

**FERTILITY BEHAVIOUR IN YADAV COMMUNITY: A
CASE STUDY OF BASANTPUR VDC,
SARLAHI DISTRICT**

A Dissertation

**Submitted to the Central Department of Population Studies,
Faculty of Humanities and Social Sciences of
Tribhuvan University in Partial Fulfillment of
the Requirements for the Degree of
Master of Arts
in
Population Studies**

By

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LETTER OF RECOMMENDATION

This is to certify that Mr. Shyam Babu Ray has completed the dissertation entitled "**Fertility Behaviour in Yadav Community: A Case Study of Basantpur VDC, Sarlahi District**" under my guidance and supervision. I, therefore recommend the Dissertation Committee for the evaluation of this dissertation.

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ACKNOWLEDGEMENTS

This dissertation is submitted to the Central Department of Population Studies, Faculty of Humanities and Social Sciences, Tribhuvan University for the partial fulfillment of Master of Arts in Population Studies. This study would have been incomplete and worthless without the continuous inspiration and Guidance provided by my respected teacher and dissertation supervisor Dr. Puspa Lal Joshi, Visiting Professor of CDPS. Whatever the expression would be less against the support and guidance which I got despite his busy schedule. Similarly, I would like to express my most sincere gratitude to Dr. Bal Kumar KC, Prof. and Head of Department and External Binod Sharma. I would also like to extend my thanks to all the faculty member of Central Department of Population Studies (CDPS) who supported me to complete this research work from various means.

I would like to thank all of the respondents who responded all the questionnaires curiously in my research work.

I am indebted to my parents from whom I got the regular inspiration and financial assistance with much patience to complete this research. I can never forget the helpful assistance I received in course of preparation of this dissertation from Maudin Ansari (Friend), Rajkumar Yadav (Friend). I would like to express thanks to them for their special help.

October 2008

Shyam Babu Ray

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ABBREVIATION AND ACRONYMS

| | |
|------|--|
| BDCS | : Birth Death and Contraceptive Survey |
| CBS | : Central Bureau of Statistics |
| CBR | : Crude Birth Rate |
| CDPS | : Central Department of Population Studies |
| CEB | : Children Ever Born |
| CPR | : Contraceptive Prevalence Rate |
| FP | : Family Planning |
| HMG | : His Majesty's Government |
| ICPC | : International Conference on Population and Development |
| IEC | : Information, Education and Communication |
| IMR | : Infant Mortality Rate |
| INGO | : International Non-government Organization |
| MOPE | : Ministry of Population and Environment |
| NDHS | : Nepal Demographic and Health Survey |
| NFHS | : Nepal Family Planning and Health Status Survey |
| NGO | : Non-Governmental Organization |
| NLSS | : Nepal Living Standard Survey |
| PRB | : Population Reference Bureau |
| SMAM | : Singulate Mean Age at Marriage |
| SPSS | : Statistical Package for Social Sciences |
| TFR | : Total Fertility Rate |

TU : Tribhuvan University

UN : United Nations

UNDP : United Nations Development Programme

UNFPA : United Nations Population Fund

USA : United States of America

VDC : Village Development Committee

CHAPTER I

INTRODUCTION

1.1 General Background

Nepalese Society is neither totally traditional nor completely modern, it is in transitional period. Attempting to influence human fertility behaviour is perhaps one of the most difficult tasks. Influencing the most sensitive area of human fertility behaviour calls for the clear understanding of various ramification of social cultural, economic, psychological, biological and political aspects of human life. It is no wonder that many nations fail to achieve fertility targets. Differential fertility is the study of fertility differences between specific population groups. Common analyses are by socio-economic group, by religion, by education level, by race, by occupation, by urban rural region , by wife's work experience and by husband's income.

Fertility behaviour refers to the actual reproductive performance of the women during their reproductive age group 15-49 , the childbearing performance of individual couple, groups of population . Fertility behaviour and also refers to the actual reproductive performance of a women. According to Bhende and Kanitkar (1994), fertility behaviour is the process of giving birth, which increased with the ambient environment and the environment is different society. Besides the degree of interaction of the environmental variables which if different within the biological limits of human fertility, sever role social, culture psychological as well as economic and political factors are found to operate and these are responsible for determining the level and differentials of fertility.

Nepal is currently facing the problem of high population growth rate. The main course of high population growth facing the problem of high population growth is high due to declining fertility rate and sustained low mortality rate. In the pervious time both the fertility and mortality was high. It means fertility rate and mortality rate are also high which balanced the population growth. Therefore, population growth was low. The first Population census was conducted in 1911 A.D. According to 1911 census, the total population of Nepal was 56, 38, 749. The earlier censuses of Nepal were not that precise as compared to the modern censuses. Four subsequent census (1911, 1920, 1930, 1941) had taken before the 1952/54 census which are known as only head counts. The 1952/54 census was taken in two parts of the country in two different years. After 1961, census has been taken in every ten years . During the last 90 years, Nepal experience many demographic changes the

population of the country grow phenomenally. In terms of numbers, the population of Nepal in 1911 increased to 3,31,51,423 in 2001; an increase of more than four times during of period of 90 years. 2.0 percent per annum during this 90 years period. In 2001 the population growth rate was 2.24 percent and TFR 3.79 , Arriga modified p/f ratio method (CBS 1995 & 2003).

Fertility behaviour is affected by various social, economic, and demographic variables, i.e. educational status, economic status, lack of awareness towards fertility, contraceptive, religious superstition, child marriage, re-marriage, contraceptive failure, unwanted pregnancy. In case of fertility rate, development facilities can not easily reach to all people, So people are going to be poorer day by day. Where the people are poor, the fertility rate is found automatically high, in the process of development the higher level of occupation are associated with lower level of fertility (Tuladhar, 1997; NPC, 1988; Bhende, 1991).

In Nepal most people are illiterate they do not know about the bad effect of fertility, so fertility rate is high. Somewhere, Fertility is affected by religion. In Hindu religion son is only the person who care in old age and after death. According to Hinduism, there is the great role of son for the ritual performance further more there is also equal role of son for old age care. So, desire of son is high and that leads for high fertility, In Islam religion, Muslim's doesn't use contraception, male sterilization & female sterilization. So, its leads for high fertility. Most of the people of our country are illiterate that is why the are far from the access of contraception and their knowledge. Very few people are getting such facilities they are also suffering of high rate of failure and it takes pregnancy. Unwanted pregnancy can not be aborted easily because it is taken illegal. Now, it is made legal with some special conditions so there is not provision of abortion all types of unwanted pregnancies. As a result the number of birth is increasing.

There are different caste/ ethnic group in Nepal which compose the different culture in the country . Among them "YADAV" is one of the major ethnic group. In 2001 census 100 caste/ ethnic groups were identified, where "YADAV" population is in 8th position. And total population of "YADAV" caste is 895, 423 (3.94% Of the total national population) Most of the "YADAV" communities are reside in rural areas of the Terai region of Nepal. According to religion 99.8% (893, 427) "YADAV" follow Hinduism. Literacy status of "YADAV" communities are 40.83%. The most of them are depend upon agriculture and foreign employment .They have low economic status and low educational status. So, high fertility behaviour is found in "YADAV" communities.

In this study, fertility behaviour of "YADAV" community of Basantpur V.D.C. , Sarlahi district has studied. About more than 60% population of the population of that VDC are "YADAV". Rest of other caste groups are Muslim, Teli , Sudi , Chamar , Mushar, Lolhar, Hajam, Koiri , Kayastha etc.

There are 2377 population in Basantpur VDC. Among them 1,084 are males and 1293 are females.

1.2 Statement of the Problem

One of the major causes of the population growth is higher rate of fertility and declining rate of mortality rates. This types of characteristics creates rapid population growth. This also leads to face many problem in developing countries like Nepal i.e. high dependency ratio, lack of food supplies, 10th level of education, lack of health facilities, environment degradation .And that causes impact on development process.

The contributing reasons for high fertility in Nepal are low status of women in society, low level of literacy, high infant mortality rates, strong economic value of children, socio-economic tradition which favors son, universal child marriage high poverty, inadequate coverage of family planning delivery system to the people at large (Manandhar 1993:52).

The total fertility rate of Nepal in 2001 was recorded as 4.1 per woman which is comparatively high to some of the neighboring countries. The total fertility of Sri Lanka is 2.1 per women, Bangladesh 3.3 per women, India 3.3 per woman and China has 1.8 per women (PRB, 2000). Crude birth rate of Nepal is recorded 32.5 per that sand population which is higher than other neighboring country. Similarly, the CBR of India 27, Bangladesh 27, Srilanka 18 in the same period were observed. The contraceptive prevalence rate in Nepal is 29 Percentage which is less than other Neighboring countries. The prevalence rate for India at the same time is 48% Bangladesh 49%, China 83% and Sri Lank 66% among current married women (PRB-2000). Nepal is one of the agricultural countries where nearly 80% of the total population is engaged in this sector (CBS-2003). According to census 2001, literacy rate in Nepal is 53.7%.where female literacy rate 42.5% and male 65.1%. Literacy rate is in Sarlahi district is 36.5% where male 46.9% and female 25.4% (CBS-2003).

Fertility rate in Nepal is one of the highest among other countries in Asia. In many developing countries high fertility is associated with the level of income, education, child survivors and cultural and religious factor. In addition , family planning play an important role in reducing marital fertility(UNFPA, 1989:73).

Through family planning programme is one of the essential component of strategies to achieve desired population size conducting through FMG, NGOs, INGO, and from local leader, maximum distribution of contraceptives to reduce fertility rate in all sector are however, enable to fill up the gap between demand and service provided to people to reduce fertility. The region for failure to fill of the gap between demand and service is that Nepalese society is prove nationalist society by culture and religion (Dahal 1989:89).

According to census 2001 "YADAV" population is in eighth position in Nepal. It is clear that Nepal is a country with multi-ethnic, multi-lingual and multi-religious society. It reality some are very socio-economic position and some are in low condition. The Society is directly divided in two groups in lower caste and upper caste system. Lower caste people are going to lower and lower condition day by day, they have high fertility behaviour, low educational status and live in remote areas. Among them "YADAV" community is one of the suffering ethnic groups where most of the people are illiterate. They have high fertility behaviour, low educational status and live in remote areas. They have high fertility behaviour, poor education, lack of family planning knowledge. The reason for high fertility in Nepal areas low status of women in society, low level of literacy, high infant mortality rate, strong economic value of children, socio-economic traditional which favors son, universalized child marriage. System, high poverty inadequate distribution and coverage of family planning programmes to the people. There are several studies in fertility behaviour with respect to different ethnic group. But a few studies have been carried out especially in "YADAV" community. So it is being essential to focus on fertility behaviour among "YADAV" community. This study mainly contributes in the academic as well as policy level to address the population issue by ethnicity.

