DEMOGRAPHIC AND SOCIO-ECONOMIC FACTORS AFFECTING FERTILITY:

A Case study of Thumpokhara VDC, Syangja District

By

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RECOMMENDATION

This is to certify that this dissertation entitled "Demographic and Scio-economic factors affecting fertility: A Case study of Thumpokhara VDC, Syangja District" is prepared under my supervision by Mr. Pom Prasad Dumre for the partial fulfillment of the requirement of the master Degree of Arts in Population studies.

To the best of my knowledge, the study is original and carries useful information about fertility behaviour I, therefore recommend it for evaluation to the dissertation committee.

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This dissertation entitled "Demographic and Socio-Economic Factors Affecting Fertility: A Case study of Thumpokhara VDC, Syangja District" by Pom Prasad Dumre has been accepted as partial fulfillment of the Requirement for the degree of Master of Arts in Population studies.

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It is my great pleasure to state that being a student of population studies. I have attempted to write a dissertation in "Socio-economic and Demographic Factors Affecting Fertility: A case study of Thumpokhara V.D.C., Syangja district" in partial requirement of Masters of Arts in Population Studies. It is my belief and confidence that the finding to the study will be contributing to reduce the high level of fertility.

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ABSTRACT

This study carried out to know the socioeconomic and demographic factors affecting fertility is based on primary data which has been collected by using purposive sampling method in Thumpokhara VDC ward No 5 and 7 of Syangja. Well-devised structure questionnaire are used for interview.

The study was conducted in selected wards 5 and 7 of Thumpokhara VDC included 110 ever married women of reproductive age group from 110 households. Out of the total population (665), 47.1 percent are males and 52.9 percent are females. The highest proportion 48.2 percent of women interviewed are at age groups 20-24 and 25-29 years followed by 30-34 and 35-39 years age group 29.1 percent which are intermediate age groups.

Among the total respondent, literacy rate is very low only 45.5 percent where as 54.5 percent are illiterate. The majority of respondents 68.2 percent engaged in agriculture sector it is higher percent than non-agriculture sectors. Similarly, among the total respondents aged 15-49 years 50.9 percent were married in the age group 15-19 years followed by the age group 10-14 years as 10 percent, it clears that long duration of marriage leads to high fertility. The analysis of demographic factors shows that the age of women and duration of marriage are positively associated with fertility. Whereas age at marriage is found negatively associated with fertility.

The study has found that the number of CEB is high with low level of income, early age at marriage, low level of literacy, desire of son, higher the child loss experience and low level of contraceptive use.

ABBREVIATION

CBR	:	Crude Birth Rate
CBS	:	Central Bureau of Statistics
CDPS	:	Central Department of Population Studies
CEB	:	Children Ever Born
PCL	:	Proficiency Certificate Level
IMR	:	Infant Mortality Rate
UNFPA	:	United Nations Population Fund
PRB	:	Population Reference Bureau
TFR	:	Total Fertility Rate
VDC	:	Village Development Committee
NGO	:	Non Governmental Organization
INGO	:	International Non-Governmental Organization
UN	:	United Nations
NPC	:	National Planning Commission
NDHS	:	Nepal Demographic and Health Survey
MEBDCS	:	Migration, Employment and Birth, Death & Contraceptive Survey
SMAM	:	Singulate Mean Age at Marriage
MOH	:	Ministry of Health
MOPE	:	Ministry of Population and Environment
S.L.C.	:	School Leaving Certificate
IUD	:	Intra Uterin Device
FP	:	Family Planning
H.H	:	Household
No.	:	Number
Vs	:	Versus

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CHAPTER - I

INTRODUCTION

1.1 General Background

Human fertility is a very complex process in society. Fertility is the child bearing performance of the individuals, couples, groups or population fertility is the actual child bearing performance of women. Especially, it is related to reproductive age group of women 15-49 years. Fertility is generally determined by the psychological factors and their interplays with social, cultural, economic and modernization factors. It is the most important component of population change. It directly affects the population size age structure and growth of population. Human fertility is one of the major components of population growth. It became an interesting topic in population studies only after Malthus. Fertility is one of major components than mortality and migration. "Fertility" refers to actual birth performance as compared with fecundity. The term fecundity refers to a special aspect of fecundity. Namely the probability of conceiving measured on a mostly basis.

Nepal is predominantly agricultural country situated in south Asia. It is also an agricultural society where people are encouraged to have more children to meet the demand of labour force for agricultural activities which ultimately results in high fertility.

Fertility seems to differ considerably in various sub-segments that is residence, occupation, education, income, land holding, religion, caste and Ethnicity etc.

Nepal is a developing country influenced by high fertility rate (i.e. TFR 4.1) as a result, population at the bottom age groups found broad. The trend fertility on the comparison of TFR seems as 4.6 in 1996 (1996: Pradhan et al.), 4.1 (NDHS 2001 MOH) in 2001 and 3.1 in 2006(According to NDHS 2006)

(Karki, 2003). Even though, fertility has been declining since last 3 decades, it is still high compare to other developed country. Crude birth rate of Nepal was 31 per thousand populations (2001 Census) and 31(NDHS 2006) and the contraception rate 39% is very low so the fertility rate is very high. The higher experience of child loss increases the number of CEB which causes high fertility. Similarly, the IMR in Nepal is recorded as 64 per thousand live births in 2001. (CBS, 2002)

Fertility rate in Nepal is one of the highest in Asia. In the case of many developing countries high fertility is associated with the level of education, income, child survival, cultural and religious factors. In general, family planning has an important role in reducing marital fertility. (UNFPA, 1989, p. 73)

This study will attempt to discuss the key socio-economic condition that is under operation in determining the fertility level of ward No. 5 & 7 of Thumpokhara VDC at Syangja district of Western Nepal.

1.2 Statement of the Problem

In the ancient period, Aristotle said that if we are safeguarding our future and preserve our culture and civilization, limiting the population growth is imperative. It shows that philosophers, scholars or demographers in the ancient period were also concerned with the problems related to population growth. Nowadays, world is facing population problem due to the rapid population growth. The problem of rapid population growth is the matter of headache globally.

Population of Nepal has been increasing rapidly since the past four decades mainly because of continuous and steady decline in mortality rates on the one hand and almost constant and high fertility rates on the other hand. Population of Nepal was 1, 84, 91,097 in 1991 and which grow at annual rate of 2.1percent per annum. It reached to 23.2 million with on growth rate of 2.5% per annum within very short period (UNEFPA, 1998). Such high rate of

population growth and its characteristic associated with it may bring many challenges to the sustainable economic development of a nation for a small landlocked country with low economic development like Nepal, these challenges seem to be even more serious problems given by high population pressure created by high fertility.

On the other hand, number of fertility factors that are under operation in different social strata of the operation in different social strata of the country. Among these are low socio - economic status of women, various religious and social norms, use and non use of the means of family planning high economic value of children and so on. These are the problems to fight against them through the integration of population policy in development of the country.

Different social and cultural setting of the countries, different fertility behaviors, different communities have different norms, values and traditions such as economic value of children, high IMR, importance of son, low literacy of women, low use of contraception, low age at marriage, low income of family etc. These are the problems related to fertility because lower the level of women's status higher the level of fertility and so on.

Even though contraceptive prevalence rate in 1976 is 36, 39 in 2001 and 47 in 2006 but it is still low in Nepal (NDHS, 2001, 2006), in comparison to other developing countries. In south Asian countries CPR is given as India 48, Bangladesh 54, Srilanka 66 (PRB, 2003).

According to census 1991, age at marriage for male 21 and female 18 year. It is slightly increasing 2001 and reaches 20 for female and 23.6 for males (CBS, 2001). Delay in marriage means large gap between successive generation and shorter exposure to the risk of contraception.

High fertility rate of Nepal with low mortality creates the rapid population growth as a result many problems are created as high dependency ratio, lack of food materials, low level of education, low health facilities, environmental degradation and its over all impact on the development process

of a country. High fertility is also associated to the lack of knowledge about access to contraception, particularly riverside method (Tuladhar, 1989).

There are many studies about socio economic and demographic determinants and fertility in different places and district in Nepal but there are no studies of Thumpokhara VDC (Syangja). This VDC is situated in remote area near in Walling Municipality of Syangja. People depend mainly on agriculture sector but do not produce available food for them. Fertility is high due to inavailability of contraceptive and lack of awareness. So, this study would be very useful and most important for this VDC. In fact, this study basically focused on the following research questions:

I. What are the socio- economic and demographic characteristics in the study area among communities?
II. What are the roles of socio-economic and demographic factors on fertility?

1.3 Objective of the Study

The main objective of this study is to examine the demographic and socio-economic factors that affect fertility among community of Thumpokhara VDC, Syangja district. The specific objectives of this study are:

a. To examine the demographic and socio-economic characteristics (Age, Sex ratio, Education, Marital Status occupation and land holding status) of community of Thumpokhara VDC.
b. To examine the effect of socio-economic variables on fertility behavior of women.

1.4 Significance of the Study

Very few studies have been carried out which attempt to study the socio-economic condition and demographic variables enhancing fertility especially in backward community in Nepal. This study is important for studying various socio economic condition and demographic factors made upon such community and it is very helpful and plays more important role for making national population policies to control fertility in a community. Also it will be

very useful in suggesting the guidelines to NGOs/ INGOs and even to government in setting population policies and measures.

