CHAPTER I

INTRODUCTION

1.1 Background of the Study

Fertility is the childbearing performance of individuals, couples, groups or population (Pressat, 1985, pp 81-82). Fertility performance is biologically restricted to woman, normally of 15 to 49 years of age. Therefore, almost all fertility measures are also conventionally related to woman. Different socio-economic and cultural-variables are employed to explain the prevailing level of fertility in societies.

Fertility is an actual level of performance in population, based on the number of live birth that occurs. Fertility makes possible the continuity of population, societies and culture. It is inevitable and remarkably complex. As well as any human activity, reproduction defines the distinction of biology and culture, individual and communal, agency and structure.

In the early part of the 20th century, demographer sought to identify what human fertility would like in the absence of international control. The dichotomy between natural and controlled fertility remains important. Fertility is one of the major components of population change, it is measured as the frequency of birth in population, the level of income, education and child survival, socio-economic, cultural and religious factors affects fertility.

The consequences of fertility after the great Second World War were analyzed more importantly. When the countries faced large loss of population in war and many people felt depression due to lack of losing their family members, the inherent wishes to have more babies was pronounced. As a result large fertility was accepted at that time.

The major improvement in the understanding of fertility has come from the many fertility models developed by mathematical demographers, especially from models of proximate determinants of fertility "Whatever the structure of Ruder and Westoff, attempts to place fertility in the social-economic and cultural setting around; (Jones, 1982, pp 279-86, cited in Dictionary of Demographer, 1955, p 82). The rapid growing population is considered as the great problem which will be challengeable in future. The main cause of high birth rate is due to different socio-economic factors.

Attempting to influence human fertility behavior is perhaps one of the most difficult tasks. In the words of Easterline (1963) "formatting effective policy to influence human behavior is difficult in many spheres, but probably to alter human facility "population planning with the objective of reducing fertility level therefore becomes most intractable of planning areas. In order to influence the most sensitive area of human fertility of the countries. Fertility behavior calls for the clear understanding of various ramification of social, cultural, economic, psychological, biological and political aspect of human life. It is no wonder that many nations fail to achieve fertility targets (Karki, cited in CBS, 2003: 38 part ii).

Fertility is the one of the major components of population change almost all countries has greater significance than mortality. It is becomes that today mortality is comparatively low stable in majority of the countries, where as fertility varies greatly among different countries (US Bureau of the census 1969) between this two components of the population change , the study of fertility is complicates than mortality (Barclay, 1963). This could be due to various factors including that birth, to a woman is a recurrent events unlived death. Various measures have been developed to get the robust estimate of fertility by controlling the extraneous factors which can find its interpretation (Shryock and Siegel; 1976). This method developed for explaining the different quantitative aspects of human reproduction (Compbell, 1960, cited in CBS, 1996, p 61).

Fertility is the consequence of interaction between socio-economic, demographic and psychological variables in society. Fertility differs from one group to another group. There are socio-economic, demographic variables affecting the level of fertility in societies. High fertility societies are generally consider as poor and they are distressed with the basic needs and amenities. So, fertility could also be shown as one of the indicators of socio-economic indicators.

The worldwide population especially in developing countries is great threatening to balance in the future days. The population of Nepal has increased from 5638749 to 26494504 in 2011 and almost four folds increased during 100 years period. The present population growth rate is 1.35 percent which attributes that Nepal is experiencing high fertility growth rate. The TFR is still high that is 2.6 according to

NDHS 2011. The growing population affects socio-economic and demographic development of country.

Thus, in the biological point of view, fertility is the childbearing process of the individual, groups and couples. Fertility is very complex process for the biological maintenance of the society. It is generally determine by the psychological factors and their interplay with social, cultural, economic, modernization factors. Fertility performance is biologically restricted to woman, normally of 15 to 49 years of age. Therefore, all fertility measures are also conventionally related to women.

Fertility in demographic refers to the actual birth performance of woman. It is the result of 'fecundity' the psychological capacity to reproductive. Fertility can exist only among fecund women. A woman is considered to be fertile if she gives birth to children. The woman, who is fecund, is called fertile and who is infecund, is called infertile. Thus, fertility and fecundity are related.

Nepal is multilingual and multi-cultural country. Religious and cultural identity is its diversity. Similarly, the intermingling of different religious and races people has created diverse traditions, cultures, customs and lifestyles. Therefore, Nepal has distinct social and cultural identification in the international community.

According to Bhende and Kanitkar (1994), fertility behavior is the process of giving birth which is interacted with the ambient environment; the environment is different in societies .Beside the degree of interaction of the environmental variable which is different which is biological limits of human fertility. Several social, cultural, psychological as well as economic and political factors are found to operate, which are responsible for determining the level of differential of fertility.

In the global context, fertility is different within developed and developing countries. TFR is high persistence in developing countries such as Nigeria 7.1, Sierra Leone 6.1, Ethiopia 5.4, Similarly, TFR in some developed countries have below replacement level such as UK 1.3, Japan 1.3, Switzerland 1.4 and Norway 1.9 (Population Reference Bureau, 2007). The TFR Nepal is 2.6 which are high among SAARC region. The TFR of India is 2.0 Maldives 2.8, Sri Lanka 2.0, and Bhutan 2.9. Even

government has made several efforts to reduce fertility. Therefore the study of factor affecting on fertility has become a matter of great concern these days.

In all SAARC countries TFR is found high only Srilanka is below the average of the world and LDCs. Government of Nepal has adopted a multicultural approach t reduce high fertility levels .Emphasis is given to family planning services ,maternal and child health basic education and raises of the status of woman .some of the temporary mean of contraception are available free of charge at all health centers .Abortion is permitted only on medical grounds and to avoid unwanted pregnancy is certain cases and duration .serialization is legal for both the sexes. Fertility reduction is the major target of the government.

