CHAPTER I

INTRODUCTION

1.1 General Background of the Study

Fertility is one of the major components of population change. Various socio-economic and demographic variables determine fertility. High fertility is associated with the level of income, education, child survival, culture and religious factor. In addition to these, family planning plays vital role in determining fertility.

Fertility is the consequences of interaction between socio- economic demographic and psychological variables in society. However fertility is generally defined as to indicate the actual reproductive performance of woman (Raj H., 1998). Fertility differs from one group of people to another group. There are social economic culture and other variable affecting the level of fertility in societies. High fertility societies are generally considered as poor and backward societies. Thus, fertility could also be seen as an important indicator of socio-economic development.

The theory of demographic transition states that fertility is high in poor, traditional societies because of high mortality, lack of opportunities for individuals, less advancement and higher economic values of children. These all change with modernization or industrialization (Caldwell, 1977).

The population of Nepal was 18.5 million in 1991 and was growing at a rate of 2.1 per cent per year (CBS, 1995). According to 2001 census, the total population of Nepal increased to 23,151,423 with annual growth rate of 2.25 per year. Meanwhile CBR is 28.4 and CDR 9.8 per 1000

population. The 4.1 TFR of 2001 declined to 3.1 by the year 2006. With this dynamics, the country's population is being added by 1,277 per day. Life expectancy for the population increased to 62.1 years for males and for females it reached to 63 years. Infant mortality rate (IMR) declined from 64 to 48 respectively in between 2001 and 2006 in per 1000 of live births. Such an improvement in demographic indicators and processes is producing a period of high population growth and posing major problems for social and economic development.

It has clear that TFR in Nepal reported to declined from 4.1 to 3.1 during the five years period respectively in between 2001 and 2006 *(MOHP, New ERA and Macro International Inc., 2007).* This decline in TFR could be attributed to the rising level of education and contraceptive prevalence. However, TFR of Nepal is still high compared to some of the neighbouring countries in Asia (i.e. 2.9 in India, 3.0 in Bangladesh and 1.6 in China) (PRB, 2007). Similarly crude birth rate (CRB) declined from 47.0 in per 1000 population in 1961 to 44.7 pre 1000 in 1972-75. It further declined to 44.0 per thousand populations in 1981 and to 40.7 in 1986 (CBS 1995:71). Decline in CBR continued and dropped to 36 in 2000 (PRB 2000) and to 30.5 in 2001 (CBS, 2003) and to 28.4 per thousand population in 2006 (MOHP, New ERA and Macro International Inc., 2007).

The age at marriage is another determinant of fertility. The increasing age at marriage will have depressing effect on number of children ever born, which ultimately decrease in fertility level by declining the number of younger women exposed to pregnancy (CBS 1987). The 1981 census concluded that by the time of women reach the age of 20, half of them are married and 63 percent of them are married by age 25 (Pant and

Acharya, 1988). As of 2001 census, nearly 59 per cent males and 66 per cent females aged 10 years and above are already married.

Female education is an important factor in determining reproductive behaviour. The total fertility rate for uneducated women is much higher. The fertility level is found decreasing with increasing education so that total fertility rate of those with secondary education is only 4 children per women (IOM 1996) The KAP fertility survey revealed that in the Hills fertility decreased with the increased in education level, where as in Terai, fertility increased with the increase in education (Pant and Acharya, 1988).

The increasing level of income is another factor determining the fertility in society. Rural women are usually more fertile than urban women. Generally high fertility is associated with the women involvement in agriculture low fertility is associated to women involved in professional and technical jobs (Tuladhar, 1989).

Despite the decline in fertility, Nepalese women continue to have more children than they consider ideal. The total desired number of children was reported as 2.9 per women compared to actual total fertility of 3.1 births per women *(MOHP, New ERA and Macro International Inc., 2006).* That might be attributed to the lower decision making power of women and low level of contraceptive use. The increase in contraceptive prevalence rate in Nepal has been observed during the period 1996 to 2006 the CPR in 1996 was 26 Percent and 2006 it was 44 Percent (NDHS, 1996-2006) however, the other countries that have low contraceptive rates like Pakistan and Nepal have much high fertility rates. In contrast to Srilanka and Thailand have TFR of about 2.4 with

contraceptive prevalence rates between 60 to 70 percent thus, interception greatly influential in determining fertility level (IOM, 1996).

Nepal contains diversity in its population in terms of ethnic and religious groups. Nepal is multi ethnic and multi lingual society. The 2001 census identified 103 ethnic groups, among them Khatwe is one in Tarai caste group identified as untouchable to high caste group. Almost 85 percent of people of this community belong to below poverty line and they are landless according to 2001 census. Total population of Khatve caste in Nepal as of 2001 census is 74,972 of which 38,643 are males and 36,329 are females. Literacy rate of this population 6 years and above is around 16 percent with high gender disparity i.e. 25 percent for males and mere 6.7 percent for female.

According to 2001 census, districts the district having densely Khatve caste settled in Saptari (27450) Dhanusha(14247) and Mahottari (12708). Traditional occupation of Khatve is to carry brides in handsom (Doli). Most of the people who are economically active are agriculture labours. Only a few male economically active people go in foreign labours. The study is concerned with socio-economic and demographic impact of fertility on Khatve community of selected VDC in Dhanusha district.

1.2 Statement of the Problems

Population of Nepal has been increasing rapidly since last few decades due to high fertility and declining mortality. The high fertility rate in Nepal is due to low age at marriage demand for children in economic social and cultural reasons. Mortality rate has been decreasing in Nepal due to improved medicine and health facilities. Nepalese people have also lack of knowledge about family planning programme. There are many

studies about socio-economic and demographic impact of fertility for different communities. But no any study has been conducted to examine the social-economic and demographic impact on fertility of Khatve community. So, this study basically focuses on socio-economic and demographic variables on fertility of Khatve community.

1.3 Objectives

The overall objective of this study is to see the fertility behaviour of Khatwe community in Dhanusha district. Specific objectives are as followings:

1. To identify socio-economic and demographic characteristics of Khatve community of Gidha VDC of Dhanusha district.
2. To examine the relationship between CEB and socio-economic and demographic variables of Khatve community of Gidha VDC of Dhanusha district.
3. To examine the level of knowledge and use of family planning method among married women of reproductive age of study area.

1.4 Significance of the Study

Some of the implicable significance of this study may be as following

1. This study is most important to find out the socio-economic and demographic status of Khatve community of Gidha VDC.
2. The finding of the study will be very useful for planner and policy maker as well as NGO, INGO.
3. It will be very useful for social activists who are engaged to improve living status of backward communities.

1.5 Limitation of the Study

1. The study is based on the census type data collected only for this purpose from Khatve community of Gdiha VDC, Dhaunsha. So this study may not be generalized for other group of people and part of country.
2. Selection of certain socio- economic and demographic variables are considered to explain the fertility in terms of CEB.
3. Psychological variables affecting fertility are not taken in this study.

1.6 Organization of the Study

This study is divided into six chapters. The first chapter consists of introduction, statement of the problem, objectives of study, significance of the study and limitation of the study. The second chapter deals with literature review. Chapter three includes research methodology including study area, depended variables, questionnaire design data collection, data processing and analysis. Chapter four describes and introduces the study population and it consists of socio-economic and demographic characteristics of respondents. And chapter five analyses fertility with the help of selected socio-economic and demographic variables by frequency mean and cross table and final chapter six present the summary conclusion, policy recommendation and also future research issues.

CHAPTER II

LITERATURE REVIEW

Fertility is considered as a major component of population change, particularly in developing countries. Many scholars have developed various models to examine the interrelationship between fertility and socio-economic and other variables which have consequence on reproductive behaviour of women in society.

2.1 Theoretical Literature

Fertility has two phenomena while it operates. One is its attitudes and another is behaviour. Couples make up their mind first by determining the tentative size of family, they would like to have called attitude those they give birth of children called behaviour, on the basis of their attitude (Chalise 1998:1). Human fertility indicated the actual reproduction performance of woman or group of women. Human fertility is complex process which is responsible for the biological maintenance of society. But there are several social, cultural, physiological, economic and political factors to determine fertility and the process of fertility. These factors are responsible to determine the level and differential of fertility (UN, 1973).

Frank W. Notestein (1945) presented theory of demographic transition and explained that all societies move from a traditional agrarian based on economic system with quite high level of mortality and fertility to an idust realized modern society with quite low level of fertility (UN, 1973). The framework presented by Davis and Blake (1956) is focused on the industrial mechanism in society and lists eleven intermediate variables

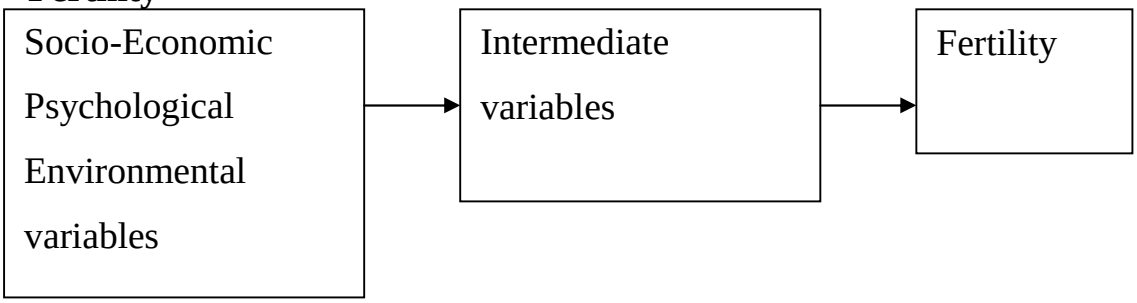
through which any factor such as biological, social, psychological or cultural must operate upon individual fertility. In an under developing society four of the eleven intermediate variables namely are: age of entry into sexual unions, permanent celibacy, contraception and sterilization have high values to keep fertility high or low. Three of the intermediate variables time between unstable unions, post-partum amenorrhoea, widowhood celibacy and foetal mortality from voluntary causes may have high or low values and variables such as voluntary and involuntary abstinence and involuntary foetal mortality usually have low values. The remaining three variables involuntary abstinences, coitus frequency and involuntary sterility are left as intermediate (Tuladhar, 1989).

