

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Fertility is considered as a major component of population growth particularly in developing countries, where majority has been declining to a lower level as an effect of technological diffusions. Fertility is determined by variables in societies. Generally, high fertility is considered as a great obstacle in enhancement of the society. Thus, fertility could also be expressed as one of the indicators of developments (Das, 2000).

Traditionally Nepalese Society favours high fertility. Children are a symbol of well being both socially and economically. This is evident from the popular saying which goes “May your progeny fill the hills and mountains”. Marriage is early universal. It is a disagree for a couple particularly the wife not to have children. High fertility is desired because by producing children, preferably sons, a woman raises her status in the family. She avoids the chance of having a co-wife, makes herself socially eligible to inherit some property from the family, and above all, wins the support and attention from her husband and other members of the family, particularly the ever- dominating mother-in-law (CBS,2003)

It is very well known fact that rapid population increase is a serious threat to development efforts in the country. The task of providing not only food but also schools, housing, health facilities and employment for the growing number in the developing countries which often double within 25-30 years in a challenging task (Pradhan et al, 1996).

Nepal is a landlocked country. It has no water transportation. It is full of mountains and Himalayas. Nepal has only 14 percent towns and cities population but 86 percent people live in village. Investigator focuses on city and higher castes only. Taplejung is a Himalayan district. It is full of natural scene.

Taplejung is a remote district which touches the border of China and India. Darjeeling is the nearest town of India from Taplejung district. Yarsagumba, a famous herbal medicine is found in Taplejung.

This district has different castes or ethnic groups of people. Limbu is in the highest position by population in this district. Limbu is followed by Tamang, Rai, Bahun, Chhetri, Kami, Damai, Sarki, Bhujel, Sunwar, etc Dalit's population holds main position in the district. There is not reliable research on Dalit mainly Kami Community.

There is two Dalits firm in this district: Dalit Uthan Manch and District Dalit development Centre. They are not able to go deeply in Dalit's problem with regarding to health problem. They do not study the problems of Dalit. They are most interested to bind out the root of causes of Dalit poverty. It may be the related fertility behaviour of Dalit community specially on Kami's community.

In Nepal, Dalit holds 13 percent population of total population. According to census, 1991 A.D., 963655 is the Kami's population which holds 5.2 percent of total population, which is 2001 census Kami's Population is 895594 which is 3.94 percent of total population. They are declining in number 6808 from 1991 to 2001 census. In case of Kami, many of them hide their own caste identified either putting the surname of high caste Hindu group or simply reported themselves as Dalit without identifying one's sown caste. The rank of Kami has changed in 2001 census. The Kami ranked 7th in population size in 1991 census but fall to 8th in 2001. Population of Kami following Hinduism is 866296 (96.7%) in 2001 census.

Population by religion	
Hindu	- 866296
Bouddha	- 19644
Christian	- 6747
Kranti	- 1302
Sikh	- 112
Jain	- 21
Bahai	- 12
Total	- 895954
Source	: CBS

There are 50 VDCs in Taplejung district. Phungling is the highest population VDC of Taplejung district. It has hill- village environment. The most populated ward is 2 with respect to Kami's population. The ward seven has no Kami's population and four has one household.

Caste ethnicity is an explanatory variable to determine the way of life and fertility behaviour of Nepali women like other studies. The lifetime fertility or children ever born (CEB) was found highest among the untouchables (Niraula and Shrestha, 1997)

1.2 Statement of the Problem

Prevailing high fertility rate in Nepal is the result of almost universal marriage and demand for children in economic social and cultural beliefs. Kami's social values and norms early marriage exists in rural societies which lengthens the span of child bearing and increases the fertility performance.

Nepal is multicast and multi-ethnic country. Fertility culture differs by ethnic groups Kamis are in backward ethnic groups. They are socio- economically and politically depressed and dominated ethnic group of Nepal. That is why their fertility condition was depend their socio-economic and demographic circumstances.

Rapid population growth in the present day has been a world-wide problem. It has also been treated as a major global issue (Tuladhar 1989). Fertility rate in Nepal is one of the highest in Asia. In many developing countries, high fertility is associated with the level of income, education, child survivors and culture and religious factors. In addition family planning in general has an important role to play in reducing marital fertility (UNFPA, 1989:73).

The pattern of fertility among the subgroup within the some religious community will also differ from each other. The lowest cast women (Kami, Damai, Sarki, Musahar, Dusadh and Jhangad) showed higher fertility in each age group while compared to up per caste women (Brahmin, Chhetri, Newar and Rajput). The ethnic diversity also differs the fertility rate in society. The majority groups exhibits a high fertility rate in comparision to the majority group. Thus, it is notable that the population of ethnic group has shown considerable variation in demographic and socio- economic characteristics (Karki, 1995).

Kami is one of the major Dalit castes of hill region. Dalit has low educational status. Kami has low socio- economic and educational status. They are treated untouchable or water untouchable. They are poor but no one has carried their Kami's are fallen farther behind these caste groups. Kami's social status is very low. Kami's fertility rate is more than upper castes. They are also keen on drinking alcohol and other liquor. They do not know more about contraceptive devices. They do not come their infant and their study.

In Kami Community generally fertility affects by their low socio- economic cultural and demographic variables. Contraceptive prevalence method is also effective component of fertility behaviour, Kami community have high level of fertility. High fertility is the main cause of poverty. Until they do not feel that we should reduce our number of children for economical and social prosperity, they will have higher fertility level. Therefore high fertility of Kami community is the main local problem in Taplejung district.

Finally, there are several studies made in fertility behaviour with respect to Dalit ethnic groups. But none of the relating to Kami ethnic group has been done till now. So it is being necessary to focus on fertility behaviour among Kami community. This study mainly contributes in the academic as well as policy level to address the issues of Kami's community.

1.3 Significance of the Study

The main purpose of the study is to find out the various socio- economic and demographic aspects of fertility prevailing in Kami community. It is obvious that better understanding of fertility regulating behaviour is necessary in order to have control upon the fertility. The identification of demographic and socio- economic characteristics of fertility differential among Kami would help planners and policy makers.

There have been a number of studies conducted on nation wide level and on other ethnic groups like Musahar, Dhimal, Limbu, Khatwe, Sarki etc. The poor majorities are often debt by the researcher while they might have a significant role in the overall fertility behaviour of the country. Among Dalits, Kami is one of the hill Dalit. They

are impoverished and supposed to have less exposure to the modern world. They live in rural village which might have a impact on their fertility behaviour.

This study is helpful to find out the root cause of high fertility rate of Kami community which is important for poverty alleviation. The identification of the demographic and socio- economic characteristics of fertility different among Kami community, which would assist to have distinct population policies. The research study will comprise the reasons for high fertility behaviours in this community with recent and concurrent references that will be most interesting and necessary for Nepal's government (NG), Non- governmental organization (NGO) and International Non- governmental organization (INGO) as well as planners out policy makers for regulation of fertility behaviour in Kami community.

For further significance this study will helpful to find out the economic status of Kami community who are suffering from untouchability problem in the society. This study will open the way to activate them to take part in social work and will promote to improve educational status.

1.4 Objectives of the Study

The main objectives of the study is to find out the condition of fertility behaviour of Kami community in relation to the demographic and some specific socio- economic variables which would be significant at the policy making level.

The specific objectives of this research study are:

1. To identify demographic and socio- economic characteristics of Kami community.
2. To examine the relationship between the CEB and specific socio- economic and demographic characteristics of Kami community.
3. To identify the knowledge and practice of family planning method among Kami community.
4. To assess the age at marriage and its relation to fertility of Kami community.

1.5 Limitation of the Study

The research study has some limitations as stated below:

1. The fertility as a whole of society are determined by various factors but only few variables like “age at marriage, child loss experience contraceptive use, Education, occupation and income variable” are examined in this study.
2. The study is based on small sample size only of 134 eligible women of reproductive ages (15-49 years).
3. The research of combined within the Kami community Phungling VDC of Taplejung district. So, results are not able to represent to the national level.

1.6 Organization of the Study

The research study comprises of six chapters. The first chapter represents the introduction, statement of the problem, objectives of the study, significance of the study, limitation of the study and organization of the study. The second chapter constitutes the review of literature and conceptual framework. The third chapter deals with research methodology including selection of the study area, sample selection sources of data collection, data processing and presentation. The fourth chapter introduces the background of the study area, Location and physiographic, ward wise distribution of household, distribution of female headed household, climate and precipitation, the economy, health and education. This chapter contains four sub chapters: Location and Physiographic, Demographic characteristics, socio- economic characteristics and family planning characteristics. The fifth chapter is devoted to the analysis of fertility with the help of selected socio- economic and demographic variables by frequency, mean and cross tables. Finally, the Summary, Conclusion and Recommendation are presented in chapter six.

CHAPTER TWO

LITERATURE REVIEW

This chapter reviews theories developed in the context of the study of fertility. Besides, it also puts slight glance about the empirical studies as well as the basis of these theories, a conceptual framework will be suggested as guidance for the present study.

2.1 Theoretical Literature

Demographers and social scientists are even today busy in search of a systematic theory which would provide explanations for changes in fertility levels and differentials in fertility trends. This gap in the knowledge of demographic phenomena, despite the efforts made by several scientists to propound various theories of fertility (Bhende and Kanitkar, 1996).

Demographic transition theory states that fertility is high in poor traditional societies because of high mortality, lack of opportunities for individuals, less advancement and higher economic of children. These all changes with modernization or urban industrialism and individuals once their view points become reoriented use of the new opportunities (Cald well, 1977, Cited in Das, 2000).

According to demographic transition theory fertility and mortality transition from high to low in the countries of Europe, North America and Australia occurred when the use of contraception became widespread under the influence of such factors as growing individualism and rising level of aspiration developed in urban industrial living that emerge with process of socio- economic development of the country (UN, 1973:59).

Caldwell (1993) developed a theory known as “theory of intergenerational wealth flow” explaining fertility behaviour in any type of society at any level of development is rational. In a society, the fertility is high if children are economically useful to parents and low if children are economically not beneficial to the parents.

Demand theory is also an important factor for determining the fertility. According to this theory, fertility is determined by current family size, the spouses desired family size, cost of living. If the cost of additional children rises and income and wealth remains constant then the number of children desired decline. Similarly, if the cost of additional children remains constant and income increases then the desired number of children increases (Kourtsyiannic, 1979).