First population census in Nepal was conducted in 1911 A.D. when total population was 56, 38,749. According to population census 2001, the annual growth rate of population was 2.25 percent and the total population of the country in 2011 has reached about 26.4 millions. Average population growth rate of Nepal during the period of 50 years is fluctuating around 2.0 percent per year. There are so many factors which effect fertility of couples such as education status, economic status, lack of awareness towards size and population, religious. Superstition, early marriage, poverty and so many social and cultural beliefs, desire of son is high and leads to high fertility. The dominant socio-cultural dogmas have always been socially and culturally pronatalist in Nepal. (CBS, 2003 & 2011).

With reference to study area i.e. Dayanagar VDC of Rupendehi district has been undertaken to analyze the socio-economic and demographic effects on fertility behaviour. There are more than eleven caste/ethnic groups having their different socio-economic and demographic characteristics, these diverse caste/ethnic groups can be arranged in to four broad cultural groups: Upper caste (Brhamin, Chhetri and Thakuri), Dalits (Damai, Kami and Sarki) and Janjati (Magar, Gurang, Newar),Aadiwasi (Tharu, Yadav, Muslim), (Village Profile 2012).

1.2 Statement of the Problem

Nepal's population has been rapidly increasing since the few decades because of rapidly declining mortality in compare with fertility. The development of modern

medical technology and its access more easily is the major cause of declining mortality in the recent past. The high fertility rate in Nepal is always due to low age at marriage, demand for children, and low rate of contraceptive use, unmet need of contraceptives etc. Marriage is almost universal in Nepal.

There is only limited numbers of studies to analyze the determinants of fertility in Nepal. The thesis entitled "A study on Fertility Behaviour of Woman" is the first survey which conducted in Rupendehi district of Dayanagar VDC. Some of the important factors are low economic status of family, unemployment of women, low educational attainment, early marriage, contraceptive failure, unwanted pregnancy, high infant and child mortality, rural settlement, poverty and so many socio-cultural attitudes, values and norms. These factors might have played even stronger role in a backward agricultural society like Dayanagar VDC which consists of low income and illiterate, low level of education, and different caste/ethnic group. Similarly, Most of the people in this VDC are involved in agriculture, so it is urgent need to explore out the socio-economic and demographic factors that are like to play important role for higher fertility. In order to examine the effects of socio-economic and demographic variables on fertility, study area is selected, to find out the problems such as low age marriage, low rate of contraceptives uses, unmet need of contraceptives, high fertility rate, low standard of living and so on.

1. What is the current socio-economic condition of the people in the study area?
2. Do socio-economic and demographic factors affect the fertility in the study area?
3.

1.3 Objectives of the Study

The general objective of the study is to analyze fertility behavior of the women of Dayanagar VDC of Rupendehi district of Nepal. The specific objectives are as follows:

1- To examine the fertility of woman by economic variables especially by occupation, income, size of land holding and house hold facilities such as owing radio, television, electricity.

2- To examine the relationship between fertility and demographic variables on fertility.

3- To examine what is the knowledge and the use of the contraceptives methods among married woman in the study area.

1.4 Significance of the Study

With reference to Nepal, very few studies have been carried out about different socio-economic and demographic variables affecting the fertility, especially in economically backward ethic/caste groups and locality. Prosperity of a country depends upon the development of each social setting and every unit within country. This fact becomes more important in country like Nepal, which is in habited with a great variation in level of education, economic status, and ethnicity and so on. So studies on various socio-economic and demographic factors in such of localities and social setting no doubt, will be very helpful to find those factors which play vital role in enhancing fertility in different localities and certainly, major findings of this study will be very useful in suggesting the guidelines to NGOs INGOs and even to the government in setting population policies and programme. This study mainly focuses on currently married women of reproductive ages. This study also provides some recommendations for policymakers and planners in different level of country. It may be useful for social workers and related organizations that are engaged in different sectors to improve quality of life of the people in different caste/ethnics groups of this VDC. Moreover, such study itself may be useful for researcher and to local people to develop the awareness about their socio-economic and demographic condition.

Why fertility in Nepal is not reducing, Despite of Government policies, programs and so many efforts. What is the relationship between fertility and society? In fact, what are the factors that affect the fertility? There is no micro level of study about it. Therefore, this study is oriented towards the fertility behavior of women residing in rural area, which will be more helpful to the Government, institutions and people who want to know about fertility.

Rapid Population growth is one of the hindrances in the development process of Nepal. There are so many socio-economic problems created by rapid population growth such as unemployment, poverty, lack of education, illiteracy, low living standard etc. High fertility rate is the one of the causes which leads to the high population growth. The fertility rate in Nepal is high in comparison to the other Asian countries. Fertility is dependent variable in itself. It dependents up on other independent variables such as education, occupation income etc .So, it is necessary to study about these factors which affect the fertility.

Only National level study many not be sufficient to know about the fertility behavior of all sectors in the country. Therefore, the findings of this study will play significant role for the policy makers and planners to make proper polices.

1.5 Limitation of the Study

The study is based on some selected variables to analyze the fertility behavior and economic condition and participation an economic activities. The study will be limited sample size i.e 110 household in selected area.

The level of fertility of any place is influenced by various factors like psychological, biological, political, social, economic, demographic, and geographical and so on. Those factors cannot be isolated in the study of fertility differentials. Nevertheless, due to the different problems such as lack of time, budget, and geographical hindrances this study is limited to some of the socio-economic and demographic factors.

Limitations of this study are given as follows:

1. This study is based on fertility behaviour of Dayanagar VDC of rupendehi district. So major findings may not be applicable as an indicator of other groups of social setting and part of country.

2. Fertility behavior of the women residing Dayanagar VDC may not represent the fertility behavior of all Nepalese women.

3. This study has limited sample size i.e. 110 household out of 1769 household of Dayanagar VDC So this study does not represent the large population.

4. Psychological, biological, geographical and political factors which directly or indirectly affect on fertility are not included in this study.

1.6 Organization of the Study

This study is organized in seven major chapters. The first chapter describes introduction which includes background, statement of the problem, objectives of the study, significance of the study, limitation of the study and organization of the study. The second chapter describes the theoretical and empirical literature review and it also includes conceptual framework which provides cosine picture of the variables that includes in the study. The third chapter includes selection of the study area, sources of data, questionnaire, design, data collection and data management under methodology. Fourth chapter describes and introduced the socio-economic and demographic characteristics of the study population and chapter five describes and introduces socio-economic and demographic characteristics of the respondent and demographic variables of frequency, mean and cross tabulation and finally, seventh chapter deals with summary, conclusions and recommendations.