The study is basically based on the Basantpur VDC, Sarlahi where 60% over the resident of people are "YADAV". It is remote area of Nepal where most of the people are involved in agriculture sector. In Basantpur VDC, Mother tongue of the "YADAV" is Maithili language. Most of the "YADAV" women and men are so back that they don't know Nepali language. Even Primary school children don't know the national language. Teachers of the school of that area have to teach them in Maithili language. There are not any research in village, so this research basically based in remote area this study aims at revealing the ideas that how the fertility behaviour has improved in the community and how they have experienced with the use of the contraceptive methods. Also this study tries to find out the fertility behaviour has improved in the community and how they have experienced with the use of the

contraceptive methods. Also this study tries to find out fertility behaviour with socio-economic and demographic variables in the community.

1.3 Objectives of the Study

This present study generally focuses on the causes and impact of high fertility in the study area. It is expressed that the general objectives can be achieved with the fulfillment of the following specific objectives.

1. To find out the socio-economic characteristics of the “YADAV” community in the study area.
2. To analyze the demographic characteristics of the “YADAV” community.
3. To observe female empowerment, education, occupation and its relation with fertility.
4. To examine the family planning practices and knowledge and its effect on fertility among “YADAV” community.

1.4 Significance of the Study

Nepal is a multilingual, multiethnic and multireligious country. The main purpose for this study is to find out the various socio-economic and demographic aspect of the fertility of “YADAV” community in selected sturdy area. “YADAV” community is in the eighth position in Nepal based on the population census 2001. In this community fertility rate is high and most of the people are illiteracy. So, this study is important to know the fertility behaviour of “YADAV” community.

Fertility is mostly started at 15 years and end after 45 years of women. This period is perfectly concerned with the fertility behaviour. So, this study is mainly focus of the married women of age 15-49 years. This study gives research output to the national and particularly for the study area. It is important appropriate, timely, specific group target to this study. This study also gives some recommendations for policy-maker as well as program planners for those “YADAV” women. Very rare individual, institutions and researchers have endeavored to study in this particular matter.

1.5 Limitation of the Study

This study is limited to the following point

1. This study is limited to the fertility behaviour of “YADAV” community of Basantpur VDC of Sarlahi District.
2. This study is based on the general socio-economic study of the sample population an age group of the people specially to the currently married women aged 15-49 years.
3. The respondent of this study are married women of reproductive age group 15-49.
4. This study is based on the some selected variable to describe the status of women and its relationship with fertility.
5. This study has been carried out in village among ever married reproductive (15-49 Years) age, the generalization may not be possible for the other community group as well as urban women.

1.6 Organization of the Study

This study is organized into six major chapters. The first chapter deals with the general background of the study, Statement of the problem, objective, of the study, significance of the study, limitation of the study and organization of the study. The second chapter deals with literature review an conceptual framework of the study. The third chapter describe the methodology of the study, which includes introduction of the study area, the research design, questionnaire design, tools use for the data collection and procedure of data collection.

Similarly, forth chapter provides the background characteristics of study population, which includes demographic and socio-economic characteristics of the household.

Fifth chapter contain the core part of the analysis of study. This chapter deals with the analysis of the study women's characteristics such as age distribution, age at first marriage, as at first menstruation, number of children, Ideal number of son and daughter, family planning knowledge and use and relationship of women's CEB with different socio-economic variable. At last, sixth chapter present the summary of the finding, conclusions and recommendation.

CHAPTER II

LITERATURE OF REVIEW

2.1 Theoretical Literature

There are various theoretical and empirical literature requesting the study of fertility and are various assumptions and methods to control over it. Fertility determined by different physiological factors and their interplay with social cultural, economic and modernization factor.

Fertility behaviour of any groups and community is affected by caste, ethnicity, religion cultures, women's education, occupation, sex performance use of contraceptives age at marriage, in the case of those variables Brahmin, Chhetri and Newar have lower fertility than other ethnic group (Risal and Shrestha, 1989).

Bongaarts (1983) has indicated seven sets of proximate determination variables affect fertility. They are age at marriage, marital description, permanent sterility, duration of post-partum infecundability, fecund ability use and effectiveness of contraception induced abortion and spontaneous intrauterine mortality.

According to ministry of population and environment (MOPE)2000, the four proximate determinants which are proposed by Bongaarts are main determinants to reduce the fertility in Nepal. They are proportion married, contraception, post partum infecundability and Abortion Frank Notestion (1946) has summarized the various steps of fertility and mortality in demographic transition theory. The theory explains from the state of high fertility and mortality to a state of low fertility and mortality with the improved socio-economic and demographic status of every country. It is generally based on European countries and some developed countries.

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 disease, which is written by Notestine (1945) in his fertility theory.

In 1995, Esterling proposed a generalized model for fertility decision. According to which a woman varies her child bearing in order to optimize her husbands utility her decisions are affected by income, prize and cost of regulation on fertility required examination of the net effects via the proximate variables directly. The theory regarding migrant fertility assumes that migrants earn more in cities than in their rural place of origin. The higher income is

supposed to raise the living standard and increase the cost of the child bearing which result in decline in fertility. In addition, migrants are expected to adapt and became more like native city dwellers. Urban born woman generally have fewer children than rural born woman, thus migrant fertility is expected to fall approaching urban fertility level (Sally, 1982: 248-251).

The biological theory developed by Spencer states that the complexity of life increase, a reduction in fecundity take place and that is why fertility is lower in industrial society as compared to rural society (Ghosh,1985:79). Another biological theory, known as "Cyclical theory" was put forward by Carred Gini. This theory states that, population tends to follow an evolution which is similar to that of life cycle of the individual passing through the successive stage of development maturation and involution (Bhende and Kanitkar, 1994:109).

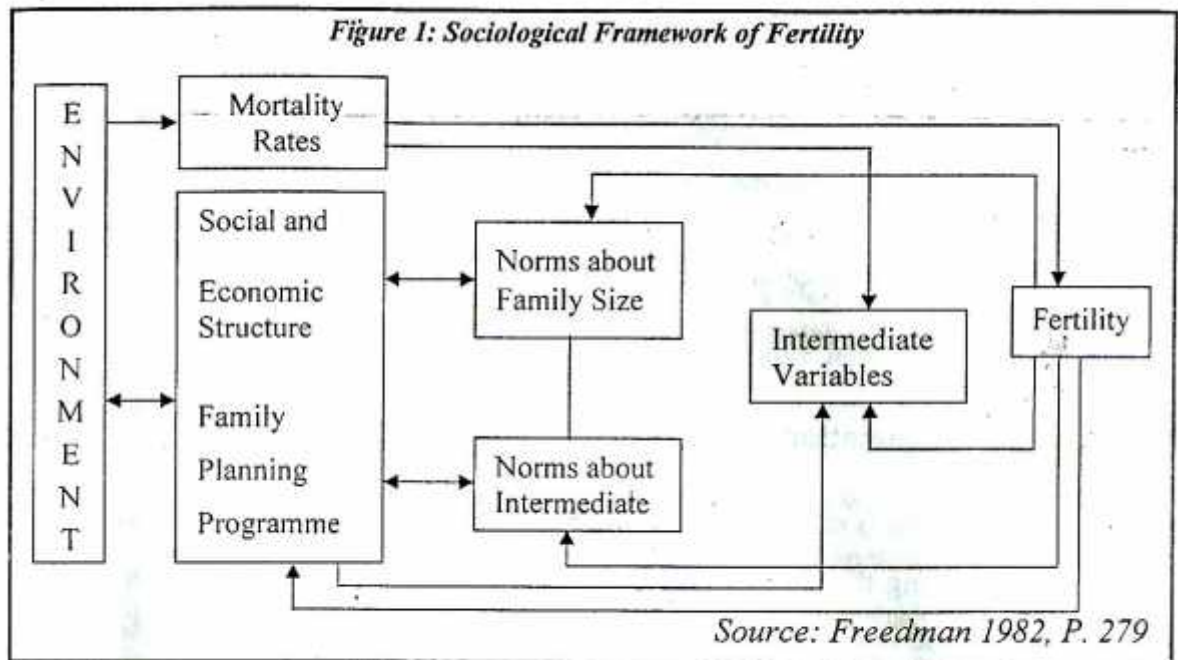
The theory of social capillarity presented by Arsene Dumont emphasized the fact that human violation has played an important role in fertility decline. This theory is based on the physical law of nature "the force of capillarity". It concludes that the lower fertility is associated with higher socio-economic development (Ghosh, 1985:79).

The theory of diffusion or cultural lag explains how the concept of birth control spread all over the world. According to this theory in countries where fertility has been declining attitude and practices conducive to diminishing fertility have been declining, attitudes and practices conducive to diminishing fertility have been adopted first by that better educated, wealth, and high social status group of the city population and transferred in duration of time to intermediate and lower status groups and to the rural areas. Once again, cultural lag theory has been referred to very recently by John Knodel who, after examining the age patterns 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,2001).

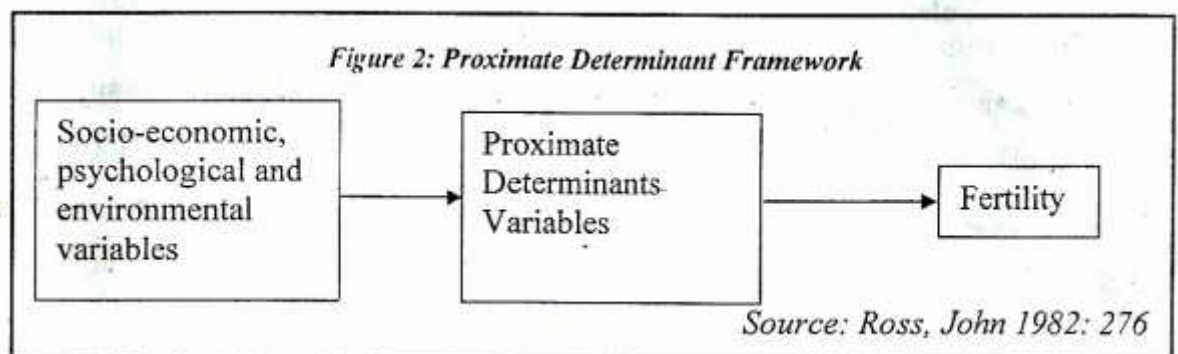
Ronald Freedman (1982) developed a model for the sociological framework of fertility. He introduced two types of norms about fertility, which are norms about family size and norms about intermediate variables. Family planning programme is considered as one of the social programme that has a goal to reduce fertility that may influence the norms about family size and norms about intermediate variables, which in turn affect fertility behaviour (Tuladhar, 1989,43-44).

The theory of diffusion of cultural pointed out that the decline in birth rate in western countries was due to change on values and attitudes towards reproduction, resulting in the deliberate use of methods of birth control. This included contraception, abortion and voluntary abstinence (Bhende and Kanitkar, 1996:24).

Bhende and Kanitkar have shown a framework of fertility in their book entitled “Principle of Population Studies” : in Fertility chapter. The framework has been shown below.



According to Davis and Blake, proximate determinant framework is shown as:



In Nepalese Society, high economic and social value of children, low education and social status of women, poor health and insufficient nutritional intake, inaccessibility of quality family planning and its unmet demand are the determining of high fertility in Nepal. Fertility is affected by some proximate determinants such as age at marriage, postpartum

amenorrhoea, contraceptive use and induce abortion and these proximate determinants are also affected by social, economic, psychological and environmental variables.