Easterlin (1976) developed a generalized model regarding determinants of fertility and concluded that fertility decisions are made by women in the society which are affected by three variables viz; (i) Income to the extent that children increase household income large families are favoured otherwise small. (ii) Price:- more is the price of child bearing and rearing, fewer will be the number of children wanted and vice-versa and (iii) Cost of regulation :-more is the cost required to regulate the number of children, more will be the number of children and vice- versa (Easterlin, 1976).

Bongaarts shows the four principal proximate determinants of fertility, namely, proportion of married females, lactational infecundity, incidence of induced abortion and prevalence of contraceptive use. The principal role played by the first two proximate determinants in traditional society in fertility transition is characterized by controlled or regulated fertility. Hence, other two factors, contraception and induced abortion come into play. Consequently, these two proximate determinants have the greatest fertility, inhibiting effect in non-traditional sectors (Bongaarts and potter, 1983).

According to Davis, a change in nuptiality patterns was one of the “responses” contributing to the transitional decline in fertility in Northern and Western Europe. However, the relationship between nuptiality patterns and fertility levels during the major decline in this area is not clear (Cited in UN, 1973).

Tuladhar (1989) examined that persistence of high fertility in Nepal using data from Nepal Fertility Survey, 1976 and found that higher mortality levels, specially of infants, joint family system early and universal marriage system low educational attainment, working status specially of women are the main contribution factors of high fertility in Nepal. In under developed societies, the major variables namely age at

entry into sexual union or age at marriage, permanent celibacy, contraception and sterilization have highest value which effect directly to keep the level of fertility (Tuladhar, 1989).

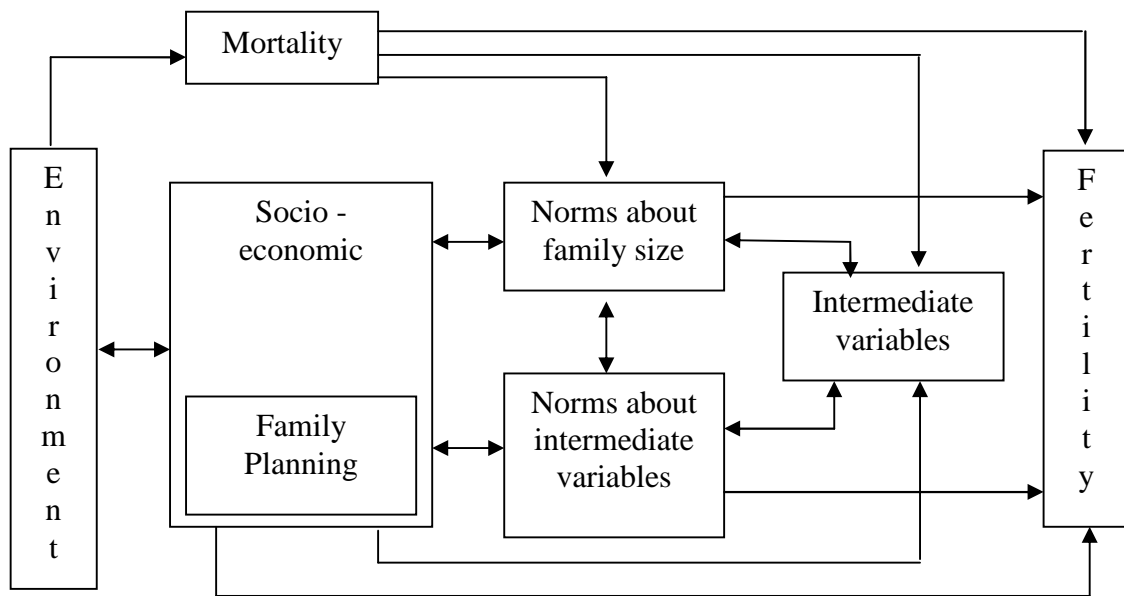
We had no single theory of fertility determination, socio-cultural economic and demographic characteristic of the people affect the fertility level of country according to different explanation of fertility decline. So, we should understand the importance of causal links between the socio- economic and demographic variables and their relationship with fertility (Aryal, 1997)

Deependra Ray Tharu (2005) claimed that fertility behaviour is related to socio-economic status. He examined the relationship between CEB and socio-economic status of Musahar community.

Dahal (1989) claims that cultural pronatalist Nepal society high economic and social value of children low education and social status of women poor health and insufficient nutritional intake inaccessibility of family planning and its unmet demand and the determining factors of high fertility in Nepal.

Ronald Freedman (1982) developed a model for the sociological framework of fertility. This model is based on Davis and Blake. Freedman has envisaged environmental factors and socio-economic structure influencing on fertility through a series of intermediate variables as (age at marriage and practice on contraception). He introduced two types of norms about. Fertility, which norms about family size and norms about intermediate variables. The norms which are influenced by socio-economic condition and varying life style related to position in a status hierarchy in norms about family size and other some status indicators. Such as education occupation, income, wealth power, prestige caste and there are also general class indicators that many jointly influences the desired number of children. People have different life style and they may influence norms about family size. Family planning programme is considered as one of the social programme that has a goal to reduced fertility that may influence the norms about family size and norms about intermediate variables, which in turn affect fertility behaviour (Tuladhar, 1989).

Figure 2.1: Sociological Framework for Study of Fertility



Source: Freed man, 1982:279.

Generally fertility determined by the psychological factors and their interplay with social, culture, economic and modernization factors also societies and population subgroups within societies categories by their socio- economic characteristics have different level of fertility. Much more fertility is determined by various socio- economic and demographic variables also caste/ethnicity, religion, cultures, women's education, occupation, sex performance, use of devices, age at marriage affect fertility behaviour of any group and community (Risal and Shrestha, 1989).

2.2 Empirical Literature Review

There are various empirical evidence obtained by different authors using different methods by examining the relation of parent's fertility values and behaviour. This sub-section presents the review of empirical literature related to fertility.

2.2.1 Age at Marriage and Fertility

The Nepalese society is characterized by early and nearly universal marriage. Marriage usually takes early and by the age of 30 almost every woman reception is low, early marriage leads to longer exposure to child bearing. Therefore, early and

universal marriage practice in Nepal results in long term social and economic consequences including higher fertility (MOPE, 2004).

According to Nepal fertility and family planning survey (NIFPS, 1986), the completed fertility of Nepalese women who get married in the age of less than 13 years and 6.0 mean number of children ever born while the women who get married in the age of 25 years and above had 2.8 average number of children ever born per women (MOH, 1987).

Education is one of the factors which affects on age at marriage. Therefore, the literate men and women have a higher singulate mean age at marriage than their counterparts. This relationship is more propounded among female than male. For men the singulate mean age at marriage is 21.2 for illiterate and 23.6 for the literate. The corresponding for women are 17.6 and 20.8 respectively (CBS, 2003).

Age at marriage is one of the determinants of fertility. Some studies have demonstrated that an increase in female age at marriage contributes to a reduction of fertility. There is inverse relationship between age at marriage and fertility in Nepal (CBS, 1995). Even though legal age at marriage for boys and for girls is 18 years and 16 years respectively. Early marriage still has been practice in Nepali society due to different socio- cultural norms and values. In Nepal, age at marriage is found to be lower for females was 19.5 years and 22.5 for males in 2001 (MOPE, 2004). It shows that age at marriage is increasing for both sexes in Nepal.

Age at marriage in most of the societies is the beginning a women's exposure to the risk of child bearing, age at marriage is a main determinants of the duration and marriage proportion of women never married are important of proximate determinants of fertility (Bongaarts and Potter, 1983).

Thus, age at marriage has been proved as one of the important factors responsible to determine the level of fertility by age at marriage provides much clear ways to arrest the problem of high fertility in Nepal.

2.2.2 Education and Fertility

Education is one of the most determinants factors on fertility. The negative relationship between women's education and fertility has also been established from the NFHS, 1991 survey. A difference of 2 children indicates that there exists a significant differential in fertility of women with some education and no education (NFHS, 1991).

The level of fertility declines with increase in educational level of females. The same applies for literacy status. Higher the level of female literacy in a community, the lower will be fertility. This also implies that the level of fertility should be lower for the literate female compared to the illiterate females (CBS, 1995).

NFHS, 1996 showed a strong relationship between education and fertility. Women which at least secondary education have total fertility rate (TFR) of 2.5 which is less than half the rate among women with no education with TFR of 5.1 where as women with primary education have TFR 3.78 per women (MOH,1996).

The empirical study based on Nepal fertility survey data, 1997 has shown that mean number of children ever born among literate women was 2.3 compared to 3.3 among illiterate women. Women with literate husbands also have fewer mean number of CEB (3.0) than those with illiterate husbands (3.5). With regard to level of education, women with no education have mean CEB of 3.3 compared to 2.2 among those with same education, and women whose husbands have no education have mean CEB of 3.6 as opposed to 2.3 among those whose husbands have some education (Nepal, FP/MCH Project, 1977 cited in Risal and Pant, 1988).

2.2.3 Occupation and Fertility

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

The occupational status of workmen is also an important determinant of fertility level. However, women's education and employment are contained within the domestic

sphere of Nepalese society. The relationship between the working status of women and fertility is little known working women in rural Nepal are often poorer and less educated than non-working women in rural Nepal either work on their farm or work as agriculture or wage labour (Dahal,1992:5).

Occupational especially of the husband, has been probably the most widely utilized index of socio-economic status in the study of fertility differentials. Changes in occupational distribution of the population of industrially advanced countries have accompanied the general declines in fertility. Relatively high fertility has been associated with the professional classes, white collar workers and urban industries workers (UN, 1973).

2.2.4 Child Loss and Fertility

In Nepalese perspective, the poor level of socio- economic development is the most catalyzing factor for high level of infant mortality and fertility (Adhikari, 1996). Women with higher child loss experience had higher CEB. Women with no child loss had 2.5 those with one child loss had 4.3 and those with two or more child loss had CEB 6.5. A steep inverse in CEB for cases of two or more daughters or sons dead is evident (Acharya, 2000).

The complex associated between infant and child mortality and reproductive behaviour has long been recognized in demographic literature and research is involving a two way process. On the one hand, high infant and child mortality has implication for the high level of fertility in all societies with operates through biological as well as social mechanism. In the other direction, high level of fertility contribute, once again through biological as well as social processes, to maintain high levels of infant and child mortality. Although this relationship is complex, mortality, reduction may be prerequisite to a decline in fertility (UN, 1973).

