# CHAPTER ONE

# INTRODUCTION

## 1.1.    General Background of the Study

Fertility behavior means the actual reproductive performance of the women during their reproductive age (15-49).Generally the child bearing performance of individual, couples, groups or population is known as fertility behavior. According to Bhende and Kanitkar (1994),"fertility behavior is the process of giving birth which is interaction with the ambient environment and the environment is different societies. besides the degree of interaction of environmental variables which is different within the biological limits of human fertility, several social, cultural, psychological as well as economic and political factor are found to operate and these are responsible for determine the level and differentials of fertility.

In the absence of demography and the study may become incomplete. so, demography is the statistical and mathematical study of composition, size and spatial (geographical) distribution of human population and its change over time. In the demographic view, though the operations of the five processes of population change such as fertility, mortality, migration, marriage and social mobility. Fertility is one which takes place of central position in the study of human population. Human fertility is responsible for biological replacement and for the maintenance of human society (Bhende and Kanitkar, 2001) .

Fertility is one of the major components of population change. It is biological process and economic factors such as proper health facilities status of women literacy rate level of income, age at marriage and contraceptive prevalence (Bongaarts, 1983).

Fertility behavior is the process of giving birth, which is interacted with ambient environment, is different in different societies. Besides the degree of interaction of the biological limits of human facilities. Several societies cultural, psychological as well as economical and political factors are found to operate and these are responsible for determining the levels and differentials of fertility (Bhende and Kanitkar, 1994).

Fertility is affected by socio-economic and demographic variables. It is influenced by education, occupation, age at marriage, child loss experience and use and non use of family planning methods. The theory of demographic transition shows fertility is high in poor, traditional societies because of high mortality, lack of opportunities for individuals and higher economic value of children (Caldwell, 1982)

In the global context, fertility differs in develop and developing countries. Total fertility rate is higher in developing countries such as Nigar (8.0%), Sierra Leone (6.5%), Ethopia (5.9%), Gautamala (4.4%). Similarly total fertility rate in some developed countries is below replacement level like in Sweden (1.7%), (1.8%) Japan, (1.3%) Romania, (1.3%), and Poland (1.2%) (PBR, 2001).

There are so many factors affect in increase fertility such as factor are educational status economic status, lack of awareness towards fertility, contraceptive users, religious superstition, child marriage, remarriage, illegal abortion, contraceptive failure, unwanted pregnancy. People are going to be poorer day by day where the people poor, the fertility rate is found automatically high. In the process of development with lower level of fertility (Tuladhar, 1997. NP 1988, Bhende 1991).

Nepal is a country of multi-lingual, multi religious and multi ethnic society. According to the 2001 census has identified 101 caste/ethnic groups. And there were 92 languages as a mother tongue. Similarly, the total fertility rate (TFR) in Nepal was 6.3 percent in 1981 and reached 5.6 percent in 1991 (CBS, 1995). Despite the governments efforts to reduce in at 4.1 in the year of 2001 (CBS, 2003). The TFR of Nepal is higher while compare to other SAARC countries India (3.1), Pakistan (4.8), Shrilanka (2.0) and Bangladesh (3.6). In 1991 the CBR for the countries was estimated at 38.7 whish declined to 30.5 by 2001 (CBS, 2001). However the CBR declined in 2001 compared to 1991. It is higher than in India 25, Bangladesh 30, Maldives 24, Shrilanka 19 in the same period (PBR, 2003)

Nawalparasi district lies in Western Development Region of Nepal. There are 73 VDC and one municipality. According to 2001 census the total population of Nawalparasi was recorded Five lakh Sixty Two thousand Eight hundred and Seventy.

Out of this population, Magar population is One lakh Seven hundred Fifty Four which is 17.9 percent of the total population of Nawalparasi district.

Dhurkot VDC is one of the 73 VDC of Nawalparasi district. In this VDC, here are living different caste/ ethnic groups such as Chhetry, Magar, Newar and Kumal and are also living at minority Dalit caste such as Sarki, Damai and Kami, etc. But there are living in big number of Magar tribes. So this VDC is made up mixed culture society. Magars have its own mother tongue and traditional culture.

## 1.2.    Statement of the Problem

According to the national published data of census 1991 and 2001. Magar population is in third position in both census. The record is given that 7.2 percent in 1991 and 7.1 percent in 2001 census. The pattern of fertility among the sub-group within the same religious community may also differ from each other. Community, the lowest caste (like Dalit and Janjatis ) women showed (occurred) higher fertility in each age group while compared to upper caste (Bramhin and Chhetry) women. Another side the ethnic diversity also differs the fertility rate in every society that the minority group exhibits a high fertility behavior in comparison to the majority groups. Thus, it is notable that the population of ethnic groups has shown considerable variation in demographic and socio-economic characteristics.

In depth study on fertility behavior of Magar community is still lacking in this community, we can see deep rooted cultural influence on fertility behavior they generally reside in rural area. In this caste have early marriage and remarriage practices. In terms of socio-economic development however it differs according to geographical region the study was carried out in ward number seven of Dhurkot VDC.

The main occupation of the Magar people of that VDC is agriculture. They destroy the forest for growing crops because cultivated land is not sufficient on the one hand and on the other hand it must have been due to low productivity and lack of knowledge.

This kinds of problems led to study about fertility behavior of Magar of Dhurkot VDC ward number seven selecting 125 households purposively.

## 1.3. Objectives of the Study.

The general objective of the study is to analyze the fertility behavior of Magar women in Dhurkot VDC of Nawalparasi district. The main objectives are as follows.

a) To examine fertility level of Magar Community in Dhurkot VDC.
b) To examine the family planning practices as well as knowledge and its effects on fertility among Magar community.
c) To study the relationship between fertility and some socio-economic and demographic characteristics.

## 1.4. Significance of the Study

In the present time high fertility is one of the burning problems of population growth. In Nepal there are many kinds of traditional communities which falls mainly in indigenous (Janajaties) groups. Among these various indigenous groups Magar is the highest populated community in total populations but lowest socio-economic status in real practices and in an average high fertility behavior in this community. So, the main purpose of this analysis is to find out the various socio-economic and demographic aspect of fertility of Magar community in total area of Dhurkot VDC. By the statistical figure Magar community is in third position in total population of Nepal (2001, census). But there is very rare studies are taken about Magar community. In this community fertility rate is high and must of the people are illiterate. Therefore, this study is important to know the fertility behavior of Magar community.

Basically, fertility is started at 15 years and end of 49 years of every woman. This period is perfectly concern with their fertility behavior so, this analysis is manly focuses' of the married women at as (15-49 years). On the other hand some other married aged women are taken as respondent for the purpose of finding the fertility change in past period and now. This analysis gives research out put the nation and particularly for all people of Dhurkot VDC as well as other coming new researcher. This analysis also gives some awareness and recommendations for policy makers as well as planners for those Magar women who are still suffering from high fertility and

facing the maternity health problems. Very rare individual and institution and researchers have in endeavored to study in this particular subject matter.

## 1.5 Limitation of the Study

This study has some limitations mentioned as follows.

    a) This study is limited to fertility behavior of Magar community only in Dhurkot VDC, Nawalparasi.

    b) The study has based on limited demographic and socio-economic variables is in consideration while explain the fertility behavior in terms to CEB (Fertility).

    c) The study of is related some selected variables to describe the status of women and its relationship with fertility.

    d) This analysis has been carried out in village among ever married women of reproductive ages; especially in Magar woman the generalization may not be possible for the other community group women age as well urban women.

    e) This study is limited to the general socio-economic study of the sample population and age group of people especially to the currently married women aged15-49.

## 1.6 Organizations of the Study

This analysis is organized into six. The first chapter covers the introduction which includes background of the study, objectives of the study, statement of the problems, significations of the study, limitations of the study and organizations of the study are then main part of the first chapter. The second chapter deals with literature review in which theoretical literature, empirical literature and conceptual framework are included.

The third chapter related with the methodology of the analysis where introduction of the study area, selection of the study area, sources of data, sample design and other major tools used for the data collection procedure are included. Accordingly, the forth chapter concern with the background characteristics of analysis population as well demographic and socio-economic characteristics of the household.

Fifth chapter content the core part of the analysis population of Dhurkot VDC. This chapter provides the analysis of analyzed women's fertility behavior such age distribution, age at first marriage, age at first menstruation, family planning knowledge and used number of children ever born ideal number of children which relationship of women's CEB with different socio-economic variables. At last sixth chapter informed the summary of finds, conclusions and recommendations are included.

# CHAPTER TWO

## LITERATURE REVIEW

### 2.1.  Theoretical Literatures

In the study of fertility subject matter, there are various theoretical and empirical literature  related with fertility behaviour and are various assumption as well as methods to control over it. Specially, fertility is determine by different physical factor and there interplay with social, cultural, religious, economic and modernization factor. In the field of demographic views, interims of fertility, various demographer and social researcher were argued in different way with related basic features.

The demographic transition theory, a most popular model defined in detail by Frank Notestein  (1946)  has summarized the various steps of fertility and mortality to a state of low fertility and low mortality with the improved socio-economic and demographic status of any country. That demographic transition theory is generally based on European countries and some well developed countries. It explains as that such evolution occurs due to evolution in industrialization and urbanization.

Davis and Black (1956) developed an analytical framework for the comparative sociology of fertility in which they defined a set of eleven variables that they called the "Intermediate variables" through which any social factor influencing the level of fertility must operate. The proposed eleven "Intermediate Variables"  are centered around  intercourse, conception and gestation. These eleven intermediates variables are:

      i)      Age of entry into sexual unions

      ii)     Permanent celibacy

      iii)    Part of the reproductive period spent after or between unions.

      iv)    Voluntary abstinence.

      v)     Involuntary abstinence.

      vi)    Coital frequency

      vii)   Fecundity or incundity ,as affected by involuntary causes.

      viii)  Use or non-use of contraception.

      ix)    Fecundity or infecundity as affected by voluntary causes.

x)    Foital mortality from involuntary causes.

xi)   Foital mortality from voluntary causes.