2.2 Empirical Literature

The main factor of population increase in most of the developing countries like Nepal is low level of mortality rate and high level of fertility rate.

Different number of studies in fertility which attempt to summarize the studies regarding the determinants of fertility are selected and presented below.

2.2.1 Education and Fertility

Education is directly related to determine fertility behaviors of human being . We are seeing that the relation of these two variables is inversely proportion. It means increase in educational level, decrease in fertility rate. A study showed high fertility among the women with elementary level of education than graduate in USA (UN, 1973).

Education has been considered a catalytic agent to reduce fertility in Nepal educated women are more aware of the issue of quality of children than non educated (Risal and Shrestha 1989), In Nepal, the average number of CEB is 1.94 per literate woman especially for primary education and 1.5 for graduate which is lower than literature with CEB 2.8 (CBS, 1991).

ICPD 1994 in its chapter eleven reveals that the education is a key variable in sustainable development. The increase in the education of women and girl contributes to women's empowerment, to postponement of marriage and to reduction in family size (UN, 1994). In Nepal, women with no education have 3.5 CEB, primary education 2.4 and secondary have 2.1 only. Similarly, CEB of a woman whose husband is illiterate has 3.6 with primary education 3.1, and with secondary 2.7 (Acharya,2000).

2.2.2 Occupation, Income and Fertility

The relationship between occupation status and number of CEB is inverse. Increasing Occupational opportunities individuals goes outside home which reduce the level of fertility (Dahal, 1993:85) The level of fertility is observed in 1961 for professional and technical workers, administrative and clerical workers (1.6) CEB compared to sales (2.4) farmers (2.7), production and labour (2.3), and other occupation (2.1)CEB (SBS, 1995:79).

Adhikari (1992), Risal and Shrestha (1998) found that the work status of women was inversely related to mean number of CEB. Better occupation and increase in mean age at marriage decrease the fertility, Risal Shrestha (1998), indicated that female mean age at

marriage was 20.2 years for administrative workers and 17.9 years for the women working in farm and agriculture. Occupation is one of the catalytic socio - economic factors that identify sub groups with district level of fertility. While observing the fertility in case of CEB of different group of people i.e. not working in agriculture and household and non – agriculture according birth, Death and Contraceptive Survey (BDCS), 1996 Nepal, the CEB for not working was 3.2, 3.3 for agriculture and household and 2.9 for non agriculture women (Acharya 2000:29).

In order to reduce poverty in Nepal, it is highly important to effectively implement fertility reduction programmes. Studies show that since 1970, developing countries with lower fertility and slower population growth have seen higher productivity, more saving and more productive investment. They have registered faster economic growth, investment 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 investment attack poverty directly and empower individuals especially women. They enable choice (CBS, 2003).

2.2.3 Age at Marriage and Fertility

Age at marriage is also one of the determinants of fertility. There is also inverse relationship between age at marriage and fertility in Nepal, age at marriage is found to be lower for females was 15.4 years and 19.5 years for males in 1991 (MOPE, 2000). Nepalese society does not allow the sexual union of unmarried people . So, marriage is the most essential in our society. Nepal is a country with multi-lingual, multi-religious and multi-ethnic society. According to the age and other religion, age at marriage and CEB are different.

Women who have started cohabitation at the age of in and earlier had CEB of 3.7 children whereas the women cohabitation in 15-17 years had 2.3 and 18 years and later had 2.9 (Achary, 1996). The values of singulate mean age at marriage (SMAM) have increased by 3 years for male and 4 years for females since 1961 and these are in 2001 about 23 for males and 20 years for females. Data shows a definite decline in male- female difference in SMAM from 4 years during the early 3 decades (1961-1991). to 3 years during the immediate last for decades (1961-2001) (CBS, 2003).

A study claims that women marrying between 20 and 24 have similar fertility that of those marrying before age 20, only if the marriage age reached 35 or over would there be a

significant reduction of fertility. Perhaps this is one of the reasons for persistent high fertility in Nepal (Karki, 2003).

The number of child ever born affects the socio-economic condition of the people in the country. Empirical studies have shown that number of children ever born and poverty associated are positively associated (especially in developing country like Nepal). The maternity' health and family planning are interrelated and they together have an impact on the quality of population. The mean number of CEB per woman (15-49 years) is estimated to be 2.4, according to NLSS 2003/04. As expected, this increases with age-group of women. Rural areas have more children per woman relatively to urban areas. TFR for Nepal is estimated at 3.4, urban areas have a much lower rate of 3.8. The 2001 population census estimates of overall TFR range from 3.7 to 3.9 (CBS, NLSS, 2003/04).

Tuladhar (1989) examined the decline trends of fertility in Nepal using data for Nepal Fertility and Family Planning Survey. He found that fertility seemed to be declining over the past 10 years from TFR of 6.2 to 5.6. The declining in fertility among young women is probably due increase in marital age (Tuladhar, 1989).

2.2.4 Infant and Child Mortality and Fertility

There is strong relationship between fertility and survival of children. Due to poor health condition, more children are dying and the risk of dying is still aggravated, if they are born to very younger or older mother. If they are also born after short interval of their mothers already have many children (cited in Pant, et al. 1999). Women with higher child loss, less experiences had higher CEB. Women with an experience of no child loss had 2.5, those with one child loss had 4.3 and those with two or more child loss had CEB 6.5. A steep increase in CEB for cases of two more daughters or sons dead is evident, So women with higher child loss experience had higher CEB (Acharya, 2000).

According to Adhikari 1996, in Nepalese perspective, the poor level of socio-economic development is the most catalyzing factor for high level of infant mortality and fertility, poor health facilities/services, lack of knowledge on personal health/hygiene and sanitation of the reproductive aged women and deficiencies of caloric intake, portentous diet and micro nutrients impairs the personal health of mothers and children in Nepal. NEW ERA (1986) found a close relationship between infant mortality and member of children ever born. The study concluded the existence of strong child replacement effect in Nepal.

Nowdel (1997) exhibited a strong correlation between level of infant mortality and fertility from the data of nineteenth century of Germany. According to the NFHS 1996, there is a close association between survivorship of previous child and birth-interval. According to NFHS 1991, higher CEB to the younger women than over age 30 was seen. The reproductive performance is affected by the experience of child loss which affects the number of CEB (Adhikari, 1996:7-8).

Gubhaju (1991) constituted that irrespective of the length of preceding birth interval the probability of children dying infant period is considerably higher among mothers whose previous child has died than those whose previous child is alive. Lower the chance of survival of children the higher will be the level of fertility. Where the incidence of infants and child mortality is high parents will incline to produce more children than necessary to ensure survival of at least a few into adulthood. In this connection, it is highly hypothesized that the infant and child mortality rate of a state, the higher will be the fertility of the state (UN, 1996).

According to NDHS 2001, the CEB of currently married women aged 15-49 years was 2.79 while mean CEB 3.29.

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

The current estimate of child mortality in Nepal is 28.6 indicating that of the 100 babies surviving to age one, 28.6 percent die before they reach the age of five. In a likewise manner under 5 mortality is 9.12 indicating that of the 1000 children born today 9.12 will die before they reach the age of 5 and Infant mortality (IMR) is estimated 64.4 per 1000 live birth (Karki, 2003).

2.2.5 Contraceptive Use and Fertility

It is widely believed that family planning awareness helps to control population growth in the country. Nepal Living Standard Survey (NLSS 2) estimates 71 percent of women aged 15-49 years are knowledgeable about at least one of the FP methods, 46 percent have ever used it and 38 percent are currently using some form of planning methods AS one would expect, the proportion of women with knowledge of at least one of the FP methods is higher in urban areas than in rural areas (91 percent versus 74 percent). Such knowledge is more

likely to be higher among younger cohorts, and among richer quintile group. Current use rate of family planning is higher among women aged 35-39 years. This is higher among those from richer households. Radio is the most common media of information about family planning. The majority of women, 38 percent reported radio as the source of information about family planning. Methods, followed by friends/relatives (24%), Television (7%) and newspaper / poster (3%). In response to the question asked to woman aged (15-49) years on the type of family planning methods currently using either by them or by their husbands, 33 percent reported laparoscopy/ Minilap, 20 percent Vasectomy, 39 percent other temporary methods and only eight percent condom. Among them 60 percent of users of family planning methods visit public health situations to get those methods, followed by VSC (19%), Pharmacies (9%), private health institutions (5%) and health workers (4%). Such a pattern is observed in all developmental regions, ecological zones, age groups and conception quintiles. However, after public health institution, pharmacy is more popular in urban areas and the richest quintile (CBS/NLSS, 2003/04).

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

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

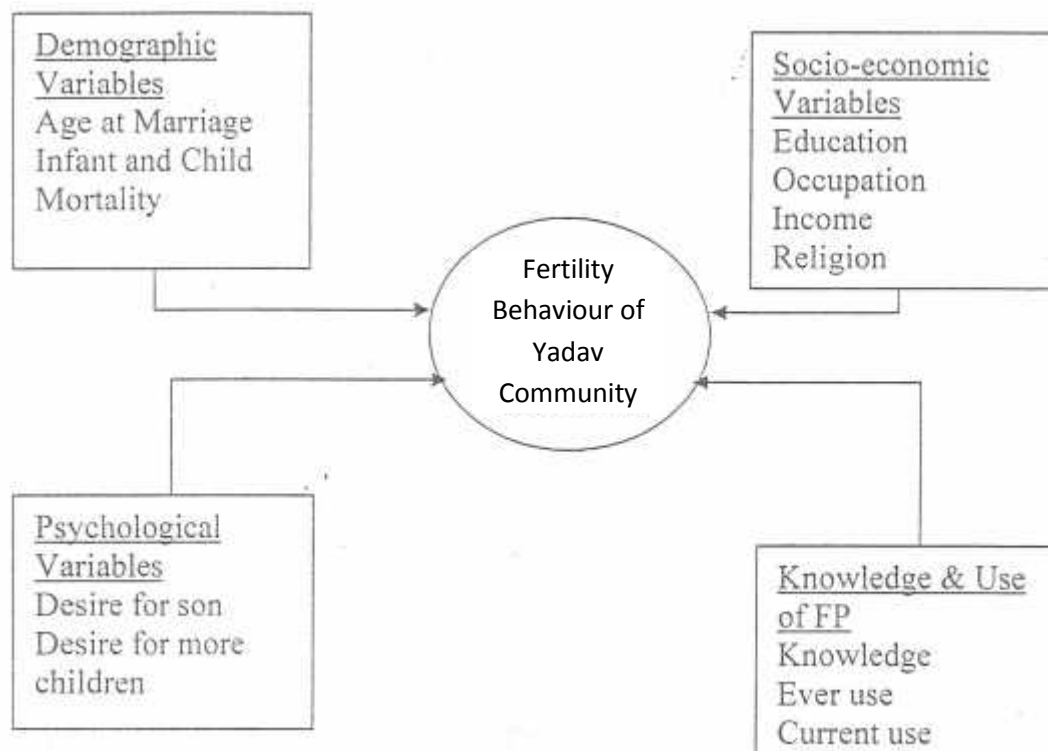
Overall contraceptive prevalence rate (CPR) increased from three percent in 1976 to 29 percent temporary method and 2.5 percent rely on traditional method. Among permanent method female sterilization has become most popular (MOPE, 2000). In south Asia is one of the first nations to disseminate information about family planning through family planning association of Nepal since 1958. Particularly, since late 1960s the NG has become an integral part of the country health services (MOPE 2000).

