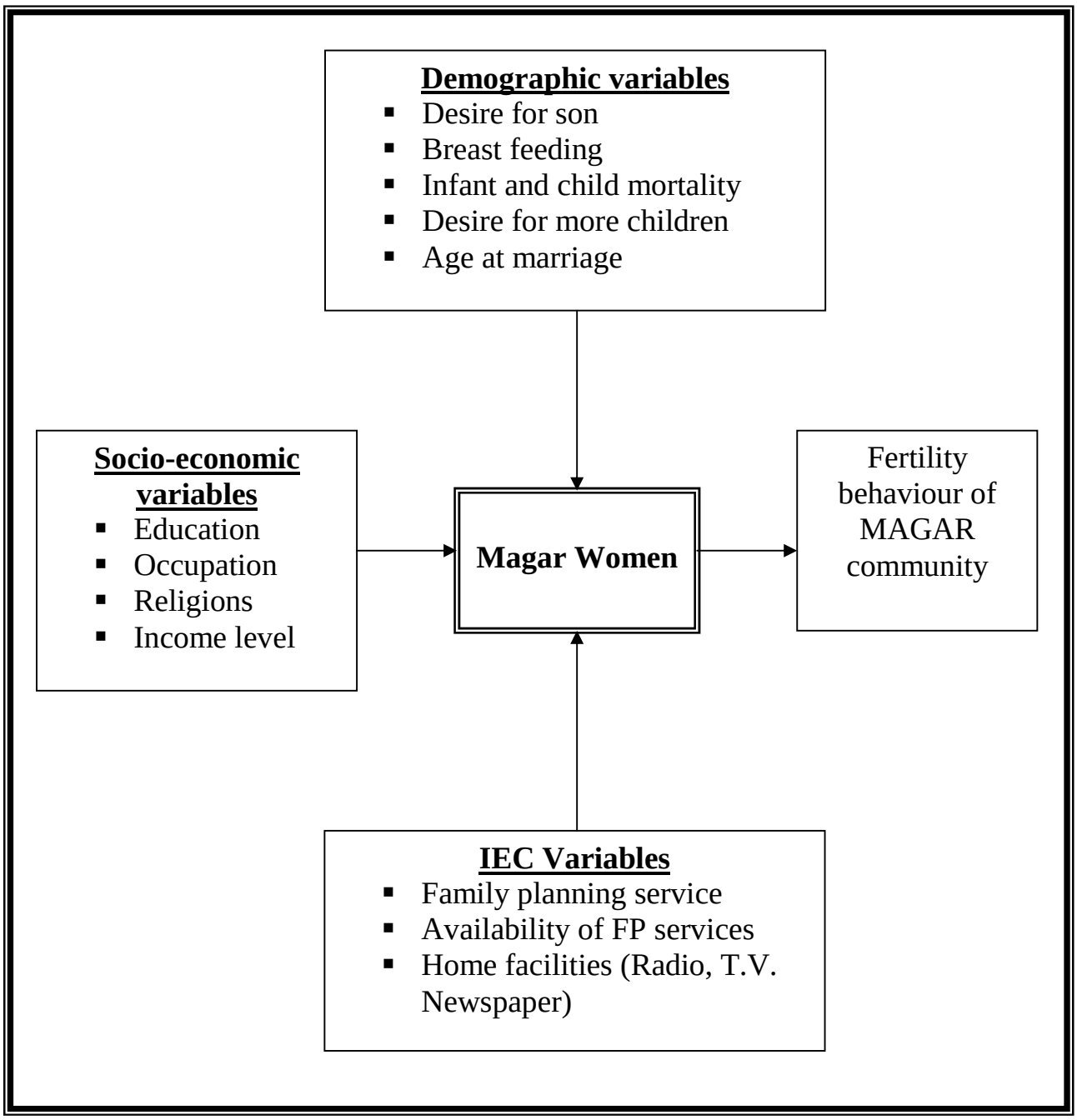
Over all contraceptive prevalence rate (CPR) increased from 29 percent in 1996 to 48 percent in 2006. Nepal is one of the first nation to disseminate information about family planning through family planning association of Nepal since 1958. Particularly, since late 1960s the government has become as integral part of the country's health services (MOPE, 2000).

Dahal (1989) found a close negative relationship between family planning service and desired family size. Women's education associated with contraceptive use. The use of contraceptive is also different

according to the working status of the women. The rate of use almost double women involved in a non-agricultural after than agricultural are 45.2 percent to 23.2 percent (Subedi, 1996).

2.3 Conceptual Framework

Figure 2: Conceptual Framework



CHAPTER - III

METHODOLOGY

3.1 Selection of Study Area

In this analysis for the purpose of fulfillment and received fact information about household information, socio-economic and demographic characteristics as well as the practices of family planning among Magar community of Salyankot VDC Dhading district is choosen as study area. In this VDC all of nine wards are taken except wards 3 and 6 because in these two wards Magar household and population are very low. There is no any type of research conducted till now related with Magar communities. So, this study is conducted myself to check and find some socio-cultural and demographic variables related with fertility behaviour of Magar communities of this VDC.

3.2 Introduction of the Study Area

Salyankot VDC is one of the fully hill region among the 50 VDCs of Dhading district with lies in Bagmati zone of central Development region. The popular Toles of this VDC are Tripursaundari, Katheri, Chisapahi, Hatiya, Belung, Bhaniyang and Karki Gaun. According to the political division, this VDC is situated in constituency number one of Dhading district. This VDC is like a kind of middle level in agricultural view. The main crops are millet, corn, wheat and a few rice is grown in some field. most of the people are involve in agriculture sector and a very lower number of villagers are engaged in business, security forces and foreign employment. Among 50 VDCs Salyankot VDC lies in the middle part of Dhading district whose neighboring VDCs are Mulpani and Phulkharka in the northern part, Marpak and Gumdi in the eastern part, Tripureshwor in the southern part and Aginchok is in the boarders of

western part of this village development committee. There is near about half of forest and small hills and half of the total land are covered by agricultural land and human settlement.

Demographically, the population of this VDC is 5535 according to census 2001 which contains 2560 males and 2978 females. At the same time there were 1056 households recorded and the literacy rate of this VDC is reported as 47.4 percent among the population 6 years and above (CEB, 2003). Among them 208 households and 1400 population were recorded only of Magar community.

3.3 Source of Data

There are mainly two types/ sources of data collection. For the purpose of fulfill the research materials the first source of data is primary and the another is secondary. In this research primary source is mostly used for collecting data which are collected from the field survey myself as possible and other some reliable persons are also used in the field survey for reliable data collection. Similarly, some of secondary data are also used to ascent and enhance the research which are collected from CBS report of census year 2001 and other administrative record.

3.4 Sample Design

The sample survey was designed only for the population Magar community which was selected in Salyankot VDC of Dhading. According to the field survey of 'Magar households and population survey 2008, there are 265 Magar households in total VDC area. Among them 135 households are taken as sample household which covers 52 percent of total households. Only Magar community married women of reproductive ages were selected as the respondents. In this survey there are manly two types of question are included in the questionnaire are, one is household

survey questionnaire and other is individual information with related demographic characteristics as well as socio-economic and use of family planning information.

At first, a sampling frame of Magar households were collected then some selected household were choosen for sample design from each ward except ward no. 3 and 6 where the eligible respondent is available. Fifty two percent of households were selected. The following provides further detail about sampling frame and sample size.

Table 1: Distribution of Sample Size by Wards

Ward No.	Total Magar households	Sample households
1	40	21
2	33	17
3	5	-
4	25	13
5	48	25
6	1	-
7	18	10
8	22	12
9	73	37
Total	265	135

Source: Field Survey, 2009

3.5 Selection of Respondents

In this study, for household information collection, household head is chosen as possible. If the household head is absent in the period of survey, any member of that family who knows the family background well is asked. For special information and demographic information and knowledge and uses of family planning methods, only married women in reproductive ages (15-49) are chosen as respondents. If there are more than eligible women; only one woman of reproductive ages (15-49) from one household was selected. At the time of survey there is at least one eligible women (respondents) are found at all sampled households.