According to John Bongaarts, the proximate of fertility are the biological and behavioral factors through social, economic, psychological and environmental variable affect fertility. Bongaarts (1983) has identified seven sets of proximate determining variables affecting fertility which are age at marriage and marital disruption of post partum infecundability, fecundability, use and effectiveness of contraception, spontaneous intra uterine mortality and induced abortion. Later he proposed only four proximate variables that affect directly in fecundability and abortion. These four proximate determinants are main determinants to reduce the fertility in Nepal (MoPE, 2000:27)

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

Easterlin (1978) postulates a set of 8 variables under "Easterlin framework" which are:

i.    Labour value of children

ii.   Children values as old as security

iii.  Infant and child mortality

iv.   Age at marriage

v.    Proportion of never married

vi.   Incidence of widowhood or widower

vii.  Infecunding due to breastfeeding, malnutrition disease physical, psychological and monetary cost.

viii. Economic cost of children

Socio-cultural, economic and demographic characteristics affect the level of fertility of a country according to the different explanations of fertility decline. So, it is necessary to understand the important of causal link between socio-economic and

demographic variables. Then relationship with fertility (Aryal,1978). The theory of diffusion of cultural pointed out that the decline in birth rate in Western countries was due to change on values and attitudes towards reproductions, resulting with the sensitive use of method of birth control which included contraception, abortion and voluntary abstinence (Bhended and Kanitkar, 2004: 24). Bhended and Kanitkar have shown a framework of fertility as follows:

**Figure 1: Sociological Framework of Fertility**
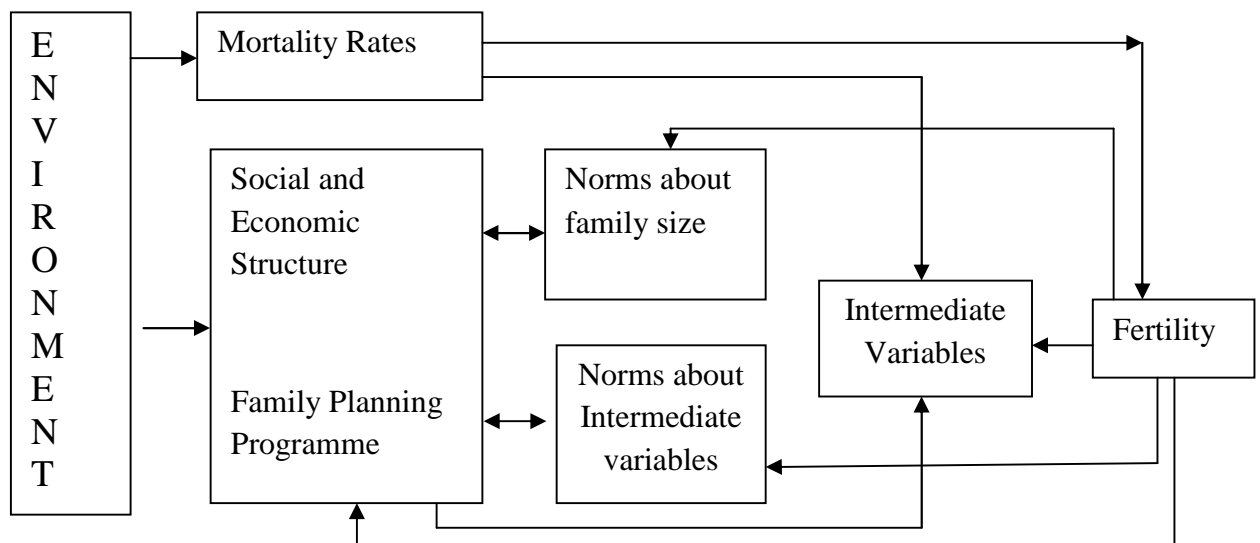


Source: Bhende & Kanitkar (2003), p. 260

In Nepal, high economic and social values of children, low education status and social status of women, poor health an insufficient nutritional intake, inaccessibility of quality of family planning service and its unmet demand are the major factors of high fertility in our country. Fertility is also affected by some other proximate determinant such as age at marriage, post-partum amenorrhoea, contraceptive use and induce abortion (Bhende and Kanitkar, 2003). On the other hand these proximate determinants are also affected by social, economic, psychological and environmental variables.

## 2.2.    Empirical Literatures
## 2.2.1.  Education and Fertility

Education is one of the important factor  to determine fertility behaviors of human being. We are seeing that the relation of these two variables is inversely proportion it means that increase in educational status decrease in fertility rate  and decrease in

educational status increase in fertility rate. A well known study showed high fertility among the women with elementary level of education than graduate in USA (UN,1973).

In the context of our country Nepal education has been considered as a catalytic agent to reduce fertility. In many cases educated women are more aware and sensitive of the issue of quality of children then non educated (Risal and Shrestha, 1989). In Nepal, the average number of CEB is 1.8 for literate women especially for primary education and 1.5 for graduate which is lower than illiterate with CEB 2.8, ICPD, 1994 In its chapter eleven reveals that the education is a key variable in sustainable development. Education helps to reduce fertility, morbidity and mortality. The increase in education of women and contributes to women's empowerment, to postponed of marriage and to reduced in family size (UN, 1994).  In Nepal, women  with  no education have 3.9 CEB,  primary education  2.8 and secondary  have 2.3 only. Similarly, CEB of women where husband is illiterate has 3.6, with  primary  education 3.1 and with secondary education 2.7 (NDHS, 2006).

### 2.2.2.  Age at Marriage and Fertility

Marriage is cohabitation of two opposite sex. The early age at marriage provides the chance to experience all the reproductive period of women. Many studies conducted to find the relation between fertility and age at marriage reveal the inverse effect of age at marriage in fertility. Those women who marry late have less number of children and total fertility.

In Nepal, age at marriage is found to be lower for females was 19.3years 21.5years for males in 2006(MOHP) reported. Nepal is a multi-lingual, multi-religious and multi – ethnic society. According to the age and other religions and ethnicity, age at marriage and CEB are different women who have started cohabitation in (15-17)years had 2.3 and 18 years and later has 2-9 (Acharya,1996). The values of singulate mean age at marriage (SMAM) have increased by 3 years for males and 4 years for females since 1961 and these are in 2001 increased the trend of SMAM.

A Study  claims that women marring  between 20and 24 years have similar fertility that of those marrying before age 20, only if the marriage age reached 35 or over would there be a significant  reduction of fertility. Perhaps this is one of the reasons

for persistent high fertility in Nepal (Karki, 2003).The number of child ever born affects the socio-economic condition of the people in the country. Empirical study have shown that number of children ever born and poverty are positively associated. The maternity health and family planning are interrelated and they together have an impact on the quality of population.

### 2.2.3. Use of Contraceptives and Fertility

Almost of the human societies are widely believed that family planning awareness helps to control population growth in the country. (Nepal Demographic Survey, (NDHS, 2006) estimates 93.8percent of all aged women are knowledgeable about at least one of the FP methods, 53.3 percent have ever used it and 48 percent are currently using any kinds of FP methods. Current use rate of family planning is higher among (35-39) years as recorded 81.3 percent. This is higher among those from richer households. Basically, ratio is the most common media of information about family planning. The majority of the women 38 percent reported radio, as the source of information about family planning methods followed by friends/relatives (24%), television (7%) and Newspaper (3% ). In response to the question asked to women aged (15-49) years on the of family planning methods, currently using either by them or by their husbands 33percent reported laparoscopy/Minilap,20 percent, vasectomy, 39percent other temporary methods and only 8 percent condom. Among them 60 percent of users of family planning methods visit public health institutions to get those methods, followed by VSC (19%), pharmacies (9%), private health institutions (5percent) and workers(4percent).Such a pattern is observed in all developmental regions, ecological zones, age groups and conception genitives. However, after public health institution, pharmacy is more popular in urban areas and the richest quintile (CBS/NLSS, 2003/2004).

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

### 2.2.4  Occupation and Fertility

Occupation is one of the socio-economic factors that identify subgroups with distinct level of fertility. In the context of Nepal High fertility has been associated with agricultural and mining lower rate of fertility has been associated with professional classes in urban industrial countries (UN 1973: 100). The work status of employment of women determines the level of fertility behavior. According to World Fertility Survey, Women who work in teaching, nurse or administrative sector marry on average 24 years later than those who work in domestic and agricultural sector. The mean number of children ever born of the married women is the highest for the farm, fish worker which is 2.7 but lowest fertility is observed among professional, administrative and clerical workers with 1.1 less than farm workers i.e. (CBS 1995:79).

Occupation is one of the catalytic soci0-economic factors that identify sub groups with district level of fertility. While observing the fertility in terms of CEB of different group of people i.e. Not working, agricultural and household and Non-agricultural according to BDCS, 1996 Nepal, the CEB for not working was 3.2, 3.3 for agricultural and household and 2.9 for no agriculture (Acharya, 2000:29).

In order to reduce poverty in Nepal, it is highly important to effectively implement fertility reduction programmes. Many studies shows that since 1970, developing countries with lower fertility and slower population growth  have seen higher productivity, more saving and population assistance were responsible for almost one third of the global decline in fertility from 1972to 1994. These social investments attack poverty directly and empower individuals especially women the enable choice (CBS, 2002).

### 2.2.5 Infant and Child Mortality Experience and Fertility

We can see a deep relationship between the survival of the children and fertility. Due to the birth of children to very younger or older women or due to the poor health facilities, the risk of dying is still found in the case that if their mother already had many children or born in the short interval. This highly loss of  children or  infant lead to high fertility in order to compensate for the decreased number of children (Pant, 1996:1).

According to NFHS 1991, higher CEB to the younger women than age 30 was seen. The reproductive performance in affected by the experience of child loss which affects the number of children ever born (CEB). (Adhikari, 1996:7, 8).

Bubhaja (1991) constituted that irrespective of the length of preceding birth interval the probability of children dying infant period is considerably higher among mothers whose previous child has died than those whose previous child is alive. So, it is seen a close relationship between number of CEB and infant mortality. According to Nepal Demographic Health Survey 2006, the CEB of currently married women aged 15-49 years was 3.04while mean CEB was2.44.

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

The current estimate of child mortality in Nepal is 28.6 indicating that of the 100 babies surviving to age one, 28.6 percent die before they reached the age of five. In a likewise manner under five mortality is 91 indicating that of the 1000 children born today 91 will be die before they reach the age of five and IMR is estimated 48 per 1000 live births (NDHS,2006).

