Women's Status and Fertility Behaviors

(A Case Study of Methinkot VDC, Kavre, District)

By Puja Kafle

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RECOMMENDATION

The dissertation work entitled **'Women's Status and Fertility**' (A case study of Methinkot VDC, Kavre) by Ms. Puja Kafle is presented under my supervision for the partial fulfillment of the requirement for the Masters Degree in Arts in Population Studies. I therefore, recommend the dissertation for final approval and acceptance.

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APPROVAL LETTER

The dissertation work entitled **'Women's Status and Fertility**' (A case study of Methinkot VDC, Kavre) by Ms. Puja Kafle is presented for the partial fulfillment of the requirements for the Masters Degree in Arts in Population Studies.

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ACRONYMS

ANC	Antenatal Care Service
CBS	Central Bureau of Statistics
CDPS	Central Department of Population Studies
CEB	Children Ever Born
DHS	Demographic and Health Survey
FP	Family Planning
GRR	Gross Reproductive Rate
ICPD	International Conference on Population and Development
IUD	Intra Uterine Device
MOH	Ministry of Health
MOPE	Ministry of Population and Environment
PNC	Postnatal Care
Pvt.	Private
SLC	School Leaving Certificate
SPSS	Statistical Package for Social Science
TBAs	Traditional Birth Attendances
TFR	Total Fertility Rate
TT	Tetanus Taxied
TU	Tribuvan University
UN	United Nations
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
VDC	Village Development Committee

ABSTRACT

'Women's Status and Fertility Behaviors' is a study by the information of 120 currently married women of Methinkot VDC, Kavre Planchok District. The study is carried to analyze the relationship between status of women and fertility performance in rural area. The main objectives of the study are:

- To identify socio-economic and health status of women in Methinkot VDC
- To study the fertility behavior of women in Methinkot VDC
- To examine the relationship between status of women of reproductive ages (15- 49 years) and children ever born.

The socio-economic demographic and health status are included under status of women. The fertility performance of women is measured in mean CEB. The major findings of the study are:

About (66%) of respondents were literate but only (8.3%) respondents have completed higher level of education. Agriculture is the major occupation of the area. (About 73%) respondents are engaged in agriculture.

The highest (44.2%) respondents were married below the age of 15. About (67%) respondents have their first childbearing between the ages (15-19) years .This shows it needs to increase age at marriage. All of the respondents found working during pregnancy period among them (58.7%) work for more than ten hour a day. It shows that there is a poor reproductive health status of women.

The lowest mean CEB (1.53) is to women who married at the age of (20-24) years and the highest mean CEB (3.2) is found to the women who started childbearing between the age (15-19). Women with ever use of contraception have (2.61) CEB and currently using respondents have (2.65) CEB.

CHAPTER ONE

INTRODUCTION

1.1 General background of the study:

The status of women is the result of socio-economic and cultural practices of the society, economic and demographic behaviors of the society. Therefore, the status of women and its relation to the level of fertility could not be considered. Generally the status of women simply refers to the living standard of women but it covers the area of their attendance, occupational involvement, urban-rural place of residence, migration status and their knowledge, attitude and practice of contraception. Moreover, their decision making power regarding age at marriage and the number of children born to them also reflects their status in the society.

Status refers to a position in social system and subsystem which is distinguishable from and at the same time related to other position through its designated rights and obligations. In the pure sociological sense status does not imply rank or hierarchy but denotes only position, right and obligation. However, the United Nation Women's Development Decade made a definite contribution to the status of women across the world in that governments reviewed their policies regarding women and accepted the integration of women into development as desirable planning objective (Kumar, 1990).

'Status of women' is the result of socio-economic and cultural practices of the society, and it has also multiple effects on social, economic and demographic behavior of the society. There are number of factors contributing to high fertility in Nepal. One of them is low status of women. The International Conference on Population and Development (ICPD, 1994) has stressed on the need to enhance the status of women by empowering them. Advanced gender equity and empowerment of women; elimination of all kinds of discrimination and violence against women; ensuring women's ability to control over their fertility and enabling women for decision making in the country are the

cornerstones of population and development related programmers emphasized by ICPD .It further emphasized the human right of women and girl child. It stressed to eliminate all forms of discrimination against the girl child eliminate the root cause of son preference, and to increase public awareness of the value of girl child and to strengthen her self-esteem.

The main determining factors of the status of women are education, occupation, health condition and other socio-economic, cultural factors and demographic variables. Though women play a vital role in the process of change and development, yet in many countries they are underestimated .For example, women in traditional society of Asia and Africa take part with men in producing foodstuff; in addition to endless household works, their works are not given due to weight. In many part of rural Nepal women participate equally or even more in some societies with men in various agricultural operation.

Education is an important factor to raise the status of women in the society. It empowers women with knowledge, skill and self confidence, current use of contraception increases with the increasing level of education. Literacy and educational level of women contribute to rise their age at marriage. Education further provides employment opportunities for women on equal basis with men. Thus education is a major factor to improve status of women in the society, and birth rate for educated women would be reduced by delayed marriage, use of contraception and their involvement in outside the household jobs However only 42.5 percent females are literate in Nepal in 2001, where as the corresponding figure for males is 65.5 percent (CBS, 2003).

Women employment is another indicator of status of women. Women employment in gainful work tends to have less number of children ever born than those who work in the house hold and agricultural sector. Furthermore, occupational status of women affects the level of fertility. For instance, the main number of CEB to women employed in administrative work had 1.6 and that women employed in farm and fish work had 2.7 in 1991 census. However 90.5% of female workers are engaged in agriculture. According to NDHS 2001, most of the working women (91%) however is in agricultural sector.

Among them only 15% of the working women earn cash for their work while the majority of the working women (71%) are not paid (NDHS, 2001).

Women's health is a crucial part of status of women. The health status of women in Nepal is poor. Every indicator of health status (whether it is maternal mortality and morbidity, female life expectancy, female infant mortality etc) shows a fundamental gender inequality. According 1991 census data, life expectancy of female is 53.4 years as compared to 55.9 years of men. Nepal is one the only three countries in the world where women's life expectancy at birth is lower than that of men. The principal reason behind this is the high mortality of women during the child bearing ages apart from higher infant and child mortality for females. Beside illiteracy, heavy work burden, lack of nutritious food and lack of proper health care has shortened the life span of women in Nepal.

1.2 Statement of problem:

The share of women in total population is more than half (50.05) in Nepal according to the census of 2001 (CBS, 2003). Women status in society compared with men is quite miserable. They lack in access to education and health facilities. They have no rights of their own reproductive health for deciding the number of births and birth spacing. The status of women in rural areas is very poor than in urban. According to DHS, 2001, 60 percent of women are illiterate compared to 32 percent men. There is wide difference between men and women literacy rate.

Despite the personal difficulties, a woman always takes a responsible decision regarding the family and childbirths. The crux of the problem is, women are not given the right of fertility whereas it is their personal affair. They continue their fertility under the several political, social, economic and cultural grounds. Though there is change in the context of the enhancement of education and other means of communication but the problem still prevails. A lot of improvements, the figures show, have been made within in the past. But there are so many gaps, which show the improvements, are an overall. If we specify regarding the social and economic groups, a large range of disparity is found.

Nepal is multi-cultural, multi-ethnic, multi-religious, and multilingual country. These sub-groups of population have different life styles and socio-economic settings, which in turn affect the status of female. There are still many cultural subgroups which do not allow females to use their full-flash potentiality and they are treated an object, a serious human right issue. In the patriarchal society like in Nepal , most of the parents desire to ensure their comfortable future in old ages by investing in their sons for education that guarantees better occupations for males with higher earnings and quite opposite, women are left uneducated, unskilled and confined only within the household course. The discriminations initiate in the parental home early childhood hammers always the status of women and thus the total socio-economic and demography life of a nation is affected.

In agriculture season, a woman in rural area has to work up to 14 hours a day both at home and in agricultural fields. In village, fetching of water for day to day use at home and collection of firewood is exclusively done by women. The grown of girl students complained that they hardly get time for their studies. Even if boys remain without any work they do not help their sister in collection of firewood, fetching of water and their works earmarked for women. It is observed that some girl student take active part in agricultural activities. As such they get very limited time for their studies. In spite of all these, the smiling faces of women indicate that they are happy in their busy life (Saikia et al., 1986).

Employment status of women seems to be half of their male counterparts (28.1 percent). The decision making in household is very low among female population (13.1 percent) but women work (11 hrs) conquers the male work (7 hrs) (ILO, 2000). Similarly, participation of women in political activities is less than 8 percent (Achrya, 1997).

The health of women is an important part of health of entire population. In fact, the health status of women is very poor. According to NDHS, 2001, for 49 percent of birth, mothers received antenatal care from health professional. However, for majority of birth (51%) in Nepal, mother didn't receive any antenatal care, which increases the risk of dying of

mothers. There is lack of hospitals and doctors. In Nepal 89% of delivery occurs at home (NDHS, 2001).

Economically Nepalese women are deprived in property rights. Nepalese women marry early, are over burdened with children and have lower life expectancy. Due to lack of property rights, they have no decision making power on their fertility regulations.

Marriage usually takes place in very early ages in Nepal. As the literacy rate of Nepal is low, age at marriage makes real difference in governing fertility. Some studies have demonstrated that an increase in female age at marriage contributes to reduction in fertility. This is also true in the case of Nepal, where as inverse relationship between age at marriage and fertility has been observed (Chhetri 1993).

The use of family planning method is very important to improve the health status of mother as well as population growth rate. The knowledge and use of contraception in rural area are much lower than that of urban area. According to NDHS 2001, the level of any modern contraceptive use among currently married women is high in the urban areas (56.3%) compared to rural area (33.2%). According to NDHS 2006, the contraceptive prevalence rate for modern method is 54% in urban areas compared with (43%) in rural areas. Women in urban areas are more likely to use a family planning method than in rural women reflecting wider availability and easier access to methods in urban than in rural areas.

As a result of all the above factors the total fertility rate of rural women is much higher compare to urban women. In addition, the reduction in TFR from 5.8 in 1981 to 3.5 in 1991 in urban areas is more glaring than that observed for rural area from 6.4 in 1981 to 5.8 in 1991(CBS, I995:74). The TFR for Nepal for the three years preceding the 2006 NDHS survey is 3.1. as expected fertility is considerably higher in rural area 3.3 birth per women than urban areas 2.1 births per women where fertility is at replacement level (NDHS 2006).

Considering the vast difference in socioeconomic status of women as well as demographic condition between rural and urban areas, it is attempted to study in this area/field that will dig about status of women and their fertility behavior in rural areas like Methinkot VDC of Kavre district of Nepal.