CHAPTER 2

LITERATURE REVIEW

This chapter reviews some theories related to fertility. Which is one of the basic determinants of population as well as the positive force in population dynamics. There are numerous theories related to fertility but only some theories related to the study will review to establish coherence between theoretical development and approach of this reference to Nepali society.

2.1 Theoretical Literature Reviews

Human fertility indicates the actual reproduction performance of women or a group of women. It is a complex process, which is responsible for biological maintenance of society. But there are several socio-economic, cultural, Psychological; economic and political factors to determine the process of fertility. These factors are responsible to determine level and differentials of fertility (U.N, 1973, p 64).

Notestein presented the theory of demographic transition in 1945 and explained that all societies move from a traditional agrarian based economic system with quite high level of mortality and fertility to an industrialized modern society with quite low level of fertility (UN, 1973, p 59).

Caldwell (1976) advanced the wealth flow theory of fertility decline. He argued that societies could be classified according to their production system that traditional family based production with high fertility. In any society, the fertility is high if children are economically beneficial to the direction of intergenerational flow of wealth assets to their parents and naturally more children more wealth leading to a higher fertility (Caldwll, 1976).

Fertility is no exception to Galbraith's general rule that economic and religions are the main determination of social attitudes. The move from high to low fertility that occurred in Europe over the last century or so-termed the fertility transition-was heavily influenced by just such consideration of economic well being and religious

belief. Coale (1973) has suggested, the conditions necessary for a major fall in marital fertility were first, that "fertility must be within the calculus of conscious choice." Second that "perceived social and economic circumstances must more reduced fertility seem advantageous to industrial couples," and third that "effective techniques of fertility reduction must be available" (Coale, et.al, 1986, p 261).

Fertility in a country may greatly influence the pattern of social and economic development. The rapid increase in population as a result of high fertility and declining mortality can do much to aggregate the development process. The control of fertility in this recognized as one of the main factors in accelerating socio-economic development. Age at marriage, place of residence, education, and ecological zones are associated with this persistently high fertility in Nepal (NPC, 1988).

Fertility has two phenomenon while it operates one is its attitudes and another is behavior .Couples make up their mind first by determining the tentative size of family they would like to have called attitudes then; they gave birth of children called behavior, on the basis of their attitude (Chalise, 1998).

According to the demographic transition theory, fertility and mortality transition, from high to low, in European countries, North American and Australia occurred when the use of contraception become widespread under the influence of such factors as growing individualism and rising level of aspiration developed in urban industrial living that emerged with process of socio-economic development of a country (UN 1973, p 65).

The framework presented by Davis and Blake (1956) is focused on the industrial mechanism in society and lists eleven intermediate variables through which any factor such as biological, social, psychological or cultural must operate upon individual fertility. In an under developing society, four of the 11 intermediate variables as age of entry into sexual unions permanent celibacy, contraception and sterilization have high values which tend to keep fertility high. There of the intermediate variables time between unions, posts widowhood celibacy and fetal mortality from voluntary causes may have high or low values and variables such as voluntary abstinence and fetal

involuntary mortality usually have low values. The remaining there variables, involuntary abstinence, fertility of coitus and involuntary sterility are left as intermediate (Tuladhar, 1989, pp 39-41)

There are different theories of fertility determinations socio-cultural, economic and demographic characteristics of the people affect the fertility level of country according to different explanation of fertility level of country decline. So, we should understand the importance of causal links between socio-economic and demographic variables, and there relationship with fertility (Aryal, R H 1997).

Bongaarts has mentioned principally from proximate determinants of fertility, namely, proportion of married women, lactation in fecund ability, incidence of induced abortion and prevalence of contraception use. The principle rates played by the first two proximate determinants of fertility transition in a traditional society are characterized by controlled or regulated fertility. Hence, other two factors, contraception, and induced abortion come in to play. Consequently, these two proximate determinants have greatest fertility in habiting effect in non-traditional sector (Bongraarts & Potter, 1983).

Easterlin developed a framework adopting the proximate determinants idea to a demand supply, scheme (Easterlin & Crimmins, 1985). His framework had the advantage of presenting an economic approach to analysis of fertility while keeping enough flexibility to be used as an organizing system. This framework organizes the proximate determinants into three categories demand for children, supply of children and regulation cost.