## 2.3  Conceptual Framework

This study is concerned about fertility behavior of magar community among Dhurkot VDC of Nawalparasi district. In this study researcher has considered the following conceptual framework for studying the fertility behavior of magar community in Dhurkot VDC.

**Figure -2: Fertility Behaviour**
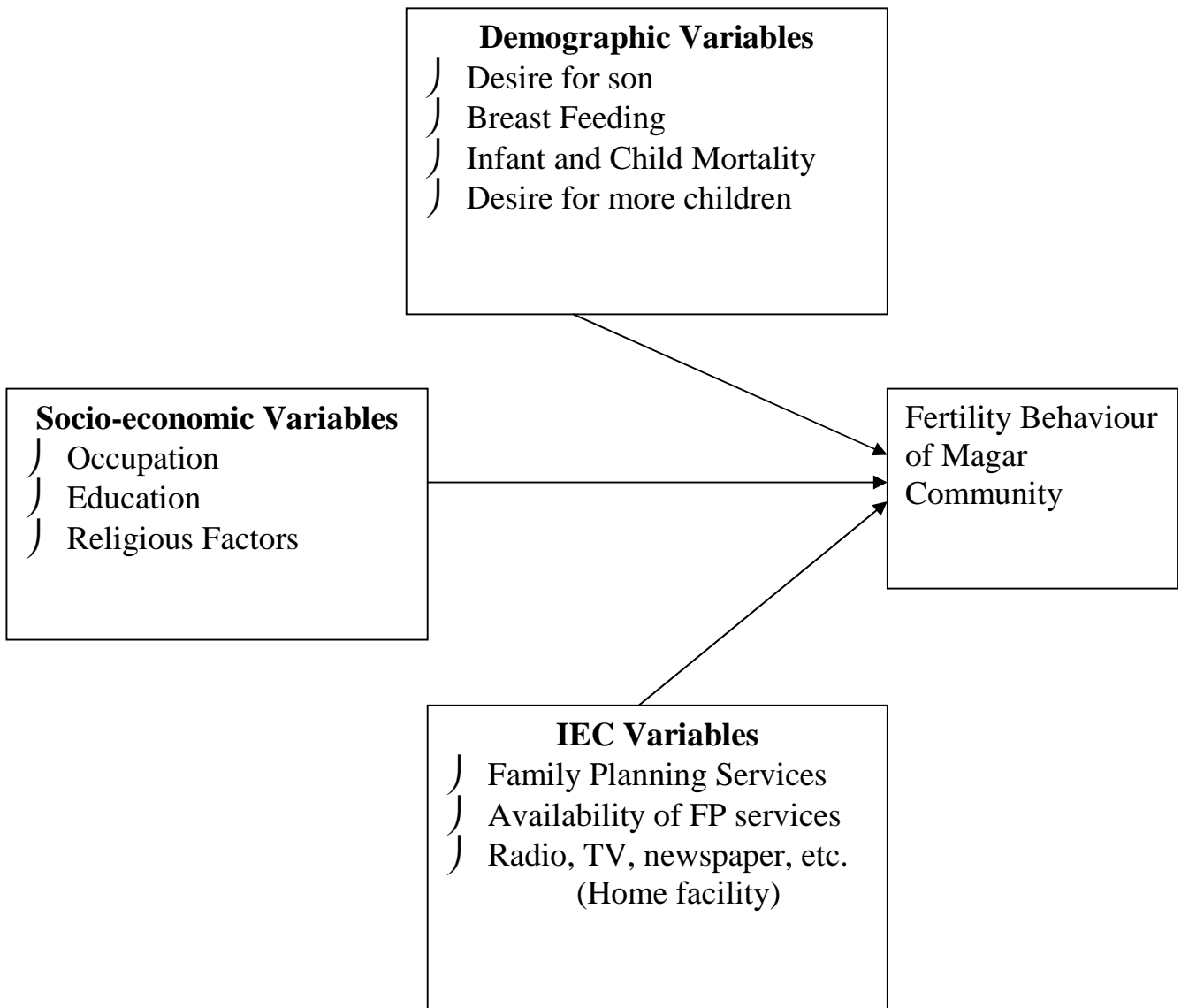


This analytical framework is suitable for the study. Since the fertility behavior is influenced by different socio-economic and demographic variables. For the study there types of socio-economic variables like occupation, education religious status and economic status of the family are selected. These variables affect the fertility behavior of magar community. Similarly there are also different demographic variables like desire for son, breast feeding, infant and child mortality, desire for more children and so on. Family planning services, availability of FP services, Radio, TV, Newspaper and awareness play the vital role for fertility behavior of magar community. Thus the given all variables help to have condition of fertility behavior of magar community in this study.

# CHAPTER THREE

## METHODOLOGY

### 3.1 Selection of the Study Area

The area of study has been selected a Magar community in Dhurkot VDC, Nawalparasi district. This VDC is bordered by Panchnagar VDC in the south, Palpa district in the north, Ramnagar VDC in the west and Benimanipur VDC in the east. It is located at about 8km North from the Mahendra Highway.

Magar caste is an indigenous ethnic group of the hilly region. They have been living in this region since long time before. There are people from different caste/ethnic and religious group having different socio-economic characteristics of Dhurkot VDC. The fertility behavior of this Magar community was not studied earlier in this VDC. This study is conducted among Magar community which they are sociably and economically backward.

### 3.2 Sample Design

This study is based on primary and secondary data, but the analysis mainly depends on primary data. There are total nine words of Dhurkot VDC and will select only ward number seven is selected for the present study where there are 230 households of Magar Community. Out of 230 household, only 125 household are selected by using purposive Sampling method. Only Magar community's currently married women of reproductive ages were selected as the respondents. In this survey there are mainly two types of question are included in the questionnaire are, one is household survey questionnaire and other is individual information with related demographic characteristics as well as socio-economic and use of family planning information.

### 3.3 Sources of Data

This study is based on primary and secondary data .All primary data was derived from the Field Survey by interview method which is the main component of the study. And secondary data obtained from various sectors such as Book, CBS, DHS, VDC and national report.

## 3.4  Procedure of Data Collection

To meet the objectives of the study with considering limited time and sources data was collected by preparing precise questionnaire schedule. Mostly structure questions were used for the interviews but if a necessary unstructured or open ended question also was used to obtained information for the study.

## 3.5  Selection of Respondents

In this study, for household information collection, household head is chosen as possible. If the household head is absent in the period of survey, any member of that family who knows the family background well is asked. For special information and demographic information and knowledge and uses of family planning methods, only married women in reproductive ages (15-49) are chosen as respondents. If  there are more than eligible women. Only one women of reproductive ages (15-49)from one household was selected. At the time of survey there is at least one eligible women (respondents) are found at all Sampled household.

## 3.6 Data Tabulation and Analysis

Data are analyzed in the form of frequency distribution charts, figures, pie-charts and tables and presented in tabular forms in corresponding heading.

# CHAPTER FOUR

# CHARACTERISTICS OF THE HOUSEHOLD POPULATION AND RESPONDENTS

In this chapter background characteristics of the household and study women are described. The main purpose and interest at this study is to relate the socio-economic and demographic characteristics with women's fertility condition.

## 4.1 Characteristics of Household Population

Actually, fertility is a demographic matter. In case of large number of family members in a household creates more problems in the family. These ninebarks the women cannot to achieve the meaning of human life and she may have to involve in rearing and bearing of children and every time doing household work. This sub-chapter deals with household characteristics such as total household and population family size, economic status, household facilities and so on.

## 4.1.1 Total Household Population
### Table 4.1: Distribution of Household Population by Sex

| Age group | Male | | Female | | Total | | Sex Ratio |
|---|---|---|---|---|---|---|---|
| | Number | Percent | Number | Percent | Total | Percent | |
| 0-4 | 59 | 15.0 | 42 | 10.8 | 101 | 12.9 | 140.5 |
| 5-9 | 58 | 14.7 | 52 | 13.4 | 110 | 14.1 | 111.5 |
| 10-14 | 52 | 13.2 | 53 | 13.7 | 105 | 13.4 | 98 |
| 0-14 | 169 | 42.9 | 147 | 37.9 | 316 | 40.4 | 114.966 |
| 15-19 | 52 | 13.2 | 54 | 13.9 | 106 | 13.6 | 96.3 |
| 20-24 | 29 | 7.4 | 55 | 14.2 | 84 | 10.7 | 52.7 |
| 25-29 | 30 | 7.6 | 36 | 9.3 | 66 | 8.4 | 83.3 |
| 30-34 | 23 | 5.8 | 23 | 5.9 | 46 | 5.9 | 100 |
| 35-39 | 28 | 7.1 | 16 | 4.1 | 44 | 5.6 | 175 |
| 40-44 | 9 | 2.3 | 17 | 4.4 | 26 | 3.3 | 53 |
| 45-49 | 19 | 4.8 | 15 | 3.9 | 34 | 4.3 | 126.7 |
| 15-49 | 190 | 48.2 | 216 | 55.7 | 406 | 51.8 | 87.96296 |
| 50-54 | 18 | 4.6 | 3 | .8 | 21 | 2.7 | 600 |
| 55-59 | 6 | 1.5 | 3 | .8 | 9 | 1.2 | 200 |
| 50-59 | 24 | 6.1 | 6 | 1.6 | 30 | 3.9 | 400 |
| 60-64 | 2 | .5 | 6 | 1.5 | 8 | 1.0 | 33.3 |
| 65+ | 9 | 2.3 | 13 | 3.4 | 22 | 2.8 | 70.2 |
| 60+ | 11 | 2.8 | 19 | 4.9 | 30 | 3.8 | 103.5 |
| Total | 394 | 100.0 | 388 | 100.0 | 782 | 100 | 102.63 |

**Source: Field Survey, 2010.**

Table 4.1 shows for male as well as female a higher proportion of population in early age and it is highest for age group 10-14 and 15-19 (13.4 and 13.6 percent). 13.2 percent of male and 13.7 percent 0f female in the age group 10-14 years.  Similarly, 13.2 percent of male and 13.9 percent of female in the age group  of 15-19 years. Lowest for the age group higher than 50 years of age, less than 3 for each age group.

## 4.1.2 Educational Status

The data on educational attainment are collected for all those household populations aged 6 years above. The educational attainments of couples have a very strong effect on contraception knowledge, attitude and use. The education status is divided into 4 categories Illiterate primary, secondary and IA and above. Which are presented below.