3.6 Questionnaire Design

To find the real and perfect output of the study a questionnaire should be reliable. A questionnaire is a list of questions arranged in sequential order. There are different types of questionnaire which can use to collect required informants. Some of them are: structured questionnaire, open-ended questionnaire, pictorial questionnaire and mixed questionnaire.

It this study mixed questionnaire was used expect pictorial questionnaire. For the study of fertility behaviour of Magar community, the questions were divided into two different groups: They are as follows:

- Household information survey questionnaire: Introductory information, family information and demographic information were included in this group.
- Individual questionnaire for demographic information:
- In this group name, age, age at marriage, age at first menstruation, education, occupation, no. of sons and

daughters, knowledge of FP, source of information, use and non use of FP methods etc. were included.

3.7 Data Collection Procedure

After preparing reliable questionnaire, the data collection process is started in the study area. The data were collecting by visiting house to house in the start date of 14 January till 30 January 2009. In the data collection period the researcher himself was involved. And, for the purpose of qualified data and convince the household member to help for research, other experienced persons are also used. Before going them to fill questionnaire some sort of orientation is given and for the control of quality, not more than 10 questionnaires filled up in a day.

3.8 Variables Used in the Study

There are mainly two types of variables are used in research which directly and indirectly affect in following characteristics. Such as;

a. Socio-economic variables such as income, occupation and education.

b. Demographic variables such as age at marriage, child loss experience, desire for son or daughter and contraceptive use and knowledge about family planning methods.

3.9 Data Tabulation and Analysis

After collection of data, the data are analyze as figure tabulation, frequency distribution, charts, figures correlation, pie chart, mean and average values are processed and presented in tabular form in corresponding headings.

CHAPTER - IV

CHARACTERISTICS OF THE HOUSEHOLD POPULATION & RESPONDENTS

It this chapter, background characteristics of the household and study women are described. The main purpose and interest of this study is to relate the socio-economic and demographic characteristics with women's fertility condition. Form the statistics about family status also determines the status of women which ultimately determines the fertility and family planning status of women. That's why, household information is also collected and analyzed in order to relate with the women's fertility and family planning behaviour.

4.1 Characteristics of Household Population

Actually, fertility is a demographic matter. In case of large number of family members in a household creates more problem in the family. This hinelers the woken can not to achieve the meaning of human life and she may have to involved in rearing and bearing of children and every time doing household work. This sub-chapter deals with household characteristics such as total household and population of all wards, family size, economic status, facilities religion and so on.

4.1.1 Total Households and Population

This study find out that the Magar community household are more than other caste household and population. Magar community household followed by ward No. 1 in total 40 similarly the total Magar population of ward No. 9 is 477 and ward no. 1, is 253. But in ward no. 6 there is only one Magar household and samely in ward No. 3 has only 5 household. The total statistics are shown as follows:

Table 4.1 The distribution of sample Magar household and population

Age groups	Male population	Percentage of male population	Female population	Percentage of female population	Total
0-4	45	9.8	46	10.8	88
5-9	45	9.8	41	9.6	86
10-14	48	10.4	45	10.7	93
15-19	52	11.3	44	10.3	96
20-24	55	11.9	52	12.2	107
25-29	47	10.2	37	8.7	76
30-34	36	7.8	38	8.9	74
35-39	43	9.3	40	9.4	83
40-44	33	7.2	30	7.0	63
Above 45	57	12.4	53	12.4	108
Total	461	100	426	100	887

Source: Field Survey, 2009

4.1.2 Family Size

In a modern society the concept of nuclear family size is the global trend. Now, most of the families are with in nuclear family which known as father, mother and their son and daughter. In Magar community some of households are also follows up the nuclear family society. But most of the Magar community of Salyankot VDC are in traditional and conservative society which result mostly they have joint family system. In modern concept all people believe that small family can only get

various opportunity than joint family. For the purpose of family size respondents were asked about their family size in every households. The reports are tabulated in table 4.2.

Table 4. 2 Distribution of respondent's households by family size

Family size	No. of Households	Percent
1-4	32	23.7
5-8	77	57.0
9-12	19	14.0
12+	7	5.2
Total	135	100
Average family size	6.76	

Source: Field Survey, 2009

The table no.4.2 shows that the largest number of family have 12 persons and above but they are in few households. Most of the household have 5,6, 7 and 8 persons which covers over than half of the households as 57 percent and followed by (1-4) family members which is accounted 23.7 percent. Fourteen percent of households have (9-12) members and only about 5 percent of households are found having 12 and above members.

4.1.3 Religion

Nepal is one of country with multi-religious people though it has 80.6 percent people are Hindu at national level according to 2001 census. But it is in decreasing level gradually because the proportion of Hindu was more in previous census 1991 of 86.5 percent. The proportion of other religions like Boudha, Christian and Islam has been raised gradually. By the view of religion also people my have different beliefs

which directly or indirectly will affect the fertility and knowledge and attitude to the individual. So in this research also the respondents were asked their religions status which are tabulated in table below.

Table 4.3 Percentage distribution of households by religion

Religion	Households	Percent
Hindu	122	90.4
Buddha	10	7.4
Christian	3	2.2
Total	135	100

Source: Field Survey, 2009

It is clear from the given table that most of the respondents are Hindu which is accounted 90.4 percent. It shows that the percent of Hindu is more than national average percent (80.6%). By the same table for Boudha which accounts 7.4 percent which is lower than the national percent (10.7%). In fact, according to the ancient history of religion Magar community are based on Buddhist culture. Only three respondent (2.2%) is found on accents of Christian religion.

4.1.4 Economic Status

It is not fully true that the cause of high fertility determinants is economic status but in some case economic status is considered as determinants of the fertility. It plays indirectly a vital role in fertility behaviour. From this research in Magar community the researcher found that high economic status households have few children but in low economic status households it has large no. of children. In a rare cases high economic status household have also more children by the causes of negligible, traditional social norm and values as well as pressure of household senior member and husband sex preference behaviour. It this

sub-topic, status of income, landholding status and domestic animals are described based on the respondent's responses.

4.1.5 Living Status

Researcher asked the respondents whether they are living currently in their own house or not. The respondents responses are tabulated in table 4.4.

Table 4.4: Percentage distribution of households by living status

Living status	Households	Percent
Own house	118	87.4
Other's house	17	12.6
Total	135	100

Source: Field Survey, 2009

The table no. 4.4 shows that majority of the households have their own house (87.4%) and the rest 12.6 percent have no own house.

4.1.6 Type of House

The researcher again asked to the respondents who said to have their own house were further asked about the type of their house. In this Salyankot VDC large number of respondents found to have semi-pakki house which is shown in table 4.5.

Table 4.5: Distribution of respondents by type of house

Type of house	Respondents no	Percent
Semi-Pakki	99	83.9
Kachchi	19	16.1
Total	118	100

Source: Field Survey, 2009

The table 4.5 shows that most of the respondents house. The above table shows that most of the respondents house in semi-Pakki which is accounted for 83.9 percent and the rest 16 percent have Kachchi house which shows that they have lower family status and their living standard is poor.

4.1.7 Land Holding Status

In order to find the actual respondents economic status there are several questions were asked to the respondents. Among them recently who said land holding were also asked the land holding status to them. The responses are shown in table 4.6.