1.3 Objective of the study:

The general objective of the study is to examine the status of women and its impact on their fertility behavior in rural areas like Methinkot VDC. The major objectives of this study are as follows:

- To identify socio-economic and health status of women in Methinkot VDC
- To study the fertility behavior of women in Methinkot VDC
- To examine the relationship between status of women of reproductive ages (15 - 49 years) and children ever born

1.4 Significance of the study:

Women play a vital role in the society. Without the development of women, there is less possibility for the development of the society. Thus the empowerment and autonomy of the women and their political, social, economic and the health status is highly important for the achievement of sustainable development. Therefore the study on the status of women at village level in countries like Nepal, where about 90% people live in the village, has great importance.

This study attempts to show the socio-economic status, health status, use of contraceptives and age at first marriage of socio-economically deprived rural women. So the study will provide the actual figure of women's status in rural Nepal. Furthermore this study attempts to relate the status of women with their reproductive behaviors. So this study may be useful for local level government originations, non-governmental organization, international non governmental organizations, planners and policy makers for the development activities on status of women. It is also believed that this study will be helpful for the future researchers and social workers.

1.5 Limitations of the study:

This study has the following limitations:

- This study has been confined only in Methinkot VDC, Kavre district. This result may not be generalized to the general level.
- This study is limited to women of reproductive ages (15- 49 years) and it takes into account only ever married women of that age group.
- This study is based only on women of Methinkot VDC, Kavre district, so it may be representative for similar rural areas of Nepal only.
- This study particularly seeks to study socio-economic status of women including education, occupation, decision making power and health status (especially reproductive health).
- This study further analyze the age at marriage of women, use of contraceptives and child loss experience, which are also the indicator of women status.
- This study does not cover the fertility trend over the time.

1.6 Organization of the study:

The study has been summarized into seven chapters. The first chapter deals with introduction of the study including statement of the problem, objectives, significance and organization of the study. The 2 chapter has been used for literature review and conceptual frame work. Chapter 3 deals with the methodology of the study. Chapter four explains introduction to the study area. Chapter 5 deals about the background characteristics of the respondents. Chapter 6 explains about the effect of background characteristics on fertility performance. Final chapter summarizes the study and states recommendations.

CHAPTER TWO

Review of Literature and Conceptual Framework

This chapter summaries the available literate on fertility pattern of women. Fertility is Influenced by several factors (social, economic, cultural, political and environmental factors).the experiences of each woman may differ. Women may go through different Fertility behaviors but there are common standing and measures. Theoretical and empirical literatures are collected under this chapter.

2.1 Theoretical Review:

Theory of demographic transition has convincingly interpreted the movement of population from a condition of high mortality and high fertility to low mortality and low fertility along with Socio-economic development. The conceived socio-economic development studies the communication, income generation facilities and participation of women in all aspects of life as advocated by the threshold hypothesis of fertility decline (llchman, 1975:225-228). The changes in demographic trends especially in birth and death follow the process of modernization, which involves, rising income and advances in sanitation and medical knowledge which eventually result in raising the status of women and rising the age at marriage (Bhende and Kanitkar, 1993:110)

Davis and Blake (1956) developed an analytical framework for the comparative sociology of fertility in which they defined a set of eleven variables that they called the “Intermediate variable”. This framework first provides a classification of the intermediate variables through which any social factor influencing the level of fertility must operate.

These are intercourse, conception and gestation variables. On the basis of this classification, Davis and Blake then proceeded to examine how some types and elements of social organization enhance or depress societal fertility. In the sociological literature, the intermediate variables are viewed as being directly related to specific aspect of social and economic structure, as reflected for example by such indicators as income, education of the wife, occupation of the husband, area of residence and some summary index of overall socio-economic status; or directly through social norms or standard of behavior regarding family size and of the intermediate variables themselves (David and Blake, 1956, 135 -211).

Freedman (1975) has argued that the intermediate variables are not always used to limit fertility often their effect on fertility is an unintended result of cultural pattern. Freedman introduced two types of norms in his model, namely, norms about family size and norms about intermediate variables. The intermediate variables generally operate together with the effect of norms about family size and norms about intermediate variables. Norm about family size is influenced by varying life style related to position in a status hierarchy. Status indicators, such as education, occupation, income, wealth, power, prestige, caste and general class indicators may influence the desired number of children. Differences in life style may influence norms about intermediate variables directly or through norms about family size. Social organization such as family planning program may influence the intermediate variables, which in turn affect fertility behavior (Freedman, 1975, cited in Tuladhar,
1989:43-44).

Demographic transition theory has developed in the middle of the twentieth century, which summarizes the historical transition of fertility and mortality of western European countries with some industrialized North American countries and Australia. The theory advocates the transition from high fertility and mortality to low fertility and mortality along with socio-economic development on society. This theory was based on the experience of fertility decline in mortality with advancement of industrialization and urbanization in west. In 1945, Notestein stated that in pre industrial society high fertility

was required to balance high mortality rate, otherwise the ravages of mortality would have led to population decline and extinction. The process of modernization had brought the death rates fall down, with result of the decline in fertility. Urban industrial society is the crucial of demographic transition theory that is the development of technology lies at the root of matter (Caldwell, 1977:30-33).

Nostein (1952) indicated that change in fertility and mortality took place in conjunction with economic development in the west .the important factor that are believed to have caused in reduction in fertility were growing awareness of modern techniques through population education, improve health and the appearance of alternatives to early marriage and child bearing as a means of fulfillment and prestige for women.

Freedman (1975) has argued that the intermediate variables and threshold hypothesis was developed within the theory of demographic transition, but it does not depend on holding the long –term reciprocity of birth and deaths as the key determinant. The hypothesis ultimately divides the world into those nations marked by low fertility, “gross reproductive rate” with “less then two”(GRR<2) and those with relatively high fertility (GRR≥2).the two groups show a substantial difference on indicators of income per capita, energy consumption, urbanization, nonagricultural activities hospital beds, life expectancy at birth, infant mortality, early marriage, female literacy, newspaper circulation, radio receivers, and cinema attendance (Ilchman,1975:226-228).

Differential fertility hypothesis of fertility decline assumes that people’s choices are affected by their experience and circumstances. The differential fertility hypothesizers seek difference in people regarding their real fertility. A study conduced by Miro in some of the Latin American countries in 1974 revealed that education is the most powerful mean to reduce the fertility status of women and improving occupational status of women and her husband has significant effect of fertility decline (Ilchman, 1975:228-231) .The socio-cultural background and norms about the family size differ from one community to another. As the reproductive needs are different, so are the demands for children is the major concept of differential fertility hypothesis.

The distributive justice hypothesis advocates for a redistribution of income and opportunities to bring down the fertility. Fertility could be successfully reduced through increased saving and investment, through increased welfare, through a more equitable distribution of goods and services and opportunity is the major argument of this hypothesis. Labor intensiveness in industry, land reform, widely spread paramedical health services, access to education, all combines, according to the hypothesis, to create the conditions for fertility decline (Ilchman, 1775:231-239).

The theory of diffusion or cultural lag explains how the concept of birth controls spreads all over the world. According to this theory, in countries where fertility has been declining, attitudes and practice conductive to diminishing fertility have been adopted first by the better education, wealthier and high social status groups of the city population and transfer in the duration of time to intermediate and lower status groups and to the rural areas. Once again, culture 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: 271-273).

Caldwell (1977) argued that mass education might be a fundamental determinant, which will bring fertility from high to low levels. The effect of education works through the restructuring of family relationships that in turn affect family economics and the direction of the net wealth flow. He suggested that education have an impact on fertility because:

- Education reduces the child's potential work inside and outside the home.
- It increases the cost of children.
- Schooling creates dependency, both within the family and within the society.
- It speeds up cultural change and creates new cultures.

The concept of the interrelationship between the social status of women and fertility, though well-established by deductive reasoning, has aroused considerable scientific debate and controversy in the past ,for the mere reason that research workers had not

attempted to quantify the status of women in numerical terms. Moreover, a number of vital medical parameters with social causes and consequences had been omitted in such computations. In one study by Kirtz (1989), an attempt has been made to develop a comprehensive socio medical scale to measure the social status of women and to study to fertility behavior and family planning practices among tribal communities. the scale was developed by taking into consideration a number of social and medical parameters such as the height and weight of adult women, their educational status, age at marriage, number of children possessed and desired, preference for male children, nutritional deficiencies (especially prevalence of anemia and blindness), the utilization of health care services such as antenatal care, family planning practice, and so on (Sharma, 2005).

The ICPD (1994) has clearly stated in its first principle the need of equality and status placement for healthy survival. All human beings are born free and equal in dignity and rights. Everyone is entitled to all rights and freedoms set forth in the Universal Declaration of Human Right, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Every one has the right to life, liberty and security of person. Control over the fertility has been advocated as the basic right of female. In its fourth principle it has addressed the need of women empowerment in order to control fertility. Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programs. The human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in civil, cultural, economical, political, and social life, at the national, regional and international levels, and the eradication of all forms of discrimination on grounds of sex, are priority objectives of international community (Sharma, 2005).

2.2 Empirical Literature:

Women's status ,as reflected in their legal right, education, health, employment, position in the household and family decision making power, affects demographic behavior such as age at marriage, fertility and infant, child and maternal mortality. These in turn have an impact on the improvement of women's status and their participation in the development process. Bucharest plan of action and the Mexico conference recommendations not only recognize the need to promote the status of women as a goal in itself but also pinpoint the close relationship between the situation of women and the demographic situation in various countries. It has been widely accepted that the elimination of discrimination against women is a prerequisite to an improvement in their status (ESCAP, 1993:13). Over the last several decades, women around the world have made significant gains in areas such as health, work and education. Since the 1950's women's life expectancy has increased from 49 years to 68 years. Since 1960's women's participation in the labor force has risen from 33 percent to 54 percent. Since 1970's literacy rates for women have risen to 43 percent. And since 1980's the gap between girls and boys enrolled in secondary school has narrowed from 80 girls to 90 girls enrolled per 100 boys (PRB, 2000 cited in Sharma S, 2001).