Bogaarts later identified relationship between socio-economic factors and fertility which is called proximate determinants. He identified seven proximate determining variables of fertility as follows:

1. Marriage and marital disruption
2. One set of permanent sterility.
3. Postpartum infeundability
4. Fecundability
5. Use and effectiveness of contraception
6. Spontaneous
7. Induced abortion

Bongaarts focus on the proximate determinates of fertility is the biological and behavioural factors through which social, economic, psychological and environmental variables affect the fertility. The following simple diagram summarizes the relationship among the determinants of fertility

Figure 1: Proximate determinants framework for the study of Fertility



Source: *Ross; 1982*

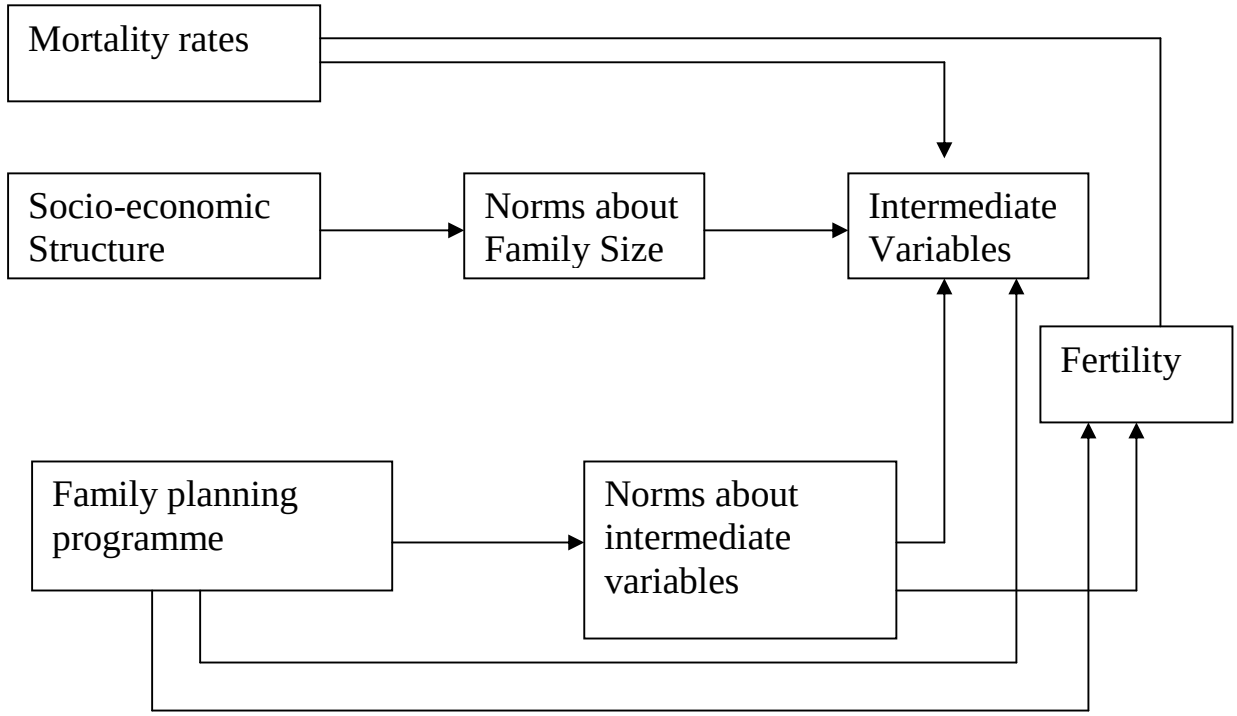
Bongaarts (1978) showed the four principles proximate determinates of fertility namely proportion of married women, postpartum, infecumdability, induced abortion and prevalence of contraceptive as major determinants of fertility. He claimed that 96 Percent of fertility could be explained by these four factors. In typical traditional society where fertility where fertility is virtually natural, the principle role in determining fertility is played by former two determinants and in non-traditional or modern society, where fertility is found in transition later two are more pronounced (Dhakal, 1995).

In a framework for the study of fertility presented by freedman (1975), it is argued that the intermediate variable proposed by Davis and Blake are not always used to limit fertility and often their effect on fertility is an unintended result of cultural patterns. Freedman introduced two types of norms about family size and norms about intermediate variables. Varying lifestyle related to position in a status hierarchy influence norms about family sizes. Status indicators such as education, occupation, income, wealth, power, prestige, caste and general class indictors may influence the desired number of children. Difference in lifestyle may influence norms about family size. Social organization such as family planning programme that has a goal to reduce fertility may influence the norms

about family size or norms about intermediate variables which intern, affect fertility behaviour.

Figure 2 shows the influence of environmental factors, social and economical structure on fertility via a series of intermediate variable (Tuladhar, 1989).

Figure 2: Sociological framework for study of fertility



Sources : F*reedman, 1982*

Leiblnstein (1975) presented a new explanation of the decline in the fertility accompanied by economic development. He suggested that direct and indirect costs of children are not sufficient to explain the entire decision process which determines the observed inverse relation between family size and income level (Tuladhar 1986)

The theory of diffusion or cultural lag explains how the concept of birth control spread all over the world. According to this theory where fertility has been declining, attitudes and practices conductive to diminishing fertility has been adopted first by the better educated wealthier and high social status groups of the city population and transferred in duration of time to intermediate and lower status groups to the rural areas. Once again cultural lag theory has been referred to very recently by John Knodel who after examining the age pattern of fertility in Asia, arrives at the conclusion that the modern fertility transition appears to have resulted from innovation as well as adjustment (Bhende and Kanitkar 1994).

Decline in birth rates in developed countries have been explained in the theory of change and response propounded by Kingsley Davis in 1963. The theory further states that even before the secular decline of births rates in industrialized countries, mortality rates had started declining as a result of which the rates of natural increase had gone up. According to Caldwell who developed the theory which has come to be known as the "theory of intergeneration wealth flow", fertility behaviour in any type of society at the level of development is rational. In a society, the fertility is high if children are economically useful to parents and low if children are economically not beneficial to the parents (Bhende and Kanitkar, 1994).

The United Nation has attempted to study the relationship between the level of fertility and various indicators of the socio-economic development, which is known as "Threshold hypothesis of fertility decline". This hypothesis was drawn from the analysis of data collected from the various countries. The following socio-economic indicators were considered as the background variables of this hypothesis per capita income, energy consumption, degree of urbanization, population of economically active male employed in non-agricultural activities, life

expectancy, infant mortality rate, marriage rate, proportion of married women 15-19, age groups, female literacy rate, newspaper circulation per thousand population, radio receiving sets per thousand and cinema attendance. It was observed that radio receiving sets per thousand populations the average value of each of indicators of the high fertility counties differed widely from that of low fertility countries (Bhende, 1994). According to this hypothesis the developing countries with high fertility also experience the lower standard of economic and social condition. Although, “threshold hypothesis” has discussed in the field of population studies and its role in socio-economic development in fertility reduction, the main argument of several thinkers and demographers that unless a minimum level of social and economic development is achieved there can not be any reduction in fertility.

Backer’s theory is based on conventional economic theory of consumer behaviour. According to this theory parents compare the utility of children with that derived from other goods. If knowledge of birth control method were universal fertility would be positively associated with income. According to him, higher income groups can afford more children, i.e. the income effect is positive. However the price effect is negative because higher income groups who could afford more children very frequently have fewer children because higher income families want higher quality children who in turn are more expensive (Leibenstien 1979:88).

Nag (1978) postulated set of 8 variables, under Easterline framework which are labour value of children, children value as old age security, economic cost of children, infant and child mortality, age at marriage and proportion never married, postpartum sexual abstinence, incidence of

widowhood or widowhood, infecundability due to breast feeding, malnutrition, diseases, physical and monitory cost (Nag, 1978).

2.2 Empirical Literature

The fertility of any country can be greatly influenced by the pattern of social and economic development. Low level of death and high level of fertility rate are the main factor of population increase in most of the less developed countries like Nepal. A critical assessment of fertility level and trends are recognised in Nepal for which several studies on the fertility and its trend has been carried on and has to be carried on and has to be carried on. This study is concentrated on the fertility of women in Khatve community of Gdiha VDC of Dhanusha district.

2.2.1 Age at Marriage and Fertility

Marriage is a union of two opposite sex (man and women) which provides to keep sexual relationship legally and socially. In Nepalese society it is not allowed to give birth of children before marriage. So the marriage is most essential event because family formulation starts after the marriage. Thus marriage plays vital role for determining the fertility level. Higher age at marriage is directly related to the low fertility of an individual as well as social level.

It is observed 13.4 years of age at marriage for the women with 5 children even born compared to 17.1 yrs of age at marriage for the women with 2 children even born. The correlation between age at marriage and CEB was found to be -0.4174 in a study in Hill village of western Nepal (Acharaya, 1992).

Age at entry into sexual union is one of the important determinants of fertility and female age at marriage in Nepal is very low. The 1981 census concluded that by the time women reach the age 20, half of Nepalese women are married and 86 Percent of them are married by age 25 years (Pant and Acharya, 1988). Increasing age at marriage will have decreasing effect on the number of younger women who are exposed to pregnancy (CBS, 1987). The number of children ever born (CEB) tends to decreases with increasing in age at marriage (Pant and Acharya, 1988).

The report from Nepal Demographic Health Surveys (1996-2006) found that fertility seemed to be declining over the past five years from TFR 4.1 in 2001 to 3.1 in 2006. This decrease in fertility rate is due to increase in age at marriage and rising contraceptive use over the past 25 years (MOH, 1996).