## 4.2 Distribution of Magar Community by Literacy Status

| Education | Male | | Female | | Total | |
|---|---|---|---|---|---|---|
| | Number | Percent | Number | Percent | Number | Percent |
| Illiterate | 106 | 31.6 | 120 | 34.7 | 226 | 33.2 |
| Primary | 118 | 35.2 | 149 | 43.1 | 267 | 39.2 |
| Secondary(6-SLC) | 99 | 29.6 | 70 | 20.2 | 169 | 24.8 |
| IA & above | 12 | 3.6 | 7 | 2.0 | 19 | 2.8 |
| Total | 335 | 100.0 | 346 | 100.0 | 681 | 100.0 |

Source: Field survey, 2010.

Of the total population aged 5 years and above 33.2 percent were illiterate which is lower than national level figure 46 percent. Among literate 39.2 percent had attained primary level, 24.8 percent had attained secondary level, 2.8 percent had attained IA and above.

## 4.1.3 Marital Status

In Nepalese society, the phenomena of child bearing without legal marriage are restricted. So, we must consider marital status as one of the main determinant as well as important to study the fertility behavior of women in relation to their marital status. The respondent's responses are tabulated in Table 4.3.

**Table 4. 3:  Distribution of Marital Status**

| Marital status | Male | | Female | | Total | |
|---|---|---|---|---|---|---|
| | Number | Percent | Number | percent | Number | Percent |
| Unmarried | 119 | 43.0 | 118 | 40.1 | 237 | 41.5 |
| Married | 153 | 55.2 | 161 | 54.8 | 314 | 55.1 |
| Widow | 3 | 1.8 | 15 | 5.1 | 20 | 3.5 |
| Total | 277 | 100.0 | 294 | 100.0 | 571 | 100.0 |

Source: Field Survey, 2010.

The majority of the respondents 55.0 percent are married. Similarly 41.5 percent respondents are unmarried and 3.5 percent of respondents are widow.

### 4.1.4 Major Occupation

Occupation distribution of household head or person plays a vital role in the economic status of household. Economic status also determines the level of education the level of knowledge and use of contraception. So the occupation of the household is most important variables of the study population aged 10 years and above presented in Table 4.4

**Table 4.4:  Distribution of Family by Income**

| Occupation | Number | Percent |
|---|---|---|
| Agriculture | 77 | 61.6 |
| Business | 6 | 4.8 |
| Service | 12 | 9.6 |
| Foreign employment | 24 | 19.2 |
| Wage labor | 6 | 4.8 |
| Total | 125 | 100.0 |

Source: Field Survey 2010.

From the displayed data we know that 61.6 percent of the population reported their occupation in agriculture followed by business 4.8 percent, service 9.6 percent,

foreign employment 19.2 percent and wage labor 4.8 percent. The population who had reported their age 65 years and above they had also reported their occupation.

### 4.1.5 Size of Land Holding

Nepal is an agricultural country and most of the people are dependent upon the agricultural sectors. The main source of income in this Magar people is agriculture their field and some are in service, business, labour and others. Annual income determines the level of living standard and economic activities. The following Table presents the land holding size as the household in the study are.

**Table 4.5:  Distribution of Land Holding size**

| Ropani | Number | Percent |
|--------|--------|---------|
| <3 Ropani | 26 | 20.8 |
| 3-5 Ropani | 76 | 60.8 |
| >5 Ropani | 23 | 18.4 |
| Total | 125 | 100.0 |

Source: Field Survey, 2010.

 Table 4.5 shows that 20.8 percent household have <3 ropani followed by 60.8 percent household have 3-5 ropani and 18.4 percent household have >5 ropani land. This study shows more household have living standard.

### 4.1.6 Economic Status

It is not fully true that the cause of high fertility determinants is economic status but in some cause economic status is considered as determinants of the fertility. It plays indirectly a vital role in fertility behavior. From this research in Magar community the researcher found that high economic status household has few children but in low economic status household have also more children by the cause of negligible. Traditional social as well as pressure of household senior member and husband sex preference behavior.

### 4.2 Characteristics of the Respondents

The chapter is mainly focused the situation of demographic and socio- economic characteristics of the respondents. in demographic characteristics includes the age

group , age at marriage , age at frist menstruation etc. fertility behavior related with various socio- economic status includes no. of children , sufficiency of the children as well as knowledge and use of family planning devices etc.

## 4.2.1 Age Group

Being fertility is high or low age of respondents plays a vital role of any country's population because only a female reproductive ages can bear a child and women of (20-24) year of age activity involve in the child bearing activities in which age specific fertility rate is found the highest among women's age groups. Here, figure shows that the age distribution of respondents five year age groups

**Figure:3  Distribution by Age of the Respondents**
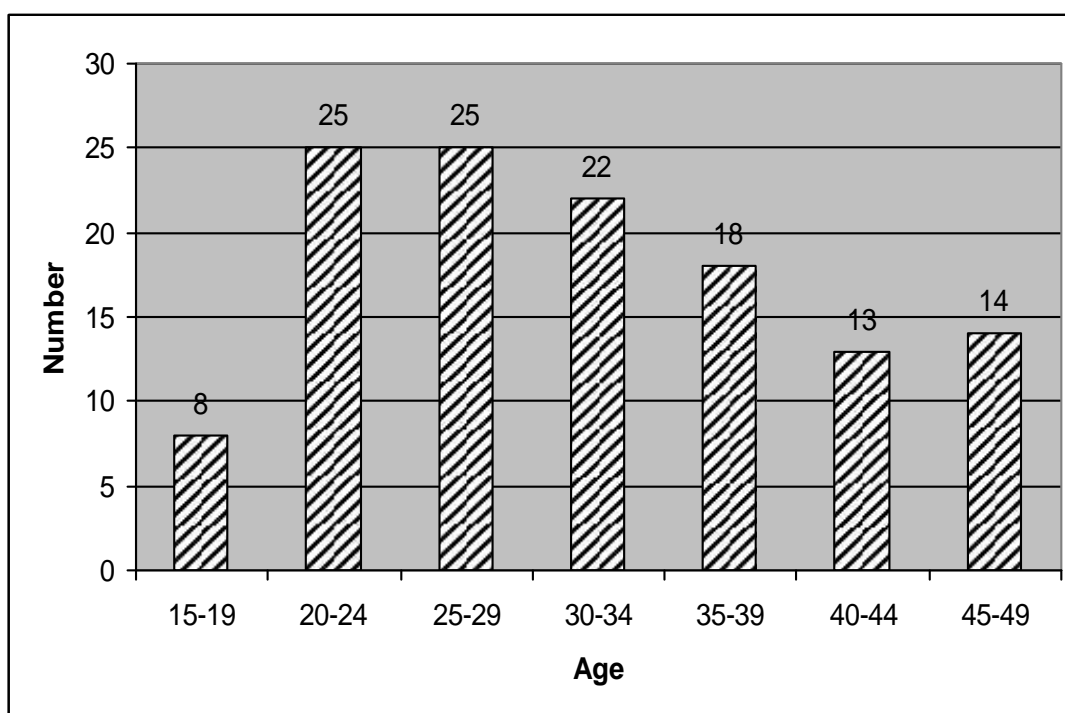
From the graph more population of the respondents are taken of age group (20-24) and (25-29) as 20 percent similarly about 17.6 percent from 30-34 and 14.4 percent age group of 35-39. In this graph the least no of respondents is taken from age group (15-19). In an average this shows that more respondents are from older age groups.

### 4.2.2 Age at First Menstruation

This term also play an important role to determine the women's status 0f fertility. If a girl gets first menstruation in earlier age, parents may be worried and they start think about her marriage in such a society and of any country with deep-rooted traditional norms and values. So, in this research respondents were asked about the age of their first menstruation which is presented as follows.

**Figure 4: Distribution of Respondents by Age at Frist Menstruation**
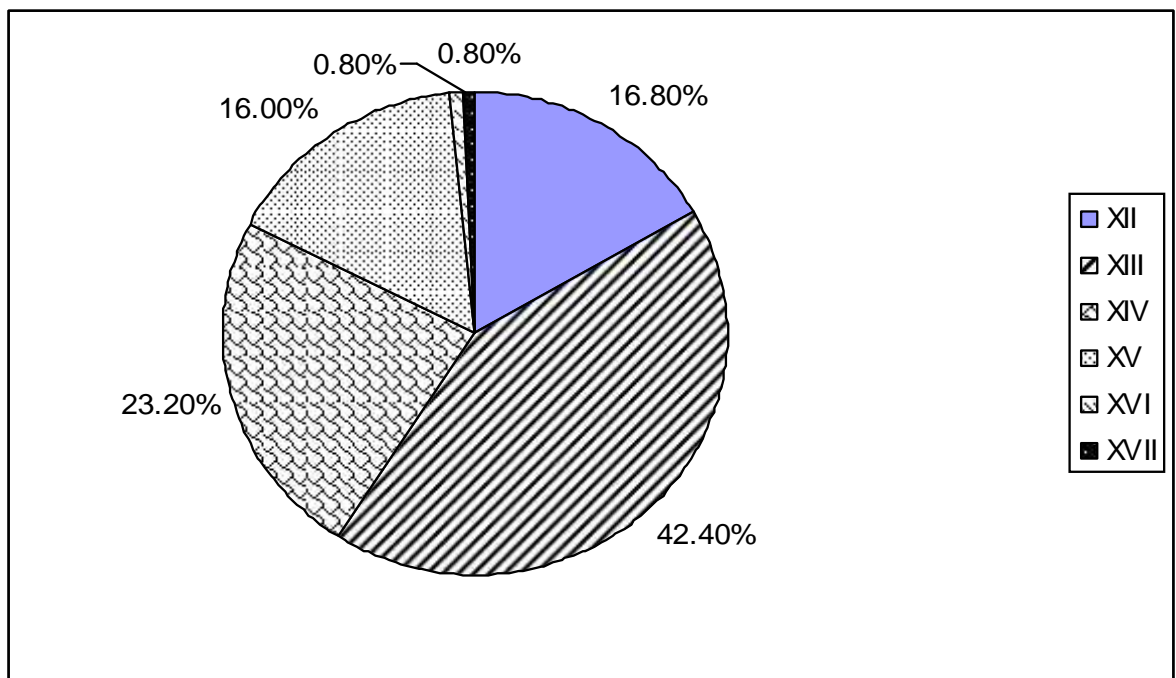
This pie-chart shows that large number of the respondents got their first menstruation at the 13 years. Which is recorded 42.4 percent and similarly 23.3 percent of the respondents got their first menstruation of 14 years and the 12, 15, 16 and 17 years (16.8%, 16%, 0.8% & 0.8% ) respectively.