The level of women education is low in Nepal and also lowest in SAARC countries. The adult female literacy is 34 for Nepal compared to Sri Lanka 94, India 58, Bangladesh 53 and Pakistan 48. The comparing for improving women's status has influenced the role of education. It is believed that education has brought about a reduction in the inequalities between sexes and uplift women's subjugated position in the society. Educated women have a higher social status and stable family size. So TFR was higher for Nepal (5.1) than other SAARC countries (UNICEF1998: cited in Sharma H. 2005)

Table 1 Adult Female Literacy and TFR of some Asian Countries, 1998

Countries	Adult Female Literacy(1998)	TFR(1998)
Nepal	34	5.1
Bangladesh	53	3.2

India	58	3.2
China	81	1.8
Pakistan	48	5.2
Sri Lanka	94	2.1

Source: UNICEF, 1998

In the most developing countries, population growth rates (and family size) have risen due to decreasing mortality rates and more or less constant birth rates (although fertility rates have now begun to fall in many developing countries). There have been large movements of people away from rural areas and towards urban areas: there has been a tendency for women to marry at later ages and structure of the family is changing. In addition to the significant effect of movement of women from rural to urban areas and rising education levels have had on women's roles. There have also been important changes within rural and urban areas due to non demographic factors (Kumar, 1990).

Women's status as reflected in their rights, education, health, employment, position in household and family decision making power affects demographic behavior such as age at marriage, fertility, infants, child and maternal mortality. These in turn have an impact on the improvement of women's status and their participation in the development process (UN, 1992: 13, cited in Sharma 2001).

Literacy and educational qualification are vital indicators of women's social status. These are crucial factors not only availing of employment opportunities created in the process of modernization but also for communication with the outside old age with increasingly educated males within the household. An educated wife and mother naturally have better communication with her educated males counter parts in the family a commands greater

respects than without education. Hence in addition to marriage options, educational attainment has become a most valuable indicator of women's social status (Acharya, 1995: 441-481).

Education is the key to progress and unless women are educated they will not be able to enjoy their rights. The education of women has been sadly neglected in the past. Though the percentage of literacy among women has increased from what it was 40 years ago. The disparity between boy's education and girl's education is still very high. Education is considered the most effective instruments of bringing about social and economic change. That our society particularly rural remained static and tradition bound is due to the fact that a vast majority of women in rural areas are not educated (Kumar, 1990).

Main studies (MC Grath, 1976, Federici at al., 1993; Oppong 1987; Noor, 19881; Jejeephoy, 1995; The Old Fertility Survey) have noted the following factors link to education that eventually lead to lower fertility.

i. Educated women's opinion become respected in society especially in their family circus, they have an influence on house hold decision concerning, expenses, family planning and education of children.
ii. Education delays the entrance of women into their reproductive life by delaying the age at marriage.
iii. Educated women have lower expectation of help from children because they have themselves been educated; they would rather see their children in school than at home.
iv. Schooling improves the information of the girl's children about the outside world; it expands these future women's horizon beyond motherhood and household level giving them more confidence in their capacities and potentials.
v. An almost every country educated women have their healthier children than those who are uneducated, the several rate of children born from an educated

women is very high which results on a lower desire birthrate (Cited in Subedi, 2000: 51-61).

Higher educational attainment is positively correlated with current use of family planning. Use of modern methods increased from 34 percent among currently married women with no education to 46percent with SLC and above. Similarly educational attainment is negatively associated with the completed level of fertility. Higher total fertility rate (TFR) was found for literate women (4.8) compare to SLC above (2.1) (NDHS, 2001).

The total literacy rate increased from 23.3 percent in 1981 to 39.6 in 1991 and in 2001 census the total literacy rate was 54.1. The male literacy rate was 34 percent in 1981.similarly, in 1991 to 2001 census male literacy rate increased from 54.5 to 65.5 percent. Female literacy rate also rose slowly. The total female literacy was only 12 percent in 1981 census and 25 percent in 1991 census. In 2001 census total Female literacy reached 42.8 percent for the population age 6 years and above (CBS, 2001).

Women's education is one of the important variables to asses the relative social position of women in the society. The literacy of women aged 5 and over in Nepal is found to be only 36.4 percent out of which almost 9.2 percent had to the educational attainment of only high school level. Surprisingly, almost 63.8 percent were having only primary education indicating two major policies are relevant. First, the literacy is low for women, second out of literate only very few of them have opportunities for higher education (Rana, 2000).

Occupation is also an important factor or determining the state of women. Women in different occupations are found to have different fertility levels. The mean CEB per ever married women is highest for the farm 2.7 whereas it is lowest among the professional and technical 1.6, administrative and clerical workers 1.6. This could be due to the social status given to the occupation itself and time available to working women for raising children (CBS, 1995).

Economically, Nepalese women are deprived in property rights. Due to lack of property rights women have no decision making power on their fertility regulation 90 percent of all economically active women are engaged in agricultural sector in contrast to 75 percent men(CBS,1995) and women hold only 5.3 percent of land ownership(CBS, 2001).

Health status of women, i.e., maternal health is very poor in Nepal. According to NFHS, 1996, for 24 percent of birth, mothers received antenatal care from modern doctor or nurse/mid life, for 16 percent of births, mother received ANC from village level health workers. However, for majority of births (56%) in Nepal mothers did not receive any antenatal care, which puts mothers at risk (MOPE, 2000).

According to BDC survey, 1996 the increased age at marriage as found one of the determinants of CEB. Women marrying at the age of 14 or earlier were found giving live birth to almost 3.7 children, where as women marrying as the age of 18 years and above had only 2.9 children. The difference of 0.8 or almost 1 child shows that if those women marrying as the age of 14 or earlier would be encouraged to marry as 18 or latter they help to reduced Nepal's fertility by almost fourth (Acharya, 2000).

Contractive use is inversely related to level of fertility. Contractive use itself is affected by various socioeconomic factors such as level of educational attainment, place of urban and rural residence and occupation status. In Nepal, high fertility is mainly due to the lack of demand of family planning (Tuladhar, 1989).Applying the NFHS, 1991 data Adhikari (1996) found a posit ice relationship between infant mortality and fertility. As the number of child loss increase the number of children ever born (CEP) is also very likely to increase irrespective of the age and marriage duration of women and sex of dead child. The CEB of 2.5 to those women with zero child loss was found to increase to 4.4 with 1, 5.8 with 2 and 7.6 with 3 and more child loss (Adhikari, 1996).

Women are usually consulted in taking decision on important family matters viz.: settlement of marriage, purchasing and selling of land, improvement and construction of house etc. though the decision of the elderly male members as accepted in most cases. This is particularly true in cases of educated and enlightened section of women in selecting job for themselves and other members of the family, women express their opinion, which gets due weight (Saikia at al, 1986).

Greater participation of women in decision making will be a great step towards ensuring women of their rights to voluntary motherhood and in turn improve her status Dahal (1992): summarizes the information from "The status of women" in Nepal (CEDA) study, that among the high cast groups (Bramhan / Chhetri). The authority structure is male dominated. Women can not make their won decisions, and they have no independent source of income and property. Among the women of Baraganle, Gurung, Rai and Kham Magar they have liberal social structure, which permits them to have own choice in marriage, residence and in the accumulation of property. Likewise the Newar, the Tamang and the Tharu women can make their on decision within the family and have their own independent sources of property (Dahal, 1992, cited in Upreti, 2003).

The 2001 NDHS indicates that 39 percent of currently married women are using a method of family planning. The 35 percent who are using modern contraception represents a dramatic increase in use of modern methods from 26 percent in the 1996 NFHS. Currently married women by contraceptive use, according to the three women's status indicators, use of modern methods increase as women's participation in decision making increases. For examples 16 percent of women who have no say in any of the five specific household decisions are using a modern method compare with 94 percent of women who participate in one of two decisions, 46 percent of women with a say in three to four decisions, and 42 percent of women who participate in all five decisions. However there is no significant differences in the percentage of women using modern methods relative to their attitudes towards a wife's ability to refuse sex wither husband. Use varies negatively with attitude toward wife beating. Use decreases as the number of reasons to justify wife beating increases. For example 36 percent of women who believe that a man

is not justified in beating his wife for any reasons at all are using a modern methods of contraception compared with 26 percent of women who believe that a man is justified in beating his wife for all five reasons ask about (MOH,2002).

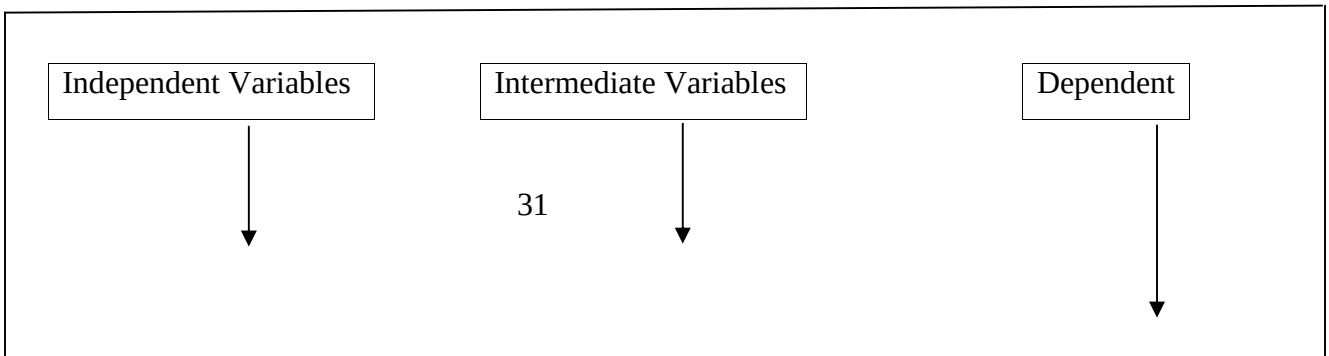
According to NDHS 2006, the contraceptive prevalence rate for modern method is 54% in urban areas compared with (43%) in rural areas. Women in urban areas are more likely to use a family planning method than in rural women reflecting wider availability and easier access to methods in urban than in rural areas. The TFR for Nepal for the three years preceding the 2006 NDHS survey is 3.1. As expected fertility is considerably higher in rural areas 3.3 birth per women than urban areas 2.1 births per women where fertility is at replacement level (NDHS, 2006).