Lower the chances of survival of children, the higher will be the level of fertility. Where the incidence of infants and child mortality is high, parents will incline to produce more children than necessary to ensure survival of at least few into childhood. In this connection it is hypothesized that higher the infant and child mortality rate of a state, the higher will be the fertility of state (UN, 1996).

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

The differentials in fertility seem to be highest among the women with different child loss experienced. For instance, women with at least two dead children tend to produce about three more children compared to those who have not lost any child (Acharya, 1998).

2.2.5 Contraceptive Use and Fertility

Contraceptive use is expected to be inversely associated with the level of fertility; contraceptive use itself is affected by various socio- economic factors such as level of educational attainment, income and occupational characteristics of people. The persistent of high fertility in Nepal is mainly due to the lack of popular demand of family planning (Tuladhar, 1989).

Contraceptive use was considered as one of the four most important “proximate determinants” of aggregate level of fertility. Furthermore, it generally assumes the principle role in transition to lower fertility (Bongaarts and Potter, 1983).

Various studies in the past have shown use of contraception has a strong negative association with fertility. It is accepted that contraceptive was the principal intermediate variables responsible for the shift of high fertility during the late nineteenth and early twentieth century (UN, 1973).

There are several reasons for the low rate of retention of family planning method in Nepal. Methods are not available to a large number of couples and even where they exist family planning workers have not been affective in motivating couples to use contraceptives. The practice of family planning is culturally on contraception (Subedi, 1996).

According to Nepal Fertility Survey (NFS), 1976, 97.0 percent of those currently married women who wanted no more children were not using contraception

(Tuladhar, 1989). The NFS 1976 also reported total marital fertility rate of 7.0 for hill and mountain and the comparable figure of Terai were 6.6, the overall rate was 6.8 (MOH, 1976).

Literacy is one of the determining factors increasing use of contraception. Widespread illiteracy prohibits women from the access to information, education and communication material. The ICPD has recommended equal participation of both men and women in decision making related to number of children. Even though, the literacy of women is more catalytic to prolong the spacing and reducing fertility, literacy of husband is equally important. More than one fourth (26.5%) of the literate women were using contraception in age group 15-29 years which is almost highly by 3.7% points than that of the prevalence of women with their literate husband. Similarly, the highest percent of use of any method by literate women on these ages was observed as 42% for 25-29 age groups. It found that a few literate women aged 15 years did not use contraceptives while 6.3% of their counter illiterate part has used contraceptives (Acharya, 1999:44).

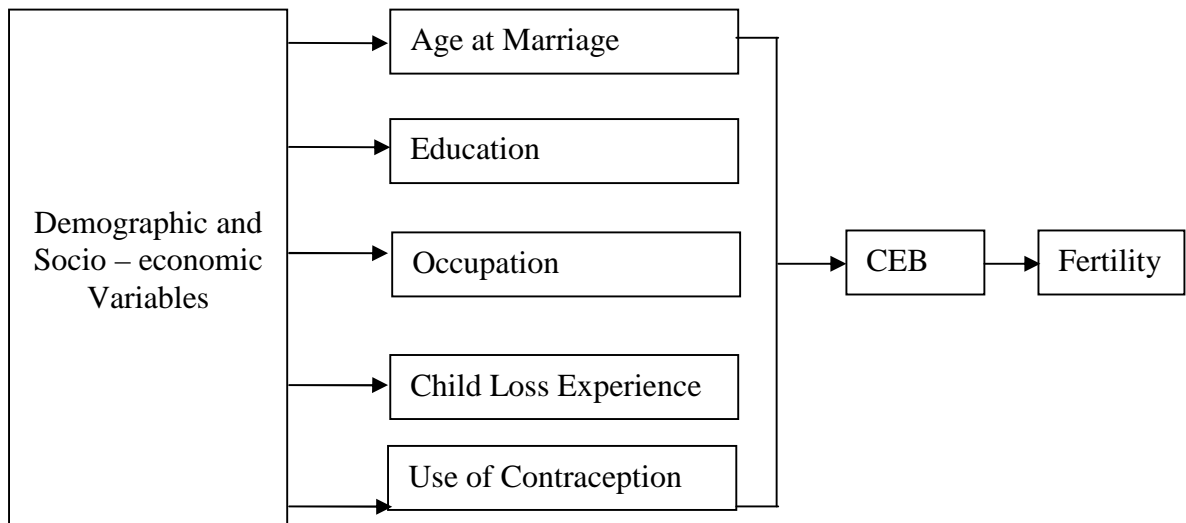
2.3 Conceptual Framework

This study of fertility behaviour is very complex phenomenon which is justified by the proceeding discussion and also establishing the relationship among various conceptual framework with various socio- economic and demographic variables for the study population.

The number of CEB to particular women in the reproductive age is taken as dependent variable, which is one of the best indicators of fertility analysis of the study population.

The below proposed conceptual framework set out in figure consider that the age at marriage, education, occupation, child loss experience are independent variables and they combined determine the level of contraception. Here, the use of all they determine the fertility or CEB. Hence, fertility becomes the dependent variable.

Figure 2.2: Conceptual Framework



Independent Variables

Dependent Variables

After the theoretical and empirical literature review it can be concluded that, Kami fertility is closely associated with both the theoretically and empirical perspective. According to Caldwell’s “theory of intergenerational wealth flow”, the fertility is high if children are economically useful to parents, and low if children are economically not beneficial to the parents. The Kami community is closely related with Caldwell’s “theory of intergenerational wealth flow” because Kami’s children are economically parents due to low socio-economic condition therefore, Kami’s fertility seems high. According to Tuladhar (1989) higher mortality levels specially of infants, joint family system, early and universal marriage system low education attainment, working status of women are the main contribution factors of high fertility in Nepal which Kami community resulting high fertility.

Kami’s high fertility is also associated to empirical literature review. In Kami’s community marriage usually takes place early. Therefore, early marriage practices in Kami community result in long term social and economic consequences including higher fertility. The level of education both men and women are very low. Most of the people of Kami community are engaged in agricultural sector as a wage labour as their main occupation. Women with higher child loss experiences have higher CEB which seems in Kami community. Finally, contraceptive use is very low in Kami community. These all variables are directly affect the level of fertility of Kami community

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Selection of the Study Area

The people of Kami community are distributed mainly in hill districts eastern Nepal to western Nepal. They are also in Terai region in less number near the Mahabharat range or north side of Mahendra highway. A homogeneous settlement of Kami is found in Phungling VDC of Taplejung district. There is no study conducted in this community with respect to fertility behaviour. This VDC is in Taplejung district. There is no study conducted in fertility behaviour in this region formally. Thus, the phungling VDC has been purposively selected for the research study.

3.2 Sample Selection

The sample is designed for the homogeneous population of Kami community only which is selected I Phungling VDC from 1, 2, 3, 4, 5, 6, 8 and 9 wards out of the total 9 wards of the study area. Because only those eight wards i.e. 1, 2, 3, 4, 5, 6, 8 and 9 are residential area of the Kamis people out of the total wards of the VDC. In those wards i.e. 1, 2, 3, 4, 5, 6, 8 and 9 Kami's households are 12, 51, 32, 1, 17, 3 and 13 respectively. Altogether 132 households, each household will be taken by randomly basis from each of the selected wards i.e. 1, 2, 3, 4, 5, 6, 8 and 9 respectively. Each 134 eligible women (15-49) years are recorded and one person will be taken from each household to administer the question relating family background and all 134 eligible women interviewed face to face the question relating to fertility.

3.3 Sources of Data

Obviously, this is a micro level study. It is mainly based on primary data. The data are collected from the field survey by interview with the respondents on the basis of structured questionnaire. The secondary data are being taken. The name of head of households is taken from voter list from district election office, Taplejung. The analysis is based on the primary data.

3.4 The Respondents

Every household of Kami community was included in the study. To achieve the objectives set in this study information are collected from the every married women of reproductive age group 15-49 years of the study area. These 132 households are selected out of total household and total 134 eligible women are taken to administer the questionnaire relating to fertility. One adult person is asked to fill the household questionnaire in the research. Some household has more than one eligible woman and some had none.

3.5 Questionnaire Design

The questionnaire employed for the study is designed to obtain information in various aspects of fertility behaviour as well as demographic and socio- economic background characteristics. Two types of questionnaire were designed for collecting information. The household schedule was used to get household information of each member of the household. Household schedule constitutes question about the sex age, marital status, occupation, education etc. The household questionnaire was usually asked to head of the household to obtain information on socio- economic and demographic characteristics of each member of the household.

The individual questionnaire dealt with to all ever married women 15-49 years. The main purpose of the individual questionnaire was to obtain the respondent's characteristics such as completed age, education, fertility related questions, use of contraception etc.

All the questionnaires were constructed strongly focused on the information to meet the objectives of the study. These questions were written in simple English language for the convenience of the interview. To check the consistency of the data, some cross questions were designed.

The questionnaire was based on the standard questionnaire of demographic health survey (DHS), MEBDC survey and NFHS survey.

3.6 Data Collection

The researcher along with the students of the population studies of (10+2) and diploma were involved in the field survey. The enumerators were trained by the researcher before going to the data collection and gather the necessary information.

3.8 Data Processing and Presentation

The collected data were edited, checked, recorded and entered into the software programme dBASE and SPSS/PC software programme were handled to process the data output, cross tabulation, frequency distribution, mean CEB analysis were used to examine the relationship between dependent and independent variables.

CHAPTER FOUR

INTRODUCTION OF THE STUDY AREA AND CHARACTERISTICS OF STUDY POPULATION

4.1 Location and Physiography

Household and individual interviews, were conducted in an agrarian society of Phungling Village Development Committee (VDC) which is in southern part of Taplejung district. It is the headquarter of Taplejung district. It lies in the bottom of Kanchanjungha and Pathibhara. It is the gateway of famous religious place Pathibhara. The population size of Phungling VDC in 2001 was 12,007. Among the total there were 5921 males and 6086 were females. According to data of 2006, the population of Phungling VDC is 12,876. Among them, 6462 were females and 6414 were males. The rate of growth of population is 1%. The no. of household is 2271 in 2001. The total population of Taplejung district was 134698 in 2001. The village is bounded by Dokhu, Khamlung, Hangdewa and Phulbari VDC. Its VDC boundary is with Dokhu in east, Khamlung in west, Hangdewa in north and Phulbari in south.