### 4.2.3 Age at Marriage

Age at marriage is also an important factor for the determination of fertility and family planning. Especially in Nepalese society where marriage is thought to be universal and is taken as a main regular process and responsibility in human life. There is great role of first marriage to determine women's status cause of fertility. It is clear and universal that lower the age at marriage results the higher number of children. The women who tend to marry early in their reproductive ages are likely to

bear more children than that of women who marry lately. In this VDC, age at marriage is found to be at early ages. It may because of the traditional belief towards to make girls married before the onset of first menstruation and lack of their awareness. Below is shown the age at first marriage given by the respondents.

**Table 4.6: Distribution of Respondents by Age at Marriage**

| Age at first marriage | Respondents | Percentage |
|---|---|---|
| 13-16 years | 69 | 55.2 |
| 17-19 years | 45 | 36 |
| 20+ | 11 | 8.8 |
| Total | 125 | 100.0 |

Source: Field Survey, 2010.

Table 4.6 noted that majority lf the respondents were married at that age of (13-16) is receded 55.2 percent. The given data as followed by 17-19 years is 36 percent and 8.8 percent of the respondents were married at age above 20 years. In fact this shows that more respondents were married in their younger and immature ages.

**4.2.4 Duration of Breastfeed**

Early initiation of breast feeding is encouraged for a number of reasons. Mothers benefit from early sucking because it stimulates breast milk production and facilities the realizes   of oxytocin, which helps the contraction of the uterus and reduces post partum blood loss. The first breast milk contains colostrums, which is highly nutritious and has antibodies that protect the newborn from disease. Early initiation of breast feeding also fosters holding between mother and child.

**Table 4.7: Distribution of Breastfeed**

| Breastfeed | Number | Percent |
|---|---|---|
| Yes | 46 | 36.8 |
| No | 79 | 63.2 |
| Total | 125 | 100.0 |
| < 12 months | 10 | 21.7 |
| 12-24 months | 23 | 50.0 |
| 24+ months | 13 | 28.3 |
| T0tal | 46 | 100.0 |

Source: Field Survey, 2010.

Table 4.7 represent the practice of still breast feeding i.e 36.8 percent mother were still breast feeding their baby and 63.2 percent mother were not still breast feeding. Table 4.7 represents breast feeding time to baby after delivery, majority of breast feeding time to baby among the mother within less than 12 months was 21.7 percent 50 percent breast feed within 12-24 months, 28.3 percent breast feed above the 24 months about the time for breastfeeding.

### 4.2.5 Child Loss Experience

If a women losses her child in her life period, it has many effects in family and health of mother. Child loss experience also determine the status of women which determines the fertility behavior of a couple as well. When one couple frequently loss their children they forwards to give birth to more children because they cannot be sure all of their children will survive. If they fond to give more birth, they don't give important about family planning devices. Which may grows in fertility pattern. So, the researcher was asked about the child loss experiences if yes then how many of what sex. But the child low numbers by sex is not found accurately that's why only the number of child loss is shown on the Table.

**Table 4.8: Distribution of Respondents by Child Loss Experience**

| Child loss experience | Reproduction | Percent |
|---|---|---|
| Yes | 34 | 27.2 |
| No | 91 | 72.8 |
| Total | 125 | 100.0 |
| No. of under five son losses | | |
| Occurred 0 | 94 | 75.2 |
| 1 | 27 | 21.6 |
| 2 | 4 | 3.6 |
| Total | 125 | 100.0 |
| No of under five daughter | | |
| Losses occurred 0 | 110 | 88.0 |
| 1 | 15 | 12.0 |
| Total | 125 | 100.0 |

**Source: Field Survey, 2010.**

Table 4.8 is noted that 27.2 percent 34 of the respondents have child loss experience while other 72.8 percent 91 have no such experience. Among them 75.2 percent of the respondents who have not son child losses. But 21.6 percent 27 of the respondents have 1 son child loss experience and 3.2 percent 4 of the respondents have 2 son child loss experience. Such that 88.0 percent 110 of the respondents who have not only under five daughter child loss experience but 12.0 percent 15 of the respondents who have one under five daughter child loss experience.

**4.2.6 Knowledge of Family Planning Methods**

It must be necessary especially to the new couples about the knowledge of family planning knowledge the first step to decide for the use of various family planning methods. NDHS 2006 has found that knowledge of family planning methods in Nepal is almost universal which recorded percent among women reproductive age similarly the knowledge about family planning in this Magar women of Dhurkot VDC is found that the also almost universal level. May be this is because the age of related respondents are of older ages. Respondents were asked about whether they have heard about family planning methods or not and also recorded currently using of family planning methods on but use. The responses are presented in table.

**Table 4.9:  Distribution of Respondents by knowledge of Family planning and Current Using**

| Heard of family planning | Respondents | Percent |
|---|---|---|
| Yes | 125 | 100.0 |
| No | - | - |
| Total | 125 | 100.0 |
| Current using any method | | |
| Yes | 82 | 80.4 |
| No | 20 | 19.6 |
| total | 125 | 100.0 |
| Which method | | |
| pills | 9 | 11.6 |
| IUD | 3 | 3.7 |
| Depo-provera | 48 | 58.5 |
| Male condom | 4 | 4.9 |
| sterilization | 18 | 22.0 |
| Total | 82 | 100.0 |

Source: Field Survey, 2010.

Table 4.9 shows that about 100 percent of the respondents have heard of family planning methods. Sanely 80.4 percent of the heard women are found currently using family planning methods. It is clear that the high proportion of respondents who have herded about FP methods who have herded. Depo-Provera which  accounts 58.5 percent followed by 22.0 percent sterilization and pills 11.6 percent. But the table shows that the least proportion of the respondents is found to have use IUD and male condom 3.7 and 4.9 percent.

**4.2.7 Source of Information of Family Planning**

Nepal is a country of surrounding by hilly region and almost of the area covered by rural places. Basically in rural area the easy excess source of information is radio. In other side radio is popular media cause of poor life standard of the people and they cannot afford all the media sources. By the change of society gradually and electricity

facility available in the rural areas, there is expression of some other source of media also. But there is no available of the electricity facility there is not have television. In spite of respondents were asked about the media through which they have heard about FP methods and their responses are tabulated in Table.

**Table 4.10: Distribution of the Respondents by Source of Information on Family Planning methods**

| Source of FP | Respondents | Percent |
|---|---|---|
| Husband | 1 | 0.8 |
| Radio | 105 | 84.0 |
| Hospital/health post | 5 | 4.0 |
| Relatives/friends | 14 | 11.2 |
| Total | 125 | 100.0 |

**Source: Field Survey 2010.**

It is noted that the Table 4.10 where nearly total number of the respondents have heard about FP methods from radio which is recorded as 84.8 percent followed by about 11.2 percent have heard from relatives. Similarly 4.0 percent each of the respondents have heard through health post and the least number of the respondents have heard from the husband. This shows that radio is one of the popular media for research area in rural setting.

**4.2.8 Ever Use of Family Planning Methods**

For the proximate determinants level of fertility use of contraceptives is one of the most important factors. Sanely ever use of family planning accepts their history of use of family planning methods. Generally it is as used that use of FP methods plays the main role in transition to lower fertility. Thus, use of FP methods practices in real behavior it may have help to manage the rapid population growth and environment contaminants. Most of the under developed and developing countries area out of education about contraceptives prevalence rate is increasing each year, the CPR is still low and there is still high  unmet demand of FP methods. In this research, respondents were also asked about the ever asked of FP methods which are tabulated in table.

**Table 4.11: Distribution of Respondents by Ever Use of Family Planning methods**

| Ever use of FP | Respondents | Percent |
|---|---|---|
| Yes | 102 | 81.6 |
| No | 23 | 18.4 |
| Method use | | |
| Pills | 29 | 28.4 |
| Depo-provera | 57 | 55.9 |
| Male condom | 6 | 5.9 |
| Sterilization | 8 | 7.8 |
| IUD | 2 | 2.0 |
| Total | 102 | 100.0 |

**Source: Field Survey 2010.**

From the Table 4.11 it is clear that ever use of FP method among Magar women of research area is normal as fertility rate is also high. There is 81.6 percent of women who have heard about FP methods recorded that they have ever used methods, higher proportion have used sangini (Depo-Provera) accounted 55.9 percent followed by pills 28.4 percent sterilization followed by 1.8 percent male condom 5.9 percent and the least proportion 2 percent of women is found to have ever used IUD.

## 4.2.9 Causes of Not Using Family Planning methods

Basically causes of not using FP methods find out the barriers in using FP methods. In Nepal, the status of women is deplorable because which they are compelled to accept whatever the family members want especially husband and household head. By the cause of low literacy and even they could not make decision about to use of FP methods in the suitable time. In this research, to find out the obstacles using FP methods, the respondents who had knowledge about FP and they have not used any methods were asked why they didn't do so.