Nepal Fertility, Family Planning and Health Survey 1996 reported that about 28 percent of both ever married and currently married women of age group (15 – 49) known at least one

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 methods. Dahal (1989) found a close negative relationship between family planning service and desired family size . Women's education associated with contraceptive use . The use of contraception is also different according to the working status of the women. The rate of use almost double women involved in a non agricultural after than agricultural are 45.2 percent (Subedi, 1996).

2.3 Conceptual Framework

Figure 3: Conceptual Framework



CHAPTER III

METHODOLOGY

3.1 Selection of Study Area

In this study Basantpur VDC of Sarlahi District is chosen as study area. In this village all the wards are taken but data are taken according to proportion of house hold. Due to absence of head of house hold, the data related economic status is not accurate as even as they should be. But the caution has taken so that the collected data represent the reality.

3.2 Introduction of Study Area

Basantpur VDC lies in Sarlahi District which is central development region and Janakpur Zone .

This village is divided in four Toles. They are namely Harsaha, Barharwa, Mirchaya and Musalman tole

According to the geographical division of Nepal this village is situated in Terai region. Similarly according to the political division, it is located in constituency number one Sarlahi District. It is one of the remote villages among 99 V DC of Sarlahi district. The northern side of this village is Shrinagar. The southern side of this village is Haripurwa, the eastern side of this village is Jaypur and the western side of this village is Dumariya VDC. Demographically, the population of this VDC is 2,377 according to census 2001 which contains 1084 males and 1293 females. At that time, there were 575 households recorded.

3.3 Source of Data

There are mainly two sources of data collection, one is primary and another being secondary. In this study mainly primary source is used for collecting data. The data are collected from the field survey by interview method. But some of secondary data are also used to ascent and enhance the study. The secondary data are collected from CBS, national report 2001 and others.

3.4 Sample Design

The sample survey was designed for the population of “YADAV” community only which was selected in Sarlahi Basantpur VDC. According to 2001 census, there are 575 household in Basantpur DVC in which 510 households belong to Yadav community according to pre-field survey. Among them 118 households are taken as sample which takes 23 percentage. Only “YADAV” women of reproductive aged 15-49 years are selected as the informants /respondents. In the questionnaire, there are three types of question; one type is household characteristics, other are family planning and demographic information.

First, a sampling frame of “YADAV” households are collected then each wards are stratified and based on stratified random sampling methods, from each ward 23 percent of households are selected. The following table provides further detail about sampling frame and sample size.

Table 3.1: Distribution of Sample Size by Wards

| Ward | Total Yadav households | Sample households |
|-------|------------------------|-------------------|
| 1 | 68 | 16 |
| 2 | 74 | 17 |
| 3 | 81 | 19 |
| 4 | 85 | 19 |
| 5 | 51 | 12 |
| 6 | 48 | 11 |
| 7 | 35 | 8 |
| 8 | 38 | 9 |
| 9 | 30 | 7 |
| Total | 510 | 118 |

Source: Field Survey 2008

3.5 The Respondents

For the household information collection, household head is chosen. But the case where the household head couldn't be met, any member who know the family matter well is asked. For

other information like demographic, knowledge and use of FP method, married women in reproductive ages (15-49 years) are chosen as respondent.

3.6 Questionnaire Design

A questionnaire is a list of questions arranged in sequential order. There are different types of questionnaire which we can use to collect required information. Some of them are: structured questionnaire, open ended questionnaire, pictorial questionnaire and mixed questionnaire.

In this study mixed questionnaire is used except pictorial questionnaire. In the study of fertility behaviour of "YADAV" community, the questions are divided into three different groups:

Household information: introductory information, family information, and demographic information are Included in this group.

Demographic information: In this group, Name, age at marriage, age at menstruation, education, occupation, no. of sons and daughter, etc. are asked.

Knowledge attitude and use of FP: In this section, knowledge of FP, source of information, use and non-use of FP, etc. are covered

3.7 Data Collection Procedure

After preparing questionnaire, the process of data collection was started in the study area. The data are collected by visiting house to house. In the process of data collection. Researcher himself is involved. For the purpose to qualify the research other experienced persons are also used. Before using them, some sort of orientation is given to them to fill up the questions and about possible answers. For the quality control, not more than five questionnaires are filled up in a day.

3.8 Variables Used in the Study

Two types of variables are used in this study which directly and indirectly affect in ; a) Socio-economic variable such as income , occupation and education , b) Demographic variables such as age at marriage, child loss experience, desire for son or daughter and contraceptive use and knowledge about family planning .

There are low independent variables in the study and CEB is taken as dependent variables.

3.9 Data Tabulation and Analysis

After collection of data, the data are entered into computer using SPSS (Statistical Package for Social Science) software. Cross tabulation, frequency distribution, charts, figures correlation mean and average value are processed and presented in tabular form in corresponding headings.

CHAPTER IV

CHARACTERISTICS OF THE HOUSEHOLD

In this chapter, background characteristics of the household and study women are described. The main theme of this study is to relate the socio economic and demographic characteristics with women's fertility condition. Family status also determines the status of women which ultimately determines the fertility, family planning status of women. That's why, household information is also collected and analyzed in order to relate with the women's fertility and family planning

4.1 Household Characteristics

In fact, fertility is a demographic matter. The number of family members in a household creates more problem in the family. This hinders the women to achieve the meaning of life and she may have to involve in rearing and bearing of children and doing household chores. This section deals with household characteristics such as household size, economic status of the household, facilities, religion, etc.

4.1.2 Family Size

The concept of nuclear family size is increasing in modern society. Most of the families are with in nuclear family i.e. father mother and son-daughter. In this ("YADAV") community is also follow up the nuclear family society. But a few family are in traditional family society. They have joint family system. In modern society people believe that small family can only easily get different opportunity than big family. Respondents were asked about the family size in their in household. The responses are tabulated in Table 4.1.

Table 4.1 Percentage Distribution of Respondent Households by Family Size

| No. of Family members in the household | No of Households | Percentage |
|--|------------------|------------|
| Less-4 | 22 | 18.60 |
| 4-6 | 59 | 50.00 |
| 7-9 | 29 | 24.60 |
| 10 and above | 8 | 6.80 |
| Total | 118 | 100.00 |

Source: Field Survey 2008

Table 4.1 show that the largest number of family have 11 persons and above but they are few household. Most of household have 3, 4 and 5 persons which is not members in their family followed by 7-9 members which is accounted for 24.6 percent about 19 percent of the household have less than four members and about seven percent of the households are found having 10 and more members.

4.1.3 Sex Composition and Family Size

Again in attempt has been made to collect the number of males and females in the household. The distribution of family size by sex is given in Table 4.2.

Table 4.2 Distribution of Households by Male and Female Family Members

| No. of house hold | Family size | No. of males | No. of females | Total no. of males and females |
|---------------------|-------------|--------------|----------------|--------------------------------|
| 8 | 2 | 8 | 8 | 16 |
| 14 | 3 | 17 | 25 | 42 |
| 18 | 4 | 39 | 33 | 72 |
| 17 | 5 | 40 | 45 | 85 |
| 24 | 6 | 68 | 76 | 144 |
| 15 | 7 | 55 | 50 | 105 |
| 10 | 8 | 38 | 42 | 80 |
| 4 | 9 | 20 | 16 | 36 |
| 6 | 10 | 31 | 29 | 60 |
| 2 | 11 | 12 | 10 | 22 |
| 118 | - | 328 | 334 | 662 |
| Average family size | - | 2.78 | 2.83 | 5.61 |

Source: Field Survey 2008

We know from the Table 4.2 that the average number of males is less than the average number of females in the respondent's household. Average number of males are 2.78 and average number females are 2.83. Average number of family size 5.61.

4.2 Socio-Economic Characteristics of the Study Population

In this Sub-topic, respondents' or household socio-economic characteristics such as education, religion, occupation, income, household facilities and land holding status are described.

4.2.1 Religion

Nepal is a country with multi religious people. But most of the people are Hindu. At national level more than 80 percent (80.6%) people are Hindu according to census 2001. The proportion was more in previous census years which was 86.5 in 1991. This shows that the proportion of Hindu are decreasing to the total population. The proportion for other religions like Buddha, Christian and Islam has been raised. According to religion also people may have different beliefs which directly or indirectly will affect the fertility and knowledge to the individuals. In this study also the respondents were asked their religious status. The responses are tabulated in Table 4.3.

Table 4.3: Percent Distribution of Households by Religion

| Religion | Household | Percentage |
|-----------|-----------|------------|
| Hindu | 117 | 99.20 |
| Christian | 1 | 0.80 |
| Total | 118 | 100.00 |

Source: Field Survey 2008

It is clear from the above Table 4.3 that most of the respondents are Hindu which is accounted for 99.2 percent. The percent is more than national average (80.6%) in 2001. Only one respondent (0.8) is found to be following Christian religion.

4.2.2. Economic Status

In some cases, economic status is considered as determinants of the fertility. It plays a vital role in fertility behaviour. In "YADAV" community the researcher found that high economic status household have few children but in low economic status it is opposite. But in few cases high economic status household have more children. It is negligible. In this section, status of occupation, income landholding status and domestic animals are described based on the respondents' responses.

4.2.2.1 Living Status

Respondents are asked whether they are living currently in their own house or not. The responses are tabulated in Table 4.4.

Table 4.4: Percentage Distribution of Households by Living Status

| Living Status | Households | Percentage |
|---------------|------------|------------|
| Own House | 117 | 99.20 |
| Other's house | 1 | 0.80 |
| Total | 118 | 100.00 |

Source: Field Survey 2008

The Table 4.4 shows that majority of the Households (99.2%) have their own house and rest (0.8%) percent have no house

4.2.2.2 Type of House

The respondents who said to have their own house were further asked about the type of their house. In the study area more respondents found to have semi-paki house. The response is tabulated in Table 4.5.

Table 4.5: Distribution of Respondents by Type of House

| Type of house | Number | Percentage |
|---------------|--------|------------|
| Kachi | 83 | 70.33 |
| Semi-Paki | 17 | 14.41 |
| Hut | 18 | 15.26 |
| Total | 118 | 100.00 |

Source: Field Survey 2008

Table 4.5 shows that most of the respondents' house is kachi which is accounted for 70.33 percent and the rest 14.41 percent have semi paki house and 15.26 percent have hut house.

4.2.2.3 Land Holding Status

In order to check this respondent's economic status, respondents were asked several questions among which the land holding status was also asked to them. The responses are presented in Table 4.6.