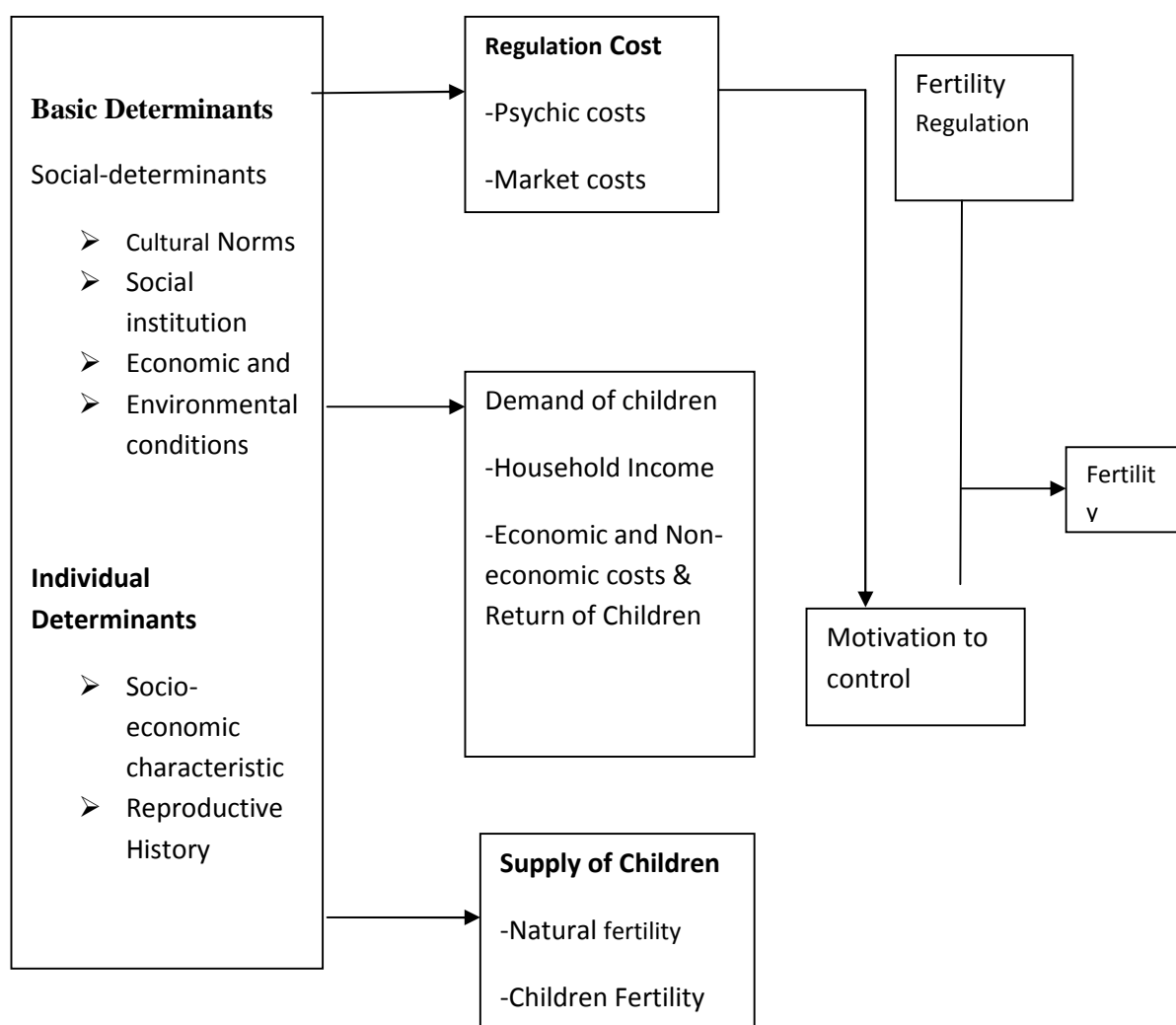Figure 1: Easterline's Framework for Analysis of Fertility Change

Figure: 1:- Source: Bulato and Lee 1983 and Easterline and Crimmins (1985): cited in Rafael Rofman, (1992, p 5).

On the demand side, social and individual condition are through to determine the demand for children through modifying parents tastes, affection their ability to support children and determining the level of economic and non-economic costs and benefits include-expenditures such as schooling and revenues income leisure time last to make care of children's need and the psychological of parenthood. Supply of children is defined as the number of surviving children. Women would have if there is no deliberate effort to reduce fertility. This concept includes natural fertility with its proximate determinants and child mortality. Finally, Easterlin introduced regulation costs in to the model. There are the costs involved in limiting fertility through

contraception or induced abortion. There are two types of costs, the psychic and the market costs. Psychic costs include the emotional distress a person may suffer when obtaining or using a regulation method. This involves societal disapproval, religious belief or personal myths. Market costs include monetary costs of obtaining regulation methods. Within this framework, when demand for children is larger than supply, no regulation is needed and the number of surviving children per women is identical to the supply children. During the modernization process infant mortality declines and the duration of breast feeding is reduced increasing the supply of children.

Figure: 2 Modernizations and Fertility

Modernization
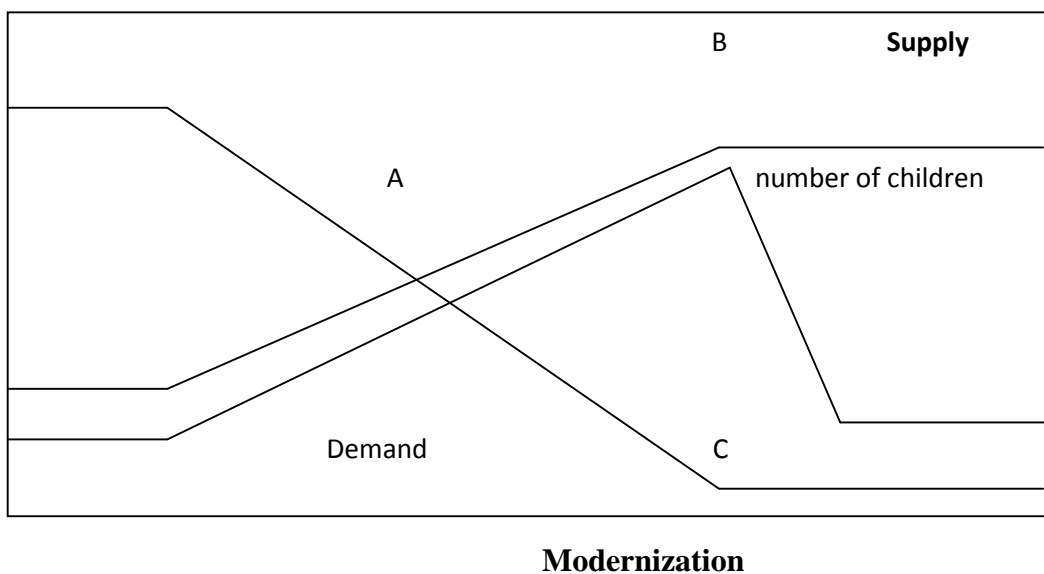
Source: Bulato and Lee (1983) and Easterlin and Crimmins (1988) cited in: Rafafel Rofman (1992).

Meanwhile, demand for children due to the lower benefits and larger costs of children in modern societies and eventually, supply became larger than demand (Point A in figure II). Final family size will still be determined by the increasing level of supply of children for some time, due to the high costs or regulation.