**Figure 5: Causes of Not Using Family Planning methods**
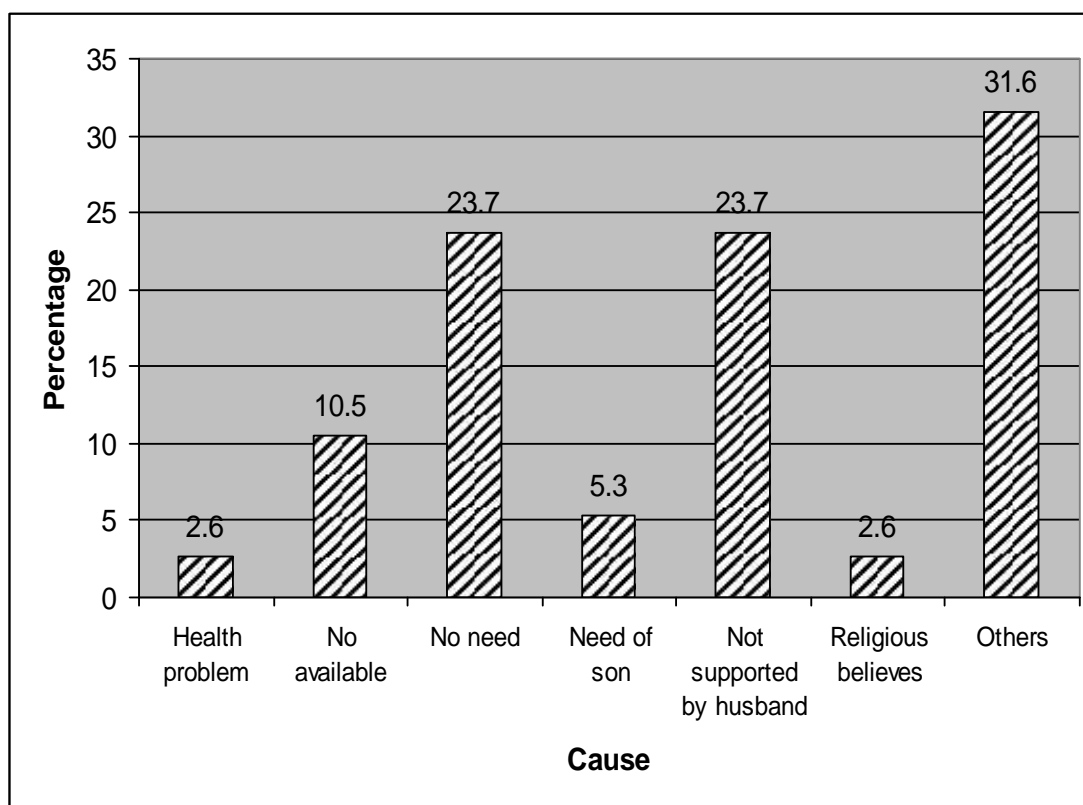
The pie chart shows that majority of the women are pressed and dominated by various causes like they must do hard work not supported by husband for not using contraceptives which is accounted for 31.6 percent followed by not supported by husband and no need for children 23.7 percent. Accordingly 10.5 percent of the respondents said that they have used any methods because of there are no available of the FP methods. About 5.3 percent of the respondents have followed by desire for son and 2.6 percent respondents reported that their health problem and religious belief.

# CHAPTER FIVE

## FERTILITY BEHAVIOUR

Fertility behavior means the actual childbearing practices at the age of women in the reproductive ages (15 to 49) proceeding the time of survey. Fertility behavior is the important factor to determine the population size and structure of any state or country. So in study the researcher tried to find the Magar community fertility behavior with respect to the Magar women's reproductive age (15 to 49) and also tried to find relationship of CBS with different social cultural and economic as well as demographic variable in Dhurkot VDC of Nawalparasi district.

### 5.1 Number of Children Ever Born

Number of live births also indicates the use and non use of contraception and desire for children which affects the life of women and their status. In case of women and their status have already achieved the desired number of children, they are likely to use permanently method of family planning and who have not achieved not likely to use contraception . it means that they want to use birth spacing method  as the national level of CEB is still high and same in this VDC the researcher also found having more children of the respondents. The status of fertility among the respondents is given in Table 5.1

**Table 5.1: Distribution of the respondents by number of CBS till the time of survey**

| No of children | Respondent | Percent |
|---|---|---|
| 0 | 2 | 1.6 |
| 1 | 15 | 12.0 |
| 2 | 21 | 16.8 |
| 3 | 20 | 16.0 |
| 4 | 34 | 27.2 |
| 5 | 19 | 15,2 |
| 6 | 6 | 4.8 |
| 7 | 6 | 4.8 |
| 8 | 2 | 1.6 |
| Total | 125 | 100.00 |

**Source:- Field Survey, 2010**

Mean CEB = 3.5

Table 5.1 shows that the poor situation of fertility in this Dhurkot VDC of Magar women. Because the proportion of women having 8 children and also above is found which is recorded 1.6 percent at all there is 27.2 percent of the respondent are found having four children followed by 3 children which accounts for 26.0 percent. Samely 16.8 percent of the respondent reported that they have 1 and 8 children. This shows that the child performance of this Dhurkot VDC population.

## 5.2 Ideal Number of Children

In many case fertility behavior of women depends upon the number of children they want and which determines the prevalence of contraceptive. In this village the researcher found that more women who have more than two sons , the ideal number of boy and girl for them are same, the women who had more daughter were desiring for two and more sons and the women who had more sons were desiring one or two daughters.

**5.2 Distribution of the Respondents by Their View on Ideal Number of Children.**

| Number | Ideal on of Children | Percent |
|---|---|---|
| 2 | 59 | 47.2 |
| 3 | 42 | 33.6 |
| 4 | 20 | 16.0 |
| Don't know | 4 | 3.2 |
| Total | 125 | 100.0 |

**Source:- Field Survey, 2010**

Ideal No. of Children = 2.6

Table 5.2 shows that any women don't want less than 2 children and majority of them are found desiring upto four children. Around of half (47.2%) women want to have two children that means in their view two children are enough. There are some respondent who want three for the ideal number as (33.6%) and 16% of the respondent desired of four children for ideal number of children. similarly 3.2% of the respondents have not knowledge about for ideal number of children.

## 5.3 Relationship of CEB with Different Variables

In this sub-chapter relationship with different socio-economic and demographic variables have been tried to analysis with a special emphasis about no. of CEB. According to number of household member's respondents education, occupation, marital status of respondents, age group of respondents as well as use and non use F.P. methods, a relationship with CBs have been established for each variables.

### 5.3.1 Age and CEB

In fact age is main factor determine CEB. Many of the studies have shown that with increases of respondent's age, CEB increase. The terms CEB is average number of children ever born for the women at the time of survey? The relationship of CEB with the respondent's age is presented in Table 5.3.

**Table 5.3: Distribution of CEB by the Respondent's Age Group**

| Age Group | CEB | No. of respondents |
|-----------|-----|--------------------|
| 15-19 | 1.6 | 8 |
| 20-24 | 1.9 | 25 |
| 25-29 | 3.4 | 25 |
| 30-34 | 3.5 | 22 |
| 35-39 | 4.2 | 18 |
| 40-44 | 6.0 | 13 |
| 45-49 | 4.6 | 14 |
| Total | 3.5 | 125 |

**Source:- Field Survey, 2010**

Table 5.3 shows increase in age of the respondents fertility has been increased. In other words the no. of CEB is in increasing trend in the older ages of women.

### 5.3.2. Age at First Marriage and CEB

Age at marriage is one of the influencing factors determining fertility or CEB. This term is associated fact that women who marriage in the earlier age have more children that the women who marriage latter age because firstly those women who marry early age are immature and don't known about advantage and disadvantage of early

childbearing about their future life cycle. Secondly, they use their most of the reproductive period, By keeping in view the same thing, a relationship with age at marriage of the respondent with CBS has been established in shown in table 5.4.

**Table 5.4: Distribution of CEB by Respondents Age at First Marriage**

| Age at marriage | CEB | Respondents |
|---|---|---|
| Below 16 | 3.6 | 69 |
| 17-19 | 3.2 | 45 |
| 20+ | 4 | 11 |
| Total | 3.5 | 125 |

**Source:- Field Survey, 2010**

Table 5.4 shows that early the age at marriage greater the number of children An average of 4 CEB has been Observed among the women who had married above 20 years of their age. In fact that CEB has been increasing with the increase in age at marriage. There is 3.6 CEB has been observed for the women who had married in the age of below 16. There for 3.3CEB have been observed for the women who had married in the age of 17-19 years.

**5.3.3 Education and CEB**

In this analysis, literacy were categorized with basic of person who can read and write about small behavioral calculation and illiterate were categorize as the respondents who cannot read and write as well as any consonants and values letters. The relationship with respondents with their education has presented as follows in table 5.5.

**Table 5.5: Distribution of CEB According to Respondents by Education**

| Education | CEB | Respondents |
|---|---|---|
| Illiterate | 4.1 | 60 |
| Primary | 3.1 | 52 |
| Secondary(6-10) | 3.0 | 13 |
| Total | 3.5 | 125 |

**Source:- Field Survey, 2010**

In many studies have find that higher the education lower the number of children. This report is also no exception but slightly up to primary level of education it means that no great impact of education has observed. women with secondary education are found less CEB than these women who have primary education.

**Figure 6: Number of CEB by Education**
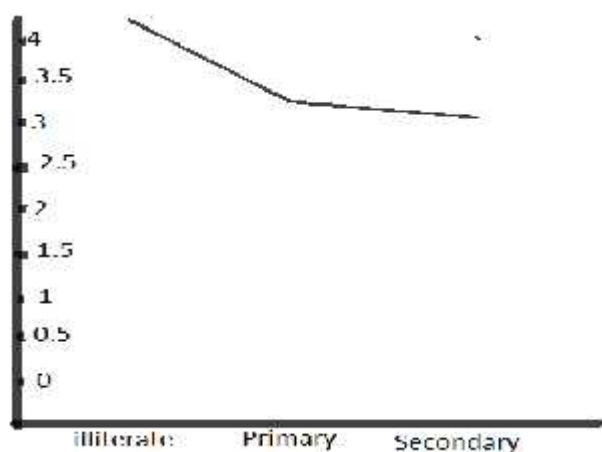
## 5.3.4 Occupation and CEB

The status of occupation is also an important factor to determine the fortuity behavior of and individual large number of studied have shown that people who engaged in forming and domestic work has more fertility occupation. in many practices it is observed that people with more education are engaged in white color occupation while illiterate and less educated people are engaged in blue color occupation.

**Table 5.6 Distribution of CEB According to Respondents Occupation.**

| Occupation | CEB | Respondents |
|---|---|---|
| Agriculture | 3.7 | 103 |
| Business | 4.0 | 2 |
| Service | 2.6 | 5 |
| Household Works | 2.8 | 12 |
| wage Labour | 4.0 | 3 |
| Total | 3.5 | 125 |

Table 5.6 shows that women who are mostly engaged in agriculture have more no of children and CEB is observed.

### 5.3.5 Use of FP and CEB

It is fact that using family planning methods are to control births. That is why it is related to birth control and less CEB that the women who use family planning methods carefully have less no. of children and those women who neglect to use the family planning methods have large number of children and CEB. The relationship between CEB and women use non use of FP methods has been presented in table.