Altitude of village is generally starts from 1824m high from sea level. It lies between 27.2 northern latitude and 87.41 eastern zeniths. Phungling 2 is the largest ward of this VDC. It consists of Medibung, Simle, Dadhgaun, Batase, Kenim, Angedim, Katike, Moledanda and Sadhubari. Phungling Bazar is the main town of Taplejung district. It covers ward number 4, 5 and 7. It is going to extend in 2, 3 and 6 also. Bahun, Chhetri, Tamang, Limbu, Rai, Bhujel, Magar, Kami, Damai, Sarki, Gurung, etc are different caste/ethnic groups residing in this VDC.

4.1.1 Ward Wise Distribution of Household

There were total 2271 households in the VDC. A total of 664 households were in ward 2 that constituted the highest number in VDC. Similarly, the lowest household in ward 8 was 107 only.

Table 4.1: Distribution of Household According to Wards

Wards	Household	Kami Household
1	228	12
2	664	51
3	167	32
4	401	1
5	251	17
6	136	3
7	201	0
8	107	3
9	116	13
Total	2271	132

Source: Village profile, 2010

4.1.2 Distribution of Female Headed Household

Out of total households in VDC only 354 households were found as female, there were 25 from ward 1, 105 from ward 2, 28 from ward 3, 73 from ward 4, 33 from ward 5, 39 from ward 6, 20 from ward 7, 16 from ward 8 and 15 from ward 9 (Table 4.2).

Table 4.2: Distribution of Female Headed Household According to Wards

Wards	Female headed household
1	25
2	105
3	28
4	73
5	33
6	39
7	20
8	16
9	15
Total	354

Source: Village Profile, 2010

4.1.3 Climates and Precipitation

During the summer and late spring season temperature of this area reach to its maximum level and in winter it falls to its minimum level. The climate of this region found as sub-tropical region.

4.1.4 The Economy

The economy of Phungling VDC is agro-based. More than 60% of households had agricultural occupation. Some people were engaged in non-agricultural sector like government service, teaching, foreign military service.

In an agrarian society peoples economic condition depends upon the size of land. Rainfall is the major factor in determining of cereals in Phungling VDC. With the beginning of rain around May-June summer crops are cultivated. The major summer crops of the village include rice, maize and pulses. The winter crops are namely tomato, wheat and mustard plants.

Agriculture system is extensively supported by animal husbandry. In the village, livestock have been a source of power to cultivate fields, to supply milk and meat to get additional income of households. People who are landless or have a marginal size of land depend on their muscles labour to be paid in terms of cash or kind. A system of labour exchange in farming known as 'parma' is in practice in the village.

4.1.5 Health

The status of public health as well as maternal and child health (MCH) is observed based on the knowledge of women on antenatal and post-natal care of their children. District Hospital, Dental Hospital and private clinics provide health facilities in VDC. Besides, there are village Health workers' and female Community Health Volunteers in each ward to render health services to village people.

4.1.6 Education

There are altogether 11 pre-primary schools, 12 primary schools, 3 secondary schools, 5 higher secondary schools and 1 campus in Phungling VDC. These schools and campus are aimed to increase the overall enrolment rate of the school going aged children and increase overall literacy rate in the village.

4.2 Demographic Characteristics

It consists age sex distribution, marital status, percentage of eligible women, child loss experience ideal no. of children, age at marriage and sex ratio of the study population.

4.2.1 Age Sex Composition

The age composition has functional significance for analyses in social, economic and demographic issues. Data on age are most commonly tabulated and published in 5 years age group. This detail sufficiently provides an indication of the form of age distribution and serves most analytical purposes (Shryock and Siegal, 1976). Almost 34.4 percent population is concentrated within the child dependency ages of 0 to 14 yrs. Similarly the age from 15-59 accounts for 61.99 percent and the age group 60 over consists of 3.6 percent of people. An indication of improved age composition is observed as almost 39 percent for the young age dependency. However the proportion in old age is smaller indicating low life expectancy of the people (Table 4.3).

Table 4.3: Age Distribution by Conventional 5 years age group

Age group	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
0-4	33	9.30	21	5.74	54	7.49
5-9	46	12.96	49	13.39	95	13.18
10-14	40	11.27	59	16.12	99	13.73
15-19	47	13.24	49	13.38	96	13.31
20-24	41	11.55	37	10.11	78	10.82
25-29	30	8.45	33	9.02	63	8.74
30-34	23	6.48	24	6.56	47	6.52
35-39	20	5.63	24	6.56	44	6.10
40-44	28	7.88	27	7.38	55	7.63
45-49	17	4.79	18	4.91	35	4.85
50-54	11	3.10	6	1.64	17	2.36
55-59	6	1.69	6	1.64	12	1.66
60-64	7	1.97	4	1.09	11	1.53
65+	6	1.69	9	2.46	15	2.08
Total	355	100	366	100	721	100

Source: Field Survey, 2011

4.2.2 Sex Ratio

Age group wise sex ratio of Kami population seems to have been fluctuated which might have the reason of small size of population. On the other hand, the low sex ratio in working age group especially from 25 to 39 suffices the ground to speculate high out migration and migration of kami males from Phungling VDC. There is a fluctuated sex ratio for total population which was 96.96 for the study area.

Sex composition of study area as reflected in the sex ratio (men per 100 women) is one of most important indicators of women in society. It reflects overall survival of women in relation men/female immigration severely in relation to men in fulfillment of their basic physical needs of even has high preferences for male child, there will be more surviving men than women at a particular period of time.

Table 4.4: Sex Ratio

Age group	Percent of Population		Sex ratio
	Male	Female	
0-4	4.58	2.91	157.14
5-9	6.38	6.80	93.88
10-14	5.55	8.18	67.80
15-19	6.52	6.80	95.92
20-24	5.69	5.13	110.81
25-29	4.16	4.58	90.91
30-34	3.19	3.33	95.83
35-39	2.77	3.33	83.33
40-44	3.88	3.74	103.70
45-49	2.36	2.50	94.44
50-54	1.53	0.83	183.33
55-59	0.83	0.83	100.00
60-64	0.97	0.55	175.00
65+	0.83	1.25	66.67
Total	49.24	50.76	96.94

Source: Field Survey, 2011.

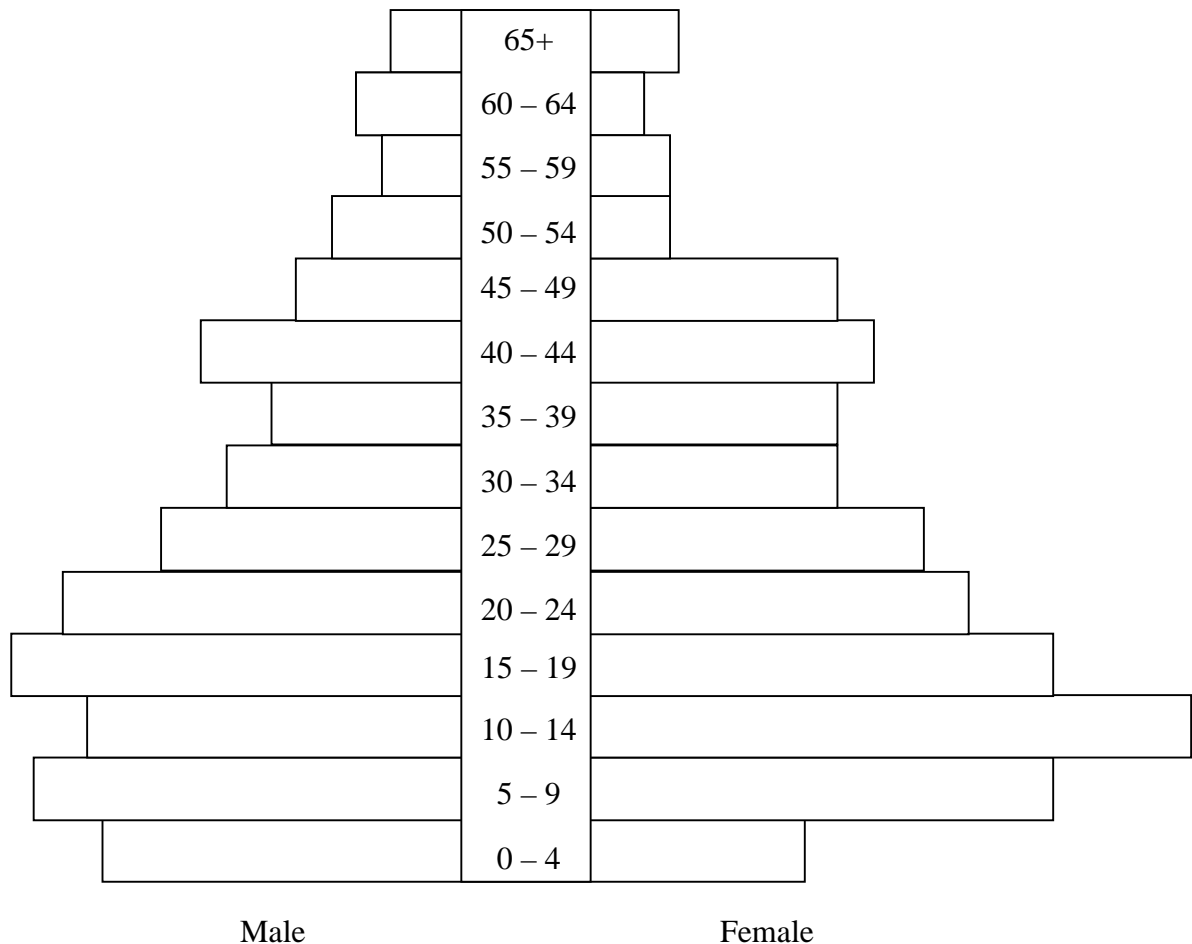
The low survival of female babies (0-4) years shows the poor condition material and child care during delivery in case of born of female child. The sex ratio for 0-4 years shows 157.14 male per 100 female. There is greater fluctuation in the sex ratio (Table 4.4).

The number of men per 100 women is low in the 25-29 years age group of population. This is the almost the peak of the reproductive age; and when even some of the deaths are due to MMR, that might have also helped to have decreased the number of women. The data indicate opposite trend, that reflects the excess of women over men. A reason of male out migration for employment or job could be speculated. The sex ratio is lowest in 65+ shows greater life expectancy of female than male. The highest sex ratio in age group (50-54) shows the returning of male from foreign country.

