

CHAPTER-I

Introduction

1.1 Background of the Study

Fertility refers to “the child bearing performance of Individuals, couples, groups or populations. It is contrasted with fecundity, the theoretical capacity to reproduce, which may or may not lead to fertility.

Fertility behaviour is the process of giving birth which is interacted with the ambient environment and environment is different in different societies. Besides the degree of interaction of the environmental variables 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 levels and differentials of fertility (Bhande and Kanitkar, 1998).

Fertility behaviour is affected by ‘status of women’, Generally, the status refers to women’s overall position in society. The rights and obligations of women also indicate their social, economic and demographic behaviour. Therefore, the status of women has been frequently considered as one of the influencing variables in the study of fertility behaviour.

The united nation defined that the socio economic status of women as labour, student, wife and mother. It also includes the empowerment and prestige connected with the women’s right and duties, women’s status is related to the extent of women’s command over the social and economic matter in household and extra household circumstances have great influence on human life (Un 1984: 15).

In Nepal, population has been increasing rapidly during the past several decades because of continuous decline in death rates and high fertility rates. The main cause of high fertility is less women empowerment and decision making power in the society.

Nepal is a garden of multicast, multiethnic, multi-religious and multi-lingual society. According to the Hindu religious system, there are four main caste groups. Brahmin, Chhetri, Baishya and Sudra. Religiously, those casts were divided by occupation system. According to that, Brahmins were for studying and worshipping to

the god, Chhetries were for fight, Baishya and Sudra were to serve the interest of the Sudras were to produce goods and services for their consumption and thought to be untouchables. Now a day, those Sudras are known as Dalit (Dahal, 2001).

Dalit commission (Ayog), 2002 noted that there are 28 cultural groups within Dalits. But major 15 Dalits are analyzed in 2001 census and others are reported as unidentified according to 2001 census out of total population, 11 percent (25, 29, 419) are Dalits in Nepal of the Dalit population, 35.4 percent are Kami, 15.4 percent are Damai, 12.6 percent are Sarki and 5.7 percent are Sunar. These castes were selected as the study population in the study area. Other major castes of Dalits in terai are Chamar/Hariyan/Ram (10.7), Mushahar (6.7%) and Khutway and Dhobi (2.9% each). Similarly the literacy rate for Dalits were reported very lower which was accounted for 29.3 percent whereas the national literacy rate was 53.7 percent (Appendix 2, Table 1).

In Syangja district at the same time according to above mentioned source, eight major castes were analysed or mentioned in the data. According to census 2001, total population of this district is 317320 which is 1.37 of the national population, data reveals that 43450 people are Dalits in the districts out of them 48.7 percent are Kami, 24.2 are Sarki, 23.6 percent are Damai and 2.4 percent are Dhobi (Appendix 2, Table 2) (CBS, 2002). The sex ratio of the Dalit population is found as 119 males per 100 females.

Among the study VDCs 539 are reported Dalit population which is 10.9 percent of the total population in Thuladihi, 390 are Dalit in Pauwaigaunde (11.7%) and 291 people in Bahakot VDC (12.9%) VDC Profile, 2005).

The constitution of Nepal has declared not to have discrimination in any caste ethnic groups but it has utilize the status of Dalit is still lower in Nepalese society. Socio-economically, religiously, culturally and politically they are dominated by other caste groups. The Discrimination is gradually in the decreasing order with the development of the country.

Nepal is facing the problems of high fertility especially in different cast/ethnic groups, characterized with distinct characteristics. The high fertility is also more pronounced in backward and depressed community such as Damai, Kami and Sarki which is called the lower caste group. Those communities who are backward in the

context of economic, social, cultural educational and all other condition are known as Dalit community who are supposed to be untouchables, among the total cast/ethnic group of Nepal, about 20 percent are within the Dalit community (Manab-Maryada: 1999:4).

The Dalit groups as identified by Dalit Ayog (May: 2002) are as follows:

- Hill Dalit:
Kami, Sarki, Damai, Lohar, Sunar, Badi, Parki, chunara, Kuche and Kadara.
- Newar Dalit:
Kusule, Kasai, Chyame, Pode, Dhaier.
- Tarai Dalit:

Tatma, Paswan, Dushad, Batar, Mushahar, Khatway, Chamar, Dom, Lalkhor, Badimar, Chidimar, Goti and Jamgar (CBS 2003, p. 114).

In this research study, fertility behaviour of Dalit community of Bahakot, Thuladihi and Pauwegaudae VDC was studied. About more than 10 percent of the total population of these VDC are Dalit, generally, they reside in rural area. In terms of socio economic development however it differs according to geographical region in terms of religions, all the Dalits are Hindus. They depend on agriculture.

1.2 Statement of the Problem

The major cause of population growth is higher rate of fertility and declining rate of mortality rates. This types of characteristics creates the problem of population growth. This also leads to face many problems in developing countries like Nepal, i.e. low level of education, lack of health facilities, environmental degradation and its overall impact on development process, high dependency ratio, lack of food supplies, problems of unemployment etc.

Low socio-economic status of women in the society, high economic value of children, high infant mortality rates, low socio-economic tradition, favoring sons, low literacy rate of the women, etc. are the some main factors that contribution high level of fertility. In Nepal as a whole and special community also and every stage of life, irrespective of caste and ethnic groups has strong cultural stress to cause high fertility also (Dahal, 1989).

Nepal is characterized as a rural agrarian country where the socio-economic value of children is persisted high. In such a setting of agrarian economy, demand for more labour force encourages people to have more children to fulfill basic labour demand. Much of the literatures dealing with social, economic and demographic characteristics of Nepali society suggest that fertility is high in Nepal because there is great demand for children for economic, cultural reason. They implicate low income, mass literacy, minimal knowledge and the use of family planning method and high desired family size (UNFPA, 1989; 73).

Fertility is also associated with work status of people. Generally high fertility is associated with occupation in primary industries especially and agriculture while lower fertility is associates with professional and technical categories. Data from 1911 as census and 1945 as family survey of England and Wales showed the inverse relationship between the fertility and social status categories based on occupation (UN, 1953). In the united states, rural farms population is usually more fertile than rural non farm population (Chark 1977).

The main occupation of the Dalit people of these VDC are agriculture and also they work in a hired because cultivated land is not sufficient for their. Maximum Dalit populations are poor due to low level of service, low productivity and lack of knowledge.

1.3 Objectives of the Study

The general objective of this study is to examine the fertility behaviour of Dalit people in relation to demographic and socio-economic variables the other objectives are as follows:

- To know the general background of the Dalit of the study area.
- To examine the socio-economic and demographic characteristics of the respondents.
- To study the relationship between the CEB and specific socio-economic and demographic variables such as education, occupation, age at marriage, infant and child mortality, and current age group of respondents.

1.4 Rational of the Study

The previous research reports show that lower the status of women higher the fertility level generally Dalits are seen much lower status in the economic and academic field. So it is need to study about the fertility behaviour of Dalits. This research tries to fulfill the gap between their own status and national status of women.

This research will be important source of information for concerned group of people, individuals and agencies like NGOs, INGOs, policy makers and planners in demographic economic as well as academic field. The main purpose of this study is to find out the relation among various socio economic and demographic aspect of fertility of Dalit community in selected area. This research will able to give support for other future demographic research. This study will give research output to the nation and particularly for that area. It is important, appropriate, timely, specific group targeted so study is significant.

1.5 Limitation of the Study

Study can not be free from the limitation and this study is not an exception of this fact. So there are some major limitations. They can be mentioned as follows.

1. This research is confined only hill Dalit (Kami, Damai, Sarki and Sunar) community of three VDCs namely Bahakot, Thuladihi and Pauwaigaunde of Syangja district. So findings of this research may not be generalized for Newari and Tarai Dalits, other groups of population and other parts of the country too.
2. Certain demographic and socio-economic variables like education, occupation and economic conditions are considered to be explained and examined with the fertility behaviours in terms of CEB.
3. This study is based on the small sample size only 101 eligible women who are ever married.
4. Except certain demographic and socio-economic variables, food supply of women, psychological and cultural variables which affect in fertility are not taken in this study.

CHAPTER-II

Literature Review

This chapter Present review of literature developed in the context of Fertility on the basis of the theories and principles regarding Fertility Found previously by scholars from both in and out of the country in different date. It also gives list of the empirical literature and short briefing. Finally a conceptually framework will be suggested as a guide line for the present study.

2.1 Theoretical Literature

Davis and Blake (1956) purpose that any cultural and structural Factors affect fertility through eleven intermediate variables centering on intercourse, conception and gestation. Each of the 11 variable affect positively or negatively the fertility of an individual in a society in an underdeveloped society like, Nepal four of the 11 variables i.e. age of entry into sexual unions, permanent celibacy, contraception and sterilization have high values (Tuladhar, 1989: 40).

In 1956, Davis and Blake presented a framework which is focused on the industrial mechanism in society enlisted eleven intermediate variables through which any factors such as biological, social, Psychological or cultural must operate upon individual Fertility (Tuladhar, 1989:39).

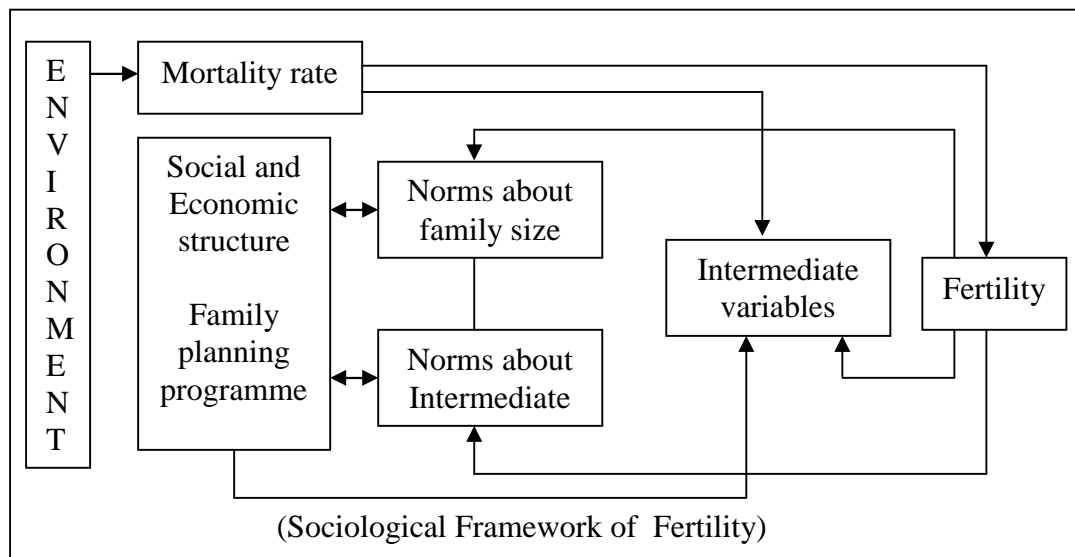
According to John Bongaarts (1983), the Proximate determinants of fertility are the biological and behavioral factors through which social economic, psychological and environment variables affect fertility. Bongaarts has identified seven sets of proximate determining variables for fertility age at marriage and marital distribution, onset of permanent sterility, duration of post-partum in fecundability, spontaneous intrauterine mortality and induced abortion. Later be proposed only four proximate variable that directly affect in determining the fertility level. They are proportion married, contraception, and postpartum infecundability and abortion. This four proximate determine are main determinants to reduce the Fertility in Nepal (MOPE, 2000: 27).