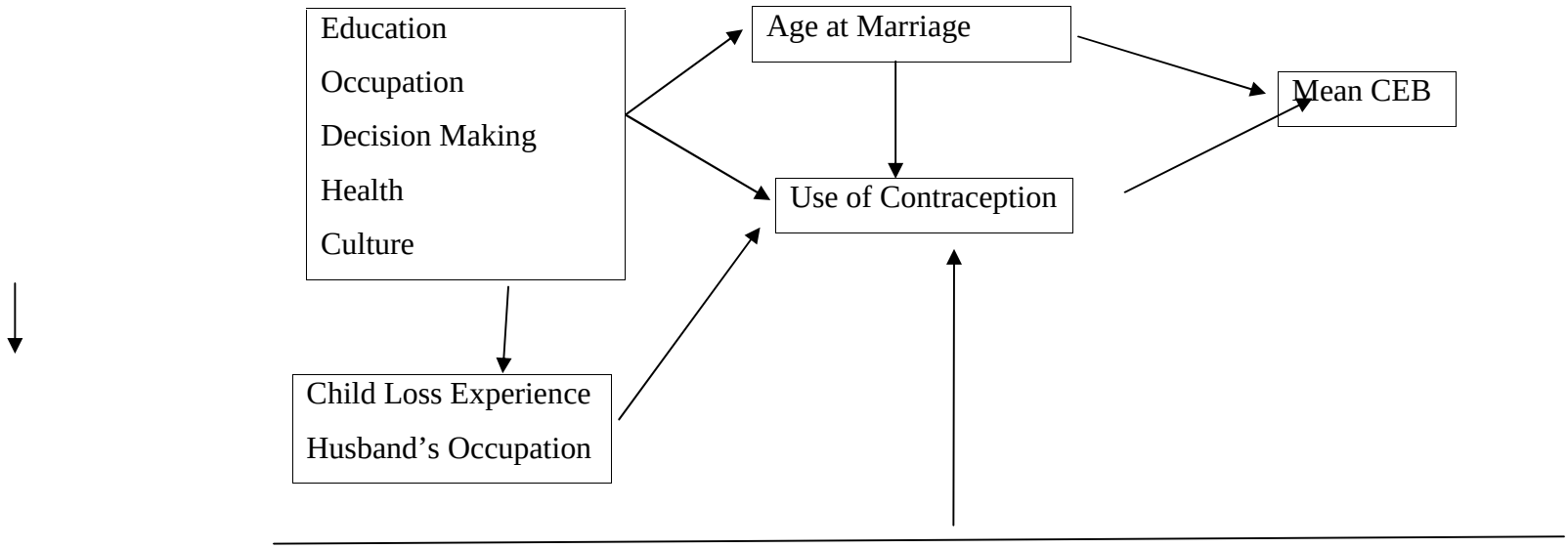
The above review shows that status of women includes their better education, health, employment, legal right, family decision making power etc. The fourth world conference of women has emphasized the gender equality and empowerment of women. On the other hand, International conference of population and development has given more priority to women and focus on gender equality, equity and empower of women, higher status of women with better reproductive health and lower MMR, TFR and CEB. Various developing countries women suffer from low status or second class citizen and their reproductive health is poor. Various studies shows that determinants if fertility are biological, social, cultural and economic environmental factors. Women's education is one of the important variable which correlates with her status. Higher the educational attainment is higher age at marriage and currently use of family planning are, similarly occupation, physical facilities of household , age group, cast/ethnicity, religion, age at marriage, use of contraception and child loss experience affect fertility.

Women's educations directly effect age at marriage and indirectly affect fertility due to delay in marriage. The level of education is low in our country then other SAARC countries i.e. Sri Lanka, India, Bangladesh and Pakistan. Thus fertility is high in Nepal then these countries. The mean CEB per married women is the highest for the farmer then the professional, technical and administrative workers. Women with higher child loss experience have higher child ever born.

2.3 Conceptual framework:

Fertility is not the outcome of single factor. Several factors are associated in the function of fertility. These factors quite vary depending on the background characteristics of the respondents and others. The effects of independent variables on dependent variables (mean CEB) have been accounted in this study. Factors are classified into two groups (independent and intermediate variables). Some factors affect fertility purely alone where as other factors are stimulated by independent variables and affect fertility through independent variables.





CHAPCTER THREE

Methodology of the study

This section deals about the methods that were employed while constructing the research study in order to achieve the research objectives. Different methodologies are used for this purpose.

3.1 Study area:

The research was a case study of Methinkot VDC Kavre district based on currently married female population of age group 15-49 years. The data used in this study were collected from household and individuals interviews during field survey. This study was based upon primary source of data. The sample households were taken purpositively. From each sample household, only currently married women at age group 15-49 years were interviewed. There are 889 households and the population is 4,583. Among them 2197 are males and 2386 are females.

3.2 Nature of data:

This study is preliminarily based on the primary data, as main source of information. The primary data were collected from the field by conducting a survey in March/April, 2009. Questionnaire (having 56 questions) were prepared and interviewed to the sample of targeted population and data were collected.

3.3 Research design:

This is an experimental type of study though a descriptive research has been used. The fertility behavior of women in the study area has been analyzed in the response of their living standard and other important aspects of their life. The factors such as economic activity, educational attainment and health status, decision-making power and family planning are the primary factors of the measurement.

3.4 Sample size:

for the purpose of the study based on the factors determining the sample size, the total sample size was determined to be 120 currently married females of the reproductive span, which is not the total population of currently married women in that VDC. The sample population was selected purposively.

3.5 Questionnaire administration:

This study was based on two basic questionnaires such as household questionnaire and individual questionnaires. Household questionnaire were used to collect the detail information about age, sex, literacy, education, occupation, marital status and living

standard of sample population. Individual questionnaire were used to collect the detail information about the socio-economic status and fertility behaviors of sample women.

Structured questionnaire were used to collect the information from the respondents. The questionnaire was constructed with questions based on household findings, educational status, economic activity, reproductive health, occupation, decision-making power and knowledge and use of family planning methods. The questionnaire included the following information.

- Individual and household information
- Education and employment status
- Husband's education and occupation
- Number of children ever born
- Child loss experience
- Decision making process
- Reproductive health care
- Knowledge and use of contraception

3.6 Data collection method:

The research was based on primary source of data. Primary information was collected from field survey by direct interview with the respondent on the basis of structured questionnaire. The researcher visited the study area and personally involved to fill up the questionnaire for all women. Those 120 currently married women selected for the interview were the main sources of information.

3.7 Data processing and analysis:

At first the filled up questionnaires were manually checked and the data were entered in Microsoft computer, thereafter by editing entry errors, required table were produced by using SPSS program and produced required frequency tables, cross table, mean table then

the data were analyzed using frequency, cross and mean table and other appropriate statistical tools. The result then compared with other information available. Interpretation of the data was done based on the frequency and percentage tables.

CHAPTER FOUR

Introduction to the study area

This study has been confined to Methinkot VDC of Kavre district lies in Central Development region in Hilly zone. This district is adjoined to the Bhaktpur District. Its geographical area has 1, 40,486 Hector. It stretches from 27. 20”to 27 45”N latitude and 85 24” E to 85 31”E longitude. The whole district has been divided into 3 municipalities (Dhulikhel, Banepa and Panauti) and 87 VDCs. The total households of this district were enumerated to be 70,509 in census 2001 with total population 3, 85,672 (1, 96,725 female and 1, 88,947 males). Agriculture (livestock) is the main occupation of the district.

Methinkot VDC is one of the VDC of Kavre district. The VDC is surrounded by Kanpur Kalapani and Katunjebasi VDC to the east, Kherelthok and Baluwa VDC to the south, Mathurapsti Phoulbari VDC to the west and KhanalthokVDC to the North. It has 9 wards and 22 toles. There are 889 households and the population is 4,583. Among them 2197 are males and 2386 are females.

4.1 Distribution of population by five year age groups:

In Methinkot VDC the proportion of population in 10-14 years age group is highest (14.8 percent). The table 4.1 shows that proportion of population of age group o-4 and 5-9 are relatively lower then that of subsequent age group. From age group 10-14 the proposition of population decreases with increase in age. Almost half of the total population is below 20 years of age and more then 10 percent of total population is below 5 years, which indicates that there is high fertility and high mortality in Methinkot VDC.

Table 4.1 Distribution of population by Age and Sex, Methinkot VDC, 2001

Age group	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
0-4	229	10.4	253	10.6	482	10.5
5-9	317	14.4	306	12.8	623	13.6
10-14	323	14.7	355	14.9	678	14.8
15-19	271	12.3	282	11.8	553	12.1
20-24	169	7.7	222	9.3	391	8.53
25-29	116	5.3	161	6.7	277	6.0
30-34	116	5.3	135	5.7	251	5.5
35-39	114	5.2	141	5.9	255	5.6
40-44	123	5.6	137	5.7	260	5.7

45-49	106	4.8	95	4.0	201	4.4
50-54	93	4.2	78	3.3	171	3.7
55-59	72	3.3	62	1.6	134	2.9
60-64	48	2.1	52	2.2	100	2.2
65-69	39	1.8	47	2.0	86	1.9
70-74	25	1.1	28	1.2	53	1.2
75+	36	1.6	32	1.3	68	1.5
Total	2197	100	2386	100	4583	100.0

Source: CBS Data file, 2001

4.2 Distribution of population by caste/ethnicity:

People of different castes are settled down in Methinkot VDC. The main castes are Brahman, Chhetri, Tamang, Sarki, Newar, Kami, and Damai. Out of total population in this VDC, Brahman constitute (35.4%) percent follow by Tamang (24.2%), Sarki (9.9%), Chhetri (9.2%), Newer (6.0%), Kami (4.6%), Damai (4.3%), Bhujul (1.9%) and Magar (1.5%). Other castes (Sanyasi, Danuwar, Thakuri, Sherpa etc.) constitutes below one percent.

Table 4.2 Distribution of population by Caste/Ethnicity, Methinkot VDC, 2001

Caste/Ethnicity	Number	Percent
Brahman Hill	1622	35.4
Tamang	1109	24.2
Sarki	453	9.9
Chhetri	424	9.2
Newar	274	6.0
Kami	210	4.6
Damai	198	4.3
Bhujel	85	1.9

Magar	68	1.5
Sanyasi	68	1.5
Danuwar	43	0.9
Thakuri	17	0.3
Sherpa	15	0.3
Other	5	0.1
Total	4583	100.0

Source: CBS Data File, 2001

4.3 Distribution of population by mother tongue:

In Methinkot VDC (71.3) percent of the total population speaks Nepali language as their mother tongue. Tamang constitutes second position (24.4) percent, followed by Newar (4.3) percent and (0.1) percent speaks other language.

Table 4.3 Distribution of population by Mother Tongue, Methinkot VDC, 2001

Mother Tongue	Number	Percent
Nepali	3267	71.3
Tamang	1117	24.4
Newar	195	4.3
Other	4	0.1
Total	4583	100.0

Source: CBS Data, 2001

4.4 Education:

Methinkot VDC is very poor in the field of education. There has been only one secondary school which was established in2025B.S in ward number 8, near Bhakunde Beshi. Now there has been starting higher secondary level in 2063 BS and bachelor's level in 2065 BS. There are 2 lower secondary school and 4 primary schools located in different wards of the VDC.