Table 4.6: Distribution of Households by Land Holding Status:

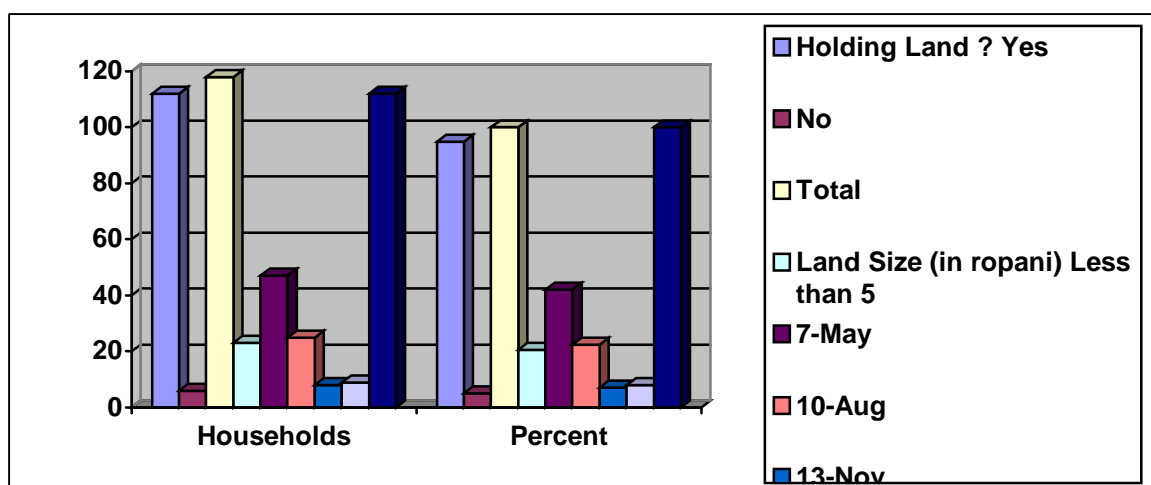
| Land Holding Status | Households | Percentage |
|-----------------------|------------|------------|
| Holding Land ? | | |
| Yes | 112 | 94.90 |
| No | 6 | 5.10 |
| Total | 118 | 100.00 |
| Land Size (in ropani) | 23 | 20.50 |
| Less than 5 | | |
| 5-7 | 47 | 42.00 |
| 8-10 | 25 | 22.40 |
| 11-13 | 8 | 7.10 |
| 14 and above | 9 | 8.00 |
| Total | 112 | 100.00 |

Source: Field Survey 2008

Being an agricultural society most of the respondents are found to be holding and more or less. The Table 4.6 is evident that 94.9 percent of the respondents are holding land whereas the rest 5.1 percent of them have no land at all.

Accordingly, among the respondents who have land were further asked about the size of land they are holding in. Forty-two percent of them are found holding 5-7 Ropani of land followed by 8-10 Ropani accounting 22.4 percent, less than 5 Ropani (20%) and 14 and above (8%). The least proportion of the respondents (7.1%) who have land is holding 11-13 Ropani of land.

Figure 4: Distribution of Households by Landholding Size



4.2.2.4 Cultivation of Other's Land

The Households who have no land or less land which is not sufficient to feed the family members may have cultivated other's land to support the family. Considering the fact, respondents were also asked about the land holding status. The responses are tabulated in Table 4.7.

Table 4.7: Percentage Distribution of the Households by Cultivation Status of Other's Land

| Cultivating other's land | Households | Percentage |
|--------------------------|------------|------------|
| Yes | 30 | 25.40 |
| No | 88 | 74.40 |
| Total | 118 | 100.00 |

Source : Field Survey 2008

Table 4.7 shows that slightly more than one-fourth of the Households are holding other's land but the other three-fourth of them is not cultivating other's land.

4.2.2.5 Households by Domestic Animals

Having domestic animals is also a source of households income. Some families who have less land may sustain themselves by selling domestic animals. In order to know their economic status and source of income, respondents were asked about the domestic animals and number of domestic animals that they had at the time of research. The responses are tabulated in Table 4.8.

Table 4.8 Percentage Distribution of Households by Domestic Animals

| Status of domestic animals | No. of Households | Percentage |
|----------------------------|-------------------|------------|
| Have Domestic animals | | |
| Yes | 96 | 81.40 |
| No | 22 | 18.60 |
| Total | 118 | 100.00 |
| If yes how many | | |
| Buffalos | 73 | 76.00 |
| Cows | 69 | 71.90 |
| Hen/Duck | 53 | 55.20 |
| Goats | 31 | 32.20 |

It is notable from the Table 4.8 that 81.4 percent of the respondent's households have raised domestic animals but the rest 18.6 percent have no domestic animals at all.

4.2.2.6 Household Facilities

Households facilities also indicate economic status of the family. Economically well-off family may be better of in other aspects too. Respondents were asked about the availability of some important media and facilities in their home. The responses are tabulated in Table 4.9.

Table 4.9: Percentage Distribution of the Respondents by Household Facility

| Facility | No of households | Percentage |
|--------------------|------------------|------------|
| Electricity | 87 | 73.70 |
| Radio | 107 | 90.70 |
| Television | 81 | 68.60 |
| No facility at all | 2 | 1.70 |

Source: Field Survey 2008.

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

Table 4.10 indicate that majority of the Households have radio facility which is accounted for 90.7 percent followed by electricity (73.7%) and television (68.6 %). However, 1.7% of the households are found not having any of the facilities.

4.2.2.7 Household by Income and Expenditure

In order know the economic status of households, household head or respondents were asked about their household income or expenditure. This is very difficult to find out the actual income or expenditure because some want to expose more than they have but some want to underestimate their income and some tell more Expense than their income. In this respondents were asked to tell clearly taking time. In the response when they told their income less than expenditure, taking time. In the response when they told their income less than expenditure, they were cross questioned. As far as possible, “researcher has tried to collect the data on income in the respondents” households which is presented in Table 4.12.

Table 4.10: Percentage Distribution of the Households by Monthly Income and Expenditure

| Monthly income | No.of households | Percentage | Monthly expenditure | No.of households | Percentage |
|----------------|------------------|------------|---------------------|------------------|------------|
| Rs<1,000 | 2 | 1.10 | Rs. <1,000 | 2 | 1.70 |
| 1,000-2,000 | 5 | 4.20 | 1,000-2000 | 5 | 4.20 |
| 2,001-3,000 | 14 | 11.80 | 2,000-3,000 | 25 | 21.20 |
| 3,001-4,000 | 26 | 22.00 | 3,001-4,000 | 24 | 21.20 |
| 4,001-7,000 | 18 | 16.30 | 4,001-7,000 | 42 | 35.60 |
| 7,001-10,000 | 22 | 18.70 | 7,001-10,000 | 12 | 10.20 |
| Above 10,000 | 19 | 16.00 | Above 10,000 | 8 | 6.80 |
| Don't know | 11 | 9.30 | - | - | - |
| Total | 118 | 100.0 | Total | 118 | 100.00 |

Source: Field Survey 2008

Table 4.10 shows that most of the household have more expenditure than income as well. They may have indebted in order to run the family smoothly. This might be because they don't want to tell their actual income and expenditure. 'However 16 percent of the respondents' households have more than 10,000 income but only 6.8 percent have that much expenditure. More proportion of the respondents said that their household has 4,001 to 7,000 expenses per month.

4.3 Access to Drinking Water and Sanitary Facility

Public health is directly related to drinking water and sanitation. It means that health depends on clean water and good sanitation. It is proved that more than 60 percent diseases carried by improper water. Thousand of children die each year due to diarrhea, dysentery, cholera, etc. these are mainly due to consumption of contaminated water. Because of high infant mortality in the community, women may give birth to more children thinking if one died, other would live. Water is life and improper water may cause the loss of life and health

impurity. Respondents were also asked the source of drinking water that they are using. The responses are tabulated in below Table 4.10.

Table 4.11: Percentage Distribution of the Households by Source of Drinking Water

| Source | Number of Households | Percentage |
|-------------|----------------------|------------|
| Piped water | 114 | 96.60 |
| Well | 2 | 1.70 |
| River | 2 | 1.70 |
| Total | 118 | 100.00 |

Source: Field Survey 2008

It can be seen from the Table 4.11 that most of the households are using piped water. The proportion using piped water is accounted for 96.6 percent and 1.7 percent each of the household are using well and River Water. This shows that the drinking water status of the study household is good.

The respondents were also asked about the toilet whether they have in their home. The responses are tabulated in Table 4.11.

Table 4.12: Percentage Distribution of Households by Toilet Facility

| Toilet Facility | Number of households | Percentage |
|-----------------|----------------------|------------|
| Yes | 17 | 14.40 |
| No | 101 | 85.60 |
| Total | 118 | 100.00 |

Source: Field Survey 2008

'This is clear from the Table 4.12 Shows that 85.6% respondents' households has not toilet facility and the rest have toilet facility.

CHAPTER V

CHARACTERISTICS OF THE RESPONDENTS

This chapter deals with the situation of demographic and socio-economic characteristics of the respondents. Demographic characteristics include the age group, age at marriage, age at first menstruation, etc. Fertility behaviour includes no. of children. Sufficiency of the children, no. of ideal children, knowledge and use of family planning devices, etc.

5.1 Age

Respondent's age plays an important role in determining the fertility behavior. Because only the female of reproductive ages can bear a child and women of 20-29 year of age actively of reproductive ages can bear a child and women of 20-29 years of age actively involve in the activities because of which age-specific fertility rate is found the highest among these group. Table 5.1 shows the age distribution of respondents by 5-year age groups.

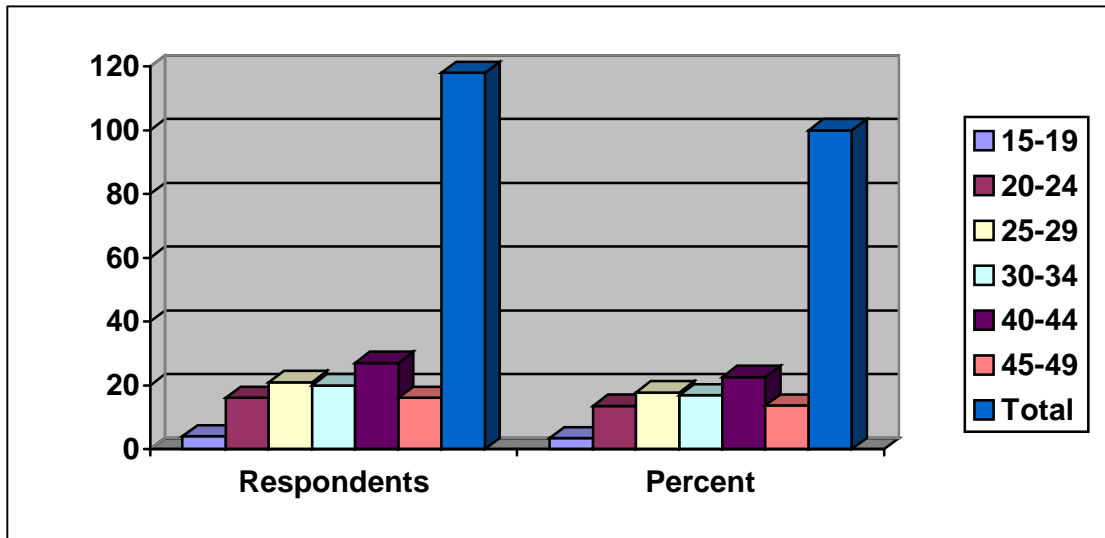
Table 5.1: Percentage Distribution of the Respondents by Five Year Age Group

| Age group | Respondents | Percentage |
|-----------|-------------|------------|
| 15-19 | 4 | 3.12 |
| 20-24 | 16 | 12.51 |
| 25-29 | 21 | 16.40 |
| 30-34 | 20 | 15.62 |
| 35-39 | 14 | 10.93 |
| 40-44 | 37 | 28.90 |
| 45-49 | 16 | 12.52 |
| Total | 128 | 100.00 |

Source: Field Survey. 2008

It is clear to note from the Table 5.1 that more proportion of the respondents of 28.9% are of 40-44 age group. The following figure is for 25-29 and 30-34 age groups which are accounted for 16.4% and 15.62% respectively. 12.51% each of the respondents are from age group 20-24 and 45-49 the least on of respondents is from age group 15-19. This shows that more respondents are from older ages.