2.2.2 Education and Fertility

In Nepal considerable increase in the literacy rate for the total population aged 6 years and above have been observed between 1971 and 2001. The overall literacy rate rose from 13.9 percent in 1971 to 39.6 percent in 1991 and in 2001 it is 54.1 percent although gender disparity in education is widespread. The male literacy rate increased from 23.6 percent in 1971 to 54.5 percent in 1991 and 65.5 percent in 2001 censes whereas the female literacy rate increased from 3.9 percent in 1971 to 25.0 percent in 1991 and 42.8 percent in 2001 censes. However, adult literacy rate is found 45 percent above 15 years aged population (CBS 2000) where the female literacy rate is 23 percent. This female literacy rate lower than males is supposed to have high level of fertility in the country. The national fertility and health survey concluded that the total marital fertility rate (TMFR) among women with secondary education is 4.04

lower than among women with no education 5.03 then for literate (Acharya, 1994).

Nepal family Health survey 1996 showed a strong relationship between education and fertility to women with at least secondary education have TFR of 2.5 which is less than half of the women with no education (TFR of 5). Similarly TFR to women with primary education is around 3.78 per women (MOH, 1996). Education has been considered as a catalytic agent to reduce fertility in Nepal. Educated women are more aware of the issue of quality of children then uneducated (Risal and Shrestha, 1989)

2.2.3 Occupation and Fertility

Occupation is one of the socio-economic characteristics that identify sub groups with district level of fertility professional being the lowest fertility group with farmers and others extreme of the range. Occupation of the husband has been wide recognized as one of the influencing factors of fertility. High fertility is associated with agriculture and mining lower rate of fertility has been associated with professional classes in urban industrial countries (UN, 1973).

The fact seemed to hold true even in our country. According to Pradhan, husbands status of work plays an important role for dealing fertility level. For example women whose husbands were engaged in farming had higher fertility with 3.27 more CEB than of non-farmers with 3.19 mean CEB for women (Pradhan, 1989).

Working women in rural Nepal either works on farms or work of agricultural or wage labour (Dahal 1992:2). Hilly women contribute 72 percent labour time to household production (Pradhan 1989: 116) and they also follow the high fertility in Nepal. Women in farm works are

supposed to have a more children in Nepal. Their status is very low and they lag behind in educational attainment, in over all health including nutritional support in gainful employment patterns and as nonsequential experience and almost unrestricted high reproductive behaviour.

The Tarai women are far behind in every walk of life then the Mountanin and Hill women. Terai women are not allowed to talk, move, and join school or campus according their own choices. Dowry related crimes are very common in Terai. Most of Terai women are married in their teen ages. The average age at marriage for the Terai women is 14.5 yrs. So the fertility rate of Terai women is higher then that of Mountain and Hill women. Most of them depend upon their husbands and very few of them are independent economically. They are tortured too much if they give birth of daughter only. This makes clear that Terai people are very conservative. Most of women are considered as machine of child production. They are not involved in decision making. In Terai, most of the parents admit their son in private boarding school and their daughter in government schools. This makes clear that gender discrimination is deeply seated in this region.

Generally women's participating in production activities has significant impact on fertility. Work opportunity for women allows greater female freedom in decision making encourage higher standard of living for the couple and their children. Most studies in demography have tried to relate women's work and employment with fertility. High fertility is putting constraint of time available for productive activities for women's participation in the labour forces. The more children a woman has to care for less the time, she can devote for other activities. Therefore, working women are found to be more sensitive about their forthcoming children. They control their fertility behaviour by various methods.

2.2.4 Infant and Child loss Experience and Fertility

Mortality is the permanent disappearance of all evidence of the life. It can occur at any time after the birth. Infant and child mortality is one of the most important factors to determine the fertility, having high infant and child mortality leading the high fertility. The international conference on population and development (ICPD) held at “Cairo in 1994” health programme is focused on the issues related to reproductive health of women. The ultimate goal of reproductive health is to improve the health status of mothers of new born children so that maternal and infant mortality and morbidity can be reduced one of the pronounced demographic effects of reduced child mortality is the reduction of fertility.

Infant mortality rate is higher in most developing countries like Pakistan (78), Bangladesh (82), India (65), Afghanistan (166), Zimbabwe (60) and Nepal (48) where the fertility rate also is higher in those countries. The total fertility rates were 4.1 in Pakistan, 3.0 in Bangladesh, 2.9 India, 6.8 Afghanistan, 3.8 Zimbabwe and 3.1 Nepal in 2007(PRB, 2007).

A positive relationship between infant mortality and fertility is found the mean number of CEB by age and marital duration of mother was invariable higher to those women with child loss experience compared to women without such experience. It is frequently argued that high infant and child mortality experience. It is frequently argued that high infant and child mortality experience of individual and couples might affect on fertility (Adhikari, 1996).

2.2.5 Use of Family planning and Fertility

Family planning programme is one of the most effective ways to control the high fertility. There are inverse relationship between use of contraception and fertility. Higher the use of contraception lowers the fertility and vice-versa. Unfortunately, the family planning is not very successful; in developing countries, the proportion of women using contraception was 18 percent in Pakistan, Bhutan 8 percent, Maldives 18 percent, and Nepal 29 Percent in 2000 (PRB 2000).

Nepal has the largest rural-urban gap in contraceptive prevalence in southern Asia. Therefore, Nepal where the over whelming majority live in rural areas have not been able to reduce fertility, significantly compared to other southern Asian countries (Especially Srilanka, Bangladesh, India) which would be mainly because of the poor level of family planning effort in the rural areas of the country (Pathak, 1998).

Comparison of the data from the NDHS surveys in Nepal over the last ten years shows that current use of modern contraception has increased from 26 percent in 1996 to 44 percent in 2006, a 70 percent increase over the decade. The increase in the use of modern contraceptive methods is mainly to increased use of female stylization, the pills, condoms and injectable. Use of modern method among currently married women is highest in the Terai (48 percent) followed by hills (41 percent) and mountain (36 percent).

Literacy is one of the determining factors for increasing use of contraception. Wide spread illiteracy prohibits women from the access to information, education ICPD has recommended equal participation of both man and women in decision making related to number of children.

Even though the literacy of women is more catalytic to prolong the spacing and reducing fertility literacy of husband is equally important. More than one-fourth (26.5%) of the literate women were using contraception in age group 15 to 29 years. Which is almost high by 3.7 percentage points that prevalence of women with their literate husbands. Similarly the highest percentage of use of any method by literate women in these ages was observed as 42 percent to 25-29 age groups. It is also found that a few literate women aged 15 years did not use contraception while 6.3 percent of their illiterate counterpart had used contraceptive (Acharaya, 1994).

2.2.6 Desired Family Size and Fertility

There is a direct linear relationship between desired number of children and fertility, which may be related with age and parity of women. The majority of currently married fecund women do not want more children when reach age 30 or over. By that time the majority of them would have 4 or more surviving children and 2 or more surviving sons (Tuladhar, 1989).

In developing countries ideal family size is greater than actual family size because of economic constraints. Freedom emphasized in the developing countries the ideal family size is greater than actual because the means of family planning are not fully available. But in tradition and pre-industrial society ideal, family size is again greater than actual fertility for women who are physically incapable of achieving their ideal. There is only one practical alternative to ideal family size which can be used to estimate the number of women who have already had more children than they would have wished and that in a family size (Freedman 1959).

Dahal (1990) argued that if a women gives birth to daughter only, it is likely that the husband may marry another women to get a male issue. In other words, the status of women is valid and accepted fully by the member of the family only when she produce children particularly son (Mahabary, 1994).

2.2.7 Income and Fertility

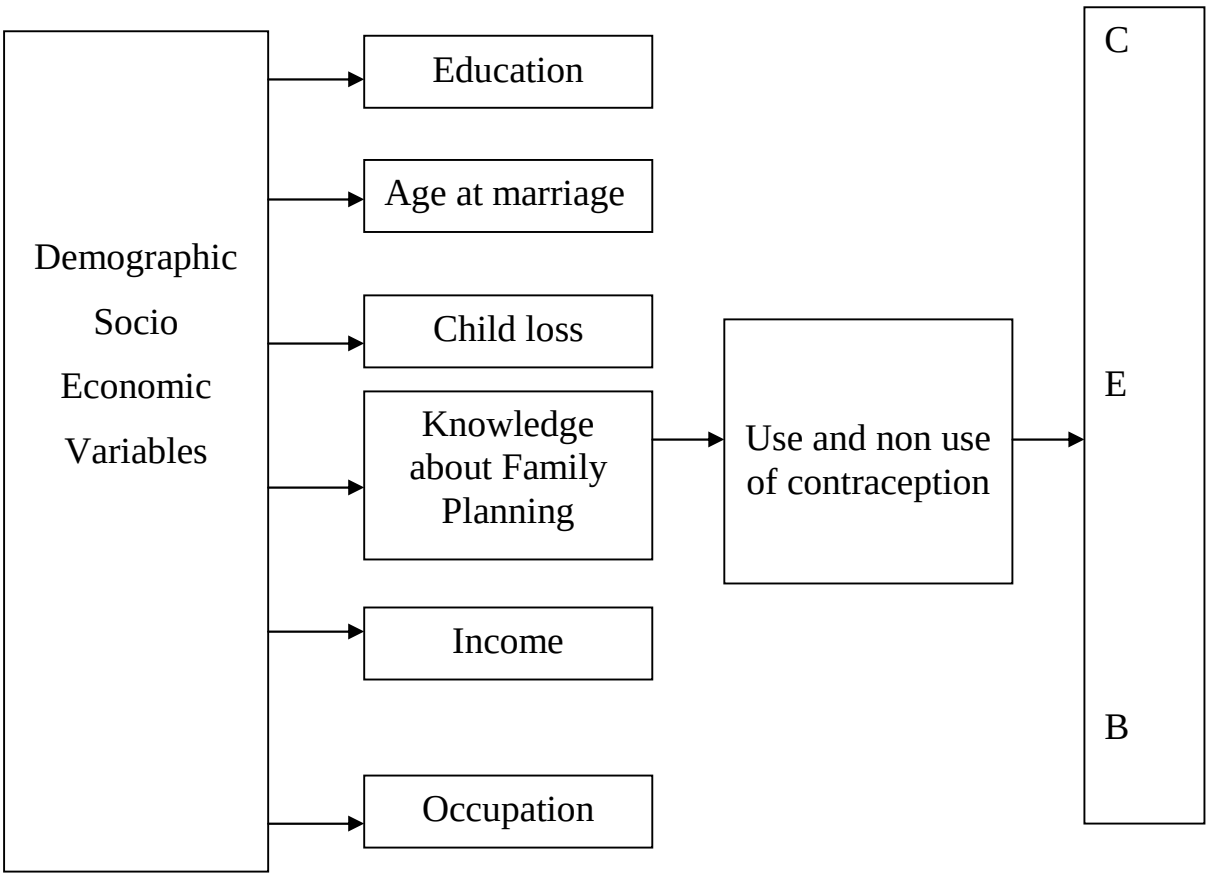
The economic gains from reducing fertility have been positively demonstrated on several studies. Most of the poorest people prefer more children who provide more working hands to their family and contribute to household income. Most of the poor families also have or yearly income below poverty line. Therefore, poor people tend to support high fertility many times higher then the rich people.