4.5 Distribution of population by occupation:

The main occupation of this area is agriculture. Most of people depend on agriculture. Livestock is also a very important source of economy of this area. Kavreplanchok district is famous for milk production in Nepal. Production of vegetable, fruit, rice, maize, wheat, production of milk, and keeping domestic animal like goat are the agricultural activities of this area. Some people are engaged in tread and business also. And some educated people are engaged in government and PVT Job also.

CHAPTER FIVE

Background Characteristics of the study

This chapter presents the background characteristics of the study. This study specially takes into account of the impact of background characteristics on the fertility. Background characteristics include demographic, economic, cultural, social and other

components. This study is the summary of 120 currently married women of reproductive ages 15-49 years), which shows women's status and fertility in Methinkot VDC.

5.1 Socio-economic background of the respondents:

Social background includes the information on caste, literacy, type of family, family size, occupation and migration. Therefore, this section has been designed to identify the social status of the respondents.

5.1.1 Sex of the household head:

The head of the family is directly related with the decision making power. The households where females are head or males are head but decision are made within the co-operation between the spouses; fertility is lower compared to those households where single member is allowed to make decision. In this study about 13.3 percent of the households were found head by female and 86.7 percent by male (Table No 5.1)

Table 5.1 Distribution of the respondents according to sex of household head

Head of the household	No of respondents	Percent
Male	104	86.7
Female	16	13.3
Total	120	100.0

Source: Field Survey, 2009

Almost all Nepalese society has traditional culture and male members are the head of the family. In this study area, higher percentage of male is the head of the family as compared to the female which is 86.7% and 13.3% respectively. Among these 13.3% female also it is found that they are either widow or divorcee. The percentage of head of household determines the decision making power of women which is batter in nuclear family type.

5.1.2 Type of family:

About 88 percent of the families were nuclear and the rest 12 percent were extended family (Table no.5.2). In this study, nuclear family means the family where a couple, their father, mother and their unmarried offspring are included. And the family with multiple married couples including their children and helpers was categorized as a joint or extended family.

Table 5.2 Distribution of respondent by types of families

Type of family	No. of respondents	Percent
Nuclear	105	87.7
Joint	15	12.3
Total	120	100.0

Source: Field Survey, 2009

Family structure is the key source of evaluating decision making power of women. The higher percent of nuclear family in this study area indicates the change to the modernization of society.

5.1.3 Place of birth:

Nearly 76 percent of the respondents were born in the same district and only 24.2 percent were from other districts (Table No.5.3).

Table 5.3 Distribution of respondents by place of birth

Place of birth of respondents	No of respondents	Percent
Same district	91	75.8
Other district	29	24.2
Total	120	100.0

Source: Field Survey, 2009

5.1.4 Literacy status:

Women's education is one of the important variables to asses the relative social position of women in the society. Table 5.4presents the literacy rate among the women in the VDC. Total 57 percent women were found literate completely while 6.7 percent were

found were read only. Similarly 35 percent were completely illiterate which is a very high.

Table 5.4 Distribution of the respondents by literacy status

Literacy status of respondents	No of respondents	percent
Read only	8	6.7
Read and write	69	57.5
Illiterate	43	35.8
Total	120	100.0

Source: Field Survey, 2009

Among these literate respondents, 21.7 percent completed primary education, 16.7 percent completed lower secondary level and secondary level. Only 8.3 percent completed SLC and above level of education. This shows that the educational awareness and practice seams very poor in this area.

Table 5.5 Distribution of respondents by level of education

Level of education of respondents	No of respondents	percent
Illiterate	43	35.8
Read only	8	6.7
Information education	14	11.7
Primary level	25	20.8
Lower S. and secondary	20	16.7
SLC+	10	8.3
Total	120	100.0

Source: Field Survey, 2009

Most of respondents were illiterate. From the study it was found between the literate and illiterate that literate women were found to have higher status in the society. Most of women were engage in household work and agriculture. Only little bit literate women

were independent economically. Illiterate women were confined only to household work and agriculture.

5.1.5 Current economic work:

Economic characteristic of the respondents include occupation, source of income, ownership of land, number of livestock etc. there is a strong relationship between occupation and fertility performance of women. Type and occupation affect the lifestyle of family. The quality of life is related with type of occupation determine the level of income and level of income is related with quality of life. Higher the income betters the quality of life.

Table: 5.6 Distribution of the respondents by current economic work

Current economic work of respondents	No of respondent	percent
Yes	108	90.0
No	12	10.0
Total	120	100.0

Source: Field Survey, 2009

In the study area we can see the percentage of women who engage in economic work is high but it should be noted that women who were engaged in agricultural work and they earn only small amount of money are also included in this category. 90 percent of women engaged in economic work and only 10 percent of women are stayed at home for various works like baby care and so on.

5.1.6 Type of current occupation:

The main occupation of this study area is agriculture and livestock. Women contribute triple work like household work, work in field and care for domestic animal. One of important sources of economy is production of milk and animal in this area.

Table: 5.7 Distribution of respondents by current occupation

Current occupation	No of respondents	percent

Agriculture	88	73.3
Tread and business	12	10.0
Government and PVT job	8	6.7
None	12	10.0
Total	120	100.0

Source: Field Survey, 2009

About 74 percent women were engaged in agriculture i.e. production of rice, maize, wheat, vegetable, milk etc. only 12 percent of the respondents were engaged in tread and business followed by 8 percent in government or private job.

5.1.7 Position and place of work:

While observing the position of work, it can be seen that the highest percentage of women are self employed. Large percentage of women is engaged in agriculture and livestock, from that they earn money this kinds of work also included in self work. According to this view 84 percent of respondents are self employed and only 15 percent respondents are working outside the house. Only 7 percent women engaged in daily wise work (women who involve in government and PVT Job).

Still 10 percent women are staying home for care babies and older person. It can be seen that most of the respondents were self employed because they were engaged in agriculture and private business.

Table: 5.8 Distribution of the respondents by position of work

Position of work	No of respondents	percent
Self work	101	84.0
Daily wise work	7	6.0
Non stated	12	10.0
Total	120	100.0

Source: Field Survey, 2009

Nearly 15 percent of respondents were out of home. It is still low percentage for now. 74 percent of them work at home (it is included agricultural work also).

Table: 5.9 distributions of respondents by place of work

Place of work	No of respondents	percent
Home	89	74.2
Out of home	18	15.0
Non stated	13	10.8
Total	120	100.0

Source: Field Survey, 2009

5.1.8 Husband's economic work:

Husband economic work also is a responsible variable in fertility performance. If husband have higher income, it affect the fertility of wife. In this study area most of the respondent's husbands were engaged in economic work (men who engaged in agriculture and livestock also included). About 96 percent husbands were engaged in economic work and only 4 percent had no work because they were retired and physically disable. (Table: 5.10)

Table: 5.10 Distribution of respondents by husband economic work

Husband economic work	No of respondents	Percent
Yes	115	95.8
No	5	4.2
Total	120	100.0

Source: Field Survey, 2009

The main economic work for husband also is agriculture in this area. 38 percent of respondent's husbands were engaged in agriculture. About 13 percent were engaged in government and PVT Job and 27 percent were engaged in tread and business. Like this 13 percent respondents husband were out of country or in foreign employment.

Table: 5.11 Distribution of respondent's husband by type of work

Type of work	No of respondent	percent
Agriculture	46	38.3
Government and PVT Job	15	12.5
Tread and business	33	27.5
Foreign employment	16	13.3
None	5	4.2
Other	5	4.2
Total	120	100.0

Source: Field Survey, 2009

5.1.9 Agricultural land:

Agriculture is the main occupation of urban women. Among the agricultural activities livestock is the main source of economy in this area. Most of women have their own agricultural land for sufficient of food. Who have not own agricultural land for sufficient of food, they work in other land in lease. Especially production of milk by cow and buffalo is also an important source of economy in this area.

Table: 5.12 Distribution of respondents by agricultural land

Agricultural land	No of respondents	percent
Yes	116	96.7
No	4	3.3
Total	120	100.0

Source: Field Survey, 2009

According to (Table 5.12) about 97 percent of respondents have own land and only 3 percent have not land.

5.1.10 Food sufficiency from own land:

The standard of living of the family goes down due to not fulfilling the needs if there are limited means and resources and many children in the family. There were some respondents who get extra food from their own land.

Table: 5.13 Distribution of respondents by food sufficiency from own land

Sufficiency of food from own land	No of respondents	percent
Yes	79	65.8
No	41	34.2
Total	120	100.0

Source: Field Survey, 2009

Out of those who have their own agriculture land, about 66 percent of them grow enough food from their own land. Rest 34 percent had to depend on food grown on other's land.

5.1.11 Ownership of house:

House is the basic need of a man. In the study area, most of the respondents had their own house. About 96 percent of respondents had their own house. Houses were seen very small and rough but most of them had their own separate house. Only 4.2 percent respondents did not have in their own house. They were either sharing the house with their relative or living as paying the rent to house owner.

Table: 5.14 Distribution of respondents by ownership of house

Ownership of house	No of respondents	percent
Yes	115	95.8
No	5	4.2
Total	120	100

Source: Field Survey, 2009

5.1.12 Livestock:

Because of the urban area most of respondents had livestock like cows, buffalo, goats, hens and rabbits. 92.5 percent of respondents had livestock and rest 7.5 percent had not livestock (table No5.15}

Table: 5.15 Distribution of respondents having livestock in the household

Animals of the respondents	No of respondents	percent
Yes	111	92.5
No	9	7.5
Total	120	100

Source: Field Survey, 2009

5.1.13 Power of using property:

Though many of the Nepalese women have property with them but they have no fill decision making power in their hand. They have ownership but not full entitlement. (Table 5.16) shows the decision making power of target women, where most of the women have no decision making power over their own property. 70 percent of respondents had decision making power in husband. 24 percent respondent's decision making power had other family member. Only 6 percent respondents had decision making power in own self.

Table: 5.16 Distribution of respondents by power of using property

Decision making power	No of respondents	percent
Common decision	58	48.3
Husband	34	28.3
Other family member	21	17.7
Own self	7	5.8
Total	120	100.1

Source: Field Survey, 2009

5.2 Demographic background of the respondents:

Demographic background includes age structure, age at marriage, age at first birth, and number of children ever born.