4.2.3 Population Pyramid

A population pyramid is a very effective and quite widely used method of graphically depicting the age sex composition of a population (Shryock and Siegel, 1976).

Figure 4.1: Population Pyramid, Kami Population



Highly broad based pyramid is the reflector of the fertility. The population pyramid of Phungling VDC shows more people among males in 15-19 age groups and among females in 10-14 age groups. Because of the small population the pyramid of Kami population might have been distributed unevenly.

On constructing this type of pyramid, the population distribution is distributed such that the child dependency ratio is so far high rather than working population then it becomes the broad base pyramid as high fertility rate, high young children population, low socio-economic development, smaller proportion of early age population.

4.2.4 Cultural and Spatial Distribution

The Phungling sample (2011) consists of 132 household. In total, there are two religious groups. About 98.5 percents of total population follow Hindu religion. There is only 1.5 percent population from Christian religion.

Table 4.5: Ward Wise Distribution of Enumerated Households and Eligible Women

Wards	Enumerated HH	Eligible Women	Percent of Eligible Women
1	12	11	8.28
2	51	47	35.17
3	32	34	25.52
4	1	2	1.38
5	17	18	13.79
6	3	4	2.76
7	0	0	0.00
8	3	4	2.76
9	13	14	10.34
Total	132	134	100

Source: Field Survey, 2011

In terms of ward wise distribution of Kami community, ward no. 2 deserve top position by accounting about 35.17 percent of the households. Ward no. seven has no Kami population and no eligible women. Ward no. three holds the second position (25.52%). They are followed by ward no. 5, 9 and one. Ward no.6 and 8 have equal no. of eligible women (2.76%) ward no. four has only 2 eligible women (1.38%) (Table 4.5).

4.2.5 Nuptiality Characteristics

Marital status is an important demographic characteristics of population associated with the fertility. It involves biological, social, economic, legal and religious aspects. The marital status of the study population aged 10 years and above is shown below by sex.

Table 4.6: Distribution of Study Population by Marital Status and Sex Aged 10 Years and Above

Marital Status	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Married	146	56.37	156	57.35	302	56.87
Unmarried	108	41.70	108	39.70	216	40.68
Divorce	1	0.39	0	0.00	1	0.20
Widow/Widower	3	1.15	6	2.21	9	1.69
Separated	1	0.39	2	0.74	3	0.56
Total	259	100	272	100	531	100

Source: Field Survey, 2011.

Table 4.6 reveals that, out of total population aged 10 year and above, only 40.68 were unmarried in which male were 41.7 percent and female were 39.7 percent. The percent of ever married males were found lower 56.37 percent than married female 57.35 percent. Likewise divorce cases are 0.39 percent in male and no one was in this case in female. The percent of widower is 1.15 and widow is 2.21 percent and 1.69 percent as in total. Similarly 0.56 percent were separated among them males were 0.39 percent and female were 0.74 percent female is higher than male separated percent.

4.2.6 Marital Status of Eligible Women

Marriage is the most important factor in population dynamic and fertility. Marriage involves social and religious values in our society. Before marriage the sexual intercourse is not allowed in Kami society. So, without marriage the fertility

behaviour is corrected with marriage. The marriage status of Eligible women has been given below:

Table 4.7: Distribution of Eligible Women by Marital Status

Marital Status	Eligible Women	Percent
Married	133	99.25
Divorce	1	0.75
Total	134	100

Source: Field Survey, 2011.

With respect to Marital status, out of 134 Eligible women, 99.25 percent have reported as married at the time of reported as married at the time of survey. They were staging with their husband at the time of survey. Only 0.75 percent was divorced with their husband. No one has reported that they were separated and widow.

4.2.7 Age at Marriage of Eligible Women

In Nepal, with parental consent, legal minimum age at marriage for both girls and boys has been set at 18 years. If the boys and girls want to marry on their own then the minimum legal age at marriage for both girls and boys is 20 years. In many ethnic groups, this was hardly followed in the beginning and the mean age at marriage was quite low them. In some societies girls resulting high fertility (MOPE, 2004). The distribution of ever married women by age at marriage is given below.

Table 4.8: Distribution of Eligible women by Age at Marriage

Age at Marriage	Number	Percent
10-14	13	9.70
15-16	42	31.35
17-18	35	26.12
19-20	23	17.16
21+	21	15.67
Total	134	100

Source: Field Survey, 2011

Tables 4.8 shows that the majority (31.35%) of the total married eligible women were married at the age group of 15-16 years, followed by the age group 17-18 years (26.12%), age group 19-20 years (17.16%) and remaining age group 10-14 years and 21+ years have 9.70 percent and 15.67 percent respectively. It shows that the early age at marriage among Kami Community.

4.3 Socio-Economic Characteristics

The socio-economic characteristics of the study population include the education, occupation as well as income of the household and respondents.

4.3.1 Educational Characteristics

The survey included a number of educational variables at the individual level. The literacy variables indicate the respondent is ability to read and write both. The complete education indicates the highest grade completed by the individual under a formal education institute. The SLC+ indicates the completion of SLC exam and class (1-10) indicates the under SLC from class 1 to 10. There are only three males who are graduate. Only one female has passed 10+2 exam and there are only four males who have passed 10+2 or I.A. There were total 648 population of above 6 years. Among this total population 319 are males and 329 are females.

In the sample about 22.26 percent males and 23.40 percent female are illiterate. There was a low degree of gender biases in education, indicating the gender gap of 1.14 percent between male and female. Overall 22.84 people are illiterate in the study area. Total 60.16 percent population has completed class 1 to 10 (under SLC) from which male occupied 58.62 and female occupied 61.70 percent. There is wide variation of literate between male and female. Only 17 males have passed the SLC and 23 females participation of higher studies is very low. (Table 4.9)

Table 4.9: Education Status, Kami Population, Aged 5 Years and Above

Description	Male No.	Percent	Female No.	Percent	Total No	Percent
Illiterate	71	22.26	77	23.40	148	22.84
Literate	37	11.60	25	7.60	62	9.57
Class (1-10)	187	58.62	203	61.70	390	60.19
SLC+	17	5.33	23	7.00	40	6.17
10+2 or I.A	4	1.25	1	0.30	5	0.77
More than I.A.	3	0.94	0	0.00	3	0.46
Total	319	100	329	100	648	100

Source: Field Survey, 2011.

4.3.2 Occupational Status of the Study Population

The survey has categorized occupational structure of population in different categories. These are; agriculture, wage labor, service, household workers, foreign employment, and others. There are two types of wage labour (a) Wage labour in agriculture sector (b)Wage labour in non-agriculture sector. The occupational status of the study population aged 10 years and above is given below.

Table 4.10: Distribution of Study Population (Age 10 Years and Above) by Occupational Status

Occupational Status	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Agriculture	67	24.36	69	26.14	136	25.23
Wage Labour	75	27.28	70	26.52	145	26.90
Service	12	4.37	7	2.65	19	3.53
Household Worker	59	21.45	105	39.77	164	30.43
Foreign Employment	20	7.27	2	0.76	22	4.08
Others	42	15.27	11	4.16	53	9.83
Total	275	100	264	100	539	100

Source: Field Survey, 2011.

The table 4.10 shows that 39.77% females were engaged as household worker mean while 21.45 percent males were engaged as household worker. Only 19 people were engaged in service in which 12 male (4.37%) and 7 female (12.65%). 7.27 percent males' occupation is foreign employment and only 0.76 percent female are engaged in foreign employment. The category other represents goldsmith, blacksmith, Jeweler, aran renovating and businessman. 9.83 percent Kami population works in these line (other) occupation in which male covers 15.27 percent and female covers 4.16 percent. Wage labour is the important occupation if Kami population. It covers 26.90 percent of total working age population in which male occupies 27.28 percent and female 26.52 percent. Out migration of kami population is very low.

4.3.3 Occupational Status of Eligible Women

Besides the household occupational of the family, eligible women's occupation play an important role in determining the family size as well as fertility level of the population. Hence this study goes ahead investigating the occupational distribution of the eligible women which is given below in table 4.11.

Table 4.11: Distribution of Eligible Women by Occupation

Occupation	Number	Percent
Agriculture	40	29.85
Wage Labour	45	33.58
Service	3	2.24
Household Worker	42	31.34
Jeweler	4	2.99
Total	134	100

Source: Field Survey, 2011

The table 4.11 represents that majority of the respondents 33.58 percent are engaged in daily wage worker in agriculture sector. 31.34 percent females are engaged in household work. 29.85 percent females are engaged in agriculture. These females have own land or the take land to farm in rent. Only 2.2 percent eligible women are engaged in service and 2.99 percent females are jewelers. This table suggests that most eligible women of Kami community are hard working women. Their economic status is low. They are full of danger of pregnancy risk because of the scarcity of money and awareness. The possibility of increasing population is high.

4.3.4 Husband's Occupation

The occupational statuses as well as income of women's husband play an important role of fertility behaviour. The occupation status of women's husband is given below.

Table 4.12: Distribution of Respondents by Husband's Occupational Status

Occupation	Number	Percent
Agriculture	33	24.63
Wage Labour	44	32.84
Service	12	8.95
Household Worker	1	0.75
Foreign Employment	11	8.20
Others	33	24.63
Total	134	100

Source: Field Survey, 2011

The table 4.12 shows that the highest 32.84 percent of eligible women if husbands were engaged in wage labour on agriculture sector and non –agriculture sector. It is followed by agriculture and others both occupy equal percentage 24.63. The category other covers jeweler, blacksmith, goldsmith, aran-renovater and businessman. Household worker is least in number. Its percentage is 0.75. 8.95 percent of husband’s occupation is service. They all are teachers and policemen. It is followed foreign employment only 8.20 percent of women’s husbands are involved as foreign employee.

4.3.5 Distribution of Household by Income Level

The level of income has some influence in determining the level of fertility. So the income of household has been recorded during field survey which is given below (Table 4.13).