Figure 5: Distribution of the Respondents by Age Group



5.2 Age at First Menstruation

Age at first menstruation also can play an important role to determine the women, status in terms of fertility. If a girl gets first menstruation in earlier age, parents may be worried and they think about her marriage in such a country with deep rooted traditional values. Respondents were asked about the age of their first menstruation which is presented in table 5.2

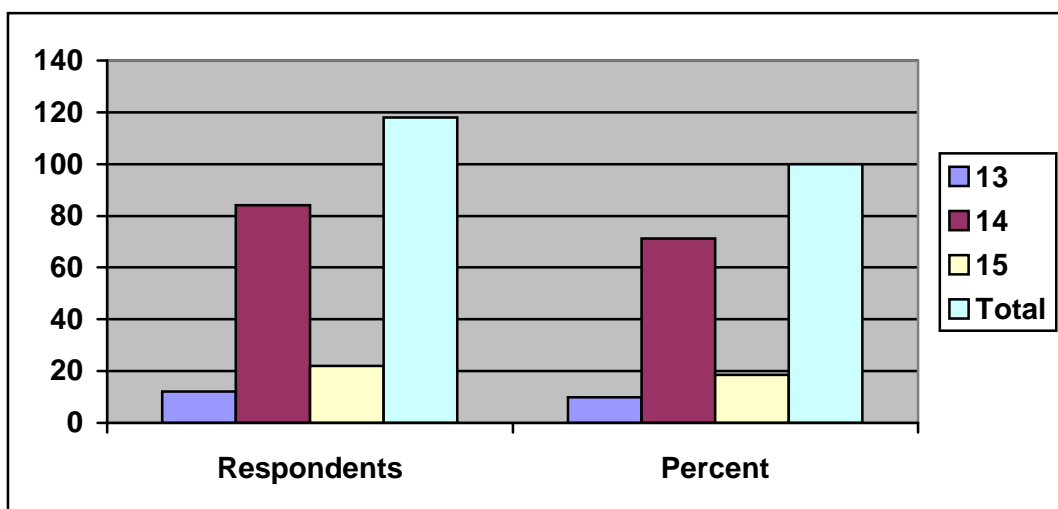
Table 5.2: Percentage Distribution of the Respondents by Age at First Menstruation

| Age at first menstruation | Respondents | Percentage |
|---------------------------|-------------|------------|
| 13 | 12 | 9.37 |
| 14 | 84 | 65.63 |
| 15 | 32 | 25.00 |
| Total | 128 | 100.00 |

Source: Field Survey 2008

Table 5.2 shows that all of the respondents got their first menstruation at the ages 13-15. Most of them got their first menstruation at 14 years which is accounted for 65.63 percent. Similarly, 25.00 percent of the women got their first menstruations at 15 years of their age and 9.37 percent at 13 years old.

Figure 6: Percentage Distribution of Respondents by Age at Menstruation



5.3 Age at Marriage

Age at marriage is important for the determination of family planning and fertility. In Nepalese society, where marriage is thought to be universal and is taken as a main task of parents, there is a great role of marriage to determine women's status because of the fertility situation. It is almost universal that lower age at marriage results in a higher number of children ever born. Women who tend to marry early in their reproductive ages are likely to bear more children than those who marry later. In the study area, age at marriage of women is found to be at early ages. This may be because of traditional beliefs towards making girls married of the respondents.

Table 5.3: Percentage Distribution of Respondents by Age at Marriage

| Age at first marriage | Respondent | Percentage |
|---|------------|------------|
| <15 | 4 | 3.12 |
| 15-19 | 87 | 67.99 |
| 20-24 | 33 | 25.78 |
| 25+years | 4 | 3.12 |
| Total | 128 | 100.00 |
| <i>Mean age at marriage 18.48 years</i> | | |

Source: Field Survey 2008

From the table 5.3, it is clear to note that majority of the respondents were married at the age of 15-29 years which accounts 67.99percent. The data is followed by 20-24 years (25.78%) and 3.12 percent each of the respondents were married below age 15 and 25 above years. This shows that the respondents were married in their younger and immature ages.

5.4 Age at First Birth

Marriage only may not be a factor which affects the life of women. For example, If a woman marriage in her younger age but she doesn't give birth to a child until 20th of her age, She may be better off than the woman who marriage in her 17th and bears a child in 18th. That's why the gap between marriage and first birth also affect the life of women. Respondents were asked about their age at first marriage and the result from the study population is given in table 5.4.

Table 5.4: Distribution of Respondents by Age at First Birth

| Age at first birth | Respondents | Percentage |
|-------------------------------------|-------------|------------|
| 15-19 years | 40 | 31.25 |
| 20-24 years | 75 | 58.59 |
| 25-29 years | 13 | 10.16 |
| Total | 128 | 100.00 |
| Mean age at first birth 20.96 years | | |

Source: Field Survey 2008

Table 5.4 clearly shows that nearly 58.59 percent of the respondents have given birth to their 20-24 ages followed by 15-19 years (31.25%) 25-29 years (10.16%) . The mean age at first birth is found 20.96 years. This also shows there was about two years of average gap between first marriage and birth among the respondents.

5.5 Number of Children Ever Born

Number of live births also determines the use and non-use of contraception and desire of children which affect the life of women and determines their status. If women have already achieved the desire number of children, they are likely to use permanent method of

contraception and who have not achieved not likely to use contraceptive or they want to use birth spacing methods. The national CEB is still high in Nepal. In the study area also the women are found having more children. The status of fertility among the study population is given below.

Table 5.5: Percentage Distribution of the Respondents by Number of Children Born Alive Till the Time of Survey

| No. of Children | Respondents | Percentage |
|-----------------|-------------|------------|
| 1 | 25 | 19.53 |
| 2 | 29 | 22.65 |
| 3 | 37 | 28.90 |
| 4 | 8 | 6.25 |
| 5 | 5 | 3.90 |
| 6 | 13 | 10.15 |
| 7+ | 11 | 8.59 |
| Total | 128 | 100.00 |

Source: Field Survey 2008

Table 5.5 indicates that the poor situation of fertility among the study population. The proportion of woman having seven and more children is found 8.59 percent. About 29 percent of the respondents are found having three children followed by two children which account for 22.65 percent. About 19.53 percent of the respondents reported that they have only one child but 10.15 percent of the respondents are found having six children. This shows that the child bearing performance of the study population is higher.

5.6 Child Loss Experience

Loss of has many effects in family and health of mother. Status of woman also determines by her child loss experience which determines the fertility behaviour of a couple as well. If one couple frequently loss their children they tend to give birth to more children because they cannot be sure that all of their children will survive. And if they tend to give more birth, they don't give importance about using family planning methods. Respondents were asked about

the child loss experience if yes then how many of what sex. But the numbers by sex are very low that's why only the number of child loss presented in the following Table 5.6.

Table 5.6: Percentage Distribution of Respondents by Child Loss Experience

| Child loss experience | Respondents | Percentage |
|-----------------------|-------------|------------|
| Child loss? | | |
| Yes | 24 | 18.75 |
| No. | 104 | 81.25 |
| Total | 128 | 100.0 |
| How Many? | | |
| 1 | 12 | 50.0 |
| 2 | 10 | 41.7 |
| 3 | 2 | 8.3 |
| Total | 24 | 100.00 |

Source: Field Survey 2008

Table 5.6 clearly shows that about 18.75 percent of the respondents have child loss experience while other 81.25 percent have no such experience at all. Similarly, half of the respondents who have lost child have lost one child, 41.7 percent have lost 2 child and 8.3 percent have lost three children.

5.7 Knowledge of Family Planning Methods

Knowledge of family planning is important especially to the couples. Knowledge is the first step to decide for the use of family planning methods. NDHS, 1996 and NDHS, 2001 have found that knowledge of family planning methods in Nepal is almost universal among women of reproductive age. But the knowledge in the study area is observed lower than that of national average. May be this is because remote area and the age of study women are of older ages. The respondents were

Asked about whether they have heard of family planning methods, the responses are presented in Table 5.7.

Table 5.7: Percentage Distribution of Respondents Knowledge of Family Planning

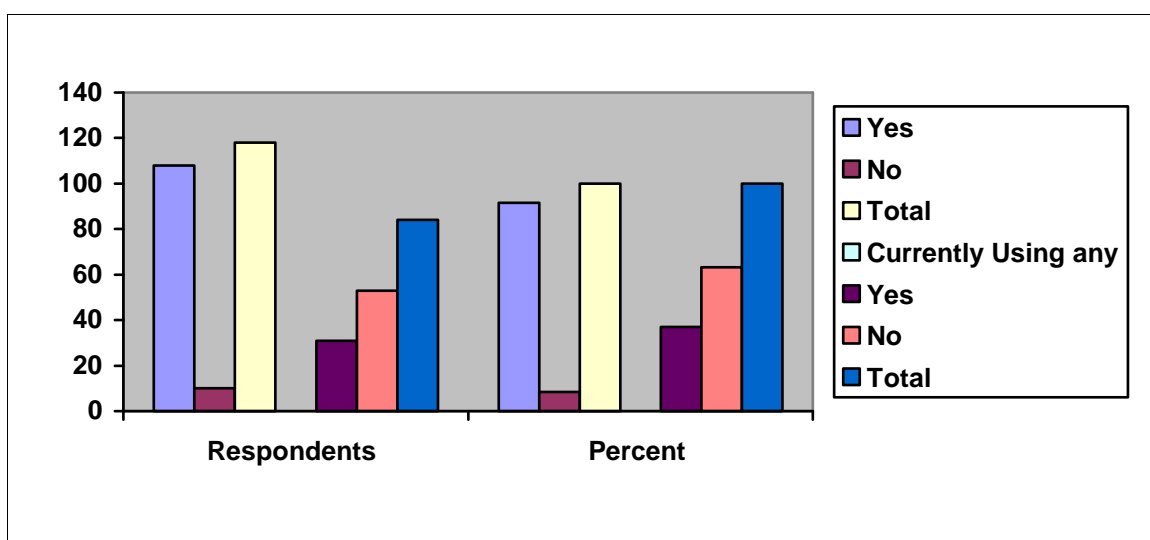
| Heard of FP | Respondents | Percentage |
|-------------|-------------|------------|
|-------------|-------------|------------|

| | | |
|---------------------|-----|-------|
| Yes | 118 | 92.19 |
| No | 10 | 7.81 |
| Total | 128 | 100.0 |
| Currently Using any | | |
| Yes | 40 | 33.89 |
| No | 78 | 66.11 |
| Total | 118 | 100.0 |

Source: Field Survey 2008

Table 5.7 shows that about 92.19 percent of the respondents have heard of FP methods but about 7.81 percent of the respondents have not heard anyone of the methods. This proportion of women who have not heard about FP is too High. The reason. May be the proportion of older age women the study population and they are illiterate. Similarly 33.89 percent of the heard women are found currently using FP methods. And 66.11% of the heard women are found currently not using family planning methods.