It shows that women of lower and poor groups tend to have more children because of two reasons. Firstly more children die in infancy and so these women have shorter lactation and non ovulating period before becoming fecund again and secondary they need more children to replace the loss. So, they continue to bear children up to late age. In the context of Nepal, the multipurpose household budget survey (MPHBS) conducted in 1988-89 found 43 percent of rural population and 41.4 percent at the national level fell below the poverty line. More over, this survey shows that the range of family size of Nepalese poor people were 6.33 to 7.14 and household monthly income Rs 497 to Rs 113.1 (express in 1988-89) (NRB 1980).

The statement in subsistence agriculture societies main source of income is land a large majority of landowner in the village cultivate land themselves (own operators) therefore their family labour requirements in

order to produce on the farm, their own fertility will be greater than landless. A case study observed that who have rented in land have higher mean CEB (3.6) than landless who have not rented or land women had mean CEB (3.1) Niraula (1988).

Figure: 3 Conceptual Framework for Analysis



The study of socio-economic determinant of fertility is very complex phenomenon which is justified by the preceding discussion. This conceptual framework deals with different socio-economic and demographic variables relating with fertility of Khatve community of Gidha V.D.C in Dhunusha district. This framework for the study advocate the education, occupation, income age at marriage, ideal number of children and children loss experience affects the fertility status of the Khatve women in Dhanusha district of Nepal.

CHAPTER III

METHODOLOGY OF THE STUDY

Study Area

Gidha VDC of Dhanusha district is selected for the present study. It is situated at the north of Saroj Nagar railway station and south of Yadukuha (Sahid Nagar). Among the various community, Yadav, Sudhi, Muslim, Brahmn, Dhanuk, Chamar, Dusadh, Kewat, Kumhar, Kasthya, Tatma, Lohar, Hajam, Teli, Bindh, Kathve, Dhobi resides in the V.D.C. Khatve is one of the backward community of this V.D.C. They are under the Hindu cast structure Khatve was originally called 'Khatwa'. They use to dig field and work under land owner.

3.1.1 Study Population

This study covers a total 62 of households of Khatve community with total population of 499 in Gidha VDC of ward number five and six Dhanusha district. The study enumerated the whole household as the census of Khatve community. Out of these population 52.7 percent (263) are males and 47.3 percent (236) are females. And apart from these only 113 women aged (15-49) yrs are interviewed. Purposive sampling methods was used for interview.

Dependent and Independents Variables

The number of children ever born (CEB) is considered as dependent variables the best indicator of fertility. The socio-economic variables such as education, occupation and demographic variables such as age at

marriage infant and child loss experiences and contraception are considered as independent variables.

Questionnaire Design

The questionnaire designed for this study was based on socio-economic and demographic factors affecting fertility. Two types of questionnaire were deigned on the basis of the objective of the study.

1. Household questionnaire, and
2. Individual questionnaire

The household questionnaire was asked with head of the household to collect information on number of people living occupation, sex and education.

The individual questionnaire was asked to eligible women aged 15 to 49 years to collect information on education, occupation of husband and wife age at marriage number of living and dead son and daughters, knowledge, attitude and practice of contraceptive were obtained.

Data Collection

This study is based on primary data and these data are collected from the field survey by interview method. This was done through direct interview with the respondents using a structured questionnaire. The survey covered all Khatve households of the selected VDC i.e. Gidha VDC of ward number five and six Dhanusha district.

Data Processing and Analysis

The collected data in survey were entered into computer with facility of data base software programme. Required tables were generated by using

SPSS/Pc software programme. Completed questions were manually edited before entering into computer entered data before entering into computer entered data were further edited ignored to check the entry error and maintain the data consistency with the objectives.

CHAPTER IV

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF STUDY POPULATION

Various socio-economic and demographic characteristics such as age and sex structure, sex ratio, marital, educational and occupational status and the like are basic indicators to provide many more information about a population in a single glimpse. Besides, they can also serve as the basis for other various studies on population. So, this chapter attempts to deal with these socio-economic characteristics of the study population, which may influence the level of fertility.

4.1 Age and Sex Composition

Age and sex are basic characteristics on the biological attributes of any demographic group and affect not only its demographic but also its social economic and political background affecting its fertility, mortality and migration behaviour. Age and sex structure not only reflects the present demographic situation of population but also gives basis for the study of past as well as future demographic situation of that population. So, it plays a very important role in the study of population dynamics.

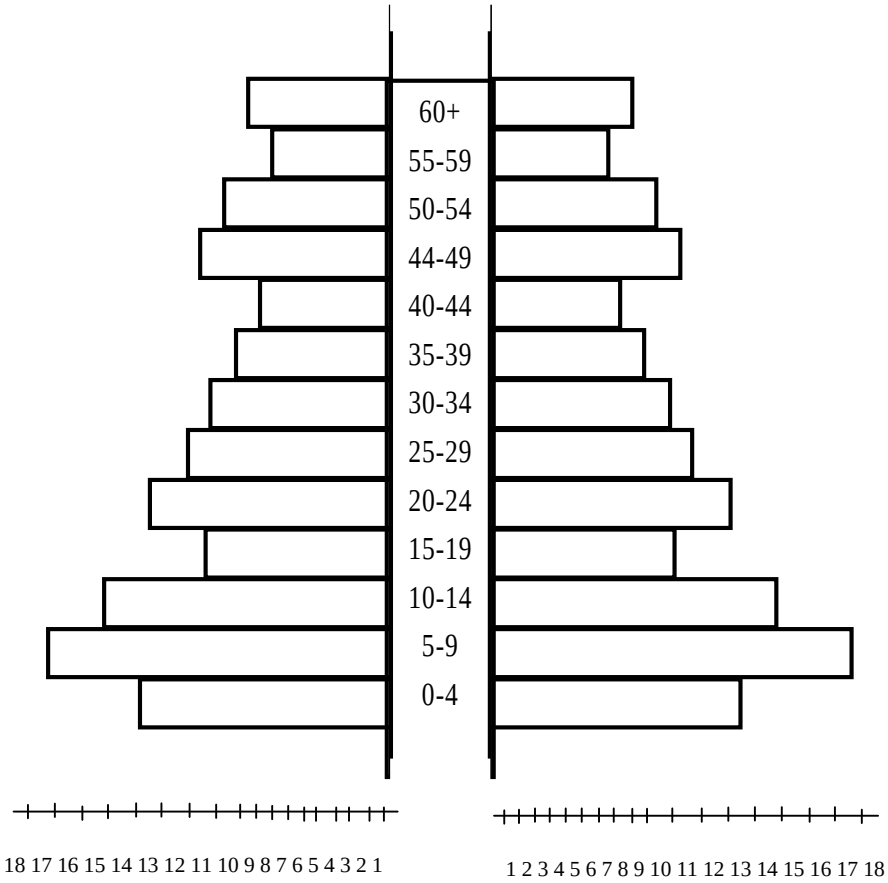
The sex ratio of a population is usually expressed as the number of males per 100 females. According to the definition, the sex ratio above 100 indicates high sex ratio (an excess of males) and the ratio below 100 indicates a low sex ratio (an excess of females). The sex ratio of a population at any point of time is the combined effect of fertility and mortality.

Table 1: Distribution of Study Population by Age and Sex Composition

Age groups	Male		Female		Total		
	Number	Percent	Number	Percent	Number	Percent	Sex ratio
0-4	26	9.90	25	10.59	51	10.22	104.0
5-9	45	17.11	46	19.49	91	18.24	97.8
10-14	44	16.73	35	14.83	79	15.83	112.7
15-19	18	6.84	18	7.63	36	7.21	100.0
20-24	27	10.27	26	11.02	53	10.62	103.8
25-29	17	6.46	21	8.90	38	7.62	80.9
30-34	23	8.75	14	5.93	37	7.41	164.3
35-39	11	4.18	10	4.23	21	4.21	110.0
40-44	9	3.42	7	2.97	16	3.21	128.6
45-49	16	6.08	13	5.51	29	5.81	123.1
50-54	12	4.56	7	2.97	19	3.81	171.4
55-59	7	2.66	5	2.12	12	2.40	140.0
60 or above	8	3.04	9	3.81	17	3.41	88.9
Total	263	100	236	100	499	100	111.4

Source: *Field survey, 2008*

Figure 4: Age/Sex pyramid of the Study Population, Khatve Community of Gidha V.D.C, Dhanusha



The proportion of population is found highest (18.24%) in the age group 5-9 years followed by the age group 10-14 years (15.83%). Whereas the lowest proportion of population (2.4%) is found in the age group 55-59 years relatively, higher proportion of the population is found in age groups 0-4, 5-9, 10-14 and 20-24 years which are result of the increasing number of births. The lowest proportion of population in the age groups 55-59 years is followed steadily by those in later groups may be the course of higher old age mortality. The population of 0-4 years is also found lower in proportion that may be because of high infant mortality on the one and recent decline in fertility on the other.