The present study has studied about some key socio- economic conditions, demographic factors and their roles in determining the fertility level in such communities so the study has to be significance of its kinds to uncover something new about the relationship between socio-economic condition and demographic variables and fertility. The Thumpokhara VDC consists of the different levels of norms and values which might have an impact on their fertility behaviour.

1.5 Limitation of the Study

The level of fertility in a community is a result of complex integration and overlap between various socio- economic, demographics as well as many other factors such are psychological, biological, geographical.

This study is based on the sample data collected from Thumpokhara VDC (ward No. 5, 7) of Syangja district so the finding may not be generalized to other groups of people and throughout the country.

This study has mainly the following limitation:

a. The study is only based on currently married women of age 15-49 years of Thumpokhara VDC and their fertility behaviors.
b. This study is based only on those factors that determine fertility such variables are occupation, education ,income, aged marriage , family size IMR, sex performance, contraception and their impact on fertility of the concerned women.
c. This study may not be applicable to other communities of Nepal.

1.6 Organization of the Study

This study is organized into seven chapters. The first chapter presents the general background of the study, statement of the problem, objective of the study, significance of the study, limitation of the study and organization of the study. The second chapter deals with the literature review which includes theoretical literature, empirical literature, and conceptual framework for the study.

Chapter three describes the methodology used for the study. It includes study area research design, sample size, the data collection and data processing analysis. Chapter four describes and introduces the socio-economic and demographic characteristics of the study population and chapter fifth describes the socio economic and demographic characteristics of respondents.

Chapter six shows the differential fertility by selected socio-economic and demographic variables. The last seventh chapter consists of summary, conclusion, policy recommendations and possibilities of future research.

CHAPTER – II

LITERATURE REVIEW

There are various theoretical and empirical literatures regarding the study of fertility. These chapters' attempts to review the various relevant literatures based on theoretical as well as empirical studies. Apart from these a conceptual frame work was suggested as guideline for the present research study.

2.1 Theoretical Literature

Most of the developing countries are experiencing high fertility and low mortality resulting rapid population growth. Nepal is also one of the least developed countries where the birth rate is still high and death rate is low, leading to the formation of various obstacles eg. Social development.

The theory which is based on western experience is demographic transition theory. It summaries the historical shift of birth and death rate. The transformation of population from a state of high fertility and mortality to a state of low fertility and low mortality is demographic transition. The fertility decline has observed with advancement industrialization, urbanization and socio-economic development of the western counties like Europe, North – America and Australia.

Davis and Blake (1956), originally identified a set of eleven variables as intermediate variables frame work. These variables are biological in nature and affected by social, cultural and economic factors. Davis and Blake categorized these eleven intermediate variables from the following three groups: -

(i) Factors affecting exposure to inter course (intercourse variable).

(ii) Factor affecting exposure to conception (conception variables)

iii) Factors affecting gestation and successful parturition (gestation variables).

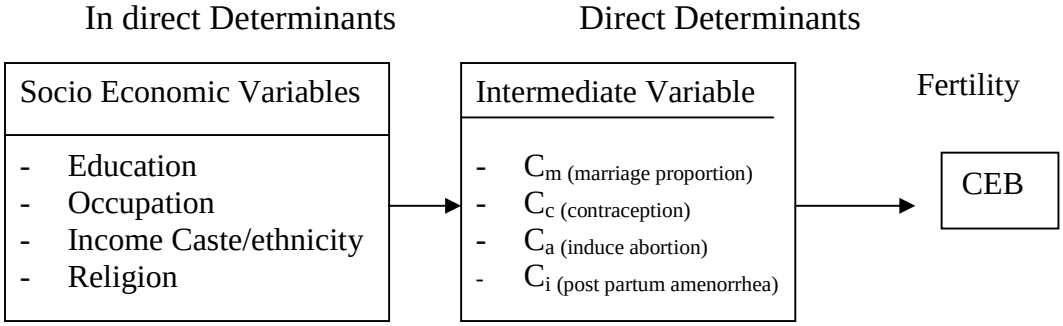
Later Bongaarts and others argued that Davis and Blake's variable could not be used to quantify fertility behaviour and went to developed seven similar proximate determinant of the fertility. Marriage, contraception, induced abortion, post partum fecundability, spontaneous intrauterine mortality waiting time to conception and permanent sterility. But, analyzing various sample population they come to conclude that 96 percent of total fertility behaviour could be explained by using four variables.

I. Proportion of married among females
II. Lactation infecundability
III. Prevalence of contraceptive use
IV. Incidence of induced abortion

Bongaarts concluded that four intermediate variables (Marriage proportion, post partum amenorrhea, contraception, induced abortion (C_m, c_i, c_c, c_a) explain 96 percent of variation in aggregate fertility. C_m and C_i play principal role in natural fertility while cc and ca principal determinant of control fertility. The entire mode for examining the relationship between four intermediate variable and fertility is given as: TFR = $C_m \times c_c \times c_i \times ca \times TNM$. Where TNM = Total Natural marital fertility rate.

Theoretical Framework

The relationship between direct and indirect determinates of fertility is given as.



In the context of Nepal, fertility could be explained using only three major variables, Socio-economic variable, breast feeding or post partum amenorrhea

and use of contraception. Through abortion is the major determining variable leading toward low fertility in western countries.

Becker (1960) put forward his economic theory of fertility. This theory is applied to the micro consumption theory of fertility which explains that fertility behaviour is the result of household choice. He argues that the house hold choice of fertility is made in the same manner as in the case of purchase of the durable goods. A couple decision to have an addition child depends on the balance of its performances the constrains of its income and the cost of children. It is advocated that if knowledge of birth control is wide spread. Fertility would be directly related to the income of the parents (Becker, 1960, 209-271)

Liebenstein (1975) criticized Becker's theory primarily on social, cultural and economic groups. Liebenstein stain takes into account the balance between the utilities obtained from the additional child cost; both monitory and psychological of having additional child. Liebenstain state that there are three types of utilities: Child as a consummation good, as a productive unit, as a source of security and two types of costs: direct cost i.e. Cost of raring and caring to children to become self supporting. Indirect cost i.e., it includes opportunity for gone due to appearance of an additional child such as inability to purchase a television set or other things. (Liebenstein 1975, 6)

Easterlin developed a comprehensive economic frame work to analyze human fertility behaviour in a systematic manner. According to Esterlin fertility determinants are:

a. The demand for children (Ed); if fertility regulations were costless, parents demand surviving children

b. Potential out put of children or supply of children (c_n) is the natural fertility of couple and survival rate is determined by biological democratic cultural factors. If the supply of children (C_n) is smaller than

the demand of children (c_d), then there is no desire to limit the fertility and vice versa. Fertility regulation cost includes subjective (psychic) cost and objective costs like money for transportation, information, knowledge about family planning etc, motivation, attitude and access are three important influencing fertilities (Easterlin, 1976)

Caldwell (1996) developed the wealth flow theory of fertility decline. Fertility behaviour in any types of society at any level of development is rational. The level of fertility is high in that society where children are economically useful to parents and low, if children are economically not beneficial to parents. It is concluded that if the direction of intergeneration wealth flows from children to parents, then there is high fertility and vice-versa (Caldwell 1976).

Threshold hypothesis focuses the social and economic development in different sectors that determine the fertility. UN identified 12 indicators that show the socio-economic development and fertility situation in a area or country.

Age at marriage, place of residence education and ecological zones are associated with this persistently high fertility in Nepal (NPC, 1988).

Tuladhar (1989) examined the persistence of high fertility in Nepal using data from Nepal fertility survey 1976. He found that higher mortality level especially that of infants, joints family system, early and universal marriage system, low education attainment, working status specially that of women are the main contributing factors of high fertility in Nepal (Tuladhar, 1989:26)

Low level of death and high level of fertility rate is the main factor of population increase in most of the less developed countries like Nepal. So, a critical assessment of fertility level and trend are recognized in Nepal for which several studies on fertility behavior and trend has been carried on.

2.2 Empirical Literature Review

Many empirical studies have been conducted to examine the relationship between fertility and socio-economic variables in Nepal. So, fertility level and trend and some of the demographic and socio-economic variables are presented below:

2.2.1 Education and Fertility

Education is one of the most important determinants of fertility. Many studies have been observed that higher the educational status lower would be the fertility and vice versa. In the case of Nepal, illiterate women have CEB 3.5, primary education 2.4 and secondary have 2.1 only. But CEB of women whose illiterate husband is 3.6, with primary education 3.1 and with secondary education 2.7 (Acharya, 2001). So, women education directly determine the fertility rather than of husband education. Education is also helped the important catalyst to determine fertility playing role by positive impact in income and using contraception.

2.2.2 Occupation and Fertility

Occupation is an indicator of socio-economic status and fertility. Fertility varies according to occupation of women and head of house hold. It is seen that fertility of professional wives were lower than wives of cultivator and manual workers. It is found that higher the level of occupation, lower the level of fertility.

Occupation of the husband has been widely recognized as one of the influencing factor in fertility; high fertility has been associated with agriculture, mining and low fertility has been associated with professional's classes in urban industrials country (UN, 1973).

The employment of women outside the home or in the farm reduces the level of fertility behaviour. The world fertility survey showed women who do

modern types of works; marry an average 2.4 year later than who domestic workings are agriculture workers which is very remarkable to reduce the fertility level. (Kattel, 2001)

2.2.3 Income and Fertility

Various study showed that the economic gains for reducing fertility in positive ways. Most of the poorest people prefer more children to secure the high productivity and income.