5.2.1 Age composition of the respondents:

Age is an important demographic indicator. Age makes a difference in working hour, types of work and involvement in decision-making process. It also has a strong impact on attitudinal aspect of an individual. In this study the age of the respondents taken for survey is from 15 - 49 years. The age group 25 - 29 constitutes the highest percent (28.3) respondents followed by the age group 35 - 39 with 24.2 percent. The lowest percent 3.3 of respondents are in age group 15-19 (table No. 5.17)

Table 5.17 Age components of the respondents

Age of the respondents	No of respondents	percent
15-19	4	3.3
20-24	7	5.8
25-29	34	28.3
30-34	19	15.8
35-39	25	2o.8
40-44	17	14.2
45-49	14	11.7
Total	120	100.0

Source: Field Survey, 2009

5.2.2 Age at marriage:

Age at marriage is one of the fundamental determinants of fertility. The age at marriage also affects the overall health status of women. Marital status makes the ultimate difference in women's status. It is through marriage that women change their status from daughter to daughter in law. In Hindu culture, child bearing after marriage is like gaining a social status by a woman in a family.

Table 5.18 Distribution of respondents by age at marriage

Age at marriage	No of respondents	Percent
Below 15	53	44.2
16 - 19 years	52	43.3
20 - 24 years	15	12.5
Total	120	100.0

Source: Field Survey, 2009

Early marriage has been one of the important characteristics of rural women. Table 18 shows the age at marriage of the target women, where the highest percent of women has got married the ages below 15 years. It means the child marriage seems very high. The percentage of married below 15 is 44.2 percent. Like this married between ages 16-19 years is43.3 percent. Only 12.5 percent get married after 20 years (the legal age).

5.2.3 Children Ever Born:

The table 5.19 shows 8.3 percent respondents had one child ever born, 41.7 percent had two children ever born and 26.7 percent had three children ever born. Like this 6.7 percent respondents had four, five and six plus CEB respectively and 3.3 percent had no CEB at all.

Table 5.19 Distribution of respondents by children ever born

Children ever born	No of respondents	Percent
0	4	3.3
1	10	8.3
2	50	41.7
3	32	26.7
4	8	6.7
5	8	6.7
6+	8	6.7
Total	120	100.0

Source: Field Survey, 2009

5.2.4 Age of first child bearing:

Age at first child birth is one of the proximate determinants of fertility performance. It is much essential to raise age at first birth and age at first marriage in order to reduce fertility performance. Early age at marriage signify higher fertility performance. According to Hindu culture a married women must bear children as her duty or she will be looked down by the society she lives with.

Table 5.20 Distribution of respondents by age of first child bearing

Age of first child bearing	No of respondents	percent
15-19	80	66.7
20-24	33	27.5
25-29	3	2.5
None	4	3.3
Total	120	100.0

Source: Field Survey, 2009

Note: respondents who had no any birth are recorded in none.

Table 5.20 denotes 65.8 percent of the respondents have become mothers by age 15 to 19 years, 26.7 percent by age 20 - 24 years, only 1.7 percent by age25-29 years. And about 3.3 percent respondents have not any birth for the date of survey.

5.3 Knowledge and use of family planning:

Use of family planning is one of the proximate determinants, which has its direct effects on fertility performance. Almost all of the women in the study area have heard some of the modern family planning methods. Totally 100 percent of women in the study area have heard some of the modern methods of family planning. The common methods are female sterilization (100%), male sterilization (100%), and male condom (65%), inject able (96.7) and pills (88.3). Female condom is not yet familiar as other methods since only (10%) percent of the respondents have heard of this method.

Table 5.21 Distribution of respondents according to knowledge on type of FP method

Male condom	78	65.0
Female condom	12	10.0
Male sterilization	120	100.0
Female sterilization	120	100.0
Inject able	116	96.7
Pills	106	88.3
IUD	90	75.0

Source: Field Survey, 2009

Note: Total percentage may exceed hundred due to multiple responses

5.3.1 Ever use of contraception by literacy status:

Ever use of contraception is an important determinant of fertility performance. Table 5.22 shows ever use of contraception by literacy status. The respondents who can read and write 61 or 88.4% respondents used any of the modern contraception and 11.6% did not use any of the method, from illiterate respondents (72.1%) respondents used any of the modern contraception and 27.9% did not use any of the method and 75% of read only respondents used any of the modern method.

Table 5.22 Distribution of respondents by ever use of contraception and literacy status

Ever Use of F.P	Read only		Read and Write		Illiterate		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	6	75.0	61	88.4	31	72.1	98	81.7
No	2	25.0	8	11.6	12	27.9	22	18.3
Total	8	100.0	69	100.0	43	100.0	120	100,0

Source: Field Survey, 2009

About level of education, 72.1% of illiterate respondents who have used any of a contraception. 75% of respondents who can read only have used any of contraception. The percentage of ever user of contraception of non formal educated respondents is 64%,

primary level have 81%, lower secondary have 80% and SLC+ have 93%. It shows higher the level of education, the rate of contractive user also be higher.

Table 5.23 Distribution of respondents by Ever use of contraception and level of education

Level of education	Ever use of contraception					
	Yes		No		Total	
	No	Percent	No	Percent	No	Percent
Illiterate	31	72.1	12	27.9	43	100.0
Read only	6	75.0	2	25.0	8	100.0
Non formal	9	64.2	5	35.7	14	100.0
Primary	21	81.0	4	16.0	25	100.0
Lower secondary	17	85.0	3	15.0	20	100.0
SLC	9	90.0	1	10.0	10	100.0
Total	93	77.5	27	22.5	120	100.0

Source: Field Survey, 2009

5.3.2 Current use of contraception:

The highest percentages of respondents who are currently using contraception is read and write (88.4%), followed by illiterate (86.0%) and lowest by those who can read only (62.5%).

Table 5.24 Distribution of respondents by currently use of contraception and literacy status

Currently Use of F.P	Read only		Read and Write		Illiterate		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	5	62.5	61	88.4	37	86.0	103	85.8
No	3	37.5	8	11.6	6	13.9	17	14.2

Total	8	100.0	69	100.0	43	100.0	120	100.0

Source: Field Survey, 2009

The (table 5.25) shows, the total percentage of currently use of contraception is 82.2%. the percentage of currently use of contraception of illiterate respondents have 86.0% and read only respondents have 62.5%.Respondents who have non formal education 71.4% respondents are currently using modern contraceptive, 88%respondents of primary level, 85% respondents of lower secondary level and 80% respondents of SLC+ level were currently using of contraception.

Table 5.25 Distribution of respondents by Current use of contraception and level of education

Level of education	Currently Use of contraception					
	Yes		No		Total	
	Number	Percent	Number	Percent	Number	Percent
Illiterate	37	86.0	6	13.9	43	100.0
Read only	5	62.5	3	37.5	8	100.0
Non formal	10	71.4	4	28.6	14	100.0
Primary	22	88.0	3	12.0	25	100.0
Lower secondary	17	85.0	3	15.0	20	100.0
SLC	8	80.0	2	20.0	10	100.0
Total	99	82.2	21	17.5	120	100.0

Source: Field Survey, 2009

The respondents who were using contraception were also questioned about exploring the type of contraception. Among the current users of contraception highest percent (28.2%) were practicing female sterilization, followed by inject able (27.2%) and male sterilization (21.2%), and the lowest is Pills (4.0%). (Table No 23).

Table 5.26 Distribution of respondents by currently using method of contraception

Currently using method of contraception	No of cases	Percent
Male condom	4	4.0
Female sterilization	28	28.2
Male sterilization	21	21.2
Inject able	27	27.2
pills	4	4.0
IUD	15	15.2
Total	99	100.0

Source: Field Survey, 2009

5.4 Status of maternal health:

Maternal health is an important indicator of socio economic development of the country. Yearly a lot of mothers die due to childbearing complications. Fertility performance of a mother is affected by her maternal health status. Maternal health basically includes antenatal care, delivery care, postnatal care and pregnancy care.

5.4.1 Place of delivery:

In this study area when respondents were asked about their place of birth, more than 73.3 percent of them said at home, followed 20 percent at hospital or health center and 3.3 percent at relative's home.

Table 5.27 distribution of respondents by place of delivery

Place of delivery	No of respondents	percent
Home	88	73.3
Hospital	24	20.0
Relative	4	3.3
None	4	3.3
Total	120	100.0

Source: Field Survey, 2009

5.4.2 Taking antenatal care by the respondents:

Antenatal care is always needed for healthy mother and child. (Table No 5.28) shows that 46.6 percent respondents received ANC and 53.4 percent of respondents did not received antenatal care.

Table 5.28 Distribution of respondents by ANC treatment

ANC treatment	No of cases	Percent
Yes	54	46.6
No	62	53.4
Total	116	100.0

Source: Field Survey, 2009

Note: only those who had have at least one birth.

Antenatal care service also includes TT vaccine, iron and calcium tablets and other necessary health check up. The table 26 shows the percent distribution of respondents receiving TT and iron tablets.

Table 5.29 Distribution of respondents taking TT vaccine and iron tablets on pregnancy

Taking TT vaccine	Cases	Percent
Yes	51	44.0
No	65	56.0
Total	116	100.0

Taking iron tablets at pregnancy period

Taking iron tablets	Cases	Percent
Yes	46	39.7
No	70	60.3
Total	116	100.0

Source: Field Survey, 2009

About 44 percent respondents received TT vaccine and 40 percent iron tablets. Less then half percent respondents were far from the health facility which denotes the community is still unaware of health risk.

5.4.3 Work at pregnancy:

In Nepal, very few women get enough rest during pregnancy. Simple and light work is needed as worm up exercise for health maintenance but heavy work is dangerous. In this study area all of respondents did any kinds of work during pregnancy. No one was seen that who didn't any work during pregnancy. Only it is noted that how many hour and what kinds of work did they.

Table 5.30 Distribution of respondents by working hours during pregnancy per day

Working hours	Cases	Percent
3 to 6 hour	12	10.3
6 to 9 hour	36	31.0
10 hours and above	68	58.7
Total	116	100.0

Source: Field Survey, 2009

In the study area about 59 percent or respondents worked ten hour and above a day. Like wise 31 percent of respondents worked 6 to 9 hour followed by 10.3 percent who worked 3 to 6 hour per day. This is a negative indicator of maternal health, which has adverse impact on the health management of infant and mother. Higher infant mortality is one of the factors for high level of fertility.

Only work is not harmful for pregnancy period but type of work is important. In this study area most respondents perform household work and agricultural work both. Only about 9 percent respondents worked simple and light works (which include only household work and simple business and official work).