Table 4.6 Distribution of households by land holding status

Land holding status	Households	Percent
Holding land Yes	120	88.9
No	15	11.1
Total	**135**	**100**
Land size (Ropani) Less than 6	25	20.8
6-9	56	46.7
10-14	21	17.5
15-18	12	10.0
18 and above	6	5.0
Total	**120**	**100**

Source: Field Survey, 2009

In national level there about 66 percent of Nepalese people are dependent on agricultural occupation. Being on agricultural society in

national level there is also most of the respondents are found to be holding land more or less in this Magar community of Salyankot VDC. The table4.6 shows that 88.9 percent of the respondents are holding land whereas only 11.1 percent of them have no land in this VDC. Accordingly the respondents who have land their land holding size are as 46.7 percent of them are found holding (6-9) Ropani of land followed by less than 6 Ropani reported 20.8 percent, (10-14) Ropani (17.5%) and 15-18 Ropani 10 percent. And, the least proportion of the respondents 5 percent who have size of land holding is 18 and above Ropani of land.

4.1.8 Cultivation of other's Land

The households who have no land or have a few land but not sufficient to feed the family members may have cultivated other's land to support the family need. Thinking the fact, all respondents were also asked about the landholding status. The responses given by the respondents are presented in table 4.7

Table 4.7 Percentage distribution of households by cultivation status of other's land

Cultivating other's land	Households	Percent
Yes	33	24.4
No	102	75.6
Total	135	100

Source: Field Survey, 2009

The table 4.7 provides information that nearly more than one fourth of the households are holding other's land and the other three fourth of them are not cultivating other's land.

4.1.9 Households Status by Domestic Animals

Basically in rural area of our country Nepal that people who have domestic animal is also a source of daily life income. Some families who have no enough land for growing as well as permanent employment may sustain themselves by selling domestic animals. For the purpose of knowing their economic status and source of income respondents were asked about the various kinds of domestic animals and the number of domestic animals that they had at the time of research which is given below:

Table 4.8 Percentage distribution of households by domestic animals

Status of domestic animals have domestic animals?	Households	Percent
Yes	105	77.8
No	30	22.2
Total	**135**	**100**
If yes, How many?		
Buffaloes	68	64.8
Cows	75	71.4
Goats/ sheeps	45	42.9
Hen/duck	85	81.0

Source: Field Survey, 2009

Note: The percentage number of various domestic animals are based on total no.of 105 households because of multiple responses.

It is clear from the table 4.8 that 77.8 percent of the respondent's households have domestic animals and the rest 22.2 percent of respondents have no domestic animals at the time of research. Among the

105 households where the domestic animals kept as (64.8) percent of them have buffaloes, about (71.4) percent have cows, 43 percent have goats / sheep and 81 percent have hen/ duck. In fact, this report shows that the Magar community of this VDC are mainly depended on agriculture.

4.1.10 Households Facilities

Availability of households facilities also indicate the economic status of the family. Generally economically well-off family may be better off in other many aspects too. So, the researcher asked to the respondents about the availability of some important media and facilities in their home. The responses of given by respondents are presented in table 4.9.

Table 4.9 Percentage distribution of the respondents by households facilities

Facilities (IEC materials)	No.of households	Percent
Radio	125	92.6
Electricity	40	29.6
Television	45	33.3
Non of them	7	5.2

Source: Field Survey, 2009

Note: The table of percent above 100 because of multiple responses.

Table 4.9 Shows that most of the households have radio facilities (92.6) followed by television (33.3) percent and electricity (29.6) percent. Among them (5.2%) of the households are found not having any of then facilities.

4.1.11 Household by Income and Expenditure

In fact, income and expenditure of a family is one of the major indicators of economic status. However, this is very difficult to find out the actual income and expenditure because of the respondents unclear responses.

Some respondents want to expose more than they have and some other want to underestimate their income and some tell more expenditure than their income. To minimized of this situation, the researcher asked to the respondents to tell about income and expenditure clearly and in real feature. When the respondents told their income less than expenditure there were put cross questioned. As far as possible, researcher has tried to collect the real data on income in the respondents households which is presented below:

Table 4.10 Percent distribution of the households by monthly income and expenditure

Monthly income	No.of households	Percent	Monthly expenditure	No.of households	Percent
<Rs. 2000	6	4.4	<Rs. 2000	7	5.2
2001-3000	7	5.2	2001-3000	8	6.0
3001-4000	15	11.1	3001-4000	25	18.5
4001-5000	28	20.7	4001-5000	26	19.3
5001-6000	24	17.8	5001-6000	38	28.1
6001-10000	22	16.3	6001-10000	15	11.1
10001-15000	22	16.3	10001-15000	14	10.4
Above 15000	8	6.0	Above 15000	2	1.5
Don't know	3	2.2	-	-	-
Total	135	100	Total	135	100

Source: Field Survey, 2009

Table 4.10 shows that most of the household have more monthly expenditure than income as well. This shows that they may have indebted in order to run the family smoothly. This might be because they don't want to tell their actual income and expenditure. However, 16 percent of the households have more than 6001-10000 income but only 11 percent have their much expenditure. In this research more proportion of the respondents said their households has (3001-4000) and (5001-6000) expenses per month.

4.1.12 Access to Drinking Water and Sanitary Facility

Public health is interrelated with drinking water and sanitation. That means health depends on clean water and good sanitation. Thousands of children die each year due to diarrhea, dysentery, cholerea etc, which are mainly due to consumption of contaminated water. Because of high infant mortality in the community, women may give birth to more children thinking if one died, other would live. For every human being water is life and polluted water may cause the loss of life and health injury. Therefore, respondents are also asked the source of their drinking water that they are using. The repliers responses are shown in Table 4.11.

Table 4.11 Percentage distribution of the households by source of drinking water

Source	No.of households	Percent
Tap	95	70.4
Kuwa	25	18.5
Stream	15	11.1
Total	135	100

Source: Field Survey, 2009

From the above table it can be seen that high proportion of the households are using piped water which is accounted (70.4%) and 18.5 percent each of the households are using kuwa and 11 percent are using stream. This shows that the drinking water status of this Magar community of Salyankot VDC we household is not in highly better condition.

Accordingly, the respondent were also asked about the toiled using condition whether they have in their or not. The responses are tabulated in table 4.12.

Table 4.12: Percentage distribution of households by toilet facilities

Toilet facility	No.of households	Percent
Yes	85	63
No	50	37
Total	135	100

Source: Field Survey, 2009

Table 4.12 shows that slightly than two third of the respondent's household has toilet facilities and the rest have not.

4.2 Characteristics of the Respondents

This chapter is mainly focused the situation of demographic and socio-economic characteristics of the respondents. In demographic characteristics includes the age group, age at marriage, age at first menstruation etc. Fertility behaviour related with various socio-economic status includes no. of children, sufficiency of the children, ideal no. of children as well as knowledge and use of family planning devices etc.

4.2.1 Age Group

Being fertility is high or low age of respondents plays a vital role of any country's population. Because only a female reproductive ages can bear a child and women of (20-24) years of age actively involve in the child bearing activities in which age specific fertility rate is found the highest among women's age groups. Here, table 5.1 shows that the age distribution of respondents by five yare age groups.