Ronald freedman (1982) developed a model for the sociological framework of fertility. This model I also based on Davis and Black. Freedman has envisaged

environmental Factors and Socio-economy structure impinging on fertility through a series of intermediate variable. He introduced two types of norms about family size and norms about intermediate variable. The norms which are influenced by socio-economic condition and varying life style related to position in status hierarchy in norms about family size and other some status indicator such as education, occupation, income, wealth, power, prestige, caste and there are also general class indicators the may jointly influenced the desired number of children. People have different life style and may influence norms about intermediate variables directly or through norms about family size. Family planning programme is considered as one of the social programme that has a goal to reduced fertility that may influence the norms about intermediate variables, which in turn affect fertility behaviour (Tuladhar 1989, 44-43).

2.2 Sociological Framework for Study of Fertility

Easterlin (1978) postulated a set of eight variables under ‘Easterlin Framework’, which are: Value of children labour value, value as old age security, infant and child mortality, age at marriage, proportion of never married, incidence of widowhood of widower, infecundity due to breast feeding malnutrition, disease physical and monetary cost and economic cost of children.



Source: Freedman, 1982, 279

Caldwell (1976) advanced the wealth flow theory of fertility decline. He argued that society can be classified according to their production system that traditional family based production with fertility.

In a society, the fertility is high if children are economically useful to the parents, and low if children are economically beneficial to parents. Whether the children are economically beneficial to parents is determined by social conditions: Mainly the direction of the intergenerational flow of wealth (in terms of good and services). This flow of wealth in all primitive and traditional societies has been from younger persons to the older persons, i.e., from the younger generation to the older generation. In other words, children in such societies are economic assets to their parents and naturally more children mean more wealth leading to high fertility (Caldwell, 1976).

Notestein (1945) identified a fertility theory. That summarises the demographic change and economic development. According to him, in a traditional society fertility is kept high by high mortality level fell down rapidly because of economic and social change including rising level of living, better nutrition, education and control over diseases.

The theory of demographic transition is based on the actual demographic experience of western countries. They have moved from a condition of high mortality and high fertility with consequent slow growth of population to conditions of low mortality and low fertility, once again leading to a slow growth of population (Bhande and Kntikar, 1972: 458).

Harvey Leibenstein (1972: 458) argues that part of the change in fertility is accounted for by the direct choices of the population in the process of determining the number of children they desire. These in turn depend on an assessment of the benefits in terms of utility and or satisfaction that are attributed to children during significant marginal controllable situations (Population encyclopedia, 1982).

The threshold hypothesis developed by United Nations in the year 1963 indicates that there is an inter relationship between fertility rate and the general socio-economic development of a society. According begins after a society has reached a certain level of social and economic development (UN, 1973).

Dahal (1992) analyzed the determining factors of high fertility and found that in Nepalese society, high economic and social value of children, low poor health and insufficient nutrition intake, inaccessibility of quality family planning and its unmet demand are the determining factors of high fertility in Nepal.

Distributive justice hypothesis indicates that the distribution of goods and services as well as the national income among populations affect fertility level. Arthur and Nicall (1980) have concluded that motivation factors for high fertility lie in the uncertainty and insecurity of rural life in Bangladesh. They have attributed the current high fertility situation to the people dependent on rain fed agriculture.

2.3 Empirical Literature

2.3.1 Education and Fertility

Education is the one of the most important variable to determine fertility educational attainment, especially of women, is one of the indicators of modernization and the status of women in society. In low fertility countries, historically the relationship between fertility and educational attainment of wife has been a negative one, in the sense that the higher the educational level, lower the fertility (Bhende, 2001). Educated women are more likely to voice resentment at the burden of repeated pregnancies and to take action to lighten that burden (Dyson and Moore, 1983).

International Conference on Population and Development (ICPD) Cairo, 1994: in its chapter eleven reveals that the education is a key variable in sustainable development. Education helps to reduce fertility and mortality. The increase in the education of women and girls contributes to women's empowerment, to postponement of marriage and to reduce of family size (UN 1994).

Nepal fertility survey 1976 has found that the mean number of CEB among literate was 2.3 compared to 3.3 among illiterate women. Family Health Survey (1996:98). Showed a deep relationship between education and fertility. Women with at least secondary education have highest mean ideal number of children of 3.1 educated women are more aware of quality of children than uneducated. Women with literate husband were also having fewer mean CEB than those with illiterate husband (MOH 1976).

NFHs (1991) showed the total marital fertility rate (MFR) among women with secondary level of education is lower (4.0) than among women with no education (6.2), which showed the difference of 2.2 children and also indicated that wives' educational status was more instrumental in reducing fertility than the husband.

CBS (1991) presented the average number of CEB is 1.2 for literate women especially for primary education and 1.5 for graduate which is lower than illiterate with CEB 2.8. Nepal Family planning and fertility survey (NFFPS) and Nepal Fertility survey (NFS), 1991 indicated that the wife's educational status is more instrumental in reducing fertility than the husband's (Dahal, 1992).

As stated in NDHS 2001, women with no education have TFR of 3.2 children, with some secondary have TFR Of 2.3 children, and with SLC and above the TFR is 2.1 children (NDHS, 2001).

The fertility transition is usually accompanied by some from of socio-economic change which includes to varying degrees the spread of education, improved health, provision of income to the deprived and exposure the modern ideas that promote fertility decline (Karki, 2003).

2.3.2 Occupation and Fertility

Increasing occupational opportunities for Individuals outside home reduces level of fertility (Dahal, 1993:85). In developed countries occupation, especially that of husband is used as an indicator of social economic status and differential fertility is studied according to the occupation of the husband. Studies conducted in Europe around 1970 indicated that the wives of Farmers and Farm Workers recorded non-agricultural occupations (Bhende and Kanit Kar, 2002).

Occupation of the husband has been widely recognized as one to the influencing factor of fertility. Relation high fertility has been associated with agriculture and mining, lower rate of fertility has been associated with professional classes in urban industrial country (UN, 1973).

Adhakari (1992), Risal and Shrestha (1989) have found that the work status of women was inversely related with mean number of CEB. Occupation also increase mean age at marriage and mean age at marriage is one of the determinant of fertility behaviour. As Risal and Shrestha (1989) found that the mean age at marriage is 20.2 years for administrative worker and 17.1 years for the women who work in farm and agriculture.

Census 1991 emphasized that there is quite difference between white color and blue colour occupation group of women. The mean CEB of ever married is

highest for the Farm/Fish workers and sales workers which is 2.7 but the lowest fertility is observed among the professional/administrative and clerical works with 1.1, less than farm workers i.e. 1.6 (CBS, 1995).

While observing the fertility in terms of CEB of different group of people i.e. not working, agricultural and non-agricultural and housewives according to Birth, Death and connatural (BDCS, 1996), the CEB for agricultural working was 3.2, 3.3. For agricultural and household, and 2.9 for non agriculture (Acharya, 2000: 29).

2.3.3 Economic Status and Fertility

In three rounds of the National sample survey (1959-60, 1960-61 and 1961-62), the fertility and family planning study conducted in Greater Bombay (1966) and in the studies of fertility differentials in India conducted by the Register General, the traditional inverse relationship between economic status and fertility has been observed. It is declared that as per capita monthly household expenditure increases, the fertility rate goes down (Bhande and Kanitkar 2001). Apparently the poverty level has not changed since then rather it appears that it has even become worse as the proportion of people living under the poverty line has risen from 37 percent in 1984/85 to 42 percent in 1996 (Karki, 2000). Nepal government (NG) of Nepal has set the target of reducing the proportion population under the poverty line to 30 percent by the end of the 10th plan, i.e. by mid 2007 (NPC, 2003).

In order to reduce poverty in Nepal it is highly important to effectively implement fertility reduction programs. Studies show that since 1970, developing countries with lower fertility and slower population growth have been higher productivity, more saving and more productive investment. They have registered faster economic growth. Investments in health and education and gender equality are vital to this effect. 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 they enable choice (UNFPA, 2002).

2.3.4 Age at Marriage and Fertility

There is negative relationship between age at marriage and fertility of women, higher the age at marriage lower the fertility lower the fertility lower the age at

marriage higher the fertility. Marriage usually takes place at very early age in various religious groups like Muslim and Hindu. Various studies have shown that increase in age at marriage helps to reduce the fertility (1995:76).

There are three nuptial factor for affection fertility, which are the policy implications for planner: delayed marriage, decreased incidence of widowhood, among women of reproductive capability and positive association between ages at marriage helps to reduce the fertility of women less than 10 years (Tuladhar, 1989:87). Even though legal age at marriage for boys and girls is 18 years and 16 years respectively, early marriage still has been practiced in Nepalese society due to be lower of females was 15.4 years and 19.5 years for males in 1996. It increased 18.1 years for Females and 21.4 years for males in 1991 (MOPE, 2000). It shows that age at marriage is increasing for both sexes in Nepal.

Mulmi (1989) found that early marriage is one of the remarkable factors leading to high fertility and rapid population growth. Mean CEB to females with age at marriage less than 14 years was 5.5 and the lowest mean CEB for 2.7 was representing that woman with age at marriage 25-29 years.

Singulate mean age at marriage for Nepalese women is 18.1 years in 1991, which were 17.2 in 1971 (CBS 1995: 81).

Despite the trend towards later age at marriage, childbearing begins early for many Nepalese women. One four women age 15-19 is already a mother or pregnant with her first child, with teenage childbearing more common among rural women (24%) than urban women (20%). Nearly is the Terai has began child bearing compared with one in five living in the mountains and 17 percent living in the hills. Regionally, the highest level of adolescent childbearing is observed in the central development region while the lowest is found in western region (NFHS, 1996) the age at marriage as reported by VDCsurvey in 1996 is 16.8 in Nepal (KC et.al., 1997: 39).