In the context of Nepal, the multipurpose household budget survey (MPHBS) conducted in 1988-89 and found 43.1 percent of the rural population and 41.4 percent at the national level fell below the poverty line. Moreover, this survey shows that the range of family size of Nepalese poor people was 6.2 to 7.1 and household monthly income Rs. 497 to Rs 1131 (expressed in 1988-89, NRB, 1989). People who have more income consider their living standard to make qualitative.

2.2.4 Family Type and Fertility

Family type is also an important factor to determine fertility. If the family is joint or complex then fertility is high and if family size is nuclear, fertility is lower because of the responsibility of parents toward their children for raring and caring.

2.2.5 Age at Marriage and Fertility

In the context of Nepal, marriage usually takes place at early age and nearly universal marriage. Many studies show that increase in age at marriage contributes to reduce in fertility. This is true incasing of Nepal where the inverse relationship between age at marriage and fertility has been observed. (Chhetri, 1993; 58-62).

Increase in age at marriage has a negative impact on fertility for two basic reasons. First, women who marry later have shorter reproductive life span

and second, the factor that effect the age at marriage also effects. The desire family size norms there by reducing fertility. For example, if a woman marries later because of her current study, then her fertility will also be lower age, her desired family size is smaller. (MOPE, 2002).

Most of births take place after marriage so age at marriage is an important determinant of fertility in the case of Nepalese society. Sigulate mean age at marriage, of both sexes is increasing every census year so that fertility level is decreasing trend in every census. Thus, it is clear that higher the age at marriage lower the fertility.

2.2.6 Breastfeeding and Fertility

Many studies show that lactation inhibits reproduction in human beings. A women who breastfeeds the longer time lower chance of conception of baby. Bongaarts in his study (1983) demonstrated that 96 percent variables in the duration of post partum amenorrhea could be explained by breast feeding. Bongaarts cleared that lactation can't be length need much beyond 24-25 months.

Breast feeding in Nepal is most universal and prolonged most women are not aware of its contraceptive effects; Breast feeding increases the length of post-partum amenorrhea there by providing protection against pregnancy for some time after the birth of one child. But younger urban and educated women are less likely to breast their children than their counter parts. Average duration of breastfeeding in Nepal is to be 33 months and average length of inter-birth interval of Nepal is more than 30 months. Therefore, we conclude that direct positive correlation between duration of breast feeding and birth interval. (UNFPS, 1989).

2.2.7 Contraceptive use and Fertility

The use of contraceptive varies with the level of education as well as place of residence. Knowledge of contraception among currently married women is 97 percent (Pradhan et al.1996) but their use is very low. NDHS

shows contraceptive prevalence rates was 28.5 in 1996, 39.3 in 2001 and 44.2 in 2006 which trends shows that higher the contraceptive prevalence rates lower the fertility.

Various studies in the past have shown that use of contraception have a strong negative association with fertility. It is accepted that contraceptive was principal variable responsible for the shift of high fertility to low fertility during the late nineteenth century in many countries (UN: 1973). Similarly, contraceptive use was considered as one of the four most important proximate determinant of aggregate level of fertility (Bongaart and Potter, 198 3).

2.2.8 Child Loss and Fertility

Where the incidence of infant and child mortality is low; parents will decline to produce more children. Then it is necessary to ensure survival of at least a few into adulthood women with higher child loss experience have higher CEB. Women with no child loss experience have 2.5, these with one child-loss have 4.3, and these with two or more children dead have CEB of 6.5 (Acharya, 2002:27).

Table No. 2.1The trend in infant and under 5 mortality given below:

NDHS	**1996**	**2001**	**2006**
Infant Mortality	79	64	48
Under 5 Mortality	**118**	**91**	**61**

Source: NDHS, 2006.

Table 2.1 shows that the decreasing trend in child loss and fertility level is also decreasing in every post coming survey of NDHS by comparing this trend. We can conclude that child loss and fertility are positively associated. Higher the child loss, higher the fertility and vice versa.

2.2.9 Religion and Fertility

In Nepalese society women must marry and perform her role as mother. Childlessness is a curse and many orthodox. Hindu doesn't like to look at the fact of women who is married but has no child (stone: 1978: Bennett, 1976).

The women status is validated and accepted fully by the member of family only when she produces children specially sons.

Fertility related with socio-cultural factors so religion and culture is also belief and it has own value. Some culture has early and universal marriage, family life procreation high value of children and son preference help to increase fertility. Similarly, fertility decreasing factors are sexual assistance on certain occasions, age and separation of spouses for as long period of time, education and employment out side home. So, caste and ethnic status there is strong cultural stress on higher fertility.

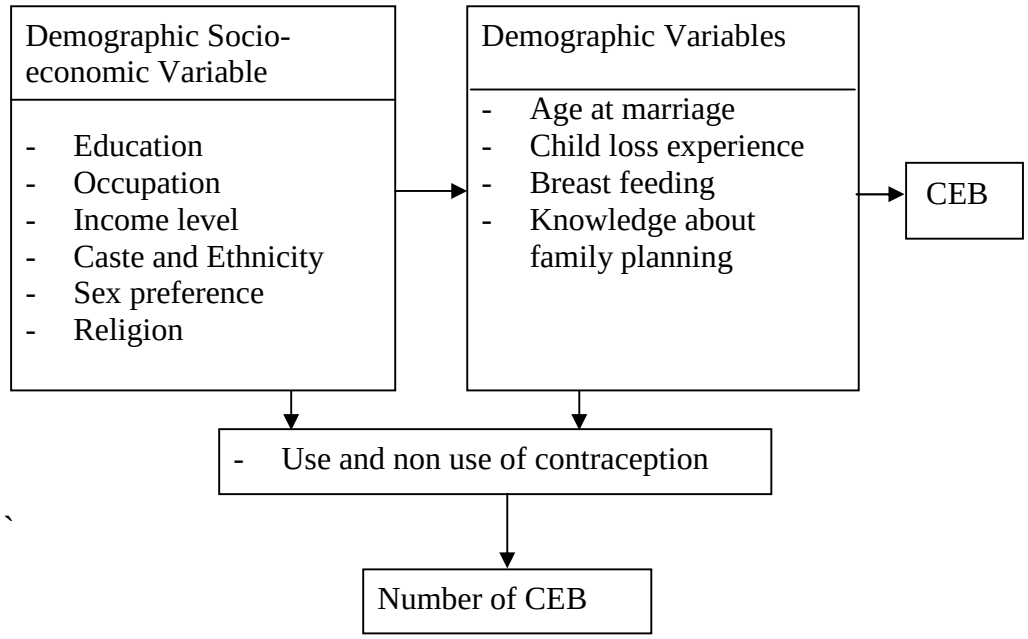
2.2.10 Sex Preference and Fertility

Sex preference is barrier of reducing fertility. In Nepalese society, son is considered to be important than daughter that in turn refers to high fertility. In there is no sex preference in our society, we can find low fertility experience.

2.3 The Conceptual Frame Work of the Study

The study of fertility behaviour of any community is very complex phenomenon and the following conceptual frame work has been used in this study. This framework suggests that socio-economic and demographic variables are independent variables which affect dependent variable i.e. the no of children ever born.

Figure: Conceptual Framework for Analysis Dependent Variable



This conceptual frame work deals with the different social economic and demographic variables showing the relationship with fertility. Education occupation, income level, caste and ethnicity, desire for son, religion, etc are the socio-economic variable. They directly impact the fertility in one hand and on the other hand, these socio-economic variable affect the age a marriage, childless breast feeding, sex preference etc. these variables also affect the use and nonuse of family planning means and contraception. Contraception directly affects the fertility. These entire variables are independent variables and fertility is only on dependent variable which is directly or indirectly affected by independent variables.

CHAPTER - III

METHODOLOGY

This chapter deals about the methodology which is adopted in this study. This is descriptive type of study. The data is basically based on primary sources and the data was collected through structured interview schedule. The sample was taken from systematic sampling method.

3.1 Selection of Study Area

The research has been developed to identify the relationship between socio-economic and demographic factor affecting fertility behavior in Thumpokhara VDC ward No. 5 and 7 of Syangja District. It is remote area and does not have facilities of road, piped drinking water, health facilities and institution of higher education. Various caste and ethnic group of peoples live in this VDC, mainly Brahamin, chhethry, Kami etc.Other wards are homogeneous group and ward 5 & ward 7 have heterogeneous groups of people wards 5 & wards 7.

3.2 Source of Data

The main source of data of this study is primary. The respondents are ever married women aged 15-49 years. Structured and semi structured questionnaire was used for collecting information about socio-economic and demographic factor affecting fertility of this community using interview method for each of the selected ever married women aged 15-49 years.

3.3 Research Design

This study has been completed in three phases. The first phase was started with conceptual clarity, the second phase was empirical and a third phase was analytical phase.

3.4 Sample Size

This study was carried out in Thumpokhara VDC ward No. 5 and 7 of Syangja District. There are altogether 750 households in this VDC. Data was collected from selected 110 household of ward no. 5 and 7 to fulfill the

objective of this study. Information were collected from ever married women aged 15-49 years. Respondents are either household head or adult members of the household to get information on socio-economic and demographic characteristics of households. Sample is selected from purposive sampling system.

3.5 The Data Collection Technique and Tools

The main tool of the study was a set of questionnaire (schedules). The questionnaire design is based on socio-economic and demographic factors which directly or indirectly affect fertility.