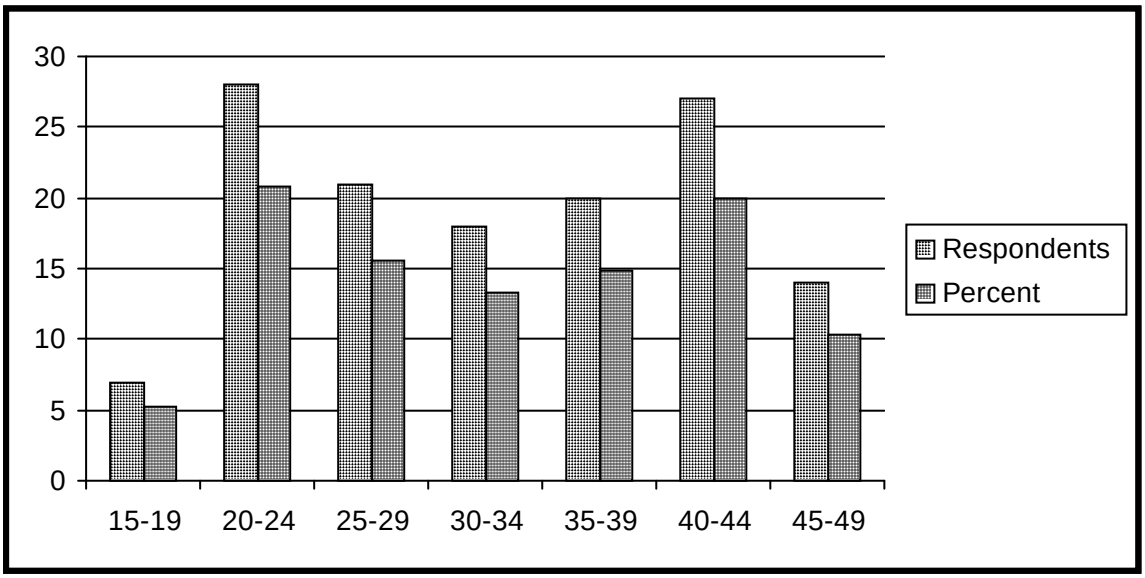
Table 4.13 Percentage distribution of respondents by five year age group

Age group	Respondents	Percent
15-19	7	5.2
20-24	28	20.8
25-29	21	15.6
30-34	18	13.3
35-39	20	14.8
40-44	27	20.0
45-49	14	10.4
Total	135	100

Source: Field Survey, 2009

From the table 5.1 more proportion of the respondents are taken of age group (20-24) as (20.8%) followed by the age group (40-44) and recorded 20 percent. Similarly, about (15.6%) from age group (25-29) and (14.8%) age group of (35-39). In this table the least no.of respondents is taken from age group (15-19). In an average this shows that more respondents are from older age groups.

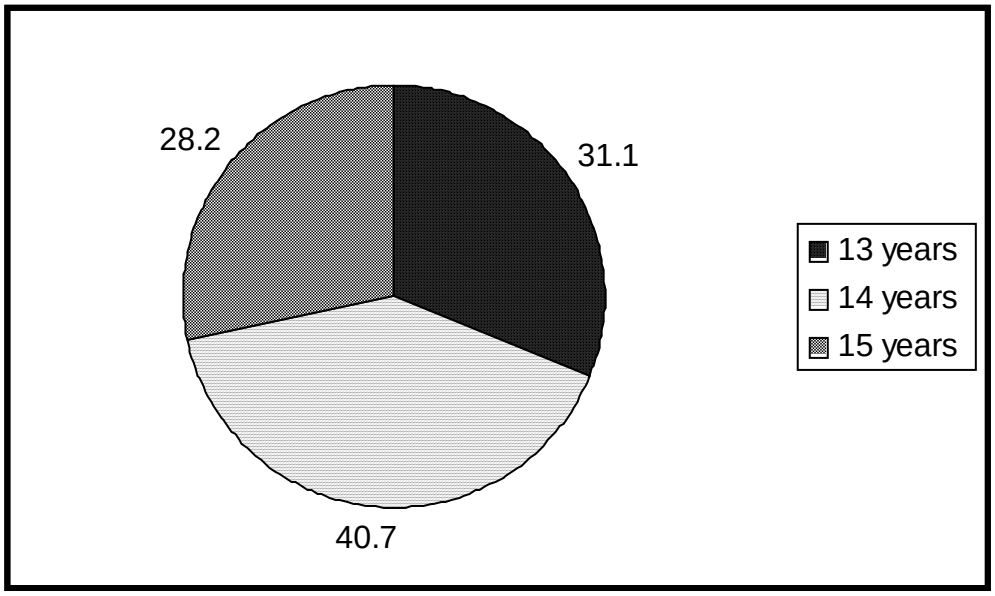
Figure: 1: Distribution of the respondents by age group



4.2.2 Age at First Menstruation

This term also can play an important role to determine the women's status in fertility. If a girl gets first menstruation in earlier age, parents may be worried and they start think about her marriage in such a society and of any country with deep-rooted traditional norms and values. So, in this research respondents were asked about the age of their first menstruation which is presented as follows:

Figure: 2 Percentage Distribution of respondents by age at first menstruation



This pie chart shows that large number of the respondent got their first menstruation at the age of14 years. Which is recorded (40.7%) and similarly 31 percent of the respondents got their first menstruation at 13 years and the rest (28.2%) at 15 years.

4.2.3 Age at First Marriage

Age at marriage is also an important factor for the determination of fertility and family planning. Especially in Nepalese society where marriage is thought to be universal and is taken as a main regular process and responsibility in human life. There is great role of first marriage to determine women's status cause of fertility. It is clear and universal that lower the age at marriage results the higher number of children. The women who tend to marry early in their reproductive ages are likely to bear more children than that of women who marry lately. In this VDC, age at marriage of women is found to be at early ages. It may because of the traditional belief towards to make girls married before the onset of

first menstruation and lack of their awarness. Below is shown the age at first marriage given by the respondents.

Table 4.14 Percentage distribution of respondents by age at first marriage

Age at first marriage	Respondents	Percent
10-14 years	13	9.6
15-19 years	75	55.6
20-24 years	36	26.7
25-29 years	11	8.1
Total	135	100
Means age at marriage	18.7	

Source: Field Survey, 2009

The table noted that majority of the respondents were married at the age of (15-19) is recorded (55.6%). The given data is followed by (20-24) years is (26.7%) and 9.6 percent of the respondents were married below age 15 and 8.1 percent married at age above 24 years. In fact, this shows that more respondents were married in their younger and immature ages.

4.2.4 Age at First Birth

When we think and analysis about the level and pattern of fertility only marriage may not be a factor which affects the women's life status. Because if a woman marriages in her earlier age but she doesn’t give birth very soon until 20 years of her age, she may be better off than the woman who marriages in age below 17 years and bears a child in 17 years. That's why the gap between marriage and first birth also affect the

life status of women. Thus, the respondents were asked about their age at first marriage and the informed by the respondents is given in table 5.4.

Table 4.15: Distribution of respondents by age at first birth

Age at first birth	Respondents	Percent
15-19 years	45	33.3
20-24 years	78	57.8
25-29 years	12	8.9
Total	135	100
Mean age at first birth	20.8 years	

Source: Field Survey, 2009

It has seen that nearly about 58 percent of the respondents have given first birth of their ages (20-24) and followed by ages (15-19) of 33.3 percent and the rest respondents of age group (25-29) is about 10 percent. The mean age at first birth is found 20.8 years. This presentation also shows that there was about two years of average gap between first marriage mean age and birth among the respondents.

4.2.5 Child Loss Experience

If a woman losses her child in her life period, it has many effects in family and health of mother. Child loss experience also determines the status of women which determines the fertility behaviour of a couple as well. When one couple frequently loss their children they forwards to give birth to more children because they can not be sure all of their children will survive. If they tend to give more birth, they don't give important about family planning devices. Which may grows in fertility pattern. So, the researcher were asked about the child loss experience if yes then how many of what sex. But the child loss numbers by sex is not

found accurately that's why only the number of child loss are shown in the table 5.6.

Table 4.16: Percentage distribution of respondents by child loss experience

Child loss experience	Reproduction	Percent
Child loss Yes	32	23.7
No	103	76.3
Total	**135**	**100**
How many 1	16	47.1
2	11	32.4
3	5	14.7
3 and above	2	5.9
Total	32	100

Source: Field Survey, 2009

The above table is noted that nearly 24% of the respondents have child loss experience while other 76 percent have no such experience. Similarly 47 percent of the respondents who have lost one child followed by 32.4 percent have lost two children, 14.7 percent have lost three children and the least percent as 5.9 percent have lost their child three and above.

4.2.6 Knowledge of Family Planning Methods

It must be necessary especially to the new couples about the knowledge of family planning. Knowledge the first step to decide for the use of various family planning methods. NDHS 2006 has found that

knowledge of family planning methods in Nepal is almost universal which recorded percent among women reproductive age. But the knowledge about family planning in this Magar women of Salyankot VDC is found than that of national average level. May be this is because the research area is remote and the age of related respondents are of older ages. Respondents were asked about whether they have heard about family planning methods or not and also recorded currently using of family planning methods on but use. The responses are presented in table 5.7.