The Table also shows that sex ratio is highest in age group 50-54 and lowest in age group 25-29 years. The over all sex ratio of the study population is found 111.44 while the sex ratio of the total Khatve population at the nation level is 106.4 in 2001 (CBS) that as high as compared to national figure.

4.2 Educational Status

Education is one of the most important factor which plays vital role in the all round development of a society and it may directly or indirectly affect variables like fertility mortality, and level of income. Thus, it is important to know the education of the study population. The distribution of educational status of the study population aged 6 years and above is shown in Table 2.

Table 2: Distribution of Population of Age Six Years and Above by Literacy

Educational status	**Number**	**Percent**
Illiterate	**302**	**69.9**
Literate	130	30.1
Total	432	100.0
Schooling Status of Literate		
Primary(1-5)	106	81.5
Lower secondary (6-8)	12	9.2
Secondary (9,10)	7	5.4
S.L.C	5	3.9
Total	130	100.0

Source: *Field Survey, 2008*

Overwhelming majority (69.9%) of the study population is found illiterate against 30.1 percent literate. Among literate who attained primary level education accounts for 81.5 percent followed by lower

secondary level 9.2 percent, secondary level 5.4 percent and S.L.C passed is only 3.9 percent. No any study population had attained higher level of education.

4.3 Occupational Status

Occupation indicates the socio-economic status of a person. Labour in agriculture sector is the main occupation in the study area the question about the occupation were asked to the population who were at the age of 10 years and above.

Table 3: Distribution of population Age 10 years and above by occupation and sex

Occupation	Male		Female		Total	
	N	%	N	%	N	%
Own agriculture	6	3.2	4	2.9	10	3.0
Agriculture labour	155	82.4	126	90.0	281	85.7
Foreign Labour	18	9.6			18	5.5
Not stated	9	4.8	10	7.1	19	5.8
Total	188	100.0	140	100.0	328	100.0

Source: *Field Survey, 2008*

Table 3 shows that of the total 328population aged 10 years and above 82.4 percent of male and 90 percent of female are involved in agriculture labour activities. Only 3 percent of both sexes have their own agriculture 9.6 percent of male are employed as foreign labour and most of them work in the big cities of India like Delhi, Calkota, Mumbai , Guhati and very few numbers in gulf countries. About 5 percent of male and 7.1 percent of female population are not specified of labour activities.

4.4 Marital Status

Marriage plays a vital role in determining fertility because family function is started after the marriage in a country like Nepal. The marital status of the study population aged 10 years and above is shown in Table 4.

Table 4: Distribution of Population Six Years and above by Marital Status and Sex

Marital status	Male		Female		Total	
	N	%	N	%	N	%
Unmarried	102	43.4	67	31.8	169	37.9
Married	129	54.9	138	65.4	267	59.9
Widow/Widower	4	1.7	6	2.8	10	2.2
Total	235	100.0	211	100.0	446	100.0

Source: *Field Survey, 2008*

Table 4 shows that majority of population 59.9 percent is currently married followed by never married (37.9%) and widow/widower (2.2%). Among male, 54.9 percent are currently married and 43.4 percent are unmarried. Among female 65.4 percent are currently married and 31.8 percent unmarried. Relatively, higher proportion of married female (65.4%) is found against married males (54.9%). Since females get married relatively earlier than males.

4.5 Household by Land Ownership

The landholding status of a household indicates the socio-economic status of the household. Land is one of the most important resources to the Nepalese to meet their needs. Most of the Nepalese depend upon

agriculture and agriculture is related to cultivated land. So, ownership of land reflects the real socio-economic status of household.

Table 5: Distribution of the household by land ownership

Land (in Katha)	Households	Percent
O (Landless)	32	51.6
1-4	19	30.7
5-9	9	14.5
10 and above	2	3.2
Total	62	100.0

Source: *Field Survey, 2008*

The Table 5 makes clear that 51.6 percent of households are landless and 31 percent households have some less than five Katha of land. Likewise 14.5 percent households have in between five and ten Katha of land and only mere three percent households own some ten Katha or more land.

From the Table 5 it is clear to conclude that Khatve community included in this study is land poor. The poor land ownership is expected to have inverse effect on fertility level of Khatve community of this study population.

4.6 Types of Houses

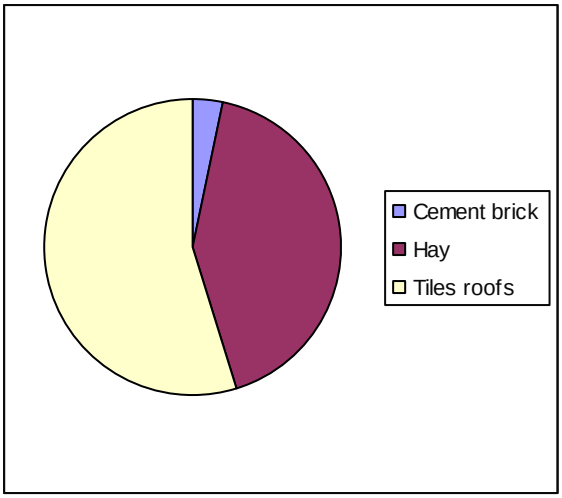
Table 6: percentage distribution of household by types of house

Types of house	Households	Percentage
Cement brick	2	3.2
Hay	26	41.9
Tiles roofs	34	54.9
Total	62	100.0

Source: *Field Survey, 2008*

The Table 6 shows that 54.9 percent households have tiles roofed houses followed by 41.9 Percent of hay roofed and only 3.2 percent households have cement brick house.

Fig. 5: Percentage Distribution of Types of House Structure



The figure 2 makes clear socio- economic statues of study population of Khatve community in this VDC. This makes clear about the rampant poverty in Khatve community.

4.7 Dependency Ratio

This measure indicates the number of dependents per 100 workers and may be computed on the basis three broad age groups that is below 15 years, between 15-59 years and 60 years and above. The population of age group 15-59 years is considered to be economically active population. Population below 15 years as young group dependents and population 60 years and above is considered to be old dependents. The ratio of the young dependents to the working population multiplied by 100 gives the young dependency ratio, and ratio of the old dependents to working population multiplied by 100 gives old dependency ratio. Whereas the sum of these two rations gives the overall dependency ratio.

Table 7: Dependency Ratio to the Total Population

Population	Number	Ratio(by field survey)	Census 2001	
			1991	2001
Young (0-15)	230	90.9	81.85	??
Old (60 or +)	16	6.3	11.2	??
Active pop^{n} (15-59)	253			??
Total	246	97.2	93.05	??

Source: *Field Survey, 2008*

Table 7, shows young dependency ratio 90.9 percent in the study population it seems to excessively high compared to the national population in 1991. Likewise old dependency ratio 6.3 percent found in the study population indicating mush lower compared to the national population in 1991. Total dependency ratio 97.2 percent in the study population seems to be higher compared to the national population of 1991.

4.8 Eligible women by Age group

Table 8: Eligible women by Age group

Age group	Number	Percent(Percent)
15-19	16	14.2
20-24	31	27.4
25-29	20	17.4
30-34	13	11.5
35-39	9	8.0
40-44	7	6.2
45-49	17	15.0
Total	113	100.0

Source: *Field Survey, 2008*

Field survey conducted to obtain information on the socio-economic and demographic impact on fertility is primarily found in women of reproductive age 15-49 yrs.

Field survey is based on 113 successfully interviewed women. The highest proportion of currently married women (27.4%) is found in age group 20-24 years followed by 25-29 years (17.7%), and age groups 45-49. The proportion of currently married women is 15 percent in age group 15-19 (14.2%) and the lowest proportion of married women is found in age group 40-44 years. In age groups 30-34 and 35-39 years the proportion of currently married women are 11.5 and 8.0 percent respectively.

4.9 Eligible Women by Age at Marriage

Due to socio-economic, cultural and religious practices most of the Khatve community parents are interested to marry their daughters in early age. So we found early and universal marriage practice in the Khatve community of the study area. The distribution of currently married women by age at marriage is given below.

Table 9: Distribution of Currently Married Women by Age at Marriage

Age at marriage(In yrs)	Number	Percent(Percent)
Below 10	10	8.8
10-14	75	66.4
15 & above	28	24.8
Total	113	100

Source: *Field Survey, 2008*

Table 9 shows that more than 75 percent eligible women are married by the age of 14 years. Only 25 percent women are married at the age of 15 years and above. The table clearly shows that the age at marriage of the respondent is very low. The early age at marriage contributes relatively longer period exposed to childbearing ages for women, which results in high fertility of the Khatve community.

4.10 Eligible Women by Number of Children

The Table 10 shows that out of 113 respondents 2.3 Percent had no living children at the time of survey, 18.5 percent had 1 child, 24.8 percent had 2 children, 29.2 percent had 3 children, 16.8 percent had 4 children, 5.3 percent had 5 children and 2.7 percent had 6 or more than 6 children.

Table: 10 Distribution of Eligible women by Number of living children

Number of living children	Number of women	Percent
0	3	2.7
1-2	49	43.3
3-4	52	46.0
5+	9	8.0
Total	113	100

Source: *Field Survey, 2008*

4.11 Ideal Number of children

Ideal family size is correlated with number of living children in Nepalese societies. Parents believe that birth of children entirely depends upon the god's fate. Similar belief was found in the study population also. The

ideal number of son and daughters on the basis of the past experience and future intention is shown below.

Table 11: Distribution of Respondents by ideal Number of children

Ideal number	Son		Daughter	
	Respondent	Percent	Respondent	Percent
0	--		2	1.8
1	2	1.8	39	34.5
2	61	54	37	32.7
3	17	15	4	3.5
4	3	2.7	1	0.9
Gifted of god	3	26.5	3	26.5
Total	113	100	113	100

Source: *Field Survey, 2008*

Table 11 shows that among the respondents who reported the ideal number of sons, about 54 percent said that two sons would be ideal followed by the gift of god (26.5%) three sons (15%) four sons (2.7%) and so on.