The questionnaire mainly consists of two schedules:

- Household questionnaire are used to list family members and their relations to the head of H.H. and other socioeconomic and demographic information such as family size, age structure educational status, occupational status, and other information of the family.
- Individual questionnaire was asked to ever married women age 15-49 years to collect information on age at marriage, number of CEB, no of children dead, educational attainment, and use of family planning methods.

3.6 Method of Data Collection

At first, the researcher explained the purpose of visit to the concerned people like local teacher, female health worker, community political leaders; etc for the availability of respondents and explained details about the purpose of the research then selected the respondents purposively. The qualitative and quantitative information were collected by direct interview using structure questionnaire.

3.7 Data Processing and Analysis

Data processing has been done by using the raw data obtained from questionnaire. The analysis process of data includes frequency tables, cross tabulation and other appropriate statistical tools. Mainly the univariate, bi-variate and multivariate analysis has been done.

Gathered data and information have been presented in various tables and groups. Mean and percentage were calculated from the table whether possible. Finally the descriptive report has been presented with tables, charts, diagrams and statistical results derived from the analysis.

CHAPTER – IV

BACKGROUND CHARACTERISTICS OF THE HOUSEHOLDS POPULATION

This chapter deals with the socio-economic and demographic characteristics of the population of study area. Age, sex, education, occupation, family planning, child loss etc. are the main variable presents in this chapter.

4.1 Age Sex Structure

Age sex structures are important demographic factors for the study of fertility behavior. Age and sex are those factors which directly affect the component of population like fertility, mortality and migration. It helps to study past demographic situation as well as future demographic situations of the population.

Table 4.1: Distribution of Study population by age Sex

Age group	Male		Female		Total		NDHS 2006
	No	Percent	No	Percent	No	Percent	
0-4	40	12.8	42	11.9	82	12.3	13.1
5-9	42	13.4	48	13.6	90	13.5	14.0
10-14	42	13.4	45	12.8	87	13.1	13.4
15-19	33	10.5	41	11.6	74	11.1	10.6
20-24	26	8.3	34	9.7	60	9.0	8.2
25-29	21	6.7	29	8.2	50	7.5	7.1
30-34	19	6.1	24	6.8	43	6.5	5.9
35-39	18	5.8	22	6.3	40	6.0	5.4
40-44	18	5.8	17	4.8	35	5.3	4.7
45-49	17	5.4	15	4.3	32	4.8	4.2
50-54	12	3.8	12	3.4	24	3.6	3.5
55-59	11	3.5	7	2	18	2.7	2.7
60+	14	4.5	16	4.5	30	4.5	1.0
Total	**313**	**100**	**352**	**100**	**665**	**100**	**100**

Source: Field Survey, 2008 and NDHS, 2006

The proportion of population is found higher (13.5%) in the age group 5-9 years. The lowest proportion of population 2.7% in observed in the population from the age group 55-59 years. In the case of male higher population 13.4% in age group 5 to 9 and 10-14 years age group and lowest 3.5% in age group 55-59.

4.2 Educational Status of Study Area

Education is one of the important factors which play vital role in development process. It directly affects all the population components like fertility, mortality and migration. So, it is necessary to know the situation of education in the study area. The distribution of education status of study population age 6 years and above is presented below:

Table 4.2 Distribution of Study population (six year and above)

Educational Status	**Male**		**Female**		**Total**	
Literate	182	70.5	169	56.5	351	63
Illiterate	76	29.5	13	43.5	206	37
Total	**258**	**100**	**299**	**100**	**557**	**100**

Source: Field Survey, 2008.

The table 4.2 shows that 63% people are literate and 37% are illiterate. But In the case of female 56.5% literate and 43.5% are illiterate. We conclude that the literate of study population is not satisfactory.

The following table shows the highest level of education in the house hold of study area.

Table 4.3 Distribution of Household by highest level of education attended by Family member

Educational Level	No. of household	Percent
No education	15	13.6
Class 1 to 10	55	50
SLC	20	18.2
Intermediate	9	8.2
Bachelor	8	7.3
Master	3	2.7
Total	**110**	**100**

Source: Field Survey, 2008.

This table 4.3 shows that 13.6% are illiterate. Half of household's Education is less than tenth class. Around 10% are bachelors and above.

4.3 Occupational Status of the Study Population

Occupation is directly related to the people's education so occupation and income of the socio-economic factors that determine the social status of the population. High occupation reduces fertility. Therefore, status of occupations of the study population is given.

Table 4.4: Distribution of population aged 10 years and above by occupation

Occupation	No of respondent	Percent
Agriculture	225	45.6
Non-governmental service	24	4.9
Governmental service	40	8.1
Daily wage labour	80	16.2
Student	109	22.1
Business	15	3.0
Total	**493**	**100**

Source: Field Survey, 2008.

Table 4.4 shows that higher percentage of population is engaged in agriculture work i.e. 45.6% among the total 493 population of age 10 years and above. Similarly, 22.1% are student, daily wage labour 16.1%. The government and non-government service are 4.9 and 8.1% respectively. The lowest people engaged in business which is 3%. By analyzing area the above occupation, most of people do not have good occupation and occupation of the study area is poor which help high fertility.

4.4 Type of House

House is also one of the indictors of socio-economic status of the household.

Table 4.5: Distribution of type of house of study area

Type of house	No of household	Percent
Pakki house	1	0.9
Kachhi	109	99.1
Total	**110**	**100**

Source: Field Survey, 2008.

Table 4.5 shows that 99.1 percent people have kacchi house i.e. 109 in 110 and nearly 1% i.e. one house is pakki house. This indicates that the socio-economic status is low at the study area.

4.5 Type of Family

Family type is also one of the important factors that determine the fertility. Nuclear family discourage the fertility and joint or complex family helps the high fertile which is shown in table 4.6.

Table 4.6: Distribution of household by types of Family

Family Type	No. of household	Percent
Nuclear	48	43.6
Joint	62	56.4
Total	**110**	**100.0**

Source: Field Survey, 2008.

Table 4.6 shows that 43.6% house holds have nuclear family and 56.4% house hold have joint family. This indicates more respondents are in joint family.

4.6 Landholding Status of Household

Ownership of land also indicates the socio-economic status of household. It has been seen that more than 45% of the population are engaged in agriculture. Landholding status is presented in table 4.7.

Table 4.7: Distribution of household of the study population by land ownership

Land in Ropani	**No of household**	**Percent**
Landless	12	10.9
Below 1 Ropani	12	10.9
2-5 Ropani	56	50.9
More than 5 Ropani	30	27.3
Total	**110**	**100**

Source: Field Survey, 2008.

Table 4.7 shows that 10.9% people are land less and more than 10% are less than 1 ropani of land. More than 27% have more than 5 ropani, and half of total population has 2-5 ropani land.

4.7 Live Stock

Live stock also shows the socio-economic status of the household the situation of the live stock of the study area can be presented following:

Table 4.8: Distribution of Household by Live stock

Live stock	**No of household**	**Percent**
Yes	89.0	80.9
No	21	19.1
Total	**110**	**100**

Source: Field Survey, 2008.

Table 4.8 shows that more than 80.9 percent house holds have own live stock but 19.1% house holds have no any kind of livestock.

4.8 House hold Facilities

4.8.1 Main Source of Drinking Water

Source of drinking water is also an important factor of the health status of the study population so health status affects the fertility. Society is necessary to observe the situation of drinking water of the study area. The main source of drinking water of the study population is given following table.

Table 4.9: Distribution of household by source of drinking water

Source	No. of Household	Percent
Well	35	31.8
Tap	66	60.0
River/ stream	9	8.2
Total	**110**	**100**

Source: Field Survey, 2008

Table 4.9 shows that 60 percent household used piped water and more than 31 percent use well and rest 8 percent use the water of stream.

4.8.2 Toilet Facilities

Toilet facility is important factor of health status and civilization of the household so it affects fertility. Situation of the toilet facilities of the study area is given.

Table 4.10: Distribution of household by toilet facilities

Toilet facility	No. of Household	Percent
No Toilet	22	20.0
flush Toilet	10	9.1
pit toilet	48	43.6
Khadel toilet	30	27.3
Total	**110**	**100**

Source: Field Survey 2008.

Table 4.10 shows that 80 percent households have toilet and 20 percent use jungle. The people whose toilet have 9.1 flush, 43.6 pit and 27.3 use Khadel toilet respectively.

CHAPTER - V

SOCIO ECONOMIC AND DEMOGRAPHIC CHARACTERISTIC OF RESPONDENTS

This chapter gives us background characteristics of women respondents of age 15-49 years. Socio economic and demographic status of women directly affects fertility.

5.1 Age Group

Age is one of the important demographic factors for determining fertility which is related to the reproductive age of women. Table 5.1 gives the age of respondents classified by five year age group of study area.

Table: 5.1 Distribution of Respondents (15-49) by 5 years Age groups

Age group	**No of respondent**	**Percent**	**NDHS 2006**
15-19	15	13.6	11.2
20-24	25	22.2	9.4
25-29	28	25.5	8.0
30-34	18	16.4	6.3
35-39	14	12.7	5.6
40-44	6	5.5	4.9
45-49	4	3.6	4.2
Total	**110**	**100**	**100**

Source: Field of Survey, 2008

Table 5.1 shows that respondent of group 25-29 is high i.e 25.5 percent and age group 20-24 i.e. 22.2 percent. The age group 30-34 is similar to national level another age group 15-19 is 13.6 percent, 35-39 is 12.7 percent, and 40-44 is 5.5 and 45-49 is 3.6 respectively.