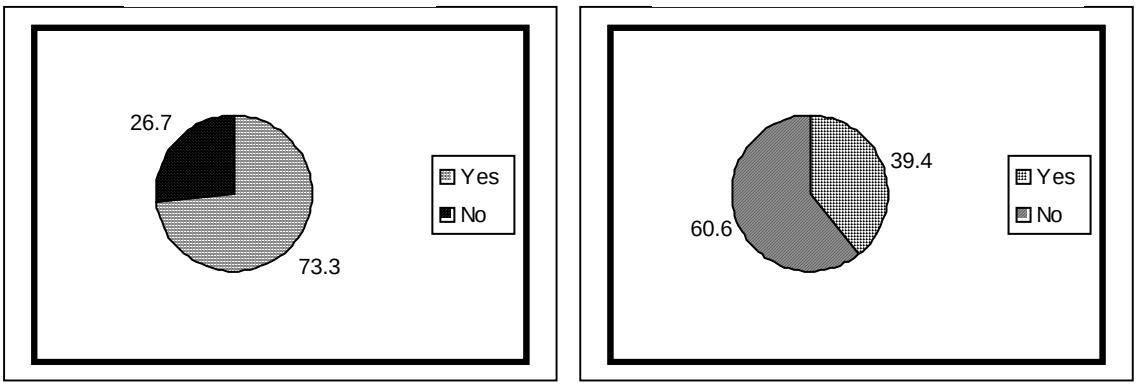
Table 4.17: Percentage distribution of respondents by knowledge of family planning

Heard of FP	Respondents	Percent
Yes	99	73.3
No	36	26.7
Total	135	100
Current using any method		
Yes	39	39.4
No	60	60.6
Total	99	100

Source: Field Survey, 2009

This table shows that about 73 percent of the respondents have heard of family planning methods but rest 27 percent of the respondent have not heard about family planning is still high. It may be the cause of the proportion of older age women is high among the research population and also thy are illiterate. Samely 39.4 percent of the heard women are found currently using family planning methods.

Figure 3: Distribution of respondents by heard of FP and current use of FP



4.2.7 FP Knowledge by Methods

On the basis of knowledge about FP method there is also asked to the respondents who had said to have heard any one of the FP methods were further asked about the methods they have heard. The responses of respondents are given below:

Table 4.18: Percentage distribution of respondents by heard of family planning methods

Methods	Respondents	Percent
Natural methods	18	18.1
Condom	82	82.8
Pills	85	85.9
Kamalchakki	62	62.7
IUD	55	55.6
Female sterilization	43	43.4
Male sterilization	35	35.4
Sangini	72	72.7

Source: Field Survey, 2009

Note: Take percentage may exceed 100 because of the multiple responses (T=99)

It is clear that the high proportion of respondents who have eared about FP methods have heard pills which accounts 85.9 percent followed by condom 82.8 percent and Sangini (Depo-Provera) 72.7 percent. But the table shows that the least proportion of the respondents is found to have heard about natural methods.

4.2.8 Source of Information of FP

Nepal is a country of surrounding by hilly region and almost of the are covered by rural places. Basically, in rural area the easy excess source of information is radio. In other side ratio is popular media cause of poor life stand of the people and they cannot afford all the media sources. By the change of society gradually and electricity facility available in the rural areas, there is expansion of some other sources of media also. Therefore, respondents were asked about the media through which they have heard about FP methods and their responses are tabulated in table 4.19.

Table 4.19: Percentage distribution of the respondents by source of information on FP methods

Sources of FP	Respondents	Percent
Radio	95	96
Television	55	55.6
Health post	62	62.6
Friends	75	75.8
Others	15	15.2

Source: Field Survey, 2009

It is noted that the table 4.19 where nearly total number of the respondents have heard about FP methods from radio which is recorded as 96 percent. Followed by about 75 percent have heard from friends. Similarly (62.6%) each of the respondents have heard through health post and the least number of the respondents have heard from the media of television and others. This shows that radio is one of the popular media for information about FP methods in this research area in rural setting.

4.2.9 Ever Use of Family Planning Methods

For the 'proximate determinants' of level of fertility, use of contreptres is one of the most important factors. Samely, ever use of family planning accents their history of use of family planning methods. Generally it is assumed that use of FP methods plays the main role in transition to lower fertility. Thus, use of FP methods practices in real behaviour it may have help to manage the rapid population growth and environmental contaminants. Most of the under developed and developing countries are out of its proper use because of the traditional behaviour and also low level of education about contraceptives. Now a days, Nepalese women, however the contraceptive prevalence rat is increasing each year, the CPR is still low and there is still high unmet demand of FP methods. In this research, respondents were also asked about the ever asked of FP methods which are tabulated in table 4.19.

Table 4.20 Percentage distribution of respondents by ever use of FP methods

Ever use of FP methods	Respondents	Percent
Yes	60	60.6
No	39	39.4
Total	**99**	**100**
Methods use		
Condom	10	16.7
Pills	15	25.0
Sangini (Depo provera)	23	38.3
Female sterilization	4	6.7
Male sterilization	8	13.3
Total	60	100

Source: Field Survey, 2009

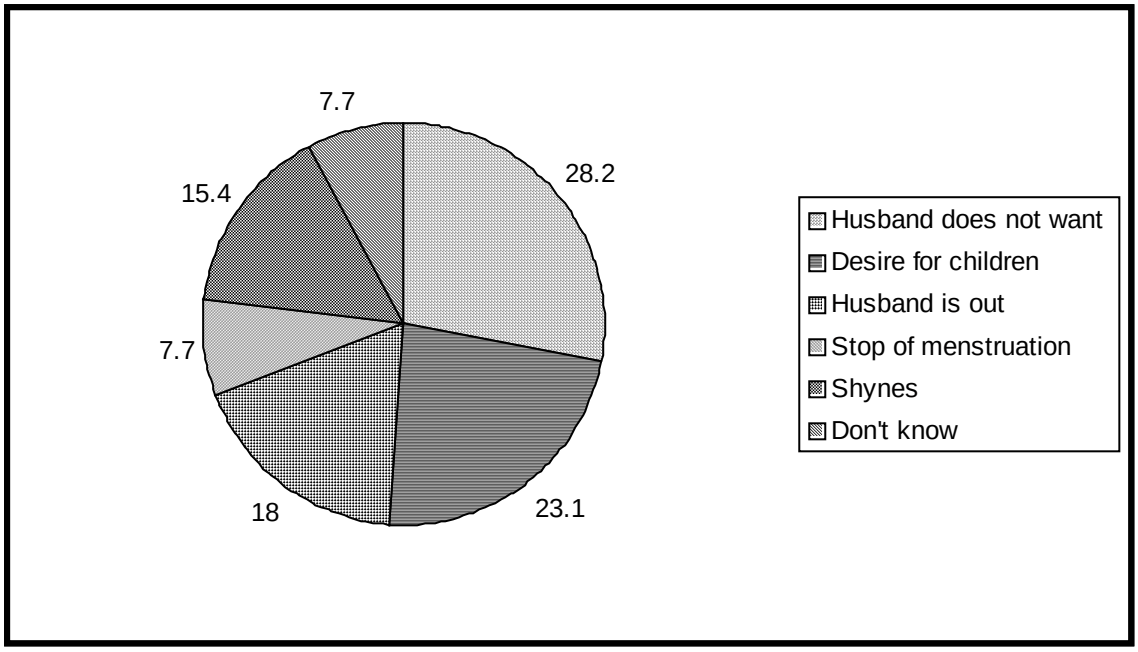
From the table 4.20 it is clear that ever use of FP methods among Magar women of research area is low as national aspects. There is only 60.6 percent of women who have heard about FP methods recorded that they have ever used methods of FP. Among the respondents who have ever used of any methods, higher proportion have used Sangini (Depo-provera) accounted 38.3 percent followed by pills 25 percent, condom 16.7% and the least proportion (6.7%) of women is found to have ever used female sterilization.