A study claims that women marrying between 20 and 24 have similar fertility to that of those marrying before age 20; only if the marriage age reached 25 years of over would there be a significant reduction of fertility (Das, 1969) perhaps this is one of the reasons for persistent high fertility in Nepal (CBS, 2003).

2.3.5 Infant and Child Mortality and Fertility

Choudhary, etal (1976) demonstrated a positive relationship the number of children ever born and number of children died (cited in Adhikari 1999). The interdependent relationship between fertility and infant mortality suggests that a reduction in infant child mortality will trigger a subsequent decline in fertility (Regmi, 1994 cited in Regmi and Dangol, 2003). It has also found that lower IMR motivates couple to reduce less number of children.

According to NFHS 1991, higher CEB to the younger women than age 30 was seen. The contraceptive performance in affected by the experience of child loss which affect the number of children even born (Adhikari, 1996, p. 7 and 8). According to Acharya, 2000, women with higher child loss experiences had higher CEB. Women with no child loss had 2.5 in contrast to 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 daughter or sons dead is evident.

New Era (1986:90) found that a strong relationship between infant and child mortality and number of CEB. The study concluded the existence of strong child replacement effect in Nepal.

High fertility is a fundamental adjustment to high mortality and that high fertility is necessary for group survival when mortality is high (Bhende and Kanithar 1994). Fertility decline is most affected by mortality decline, bread social and economic development and family planning programs (Freedman, 1995).

After the ICPD, Cairo, 1994 health programs are focused on the issues related reproductive health of women. The ultimate goal of the reproductive health is to improve the health status of mothers and a newborn child so that maternal and infant mortality can be reduced. One of the pronounced demographic effects of reduced child mortality is the reduction on fertility (Acharya, 1998:29).

2.3.6 Breast Feeding and Fertility

Breast feeding is also an important determinant factor of the duration of post partum menorrhoea. Thapa (1987) used the data of Nepal fertility survey 1976 shows and concluded that breast feeding was the most important fertility of meanly 25 months of breast feeding contributes about 18 months of post partum amenorrhoea

which affect fertility in Nepal (Cited in Adhikari, 1999) because longer the women breast feeds, lower the chance of conceiving a baby.

Nepal family health survey 1996 found that about 98 percent of married women have ever breast fed their children. Comparatively it is found that rural, no literate and other women are more likely to breast fed and for long time than their counterparts. One and average Nepali women breast fed their children for more that 2 years (MOPE 2000:34).

2.3.7 Use of Contraception and Fertility

There is the close relationship between the use of contraceptive and desired family size (Dahal 1989:7) of the major reason for low use of contraceptives is KAP gap (Chaleese, 1998).

It is apparent that effective use of contraceptives in the most important variable affecting the fertility of any society. In recent years, this variable has gained such importance that other intermediate variables, including induced abortion and late marriage, have lost much of their significance. In societies with natural fertility, levels and differentials in fertility are determined by such factors as female age at marriage, the proportion of the never married females in the reproductive age, sexual abstinence and voluntary Foetal losses. In societies with controlled fertility, however, the extent and use of birth control, as well as the effectiveness of birth control methods and their effective use, are important factors which determine fertility levels and differentials. It may be noted here that though the effectiveness of a particular birth control method is an important factor. The effectiveness with which any method is also important. For example, in 1975, it was found that in Japan 30 percent of those who practiced contraception used the rhythm or the safe period method, which is generally not considered to be a very effective one. In Japan, however, this method appears to have been success. Fully used (Bhende 2001).

In response to the question asked to women age (15-19 years on the type of family planning method currently using either by them or by their husband, 33 percent report “laproscopy/minilap”, 20 percent vasectomy, 39 percent other temporary methods include pills, Depo-provera, IUD, Norplant, Diaphragm, Fom/Jelly/cream etc. and only eight percent condom (CBS, 2003/04: Nepal Living Standard Survey).

Nepal living standard survey (2004) has shown the reasons for non-using family planning method, distribution of major reason reported one as famous, “want more children”. Most of the family planning devices are targeted to women without much attention to their side effects (NFHS, 1991). More than 18 percent of women who are not using family planning devices expressed health concerns as the factor for non use (NOH, 1993). For the poor women, who have no access to resources for treatment in the case of failure, it is risky to accept family planning method (CBS, 1995).

Family and health survey 1996 reported that about 28 percent of both ever born married and currently married women of age-group (15-19) know at least on method of family planning. Among them 38 percent of currently married women have been reported ever use of contraception and 35 percent having use of modern method. The contraceptive prevalence rate (CPR) increased from 3 percent in 1976 to 29 percent in 1996. Among them, 7.5 percent relies on permanent methods, 8.5 percent temporary method and 2.5 percent rely on transitional method. Among permanent method females sterilization has become most popular (MOPE 200).

There are several reasons for the low rate of family planning method in Nepal. Methods are not available for a large number of couples and even where they exist family planning workers have not been effective in motivation couples to use contraceptives. The practice of family planning is culturally on contraception (Subedi, 1996). According to the ICPD 1994 the family planning devices have to access to safe, effective, affordable and acceptable.

It is documented that a higher level of knowledge about contraception of these groups does not always translate into higher level of contraceptive use (Gubhaju 2002, Aryal and Nichols, 2002). It is also true that young people may be unaware of their risk of pregnancy and unsure where to obtain family planning services and what types of services are afforded (CBS 2003).

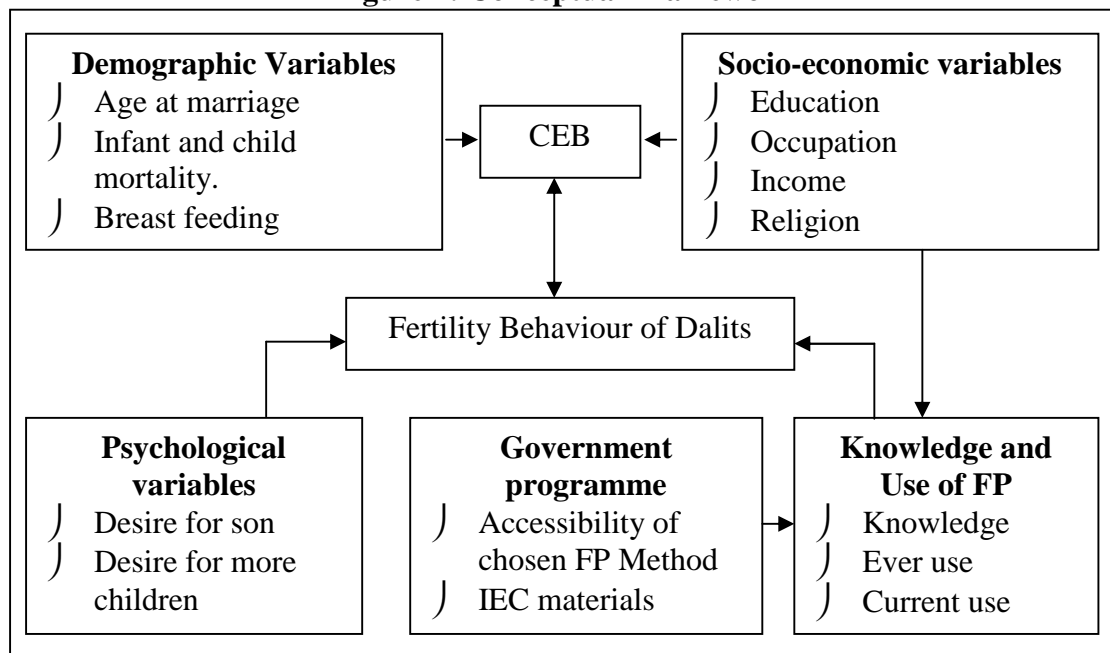
This study is an attempt to find out the situation of Dalit women’s fertility behaviour, and to assess their fertility status. The findings and recommendations of the study would help to know and improve their status which will be oriented them after completion of the study.

2.3.8 Proposed Conceptual Framework

This framework shows the relationship of socio-economic and demographic with fertility. In this analysis all socio-economic and demographic variables are considered as determinant of status of Dalit women are independent variable and only the fertility is considered as dependent variable. The fertility behaviour is affected by demographic and socio-economic variables: the age at marriage, infant and child mortality, breast feeding as well as use of contraception experience of Dalit women in Nepal.

The below figured conceptual framework suggests that there are several influencing variables which affect the fertility behaviour of the Dalit women. The framework suggests that the main influencing variables are demographic, socio-economic and political variables. These variables affect and determine the level of knowledge, ever and current use of FP methods which determine the number of CEB and ultimately fertility behaviour of community women.

Figure 1: Conceptual Framework



Given framework clearly states that there are broad five variables that affect fertility of women namely demographic, socio-economic, psychological, use and non use of contraceptives and government policy and programmes on fertility.

CHAPTER-III

Methodology

3.1 Selection of Study Area

The study area is chosen Bahakot, Thuladihi and Pauwaigaunde VDCs of Syangja District of western development region of Nepal. The information is taken about the selected variables of socio economic and demographic variables. These VDCs are chosen as study area because significant number of Dalits namely Damai, Kami, Sarki and Sunar are residing here. As the purpose of sample selection was determined as 101 households based on simple random sampling methods, there were no sufficient number of households in one VDC therefore 3 VDCs were chosen as sample VDCs.

3.2 Data Sources

For this study of this case the primary data is collected from field survey by using interview method. The interview method is applied by direct interview with respectable head of the household for household information and for individual information which related demographic data with respondents on the basis of structured questionnaire schedule using quantitative technique and census enumeration system.

Moreover, the secondary data is used to know historical background of them and the secondary data are used from the VDC profile that collected data by using field survey in 2061 (VDC) population monograph of Nepal (2003, CBS, District Profile, DDC office) and other available sources.

3.3 Sampling

The sample survey was designed for Dalit community that's why only Dalit women in three VDCs namely Bakhakot, Thuladihi and Pauwaigaunde of Syangja district were chosen as sampled. There are 197 Dalit households in total according to three selected VDC's record. Among total household 101 sample households were taken purposively from the following total number of Dalit households. The respondents taken for the study purpose are currently married women ages 15-49 years. Although there were more respondents in a household; yet only one respondent

was taken from one household because one respondent can represent the socio economic status of that household.