5.2 Educational Status

Educational status is one of the socio-economic characteristics of the respondents. Education indirectly affects the fertility and both are reciprocal relationship and it is necessary. To know the educational status of study area given below table 5.2.

Table 5.2: Distribution of Respondent Women (15-49 years) by Educational status.

Educational Status	Number	Percent
Illiterate	60	54.5
Literate (Non-Formal)	21	19.1
Primary	15	13.6
SLC and above	14	12.7
Total	**110**	**100**

Source: Field Survey, 2008.

Table 5.2 shows the educational status of respondents, 54.5 percent are illiterate, out of 110 respondent of age group 15-49 years and 19.1 literate with non-formal education, 13.6 percent under SLC level and 12.7 percent have SLC and above. The above figure indicate large no of respondent uneducated or unable to read and write which help high fertility.

5.2.1 Educational Status of Parents

Educational Status of Father and mother of respondents also affects the level of Fertility by practicing early marriage of their daughter which helps for high fertility.

Table 5.3: Distribution of Respondent by Educational Level of Father and Mother

Educational Status	Father	percent	Mother	percent	Total	percent
Illiterate	91	82.7	104	92.75	195	87.7
Literate	9	8.2	4	3.65	13	5.9
Primary Level	5	4.55	1	0.9	6	2.7
SLC and above	5	4.55	1	0.9	6	2.7
Total	**110**	**100**	**110**	**100**	**220**	**100**

Source: Field Survey, 2008

Table 5.3 shows that the parents of respondent are illiterate (i.e. 87.7) of that respondent among them 82.7 father and 92.7 percent mother are illiterate respectively. Literate level is only 12.2 percent which is very low education of parents that leads high fertility.

5.2.2 Husbands Education

Nepal is a patriarchal Society and Husband decides household family's decisions so husband education plays important role for determining fertility. Higher the education lowers the fertility so the situation of husband's education is presented in the following table.

Table 5.4: Distribution of respondents by their husbands education

Level of Education	No. of respondents husband	Percent
Illiterate	35	31.8
Informal education	16	14.5
primary education	15	13.6
Lower Secondary	11	10.00
SLC	10	9.1
Intermediate	6	5.5
Higher	6	5.5
Total	**110**	**100**

Source: Field Survey, 2008

Table 5.4 shows that around 32 percent husband are illiterate i.e. they can not read and write and 68 percent can read and write. Among them 14.5 percent has informal education, similarly 13.6 primary's education, 10 percent lower secondary, 9.1 percent SLC level, 5.5 percent intermediate and 5.5 percent higher respectively. This situation shows that there is no improve of education of husband of those women and which help high fertility.

5.3 Occupational Status

Occupation is also one of the important factors for determine the fertility of the respondents. Higher the occupational status lowers the fertility and vice versa. Occupational status of the respondents is given below table

Table: 5.5: Distribution of Respondent women by occupation status

Occupation	**Number**			
	Husband	**Percent**	**Respondents**	**Percent**
Agriculture	50	45.5	75	68.2
Gvt. Service	8	7.3	4	3.7
Business	7	6.4	5	4.5
Daily wages labour	29	26.3	16	14.5
foreign employment	16	14.5	-	-
House hold worker	-	-	10	9.1
Total	**110**	**100**	**110**	**100**

Source: Field Survey, 2008

Table 5.5 shows that occupation status of the respondent 68.2 percent enguage in agricultural work. 14.5 percent are in daily wage labor earner, 9.1 are household worker, 45 percent are business and only 3.7 are engage in government service. Similarly in the case of husband 45.5 percent in agriculture. 7.3 government service, 6.4 percent business, 26.3 daily wages labor and 14.5 percent in foreign employment.

5.3.1 Works during 12 Months Period for Cash Income

The respondent who spent their extra time doing any activity for cash income or not can be presented below table.

5.6: Distribution of Respondent Women worked during 12 month in cash income.

Respondent's Cash Income	**Number**	**Percent**
Yes	100	90.9
No	10	9.1
Total	110	100
Working time	Number	Percent
Less than 5 Month	25	25
5-8 month	56	56
more then 8 month	19	19
Total	**100**	**100**

Source: Field Survey, 2008

Table 5.6 shows that 9.1 percent respondent were not engaged any work for cash income but around 91 percent were enguaged extra working activities. In working respondents 56 percent worked 5-8 month, 19 percent more than 8 month. The above table shows that working time is high but the income level is very low.

5.3.2 Annual Income

Income in a household an important role in improving quality of life and fulfilling the needs of the individual and family following table shows the annual income of respondent women (15-49 years)

Table: 5.7: Distribution of respondent womanly Annual Income

Annual Income	No. of respondents	Percent
Have no Income	10	9.1
<5000	27	24.5
5000-9000	35	31.8
9000-14000	28	25.5
greater than 14,000	10	9.1
Total	**110**	**100**

Source: Field Survey, 2008

Table 5.7 shows that around 32 percent Respondent i.e. women earn between 5 to 9 thousand in a year, around one forth earn less than 5 thousand and more than one fourth earn Rs 9000 to 14000, around 9 percent respondents have no income at all, also 9 percent earn more than Rs. 14000 in a year. So above table indicates that Annual income level very low and fertility level is high.

5.4.3 Utilization of Income

Nepal is a patriarchal society so decision making role mainly in male. So the using of earning money of Respondents is given following.

Table 5.8: Distribution of Respondents by Own Income

Use of earning Money herself	No of respondents	Percent
Yes	23	20.9
No	87	79.1
Total	**110**	**100**

Source: Field Survey, 2008

Table 5.8 shows that 79.1 respondent female of age group 15-49 years does not use earning money herself and around 21 percent use herself. So it differently affects fertility because decision maker is her husband.

5.3.4 Husband's Monthly Income

Husband's income affects the fertility of women lower the level of income of husband higher the level of fertility of women and vice versa. Monthly income of husband given below.

Table 5.9: Distribution of Respondents by Husbands by monthly Income

Monthly Income	**No of respondents**	**Percent**
less than 1000	34	30.9
1000-2000	33	30.0
2000-5000	26	23.6
5000-10000	10	9.1
Greater than 10000	7	6.4
Total	**110**	**100**

Source: Field Survey, 2008

Table 5.9 shows that around 31 percent husbands earn less than 1000 and 30 percent earn 1000-2000. Similarly, 23.6 percent earn 2-5 thousand and 9.1 percent earn 5000 to 10000 and 6.4 percent husband earn greater than 10,000. This shows that monthly income of husband is low and cannot fulfill their need so they want to produce more children for maintain the household expends.

5.4 Age at Marriage

Marriage is one of the main proximate determinants of fertility. In the context of Nepal, marriage practices occur at early age and because of their socio cultural and religious belief which ultimately result high level of fertility. The following table gives the age at marriage is classified into four major groups.

Table 5.10: Distribution of Respondent Women by age at first marriage

Age group	No. of respondent	Percent
10-14	11	10
15-19	56	50.9
20-24	37	33.6
25-29	6	5.5
Total	**110**	**100**

Source: Field Survey, 2008

Table 5.10 shows that 50.9 percent respondents marriage at age group 15-19 and 33.6 percent is of age 20-24 only, 10 percent have less than 15 years and 5.5 percent greater than 25. It conclude that large no of female marriage is early age which result high fertility.

5.5 Case of Pregnancy

To know the case of pregnancy of the respondent the question "are you pregnant now" is asked from this question the following information have been obtained.

Table 5.11: Distribution of Respondent women by case of pregnancy

Cases	Number	Percent
pregnant	11	10
not pregnant	99	90
Total	**110**	**100**

Source: Field of Survey, 2008

Table 5.11 shows that 10 percent respondents are pregnant and 90 percent are not pregnant.

5.6 Live Birth

It is necessary to study about having or not having birth of the respondents. This situation of the respondents can be presented in the following table

Table: 5.12: Distribution of Respondent by Live birth

Live birth	**No of Respondent**	**Percent**
yes	106	96.4
No	4	3.6
Total	**110**	**100**

Source: Field Survey, 2008

This table 5.12 shows that 96 percent have their births and 3.6 have no birth. This table shows that most of the women have birth after marriage.

5.7 Age at first Birth

The reproductive age group is confined 15-49 years, women may capable 15-49 years. Women may capable to reproduce child from menstruation and end with menopause. Ages at first birth respondent women have been presented below.

Table 5.13: Distribution of respondent women by age at first birth

Age at first birth	**Number**	**Percent**
15-19	52	49.0
20-24	48	53.3
25-29	6	5.7
Total	**106**	**100.0**

Source: Field of Survey, 2008

Tble 5.13 shows that 49 percent respondent women have given first birth at age 15-19 and 45.3 percent have given first birth at age group 20-24 years and rest 5.7 have only 25-29 years. This situation shows that if they don't

use any method of family planning they will produce more children at the end of their reproductive life span.

5.8 Children Ever Born

Number of children ever born play vital role to increase population in the world. It is measure of fertility child loss women have higher CEB than others.

Table 5.14: Distribution of respondent women by CEB

CEB	No of respondents	Percent
1	7	6.6
2	16	15.0
3	18	17.0
4	28	26.4
5	11	10.4
6	15	14.2
7	6	5.6
8	3	2.8
9	2	1.9
Total	**106**	**100.00**

Source: Field Survey, 2008

Table 5.14 shows that 26.4 percent women have four CEB and 17 percent women have three children and 15 percent have 2 children. Similarly 14.2 percent women have 6 children and 10.4 percent have five child, 6.6 percent have one child and less than 10 percent child have more than 6.