Eventually, excess supply is large enough and regulation costs have fallen to a level in which regulation methods begin to be used (Point B in figure II). Regulation coasts continue to fall, with psychic costs disappearing and markets costs becoming lower, until the number of serving children per women becomes almost identical to the

demand of children. (Point C in figure II) (Rofman, R 1992, pp 3-6)-cited in: Rafeal Kotman (1992).

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

Ronald Freedman's (1975) argument is that the intermediate variables are not always used to limit fertility and often their effect on fertility is an unintended result of cultural patterns. Freedman introduced two types of norms in his model, namely, norms about family size and norms about intermediate variables. The intermediated variables generally operate together of norms about family size are influenced by varying lifestyle related to position in status hierarchy status indicators, such as education, occupation, income wealth, power, prestige, caste of children. Differences in life style may influence norms about intermediate variables directly or through norms about family size.

Social organization such as a family planning program that has a goal to reduce fertility may influence the norms about family size or norms about intermediate variables and may control intermediate variables, for instance use of or non use of contraception. Social organization such as a family planning program may involve. Without explicit reference, either of the norms or may influence the intermediate variables which intern affect fertility behavior (Freedman, 1975, cited in Tuladhar, 1979, pp 169-189).

Figure: 3 Socio-Economic Analysis of Fertility
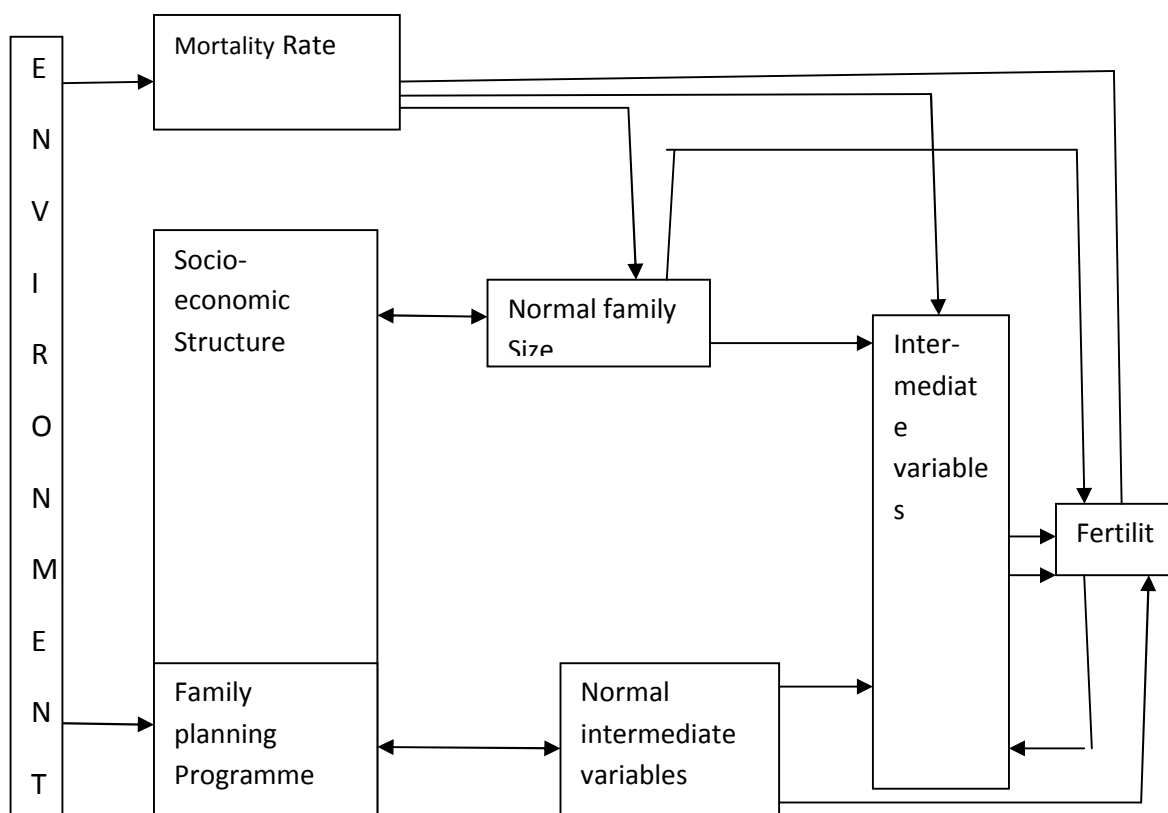
Source: Freedman, (1982, p: 85).

Psychological factors generally determine fertility and their interplay with social, cultural, economic and modernization factors. Similarly, societies and population sub-group within society's categories by their socio-economic characteristics have different level of fertility. Moreover, fertility is determined by various socio-economic and demographic variables i.e. caste/ ethnicity, religion, culture , women's education, occupation, son preference, use of contraceptive device, age at marriage which affect fertility behaviours of any group and community (Risal & Shrestha, 1989, pp 227).

Threshold hypothesis was developed within the theory of demographic transition but it doesn't depend on holding the long term reciprocity of births and death as the key determinant. The hypothesis ultimately divides the world into those nations marked by low fertility "gross reproductive rate" with less than two (GRR<2) and those with relatively high fertility (GRR>2). The two groups show a substantial different and indicators of income per capita energy consumption, 'urbanization, and non-

15

agricultural activities. Hospital beds, life expectancy at birth, infant mortality, early marriage, female literacy newspaper circulation, radio receivers and cinema attendance (Linchman, 1975, pp 217-266).

Harvey Liebenstein (1975) has presented a new explanation of the decline in fertility accompanied by economic development. He suggested that direct and indirect costs of children are not sufficiently explains the entire decision process which determines the observed inverse relation between family size and income level (Tuladhar, 1989, p 49).

The distributive justice hypothesis advocates for a redistribution of income and opportunities to bring down the fertility. Fertility could be successfully reduced through increased welfare, through a more equitable distribution of goods and service and opportunities is the major argument of this hypothesis labour intensiveness in industry land reform; widely spread paramedical health services, access to education, all combines, according to the hypothesis to create the condition for fertility decline (Lichaman, 1975, pp 217-263).