Among the respondents who reported the ideal number of daughters about 34.5 percent said that one daughter would be ideal, followed by two daughters (32.7%), as gifted by God (26.5%) three daughters (3.5%) and so on. It seems that majority of the respondents desire at least two sons for their ideal family size. And higher proportion of respondents desired as only one daughter for their ideal family size.

4.12 Knowledge of Family Planning Methods

Family planning methods plays important role in reducing fertility. Most of the Khatve women had the information about of sterilization and

temporary contraception. The distribution of eligible women by family planning methods is shown in Table 12.

Table 12: Distribution of Respondents who have Heard of Family Planning Methods

Family Planning Means	Have Heard of FP Means				Total
	Respondents	Percent	Respondents	Percent	
Pills	31	27.4	82	72.6	
Condom	91	80.5	22	19.5	
Male sterilization	68	60.2	45	39.8	
Female sterilization	107	94.7	6	5.3	
Nor plant	5	4.4	108	95.6	
Depo-Provera	69	61.1	44	38.9	
Natural method	2	1.8	111	98.2	
Total	109	96.5	4	3.5	

Source: *Field Survey, 2008*

In regards to the family planning knowledge the respondents were asked whether they had heard of any family planning methods. In response of the total 133 respondents overwhelming majority (94.7%) reported that they heard female sterilization followed by condom (80.5%), Depo-Provera (61.1%) male sterilization (60.2%), and Pills (27.4%). Among the total respondents 96.5 percent have heard of any FP methods; where as only 3.5 percent have not heard any FP methods.

4.13 Use and Non use of Family Planning Methods

Most of Khatve community does not like to use any methods of family planning. They believe that the use of family planning methods is against of their religion and cultural faiths. But they have started to use FP methods.

Table 13: Distribution of Respondents by Use and Non-use of Family Planning Methods

Use Status	Number	Percent
Users	55	47.8
Non-user	54	48.7
Not stated	4	3.5
Total	113	100.0

Source: *Field Survey, 2008*

Table 13 shows that the higher percentage (48.7%) respondent found as non-users against 47.8 percent users and about 3.5 percent stated nothing of it. This figure shows that uses of contraception are slightly higher than national figure. Though the study shows mean CBE 3.5 and user of contraceptive also high it shows that the users are more spacing than limitation.

4.14 Reasons for Non-use of Family Planning Methods

Table 14: Distribution of Respondents by the Reasons for Not Using FP Methods

Reasons	Number	Percent
Lack of FP services	3	5.5
Religious	32	59.3
No needed	13	24.1
Expensive	2	3.7
Don’t know	4	7.4
Total	54	100.0

Source: *Field Survey, 2008*

Out of non-users 59.3 percent had reported that they are not using family planning means are account of religious belief, followed by no needed of family planning methods (24.1%), don’t know (7.4%), lack of services (5.5%) and so on. Majority of the respondents rejected due to religious belief. It shows that the religious factor is also one to determine the level of fertility among the Khatve community

CHAPTER V

FERTILITY VARIATION BY DEMOGRAPHIC AND SOCIO-ECONOMIC VARIABLES

This chapter identifies the effects of different socio-economic and demographic factors on fertility. Fertility level of Khatve community is examined from currently married women of reproductive age group 15-49 years along with number of children ever born (CEB). The number of children ever born (CEB) is one of the best indicators for fertility analysis.

5.1. Mean CEB by Age of Respondents

Age of eligible women is one of the determining factors of fertility levels. It is expected that the as the age of married women increases increasing the CEB is evident. Since older women have longer experience about span of reproductive period than younger women.

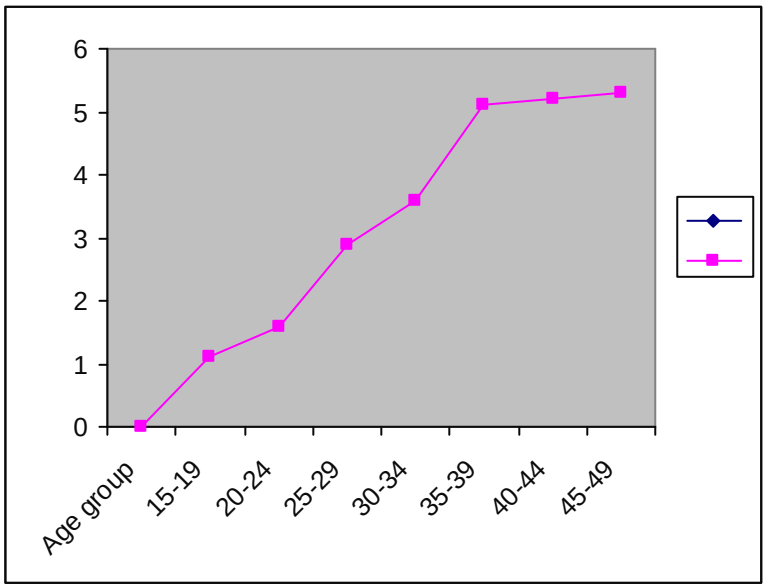
Table: 15 Mean CEB by Current Age of Currently Married Women

Age group	Number of Women	Mean CEB
15-19	15	1.1
20-24	18	1.6
25-29	22	2.9
30-34	14	3.6
35-39	16	5.1
40-44	17	5.2
45-49	11	5.3
Total	113	

Source: *Field Survey, 2008*

Table 15 shows that the mean CEB varies with the age of mother. Higher mean CEB is found with increasing age of mothers. The average number of children ever born is found 3.5 which is higher than the national figure (2.8) of 1991. Because of low socio-economic status, such as low education and economic status are the key causes for such high fertility in the study area. The lowest CEB recorded 1.1 on the lowest age group (15-19 years) which is observed increasing with increase in age of women. The higher CEB (5.3) is found in age group 45-49 years. This shows that women in this community attempt almost no effort to being down their fertility during the full length of reproduction age. Among the women in the age group of 15-19 yrs shows that women in this community starts bearing child not much later than they start their marital life.

Figure 6: Mean CEB of Respondent by Age Groups



5.2 Mean CEB by Age at Marriage

Marital status is the main determinant of the fertility and it is much relevant as well as important to study the fertility in relation to the marital status of the women. The early age at marriage contributes relatively long period of child bearing ages for women while the marriage postponed to short the span of their childbearing age. There are reverse relationship between age at marriage and fertility higher the age at marriage lower the fertility and vice-versa.

Table 16: Mean CEB by Age at Marriage

Age at marriage (in yrs)	Number of women	Percent	Mean CEB
Below-10	10	8.8	4.8
10-14	75	66.4	3.5
15 and above	28	24.8	2.7

Source: *Field Survey, 2008*

Table 16 shows that, the highest mean CEB (4.8) is found to the early age at marriage (below 10 yrs) followed by 10-14 yrs (3.5) and it is lowest to women married 15 years and later (2.7 CEB).

5.3 Mean CEB by Level of Income

Level of income is an important factor to determine the futility level. There are reverse relationship between the level of income and mean children ever born. The distribution of the level of income and CEB is shown below.

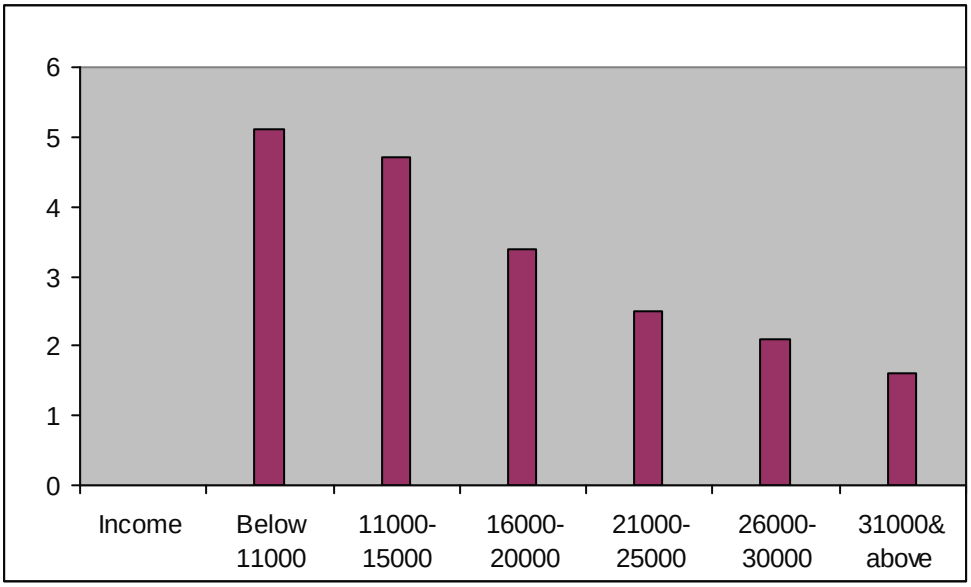
Table 17: Mean CEB by Level of Income

Income	Number of women	Mean CEB
Below 11000	14	5.1
11000-15000	8	4.7
16000-20000	51	3.4
21000-25000	23	2.5
26000-30000	9	2.1
31000& above	8	1.6

Source: *Field Survey, 2008*

Table 17 shows the negative relationship between level of income and women CEB. Lower the level of income, higher the CEB and vice-versa. The highest children ever born (5.1) is found to women with lower level of income (<11000) where as the lowest size of CEB (1.6) is found in higher level of income (RS. 31000 and above).