Figure 7: Distribution of Respondents by Heard FP and Current Use the Method



5.8 Heard of Methods

Among the respondents who had said to have heard any one of the FP Methods were further asked about the methods they have heard. The result from the study population is presented in table 5.8

Table 5.8: Percentage Distribution of the Respondents by Heard of FP Methods

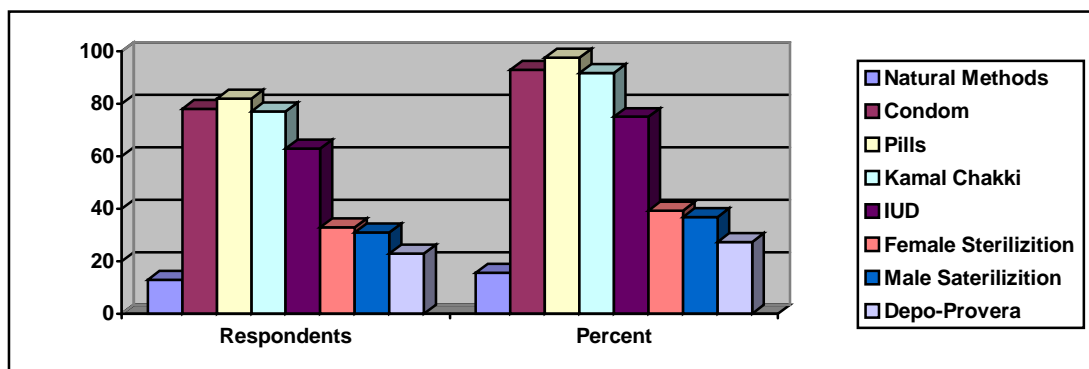
| Methods | Respondents | Percentage |
|----------------------|-------------|------------|
| Natural Methods | 30 | 25.42 |
| Condom | 91 | 77.12 |
| Pills | 82 | 69.49 |
| Kamal Chakki | 77 | 65.25 |
| IUD | 43 | 36.45 |
| Female Sterilization | 104 | 88.13 |
| Male Sterilization | 42 | 35.59 |
| Depo-Provera | 59 | 50.00 |

Source: Field Survey 2008

Note: the number exceed the total respondent and percentage exceed 100 because of multiple responses (T=118)

It is evident from the table 5.8 that majority of women who have heard of FP Methods have heard female sterilization which account 88.13 percent followed by condom (77.12 %) and kamal chakki (65.25 %). Similarly, 36.44% of the respondent has heard about IUD. Slightly more percent of females claimed to have heard about male sterilization (35.59%) and female sterilization (88.13%) . the list proportion of the respondents is found to have heard about natural method

Figure 8: Percentage Distribution of the Respondents by Method Heard



5.9 Source of Information on FP

In Nepal, the easy excess of source of information is radio. Because of the poor condition of the people, they cannot afford all the media source. In the countryside, radio is popular. Because of change of society and electricity facility in the village areas is expansion of other media also. Therefore, respondents were asked about the media, through which they have about FP methods. The responses are tabulated in Table 5.9.

Table 5.9: Percentage Distribution of Respondents by Source of Information on FP

| Source of FP | Respondents | Percentage |
|--------------|-------------|------------|
| Radio | 104 | 88.13 |
| Television | 39 | 33.05 |
| ANM | 98 | 83.05 |
| Friends | 96 | 81.37 |

Source: Field Survey 2008

Note: The sum of percentage in the above is multiple responses.

It is seen from the Table 5.9 88.13 respondents who have heard about FP methods have heard the methods from radio. 33.05 percent each of the respondents have heard through television and 83.05% respondents heard through ANM and 81.37 percent of the respondents have heard from friends. This shows that radio is the strongest media to disseminate the information about FP methods in the study area in rural area in rural setting.

5.10 Ever Use of FP

Use of contraceptives is one of the important 'Proximate Determinants' of level of fertility. Ever use of family planning also indicates their history of use of FP methods. It is generally assumed that use of FP methods 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. Most of under developed and developing countries are out of its proper use because of the tradition and low level of education about contraceptive methods. Among the Nepalese women, however the contraceptive prevalence rate (CPR) is increasing each year, the CPR is still low and still there is high unmet

demand of FP methods. Respondents, in this study also, were asked about the ever use of FP methods. The responses are tabulated in Table 5.10.

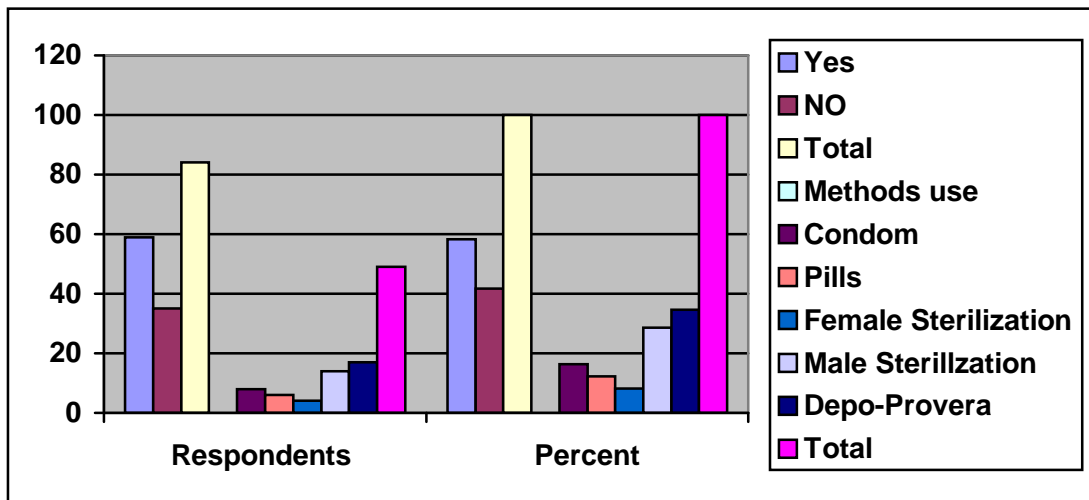
Table 5.10: Percentage Distribution of Respondents by Ever Use of FP Methods

| Ever use of FP methods | Respondents | Percentage |
|------------------------|-------------|------------|
| Yes | 49 | 41.52 |
| NO | 69 | 58.48 |
| Total | 118 | 100.0 |
| Methods use | | |
| Condom | 8 | 16.32 |
| Pills | 6 | 12.24 |
| Female Sterilization | 14 | 88.57 |
| Male Sterilization | 1 | 2.04 |
| Depo-Provera | 20 | 40.83 |
| Total | 49 | 100.00 |

Source: Field Survey 2008

It is clear from the Table .10 5that the ever use of FP among the study women is low. Only 41.52 percent of the women who have heard FP methods recorded that they have ever used methods of FP. Among the respondents who have ever used any methods, higher proportion have used Depo-Provera accounting for 40.83 percent followed by male sterilization (2.04%), condom (16.32%) and pills (12.24%). The least proportion (28.57%) of women is found to have ever used female sterilization.

Figure 9: Percentage Distribution of Respondent of Respondents by Ever Use of FP Methods



5.11 Cause of not Using FP Methods

Causes of not using FP methods find out the barriers in using family planning methods. In Nepal, the condition of women is deplorable because of which they are compelled to accept whatever the family members want especially husband and mother in –low . Because of low literacy and poor economic status they are ignorant and even shy to use FP methods. In order to find out the obstacles using FP methods, among the respondents who had knowledge about FP and have not ever used any methods were asked why they didn't use FP method. The result from the field is shown in Table 5.11.

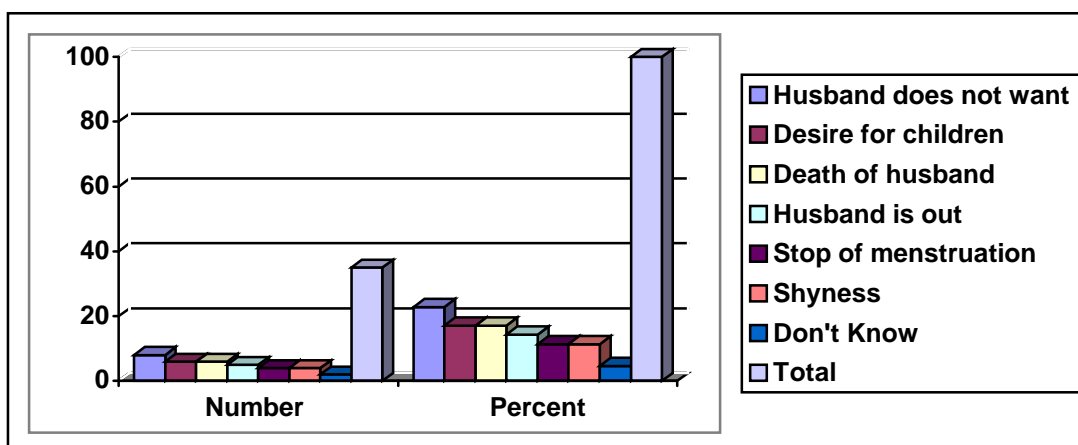
Table 5.11: Percentage Distribution of the Respondents by Reason of not Using FP Methods

| Reason of not using FP Methods | Number | Percentage |
|--------------------------------|--------|------------|
| Husband does not want | 19 | 27.54 |
| Desire for children | 18 | 26.09 |
| Death of husband | 6 | 8.68 |
| Husband is out | 15 | 21.74 |
| Stop of menstruation | 4 | 5.79 |
| Shyness | 4 | 5.79 |
| Don't Know | 3 | 4.36 |
| Total | 69 | 100.00 |

Source: Field Survey 2008

From the Table 5.11, it can be understood that women are dominated by their husband. More proportion of the women (27.54%) responded that their husbands don't want to use the FP methods. About 26.09 percent each of the respondents said that because of desire for children and 8.69 death of husband they have not use any methods. Similarly 21.74 percent of the respondents said that they have not used any method because their husbands are out and 5.79 percent each of the respondents reported that first they had no knowledge when the FP methods because popular they have stop of menstruation and because of shyness. How ever, 4.36% of the respondents don't know why they have not ever used any family planning methods.