Table 5.31 shows that 3.3 percent respondents were currently pregnant at the time of survey.

Table 5.31 Distribution of respondents according to currently pregnancy

Currently pregnant	No of respondents	Percent
Yes	4	3.3
No	116	96.7
Total	120	100.0

Source: Field Survey, 2009

5.4.4 No of still birth and death of infants:

Although the respondents are residing in urban area about 88 percent had no still birth. 8.6 percent had one still birth and 3.4 percent had two still births. Like wise 90 percent respondents had no death of infant, 6 percent had at least one death of infant and 3.5 percent had at least two death of infant. This percentage is quite high.

Table 5.32 Distribution of respondents by number of still birth

No of death	No of respondents	Percent
None	102	87.9
1	10	8.6
2	4	3.4
Total	116	100

Death of infant

None	105	90.5
1	7	6.0

2	4	3.5
Total	116	100

Source: Field Survey, 2009

Note: only those who had have at least one birth

CHAPTER SIX

Differential in Fertility by Background characteristic

This chapter deals with fertility behavior of currently married women of reproductive age (15-49 years) in the study area (Methinkot VDC, Kavre). Fertility performance of currently married women has been expressed in terms of mean number of children ever born (CEB).Which measures for life time fertility experience of a woman. Mean CEB is defined as the mean number of live birth that a woman has till the time of enumeration. This chapter shows relationship between fertility behavior and socio-economic and demographic status of women in the study area.

6.1 Mean CEB by type of family:

Women in nuclear family have lower CEB compared to women in joint family. There are several reasons associated with it such as decision making process, burden of child rearing. In nuclear family couples make decision on themselves on number of birth and have to bear burden of child rearing themselves but in extended family couple have often obstacle to decide the number of births themselves and may not carry the burden of child rearing. Both of these factors are positive for higher number of births. (Table 6.1) shows that mean CEB of women in nuclear family is slightly lower (2.69) compared to women in extended family with mean CEB of 2.93.

Table 6.1 Distribution of respondents by mean CEB and type of family

Type of family	Number of live birth	Mean CEB	No of cases
Nuclear	282	2.69	105
Joint	44	2.93	15
Total	326	2.72	120

Source: Field Survey, 2009

6.2 Mean CEB by literacy status of women:

It has been widely accepted that education of women strongly influences their fertility behavior. It may be direct or indirect. In general literate women are more conscious about their family size and inclined to use more family planning methods. Age at marriage also increases with increasing level of education of women. That is why education of women is one of the most important variables for lowering fertility level. Table 6.2 presents the average number of children ever born for currently married women aged 15-49 in Methinkot VDC by literacy status of women.

Table 6.2 Distribution of respondents by mean CEB and literacy status

Level completed	Number of live birth	Mean CEB	No of cases
Illiterate	141	3.13	43
Read only	13	3.25	4
Information education	48	2.82	17
Primary level	61	2.35	26
Lower s. and secondary level	39	1.95	20
SLC+	24	2.40	10

Total	326	2.72	120

Source: Field Survey, 2009

Table 6.2 shows that those who can read only have the highest mean CEB (3.25) then illiterates have (3.13). The respondents having primary level of education have second lowest mean CEB(2.35) and lower secondary and secondary level of education have lowest mean CEB (1.95)then the SLC+ (2.40). The women with non formal education have mean CEB of (2.82). The respondents who can read only having highest mean CEB and it may be due to adult educations that were illiterate during the time of producing babies.

6.3 Mean CEB by husband literacy status:

Educational status of husband plays an important to reduce fertility. It is expected that the level of fertility declines with increase with educational attainment of husband. A woman with educated has better knowledge on the effect of higher fertility level compared to woman with uneducated husband since educated husband aware their wives about negative impact of more children. So, educated husband as well as wife wants fewer children.

Table 6.3 Distribution of repentance by mean CEB and husband literacy status

Husband Education	Number of live birth	Mean CEB	No of cases
Illiterate	58	3.62	16
Non formation education	25	3.00	7
Primary level	94	2.61	36
secondary level	105	2.76	38
SLC+	48	2.08	23
Total	326	2.72	120

Source: Field Survey, 2009

Table 6.3 shows that education level of husband is inversely related to the mean CEB. Higher the education of husband lowers the CEB. Respondents with illiterate husbands

have the higher CEB (3.62) followed by non formal education (3.00). The respondent's husbands who have higher education of SLC+ have lower CEB (2.08).

6.4 Mean CEB by occupation of the respondents:

Occupational status of woman has important implication in determining fertility level. Females in deferent occupations are found to have different fertility levels. Women involving in modern occupations have better life style which helps to realize their income and education that helps to reduce fertility.

Table 6.4 Distribution of respondents by current occupations

Current Occupation	Number of live births	Mean CEB	No. of cases
Agriculture	258	2.93	88
Tread and Business	26	2.16	12
Gov. and Private Jobs	14	1.75	8
None	28	2.33	12
total	326	2.72	120

Source: Field Survey 2009

Table 6.4 shows that the highest CEB (2.93) is with those women, who, are engaged in agricultural work. The reason behind could be more man power is needed to work in the field. The second highest CEB (2.33) is with those women who are not engaged in the economic work. They are engaged only in the house hold work, it is denoted by none. Women who are engaged in government and private jobs have the lowest CEB.

6.5 Mean CEB by husband's economic work:

Occupation of husband is also an important aspect for the fertility behavior of wife. It is expected that the level of fertility declining with the increase in income level of husband. Table 6.5 presents the distribution of mean CEB by husband's economic work.

Table 6.5 Distribution of respondents by mean CEB and husband economic work

Current Economic Work	Number of live births	Mean CEB	No. of cases
Agriculture	149	3.24	46
Tread and Business	72	2.30	33
Gov. and Private Jobs	36	2.40	15
Foreign Employment	37	2.31	16
None	15	3.00	5
Other	13	2.60	5
total	326	2.72	120

Source: Field Survey 2009

Table 6.5 shows that respondent's husband who are engaged in agricultural work have highest CEB (3.24) followed by none (who does not engage in the economic work because of physically disable). The respondent's husband who have the occupation of government and private jobs have CEB (2.40) followed by foreign employment CEB (2.31). The women whose husbands are engaged in tread and business have lowest CEB (2.30).

6.6 Mean CEB by age of respondents:

Table 6.6 Distribution of respondents by mean CEB and age of mother

Age of Respondent	Number of live births	Mean CEB	No. of cases
15-19	6	1.50	4
20-24	11	1.57	7
25-29	74	2.18	34
30-34	55	2.89	19
35-39	76	3.04	25

40-44	56	3.29	17
45-49	48	3.43	14
Total	326	2.72	120

Source: Field Survey, 2009

Mean number of children ever born varies significantly with age of mother. Higher the age of mother higher will be the mean number of CEB. It is obvious that older women have experienced longer spam of reproductive period than the younger ones. According to this fact younger women are expected to have fewer numbers of children than older ones. Table 6.6 presents the distribution of mean CEB to ever married women by their age. The table shows that mean CEB (1.50) for age group 15-19 and CEB (1.57) for age group 20-24. It is increasing with increasing the age of respondents 2.18 for the age group 25-29followed by (2.89) for 30-34 and 3.04 for 35-39 and 3.29 for the age group 40-44. Finally the highest CEB is for the age group 45-49 and it is 3.43.

6.7 Mean CEB by age at marriage:

Age at marriage is one of the important factors affecting the fertility performance. In the traditional Nepalese society early marriage is common. Early age at marriage means early entry to reproduction. In the country like Nepal contraceptive prevalence rate is lower and hence early age at marriage contributes higher fertility.

Table 6.7 shows the relationship between age at marriage and fertility. largest percentage of respondents were married before the age of 15 because of which this group have the highest mean CEB (3.04) followed by age group (16-19) with mean CEB (2.73) and lowest mean CEB (1.53) for age at marriage 20-24.

Table 6.7 Distribution of respondents by mean CEB and age at marriage

Age at first marriage	Number of live birth	Mean CEB	No. of cases
Below 15	161	3.04	53
16-19	142	2.73	52
20-24	23	1.53	15

Total	326	2.72	120

Source: Field Survey, 2009

6.8 Mean CEB by age of first child bearing:

The age of first child bearing determines the fertility performance of a woman. It is also noted that age of first marriage determine the age of first child bearing. If age at marriage delays, age of first child bearing also be delay and fertility performance of a woman also decrease. In this study area, most of the respondents were married before the age of 20. So their CEB is also high (3.20).

Table 6.8 Distribution of respondents by mean CEB and age of first child bearing

Age of first child bearing	Number of live birth	Mean CEB	No. of cases
15-19	224	3.20	70
20-24	95	2.88	33
25-29	7	2.33	3
Total	326	2.72	116

Source: Field Survey, 2009

Note: only those who had have at least one birth

6.9 Mean CEB by child loss experience:

Child loss experience is also an important factor to determine fertility. if infant mortality is high in society, fertility also be high. So it can be said that the relationship between CEB and child loss experience are be positive. If a woman loses her child she will be motivated to replace her dead child. Table 6.9 shows the distribution of mean CEB by

child loss experience. There is greater difference in term of CEB between the women with and without child loss experience.

Table 6.9 Distribution of respondents by mean CEB and child loss experience

Death of infant	Number of live birth	Mean CEB	No. of cases
None	282	2.69	105
1	26	3.71	7
2 and above	18	4.50	4
Total	326	2.72	116

Source: Field Survey, 2009

Note: only those who had have at least one birth

From table 6.9, we can see that the mean CEB is found to be lowest to the women who experienced none of the child loss (2.69) followed by one child lose experience (3.71) and highest CEB is (4.50) which have these women who have two or more child lose experience. Therefore higher the child lost higher the fertility level.

6 .10 Mean CEB and family planning:

Family planning is one of the proximate determinants of fertility. Use of family planning determines the level of fertility. Contraceptive provenance rate is inversely related to the fertility performance. Use of contraception and its effectiveness are two major factors controlling fertility.

Use of contraception helps to reduce fertility by spacing and controlling births. So the women who have ever used contraceptives must have fewer numbers of children then those who have not used. Table 6.10 presents the distribution of mean CEB to women by ever use of contraception.

Table 6.10 Mean CEB by Ever use of contraception

Ever use of contraception	Number of live birth	Mean CEB	No. of cases

Yes	256	2.61	98
No	70	3.18	22
Total	326	2.72	120

Currently use of FP method

Yes	273	2.65	103
No	53	3.12	17
Total	326	2.72	120

Source: Field Survey, 2009

Table 6.10 shows that women who have ever used of contraception have lower CEB (2.61) than that of women who never used (3.18). Likewise, the mean CEB with currently using contraception is lower (2.65) than not using contraception (3.12). It means there (in the study area) has positives effect between use of contraception and fertility.