Table 4.13: Distribution of Income of Household

Income (per month Rs)	Number	Percent
0-1999	16	12.12
2000-3999	36	27.27
4000-5999	30	22.73
6000-7999	11	8.33
8000-9999	4	3.03
10000+	35	26.52
Total	132	100

Source: Field Survey, 2011

Table 4.13 shows that the highest 27.27 percent household had Rs. 2000 – 3999 income per month per household which was followed by 26.52 percent household. It had Rs 10,000 or more than Rs 10,000 income per month. 22.73 percent household had Rs 4000-5999 income per month. 12.12 percent household had less than Rs 2000 income per month. Similarly 8.33 percent household had Rs 6000 – 7999 income per month. Rs 8000 – 9999 is as earned by 3.03 percent household which was least frequency. About 62 percent household had not enough income to regulate the family cost. About 38 percent household had sufficient income to regulate their family cost.

4.3.6 Access to Drinking Water and Sanitation Facility

The status of the public health. Nutrition health facilities, service water and sanitary facilities depend upon the level of socio-economic condition the sources of drinking water and a type of latrine facilities of the household is given below.

4.3.6.1 Source of Drinking Water

Most of the household had pipe water facilities for the main source of drinking water on the study areas. Pipe water is normally considers as safe source of drinking water. Besides, the some household had spring water, the source of drinking water. The pipe water in context of Nepal can also be regarded as a economically better of household as compared to those household who do not have access to these facilities.

4.3.6.2 Latrine/Toilet Facility

About 50 percent household had toilet facilities of any kind. But only 25 percent household had good toilet facility. Only about 10 percent household had pit type toilet facilities. The toilet facility of Kami community is poor in the society.

4.4 Family Planning Characteristics

Family Planning is the most determining factor in fertility behaviour. Knowledge and practice of family planning method change the existing trend of fertility in any population. There is also an inverse relationship between contraception and fertility. The distribution of respondents about family planning is given below.

4.4.1 Contraceptive Knowledge of Respondents

Every eligible woman was asked about the knowledge of family planning either they or their husband have heard and used or not which is shown in the table 14.

Table 4.14: Number and Percent Distribution of Respondents by Knowledge of Family Planning Method

Have Knowledge about FPM	Number	Percent
Yes	106	79.10
No.	28	20.90
Female sterilization	31	29.25
Male sterilization	32	30.19
Pills	87	82.08
Condom	96	90.57
IUCD	18	16.98
Depo-Provera	85	80.19
Norplant	20	18.87
Safe period	5	4.72
Withdraw	3	2.83

Source: Field Survey, 2011

The table 4.14 presents that, out of 134 respondents, majority of respondents had not heard about the family planning method. Out of 134 respondents who had knowledge about family planning method, 90.57 percent respondents had heard about condom. The knowledge about pills and Depo-Provera had been reported by 82.08 percent and 80.19 percent respondents respectively. They had been followed by male sterilizations (30.19 %), female sterilizations (29.25%), Nor-plant (18.87%), IUD (16.98%) and safe period (4.72%). Least respondents had knowledge about with draw. It might have the lack of knowledge in broad sense.

4.4.2 Source/media of knowledge About Family Planning Method

There are various sources from which the respondents know about family planning methods. The main sources are as shown below in table 4.15.

Table 4.15: Distribution of Respondents by Source of Knowledge About Family Planning Methods

Sources	Number	Percent
Radio	86	38.05
TV	55	24.34
Husband	42	18.58
Nurse	32	14.16
Village health workers	11	4.87

Source: Field Survey, 2011

Table 4.15 shows that 38.05 percent respondents had get knowledge through radio. It is followed by TV (24.34%), husband (18.58%) and nurse (14.16%). Village health worker holds 4.87 percent respondents. It is the lowest percentage of respondents. It is cleared that a respondent get knowledge from one or more than one media. VHWS were not active in Phungling VDC.

4.4.3 Use and Nonuse of Family Planning Method

Fertility depends upon the using condition of contraceptives. Among the over heard, if they used it sometimes which are known as ever users. If they have not used it any time at all which are known as ever non user. Those who are not using currently among the ever users are known as currently non users. The distribution of respondents by ever users of contraception is presented in the table 4.16.

Table 4.16: Distribution of Respondents by Ever Users and Non- Users of Family Planning Methods

Ever use and Non-use	Number	Percent
Ever non users	39	36.79
Ever users	67	63.21
Total	106	100
Family Planning Method		
Pills	31	36.47
Depo-Provera	33	38.82
Condom	19	22.35
IUCD	2	2.36
Total	85	100

Source: Field Survey, 2011

Table 4.16 shows that out of 106 respondents who had knowledge about family planning method, 36.79 percent respondents had never used any method of family planning, 63.21 percent respondents had ever used at least one of the methods of family planning. Among the ever users the majority of the respondents 38.82% had used Depo-Provera, followed by pills (36.47%), condom (22.35%). Likewise, only 2.36 percent had used IUCD. It seems to be low the attitude and practice of family planning in Kami community.

Table 4.17: Distribution of Respondents by Current User and Non-user of Family Planning Methods

Family planning method		Cases	Percent
Current users	Pills	13	19.40
	Depo-Provera	21	31.34
	Condom	10	14.93
	IUCD	2	2.99
	Female sterilization	1	1.49
Current nonusers		20	29.85
Total		67	100

Source: Field Survey, 2011

Table 4.17 shows that 67 respondent of ever user of family planning method, 29.85 percent respondents were current non-users and 70.15 percent respondents were current users. Out of current users, the highest 31.36 percent were used Depo-Provera followed by pills (19.40%) and condom (14.93%). The least respondents were used female sterilizations (1.49%) and the IUD was used by 3.53 percent respondents. The current user and ever of contraception was high in this community in Phungling VDC.

Table 4.18: Distribution of Respondents by Reasons for Non-Using Family Planning Methods

Reason	Number	Percent
Lack of knowledge	22	57.14
Cause of husband	10	26.53
Fear of side effect	6	14.29
Lack of money	1	2.04
Total	39	100

Source: Field Survey, 2011

The table 4.18 shows that out of 49 non-users of family planning methods, the highest 57.14 percent were found having reason lack method of family planning followed by cause of husband (26.53%) for not using any method of family planning. Likewise, 14.29 percent has fear of side effect and only 2.04 percent had mentioned that the lack of money not using any method of family planning method.

CHAPTER FIVE

FERTILITY LEVEL BY DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS

This chapter deals analysis of fertility level with selected demographic and socio-economic characteristic of Kami community. Fertility level is examined from the currently married women of 15-49 years with some selected demographic and socio-economic variables. Variation in Children Ever Born (CEB) is considered as the variation in fertility behaviour of Kami women. CEB is one of the basic indicators for fertility analysis. CEB is the completed fertility of women up to the age at the time of survey and can be easily compared in terms of mean CEB with characteristics.

5.1 Mean CEB by Current Age

The age of women is one of the most determining factors of fertility level. It is easily expected that as age of mother (married women) increased, the CEB also increased since older women experience longer span of reproductive period than younger ones.

Table 5.1: Mean CEB by Age Group of Eligible Women

Age group	Cases	Mean CEB
15-19	7	0.86
20-24	13	1.54
25-29	30	3.00
30-34	18	3.06
35-39	21	3.71
40-44	27	4.00
45-49	18	4.22
Total	134	3.33

Source: Field Survey, 2011

The mean Children Ever Born (CEB) of ever married women of reproductive age group 15- 49 years of the study population was found 3.33. The average CEB of age group 25-29 years was 0.33 greater than mean CEB. It shows that child bearing

concentrated on the age group 25-29 years of women. The mean CEB was found to be lowest (0.86) for age group of 15-49 years and highest (4.22) for the age group of 45-49 years. Women of age group of 40-49 years already had more than four children. It was found that the CEB of the women has been increased from the age group of 15-19 years (0.86) to age group 45-49 years 4.22.

5.2 Mean CEB and Literacy Status

Education is considered as the best contraception. It has been widely accepted that education has a strong impact on the fertility behaviour. It is inversely associated with fertility. Education women play an important role in lowering fertility. Education women also more aware of the issue of low family size than uneducated women. The mean number of CEB declines with increase in educational level of women.

Fertility behaviour in terms of CEB as explained by literate status of eligible women has considered with literate and illiterate as well as educational attainment to distinguish categories. Mean CEB by literacy status of the study population is displayed below.

Table 5.2: Mean CEB by Literacy Status of Eligible Women

Literacy status	Cases	Mean CEB
Illiterate	54	4.50
Literate	80	2.89
Total	134	3.33
Educational Level		
Informal Education	18	3.56
Primary (1-5)	24	2.75
Class (6-10)	33	2.64
SLC+	2	2.00
Intermediate or 10+2	3	3.33
Total	80	2.89

Source: Field Survey, 2011

The table 5.2 shows that the mean CEB of literate women accounts for 2.89 and that of illiterate women is 4.50. The difference between mean CEB of illiterate and literate was found 1.61 children. Among literate, the respondents who had informal education, their mean CEB was 3.56, followed by primary education level 2.75, class (6-10) 2.64, 10+2 or I.A (3.33). The SLC+ which was 2. It is observed that narration between fertility level of illiterate and the result supports that the literate women have low fertility level than illiterate women.

5.3 Mean CEB and Age at Marriage

It can be regarded that marriage is a private matter and can be assigned as human right issue but it is a sensitive subject from the demographic point of view, because early marriage is believed to contribute to high fertility.

Age at marriage is one of the major determining factors for fertility behaviour. Age at marriage is inversely corrected with mean number of CEB. Age at marriage directly affects the period of sexual union within the reproductive period like the study community where premarital sexual union is restricted. Sexual union is essential to give birth hence age at marriage affects the fertility. It is one of the factors that bring variations in mean CEB. The effects of age at marriage in fertility as expressed in terms of mean CEB in the study population is displayed below in 21.

Table 5.3: Mean CEB by Age at Marriage of Eligible Women

Age at marriage	Case	Mean CEB
10-14	13	4.08
15-16	42	4.02
17-18	35	3.29
19-20	23	2.88
21+	21	3.00
Total	134	3.33

Source: Field Survey, 2011

It was found that there was negative relationship between age at marriage and fertility. The table 5.3 shows that the mean CEB of women whose age at marriage was 10-14

years was 4.08 which were the highest mean CEB of the study population. The mean CEB was found lowest (2.88) whose age at marriage was 19-20 years. The respondent was age at marriage was age group 15-16 years, their mean CEB was 4.02 per women. Followed by age at marriage group of 17-18 years (3.29) and age group of 21 years and above (3.00).

After the detail elaboration of the data of CEB by age at marriage, it has been found that the higher age at marriage, lower the fertility and when the age at marriage was increased, then the mean CEB was decreased.