Table 1.1: District of Dalit Households and Sample Household in Different VDC's

VDC	Total Dalit Household Number	Sample Household Number
Bahakot	48	27
Thuladihi	86	36
Pauwaigaude	63	38
Total	197	101

Source: Field Survey, 2065.

To the selection of household to ask the questions, simple random sampling is used in this study.

3.4 Nature and Source of Data

Primary as well as secondary data have been used collected during the field study of two month.

3.4.1 Primary Data Collection

Using PRA tools collected the primary data, which are formal and informal talks, focus group discussion, key information interview and survey questionnaire. First of all a reconnaissance survey will be used on identify the general characteristics of the site, households and other information, and separate invectives with local leaders.

3.4.2 Secondary Data Collection

The secondary data have been taken from previous studies published and unpublished documents from related literature and from government documents, available literatures, CBS, research reports, newspapers and NGOs INGOs working in the Syangja district.

3.5 Tools and Techniques of Data Collection

3.5.1 Questionnaire

The close questionnaire: household and individual were used to obtain information on various aspects of fertility behaviour as well demographic and socio economic characteristics. The household questionnaire schedule was use to get household information which was asked to the each head of household. Household questionnaire schedule constitutes questions about age, sex, relation to the head of the household, marital status, occupation, main source of income, transportation facilities, drinking facilities and other demographic and socio economic measures of each of the household.

The individual questionnaire was asked only to currently married women. The main purpose of individual questionnaire was to obtain the respondents characteristics such as completed age, education, fertility related question use of family planning method, breast feeding etc. Which related to find out fertility behaviour of Dalit community in the study area.

The questionnaire is constructed strongly focused on the information to meet the objective of the study.

The questions were written in simple English language but asked the questions translated in Nepali language for convenience to the respondents. Some cross questions were designed to check the consistency of data.

3.5.2 Interview

Interview was used to collect some of the basic like of personal identification and population structure on various aspects of fertility behaviour as well as demographic and socio-economic characteristic. The household interview was used to get household information. About age, sex, marital status, occupation, main source of income, transportation facility, family planning method, breast feeding method etc.

3.5.3 Observation

The observation techniques were used to collect the relevant information relating to the study. It was been used to observe family planning tools and techniques which helps to control fertility behaviour of the study area.

3.6 Data Collection Method

Researcher himself was involved in data collection with one student of sociology who was trained by researcher himself about visit, first the purpose of visit was told to head of the household as well as other members to that house then the eligible respondent were selected the household questionnaire was asked to the head of the household and the individual questionnaire was asked only to currently married women.

3.7 Data Analysis

After collection data, those collected information processed, analysis and presented in different. The computer facilities of Tribhuvan Adarsha Campus was used for processing data. Data were exerted into the software programmes, SPSS (Statistical Package for Social Sciences) and BASE to handle and process the data and get desired output. Cross tabulation, frequency distribution, correlation and regression analysis were used to examine the relationship between dependent and independent variables.

3.8 Hypothesis of the Study

The following hypothesis are formulated for this study.

- Higher the education of female, lower the fertility.
- Higher the female population involved in non, farming occupation, lower would be the fertility.
- Higher the infant and child mortality higher will be fertility.

CHAPTER-IV

Analysis of the Respondents' Socio-economic Background

This chapter analyses the background characteristics of the respondents which is related to overall household characteristics. Such background includes women's age, marital status, marital age, religion, caste/ethnicity as well as other economic variables. Family status also determines the status of women which ultimately determines the fertility, family planning status of women.

4.1 Distribution of Eligible Women by Age Group

The statistics presented in the table below represents the distribution of the eligible women/currently married women from whom the fertility behaviour of Dalits has examined.

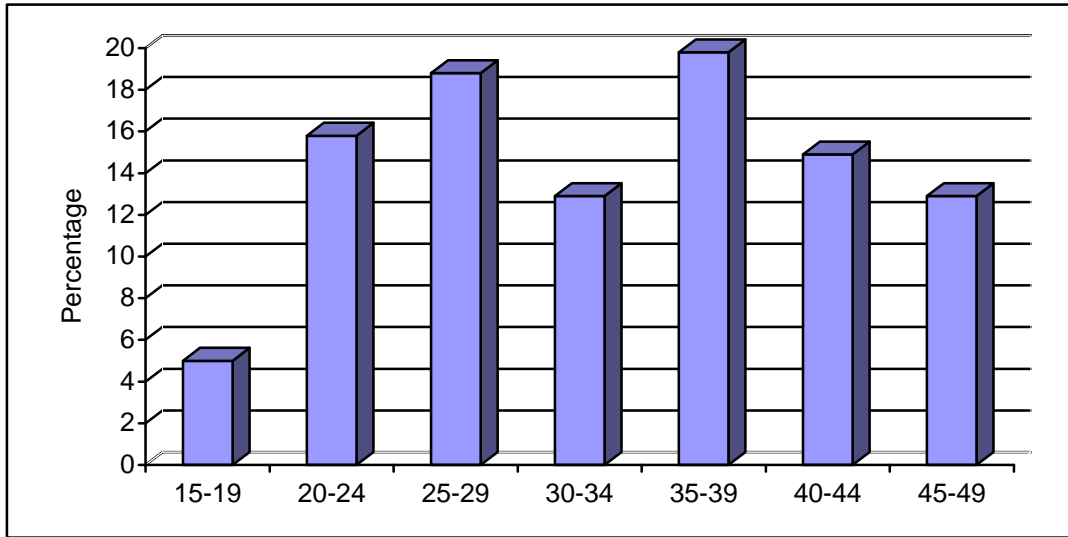
Table 4.1: Distribution of Eligible Women by age Group

Age group	Number	Percent
15-19 year	5	5.0
20-24 year	16	15.8
25-29 year	19	18.8
30-34 year	13	12.9
35-39 year	20	19.8
40-44 year	15	14.9
45-49 year	13	12.9
Total	101	100.0

Source: Field Survey 2065.

This table shows that with regards to the eligible respondents distribution with five year age group. The majority of currently married women was found in the group 35-39 (20.4%). Followed by the age group 25-29 (18.8%) years and only 5.0 percent for 15-19 years of age groups. More than 72 percent women who are currently married are within the age of 34 year and only 28 percent are found to be at the age of 40 and above within reproductive span.

Figure 2: Distribution of Eligible Women by Age Group



4.2 Caste/Ethnicity

Nepal is a multi-cultural, multi-caste, multi-religions and multi-lingual country. The study is same as a country Nepal. There are various caste/ethnic and religions group. The distribution of Kami, Dami, Sarki and Sunar and their religion are presented in table 4.2.

Table 4.2: Distribution of Respondent by Caste/Ethnic Group

Caste/ethnic	Number	Percent
Dami	37	36.6
Kami	24	23.8
Sarki	34	33.7
Sunar	6	5.9
Total	101	100.0

Source: Field Survey 2065.

As indicated by the table 4.2, higher proportion of the respondents are from Damai Community. Which is accounted for 36.6 percent and is followed by Sarki (33.7%), Kami (23.8%). The least proportion of the respondents (5.9%) are Sunar.

4.3 Religion

Again, the respondents were asked about the religious status which is given in Table 4.3.

Table 4.3: Distribution of Respondent by Religions

Religion	Number	Percent
Hindu	95	94.1
Buddhist	4	4.0
Christian	2	2.0
Total	101	100.0

Source: Field Survey, 2065.

The table shows that the majority of the respondents were reported Hindu religion which is accounted for 94.1 percent followed by Buddhist (4.0%) and Christian (2.0%).

4.4 Literacy and Education

Commonly speaking, literacy is the knowledge of reading and writing. Those who can read and write are called literate. Education plays vital role to determine fertility level and family size. It is an important variable for fertility behavior. It always associates negatively to fertility and positively to contraceptive practices. Thus, it is important to assess the educational status of the respondent. Among the literatures, a question on the educational attainment was asked. The literacy and educational status of the respondents are presented in table 4.4.

Table 4.4: Percentage Distribution of Respondent by Education

Literature status	Number	Percent
Literate	50	49.5
Illiterate	51	50.5
Total	101	100.0
Educational Level		
No Education	2	2.0
Primary	29	28.7
L. Secondary	8	7.9
Secondary	5	5.0
SLC and above	6	6.0
Total	50	49.5

Source: Field Survey, 2065.

It is evident from the table 4.4 that a slightly less than half of the respondents (49.5%) are literate whereas another half are illiterate. It can also be said that literate and illiterate respondent are almost equal.

Out of literate respondents, 28.7 percent have attended primary level followed by lower secondary 7.9 percent, secondary and SLC (5% each). Only four percent of the respondents reported that they are literate by non formal education and only one respondent has attended intermediate and above level of education.

4.4.1 Age and Education

It is well-known that the elder women in Nepal are illiterate due to the deep-rooted norms that the girls should not be sent school as they are the housekeeper and bearer of children. In the later ages, education in women have raised to higher. Pace than that of males which the trend of education of women shows. In order to find out the difference according to age of women, a cross tabulation has been established which is given in table 4.5.

Table 4.5: Distribution of Respondents by Age and Educational Attainment

Age group	Illiterates	Education					Total
		No education	Primary	L. Secondary	Secondary	SLC and above	
15-19	-	-	4(13.8)	-	1(20.0)	-	5(10.0)
20-24	4(7.8)	-	8(27.6)	3(37.5)	-	1(20.0)	12(24.0)
25-29	8(15.7)	-	6(20.7)	2(25.0)	2(40.0)	1(20.0)	11(22.0)
30-34	5(9.8)	-	4(13.8)	2(25.0)	1(20.0)	1(20.0)	8(46.0)
35-39	11(21.6)	1(50.0)	4(13.8)	1(12.5)	1(20.0)	2(40.0)	9(18.0)
40-44	11(21.6)	-	3(10.3)	-	-	1(20.0)	4(8.0)
45-49	12(23.5)	1(50.0)	-	-	-	-	1(2.0)
Total	51(100.00)	2(4.0)	29(58.0)	8(16.0)	5(10.0)	5(10.0)	50(100.0)

Source: Field Survey, 2065.

Note: Numbers in the parentheses are the percent of the column but the literates and illiterates are supposed 100 percent separately.

It is seen from the table 4.5 that women with higher age group are likely to be of lower educational status. In the higher age group, higher proportions of illiterate women were found which the above data supports. There is no illiterate women in 15-

19 age group whereas 7.8 percent of the illiterate were found increasing this proportion to higher age groups, it reached 23.5 percent in the age group (45-49) years. The highest proportion of literate women (24%) are from age group (20-24) educated. Among 12 women in this group eight have attained primary education. Three lower secondary and one SLC and above. Twenty-two percent of the educated women are found of the ages 25-29. There is similar distribution of higher education. Among five women attaining SLC and above education one each are found from ages 20-24 and 40-44 age groups except two in the age group 35-39. This indicates that the old age women are less educated and the new generation has got more or less education opportunities.