4.2.10 Causes of not using FP Methods

Basically, causes of not using FP methods find out the barriers in using FP methods. In Nepal, the status of women is deplorable because of

which they are compelled to accept whatever the family members want especially husband and household head. By the cause of low literacy and poor economic status they are ignorant and even shy to use FP methods. In this research, to find out the obstacles using FP methods, the respondents who had knowledge about FP and they have not used any methods were asked why they didn't do so.

Figure 4 : Cause of not using FP Methods



The pie chart shows that majority of the women are pressed and dominated by their husband for not using contraceptives which is accounted for 28.2 percent followed by desire for children 23 percent. Accordingly, 18 percent of the respondents said that they have not used any methods because of their husbands are out and 15.4 percent each of the respondents reported that the cause of shyness. About 7.7 percent of the respondents reported that 'first they had no knowledge when the FP methods became popular their menstruation cycle is stopped.

CHAPTER-V

FERTILITY BEHAVIOR

Fertility behavior means the actual childbearing practices at the age of women in the reproductive ages (15 -49) preceding the time of survey. Fertility behaviour is the important factor to determine the population size and structure of any state or country. So, in this study, the researcher tried to find the Magar community fertility behaviour with respect to the Magar women's reproductive ages (15-49) and also tried to find the relationship of CEB with different social-cultural and economic as well as demographic variables in Salyankot VDC of Dhading district.

5.1 Number of Children Ever Born

Number of live births also indicates the use and non-use of contraception and desire for children which affects the life of women and their status. In case of women have already achieved the desired no. of children, they are likely to use permanent method of family planning and who have not achieved not likely to use contraception, it means that they want to use birth spacing methods. As the national level of CEB is still high and samely in this VDC the researcher also found having more children of the respondents. The status of fertility among the respondents is given in table 5.5.

Table 5.1: Percentage distribution of the respondents by number of CEB till the time of survey

No. of children	Respondents	Percent
1	22	16.3
2	32	23.7
3	36	26.7
4	19	14.1
5	9	6.7
6	7	5.2
7	4	3.0
8	2	1.5
8 and above	4	3.0
Total	135	100
CEB	3.23	

Source: Field Survey, 2009

This table 5.1 shows that the poor situation of fertility in this Salyankot VDC of Magar women. Because the proportion of women having 8 children and also above is found which is recorded 3 percent at all. There is 26.7 percent of the respondent are found having three children followed by 2 children which accounts for 23.7 percent. Samely 16.3 percent of the respondents reported that they have only one child but 14.7 percent of the respondents are found having 4 children. This shows that the child performance of this Salyankot VDC population is higher.

5.2 Ideal Number of Children

In many cases fertility behaviour of women depends upon the number of children they want and which determines the prevalence of contraceptives. In this village, the researcher found that more women who have more than two sons and daughters, the ideal number of boy and girl for them are same, the women who had more daughters were desiring for two and more sons and the women who had more sons were desiring one or two daughters. The result of the findings about the ideal number of children is presented in table 5.12

Table 5.2: Percentage distribution of the respondents by their view on ideal number of children

Number	Ideal no. of children	Percent	Ideal no.of sons	Percent	Ideals no. of daughter	Percent
0	-	-	-	-	5	3.7
1	-	-	75	55.6	95	70.4
2	72	53.3	55	40.7	35	26.0
3	40	29.6	5	3.7	-	-
4	23	17.1	-	-	-	-
Total	135	100	135			

Source: Field Survey, 2009

It shows that any women do not want less than 2 children and majority of them are found desiring upto four children. More than half (53.3%) women want to have 2 children that means in their view 2 children are enough. There are some respondents who want three children for the ideal number as (29.6%) and nearly 17 percent of the respondents desire of upto four children for ideal number of children. Similarly, 55.6 percent of the respondents said only one son child as the ideal number whereas 40.7 percent said two sons and only 3.7 percent said three sons

but some women is found as (3.7%) not desiring daughter. Most of the women want to have only one daughter for which 70.4 percent of the respondents (26%) of the respondents said 2 daughters as ideal no. of daughters.

5.3 Relationship of CEB with Different Variables

In this sub-chapter, relationship with different socio-economic and demographic variables have been tried to analysis with a special emphasis about number of CBS. According to number of household members, respondents education, occupation, marital age of respondents, age group of respondents as well as use and non-use of FP methods, a relationship with CBS has been established for each variables.

5.3.1 Age and CEB

In fact, age is the main factor to determine CES. Many of the studies have shown that with increase of respondents age, CEB increases. The term CEB is the average number of children ever born for the women at the time of survey. The relationship of CEB with the respondent's age is presented in Table 5.3.

Table 5.3 Proportion of CEB by the respondents age group

Age - group	CEB	No. of Respondents
15-19	1.33	6
20-24	1.33	18
25-29	1.45	24
30-34	3.27	22
35-39	4.41	17
40-44	4.48	29
45-49	5.26	19
Total	3.3	135

Source: Field Survey, 2009

This table shows that increase in age of the respondent's fertility has been increased. In other words the number of CEB is in increasing trend in the older ages of women.

5.3.2 Age at First Marriage and CEB

Age at marriage is one of the influencing factor determining fertility or CEB. This term is associated fact that women who marry in the earlier age have more children that the women who many latter age because firstly those women who marry early age are immature and don't known about advantage and disadvantages of early childbearing about their future life cycle. Secondly, they use their most of the reproductive period. By keeping in view the same thing, a relationship with age at marriage of the respondents with CBS has been established in shown in Table 5.4

Table 5.4: Proportion of CEB by respondent's age at first marriage

Age at marriage	CEB	Respondents
Below 15	5.4	5
15-19	3.18	85
20-24	3.49	39
25 and above	2.2	6
Total	3.3	135

Source: Field Survey, 2009

The table 5.4 shows that early the age at marriage, greater the number of children. An average of 5.4 CEB has been observed among the women who had married below 15 years of their age. Similarly CEB has been decreasing with the increase in age at marriage. There is only 2 CEB

has been observed for the women who had married in the age of above 25 years.

5.3.3 Education and CEB

In this analysis, literacy were categorized with basis of the persons who can read and write about small behavioural calculation and illiterate were categorized as the respondents who can not read and write as well as any consonants and vales letters. The relationship with respondents with their education has presented as follows in Table 5.17.

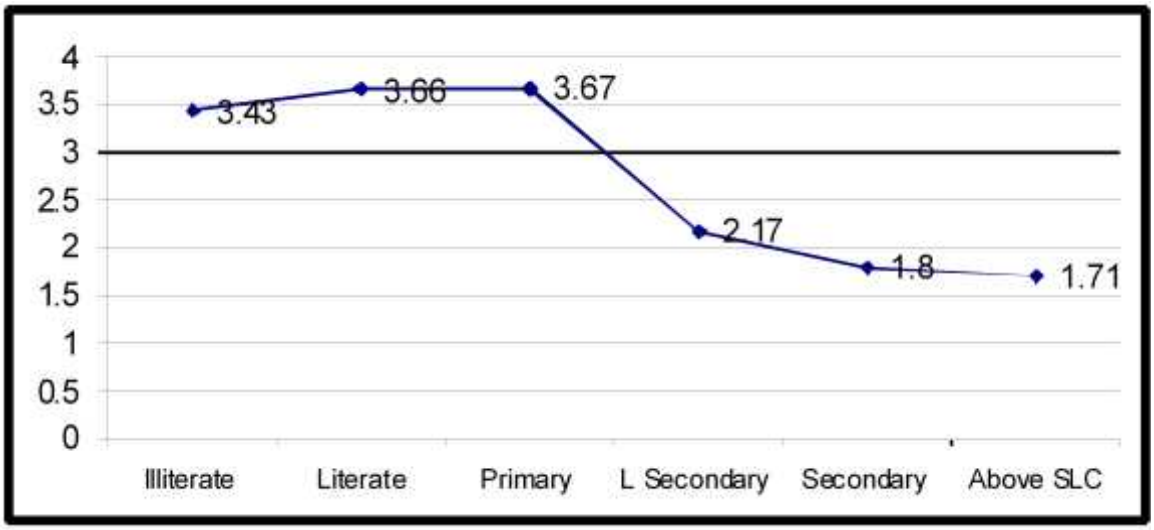
Table 5.5 Distribution of CEB according to respondents' education