5.4 Mean CEB by Occupation

Occupational status of women is also considered as one of the determinants of fertility. Occupational status of women is also negatively associated with the number of CEB. The mean CEB as reported by occupational status of respondents at the time of field survey is displayed below.

Table 5.4: Mean CEB by Occupational of Respondents

Occupation	Cases	Mean CEB
Agriculture	40	3.50
Wage labour	45	3.89
Service	3	2.00
Household worker	42	2.62
Jeweler	4	3.75
Total	134	3.33

Source : Field Survey, 2011

Table 5.4 shows that women with higher mean CEB 3.89 for wage labour in agriculture sector as their main occupation, followed by jeweler possessed mean CEB 3.75. Household worker and Agriculture were 2.62 and 3.50 respectively. Service was found to be low mean CEB 2. The different of wage labour in agriculture sector and wage labour is 0.39.

5.5 Mean CEB and Use and Non-Use of Contraception

The prevalence of Contraceptive has been identified as one of the principle determinants of fertility. Contraceptive device to prevent from fertilization are used when couple desired either to stop giving birth or to increase the birth interval. Both of those purpose help to plan a family by the means of birth control methods. Couple plan a family in such a way in which child gets maximum benefit from the parents and vice versa. In this way using birth control methods help to couples to achieve their desire family size by preventing unwanted births. It is expected to have low fertility level for those women who use family planning methods than those who do not use. Mean CEB, the indicator of fertility behaviour is used here to explain the degree of use and non-use of contraceptive method among the Kami women who use family planning methods than those who do not use.

The mean CEB by ever user and non-user of contraceptive method of respondent is shown below.

Table 5.5: Mean CEB by Knowledge of Family Planning Methods

Family planning method	Cases	Mean CEB
Have knowledge	106	3.07
Don't have knowledge	28	4.32
Total	134	3.33

Source : Field Survey, 2011

Before analyzed the CEB between ever and current user and non-user of family planning methods. It is better to analyze the status of knowledge about family planning method. The respondents who had reported that they don't have any knowledge about family planning method. So an the basis of knowledge, the respondents who have knowledge about family planning methods, they reported their mean CEB 3.07 (lower) and the respondents who didn't have knowledge about family planning methods, their mean CEB was 4.32 (higher).

Table 5.6: Mean CEB by Current User/Current Non-User and Ever User/ Ever Non-User of Family Planning Methods

Description	Cases	Mean CEB
Ever non user	39	3.30
Ever user	67	2.98
Current non user	20	3.50
Current user	47	2.70

Source: Field Survey, 2011

The variation in fertility behaviour of respondents among user and non-users were found significant with difference 0.32 in over all mean CEB. Likewise, the mean CEB of respondents among current non-user and current users were found with difference 0.80. The highest mean CEB of current non-user 3.50 of current non-user and lowest mean CEB 2.70 of current user. The finding is that, there is low fertility level for those who use family planning method, than those who don't use and the practice of using family planning method is very low in Kami community in Phungling VDC of Taplejung district.

5.6 Mean CEB and Child loss Experience of Respondent

There are several fertility determining factors, among them infant and child mortality is one serious factor, since people (parents) want to replace the dead child by giving next birth. Therefore, it is hypothesized that, there is a positive relationship between child mortality and fertility. The mean CEB of respondents by child loss experiences has been given below.

Table 5.7: Mean CEB by Child Loss Experience of Respondents

Child loss experience	Cases	Mean CEB
Have child loss experience	26	4.77
None (0)	108	2.98
1	17	4.58
2	2	5.00
3+	7	5.14

Source: Field Survey, 2011

The table 5.7 reveals that out of 134 respondents 26 had lost their children. The higher mean CEB was found 5.14 who had lost more than three children. The mean CEB was found to be lowest (2.98) for the respondents who had not experience of any child loss, followed by 1 child loss mean CEB 4.58, 2 child loss mean CEB 5.00. From the table 5.9 it can conclude that, women with the child loss experience had higher CEB than those who did not have child loss experience.

The respondents who had reported their child loss who had reported their child loss experience the total mean CEB was found 4.77 per women. The difference between mean CEB of child loss experience was found 1.39 per women. The mean CEB was found to be increasing order with increasing number of children dead. So the respondents with higher child loss experiences had higher CEB and respondents with not child loss experience as well as lower child loss experiences had lower mean CEB. Therefore, the finding clearly experience is positively associated with the mean number of CEB.

5.7 Mean CEB by Idea Number of Children

Ideal number of children is generally correlated with the number of living children and desired family size. So ideal number of children and fertility behaviour is very close to each other. The ideal number of children and mean CEB of respondents had been given in table below.

Table 5.8: Mean CEB by Ideal Number of Children of Respondents

Ideal no. of children	Cases	Mean CEB
1	2	0.50
2	75	2.99
3	31	3.74
4	20	4.05
5+	6	4.67
Total	134	3.33

Source : Field Survey, 2011

The table 5.8 shows that the mean CEB was found highest 4.67 for respondents whose ideal number of children was five or more than five. And the mean CEB was found lowest (0.5) whose ideal number of children was 1. Likewise, the mean CEB 2.99, 3.74 and 4.05 were found whose ideal number of children were 2,3 and four. It indicates that there is positive association between CEB and ideal number of children.

5.8 Mean CEB by Husband's Occupation

Occupation of the husband has been widely recognized as one of influencing factor on fertility.

The involvement of husband in any occupation plays some role to determine the fertility level usually most of the husband. Hence, it has been examined the mean CEB of women by their husband's occupation.

Table 5.9: Mean CEB by Eligible Women's Husband's Occupation

Occupation	Cases	Mean CEB
Agriculture	33	3.39
Wage labour	44	3.50
Service	12	3.42
Household worker	1	4.00
Foreign employment	11	3.00
Others	33	3.09
Total	134	3.33

Source: Field Survey, 2011

According to the table 5.9, the highest mean CEB (4.00) was observed for the women whose husband's were working as household workers. It was followed by wage labour whose mean CEB was 3.50. The lowest mean CEB 3.00 was observed for the woman whose husbands were engaged in foreign employment. Similarly mean CEB were observed 3.42, 3.39 and 3.09 for the women whose husbands were engaged in service, agriculture and other respectively. Other contains jewelers, blacksmiths, goldsmiths and businessmen. It seems that the husbands occupation also affect the level of fertility.

Fertility level is examined from the currently married women of 15-49 years with some selected demographic and socio- economic variables. The mean Children Ever Born (CEB) of ever married women of reproductive age group 15-49 years of the study population was found 3.33. The mean CEB of literate women accounts for 2.89 and that of illiterate is 4.50. Higher the age at marriage lower the fertility and lower the age at marriage higher the fertility is found. The women who had engaged in wage labour in agriculture sector have higher fertility than who gas the women engaged in non- agricultural sector service. The who had knowledge about FPM had lower CEB than those who did not have knowledge about FPM. There is low fertility level for those who use family planning method, than those who do not use and the practice of using family planning method is low in Kami community. The higher mean CEB was found to be lowest for the respondent who had not experienced of any child loss. The mean CEB was found highest 4.67 for respondents whose ideal number of children was 5 or more than 5. And the CEB was found lowest whose ideal number of children was 1. According to husband's occupation the highest mean CEB 4.00 was observed for the women those husband were household worker and lowest mean CEB 3 was found for the women whose husbands were involved in foreign employment activities.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This is closing chapter of the present studying its major findings. It also contains conclusion, recommendations for policy implications and research issues.

6.1 Summary

This study has been carried out to examine the fertility behaviour of Kami community of Phungling VDC of Taplejung district. The research is based on primary data collected from field survey conducted in January 2011 in Phungling VDC of Taplejung district. To examine the differential in fertility some selected demographic and socio-economic variables have been considered. Such as age at marriage, child loss experience, education of women occupation of women, use of contraception were taken as independent variables and mean CEB was taken as dependent variables. The main findings obtained by the analysis of data were as follows:

- J 721 persons of 132 household were recorded in the study area. The study had found 4.51 family size representing 355 males and 366 females in total. The family size was larger than the average family size 5.44 of Nepal (CBS. 2001).
- J Literacy status of the study population was low. It was 22.84 percent illiterate. More than 9.57 percent are only literate. 60.19 percent was found the crossed 1 to 10. Only 6.17 percent had crossed SLC. Only 1.33 percent had passed the 10+2 or I.A.
- J Sex ratio was found 99.94 which is more than the national level 99.79 (CBS, 2001).
- J None of eligible women have passed Batchelor's degree. 59.70 percent of eligible women are literate, among them 22.5 percent have taken informal education. 30 percent eligible women had primary education (1-5). Only 2.5 percent of eligible women had passed the SLC. Thus, Kami women possessed low educational status.
- J Besides children (below 10 years), 40.68 percent of the sampled population were found unmarried in their marital status where as 56.87 percent were

recorded as married and 1.69 percent reported themselves as widow/widower. Only 0.56 percent was found as separated and only 0.20 percent were found as divorced.

- J Among the eligible women of age 15-49, majority of the respondents were in the age group 25-29, i.e. 22.4 percent and this percentage is gradually decreasing in other succeeding age group.
- J 31.34 percent women/respondents got married between the age group 15-16 year. Only 15.67 respondents got married aged 21 years and above. It seems that the age at marriage is low in this community.
- J 30.43 percent of economically active population were involved in household working among them 21.45 percent were males and 39.77 percent were females. Likewise out of total eligible women 63.43 percent women were involved in agriculture activities.
- J Out of the total household 27.27 percent household had income Rs 2000 to 2999 per month. Only 29.55 percent households were able to regulate their family cost. 70.45 percent were not able to regulate their family cost from their income.
- J Most of the household had pipe water for the source of drinking water. About 50 percent household had toilet facility. So it seems sanitary facility is low in this community.
- J Out 134 respondent, 79.10 percent had heard about family planning method have knowledge about any family planning method.
- J The highest majority 38.05 percent respondents were reported the source of knowledge about family planning method radio. Lowest 4.87 percent were found by radio.
- J Out of 106 (79.10%) women only 63.21 percent had found ever user i.e. at least once use one method of family planning and 36.79 percent respondents were ever non-users. Among the respondents having knowledge, more had used any one of method. The percentage of current non-users is 29.85 percent.
- J Out of 49 respondents, the highest 57.14 percent were found having reason lack of knowledge for non-using any method of family planning.