Becker (1960) put forward his economic theory of fertility. This theory is applied to the micro-consumption theory of fertility, which explains that fertility behavior is the result or household choice. He argued that the household choice of fertility is made in the same manner as in the case of purchase of the durable goods. A couple's decision to have an additional child depends on the balance of its performances, the constraints of its income and the cost of the children. It is advocated that if knowledge of birth control is widespread, fertility would be directly related to the income of the parents (Becker, 1960, pp 209-231).

Fertility behavior of any groups and community to affected by caste, ethnicity, religion, culture, woman''s education, occupation, sex performance, and use of contraceptives, age at marriage is the case of those variables Brahman, chettri, and Newar have lower fertility than other ehhnic groups(Risal & Shresthe, 1998).

Bongaarts (1983) has indicated seven steps of prim inmate determination variables affect fertility. They are age at marriage, marital description, permanent sterility, duration of post-partum infecundability; use and effectiveness of contraception induce abortion and spontaneous intrauterine mortality.

Bongaarts in 1983 has explained of proximate determining variables of fertility as:

1)   Age at marriage

2)   Contraception

3)   Induce abortion

4)   Post partum infeoundability

5)   Spontaneous intra uterine mortalities

6)   Waiting time to contraception

7)   Permanent sterility

In social science research the study of human fertility occupation a central potion. Among many scholars Jhon Bongaarts and Potter (1903) identify four main proximate determents which directly or indirectly affect fertility behavior. They are:

1)   Age at marriage

2)   Post partum infecundability

3)   Use of contraception

4)   Induce abortion

Caldwell (1993) developed a theory known as "'theory of intergenerational wealth flow" explaining fertility behavior in any type of social or any level of the high. If children are economically useful to parents and low if children are economically not beneficial to the parents.

2   Empirical Literature Review

2.2.1 Age at Marriage and Fertility

There are so many causes to increase population. The main factors of population increase in moot of the developing countries Nepal is low mortality rate and high level of fertility rate. Education attainment especially of woman is one of the indicators of modernization and the status of woman in society. The level of fertility declines with increase in education level of females applies for literacy in a community the lower will be the fertility. In Nepal the average number of CEB is lower for literate (1.9) them for illiterate woman (2.8) in 1991 (Chetry, 1995, pp 61-83).

Religious communities are distinct in any society. It has been long held that Muslim have very high fertility compared to Hindus and that Catholics have higher fertility than their rational counterparts while Jews have low fertility. These studies have been remarkable consistent over time (Berelson, 1978).

Nepal fertility, family planning and health survey reported that about 28 percent of both ever married and currently married woman of age group (15-49) known at least one method of family planning. Among them 38 percent of currently married woman have been reported ever use contraception and 35 percent having use of modern methods. Dhal (1989) found a close negative relationship between family planning service and desire family size woman's education is associated with contraceptive use. The use of contraception is also different according to the working status of woman. The rates of use almost double woman involved in a non-agricultural after than agricultural are 45.2 percent to 23.2 percent (Subedi, 1996).

Marriage is almost universal in Nepal. It plays a great role to increase and decrease fertility in any population place of residence plays crucial role on fertility that is urban living people have high age at marriage that affects fertility.

Marriage usually takes place at very early ages in Nepal. Some studies have demonstrated that on increase in female age at marriage contributes to a reduction in

fertility. This is also true in the case of Nepal where the inverse relationship between age at marriage and fertility has been observed (Cherty, 1993).

Marriage is almost ceremonial. It is also religious. Every religion has given high value to marriage. Therefore, marriage is supposed to be an institution. Marriage changes the power structure of the household. Also, it changes the number of people in that household. Persons are given respect, responsibility and different identity after their marriage. In many communities, women have an improved status after their marriage (Acharya & Bidhan, 2000).

The Nepalese society is characterized by early and nearly universal marriage. Marriage usually takes place early and by the age of 30 almost every women are marriaged. In population where use of contraception is low, early marriage leads to longer exposure to child bearing. Therefore, early and universal practice in Nepal results in long term social and economic consequences including higher fertility (MOPE, 2004)

The increased age at marriage is found as one of the determinants of CEB. Women marrying at the age of 14 or, earlier were found giving live birth to almost 3.7 children, where as women marrying at the age of 18 years and above had only 2.9 children. The difference of 0.8 or almost 1 child shows that if those women marrying at the age of 14 or earlier would be encouraged to marry at 18 or later. They will help reduce Nepalese fertility by almost one fourth. There was no difference at all between age at marriage and age at union regarding CEB. When they were grouped in three categories, age of less than 14, within 15-17 and 18 and above years of age. However, women who had started cohabitation at age of 14 years and curlier had 3.7 children, whereas the women cohabited in 15-17 years had 3.2 and 18 years and latter had 2.1 CEB. A effort to increase union at 14 or; less to 18 or over may bring CEB down by almost on child (Acharya, 2000, pp 24-25).

Age at marriage and fertility have inverse relationship that is higher the age at marriage and lower the fertility and lower the age at marriage and higher the fertility. This fact has been proven by various empirical studies.

2.2.2 Occupation and Fertility

Occupation is one of the crucial factors for determining the states of women. There is inverse relationship between the working status of women and fertility. The educated and job engaged women can be found small family desire. 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, p 100).

Pradhan had shown that husband's status of working plays an important role for declining fertility level for example; women whose husband were engaged in farm occupation had higher fertility with .3.19 mean CEB for women (Pradhan, 1989, p 115).

The occupational status of a woman is also an important determinant of fertility level. However, women's education and employment are confined within domestic sphere of Nepalese society. The relationship between the working status of women and fertility is little known. The working-women residing in rural Nepal are often poorer and less educated than non-working women. Working women in rural Nepal either work on their farm or work as agricultural (Dahal, 1992, p 5)

According to 2001 census results, women constitute more than 43 percent of labour force, 73 percent in agriculture and 27 percent in the non-agriculture sectors. Large concentration of women in agriculture reflects that they are engaging traditional work (CBS, 2003, p 223).