4.5 Occupational Status of Respondents

Occupation is one of the important determinants of fertility, which relates to fertility behaviour and contraceptive practices. It is assumed that who are engaged in agriculture, they have higher fertility. In this study area fewer respondents were found engaged in the non agricultural sector the occupational status of respondents of the study area has been given in table 4.6.

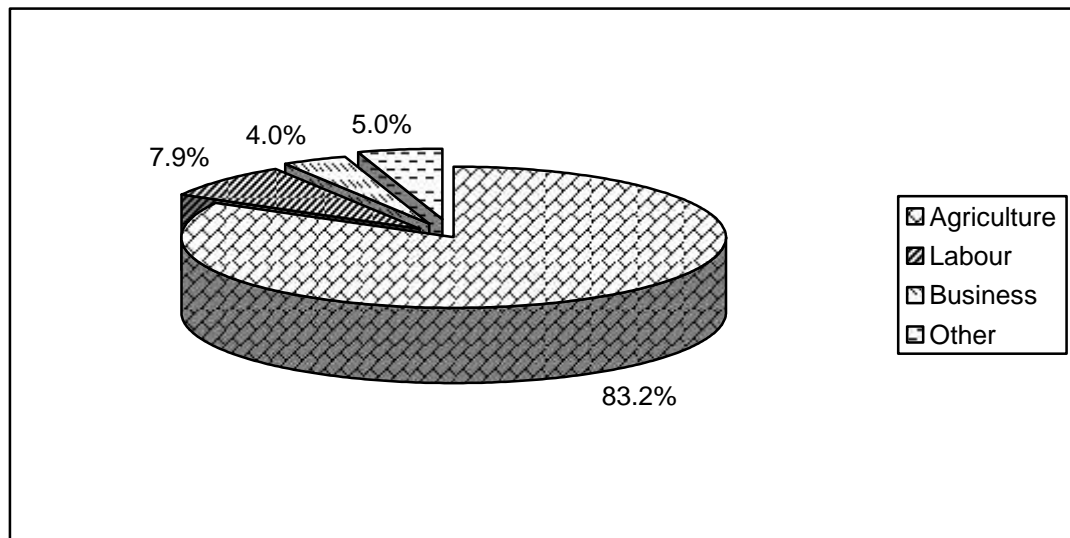
Table 4.6: Distribution of Respondents by Occupational Status

Occupational Status	Number	Percent
Agriculture/Housewife	84	83.2
Labour	8	7.9
Business	4	4.0
Other	5	5.0
Total	101	100.0

Source: Field Survey, 2065.

Table 4.6 clearly shows that 83.2 percent of the respondents are engaged in agriculture. Followed by labour accounting 7.9 percent of total population. Similarly 4 percent of the respondents are engaged in business and 5 percent are found other occupation. According to this study nobody has engaged in governmental and non-governmental services.

Figure 3: Percentage Distribution of the Respondents by Occupation



4.6 Household Income

Income is one of the important socio-economic variables of fertility behaviour. In this study, income is defined measures the flow of resources in a household in the one month. The main components of this measure are: crop income, non crop farm income, income from wage employment, income from services and pension and other sources. The aggregate household income is finally obtained by summing from above given measures. The income status of respondents is given in table 4.7.

Table 4.7: Distribution of Respondents by Monthly Household Income

Monthly Income	Number	Percent
Less than 2000	25	24.8
2000-2999	29	28.7
3000-3999	27	26.7
4000+	20	18.8
Total	101	100.0

Source: Field Survey, 2065.

Table 4.7 depicts that higher proportion of the respondents have monthly income of average Rs. 2000-2999 which is accounted for 28.7 percent followed by Rs. 3000-3999 (26.7%) Rs. Less than 2000 (24.8%). About 19 percent (18.8%) of the respondents reported having more than and up to Rs. 4000.

Figure 4: Distribution of the Households by Monthly Income



4.7 Household Facilities

Availability of different facilities is also one of the household. The access of information media provides knowledge on the advantage and disadvantage having more children and they may change attitude. Therefore, the respondents were asked about the household facility. The responses and tabulated in table 4.8.

Table 4.8: Distribution of the Respondents by Household Facilities

Facility	Number of respondents	Percent
Electricity	81	80.2
Radio	97	96.0
Television	19	18.8
Piped water	71	70.3
Transport	49	48.5
Telephone	5	5.0

Source: Field Survey, 2065.

The sum of the percentage in the above table exceeds 100 because of multiple responses. It is evident from the table 4.9 that a vast majority of the respondents have radio in their home which is accounted for 96 percent followed by electricity (80.2%)

and piped water (70.3%). The lower proportions of the respondents are found having television and telephone (18.8% and 5% respectively).

4.8 Age at First Menstruation

Age at first menstruation may not have significant impact on fertility in Nepal because in our country sexual contact and bearing of child mainly occurs only after marriage. But age at first menstruation may determine. The marriage of a girl because there is still a social value that if a girl is married before the onset of menstruation, they will reach to heaven. A question on first menstruation was included in the questionnaire and asked to the respondents. So the result is tabulated in table 4.10 and disadvantage having more children and they may change attitude. Therefore, the respondents were asked about the household facility. The responses are tabulated in table 4.9.

Table 4.9: Distribution of the Respondents by Age at first menstruation

Age at first menstruation	Number	Percent
11 years	1	1.0
12 years	22	21.8
13 years	31	30.7
14 years	34	33.7
15 and above	13	12.9
Total	101	100.0
Mean age at first menstruation		13.41

Source: Field Survey, 2065.

Table 4.9 clears that higher proportion of the respondents (33.7%) reported that they had first menstruation at the age of 14 years followed by 13 years (30.7%) and 12 year (21.8%). However, one of the respondents reported having first menstruation at the age of 11 years. The average age at first menstruation among the respondents is calculated as 13.41 years.

4.9 Age at First Marriage

Marriage is almost universal and it takes place early in Nepal, which leads to long term fertility. Most of the Nepalese guardians are more interested to marry their

daughters and sisters in the early age due to cultural belief. In the study also the significant proportion (14.9%) of the respondents are found to be married in their early age. The distribution of the respondents by age at first marriage is presented in the table 4.10.

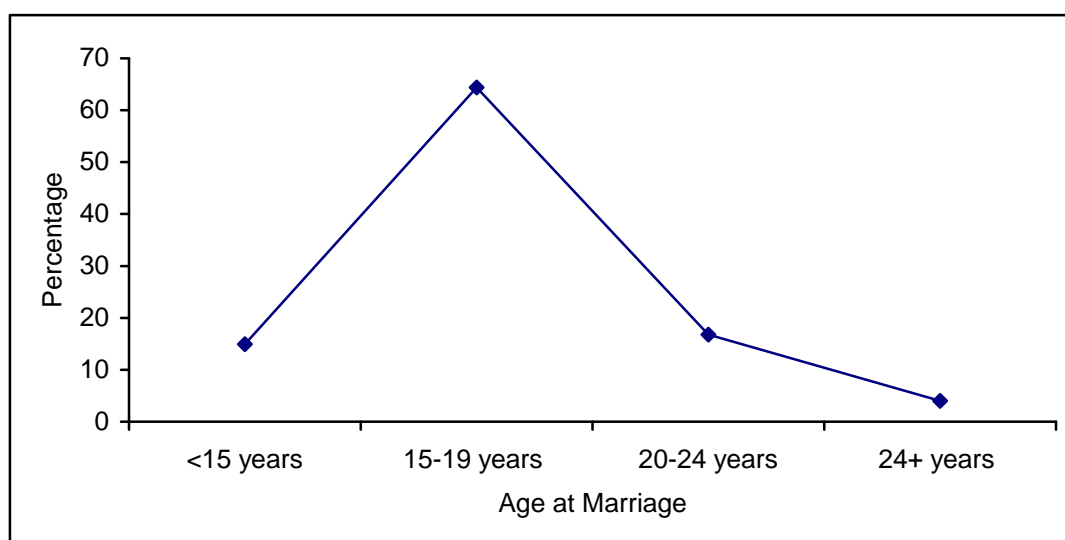
Table 4.10: Percentage Distribution of Currently Married Women by Age of first Marriage

Age at marriage (in year)	Number	Percent
<15 years	15	14.9
15-19 years	65	64.4
20-24 years	17	16.8
24+ years	4	4.0
Total	101	100.0
Mean age at first menstruation		17.41

Source: Field Survey, 2065.

From the table 4.10, it can be seen that majority of the respondents (64.4%) have their First marriage at the ages (15-19) years. It is also interesting to note that 80 percent of the respondents have reported that below 20 years as their first marital age. Similarly, about 17 percent of the respondents said that they married at the ages 20-24 years and only four percent said they had their first marriage above age 24 years. The figure below further clarifies about the age at first marriage of the respondent women in Dalit Community.

Figure 5: Distribution of Currently Married Women by Age at First Marriage



4.10 Family Size

Family size determines the economic, health, nutrition and other living standard of women and children. These variables contribute in determining desire for the size and number of male and female baby in a house. Considering this fact, the study has included the question of family size in the households where the survey was conducted. Data on family size was collected in the study area among the respondents' household which is present in table 4.11.

Table 4.11: Distribution of the Respondents by Family Size

Family size	Number of respondents	Percent
<4	26	25.7
5-7	52	51.5
8-10	18	17.8
11 above	5	5.0
Total	101	100.0
Average family size	6.15	
Average male size	3.14	
Average female size	3.01	

Source: Field Survey, 2065.

From the table 4.11, it can be noticed that more than half (51.5%) of the respondents household there are 5-7 members. About 26 percent of the respondents household there are less than and equal to four members, 17.8 percent of the respondents household there are 8-10 members and only five percent of the respondents' household there are 11 and more family members.

4.11 Housing Status

Housing status may not be a good indicator to analyses the fertility but it can be generally observed that the women who stay outside bear more problem and the fertility of such women may be lower than the women who live in their own home. Type of house represents the status of household especially economic status. Family having better economic status has better social status also. They may better off in any respect. Therefore, the respondents were asked about the housing status and type of house they have. The responses are tabulated in table 4.12.

Table 4.12: Distribution of the Respondents by Type of House

Housing status own house?	Number of household	Percent
Yes	98	97.0
No	3	3.0
Total	101	100.0
Type of house		
Pakki	2	2.0
Semi Pakki	58	59.2
Kachchi	38	38.8
Total	98	100.0

Source: Field Survey, 2065.