Education	CEB	Respondents
Illiterate	3.43	70
Literate	3.66	35
Primary	3.67	12
L Secondary	2.17	6
Secondary	1.80	5
Above SLC	1.71	7
Total	3.3	135

Source: Field Survey, 2009

In many studies have found that higher the education lower the number of children. This report is also no number of children. This report is also no exception but slightly up to primary level of education, it means that no great impact of education has been observed. Women with secondary education are found less CEB than those women who have lower secondary education and also found the women have the SLC and over education less CEB than secondary education.

Figure 5.2: Number of CEB by education



5.3.4 Occupation and CEB

The status of the occupation is also an important factor to determine the fertility behaviour of and individual. Large number of studies have shown that people who engaged in farming and domestic work has more fertility performance than any other governmental and non governmental occupation. As a matter of act, education plays vital role in determining occupation. In many practices, it is observed that people with more education are engaged in white color occupation while illiterate and less educated people are engaged in blue-collar occupation.

Table 5.6 Proportion distribution of CEB according to respondents occupation

Occupation	CEB	Respondents
Agriculture	3.50	118
Services	1.57	7
Business	2.20	10
Total	3.3	135

Source: Field Survey, 2009

Table 518 shows that women who are mostly engaged in agriculture have more number of children and CEB is observed 3.50 in an average women related with farming. Among those respondents who are engaged in service have less CEB and the respondents who have engaged in business have slightly increase in CEB than service sector which is occurred as 2.20.

5.3.5 Use of FP and CEB

It is fact that using family planning methods is to control births. That's why it is related to birth contral and less CEB that the women who use family planning methods carefully have less no. of children and those women who neglet to use the family planning methods have large number of children and CEB. The relationship between CEB and women who use and non-use of FP methods has been presented in Table 5.7.

Table 5.7 Proportion distribution of CEB by use and non-use of FP

Use of FP	CEB	No. of respondent
Yes	2.57	60
No	3.89	75
Total	3.3	135

Source: Field Survey, 2009

The table 5.7 gives the information that the respondents who said to have use of FP methods have less proportion of average CEB which is accounted 2.57 and the respondents who said not to have use FP methods have high proportion of CEB. This shows that higher proportion of use of FP methods helps to reduce the fertility in society.

5.3.6 Land Holding Size and CEB

In many cases, it is true that the people who are cultivating few land have large number of family size caused by to fulfill the economic

source by labouring. So, this study tried to analyze the relationship between land holding size and CEB which is shown in table 5.8

Table 5.8 Proportion distribution of CEB by land holding size

Land holding size (in Ropani)	Mean CEB	Respondents
No land	3.67	15
Less than 6 Ropani	3.64	25
6-9	3.25	56
10-14	3.14	21
15-18	2.92	12
18 and above	2.83	6
Total	3.3	135

Source: Field Survey 2009

Table 5.8 shows that the respondents who have not own cultivating land have more mean CEB than the respondents who have own a few cultivating land recorded as (3.67) and those respondents who have 18 Ropani and above cultivating land have (2.83) CEB.

5.3.7 Family Structure and CEB

It is also an important factor to determie the mean CEB of human being because the general concept of any developing country's people like Nepal have more safe of new born baby in large family and mother never realized the difficulties in caring of child, which helps to increase the family size by more CEB, which is presented in table 5.9.

Table 5.9 Proportion distribution of CEB by respondent's family structure

Family structure	Mean CEB	Respondents
1-4	1.97	32
5-8	3.38	77
9-12	4.58	19
12 and above	5.14	7
Total	3.3	135

Source: Field Survey 2009

The above 5.9 shows that the respondents who have 12 and more family members have more CEB as (5.14) and those respondents whose family members are (1-4) have less number of CEB as (1.97).

5.3.8 Households Facilities and CEB

Household's facilities are also related with the number of CEB because the person who have various kinds of households facilities are aware and sensitive about the future problems which caused by large number of family members and control the parity in time. So, the researcher tried to find the relationship of CEB with various households facilities which is presented in table 5.10.

5.10 Proportion distribution of CEB by households facilities

Household facilities	Mean CEB	Respondents
IEC	2.35	125
Sanitation and drinking water	2.25	105
Toilet	2.24	85
Total	2.29	

Source: Field Survey 2009

The table 5.10 shows the large proportion of CEB is found the respondents who have only IEC facilities but those respondents who have multiple households facilities have slightly low proportion of CEB and mean CEB is less than average respondents.

CHAPTER - VI

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter ideals the core part of the findings, conclusions and recommendations for policy making related about a by caste and ethnicity groups as well regional development. Based on key findings conclusions are drawn and according to conclusions drawn, recommendations are attempted for the purpose of improving women's status of Magar women of Salyankot VDC.

6.1 Summary of the Findings

The following points highlights the characteristics as obtained from data collected.

- Majority of the households have 5,6,7 and 8 members in the family. Among the surveyed households average number of males is observed to be higher than the average number of females.
- Large number of the respondents are Hindu which is recorded (90.47%).
- About (87.4%) of the respondents are living their own house which is very high proportion then other's house.
- Most of the respondent's house type is semi-fakki which is recorded (83.9%) of total households.
- Among the respondents who have their own land, the high proportion 46.7 percent households are holding (6-9) Ropani of land followed by less than 6 Ropani as recorded (20.8%).

- Nearly about one fourth of the respondents are holding other's land.
- More than 77 percent of the respondents households have raised (kept) domestic animals among them 81 percent Hen/Duck, about 71 percent have cows and 64.8 percent have buffaloes.
- High number of the respondents have radio facility which is highly accounted for 92.6 percent followed by 33.3 percent by television.
- More proportion of the respondents said that their household has 5001 to 6000 expenses per month. Which is recorded 38 households as 28.1 percent.
- More proportion of households (70.5%) are using piped water and near about two - thirds have toilet facilities as (63%).
- More proportion of respondents are (20-24) age group as (20.8%) followed by (40-49) age group as (20%).
- Almost of the respondents got their first menstruation at the ages 13, 14 and 15. More proportion of them got their first menstruation at age 14 years which is records as 40.7 percent.
- Majority of the respondents were married at the age of (15-19) years which is accounted (55.6%).
- Nearly 58 percent of the respondents have given birth in their (20-24) ages followed by (15-19) years as recorded (33.3%).

- The proportion of women having 8 and above children is found. Among these respondents 3 percent have 8 and above children and the high proportion of women are found.
- Children as recorded (26.7%) followed by 2 children which is recorded (23.7%).
- About 23.7 percent of the respondent has child loss experience.
- as the total number of 135 respondents more proportion of99 respondents (73.3%) have heard of FP methods.
- Most of there women who have heard of FP methods have heard pills (85.9%) and condom (82.8%) followed by Depo-Provera Sangini 72.7 percent.
- Among those respondents who have heard about FP methods 96 percent of the respondents informed from radio followed by 75.8 percent respondent have heard through friends.
- Near about 60.6 percent of the women who have heard about FP methods recorded that they have ever used methods of FP.
- More proportion of the women (28.2%) not using FP method cause by their husband not want to use any FP methods followed by (23.1%) of desire for children.
- No woman wants less than two children and also they are found desiring up to four children as well. Among them more than two-third of women desire for two children.
- Large number of the women wants to have only one daughter as (70.4%) of the respondent's responded and 26

percent of the women have said two daughters as ideal number of daughter.