- J Mean CEB of the respondents were found 3.33. It was found that it varied by all the variables measured.
- J Strong concentration between the age at marriage and mean CEB was found. It was inversely associated with women, who had married at the age 21 and above, was 3.00.
- J It was also inversely association between occupation of respondent and mean CEB. The mean CEB was highest (3.89) for those whose occupation was wages labour and lowest mean CEB 2 is found those whose occupation service.
- J The mean CEB 3.07 is found who had knowledge about family planning method and the mean CEB 4.32 is found who did not have knowledge about family planning method. So the negative relationship is established between knowledge of family planning method and means CEB.
- J Ever non-user of family planning showed higher fertility in the comparison of ever users in terms of mean CEB. Ever non-users had mean CEB 3.30 against of ever user 2.98. Likewise currently non-users had mean CEB 3.50 against of current user 2.70. It may be due to the cause that only those women who want to limit their children at their last stage of reproduction age already had larger number of children.
- J Variation in mean CEB by child loss experience was also significant. It was observed that lower mean CEB was found 2.98 among the women who had one or more child loss experiences.
- J Variation in mean CEB by ideal number of children was also significant. It was found that the lowest mean CEB 0.50 was found among the workmen who had 1 idea number of children than those who had more than one ideal number of children.

6.2 Conclusions

In conclusion many characteristics about which information was obtained in field survey were useful in analysis of fertility behaviour. The main conclusion drawn from the analysis are stated below.

6.2.1 Age at Marriage and Fertility

The study in relation to fertility and marriage come in the conclusion that inverse relationship was set by age at marriage with fertility. So the findings enforce to rise the age at marriage for the reduction of fertility.

6.2.2 Child loss and Fertility

The study shows when women losses her chills. She will be motivated to replace her dead child. In this way higher child loss promotes women to reproduce more children. Thus this study comes to the conclusion that the mortality rate of the children and infants should be reduced to reduce fertility rate as other previous studies.

6.2.3 Literacy Status of Women and Fertility

The findings from the study shows passed lower fertility behaviour than to the illiterate and this supports the previous very low level of literacy status of women of the study area is associated to high fertility culture. This study incorporates to increase the literacy status and especially the educational level.

6.2.4 Occupation of Women and Fertility

Higher level of occupation plays an important role to reduce fertility. Those women working in agricultural daily wage labour gad relatively high level of fertility as compared to the haven of wording in non-agricultural sector. But there were very few women engaged in non-agricultural sector plays role an decline fertility in this community.

6.2.5 Ever User of Contraception and Fertility

Low, fertility level was observed with ever use of contraception practice in the comparison of never use of contraception in the Kami community. So the contraception and fertility is negatively associated between each other.

6.3 Recommendations

Several conclusions have drawn by the present study and one the study. Some recommendations can be put forward to formulate and adopt policy implication. The

study was desired to meet its objectives but it has explained some area of researcher and these are stated as recommendations for future researcher issue for the government, non-government agencies and individuals.

6.3.1 Recommendation for Policy Implications

From the present study, it was found that the literacy status of both men and women of this community is low so female as well as male education has important role for overall education development and population control. It is to be noted that education of girls, the future mother lead to lower fertility behaviour with high information about family size for social upliftment.

The study has found lower age at marriage associated with higher number of CEB. Therefore, the government and NGOs should be applied effective programme to raise the age at marriage.

To increase the level of education and illiteracy status of women the informal literacy classes as well as free and compulsory education for all women in child bearing aged should be lunched.

Child loss experience has found the strongest relationship with mean CEB. So, to reduce child loss experience awareness programmes resulted child and maternal health should be lunched, it is not only for fertility reduction but programmes must be targeted to improve, the health status of women. Besides this programme like mass immunization sanitation, nutrition. Child and material facilities, mobile medical facilities and awareness on family planning service should be lunched.

The non-agriculture occupation should be promoted to the both male and female of the society providing much emphasis on service. To change the small family norms government should be provided incentives and more facilities for family with maximum two children as welfare, grant women having more than two children should be deprived of facilities in order to discourage to have more children.

Effective sex and reproductive health education should be increase the contraceptive 'KAP' motivation, ICE service and supply of FP methods should be expanded in the remote ruler areas also.

6.3.2 Recommendation for Future Research Issues

This study has selected some independent socio-economic and demographic variables for the analysis of fertility behaviours in terms of number of CEB.

The present study is fully descriptive so, it may not be represent the actual phenomena of fertility.

Therefore, analytically study can be done for the future research issue.

The study has examined mean CEB by different independent socio-economic and demographic variable only. Other variables like ecological, biological, physiological, sex, preference and culture variables can be taken into consideration as future research issue.

The present study has small sample size and further research can be taken a large sample size. Some sophisticated tool as path analysis of variance, correlation regression and multiply classification analysis could be used which may produce different result and fertility phenomena way.

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APPENDIXES

Fertility Behaviour of Kami Community

(A Study of Funling VDC, Taplejung)

Questionnaire sample of survey

Group 'A' Household Background

Name of respondent:-

Selected household no.:-

Name of the household head:-

District:-

Language:-

Village:-

Occupation:-

Ward No.:-

No. of family member:-

S.N.	Name	Relation to HH	Age	Sex	MS	ES	Occupation	Religion

S.N.- Serial No., HH- Household head, MS- Marital status, ES- Educational status

Code:-

<u>Relation to HH</u>	<u>Sex</u>	<u>MS</u>	<u>ES</u>
Husband....1	Male....1	Married....1	Illiterate....1
Wife...2	Female...2	Unmarried...2	Literate.....2
Son....3		Divorcee.....3	Class (1-10).....3
Daughter....4		Widow.....4	SLC+.....4
Brother.....5		Separated.....5	Intermediate or 10+2.....5
Sister-6			
Other-7			More than I.A.....6

Occupation

Agriculture.....1
Wage labour.....2
Service.....3
Household worker.....4
Foreign employment.....5
Others.....6

Religion

Hindu.....1
Muslim.....2
Christian.....3
Baudha.....4
Others.....5

Questions	Coding categories	Skip
1. How much land does your household have?	Ropani.....1 Anna.....2 No land.....3	
2. What is the monthly income to your house held?		
3. Is your families sufficient to regulate family cost from the occupation?	Yes.....1 No.....2	
4. Does your household have following facilities?	Radio.....1 TV.....2 Electricity.....3 Solar panel.....4 Others.....5	
5. What is the main source of drinking water in your home?	Spring.....1 Pipe water.....2 River.....3 Others.....4	
6. Do you have toilet facility?	Yes.....1 No.....2	7
7. If yes, what type of toilet facility does your household have?	Traditional pit.....1 Pit.....2 Bush/field.....3	
8. What are the domestic animals in your household?	Pig.....1 Buffalo.....2 Cow.....3 Sheep.....4 Cock.....5 Others.....6	
9. What is the major occupation of your family?	Agriculture.....1 Wage labour.....2 Service.....3 Household worker...4 Foreign employment.....5 Others.....6	

Group 'B' Individual questionnaire (15-49 yrs. married women)

Questions	Coding categories	Skip
10. What is your date of birth?	Year.....Month.....	
11. Can you read and write?	Yes.....1 No.....2	

12. Have you ever gone to school?	Yes.....1 No.....2	
13. If yes, what was the highest class you passed?	Completed class	
14. Have you ever taken informal education?	Yes.....1 No.....2	
15. What is your occupation?	Agriculture.....1 Wage labour.....2 Service.....3 Household worker...4 Others.....5	
16. What is your husband's occupation?	Agriculture.....1 Wage labour.....2 Service.....3 Household worker...4 Foreign employment.....5 Others.....6	
17. What is annual income of your household?	Less than Rs 20,000..... Rs 20,000-Rs 50,000.... Rs 50,000-Rs 1,00,000.. Above Rs 1,00,000.....	
18. How old were you at the time of your marriage?	Complete years.....	
19. How old were you at the time of your first menstruation?	Complete years.....	
20. Now, what is your marital status?	Married1 Separated2 Divorced3 Widowed4 Other.....5	
21. Have you ever given any live birth?	Yes.....1 No.....2	27
22. If yes, how old were you when you gave first birth?	Completed years.....	
23. Have you any children who are living with you now?	Yes.....1 No.....2	
24. (a) How many sons are living with you? (b) How many daughters are living with you?	Son.....1 Daughter.....2 Total.....3	

25. Do you have any children who are not living with you now?	Yes.....1 No.....2	
26. How many children do you have who are not living with you?	Son.....1 Daughter.....2 Total.....3	
27. Have you ever given birth to any children who were born alive but died after a while?	Yes.....1 No.....2	29
28. (a) How many sons have died? (b) How many daughters have died?	Son.....1 Daughter.....2 Total.....3	
29. How many total children have hand till now (CEB)?	Son.....1 Daughter.....2 Total.....3	
30. Have you any interest to give birth to additional children?	Yes.....1 No.....2	32
31. If yes, what is the number of offspring?	Son.....1 Daughter.....2 Total.....3	
32. Have you ever had a pregnancy that did not end in a live birth?	Yes.....1 No.....2	34
33. If yes, how many?	No. of pregnancy losses	
34. What is the spacing of birth of your children?	Year.....	
35. What is the ideal no. of children in your view?	Son.....1 Daughter.....2 Total.....3	
36. Do you have any information of family planning method?	Yes.....1 No.....2	41
37. If yes, from which?	Radio..... TV..... Husband..... Nurse..... Village health workers.. Others.....	

38. Which method have you heard?	Female Sterilization..... Male Sterilization..... Pills..... Condom..... IUD..... Depo-Provera..... Nor plant..... Safe period..... Withdraw..... Others.....	
39. Have you ever used any method?	Yes.....1 No.....2	
40. If yes, which method have you used?	Name of the method	
41. If no, why?	Lack of knowledge..... Fear of side effect..... Cause of husband..... Lack of money.....	
42. Are you currently using any method of contraception?	Yes.....1 No.....2	44
43. If yes, which method have you been using?	Name.....	
44. Will you use any method in future?	Yes.....1 No.....2	
45. How many brothers and sisters do you have?	Brothers.....1 Sisters.....2 Total.....3	
46. How many brothers and sisters does your mother have?	Brothers.....1 Sisters.....2 Total.....3	
47. How many brothers and sisters does your grandmother have?	Brothers.....1 Sisters.....2 Total.....3	

Thank you