Figure 7: CEB by Level of Income



5.4 Mean CEB by Education

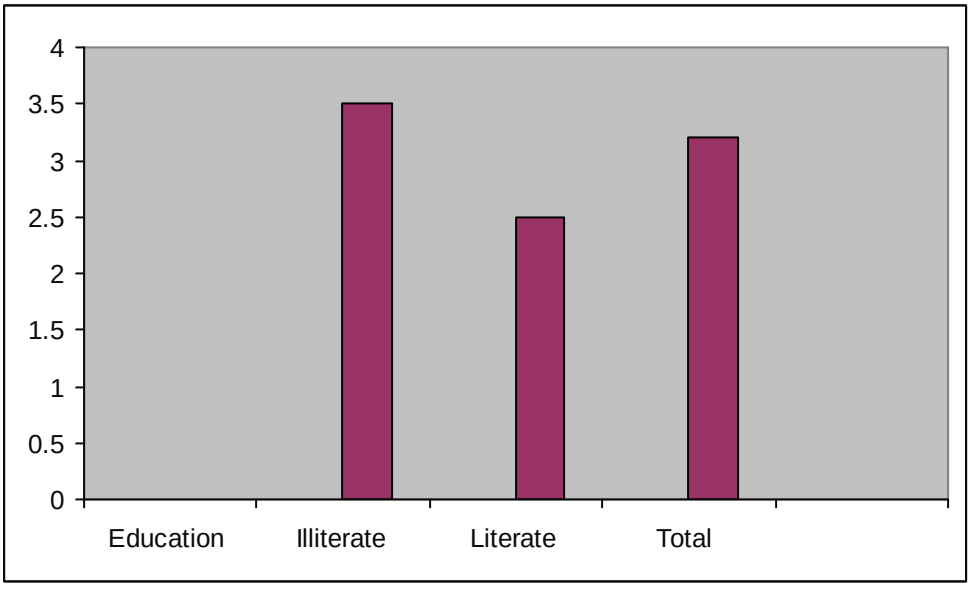
Educational status of people play key role in determining the level of fertility. Education has no direct impact on fertility but it has indirect impact on it. There exist many hypotheses in demographic studies to represent the inverse relationship between fertility and level of education of women. In this study, also found the inverse relationship between education and CEB. The highest mean CEB (3.4) was found to the illiterate women, where as lowest mean CEB (2.5) was found to the literate women (Table 18).

Table 18: Mean CEB by Education of Women

Education	Number of women	Mean CEB
Illiterate	108	3.5
Literate	5	2.5
Total	113	3.2

Source: *Field Survey, 2008*

Figure 8: Mean CEB by Literacy



However, the comparison of mean number of children ever born (CEB) between illiterate and literate with any educational level shows that mean CEB is always lower for literate women than for illiterate women with the gap wedding with increasing level of education.

5.5 Mean CEB by Child Loss Experience

Among the several fertility determining factor infant and child mortality is one important factor. People want to replace the dead children by giving next birth. There exists almost a positive relationship between child loss experience and fertility.

Table 19: Mean CEB by Child Loss Experience

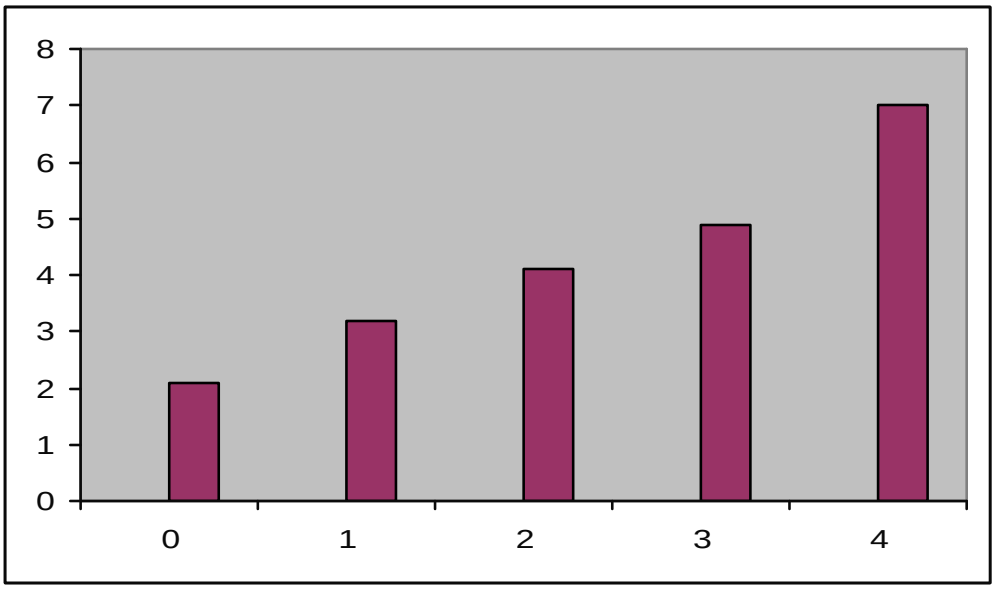
Child mortality	Number of women	Mean CEB
0	46	2.1
1	44	3.2
2	18	4.1
3	3	4.9
4	2	7.0

Source: *Field Survey, 2008*

The Table 19 shows that the women who had not experienced child loss, reported lowest children ever born (2.1). Whereas it was 3.2 for those with one child loss, 4.1 for those with two children loss, 4.9 for those with three children loss and the highest CEB (7.0) is found to those who had experience with four children loss. Thus as expected that higher child mortality experience compels women to produce larger number of children.

It holds true in Khatve community as well.

Figure 9: CEB by Child Loss Experience



5.6 Mean CEB by Ideal Number of Children

Ideal number of children is generally correlated with number of living children and desired family size. The attitude about the ideal number of children is predominate factor in the limitation of family size. Khatve society completely bounded towards religion. Women do not have choice on childbearing. Their choice depends on the faith of the God. They assumed that their children were gift of the God. In this society, son is mostly favored by the parents because they think that only son in sun the untimely of the family in future. They also think that son will provide support in old age and open the gate of haven after death. So, these belief influences the ideal number of family size and finally fertility behavior.

Table 20: Mean CEB by Ideal Number of Children

Number of children	Number of women	Mean CEB
2	4	0.5
3	29	1.5
4	36	3.1
5	11	3.3
6 & above	33	5.4

Source: *Field Survey, 2008*

Table 20 shows that the CEB was found to be the highest (5.4) among those whose ideal number of children 6 and above think children as gift of God. It was found that mean CEB was 0.5, 1.5, 3.1 and 3.3 for those whose ideal number of children is 2.3, 4.0 and 5 respectively. It indicates that there is positive association between CEB and ideal number of children.

Table 21: Mean CEB by Knowledge of Contraception

Knowledge of contraception	No. of women	Mean CEB
Known	108	3.1
Unknown	5	5.1
Total	113	3.3

Source: *Field Survey, 2008*

From the above table, it is clear that 95.6 percent women reported themselves having knowledge of at least one contraceptive method. The mean number of CEB for women with contraceptive knowledge (3.1) is lower than that for those without knowledge of contraception (5.1).

5.7 Mean CEB by Use of Contraception

The prevalence of contraceptive has been identified as one of the principle determining factors of fertility. The use of contraceptive among couple is expected to be negatively associated with fertility level for those women who use family planning method than those who do not use. The users have 2.6 of mean CEB, whereas it is 3.8 for non users and 5.1 who have no knowledge of interception. So, the survey data show that there is negative relationship between contraceptive use and mean CEB. The difference between users and non-users is not of mean CEB so high that might be due to more spacer among the users.

Table 22: Distribution of Mean CEB by use of Contraceptive

Use of contraceptive	Number of women	Mean CEB
Users	55	2.6
Non-users	54	3.8
Not-stated	4	5.1
Total	113	3.3

Source: *Field Survey, 2008*

5.8 Mean CEB by Occupation

The occupation of husband may also have effect upon fertility i.e. those with non agriculture occupational status may be expected to have lower fertility and those with agriculture occupation (labor)_ status may be expected to have highs fertility. The following table shows the relationship between occupational status of husband and mean number of children ever born to their sieves.

Table 23: Distribution of mean CEB occupation

Occupation	Number of women	Mean CEB
Own agriculture	52	3.6
Agriculture labor	54	3.8
Foreign worker	7	2.1
Total	113	3.2

Source: *Field Survey, 2008*

Out of 113 respondents, 54 were reported their major occupation as labor in agriculture with higher CEB to their wives (3.8) and 52 were reported their own agriculture with CEB to their wives 3.6 and 7 reported their major occupation in foreign working lower CEB to their wives (2.1). This suggests that fertility is associated negatively with occupational status of husband in the community as well as it changed from agriculture to non agriculture sector.

CHAPTER- VI

SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter constitutes the summary of the study with its major findings. It also contains conclusions recommendations, for policy implication and research issues.

6.1 Summary of the Findings

This study is based on primary data collection from 113 respondents of 62 households belongs to Khatve community of Gidha VDC in Dhanusha district. This study had examined the socio-economic and demographic characteristics of the V.D.C and analyzed the relationship between fertility(CEB) and socio-economic variables. And to get the information about the effect of socio-economic and demographic variables on fertility household questionnaire were asked to head of household. Individual questionnaire were asked to 15-49 years women from the same households. The finding of the study is summarized as follows:

1. Among 62 households there were 499 people out of them (52.7 Percent) were male and (47.3 Percent) were female. The sex ratio of the study population is found 111.44 which is more than Khatve national figure (106.4).
2. Out of total population aged 6 yrs and above 70. Percent were illiterate and 30 percent were literate.
3. Out of total population aged 10 yrs and above 85.7 were engaged as labor in agriculture sector, 5.5 percent were working as labour in foreign countries and 3 percent were engaged in their own agriculture.