6.11 Mean CEB by decision making power of women:

Decision making power of women shows their status. In Nepalese context, women have property, land but decision making power for use of these does not have with them. in this study area also have this problem.

Table 6.11 Distribution of respondents by mean CEB and Decision making power

Decision making power	Number of live birth	Mean CEB	No. of cases
Common decision	156	2.69	58
Husband	89	2.62	21
Other family member	68	3.24	21
Own self	13	1.85	7
Total	326	2.72	120

Source: Field Survey, 2009

Table 6.11 shows that the highest mean CEB is found to the respondents whose decision making power with other family member (3.24) followed by common decision (2.69). Then in third position is husband decision (2.62) and lowest by themselves (1.85).

6. 12 Mean CEB and status of health services:

The health status of women is related to fertility performance. If health status of women improved, the fertility behavior of women also improved. Good health facilities help to reduce infant mortality, still birth, maternal health etc and ultimately fertility will be reducing. Table 6.12 shows mean CEB of respondents by their health status.

Table 6.12 Distribution of respondents by mean CEB and place of delivery

Place of delivery	Number of live birth	Mean CEB	No. of cases
Home	272	3.09	88
Hospital	49	2.04	24
Relative's home	5	1.25	4
None	-	-	4
Total	326	2.72	120

Source: Field Survey, 2009

Table 6.12 shows that, the mean CEB is lower (2.04) to women who delivered their births at hospital with good health facilities as compared to respondents delivering births at home (3.09). The mean CEB is lowest to those who delivered at relative's home (1.25), which may be due to very small number of cases in this category.

Table 6.13 Distribution of respondents by taking Antenatal care

Taking Antenatal care	Number of live birth	Mean CEB	No. of cases
Yes	123	2.28	54
No	203	3.76	62
Total	326	2.72	116

Source: Field Survey, 2009

Note: only those who had have at least one birth

Antenatal care (ANC) includes health check up in pregnancy period, taking TT vaccine, taking iron tablet etc. In this study area the number of women who did not taking ANC is larger than receiving ANC. the mean CEB also is higher (3.76) to the respondents who did not received ANC in pregnancy period then mean CEB (2.28) to the respondents who received ANC.

6. 13 Mean CEB by work during pregnancy:

All of works are not harmful for pregnancy period. Light and simple work is needed as warm up exercise. But heavy and complicated works are against the health of mother and her baby. Table 6.14 shows mean CEB by work and its duration during pregnancy.

Table 6.14 Distribution of respondents by mean CEB and work at pregnancy

Working hour per day

3 to 6 hour	29	2.42	12
6 to 9 hour	98	2.72	36
10 and above	199	2.93	68
Total	326	2.72	116

Source: Field Survey, 2009

Note: only those who had have at least one birth

Table 6.14 shows anyone was not there who did not work at pregnancy. Very small number of respondents works 3 to 6 hour per day. The mean CEB of respondents who

worked 3to 6 hour per day at pregnancy is (2.42) and CEB of respondents who work 6 to 9 hours (2.72). The respondents who are engaged in 10 and above hour per day have highest CEB (2.93).

CHAPTER SEVEN

Summary, Conclusions and Recommendations

This study summarizes the fertility behavior of currently married women with respect to their socioeconomic and demographic variables. The study have analyzed differentials in fertilities in terms of mean number of children ever born (CEB) among women of reproductive age (15-49) years of Methinkot VDC, Kavre. Total 120 respondents were selected to purposively from all wards of the VDC. The purpose of this chapter is to summarize the major findings of this study related to fertility differentials in Methinkot VDC lone with conclusions and recommendations of the study.

7.1 Summary:

This study has been summarized the socio economic and demographic status of women in Methinkot VDC and their relationship with fertility behavior. Some of the independent variables are taken into account to deal with relationship of fertility behavior of women. The independent variables are taken from the socio-economic and demographic characteristics and mean CEB is dependent variables. The first section of analysis deals with the background characteristics of the respondents and other provides impact of socio-economic and demographic factors on fertility behaviors.

7.1.1 Background characteristics of respondents:

In the study area larger percentage of household need were male (86.7) and 13.3 percentages have female head. About 88% respondents lived in nuclear families and only 24.2% lived in joint families.

About 36 percent respondents were illiterate but only 8.3 percent respondents have completed higher level of education. Respondents who completed primary level have (20.8%) and secondary level (16.7%). Respondents husband have better level of education compared with them.

Agriculture is the major occupation of the respondents (73.3%), followed by tread and business (10%) and government and PVT job (6.7%), compared to respondents husbands are engaged in agriculture (38.3%) followed by tread and business (27.5%) and foreign employment (13.3). Foreign employment also is a good income source in the study area.

Most of respondents (96.7%) have agricultural land in this study area. But the food sufficiency from the land is (65.8%).

Of the total women, the highest portion (28.3%) respondents were in the age group of (25-29) followed by age group (35-39) 20.8%. The lowest percent (3.3) is the age group (15-19).

The highest (44.2%) respondents were married below the age of 15 followed by (43.3%) with the age (16-19) years and only 12.5 percent respondents are married in the age (20-24).

About (67%) women had their first birth within the age group (15-19) followed by (27.5%) by (20-24) and 2.5 percent by (25-29 years).

All respondents have heard any of the family planning method and all of them heard male and female sterilization followed by 96.7% have heard Injectable. Among them 88.4% respondents who can read and write have ever used one of the contraception and total 85.8% women are currently using the family planning method.

Very few women in the VDC have delivered at hospital (20.0) and total 73.3 percent women were delivered at home. And 3.3 percent of delivery was relative's home.

Nearly 71 percent respondents received ANC service, 44 percent respondents obtained TT vaccine and 39.7 percent received Iron tablets.

All of respondents worked during pregnancy period of which 58.7 percent worked more than ten hour per day followed by 31 percent worked 6 to 9 hour and only 10.3 percent worked 3 to 6 hour.

About 9 percent respondents have the experience of 1 still birth and (3.4%) have 2 or more still birth. Like this 6 percent respondents have 1 infant death and (3.5%) have 2 or more infant death.

Regarding CEB, (8.3%) respondents had 1 children, (41.7%) had 2 children followed by (26.7%) had 3 children, (6.7%) had 4 children and again 6.7 had 5 and 6 children.

7.1.2 Mean CEB by background characteristics:

In Methanol VDC the mean number of children ever born to currently married women of reproductive ages is found to be (2.73), which indicates the average number of births of women during their life span significantly higher mean CEB is associated with increasing age group of mother.

The educational status of women higher affects fertility. The men CEB for illiterate women is found to be (3.13) followed by non formal education (2.82). The women with SLC and higher level of education have the lowest men CEB (1.95) compared to SLC + (2.40) and primary `level (2.35). Like this CEB is getting low with increasing level of husband is education.

Women in nuclear family have lower mean CEB (2.62) then to women in joint family. The mean CEB is highest to the women who follow the agricultural occupation (2.93) followed by none (only household) activities (2.33) women who engaged in tread and business have (2.16) CEB and who followed government and private job lowest CEB (1.75).

Mean CEB of the study area is increasing with increase the age of respondents .The age group of respondents (15-19) have lowest CEB (1.50) followed by (20-24) (1.57) .It is to (3.43) CEB For the age group of 45-49

The mean CEB is lower to women who married at the age (20-24) (1.53) compared to women who married age (16-19) 2.73 and below 15 (3.04)

The mean CEB is positively related with the child loss experience women who had more then 2 child loss have the highest mean CEB (4.50) compared to one child loss (3.71) and none (2.69).

The highest men CEB is found for the women who started childbearing between the ages 15-19 (3.20) followed by 20-24 (2.88) and lowest for these ages is 25-29 (2.33)

The mean CEB for women who can decide herself or decision making power with herself have 1.85 CEB compared to decision making power with husband 2.6 and common decision (2.69) CEB.

Women with ever use of contraception have 2.61 CEB and currently using respondents have 2.65 CEB.

All of the health indicators of women (ANC, receiving TT vaccine, receiving Iron tablets during pregnancy, delivered at health related places) give significantly lower fertility in comparison to women with lower health status.

7.2. Conclusion:

- Status of women depends on various factors like educational attainment, age at marriage, occupation, decision making power and health status of women. All these are affecting fertility of women. Also there is an influence of husband's educational attainment and occupational status.
- The women and their husband engaged in agricultural occupation have higher mean CEB compared to those engaged in other occupation.
- Decision making power of women has negative impact on mean CEB.
- Age at marriage and age at first birth are inversely related with the fertility performance.
- Health status of women also affects their fertility behavior. Improvement in health status of women helps to reduce fertility performance.
- Use of contraception has inverse relationship with fertility performance.
- Child loss experience has positive effect on number of children ever born. Higher child loss experience is associated with higher fertility. Therefore, still birth and infant mortality is one of the factors affecting fertility behavior.

7.3 Recommendations:

- Educational status of women is one of the most important determinations of fertility. Only women, husband's education is also found to be very important in

reducing fertility level. Because of the lack of education most of the person depends upon agriculture and women are far from decision making power. They are not aware of the health condition of themselves and their children.

- Occupation is also found important in fertility reduction. The women in agricultural occupation are found to have higher CEB than that to women involved in non-agricultural occupation. Therefore, it is recommended that women should be given opportunities to join the labor forces outside the house and government should promote for the female employment in the areas of non-governmental sector.
- Low age at marriage tends to be the cause of high fertility and low educational attainment. So, the legal minimum age at marriage of females should be increased by the government.
- Lower health status of women increases child loss experience. Programs should be implemented to bring health awareness including ANC service, delivery complications, work load pregnancy and PNC services.
- Child health security should be increased through various programs to reduce fertility.
- Contraceptive users are found to low therefore awareness of family planning should be implemented.
- In the study area cultural factors are also influencing the women's status therefore change must be brought by women themselves on the traditional cultural value and customs which help in reducing gender discriminations.

7.4 Recommendations for future research:

- This study is limited only in the Methinkot VDC of Kavre district therefore the study covering all other remote areas and multi ethnic group would be mare effective.
- This study is based on only limited socio-economic demographic variable from the field survey so other social, economical, demographic and other multi-dimensional variables such as migration, income, land holding, food sufficiency

and other modern socio-economic variables are also useful for further policy recommendations.

- This study has been conducted within a time limitations therefore another study observing the change over time period is equally important.

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