- Among the 135 respondents only 82 (60.7%) respondents have frontal check-up during their pregnancy for at least one birth. But another 39.3 percent of the respondent has near visited any health institution for prenatal check-up.
- Majority of the respondent's response that they have delivered all of their birth at home which is accounted as (70.4%) and only 13.3 percent respondent are found to have delivered from the both places home and health institutions.
- This analysis is observed that with the merease in age of the respondent's fertility and CEB has been also increased.
- In the research households early the age at marriage, greater the number of children is observed among the research population. an average 5.4 CEB has been observed among the research women who had married below 15 years.
- Up to primary level of education, there is no great impact of education observed. rather the women who have primary education has been slightly high CEB than other groups which is recorded as (3.67) and the women whose education is higher than SLC has less CEB.
- It is also found that women who engaged in agriculture have more children and the CEB is observed 3.5. And other side women who said to have elder used of FP methods have 2.57 CEB but among non-users 3.89 CEB is observed.

6.2 Conclusions

In Salyankot VDC where women of Magar community were taken for this small analysis mainly the educational attainment status of respondents is found to be very low because of this reason they are far be hand in any aspect of knowledge. One of the reason may be because more women were selected from late age groups. Basically, women related FP methods female sterilization is found rate applying. This may be because male do not allow them because they might frighten of health injuries as well as they suspect the females to involve in out sexual behavioural thinking that they are safe and follow traditional norms.

Generally relationship between respondent's education and knowledge of contraceptive is found significant. It also suggests that couple of this VDC especially in Magar's households tend to use contraceptive when they have achieved desired number of children. Fertility among these analyzed women found still high. This is because of many factors such as son preference, low status of education, low occupied women and overall lower status of women. It has been seen that in an overall, the analyzed society in Magar women of Salyankot VDC is still backward. They still have high mean number of ideal children and children ever born in this community. There is also found the poor condition of proper supply of contraceptives and knowledge of FP.

6.3 Recommendations

The research was mainly related to fertility behaviour and the factors affecting to fertility on the basis of the above findings and conclusion from the research. From those properties, the following recommendation can be made.

- It is clear that women education has important role for overall development and population control as national level. In this recent analysis, it was found that the educational level of women of this community is very low. So, IEC programme should be launched effectively in this community especially targeting for women's reproductive and fertility education.
- There is also found low at marriage in this community which automatically increases fertility. Thus, to reduce the early marriage practice government and other related agencies should apply effective programme to change the prevalence of traditional and cultural norm and values towards early marriage.
- In this community, number of contraceptive users is also less. This may be due to lack of contraceptive knowledge, fear of side effect, not easily available, cause of shyness, traditional norms and values and other causes like husband's forces. To control and manage this problem IEC and family planning service as well as awarness programme should be expanded in order to increase prevalence of contraceptives users with easily available of contraceptive and towards open behaviour to use and counseling about FP methods.
- In this community, may be causes of no-hygienic behaviour, lack of health education and heal the facilities, has also high infant mortality and child loss experience women which is one of the strong causes of high fertility among them because until and unless they cannot be sure that their children well be live longer for their help, they go on bearing more children. Therefore, with the activeness of health volunteers, MCHWs, health camping and others, health awarness programmes should be reached among the concerned women.

- From this research it is found that most of the women are unemployed and dependent upon agriculture which may cause of high fertility. So, the government must established employment opportunities and as possible other non-governmental organization should be adequate and research. To increase in income level, vocational education should be provided to such women that they can improve their economic status.
- In this Salyankot VDC especially in Magar community more males are not found actively participating in using family planning. Even they are found discoursing of forcing women not to use them of FP methods.
- In this modern age, there is still deep rooted traditional values, cultural norms and low status of women which promotes low age at marriage increases view towards more children, it ultimately leads to high fertility. So, effective programmes should be launched to control over in this community.

6.4 Recommendation for Future Research

This research has only attempted to find out the different socio-economic variable of 'Magar community women' and their impact on fertility and knowledge as well as use of FP methods. It is an individual research so it has not covered the entire proportion related to women's fertility and family planning. Thus, based on related terms further studies can be carried out.

- This research is especially only related to Magar community women's fertility and family planning behaviour. So, combining with other caste and ethnic groups to show the variation between them, other perfect research can be carried out.

- This recent study examined mean CEB only by socio-economic and demographic variables. So, in any future research, other ecological, biological and physiological variables can be taken consideration to fertility behaviour.
- Especially, this research place is based only in a small hilly village but a study on the variation between urban and village women can be established.

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Appendix - I

Tribhuvan University

Department of Population Studies and Social Sciences

Kirtipur

A Study of "FERTILITY BEHAVIOUR" Among MAGAR Community of Salyankot VDC, Dhading.

Group -A Household Survey Questionnaire

1. District ……VDC……. Ward No……..

   Family No…….Household head …….

   Name of the Respondent…….Religion

S.N.	Name of family members	Relation to household head	Sex	Age	Education	Marital status	Occupation	Eligible member to interview
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Note: Occupation: (1) Agriculture (2) Business (3) Service (4) Foreign employment (5) Trade (6) Army (7) Pension (8) Student

Marital Statue: (1) Married (2) Unmarried (3) Divorced (4) Widow (5) Widower (6) Separated

2. Have your own house to live?

Yes ☐ No ☐

3. If yes, what type of your house?

Pakki ☐ Semi-Pakki ☐ Kachchi ☐

4. Have you any land for cultivation?

Yes ☐ No ☐

5. If, yes, how much the land?

Hector ☐ Ropani ☐ Mato muri ☐

6. How long can you survive with this production?

Year ☐ Month ☐

7. Have you any domestic animals? Which are listed below:

Buffalo ☐ Cows ☐ Goat ☐ Hen ☐

8. Do you sell these domestic animals?

Yes ☐ No ☐

9. What is a main source of your drinking water?

Tap ☐ Kuwa ☐ Stream ☐

10. Have you any following facilities in your house?

Electricity ☐ Radio ☐ Newspaper ☐
Television ☐

11. How much is the monthly income of your family?

Rs……

12. What is the monthly expenditure of your family?

Rs……..

13. Do you have a toilet?

Yes ☐ No ☐

Group B Individual Questionnaire (question to be asked only married women aged 15-49)

14. What is your name?

……

15. How old are you?

Completed year…….

16. At the time of your first menstruation, what was your real age?

……

17. At the time of your marriage, what was your age?

……

18. At what age, you give your first birth?

……

19. What is your first birth child's age at now?

……

20. How many children did you give birth till now?

Sons ☐ Daughter ☐ Total ☐

21. How many of them are living with you?

……

22. Is there any infant children dead in your life which were born alive?

Sons ☐ Daughter ☐ Total ☐

23. Do you want to give birth any other child?

Yes ☐ No ☐

24. If yes, why?

Desire for son ☐ Desire for Daughter ☐

Husband force ☐ family presser ☐

25. Have you ever heard about any family planning methods or not?

Yes ☐ No ☐

26. If yes, what are they?

Natural method ☐ Condom ☐ Pills ☐

Kamal chakki ☐ IUD ☐ Female sterilization ☐

Male sterilization ☐ Sangini ☐ Other ☐

27. From which media you heard?

Radio ☐ Television ☐ Hospital ☐ Husband ☐

Friends ☐ Others ☐

28. Have you or your husband ever used any method of family planning?

Yes ☐ No ☐

29. If yes, what is that and why?

……

30. Do you and your husband currently using any family planning method?

Yes ☐ No ☐

31. If yes, what is that and why?

……

32. If not why?

……

33. What is the ideal number of children in your view?

Son ☐ Daughter ☐ Both ☐ Total ☐

Thanks