4. The total dependency ratio is found 97.2 Percent while it was 90.9 Percent for child dependency ratio and 6.3 Percent for old dependency ratio.
5. Out of total population aged 6 yrs and above 59.9 Percent were married and 37.9 Percent were unmarried 2.2 Percent were widow or widower.
6. Out of 62 households 51.6 Percent households are landless and 48.4 Percent is land holding.
7. Out of 113 respondents in different age groups the majority of respondents (18.4 Percent 0 in age group ’25-29’ yrs and lowest proportion of respondents (6.6 Percent) was in age group ’45-49’ yrs.
8. The over all age at marriage for currently married aged ’15-49’ yrs on average get married at an early ages.
9. The mean CEB is higher with illiterate respondents than that of literate respondents. Similarly, the mean CEB is 3.4 for illiterate respondents and 2.5 for literate respondents.
10. The mean CEB is higher (5.1) for low income groups respondents and lower for high income group because most of the high income group found going towards India and other counties for employment.
11. On an average the mean CEB was found 3.5 for currently married women. It was also observed that the respondents with lower age at marriage group had highest CEB (4.8). While the higher age at marriage group had the lowest CEB (2.8).
12. The highest CEB (7.0) was found for those respondents, who had the experience of at least 4 children dead. In contrast to the CEB was lowers (2.1) for those who had no child loss experience.

13. The highest CEB (5.4) was for those respondents, who expressed their view as the ideal number of children is depending on the God. In contrast to, CEB was lowest (0.5) whose ideal number of children is only 2.
14. The highest CEB (3.8) was found for those respondents whose husbands work as labor in agriculture sector and slightly lower CEB (3.6) was found for those respondents whose husbands have own agriculture and least (2.1) was found for those respondents whose husbands are foreign workers.
15. The highest CBE (5.1) was found for those respondents who had no knowledge of contraception and the lowest CEB (3.1) was found among those who had knowledge of contraception.,
16. The highest CEB (3.8) was found for those who had never used any contraception methods and the lowest CEB (2.6) was found for those who had ever used at least one method.

6.2 Conclusion

The man findings are concluded as follows:

- According to this study, Khatve women are more illiterate and those who are literate had also lower level of educating attainment and education of women play powerful role in reducing fertility.
- The age at marriage has negative effect on fertility. The finding shows that the higher the age at marriage lower the fertility.
- There are no various occupations facilities available for Khatve women but it shows that their husbands working in non-agriculture sector as labours have fewer children than working in agriculture sector as labor.

- The women in high-income group had lower children but majority of Khatve women had lower income level, so the mean CEB of study area is 3.5 Which is higher than national figure of 1991(2.7).
- The use of contraception has negative effect on fertility though the knowledge of contraception is high(95 Percent) among the respondents the mean CEB is still high, it might be due to no use of contraception because only 50 Percent respondents are found as ever users.
- The childless experience of women is compelling to bear more children because women who have childless experience have high mean CEB(4.2) than those who have no childless experience

6.3 Recommendations

6.3.1 Policy Recommendation

Khatve is one of the predominate untouchable caste of Nepal. The literacy status of women in this community is very low. They are highly bounded with poverty and religious on the basis of study, some recommendation can be put forward to formulate which are as follows:

- Since majority of people are landless and within low income brackets, so income generating schemes are to be adopted for the Khatve community and shift of occupation of Khatve community from agriculture to non-agriculture activities will be more effective to decline fertility.
- This study has found lower age at marriage associated with higher number of children ever born. Therefore, there must be some social and legal attempt to raise the age at marriage.

- Women of Khatve community have low economic status which increases the fertility level. So programmer should be lunched to improve the economic status of those women.
- The study has found that low level of educational status. So to reduce fertility, compulsory education among Khatve community and adults literacy programmer for adults who are illiterate must be emphasized.
- To reduce infant and child mortality awareness programme related to child and maternal health should be lunched. Besides, this programme, such as mass immunization, nutrition, child and maternal health care facilities, cheap medical facilities may help to reduce infant and child mortality.
- To reduce the fertility, information about the family planning methods like permanent and temporary means, its effectiveness and its impact on mother health and welfare.

6.3.2 Recommendation for Future Research Issues

This study covers Khatve community of Gidha VDC in Dhanusha district. This study has examined the effect of socio- economic variables on fertility among selected socio-economic and demographic variables and analyzed the fertility in terms of means CEB demographic and socio-economic variables have both direct and indirect effect on fertility. Demographic variables like age at marriage child mortality Ideal number of children have both direct and indirect effect on fertility through birth control variables.

REFERENCES

Acharya, B, 1992, *Socio-economic impact on age at marriage of Ranabats. A study of Tilhar village*, An unpublished M.A., Dissertation (Kathmandu: CDPS, TU)

Acharya, B, 1994, *Role of education occupation, age at marriage and some modernization factors in determining the number of CFB: A study of some selected village of some Kathmandu districts* an unpublished post graduate research paper (The Hague: ISS)

Acharya, B, 1996 *Determinant of Age at Marriage and Fertility* Bal Kumar K.C.

Acharya, B, 1994, *Role of Education, Occupation, Age at Marriage and Some Modernization Factors in Determining the Number of Children Ever Born: A Study of Some Selected Villages of Nepal.* An Unpublished Research Paper of Post Graduate Diploma in Population and Development submitted to NIDU, Netherlands.]

Adhikari K.P, 1992, *Effect of Infant and Child Mortality on Fertility*. An Unpublished M.A. Dissertation Kathmandu (CDPS, T.U.)

Aryal R.H., 1997, *The Onset of Fertility Decline in Urban Nepal: A Study of Kathmandu City*, A Paper Presented at the Conference on Fertility Transition in Nepal, Kathmandu.

Bastakoti, T.R., 1999, *Sex Preference and Fertility in Rural Nepal in Kumal Community, Nawalparasi,* Unpublished M.A. Dissertation submitted to Central Department of Population Studies (Kathmandu CDPS).

Bhattarai C. R., 1996, *Sex Preference and Family Planning in Nepal*, Unpublished M.A. Dissertation Submitted to Central Department of Population Studies (Kathmandu CDPS).

Bhende, A. A, and Kanitkar T., 2006, *Principle of Population Studies* (Mumbai: Himalayan Publishing House).

Central Bureau of Statistics (CBS) 2001, *Population Monograph of Nepal* (Kathmandu, CBS).

Cleland, 1983, *"Preference for the Sex of Children and their Influence on Reproductive Behaviour"*. World Fertility Survey Comparative Studies: Cross National Summaries, No.27 (Netherlands: International Institute).

Dahal, D. R., 1989, *"Demand Aspects of Fertility and Family Planning"*. South Asian Studies on Population Policies and Programme. (Kathmandu: UNFPA).

Dahal, D. R., 1992, *"Women and Children in Nepal"* in K.C., B. K., Population and Development in Nepal (Kathmandu CDPS).

Dongol, B. D. S., 2000, *"Socio-Economic and Demographic Factors Influencing Women's Empowerment in Nepal"* Nepal Population Journal, Vol.9 No.8

K.C., B. K., 2000, *"Contraceptive Knowledge and Use in Nepal"*, Nepal Population Journal, Vol.9. No.8.

Karki, Y. B., 1988, *"Sex Preference and Time Value of Sons and Daughter in Nepal"*, Studies in Family Planning Vol. 19. No.3.

Mandal, R. H., 1999, *Sex Preference and Fertility of the Khatwae Community*, An M.A. Unpublished Dissertation Submitted to Central Department of Population Studies (Kathmandu, CDPS).

Ministry of Health (MOH), 1976, *Fertility of Family Planning and Desire for Children*. Four Districts Baseline Survey Report Number (Kathmandu MOH).

Ministry of Health (MOH), 1996, *Nepal Fertility and Family Planning Survey Report* (Kathmandu, MOH).

Morgan, S.P and B.B. Niraula, 1995, *"Gender Inequality and Fertility in Two Nepali Village"*. Population and Development Review, Vol.21, No.3.

New Era 1998, *Population and Development in Nepal* (Kathmandu: National Commissions on Population).

PRB, 2007, *World Population Data Sheet* (Washington D.C. Population Reference Bureau).

Rajaretnam T. and Deshpandey, R.V., 1994, *"The Effect of Sex Preference on Contraceptive Use and Fertility in Rural South India"*, International Family Planning perspectives, Vol. 20 No. 3.

K.N.M., Raju and Bhat, T.N., 1995, *"Sex Composition of Living Children Against Socio-Economic Variables While Accepting Family Planning Method"*, Demographic India (New Delhi; Hindustan Publishing Corporation) Vol. 24.

Ramsundaram S. 1995 *"Cause for the Rapid Fertility Decline in Tamil Nadu: A Policy Planners Prospective"*. Demographic India, Vol.24 (New Delhi: Hindustan Publishing Corporation) Vol. 24.

Repelto, R 1972, *"Sex Preference and Fertility"*, Studies in Family Planning, Vol. 3 No.1.

Sapkota B. N., 1993, *Proximate Determinants of Fertility in Nepal*, Unpublished M.A. Dissertation Submitted to Central Department of Population Studies (Kathmandu: CDPS).

Shakya P., 1996, *Effect of Socio-Economic Variables on Age at Marriage and Children Ever Born."* An Unpublished M.A. Dissertation Submitted to the Central Department of Population Studies (Kathmandu; CDPS).

Subedi, P. K., 2000, *"Women's Education and its Impact on Fertility and Child Survival"* in Bal Kumar K.C. (ed.), Population and Development in Nepal (Kathmandu CDPS), Vol.7.

Tuladhar J., 1989, *The Persistence of High Fertility in Nepal* (New Delhi: Inter Indian Publication).

Tuladhar, J.M., Gubhaju B.B and Stout J. 1978, *Population & Family Planning Nepal* (Kathmandu: Ratna Pustak Bhandar)

UNFPA, 2000, *The Status of World Population* (New York: UNFPA).

United Nation (UN), 1990, *Pattern of First Marriage: Timing and Prevalence* (New York: United Nations).

United Nations, 1987, *"Fertility Behaviour in the Context of Development: Evidence from the World Fertility Survey"*. Population Studies. No. 100 (New York: United Nations).

Williamson, N. E., 1978, *"Boys or Girls? Parents Preference and Sex Control"* Population Bulletin, No.33 (New York UN).