**Table 5.7 Distribution of CEB by Use and Non Use of Family Planning**

| Use of FP | CEB | No. of respondents |
|-----------|-----|--------------------|
| Yes | 3.49 | 102 |
| NO | 3.74 | 23 |
| Total | 3.54 | 125 |

**Source:- Field Survey, 2010**

Table 5.7 gives the information that the respondent who said to have of FP methods have less proportion of overage CEB which is accounted 3.5 and the respondent who said not to have use of FP methods have slightly high proportion of CEB this shows that higher proportion of use of FP methods helps to reduce the fertility in society

### 5.3.6 Child Loss Experience and CEB

There are relationship between children's experience and CEB. If a women losses her child she will be motivated to reproduce new child for the replacement of her dead child. This is found to be true in this study also. Table 5.8 shows that mean CEB to women increases when child less experience of women increase women lost at least one child have significantly higher mean CEB than those who have not lost any child.

**Table 5.8: Distribution of child loss experience and CEB**

| Child loss experience | mean | Number |
|-----------------------|------|--------|
| Yes | 4.6 | 34 |
| No | 3.1 | 91 |
| Total | 3.5 | 125 |

**Source:- Field Survey, 2010**

35

Mean CEB of women is found to be highest for those who have lost more their children as compared to age have not children loss experience.

## 5.3.7 Sex Preference and CEB

Sex preference is play important role increasing and decreasing the fertility. There is direct relationship between sex preference and fertility. Many researchers have shown that desire of son is main cause of high fertility in Nepal. According to Wilkinson (1978) many couple beer additional children in the attempts to have one or more sons. Thus it could be said that the gender inequality and fertility is the result of son preference. In societies generally males are taken as more valuable than females. Sons are considered as mean of earning in our society. The relationship between CEB and sex preference has been presented in table.

## Table 5.9: Distribution of CEB and Sex Preference

| Sex Composition | Mean CEB | Respondents |
|---|---|---|
| Son only | 4.5 | 4 |
| Daughter only | 4 | 1 |
| More sons and less Daughter | 4.1 | 47 |
| Equal son and Daughter | 3.1 | 73 |
| total | 3.5 | 125 |

**Source:- Field Survey, 2010**

From this study found that the son composition among children 4 percent desired only daughter in their children, 4.5 percent couple desired only sons in their children. Smilarly, 47 percent couples desired more sons and less daughters and 73 percent couple desired equal son and daughters.

# CHAPTER SIX

## SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter deals the core part of the findings, conclusions and recommendations for policy making related about a by caste ethnicity groups as will regional development. Based on key findings conclusions are drawn and according to conclusions drawn, recommendations are attempted for the purpose of improving women's status of Magar women of Dhurkot VDC.

### 6.1 Summary of the findings

The following points highlights the characteristics as obtained from data collected.

❖ Among the surveyed households average number of males is observed to be slightly high than the average number of females.

❖ Among the respondents who have their own land ,the high proportion 60.8 percent households are holding 3-5 ropani of land followed by less than 3 ropani as recorded 20.8 percent and similarly 18.4 percent of the respondents have  but not access of  there.

❖ All most household (100%) are using piped water.

❖ Almost of the respondents got their first menstruation at the age 12, 13 and 14. More proportion of them got their first menstruation at age 16 and 17 years which is records as .8 percent.

❖ Majority of the respondents were married at the age of 13-16 years which is accounted 55.2 percent.

❖ The proportion of women having 8 and above children is found .among these respondents the high proportion of women are found.

❖ About 27.2 percent of the respondents has child loss experience.

❖ As the total number of 125 respondents 100 percent have heard of FP methods.

- ❖ Most of  them women who have heard about FP methods have depo-provera 58.5 percent, sterilization have heard 22 percent  and 11.6 percent have heard about pills.

- ❖ Among those respondents who have heard about FP methods 84.8 percent of the respondents informed from radio followed by 11.2 percent respondents have heard through friends/relatives.

- ❖ Near about 81.6 percent of the women who have heard about Fp methods records that they have ever used methods of FP

- ❖ More proportion of the women (23.7%) not using FP methods cause by their husband and no need to use any FP methods followed by 31.6 percent of others.

- ❖ No women want less than two children and   also they are found desiring upto four children as well. Among them more women desire for two children.

- ❖ Large number of the women wants to have equal son and daughters as 58.4 percent of the respondents responded and 37.6 percent of the women have said more sons and less daughter as ideal number of daughter.

- ❖ Among the 125 respondents 83(66.4%) have give her last child birth at home. less no. of respondents have give her last child birth at hospital as recorded 3.2 percent.

- ❖ Majority of the respondent's response that they have delivered all of their birth at home which is accounted as 66.4 percent and only 3.2 percent respondent are found to have delivered from the hospital and 30.4 percent respondent are found to have delivered from the health post.

- ❖ This analysis is observed that with the increase in age of  the respondents fertility and CEB has been also increased.

- ❖ In the research households late age at marriage, greater the number of children is observed among the research population an average 4 CEB has been observed among the research women who had married 20+ years.  There is age at marriage and CEB have opposite relationship.

❖ Upto primary level of education there is no great impact of education observed rather the women who have primary education has been slightly high CEB and than other groups which is recorded 3.1 and the women whose education is higher than SLC has less CEB.

❖ It is also found that women who engaged in business have more children and the CEB is observed 4. In fact that there is occupation and CEB have negative relationship. similarly found that women who engaged in agriculture have slightly less than the who have engaged in business as recorded 3.6 and wage labour CEB have 4 is observed.

In Dhurkot VDC where women of Magar community were taken for this small analysis mainly the educational attainment, status of respondents is found to be very low because of this reason they are far be hand in any aspect of knowledge. On e of the reason may be because more women were selected from late age groups. Basically, women related FP methods female sterilization is found rate applying. This may be because male don't allow them because they might frighten of health injuries as well as they suspect the females to involve in out sexual behavioral  thinking that they are safe and follow traditional norms.

Generally relationship between respondents education and knowledge of contraceptive is found significant. It also suggests that couple of this VDC especially in  magars households tend  to use of  contraceptive when achieved desired  number of children Fertility among these analyzed women found still high .This is because of many factors such as sex preferences , low status of education, low occupied women and over all lower status of women .it has been seen that in an overall , the analyzed society in Magar women of Dhurkot  VDC is still backward . They still have high mean number of ideal children and children ever born in this community. There is also found the poor condition of proper supply of contraceptives and knowledge of FP.

## 6.2 Conclusions

In Dhurkot VDC where women of Magar community were taken for this small analysis mainly the educational attainment status of respondents is found to be very low because of this reason they are far behind in any aspect of knowledge. One of the

reason may be because more women were selected from late age groups. Basically, women related FP methods female sterilization is found rate applying. This may be because male do not allow them because they might frighten of health injuries as well as they suspect the females to involve in out sexual behavioural thinking that they are safe and follow traditional norms.

Generally relationship between respondent's education and knowledge of contraceptive is found significant. It also suggests that couple of this VDC especially in Magar's households tend to use contraceptive when they achieved desired number of children. Fertility among these analyzed women found still high. This is because of many factors such as son preference low status of education, low occupied women and overall lower status of women. It has been seen that in an overall, the analyzed society in Magar women of Dhurkot VDC is still backward. They still have high mean number of ideal children and children ever born in this community. There is also found the poor condition of proper supply of contraceptives and knowledge of FP.

## 6.3 Recommendations

The research was mainly related to fertility behaviour and the factors affecting to fertility on the basis of the above finding and condition from the research. From those properties, the following recommendation can be made.

It is clear that women education has important role for overall development and population control as national level .in this recent analysis, it was found that the educational level of women of this community is very low .so fertility, IEC programme should be lunched effectively in this community especially targeting for women's reproductive and fertility education.

There is also found low age at marriage in this community which automatically increases fertility. Thus to reduce the early marriage practice government and other related agencies should apply effective programme to change the prevalence of traditional and cultural norms and values towards early marriage.

In this community, number of contraceptive users is also less. This may be due to lack of contraceptive knowledge, fear of side effect, not easily available, cause of shyness, traditional norms and values and other causes like husbands forces. To control and

manage this problem IEC and family planning services as well as awareness programme should be expanded in order to increase prevalence of contraceptive and towards open behaviour to use and counseling absent FP methods.

In this community, may be causes of no- hygienic behaviour, lack of health education and heal the facilities, has also high infant mortality and child loss experience women which is one of the strong causes of high fertility among them their children will be live longer for their help , they go on bearing more children .therefore with the activeness of health volunteers MCHWs, Health camping and others ,health awareness programmes should be reached among the concerned women.

From this research it is found that most of the women are unemployed and dependent upon agriculture which may cause of high fertility .so, the government must established employment opportunities and as possible other non-governmental organization should be provided to such women that they can improve their economic status.

In this VDC especially in Magar community more males are not found actively participating in using family planning .even they are found discoursing of forcing women not to use them of FP methods.

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

**6.4 Recommendation for future research**

This research has only attempted to find out the different socio-economic variable of 'MAGAR  WOMEN' and their impact on fertility and knowledge as well as use of FP methods .it is an individual research so it has not covered the entire proportion related to women's family planning, thus based on related terms further studies can be carried out.

This research is especially only related to Magar community women's fertility and family planning behavior. So combining with other caste and ethnic groups to show the variation between them, other perfect research can be carried out.

This recent study examined mean CEB only by socio-economic and demographic variables. So, in any future research, other ecological, biological and physiological variables can be taken consideration to fertility behaviour.

Especially, this research place is based only in a small hilly village but a study on the variation between urban and village women can be established.