Note: Pakki house refers, to those house made up of concrete and semi-pakki with stone and mud and roof of zinc or straw. It is clear to see from the table 4.13 that most of the respondents have lived in their own house which is accounted for 97 percentage and the rest are staying in other's house.

Among the respondents who have their own house were further asked about the type of house they are living in about 59 percent of the respondents have semi-pakki house followed by kachchi (38.8%) and only two percent of the respondents reported having pakki house.

Conclusions

The majority of currently married women were from age group 35-39 years (20.4%). Damai caste constituted 36.6 percent followed by sarki (33.7%). A slightly less than half of the respondents (49.5%) are literate whereas another half are illiterate. Similarly, 28.7 percent have attended primary level followed by lower secondary (7.9%). About 83 percent of the respondents are engaged in agriculture followed by labour accounting 7.9 percent of total population. A vast majority of the respondent have radio in their home which is account for 96 percent followed by electricity (8.2%). Higher proportion of the respondents (33.7%) reported that they had first menstruation at the age of 14 years. Majority of the respondents (64.4%) have their first marriage at the ages 15-19 years. Similarly, average family size is

observed as 6.15 members. About 59 percent of the respondents have semi pakki house followed by kachchi (38.8%).

This socio-economic and demographic condition of the respondents shows that the respondents are socio-economically poor.

CHAPTER-V

Knowledge and Practice of Family planning and Fertility Status

This chapter presents the distribution of the eligible women (respondents) by their knowledge of family planning methods, the sources of information about the various methods of family planning and the sources of contraceptives supplies. With regard to the attitude, this chapters deals with the attitude of women towards the use and non use of family planning method.

5.1 Knowledge on Family Planning Methods

Knowledge plays an important role to use of family planning method. If people have proper knowledge about these methods, the chance of use will be higher. So, knowledge of methods helps to increase the motivation of using contraceptive method. Family planning helps women avoiding giving more births. Both male and female have equal responsibility to their family and household work, absence of any spouse in the family will be incomplete and both male and female are two wheels of life. But in real situation, it is not being so. Mostly males neglect about use of contraceptive than women and it is notable that if males use any modern contraceptive, then there will be less chance of spreading sexually transmitted disease.

There is inverse relationship between contraception and fertility. It is widely believed that family planning awareness helps to control population growth or fertility. Respondents were asked about the knowledge on FP methods and the respondents who said to have knowledge about family planning were further asked about the devices they have ever heard. The respondents knowledge on family planning methods is presented in table 5.1.

Table 5.1: Distribution of Respondents by Knowledge and Methods of Family Planning

Knowledge of family planning	Number	Percent
Yes	85	84.2
No	16	15.8
Total	101	100.0
Method heard		
Condom	72	84.7
Pills	66	77.6
Depo provera	60	70.6
Male/female sterilization	53	62.4
Kamal (foam) tablet	41	48.2
Norplan	10	11.8
IUD	8	9.4
Withdrawal	2	2.4

Source: Field Survey, 2065.

Note: The Sum of percent below total row exceeds 100 because of multiple responses.

Table 5.1 shows that only 84.2 percent of women respondent aged 15-49 year are knowledgeable about at least one method of the family planning dervices. About one fifths of the respondents have never heard about any family planning method. This shows that the respondents in the study area have very low level of knowledge.

It is clear to see from the table 5.1 that the highest proportion of the respondents (84.7%) have heard about condom among the respondents who have heard about FP methods. The following figure is for pills and depo-provera which are accounted for 77.6 and 70.6 percents respectively. Similarly, about 62 percent of the respondents said that they have heard about male and female sterilization. But the least proportion of the respondents (2.4%) is found having.

5.2 Source of Information of FP Method

There are various sources from where the respondents can get the information on family planning methods. That's why it is experienced that when we ask them through which media they heard first about FP methods, they hardly can say. In such question, they give multiple responses. Therefore, the multiple responses were accepted in this study also which are presented in table 5.2.

Table 5.2: Distribution of Respondent by Sources of Information about FP Methods

Source	Number	Percent
Radio	74	92.5
Friends	29	36.3
Husband	17	21.3
Health post/sub health post	12	15.0
Hospital	7	8.8
Others	4	4.0

Source: Field Survey, 2065.

Note: The numbers and percentages in the above table are the multiple responses.

All the time of field survey, about the information of family planning method, various sources were categorized. In this case, a respondent had shown from various sources. The respondents who had knowledge about family planning method, shown that out of the respondents who have heard about FP methods, 92.5 percent respondents reported that they have heard from radio followed by friends (36.3%), husband (21.3%), health post/sub health post (15%), hospital (8.8%) and four percent stated as others (table 5.3).

5.3 Use of FP Methods

Use of contraceptives is one of the most important ‘proximate determinants’ of level of fertility. It is generally assumed that it plays the principal role in transition to lower fertility. Thus, use of family planning methods may have significant impact to manage the rapid growing population and environmental problems. Similarly, with the use of family planning devices, a couple can avoid the unwanted births, can control high maternal mortality and morbidity, infant mortality and other sexually transmitted diseases like, HIV/AIDS, syphilis gonorrhoea.

5.3.1 Ever Use of Contraception

Fertility depends on the use of contraceptives. Everybody doesnot use it. First they should hear about it and among the ever heard they may use it and control fertility. The respondents were asked about ever use of contraceptives the response are tabulated in table 5.3.

Table 5.3: Distribution of Respondents by Ever Use and Non-use of Family Planning Methods

Family planning method	Number	Percent
Every user	39	38.6
Non user	62	61.4
Total	101	100
Depo-provera	15	14.9
Pills	13	12.9
M/F sterilization	14	13.9
Condom	10	9.9

Source: Field Survey, 2065.

Note: Ever users of contraceptives are calculated based on total respondents (Currently married women).

Table 5.3 clearly shows that the use of contraceptives among Dalit community in the study area is very low. In responses to the question asked to women aged 15-49 years on the type of family planning methods ever using either by them or by their husbands, out of total respondents 38.6 percent reported ever user and 61.4 percent non user. More proportion of the respondents reported that they have ever used depo-provera (14.9%) followed by male/female sterilization (13.9%) and pills (12.9%). Only about ten percent of the respondents are found having ever used condom.

5.3.2 Current Use of Contraception

Current use of contraception is known the use of contraception at the time of survey. The pattern of current use of family planning methods also indicates the future prospectus of CEB. It is calculated in terms of currently married women which is also calculated as contraceptive prevalence rate (CPR). Respondents were asked whether they are using any contraceptive method at the time of survey. The responses are tabulated in table 5.4.

Table 5.4: Distribution of Respondents by Current Use of Family Planning Methods

Family planning method	Number	Percent
Male/female sterilization	14	13.9
Depo-provera	8	7.9
Condom	4	4.0
Pills	2	2.0
Total current users	28	27.7

Source: Field Survey, 2065.

From the table 5.4, it is clear that the current use of contraceptive is very low among the study women. The CPR is calculated as 27.7 percent. This is very less than the national level CPR (39%) as calculated by national demographic and health survey (NDHS) in 2001. The highest percent among the current users has been occupied by male/female sterilization.

5.4 Reason for not Using FP Methods

There are various reasons not to use family planning methods. Lack of knowledge, unavailability of choice method, social barrier and so on are some of the reasons in our society. Among the respondents who said not using any contraceptives were asked about the reason why they didn't use any method of contraceptive. The responses are tabulated in table 5.5.

Table 5.5: Distribution of Respondents by Reason for not Using FP Methods

Reason	Number	Percent
Want more children	26	35.6
Husband away from home	18	24.7
Fear of side effect	10	13.7
Husband don't want and religious reason	3	4.1
Other	16	21.9
Total	73	100

Source: Field Survey, 2065.

Table 5.5 shows that majority of the women (35.6%) who are not currently using any contraceptives said that they want more children that's why they are not

currently using. About one fourth of the non user of contraceptive gave reason of not using contraceptive that their husbands are away from home. It is interesting to note that a significant proportions of the respondents (21.9%) others as the reason for not using any contraceptive but they didn't want to specify the reason. This may be because they are either shy using contraceptive or shy to tell to the respondent.

5.5 Number of Children Ever Born

Traditionally Nepalese society favours high fertility. Children are a symbol of well being both socially and economically. Marriage is early and universal. It is a disgrace for a couple, particularly the wife not to have children. High fertility is desired because by producing children preferably sons, a woman raises her status in the family. Number of birth of respondents represents the fertility behaviour of respondents. So in this study is presented it as below.

Table 5.6: Distribution of Respondents by Number of Birth 2009

Number of birth	Son		Daughter		Total children	
	Number	Percent	Number	Percent	Number	Percent
0	20	19.8	26	25.7	8	7.9
1	25	24.8	22	21.8	11	10.9
2	33	32.7	37	36.8	19	18.8
3	18	17.8	9	8.9	21	20.8
4	2	2.0	6	5.9	20	19.8
5	1	1.0	1	1.0	10	9.9
6+	2	2.0	-	-	12	11.9
Total	101	100	101	100	101	100
CEB	1.68		1.50		3.19	

Source: Field Survey, 2065.

Table 5.6 clearly shows that respondents have more children. About 12 percent of the respondents are found having six and more number of children. About 21 percent of the respondents reported having three children, about 20 percent are having four children and about 19 percent reported that they have two children. Similarly average number of son is reported more then that of daughter. About 37 percent of the respondents reported having two daughters while 33 percent reported

such number of sons. About one-fourth (24.9%) of the respondents reported having one son while 21.8 percent reported having such number of daughter. A significant proportion of the respondents (25.7%) reported that they have never born girl child but only about 20 percent reported never bearing son child. The children ever Born (CEB) among the respondents is calculated as 3.19 which is higher.

5.5.1 Number of CEB by Background Characteristics

A cross tabulation between CEB and different variables has been established. From the table 5.8 it is seen that the CEB has increased rapidly in the age a group 40-44 and 45-49. The total fertility of women who have completed their reproductive age is more than 5 children. This is quite high level of fertility. Similarly, the fertility for has seemed less than others. The highest fertility is found among sunar women but the standard deviation is less for then which is 1.22. The flexibility in fertility or wide gap in fertility among Damai women has been observed which is proved by the standard deviation of 2.13 and CEB has been observed as 3.19.