5.9 Desired Number of Children

Desire of children is also socio- cultural factors. So measures the desires of children have taken information of women by asking how many children you desire.

5.15: Distribution of respondent women by desire no of children

Desire of Children		Total	No of respondent	Percent
Son	**Daughter**			
1	1	2	7	6.4
2	1	3	49	44.6
2	2	4	44	40
1	2	3	4	3.6
3	3	6	2	1.8
4	1	5	2	1.8
4	2	6	1	0.9
2	-	2	1	0.9
Total			**110**	**100**

Source: Field Survey, 2008

Table 5.15 shows that 44.6 percent have desire 2 son and 1 daughter, 40 percent desire 2 son and 2 daughter, only 6.4 percent wants only 2 son and one daughter, about 1 percent desires only 2 son and more than 2 sons and daughter want around 8 percent only.

5.10 Desire for Additional Children

Additional Children directly affects the fertility so it encouraged high fertility. Higher the intension of additional children higher the fertility in the study area. So it is necessary to study about intension of additional children. It can be presented s in the following table.

Table 5.16: Distribution of respondent by desire of additional children

Desire of additional	No. of respondents	percent
Yes	58	52.7
No	52	47.3
Total	**110**	**100**

Source: Field Survey, 2008

Table 5.16 shows that 52.7 percent wants additional children 47.3 percent doesn't want additional children.

5.11 Reason for Desire of Additional Child

Couple wants children various causes cultural, social norms and values and traditional etc. so these causes determine the fertility. The reason for desire of additional children of the study area is given following table.

Table 5.17: Distribution of respondent by Causes of desire of additional children

Causes of desire of additional children	No. of respondent	percent
Self interest	22	37.9
Religious belief	5	8.6
Husband desire	3	5.2
Family income	4	6.9
Family of pressure	4	6.9
Fear of generation loss	20	34.5
Total	**58**	**100.00**

Source: Field survey, 2008

Table 5.17 shows that 34.5 respondent want another child by the reason of fear of generation loss, 37.9 want self interest and 8.6 by religious belief also 6.9 percent by family income and family pressure rest of 5.2 percent husband desire.

5.12 Child Loss Experience

Various study shows that the close relationship child mortality and no of CEB. Child loss experience motivates women who give more births and the women have no experience of dead children who have low births.

Table 5.18: Distribution of Respondents by Child Loss Experience

No of Children	**Number**	**Percent**
1 Child loss	27	25.5
2 Child loss	17	16.0
3 Child loss	9	8.5
4 and above	4	3.7
Not child loss	49	46.2
Total	**106**	**100**

Source: Field Survey, 2008

Table 5.18 indicates that 53.8 have child loss experience and 46.2 percent have no child loss. But 25.5 have one child loss, 16 percent have two child loss, 8.5 percent have three loss and 3.7 percent have four or above child loss.

5.13 Decision making about birth Spacing and Timing

Conversation between husband and wife about birth spacing and timing is the important for regulation fertility .We understand that higher the sharing of births spacing and timing lover the fertility and vice versa of the study area.

Table: 5.19: Distribution of Respondents by sharing decision about births spacing and Timing.

Decision Sharing	**No of respondent**	**Percent**
yes	39	35.4
No	71	64.6
Total	**110**	**100**

Source: Field Survey, 2008

Table 5.19 shows that around 35.4 percent couple shares about birth spacing and timing and rest 64.6 do not share about birth spacing and timing that makes high fertility in the community.

5.14 Family Planning

Family planning is one of the important factors that directly affect the fertility behaviour. Family planning helps to protect the fertility behaviour of the community. So, respondents' knowledge, practice and attitude of family planning are necessary to study.

5.15 Heard about Family Planning

To know the knowledge of respondents about family planning it is necessary to study about it. This study shows the following situation.

Table 5.20: Distribution of Respondents According to heard about Family planning

Heard about Family	**No. of respondent**	**Percent**
Yes	105	95.4
No	5	46
Total	**110**	**100**

Source: Field Survey, 2008

Table 5.20 shows that 95.4 heard about family planning and 4.6 do not heard about family planning. The data therefore shows high number of women of reproductive age have heard about family planning methods.

5.15.1 Ever use of Family planning Method

Ever use of Family Planning Method plays important role for determining fertility. Higher the level of ever use of family planning methods lower the level of fertility.

Table 5.21: Distribution of respondents by ever use of Family planning method

Ever Use of family planning method	No. Respondent	Percent
Yes	42	40
No	63	60
Total	**105**	**100**

Source: Field Survey, 2008

Table 5.21 shows that 40 percent respondents use any method of FP and 60 percent never use of any Family planning Method. The percentage of never use of family planning methods (60%) by respondents' women therefore refers to high fertility experience in the study area.

5.15.2 Causes for using Family Planning Method

To know the attitudes about family planning of the respondents, it is necessary to study about the causes for using family planning methods. The following table indicates the reason for family planning methods.

Table 5.22: Distribution of respondents by causes of ever using family planning methods

Causes of Using FP	No of respondent	Percent
Birth Interval	12	28.6
No desire of additional children	8	19.0
Avoid pregnancy	6	14.3
All of above	16	38.1
Total	**42**	**100**

Source: Field Survey, 2008

Table 5.22 shows that 28.6 percent respondents answered using family planning methods for birth interval, 19 percent for no desire of children, 14.3 percent for avoid pregnancy and 38.1 percent for all of above.

5.15.3: Current Use of Family Planning method

Currently use of family planning method directly affects the fertility behaviours. Current use of family planning method helps to regulate fertility. Therefore currently use of family planning method is necessary to study about the respondents' women.

Table 5.23: Distribution of respondents by current use of family planning methods.

Method of FP	**No of respondent**	**Percent**
Not Using	70	66.7
Pills	5	4.8
Condom	13	12.4
Depo	3	2.8
Males Sterilization	12	11.4
Female Sterilization	2	1.9
Total	**105**	**100**

Source: Field Survey, 2008

Table 5.23 shows that 66.7 percent do not use any method of family planning (i.e. 70 among 105) and 33.3 use any method of family planning. Among of them 12.4 use condoms, 11.4 male sterilization, 2.8 percent Depo, 4.8 pill and 1.9 female sterilization.

5.15.4 Reason for Not-using F.P. Method

Some of the respondent's have not used family planning method in the study area. There are various reasons that affect married women not to adopt family planning methods directly and indirectly. It is because, a community is organized by different types of social, cultural, traditional and economic practices and so on.

Table 5.24: Distribution of respondent by reason for not using FP method

Reason for not Using FP	**No of respondent**	**Percent**
Fear of side effect	30	42.6
want of more children	3	4.3
Husband opposed	6	8.6
To far to go	3	4.3
Family decision	9	12.9
Pregnant	10	14.3
Lack of Source	4	5.7
Religious belief	5	7.2
Total	**70**	**100**

Source: Field survey, 2008

Table 5.24 shows that majority of respondents (42.6%) do not use of family planning because of fear of side effects. Similarly, 14.3 percent, 12.9 percent, 8.6 percent and 7.2 percent do not use family planning methods because of pregnant, family decision, husbands' opposition and religious believe respectively.

CHAPTER - VI

FERTILITY BY SOCIO-ECONOMIC AND DEMOGRAPHIC VARIABLES

This chapter six explains the effects of different socioeconomic and demographic factors on fertility which is measured by mean number of children ever born (CEB) to women of reproductive age 15-49 years.

6.1 Mean CEB and Age of Respondent

Number of children ever born varies by age of women i.e. respondents. However higher the mean CEB can be expected along with increase in age of married women.

Table 6.1: Mean CEB of the respondent by age group

Age group	No. of respondent	No. of CEB	Mean CEB	NDHS, 2006
15-19	15	12	0.8	0.2
20-24	25	66	2.6	1.2
25-29	28	102	3.6	2.4
30-34	18	91	5.1	3.3
35-39	14	76	5.4	4.1
40-44	6	36	6.0	4.6
45-49	4	30	7.5	5.3
Total	**110**	**413**	**3.8**	**2.4**

Source: Field survey, 2008

Table 6.1shows that higher the age of respondents higher the number of children even born. It also presents that the mean number of CEB varies by age of women. The lowest CEB 0.8 is reported at age group 15-19 and highest CEB 7.5 is reported at age group 45-49 which is very high compare with national fig. i.e. 5.1. The average CEB is reported 3.8 is very high as compared with

national figure i.e. 5.4 for Nepal reported by NDHS, 2001. According to this fig mean CEB is higher than National figure.

6.2 Mean CEB and Education

Education is one of the major factors that affect fertility. Educated women are aware of the issue of the quality of their children than uneducated women. So, education is inversely associated with fertility. The mean number of CEB declines with increase in education.

6.2.1 Literacy and Mean CEB

Literacy plays vital role for regulating fertility. The situation of the literacy status and fertility in the study areas is given below:

Table 6.2: Distribution of respondent by mean CEB and literacy

Education status	**No. of respondent**	**CEB**	**Mean CEB**
Literate	50	115	2.3
Illiterate	60	298	4.9
Total	**110**	**413**	**3.8**

Source: Field Survey, 2008

Table 6.2 shows that literate women have low mean CEB (2.3) than that of illiterate (4.9). Fertility is affected by education status of respondents women in the study area.