Women with an occupation in modern sectors of economy had the smallest number of CBS than women involved in traditional sectors of economy. In Asian countries, the different in mean CBS was found to be 2.2 children between women who worked and who did not. The difference in mean CEB between women who had never worked varied since marriage and those who had never worked varied by only 0.8 children in

Columbia and Panama, 0.3 children in Indonesia, 0.2 children in Sri Lanka (cited in DAS, 1998).

2.2.3 Family Planning and Fertility

Nepal has the largest rural-urban gap in contraceptive prevalence in South Asia. Therefore, Nepal where the overwhelming majority live in rural areas, has not been able to reduce fertility significantly compared to the Southern Asian countries (especially Sri Lanka, Bangladesh and India) which could be mainly because of the poor level of family programme effort in the rural areas of the country (Pathak, 1998, p 49).

Contraception is one of the most important factors of control the fertility. There are negative relationship between contraception and fertility. Similarly, contraceptives were considered as one of four important proximate determinants of aggregate level of fertility (Boongert & Polter, 1983).

Family planning allows people to exercise their right to have the number of children they want, when they want them. If women would have the number of children they really want, the number of births would fall by 35 percent in Latin America, 33 percent in Asia and 27 percent in Africa. The number of child and maternal deaths would also fall, and development prospectus would improve (UNFPA, 2007).

Various socio-economic factors such as level of educational attainment, place of residence and occupational status are important to use of contraceptive so the contraceptive use is inversely related to level of fertility. In Nepal, high fertility is mainly due to the lack of demand of family planning (Tuladhar, 1989).

Knowledge of family planning in Nepal is very high more than 90 percent of all women and men know of both female and male sterilization, the pills injectables, and male condoms. Knowledge of traditional methods is lower: only 48 percent of all women and 76 percent of all men know of any traditional methods. Similarly, use of modern contraceptive method among currently married Nepalese women has

increased steadily in the ten-year period between 1996 and 2006 from 26 percent to 44 percent. This trend is mostly attributable to the recent rapid rise in the use of female sterilization, injectables, and male condoms (NDHS, 2006).

2.2.4 Income and Fertility

The economic gains for reducing fertility, has been positive way which has been proved by various studies. Most of the poorest people prefer more children to secure the high productivity and income.

It is shown that women of lower income and poorer groups tend to bear more children because of two reasons; firstly, more children die in infancy and so these women have shorter lactation and non-ovulation period before becoming faund again and secondly, they need more children to replace the loss, so they continue to bear children upto late age. In the context of Nepal, the multipurpose household budget survey (MPHB) conducted in 1988-89 and found 43.1 percent of the rural population and 41.4 percent at the national level fell below the poverty line. Moreover, this shows that the range of family size of Nepalese poor people were 6.33 to 7.14 and household monthly income Rs.497 to Rs.1131 (Expressed in 1988-1989) – NRB 1989.

In 1966 scholar here described when income increases fertility is reduced income status is related to employment status. The production and distribution system in the society are inversely related to the level of fertility. In poverty shaded areas, the fertility is higher due to the involvement of children in the labour force. Parents having higher income prefer less number of children. Some countries in the world may be compared with the level of fertility and per capita income (Here, 1966).

2.2.5 Education and Fertility

The level of fertility declines with in educational level of females. Education plays crucial role to reduce the fertility. There is inverse relationship between education status and fertility, especially women education. Higher the level of female literacy in

a community, lower will be the fertility. This is also implies that the level of fertility should be lower for the literacy females complied with illiterate females (GCRK 1995, p 77).

The educational attainments of couples have a very strong bearing on the number of children ever born. Educational attainment, especially of women, is one of the indicators of modernization and the status of women in society (Bhende and kantikar, 2004, seventh edition, page 312-313). The relationship between education and fertility is more pronounced in less developed countries than in developed countries a study conducted showed high fertility among the women with primarily level education than graduate in USA educational attainment also reflect the socio-economic status of the people. The micro economic model of fertility reduction also includes education as one of the important relationship between education and fertility especially in developing countries. The relationship between education and fertility is to way traffic, in which high fertility countries, have to invest more in education and educational progress eventually help in fertility decline.

The total fertility rate (TFR) has been decreasing with increasing of literacy rate in Nepal. The literacy rate was raised 23.3, 39.6 and 54.1 percentages in 1981, 1991, 2001, respectively (CBS, 2003, VOL I: 249). But TFR was decreasing such as 6.3 in 1981, 5.6 in 1991 (G.C.R.K, 1995: 68) and 4.1 in 2001 (Karki, 2003, p 43).

Literacy level of Nepal has increased significantly, during the last two decades. Male literacy among 6 percent above age group has reached 65.5 percent in 2001 from 34.0 percent in 1981. Similarly, female literacy rate among this group has more than trebled, from 12 in 1981 to 42.8 percent in 2001. Nevertheless, in literacy and education greater disparities are decreasing slowly (CBS, 2003, p 227).

Education of husband was found to be more effective in explaining the fertility performances of woman than the occupation of husband themselves but it is weaker than the education of woman. The highest CEB (3.6) was observed for woman with their not educated husband followed by primary (3.1) and secondary and covers (2.7) in total, the difference of almost one (0.9) child of woman for none and secondary and

over educational group of husband who observed. Such a difference is persistent in a gradual increasing fashion. Undoubtedly, woman's education is more important than husband education is also one of the important factors of fertility determination (K.C, 2000, p 30).

2.2.6 Socio-Cultural Norms and Values and Fertility

Karki (1988) explained that the sex performance and the specific values of son and daughter to parents in Nepal using urban and rural data in 1979. Among all respondents the ideal family size was average 3 children with two sons and one daughter. It was reported by 30 percent of respondents. Among them who reported by 30 percent of respondent. Among them who reported they were currently using contraceptive. the mean numbers of living sons were higher than the mean number of living daughter for all respondents. The findings indicated that the economic motive for having both sons and daughter may be walking in Nepal, the performance for sons does exist (Karki, 1988).

Dahal (1990) argued that if a woman gives births two daughter only it is likely that husband may marry another woman to get a male issue. In the other words, if a woman produced children particular sons, she is accepted fully as a member of family (Mabuhang, 1994, p 43).