Table 5.7: Distribution of Respondents by CEB and Back Ground Characteristics

Background Characteristics	CEB	Total Number	Standard deviation
15-19 age group	0.60	5	0.89
20-24	1.56	16	1.09
25-29	2.89	19	1.15
30-34	3.08	13	1.12
35-39	3.85	20	1.60
40-44	3.67	15	1.45
45-49	5.15	13	2.27
Total	3.19	101	1.84
Caste/ethnicity			
Damai	3.19	37	2.13
Kami	3.42	24	1.82
Sarki	2.97	34	1.64
Sunar	3.50	6	.122
Total	3.19	101	1.84

Source: Field Survey, 2065.

5.6 Number of Living Children

The number of living children determines the desire of the family size of the married fertility because they do not feel burden to bring up children.

Table 5.8: Distribution of Respondents by Living or Not-living Children

Living Status of Children	Number	Percent
Living with respondents	60	64.5
Not living with respondent	33	35.5
Total	93	100.0

Source: Field Survey, 2065.

Above table shows that all of their children were living with 64.5 percent respondents and are not living their children with 35.6 percent respondent. The table also shows only 93 women out of 101 are have given birth of at least one child.

5.7 Child Loss Experience

Fertility is directly affected by death of children. There is positive relationship between fertility and child mortality, higher the child mortality higher the fertility, lower the child mortality lower the fertility of women. Because they think that some children will die or they become uncertain that their children will live longer. So, they think that they should bear the children more than they need. The distribution of respondents by death of children is given below.

Table 5.8 show that out of total respondents 65.3 percent respondent reported not having child loss experience and 30.7 percent have such experience. The respondents who said to have child loss experience were asked about the number of children they lost. The responses are tabulated in table 5.9.

Table 5.9: Distribution of Respondents by Dead of Sons

Number of Child dead	Lost son		Lost Daughter		Total lost children	
	Number	Percent	Number	Percent	Number	Percent
0	11	35.5	11	35.5	-	-
1	17	54.8	19	61.3	21	67.7
2	2	6.5	1	3.2	8	25.8
3	1	3.2	-	-	-	-
4	-	-	-	-	2	6.5
Total	31	100	31	100	31	100

Source: Field Survey, 2065.

About the dead of sons, the highest 15.8 percent of total respondents reported 'have dead'/son, followed by 2 son (2.0%) and 3. son above (2.0%) 80.2 percent reported have not dead that includes did not have any children or they had not given birth.

5.8 Desired Number of Additional Children

Desire for additional children is one of the factors for determine fertility. Additional child is desired due to many reasons i.e. son favoring culture. Potentiality of child loss in future, economic. Support by children (they work as a labour), have not any children etc. Additional children also desired due to various other causes such as husband's desire, self desire and so on.

Table 5.10: Distribution of Mothers by Reason for Desiring Additional Children

Desired for additional Children?	Number	Percent
Yes	25	24.8
No	76	75.2
Total	101	100.0
Reason for desire		
Husband's desire	7	6.9
Own desire	18	17.8
Total	25	24.8

Source: Field Survey, 2065.

Above table shows that 101 respondent only 25 respondents reported of the wish of additional children. Among them, 72.0 percent married women aged 15-49 wanted additional children in their own interest. Similarly, 6.9 percent wanted additional children because of their husband desire. And out of respondents 75.2 percent (76) reported they do to have any desire to born additional children.

5.9 Ideal Number of Children

Ideal number of children for parents is correlated with their given birth of children. In traditional societies of Nepal, parents believe that birth of children entirely depends upon god and fate. So the number of sons and daughter in the past days seen very high, but the study shows that future plan to have ideal number of children for the respondents seen to be in around replacement.

Table 5.11: Distribution of Respondents by Ideal Number of Children

Ideal of children	Son		Daughter		Total children	
	Number	Percent	Number	Percent	Number	Percent
1	63	62.4	89	86.1	-	-
2	37	36.6	11	10.9	64	63.4
3	1	1.0	1	1.0	25	24.8
4	-	-	-	-	12	11.2
Total	101	100	101	100	101	100

Source: Field Survey, 2065.

Above table shows that highest (63.4%) reported their ideal number of child is 2, followed by 3 children (24.8%) and 4 children (11.9%).

About sons, the highest (62.4%) reported their ideal number of son is 1. Followed by 2 sons (36.6%), 3 sons (1.0%) and no one reported that their ideal number of son is 0. Likewise, the highest (86%) reported their ideal number of daughter is 1 followed by 2 daughters (10.9%) and 3 daughters (10%). It shows that the respondents were too conscious about the total number of children which refers the fertility behaviours.

5.10 Breast Feeding by Current Age of Respondents

Breast feeding is one of the important factors to affect fertility behaviour of women, who has feeding her breast there is low chance of the conceive and there is negative relationship between fertility and breast to feeding, longer the period of breast feeding lower the chance of conceiving child and vice versa the status of breast feeding is given below.

Table 5.12: Distribution of Respondents by Breast Feeding

Breast feeding	Number	Percent
Yes	31	30.7
No	62	61.4
Not stated	8	7.9
Total	101	100.0

Source: Field Survey, 2065.

Above table depicts the current status of breast feeding among the respondents. Only 30.7 percent of the respondents are breast feeding and 61.4 percent stated not feeding their breast. About eight percent didn't want to say anything about it. Breast feeding is a most important factor to grow-up children. First milk of mother needs for children to protect from the malnutrition. But in our society especially uneducated women are squeeze out the milk before feeding their child. Because of this matter, children may be handicapped (disable at the result). Mothers want to bear another child to fulfill their desire of able child.

Table 5.13: Distribution of Respondents by Squeeze Out the Milk before Breast Feeding

Squeeze of the milk before breast feeding	Number	Percent
Yes	27	26.7
No	66	65.8
Not stated	8	7.9
Total	101	100.0

Source: Field Survey, 2065.

Table 5.13 indicates that 26.7 percent of the respondents squeeze their milk before breast feeding and 63.3 percent do not squeeze out the milk before breast feeding. However, 7.9 percent did not say anything about it.

Conclusions

The knowledge of family planning is found to be low in the study area. Near about four, fifth (84.2%) of women/respondents are knowledgeable about at least one method of the family planning devices. Among them the highest proportion of the respondents (84.7%) have heard about condom. Followed by pills (77.6%). The dominant source of information on family for the respondents is found radio 92.5% followed by friends (36.3%).

Similarly, 38.6 percent of the currently married women reported ever users of contraceptives among them about 15 percent have ever used depo-provera followed by Male/female sterilization (13.9%). The CPR is calculated as 27.7 percent. About 21 percent of the respondents reported having three children followed by four children (19.8%). Similarly average number of son is reported more than that of daughter. The children ever born (CEB) among the respondents have child loss experience. The highest (62.4%) reported their ideal number of son is one, followed by two sons (36.6%).

CHAPTER-VI

Fertility Level by Demographic and Socio-economic Variables

This chapter deals with the analysis of fertility level with selected some demographic and socio economic variables. Variation of CEB is considered as the variation in fertility behavior of Dalit women with respect to other independent variables. CE is one of the basic indicators for fertility of women up to the age at the time of survey and can be easily compared in terms of mean with various characteristics. The Dalit women being studied.

6.1 CEB and Education Status

The level of fertility declines with increase in educational level of females. The same applies for literacy status. Higher the level of female literacy in a community the lower will be the fertility. This also implies that the level of fertility should be lower for the literate female compared to the illiterate female.

Table 6.1: Distribution of CEB by Literacy and Education

Literacy and educational status	Number of CEB	Number	Std. deviation
Literate	2.52	50	1.64
Illiterate	3.84	51	1.84
No Schooling	4.00	2	2.83
Primary	2.38	29	1.78
L Secondary	2.25	8	1.16
Secondary	2.20	5	1.48
SLC	2.00	5	1.14
Intermediate and above	2.00	1	
Total	2.52	50	1.64

Source: Field Survey, 2065.

Table 6.1 shows that the mean CEB of literate women accounts for 2.52 and those women 153.84. The difference between mean CEB of illiterate and illiterate is found 1.32 children. Similarly, it is notable that the standard deviation for illiterate is found more than literate (illiterate= 1.84, literate= 1.64). Among literate also, the respondents who have completed primary level education, their mean CEB was found

2.38 followed by lower secondary level (2.25), secondary level (2.20) and both of SLC and intermediate (2.00).

6.2 CEB and Occupation.

Occupational status of women is also considered as one of the determinants of fertility. It has been almost hypothetical in various studies that higher occupational status of women is negatively associated with the number of CEB. Females in different occupations are found to have different fertility level as shown in below table. This could be due to the social status given to the occupation itself and the time available to working women for raising children.

Table 6.2: Distribution of Currently Married Women (Respondents) by Number of CEB and Occupation

Occupation	Average number of CEB	Number	Std. Deviation
Agriculture/ housewife	3.19	84	1.85
Labour	3.50	8	1.51
Business	2.25	4	2.63
Others	3.40	5	1.82
Total	3.19	101	1.84

Source: Field Survey, 2065.

Table.6.2 indicates that women with higher CEB (3.50) have seen for the respondents having labour occupation and business passed low mean CEB (2.5). The mean CEB for agricultural employee respondents was found to be 3.19 and the 3.40 CEB is observed for the women having agriculture occupation which is similar to total average CEB. This statistics shows that the average CEB of business is low because there are no respondent who work as a government as non governmental works.

6.3 CEB and Age at Marriage of Respondents

Marriage usually takes place at very early ages in Nepal. As the literacy rate in Nepal is low age at marriage makes a real difference in governing Fertility. Some studies have demonstrated that an increase in female age at marriage contributes to a reduction in fertility. This is also true in the case of study area, where an inverse

relationship between age at marriage and fertility has been observed. The effects of age at marriage on fertility as expressed in terms of mean CEB in the study population is displayed below.

Table 6.3: Distribution of Respondents (Currently Married Women) by CEB and age at Marriage

Age at marriage	CEB	Number	Std. Deviation
Below 15 years	3.50	14	1.61
15-19	3.05	66	1.76
20-24	3.59	17	2.40
25 and above	2.75	4	1.50
Total	3.19	101	1.84

Source: Field Survey, 2065.

Table 6.3 shows that the mean number of CEB 3.59 was found for the women who married between age 20-24 where as for the women who married at age 25 and above is 2.75. There is no firm increase or decrease in CEB based on age at marriage of the respondents. However, it is found that the women who were married at the age 25 and above are found the least.