6.3 Mean CEB and Occupation

Occupational status of women is also one of the major factors of fertility differentials. Occupation of women differs from one to another due to various socio-economic reasons. The relation between occupation and mean CEB is given in the following table:

Table 6.3: Distribution of respondents by mean CEB and occupation

Occupation	Respondents	No of CEB	Mean CEB
Agriculture	75	284	3.8
Service	4	10	2.5
Business	5	13	2.6
Daily wage labour	16	65	4.0
Household worker	10	41	4.1
Total	**110**	**413**	**3.8**

Source: Field survey, 2008.

Table 6.3 shows the relationship between mean CEB and occupation. The mean CEB is the Highest (4.1) for household worker. The lowest mean CEB (2.5) and 2.6 for service and business. The mean CEB shows that fertility differential can be observed by occupational status in the study area.

6.4 Mean CEB and Annual Income

Income is another important factor for determining fertility. It is found that higher the level of income, lower the level of CEB. The relationship between level of income of respondents and mean CEB has been shown in the following table.

Table 6.4: Mean CEB of the respondents of women and annual income in RS.

Annual income in Rs.	Respondents	No of CEB	Mean CEB
Have no income	10	55	5.5
<5000	27	108	4.0
5000-9000	35	133	3.8
9000-14000	28	91	3.2
>14000	10	26	2.6
Total	**110**	**413**	**3.8**

Source: Field Survey, 2008

The table 6.4 shows that respondents who have no income also hav higher mean CEB (5.5). It proves that lower the level of income higher the level of fertility. It is because fertility and income are inversely related.

6.4.1 Husband's Monthly Income and Mean CEB

Household's monthly income also plays an important role in fertility. Husband of the respondent who have more income have lower CEB and low income have higher fertility i.e. husband's income is negatively associated with fertility. The following tables show the husband's monthly income and mean CEB.

Table 6.5: Husbands' monthly income and mean CEB of respondents

Monthly income	**Husband's number of respondents**	**No of CEB**	**Mean CEB**
Less than 1000	34	144	4.2
1000-2000	33	126	3.8
2000-5000	26	92	3.5
5000-10000	10	32	3.2
Greater than 10000	7	19	2.7
Total	**110**	**413**	**3.8**

Source: Field Survey, 2008

Table 6.5 shows that mean CEB is higher 4.2 for those women whose husbands income is less than 1000. Whereas the lowest no of mean CEB2.7 for whose income is greater 10000 per month. After seeing table we conclude that when the level of income increases mean no. of CEB decreases. So, it is observed that level of income of fertility has negative association figure further clears the relationship between incomes and means CEB.

6.5 Age at Marriage of Mean CEB

Age at marriage and number of mean CEB is negatively associated. So age at marriage plays an important role affecting fertility and higher the age at marriage lower the number of CFB and lower the age at marriage higher the number of CEB. This situation has been given in the following table

Table 6.6: Mean CEB of the respondent women by age at marriage

Age at marriage	no of respondents	no of CEB	Mean CEB
10-14	11	57	5.1
15-19	56	223	3.9
20-24	37	117	3.1
25-29	6	16	2.6
Total	**110**	**413**	**3.8**

Source: Field survey 2008

Table 6.6 shows that higher the age at marriage lowers the mean CEB and lower the age at marriage higher the mean CEB. The highest mean CEB 5.1 found for marriage women of age group 10-14 years and followed by mean CEB 3.9 for age group 15-19, 3.1 by age group 20-24 and finally 2.6 for age group 25-29.

6.6 Desire of additional Children and Mean CEB

The desire of additional children depends upon socio economic and cultural factors. The desire of additional children and mean CEB can be shown in the following table.

Table 6.7: Desire of additional children and number of mean CEB

Desire of add. children	no. of respondent	no of CEB	Mean CEB
Yes	58	168	2.9
No	52	245	4.7
Total	**110**	**413**	**3.8**

Source: Field survey, 2008

Table 6.7 shows that 58 respondents have desired additional children where mean CEB 2.9 and 52 respondents have not desired additional children. Desire of additional child is influenced by different factors.

6.7 Child loss Experience and Mean CEB

Child loss is an important factor in affecting fertility in developing countries. All couple wants to replace the dead child by giving birth of additional child. So women with higher child loss have higher the mean number of CEB. The relation between mean number of CEB and child loss experience is presented below.

Table 6.8: Child loss experience and mean CEB

No. of children death	No. of respondent	No of CEB	Mean CEB
0	49	161	3.3
1	27	97	3.6
2	17	78	4.6
3	9	49	5.4
4 and above	4	28	7.0
Total	**106**	**413**	**3.8**

Source: Field Survey, 2008

Table 6.8 shows that child loss experience and means CEB is negatively associated. i.e. those couple who does not loss child the mean CEB is low (3.3) and who have loss one child have 3.6 mean CEB. It proves that the respondents who are experiencing large number of child loss also are experiencing high mean CEB.

6.8 Current use of Contraception and Mean CEB

Use of contraception is one of the most important factors to reduce fertility. Use of contraception and fertility is inversely related. Use of contraception and mean CEB of the study area is given below:

Table 6.9: Current use of Contraception and Mean CEB

Use of contraception	Respondents	No of CEB	Mean CEB
Non users	70	314	4.5
Users	35	99	2.8
Total	**105**	**413**	**3.9**

Source: Field survey, 2008

Table 6.9 shows that current use of contraception and mean CEB is negatively associated. And who use contraception have 2.8 mean CEB. So, high mean CEB is determined by non-use of contraception. And 70 respondents among 105 have currently used of contraception and 35 among 105 have not currently used of contraception in the study area.

CHAPTER -VII

SUMMERY, CONCLUSION AND RECOMMENDATIONS

7.1 Summary of the Findings

This study is based on primary data collected from 110 respondents of 110 households belonging to Thumpokara VDC ward no 5 and 7. This study has examined the factors affecting fertility Socio-economic and demographic factors. It also analyzed the relationship between fertility (CEB) and socio-economic and demographic variables. This study is mainly based on primary data collected from two types of questionnaires i.e. individual and household. Household questionnaires were used to collect the information of respondents who were ever married women aged 15-49 years from the households. Some of the major findings of the study are given below:

- Among 110 households there are 665 persons out of them 47.1 percent are males and 52.9 percent are females. (table 4.1)
- Out of the total population aged 6 years and above 63 percent are literate and 37 percent are illiterate (table 4.2).
- Out of the total population 110, 13.6 percent are elected 15 percent less than 10^{th} class 18.2 percent SLC and around 10 percent are bachelors and above.(table 4.3).
- Out of total population aged 10 years and above 45.6 percent are engaged in agricultural sectors 22.1 percent are students, 16.1 percent are daily wage workers, 8.1 percent are in non-governmental sectors and 3 percent are in business. (table 4.4)
- Out of 110 households 99 percent used Kachhi house and around 1 percent Pakkhi house (table 4.5)
- Out of 110 households 43.6 percent household have nuclear and 56.4 percent households have joint family (table 4.6)
- Among 110 households around 11 percent landless and 89 percent land holders (table 4.7).

- Out of 110 respondents 81 percent households have own livestock and 19 percent households have no any kinds of livestocks. (table 4.8)
- Out of 110 households around 32 percent used well, 60 percent used tap and around 8 percent used river/stream for drinking water (table 4.9)
- Out of 110 households 20 percent have no toilet and 80 percent used toilet but around 9 percent pakki, 43.6 percent kacchi and 27.3 percent toilet. (table 4.10)
- Out of 110 respondents in different age groups, the majority of respondents (25.5%) are in age group 25-29 and second large number in age group 20-24 i.e. (22.7%) and lowest proportion of respondents (3.6%) are in age group 45-49 (table 5.1).
- Out of 110 respondent 54.4 percent are illiterate, 19.1 percent are literate, 13.6 percent primary and 12.7 percent SLC and above (table 5.2)
- Out of 110 respondents their father and mother are illiterate i.e. 87.7 percent rest only literate. (table 5.3)
- Out of 110 respondents 32 percent of their husband are illiterate and 68 percent can read and write (table 5.4)
- Out of 110 respondents 68.2 percent are engaged in agricultural sector, 14.5 percent are in daily wage earner, 9.1 house holdworker and 4.5 percent are in business and 3.7 percent are in service also in the case of husband more than 45 percent engage in agriculture more than 26 daily wage labour around 15 percent foreign employment (table 5.5)
- Out of 110 respondents around 91 percent work in extra income but 9 are not engage in extra income. So, 25 work less than 5 months 56 percent work 5-8 month 19 percent work 8 months. (Table 5.6)
- Out of 110 respondent 32 percent earn 5-9 thousand, more than 25 percent earn 9-14 thousand round 25 percent earn less than 5 thousand

around 9 percent have no income and 9 percent have grater than 14 thousand (table 5.7)