Figure 10: Percentage Distribution of the Respondents by Reason of not Using FP Methods



5.12 Ideal Number of Children

Fertility behavior of women depends upon the number of children they want and which determines the prevalence of contraceptives. In the study area it is found that more women who have more than two boys or girls, the ideal number of boy and girl children for them are same, the women who had more girls were desiring for two or three sons and women who had two or three sons and not having girl were desiring for one to three girl children. Similarly, who had more children were willing if they had two sons and one daughter or they were regretting of having more children. The result of the finding about the desired children is tabulated in Table 5.12.

Table 5.12: Percentage Distribution of the Respondents by Their View on Ideal Number of Children

| Number | Ideal no of children | Percentage | Ideal no of son | Percentage | Ideal no of daughter | Percentage |
|--------|----------------------|------------|-----------------|------------|----------------------|------------|
| 0 | - | - | - | - | - | - |
| 1 | - | - | 17 | 13.28 | 111 | 86.72 |
| 2 | 41 | 32.03 | 98 | 76.56 | 16 | 12.05 |
| 3 | 57 | 44.53 | 10 | 7.81 | 1 | 0.78 |
| 4 | 30 | 23.44 | 3 | 2.35 | - | - |
| Total | 128 | 100.0 | 128 | 100.0 | 128 | 100.00 |

Source: Field Survey 2008

It is clear to note from the Table 5.12 that no women want less than 2 children and they are found desiring up to four children as well. More than half (33.03) women want to have 2 children that means for them 2 children are enough, for 44.53 percent of the respondents, three children are the ideal number and 23.44 percent said 4 children as ideal children for them. Similarly, 13.28 percent of the respondents said only one child as the ideal number whereas other 76.6 percent said two sons. Child as the ideal number where as other 7.81% and 2.35% said 3 and 4 children as ideal.

Majority of the respondents want to have only daughter for which 86.72 percent of the respondents responded, 12.5 percent of the respondents said 2 daughters as ideal no. of daughter and interestingly 0.78 percent of the respondents said three daughter as ideal.

5.13 Place of Delivery

Women deliver their baby either in their home or in hospital delivery is far better than home delivery according to the management and safety point of

View. In the study, to collect the information about it, the respondents were asked about 'Place of Delivery of their different births.

Table 5.13: Percentage Distribution of Respondents by Place of Delivery of Their Children

| Place of Delivery | Number of children | Number of respondents | Percentage |
|-------------------|--------------------|-----------------------|------------|
| Home | 1-3 | 87 | 77.68 |
| | 4-6 | 18 | 16.07 |
| | 7 and above | 7 | 6.25 |
| | Total | 112 | 100.00 |
| Hospital | 1 | 14 | 12.50 |
| | 2 | 2 | 1.75 |
| | Total | 16 | 14.25 |
| Only in hospital | | 16 | 14.25 |
| Only in home | | 112 | 100.00 |

| | | | |
|-------------|--|-----|--------|
| Grand Total | | 128 | 100.00 |
|-------------|--|-----|--------|

Source: Field Survey 2008

It is inferable from the Table 5.13 that most of the women are found to have delivered their most of the births in home. among the 128 respondents 112(87.5%) respondents said to have delivered all of their births in home only two (12.5%) out of 128 respondents are found to have given birth from hospital only. Similarly, women who have given less no. of children are found delivering from home and the women who have less no. of children are found delivering from hospital. In the hospital, up two births are found to have delivered by a woman while more than seven births were given in home by a woman.

5.14 Prenatal Checkup Status

Pre-natal check-ups are very important to make healthy pregnancy, safe labors and safe delivery as well as for healthy outcome of pregnancy. Most of the women married and become pregnant before age of 20 years which is health risk to child and mother. Similarly, most of the women have not got pre-natal check-ups it may cause fetal loss, fetal abnormality, malnutrition of mother and baby. Respondents were asked about the status of prenatal check up and the women who said to have prenatal checkup were also asked about the place from they got prenatal check-up. The responses are tabulated in table 5.14.

Table 5.14: Percentage Distribution of the Respondents by Status and Place of Prenatal Check-Ups

| Prenatal checkup and place | Number of respondents | Percentage |
|----------------------------|-----------------------|------------|
| Prenatal check up? | | |
| Yes | 53 | 41.41 |
| No | 75 | 58.59 |
| Total | 128 | 100.0 |
| If yes, where? Hospital | 53 | 100.0 |
| Total | 53 | 100.00 |

Source: Field Survey 2008

It is clear from the Table 5.14 that slightly more than half percent of the respondents have prenatal checkup during their delivery for at least one birth which accounts 41.41 percent. But another 58.59 percent of the respondents have never visited any health institution for prenatal check up. Also it is notable from the table that among the respondents who have visited for prenatal checkup, all have prenatal checkup in hospital.

CHAPTER VI

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

In this chapter, the core part of the thesis lies. This chapter presents the summary of the finding, conclusions and recommendations for policy making. Based on finding conclusions are drawn and according to conclusions drawn, recommendations are attempted in order to improve the women's status of the study area.

6.1 Summary of the Findings

The following presentation highlight the characteristics as obtained from data collected.

-) Most of household have 3,4 and 5 members in the family, among the respondents household, average number of males is observed to be less than the average number of females. (Table 4.2)
-) Most of the respondents are Hindu which is accounted 99.2 percent.(Table 4.3)
-) Majority of the respondents (99.2%) are living their own house. (Table 4.4)
-) Most of the respondents' house is kachi which is accounted for 70.33 percent and the rest 14.41 percent have sami paki house and 15.26 percent hut house .(Table 4.5)
-) Among the respondents who have their own land, 42 percent are found holding 5-7 Ropani of land followed by 8-10 Ropani (22.4%).(Table 4.6)
-) Slightly more than one fourth of the respondents are holding other's land.(Table 4.7)
-) More than 81 percent of the respondent's households have raised domestic animals among them 76 percent buffaloes, about 72 percent have cows and 55.2 percent have hen/duck..(Table 4.8)
-) Majority of the respondents have radio facility which is accounting for 90.7 percent followed by electricity (73.7%).(Table 4.9)
-) Most of the households (96.6%) are using piped water and 85.6% respondents have not toilet facility in their home.(Table 4.11&4.12)
-) More proportion of the respondents said that their household has 4,001 to 7,000 expenses per month.(Table 4.10)
-) More proportion of the respondents (28.9%) are of 40-44 age group followed by 25-29 years (16.4%).(table 5.1)

-) All of the respondents got their first menstruation at the ages 13-15. most of them got their first menstruation at 14 years which is accounted for 65.63 percent. (Table 5.2)
-) Majority of the respondents were married at the age of 15-19 years which account 67.99 percent .(Table 5.3)
-) Nearly 60 percent of the respondents have given birth to their 20-24 ages followed by 15-19 years (31.25%).(Table 5.4)
-) The proportion of women having seven and more children is found among 8.59 percent and about 29 percent of the respondents are found having three children followed by two children which accounts for 22.65 percent. (Table 5.5)
-) About 18.75 percent of the respondents have child loss experience.(Table 5.6)
-) About 92.19 percent of the respondents have heard of FP methods. (Table 5.7)
-) Majority of the women have heard of FP methods have heard female sterilization which accounts 88.13 percent followed by condom (77.12.%) and Kamal Chakki (65.25%).(Table 5.8)
-) Among respondents who have about FP methods 88.13 percent each of the respondents have heard through radio and 81.37% each of the respondents have heard through friends. (Table 5.9)
-) Only 41.52 percent of the women have heard FP methods recorded that they have ever used methods of FP.(Table 5.10)
-) More proportion of women (27.54%) responded that their husbands do not want to use the FP methods that's why have never used FP methods(Table 5.11)
-) No women wants less than two children and they are found desiring up four children as well. Less than half (32.03%) women desire for two children. (Table 5.12)
-) Majority of the respondents want to have only one daughter for which 86.72 percent of the respondents responded and 12.5 percent of the respondents said two daughters as ideal no. of daughter.(Table 5.12)
-) Among the 128 respondents 112 (87.5%) respondents said to have delivered all of their births in home and 16 (12.5%) respondents are found to have delivered form hospital.(Table 5.13)

) Slightly less than half percent of the respondents have prenatal check-up during their delivery period for at least one birth which accounts 41.41 percent. But another 58.59 percent of the respondents have never visited any health institution for prenatal check up.(Table 5.14)

6.2 Conclusions

The educational attainment of respondents is found to be very low because to which they are far behind in any respect of knowledge. This may be because more women were selected from the late ages. Female sterilization is found rather nominal. This is because male do not allow them because they frighten of health hazards as well as they suspect the females to involve in sexual behaviour thinking that are safe.

Relationship between respondent's education and knowledge of contraceptive is found significant. It also suggests that couple in the study area tend to use contraceptive when they have achieved desired number of children.

Fertility among the study women found rather high. This is because of son preference, low level of education, low level of education, low occupied women and overall lower status of women. In an overall, the society in the study area is still backward. Still the mean number of ideal children and the children ever born are very high in the study area. In the study area, proper supply of contraceptive is also found to be poor.

6.3 Recommendations

The study was related to fertility and the factors affecting to fertility on the basis of the above finding and conclusions from the study, the following recommendation can be made:

-) According to present study, it was found the literacy status of women of this community is very low. It is clear that female education has important role for overall development and population control. So IEC programme should be launched in this community, especially targeting for women's reproductive and fertility education.
-) Age at marriage is also low in this community which automatically increases fertility. So to reduce early marriage practice government and other agencies should apply effective programmes to change the prevalence of cultural norms and traditional values towards to early marriage.
-) In this study, number of contraceptive users is also less. This may be due to lack of contraceptive knowledge, fear of side effect, not easily available, traditional values and other causes like husband's forces. To manage this problem, information, education and communication (IEC) and family planning service should be expanded in order to increase prevalence of contraceptive users with easily available of contraceptive to this community.
-) In this community, high infant mortality and child loss experience of women are common. This may be because of non-hygienic behaviour, lack of health education. This is one of the strong causes of high fertility among them because until and unless they can don't be sure that their children will live longer for their help, they go on bearing more children. Therefore, through health volunteers, MCHWs, health campaign, and others, health awareness programmes should be reached among the women,
-) In this community most of the women are unemployed and depend upon agriculture. So employment opportunities on governmental and non-governmental organization should be provided to such women that they can improve their economic status.
-) In case of deep rooted traditional values, cultural norms and low status of women, it promotes to low age at marriage increases view towards more children, which

ultimately leads to high fertility. So effective programmes should be launched to control over it in this community.

) In case of deep rooted traditional values, cultural norms and low status of women, it promotes to low age at marriage increases view towards more children, which ultimately leads to high fertility. So effective programmes should be launched to control over it in this community.

) In the study area, males are not found actively participating in using family planning. Even they are found discouraging or forcing women not to use them. Males should be aware and encouraged to use FP methods by themselves.

6.4 Recommendations for Further Study

This study has attempted to find out the different socio-economic variables of “YADAV” community women and their impact on fertility and knowledge and use of FP methods. However. As an individual study, this study has not covered the entire portion related to women's fertility and family planning. Therefore, based on related matters further studies can be carried out.

- This study is related to “YADAV” community women's fertility and family planning behaviour, combining other ethnic groups to show the variation between them, other study can be carried out.
- In this study, study area is small village but a study on the variation between urban and village women can be carried out .

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