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# APPENDIX-I

## Tribhuvan University

## Central Department of Population Studies

## Kirtipur, Kathmandu


**FERTILITY BEHAVIOUR OF MAGAR COMMUNITY:**

**A Case Study of Durkot VDC, Nawalparasi District**


**Questionnaire**

**SECTION I: IDENTIFICATION**

1.1.    Ward No:

1.2.    Locality:

1.3.    HH Number (1-125):

1.4.    Name of the Household Head:

1.5.    Name of the Respondents:

# SECTION II: HOUSEHOLD SCHEDULE

| ID | NHM | RHH | Sex | Age | Literacy | Grade (Completed) | | Marital Status | Occupation | MWRA |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | 5 years and above | | | 5 years and above | |
| 201 | 202 | 203 | 204 | 205 | 206 | 207 | | 208 | 209 | 210 |
| 01 | | | | | | | | | | 01 |
| 02 | | | | | | | | | | 02 |
| 03 | | | | | | | | | | 03 |
| 04 | | | | | | | | | | 04 |
| 05 | | | | | | | | | | 05 |
| 06 | | | | | | | | | | 06 |
| 07 | | | | | | | | | | 07 |
| 08 | | | | | | | | | | 08 |
| 09 | | | | | | | | | | 09 |
| 10 | | | | | | | | | | 10 |
| 11 | | | | | | | | | | 11 |
| 12 | | | | | | | | | | 12 |
| 13 | | | | | | | | | | 13 |
| 14 | | | | | | | | | | 14 |
| 15 | | | | | | | | | | 15 |
| 16 | | | | | | | | | | 16 |
| 17 | | | | | | | | | | 17 |
| 18 | | | | | | | | | | 18 |
| 19 | | | | | | | | | | 19 |
| 20 | | | | | | | | | | 20 |

| ID | NHM | RHH | Sex | Age (Completed) | Literacy | Grade (Completed) | Marital Status | Occupation (main) |
|---|---|---|---|---|---|---|---|---|
| | | HH …….…....….... 1<br>Husband/Wife…...........2<br>Son/Daughter……........3<br>Brother/Sister…....…..4<br>Son/Daughter in Law...5<br>Cousin/Nephew/ Niece..6<br>Adopted Child…...........7<br>Mother/Father…...........8<br>Grandson/daughter........9<br>Mother/Father in Law..10<br>Domestic labour..........11<br>Other (specify)_____. | Male,..1<br>Female.2 | | Literate ……1<br>Illiterate, ……....2 | Pri (1-5).....1<br>Sec(6-SLC).2<br>IA …....…..3<br>BA …......…4<br>MA …......…5<br>above MA..6 | Unmarried.1<br>Married …2<br>Divorced...3<br>Separated..4<br>Widow…..5 | Agriculture....1<br>Business…....2<br>Service….....3<br>Foreign employment..4<br>Household chores….5<br>Wage labour..6<br>Others(Specify) |

211. What is the main source of drinking water in your house?

     Covered Well/Pont……………......  1

     Uncovered Well/Pond…………….....  2

     Stone Spout/Natural Spring……....  3

     Lake/River/Cannel…………….....  4

     Others (Specify)……………......  5

212. What kind of toilet facility does not your household has?

     Pan ……………….....................  1

     Pit ……………….......................  2

     No Toilet….……......................  3

     Others (Specify) ........................…  4

213. What is the major source of income of family?

     Agriculture....................................  .1

     Business…...................................  2

     Service…..…............................  3

     Foreign employment....................  4

     Household works………..............  5

     Wage labour.................................  6

     Others (Specify) :_____.

214. For how many months in a year does the income from all sources support your family?

     Months:_____.

215. How many land is owed by your family?

     Ropani_____Anna _____Paisa_____.

# INDIVIDUAL QUESTIONNAIRE

## Section III (only for currently married women at age 15-49) years)

Name of respondents:_____.

ID of respondents (write from Q. No. 210)_____.

301. What month and year were you born?

Year_____Month_____c) don't know _____.

302. How old were you at your last birthday?

Completed age:_____.

303. Have you ever attendant school?

Yes ……………..1    No…………..2 (Q. No. 305)

304. If yes, what class/grade have you completed?

Illiterate............................................  1

Pri (1-5)............................................  2

Sec(6-SLC)........................................  3

IA …...….........................................  4

BA …...…..........................................  5

MA …...…..........................................  6

Above MA.......................................  7

305. Why did not attend school?

Marriage …………..……1        difficult to pay fees…………..2
Pregnancy……………....3        Far way school………………4
Childcare………………..5        Problems of work at home…..6
Outside Employment…...7        Don't know…………………..8

306. What is your main occupation?

Agriculture...................................   .1

Business…....................................   2

Service…...…...............................   3

Foreign employment.....................   4

Household works…….............. 5

Wage labour................................. 6

Others (Specify) :_____.

307. How old were you at the time of your first menstruation?

Completed age:_____.

308. How old were you at your first marriage?

Completed Age:_____.

309. How old were your husband at your first marriage?

Completed age:_____.

310. What is your husband's education or qualification?

Grade Completed

Illiterate……………................... 1

Primary ……………................….. 2

Lower Secondary ...................…… 3

Secondary……….......................... 4

Intermediate………..................... 5

Bachelor…………....................... 6

Master……………....................... 7

311. What is your husband's main occupation?

Agriculture..................................... 1

Business…..................................... 2

Service…..…................................ 3

Foreign employment...................... 4

Household works…….............. 5

Wage labour................................. 6

Others (Specify) :_____.

312. How old were you at your first pregnancy?

Completed age:_____.

313. Have you ever given birth to a child?

Yes…………………..................... 1

No…………..……..................... 2

314. Would you tell me please the giving all births you have had during your life?

Son with you………….…......... 1

Son living elsewhere………......... 2

Living daughter with you …......... 3

Living daughter elsewhere........... 4

Dead son…………………............. 5

Dead Daughter……………......... 6

315. Is there any under 5 child loss to you?

Yes…………………..................... 1

No…………..……..................... 2 (Q. 317)

316. If yes, how many under 5 children losses occurred?

Son_____.

Daughter_____.

317. What is the ideal number of your child son in your view?

Son_____.

Daughter_____.

318. Do you want to give additional birth?

Yes…………………..................... 1

No…………..……..................... 2 (Q. No.321)

319. How many do you want to give birth?

_____.

320. Why do you want to give birth to additional children?

        Husband desire ……………..........    1

        Self Interest ………………...........    2

        Desire for son ……………...........    3

        Family pressure ……………........    4

        Religious belief …………….........    5

        Desire for daughter ………….......    6

        Others (specify)_____.

321. What sex composition do you desire among your children?

        Son only……………………..........    1

        Daughter only …………….........    2

        More sons less daughter……….....    3

        More daughters less son ……….....    4

        Equal son and daughter………......    5

322. If you have desired number of children but no sons, do you give continuous child birth till son?

        Yes………………..........................    1

        No……………..…….......................    2

323. If you have desired number of children but no daughters, do you give continuous child birth till daughter?

        Yes………………..........................    1

        No……………..…….......................    2

324. Do you want at least one son?

        Yes………………..........................    1

        No……………..…….......................    2

325. Do you want at least one daughter?

        Yes………………..........................    1

        No……………..…….......................    2

326. What sex do you desire for your first child?

Son …………….......................... 1

Daughter ………........................ 2

Either…………........................... 3

327. In your opinion, what is the value of son in  your society?

Family regulation ………............. 1

Religious …………….................. 2

Economic ………………............... 3

Social ………………….................. 4

Family regulation + religious…..... 5

Family regulation + Economic …. 6

328. Who uses to decide on the number of children that you should have?

Husband ………………............... 1

Wife ………………..................... 2

Spouse……………….................... 3

Others ………………................ 4

329. Do you give birth during last year?

Yes………………….................... 1

No…………….……................... 2

330. If yes, when did you give last birth?

Month:_____.

331. Are you still breast feeding?

Yes………....................................  1 (Q .No 333)

No………….................................  2

332. If no, for how many months did you breast feed in your last children?

Months: _____.

333. Where did your last child born? (Ask only who have given at least one birth)

House…………….....................    1

Health post ……........................    2

Hospital ……..….......................    3

Other place (specify) ………....    4

334. Was a special safe delivery kit used?

Yes………………......................    1

No………….…….....................    2

Don't know……..........................    3

335. Have you heard about any method of family planning?

Yes………………...................    1

No …………………...................    2

336. If yes, from which medium did you hear about family planning method?

Husband……………...................    1

Radio …………………................    2

Newspaper ……………................    3

Hospital/ Health post…..................    4

Relatives/Friends………................    5

Others (Specify) _____.

337. Which method have you heard?

Pills ……………….....................    1

IUD …………………...................    2

Depo-Provera ……........................    3

Male condom ………....................    4

Female condom ……......................    5

Sterilization ………......................    6

Natural methods……....................    7

Others ……………......................    8

338. Have you ever used any family planning methods?

Yes…………………................ 1

No …………………..…................ 2 (Q .No. 342)

339. If yes, what were they?

Pills ………………................... 1

IUD …………………................... 2

Depo-Provera ……..................... 3

Male condom ………................... 4

Female condom ……................... 5

Sterilization ………….................. 6

Natural methods……................... 7

Others ………………................... 8

340. Have you currently used any family planning method?

Yes…………………................ 1

No …………………..…................ 2

341. If yes, which method have you used?

Pills …………………................... 1

IUD …………………................... 2

Depo-Provera ……...................... 3

Male condom ………................... 4

Female condom ……................... 5

Sterilization …………................... 6

Natural methods……................... 7

Others ………………................... 8

342. Up to now what is the reason for not using any family planning methods?

Health problem ……………....... 1.

No available ………………....... 2

Expensive …………………......... 3

Side effect ……………….…....... 4

No need …………………….…....... 5

Need of son……………….…....... 6

Not supported by husband …........ 7

Religious believes …………......... 8

Others (specify)_____.

343. Do you intend to current use a method to delay or avoid pregnancy at any time in future?

Yes………………….................... 1

No …………………..…................. 2

344. If yes which method would you prefer to use ?

Pills …………….…..................... 1

IUD ………………….................. 2

Depo-Provera ………................... 3

Condom ………………................. 4

Male Sterilization ……................. 5

Male Sterilization ……................. 6

Norplant …………….................. 7

Foam (Kamal Chakki)… ............... 8

Withdrawal …………….................. 9

Safe period …………….................. 10

345. Have you ever experienced any effect by using family planning?

a) Yes ……….        b) No. ……………. (Q. No. 346)

346. If yes , what is the effect ?

Irregular meanses……..……......... 1

Irregular flow of blood ……......... 2

Effect on body weight ……............  3

Pain on body ………………..........  4

Headache and vomiting ……........  5

Other (specify) _____.

347. Would you give any suggestions for marriage, fertility in this community?

_____.