- Out of 110 respondents around 21 percent use earning money herself and 79 percent does not use herself. (table 5.8)
- Out of 110 respondents, her husbands earn monthly 31 percent less than 1000, 30 percent earn 1-2000 and 23.6 percent earns 2-5000, Only 6.4 percent earn greater than 14000. (table 5.9)
- Majority of respondents around 51 percent married at age group 15-19 to 33.6 percent married 20-24 age group. Only 10 percent married at age group 10-14 and 5.5 percent married 25-29 years. (table 5.10)
- Out of 110 respondents 10 percent are pregnant 90 percent are not pregnant (table 5.11)
- Out of 110 respondent of age group 15-49 years. 96.4 percent have their birth and 3.6 are not birth after marriage (table 5.12)
- Out of total respondents 49 percent have given first birth in age group 15-19 years and the highest percentage of respondents women have given their first birth in age group 20 to 24 years and only 5.7 percent in age group 25-29 years. (table 5.13)
- Among the total respondents the highest percentage (26.4) have four CEB, 17 percent have 3 CEB, 15 percent have 2 CEB, 14.2 percent have 6 CEB, 10.4 percent have 5 CEB, 5.6 percent have 7 CEB, 6.6 percent have 1 CEB, 2.8 percent have 8 CEB and 1.9 percent have 9 CEB respectively. (Table 5.14)
- Majority of respondents (44.6%) desire 2 sons and 1 daughter and 40 percent desire 2 sons and 2 daughters (table 5.15).
- Among total respondents women, the highest percentage (52.7%) want additional child and 47.3 percent don't want additional child indicating height fertility in general. (Tables.5.16)

- The majority of respondents (37.39%) want additional child because of self interest and 34.5 percent want due to fear of generation loss. (table 5.17)
- Most of respondents' women (53.8%) have child loss experience and 46.2 percent have no child loss experience. Among the total respondents women of child loss experience (53.8%) 3.7 percent have 4 and above child loss experience, 25.5 percent have 1 child loss experience 16.0 percent have 2 child loss experience and 8.5 percent have 3 child loss experience. (table 5.18)
- Out of total respondents' women, 64.6 percent don't share decision about birth spacing and timing and only 35.4 do share about birth spacing and timing referring to high fertility and risk of maternal mortality infant mortality. (table, 5.19)
- Among the total respondents women 95.4 percent are found heard about family planning and 4.6 percent don't heard about family planning (Table, 5.20)
- Out of total respondents 40 percent ever use any methods of family planning and 60 percent don't use any methods of family planning leading to high fertility (table 5.21)
- Out of the total women respondents using family planning methods, 28.6 percent use the methods for birth interval, 19.2 percent do not want additional child, 14.3 percent for avoiding pregnancy and 38.1 percent for the reasons mentioned above. (Table 5.22)
- Majority of respondents (66.7%) don't currently use of family planning methods and only 33.3 percent currently use of family planning methods (table 5.23)
- Among the total respondents who don't currently use of family planning methods 42.6 percent don't use due to fear of side effect, 14.3

percent dure to pregnancy, and 12.9 percent due to family decision. (table 5.24)

- The mean CEB is highest (7.5%) for women in age 45-49 years at the time of field survey. And the mean CEB 0.8 is found in age group 15-19 years (table 6.1)
- The mean CEB is higher with illiterate respondents (4.9) than that of literate respondents (2.3). (table 6.2)
- The highest mean CEB (4.1) are found for respondents women who are involved in household worker. Similarly, 4.0 mean CEB is found for women who are known as daily wage worker and 3.8 mean CEB for women who are involved in agricultural sector. (Table 6.3)
- The mean CEB is found highest (5.5) for the respondents who have no income, 4.0 women CEB for women who have annual income less than 5000. Similarly 2.6 mean CEB for those who have annual income more than 14000. (table 6.4)
- The mean CEB is highest (4.2) for the whose husbands' monthly income is less than 1000, and the lowest mean CEB 2.7 for those whose husband's monthly income is more than 10,000 (table 6.5)
- The highest mean CEB 5.1 is found for women who were married at age 10-14 years and the lowest mean CEB 2.6 for those who were married at age 25-29 years. (table 6.6)
- Among the total respondents women's 58 respondents have desired additional children whose mean CEB is 2.9 and 52 respondents who have not desired additional children have 4.7 mean CEB (table 6.7)
- The mean CEB is found highest (7.0) for women who have the experience of 4 and above child loss experience. The lowest CEB (3.6) who have experience of only one child loss (table 6.8)
- Among the respondents who use contraception have 2.8 mean CEB and women who don't use contraception have 4-5 mean CEB (Table 6.9)

7.2 Conclusion

- According to this study, the highest percentages of respondents are literate, and those who are literate had also lower level of fertility. So, education of women have more powerful role in reducing fertility.
- The low age of marriage has higher level of fertility; the findings show that higher that age at marriage lowers the fertility and so on.
- Different number of mean CEB can be found by the occupational status of respondents. So, the highest mean CEB can be found for those women who are engaged in household worker.
- The women in high in come group have fewer children and who have no income have also more children.
- The use of contraception has played vital role for reducing fertility experience of women because, women who use contraception have also low mean CEB than that of non-users.
- The child loss experience of women is compelling them to bear more children because women who have child loss experience have high mean CEB than those who have not any child loss experience.

7.3 Recommendations

On the basis of above analysis and result of the study, the following recommendations are made;

- To reduce the fertility early age at marriage of female should be discouraged and there must be attempted some social and legal provision to rise the age at marriage.
- Informal education and family planning related awareness should be given emphasis to increase the literacy level of women and to reduce fertility.
- Since low income of women negatively affects the level of fertility, economic program should be conducted to raise the status of women.
- Women should be economically independent and right of self decision about the formulation of family size.
- The use of temporary contraceptive method should be increased by launching family planning programs.
- Since the main cause of high fertility is poverty, employment opportunities in non-agricultural sectors should be increased.

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Questionnaire

Socio-economic Status of household:

10. Does your family have own house?

    a. Yes ☐ b. No ☐

11. If yes, give the type of the house.

    a. Kachchi ☐ b. Pakki ☐

12. Which type of family is your?

    a. Nuclear ☐ b. Joint ☐

13. How much land does the household own?

    a. Less than one Ropani ☐ b. 1-2 Ropani ☐

    c. 2- 5 Ropani ☐ d. More than 5 Ropani ☐ e. Not at all ☐

14. Does your family have own livestock?

    a. Yes ☐ b. No ☐

15. Is the production from land is sufficient for your family?

    a. Yes ☐ b. No ☐

16. If no how long it is sufficient?

    a. less than six months ☐ b. 6-8 months ☐

    c. 8-10 months ☐ d. 10-12 months ☐

17. What is your household's main source of drinking water?

    a. Tap ☐ c. river ☐ c. Well ☐

    d. Other ☐

18. Is there a fixed latrine?

    a. Yes ☐ b. No ☐

19. If yes, mention the type of latrine

    Type: .....

Questionnaire Related to Education

20. What is the educational level of your father and mother?

Father		Mother	
Illiterate	☐	illiterate	☐
Literate	☐	Literate	☐
Primary	☐	Primary	☐

Lower secondary/secondary ☐ lower secondary/secondary ☐

SLC above ☐ SLC and above ☐

21. Can you read and write?

a. Yes ☐ b. No ☐

22. If yes, what is the highest class did you passed?

a. Primary ☐ b. Secondary ☐ c. Higher ☐

23. Have you ever attended school?

a. Yes ☐ b. No ☐

24. Can your husband read or write?

a. Yes ☐ b. No ☐

25. If yes what is the highest did he passed?

a. Primary ☐ b. Secondary ☐ c. Higher ☐

Question Related to Fertility

26. Have you given any birth?

a. Yes ☐ b. No ☐

27. If yes, what was your age at first birth of your child?

Age ☐

28. How many children are ever born to you?

a. Total ☐ b. Son ☐ c. Daughter ☐

29. How many son and daughters are living?

a. Son ☐ b. Daughter ☐ c. Total ☐

30. Do you want additional child?

a. Yes ☐ b. No ☐

31. If yes, why do you want additional child?

a. Self interest ☐ b. Religions belief ☐

c. Husband desire ☐ d. Fear of generation loss ☐

32. When do you want another Child?

. With in 1 year ☐ b. 1 year ☐ c. 2 year ☐ d. 3 year ☐

33. Who makes the decision related to fertility and family planing?

a. Husband ☐ b. My Self ☐ c. Both ☐

Questions Related Occupations

34. What is your main occupation?

a. Agricultural ☐ b. Service ☐

c. Business ☐ d. Daily wage earner ☐

e. Student ☐ f. Household worker ☐

g. Government Job ☐

35. Have you worked during the past 12 month for cash income?

a. Yes ☐ b. No ☐

If yes how much time you work during 12 months?

a. 5 months b. 5-8 months c. Greater than 8 months

36. What does your husband do?

a. Service ☐ b. Wage labour ☐

c. Foreign employment ☐ d. Business work ☐

e. Agriculture ☐

37. How much does your husband earn per months?

a. < 1000 ☐ b. 1000-5000 ☐

c. 5000-10000 ☐ d. 10000 + ☐

Questions related to marriage

38. What is your marital status?

a. Married ☐ b. Widow ☐

c. Divorce ☐ d. Separated ☐

39. What was your age at first marriage?

Years ☐

40. How old was your husband at the time of marriage?

Years ☐

Question Related Family Planning

41. Have you heard about family planning method?

    a. Yes ☐ b. No ☐

42. Have your spouse ever use any method of family planning?

    a. Yes ☐ b. No ☐

43 If yes, which method you or your husband used currently using method?

    a. Condom ☐ b. Pills ☐ c. Depo ☐

    d. IUD ☐ e. Norplant ☐ f. Other ☐

44. What are the causes for using family planning method?

    a. not to want additional children ☐ b. birth interval ☐

    c. avoid pregnancy ☐ d. all of above ☐

45. If no reason for not using of family planning methods?

    a. want for more children ☐ b. lack of sources ☐

    c. husband oppose ☐ d. fear of side effect ☐

    e. other ☐