Conclusion

The CEB of literate women account for 2.25 and that of illiterate women accounts for 2.52 and that of illiterate women is 3.84. The difference between mean CEB of illiterate is found 1.32 children. Among literates, the respondents who have completed primary level education. The CEB was found 2.38 followed by lower secondary level (2.25) women with labour occupation are found higher CEB 3.50 and business posses low (2.5). The CEB of 3.59 was found for the women who married between age 20-24 where as for the women who married at age 25 and above is 2.75.

CHAPTER- VII

Summary, Conclusion and Recommendations

This chapter consists of core part of the project Report which presents the summary of the findings, conclusion and recommendations for policy making. There is close link between summary of the findings conclusions and recommendations. Based on findings conclusion are drawn and according to conclusion recommendations are attempted in order to improve the women's status of the study area.

7.1 Summary of the Findings

-) The majority of currently married women was found in the group 35-39 (20.4%) followed by the age group 25-29 (18.8%) year.
-) Higher proportion of the respondents are from Damai Community which is accounted for 36.6 percent and is followed by Sarki (37.7%).
-) The majority of the respondents were reported Hindu religion which is accounted for 94.1 percent followed by Buddhist (4.0%)
-) A slightly less than half of the respondents (49.5%) are literate whereas another half are illiterate. Similarly 28.7 percent have attended primary level followed by lower secondary (7.9%).
-) About 83 percent of the respondents are engaged in agriculture followed by labour accounting 7.9 percent of total population.
-) The highest proportion of the respondents have monthly income of average Rs. 2000-2999 which is accounted for 28.7 percent followed by Rs 3000-3999 (26.7%)
-) A vast majority of the respondents have radio in their home which is accounted for 96 percent followed by electricity (80.2%).
-) Higher proportion of the respondents (3.7%) reported that they had first menstruation at the age of the 14 years followed by 13 years (30.7%). The average age at first menstruation among the respondents is calculated as 13.41 years.
-) Majority of the respondents (64.4%) have their first marriage at the ages 15-19 years

-) Most of the respondents have lived in their own house which is accounted for 97 percent and the rest are staying in other's house.
-) About 59 percent of the respondents have semi pakki house followed by kanhchi (38.8%)
-) Only 84.2 percent of women/ respondents aged 15-49 year are knowledge about at least one method of the family planning devices.
-) The highest proportion of the respondents (84.7%) have heard about condom among the respondents who have heard about FP methods followed by Pills and Depo-provera which are accounted for 77.6 and 70.6 percents respectively
-) Among the respondents who have heard about family planning, 92.5 percent respondents reported that they have heard from radio followed by friends (36.3%).
-) Out of total respondents 38.6 percent reported ever user and 61.4% non user more proportion of the respondents reported that they have ever used Depo-Provera (14.9%) followed by male/ Femal sterilization (13.9%).
-) The CPR is calculated as 27.7 percent.
-) Majority of the women (35.6%) who are not currently using any contraceptive said that they want more children that why they are not currently using.
-) About 21 percent of the respondents reported having three children followed by four children (19.8%).
-) Similarly average number of son is reported more than that of daughter. About 37 percent of the respondents reported having two daughters while 3 percent reported such number of sons. The children ever born (CEB) among the respondents is calculated as 3.19 which is higher.
-) All of the respondents children were living with 64.5 percent respondents and are not living their children with 35.6 percent respondent.
-) Out of total respondents 65.3 percent respondents reported not having child loss experience and 3.7 have such experience.
-) About the dead of sons, the highest 15.8 percent of total respondent (have dead) one son followed by two sons (2.0%).
-) Only 25 respondents reported of the wish of additional children. Among them 72 percent married women aged 15-49 wanted additional children on their own interest

-) The highest (62.4%) reported their ideal number of son is one, followed by two sons (36.6%).
-) Only 30.7 percent of the respondents are breast feeding and 63.3 percent do not.
-) The CEB of literate women accounts for 2.52 and that of illiterate women is 3.84. the difference between mean CEB of literate and illiterate is found 1.32 children. Among literates. The respondents who have completed primary level education, their mean CEB was found 2.38 followed by lower secondary level (2.25).
-) Women with labour occupation are found higher CEB (3.50) and business posses low (2.5)
-) The CEB of 3.59 was found for the women who married between age 20-24 where as for the women who married at age 25 and above is 2.75

7.2 Conclusions

Fertility of women is determined by the socio-economic condition of the women. In Nepal, caste system determines various demographic and socio-economic variables. This is because the Dalit women were selected as study population for this study. It is inferable in Nepal that the women with so called lower caste have high fertility and low socio-economic condition. This is same for this study also in the study the fertility of women is found higher which is indicated by CEB= 3.15 children per woman. This may be because they have more child loss experience other reasons can be drawn as lower educational status in which about half of them (49.5%) are found literate among them 28.7 percent have attended primary level and only 7.9 percent have secondary education it is observed that there is no significant difference between illiterate and women with lower than lower secondary education.

Talking about their occupation over 90 percent of the women are engaged in agriculture and labour which are supposed as blue-collar occupation of lower occupation. Similarly knowledge and use of family planning methods are also found very low. Slightly less than 80 percent of women gave heard about family planning methods whereas national data indicates over 99 percent. The contraceptive prevalence rate is also very low among the study women which was accounted for

27.7 percent. Among the current contraceptive users, male or female sterilization was dominant to other. Every use of contraceptive is also low.

Because of these all reasons it can be inferred that the women are backward and have higher fertility.

7.3 Recommendations.

Study indicated that the women in study area need a current change in socio-economic status in order to emancipate them with the burden of high fertility rate. Based on the findings of the study, for their level determined by various factors the following points might be the milestone.

1. Knowledge and practice of family planning are dependent on the level of women's and men's education. In order to raise the knowledge and practice of contraceptive among currently married couple, formal education and non- formal education programme should be launched emphasizing and encouraging couples to use family planning methods.
2. Child loss experience among the study women is found high so it can be said this may be the result of low level of proper health care for children either because of lack of knowledge or because of low level of health service of government. So people should be oriented in this respect and proper health service should be provided. If child mortality becomes low couple will tend to bear fewer children.
3. The Overall status i.e. educational status occupational status and economic status are very low, so a special programme is needed to raise the overall status of women.
4. Male/ female sterilization, pills and condoms are seemed influencing contraceptive among the women, therefore these contraceptive should be reached according to their demand with special emphasis to encouragement to use them regularly.
5. information education and communication (IEC) materials should be accessible through primary health care centre to improve the level of contraceptive use and to counter the rumor messages.

7.3.1 Further Research Issues

Few studies may cover all the issues related to the topic. This study because of its specific objectives, can not cover all the issues related to fertility of women. This study studies fertility behavior of Dalit community among the sample women of Dalit women of three VDCs and four castes. For the detailed study about this issues further study can be done in the below mentioned issues.

1. This study covers only four castes of Dalit community that's why all other Dalit caste can be covered.
2. This study infers the fertility level of 101 sample women other studies other sampling methods.
3. There might be the similar fertility level between Dalit (lower caste) and non-Dalits (higher caste) in the same area. Therefore comparison study among Dalits and Non- Dalits can be done.
4. The difference between urban and rural Dalits can also be done.

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APPENDIX

QUESTIONNAIRE

1. Household Questionnaire Schedule.

A. Introductory Records

Name of the respondent:

District:

VDC:

Selected Household number:

Ward No:

Caste:

Name of the household head:

B. Household Records

S.N.	NFM	RHH	Sex	Age	L.S.		MS	OCC	EW
					III.	IF lited			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

S.N.= Serial Number

NFM= Name of the family members

RHH: Relation of head of the household

- | | | |
|----------------------|------------------|----------------------|
| 1. Head of the house | 2. Husband/wife | 3. Son/daughter |
| 4. Brother/sister | 5. Sister in law | 6. Grandson/daughter |
| 7. Other | | |

L.S.= Literacy status

Ed= Education

- | | | | |
|----------------|----------------|-----------------|---------------------|
| 1. Class (1-5) | 2. Class (6-8) | 3. Class (9-10) | 4. S.L.C. and above |
|----------------|----------------|-----------------|---------------------|

Sex= 1. Male

2. Female

MS= Marital Status

- | | | |
|------------|--------------|--------------|
| 1. Married | 2. Unmarried | 3. Separated |
| 4. Widow | 5. Divorced | |

Occ= Occupation

- | | | |
|----------------|------------|-------------|
| 1. Agriculture | 2. Service | 3. Business |
|----------------|------------|-------------|

4. Household work 5. Labour 6. Students
7. Foreign employment 8. Pension

EW= Eligible Women

C. Socio-economic records

(To be asked to the responsible head of the household)

1. What is your annual family income?
Rs.
2. What is your income source?
a. Agriculture b. Service c. Wages d. Business e. Others
3. Have you cultivated land?
a. Yes b. No
4. If yes, how many you have the cultivated land?
a. Ropani b. Ana c. Paisa d. Matomuri
5. Do you work other's land as a Adhiya.
a. Yes b. No
6. Have you domestic animal?
a. Buffaloes b. Cow c. Goat d. Bull e. Others
7. Do you sell these animals.
a. Yes b. No
8. If yes, how much income do you get yearly?
Rs.....
9. Have your own house.
a. Yes b. No
10. If yes, what type of house you have?
a. Pakki b. Semi pakki c. Kachhi
11. Have you following facilities or not?

Facilities	Yes	No
Transportation	1	2
Electricity	1	2
T.V.	1	2
Radio	1	2
Telephone	1	2
Newspaper	1	2
Piped water	1	2

3. Individual questionnaire Schedule.
- A. Demographic and socio-economic (to be asked to the respondents)
12. Do you know your date of birth?
 - a. Yes
 - b. No
13. What is your completed age ? [] year
14. Can you read and write
 - a. Yes
 - b. No
15. If yes, what was the highest grade you completed?
Grade completed
16. Have you ever gone to school?
 - a. Yes
 - b. No
17. What is your occupation?
 - a. Agriculture
 - b. Services
 - c. Labour
 - d. Other
18. What is your husband occupation?
 - a. Agriculture
 - b. Service
 - c. Labour
 - d. Other
19. How old are you at the time of first menstruation in completed years.
.....
20. What was your first age at a marriage?
In completed year
21. What is your marital status?
 - a. Married
 - b. Separated
 - c. Divorced
 - d. Widow
 - e. Others
22. Have you given birth?
 - a. Yes
 - b. No
23. If yes, how many children have you given birth?
 - a. Son
 - b. Daughter
24. In your opinion. How many ideal no of children have to a couple?
 - a. Son no.
 - b. Daughter no.
25. How old were you when you gave the girls birth?
Completed year
26. Do your all of the children living together with you?
 - a. Yes
 - b. No