2.2.7 Infant and Child Mortality and Fertility

Infant and child mortality is one of the most important factors to determine fertility. Therefore, there is close relationship between infant mortality and fertility, number of children ever born (CEB). The study conducted the experience of story child replacement effects in Nepal (New Era, 1986, p 90).

Infant mortality is higher in almost of developing countries such as, Afghanistan (152), Bangladesh (65), Tajikistan (89), India (32), Nepal (64), and TFR was 6.8, 3.0, and 3.7 respectively which show the high IMR and TFR (PRB, 2005).

A positive relationship between infant mortality and fertility. I found, the mean number of CEB by age and marriage duration of mother was found invariable higher to those women without such experience of individual and couples might affects on fertility (Adhikari, 1996, p 20)

Infant mortality in the five years preceding the survey is 48 deaths per 1,000 live births and the under-five mortality is 61. This means that about one in every 16 children born in Nepal dies before reaching age five. Mother's level of education is strongly associated with child mortality. Children born to woman who have completed secondary or above experience an infant rate of 13 deaths per 1,000 live births, compared with 69 deaths per 1,000 live births for those whose mothers are not educated at all (NDHS, 2006).

2.2.8 Proposed Conceptual Framework

The study of socio-economic and demographic variables on fertility is very complex phenomenon which is justified by previous discussion of various literature reviews. However this study has been trying to find out the effects of independent variables (socio-economic and demographic variables) on dependent variables (mean CEB) which are shown below.

In socio-economic variables (education, occupation, family planning, income and social values), demographic variables (age at marriage, infant mortality, and age at woman) which directly influence on fertility are considered in this study. The conceptual framework deals with different selected socio-economic, demographic variables relating to fertility of community of the of the study area.

Figure no: 4 Conceptual Framework

Independent variables   **Dependent variables**


```
+----------------------------+
| Demographic Variables      |
|                            |
|   > Age at marriage        |
|   > Age of woman           |
|                            |
+----------------------------+

+----------------------------+
| Socio-economic variables   |
|                            |
|   > Education              |
|   > Occupation             |
|   > Family planning (KAP)  |
|   > Social & cultural      |
|     values & Norms         |
+----------------------------+
```

```
+---+
| C |
|   |
| E |
|   |
| B |
+---+
```
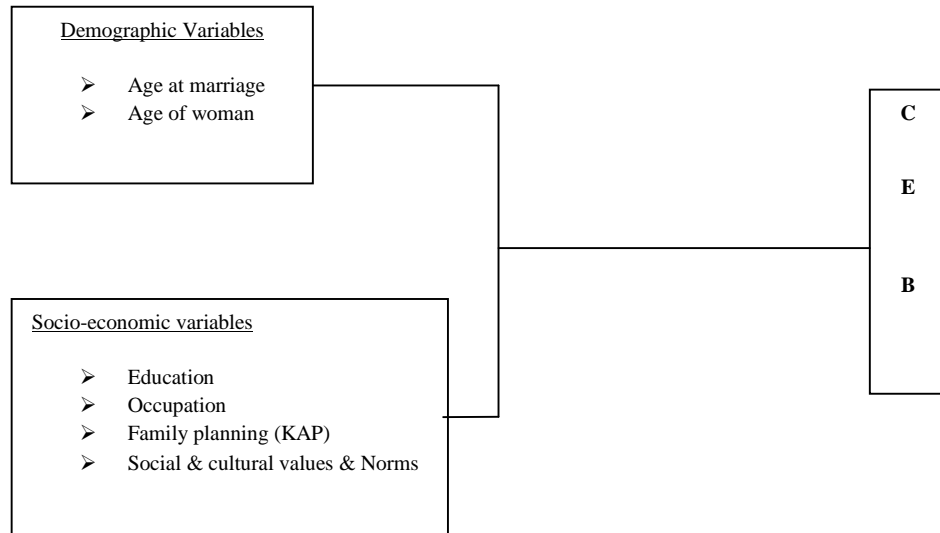
Conclusion of the study

In the literature review most of the researcher have explain the relation of fertility with socio-economic, demographic, physiological, cultural, as well geographical variables but more emphasis is given to to the economic and demographic variables like occupation, income, family planning, education etc. Researcher have also includes same economic and demographic variables which directly affects the fertility. But in this Thesis researcher have added some other variables like households facilities such as owning radio, television, electricity used. which also be very important to determine fertility level. In the development process mass media plays vital role in aggregate economy so I used those variables.

Chapter 3

METHODOLOGY

Methodology is an original contribution to existing stock of knowledge for its advancement and also essential an intellectual activity. It is the purist of truth with the help of study observation, comparision and experiment. It may help to solve the creative problems of his/her objectives more effectively.

3.1 Research Design

Research design is detail and scientific plan for investigation for the good research work and its reliability. It is the framework for contributing the collected data. Research design provides a picture for entire research. It helps to fulfill the objectives set in the first chapter of this study. This study is a case study of Dayanagar VDC in Rupandehi District which has been considered as a case of micro level study. Main intention of this study is to analyze the impact of socio-economic and demographic variables on fertility in the specific study area. For this purpose date were collected by applying interview method. Descriptive and analytical research design has been adopted to analyze and interpret the qualitative and quantitative data collected from concern field the design of the study is basically non experimental as is is suitable for collecting descriptive information as well as for doing small case studies. To examine the fertility differential, the number of children ever born (CEB) is associated with their socio-economic and demographic variables, such as current age of woman, age at marriage, age at first birth, child loss experience, level of education, social values and norms towards kids, occupation as well as level of income and expenditure, knowledge, attitude and practice of family planning methods.

3.2 Sources of Data

This study is based on both primary and secondary data. Primary data was collected from field survey of the selected study area direct through interview to the respondents and the household which was taken from sampling from all the nine wards using simple random sampling method and questionnaire method, respondent are selected from all ethnic/caste to find out the actual difference on the economic condition and demographic figure of different group of woman. Secondary data are collected through National report from CBS, NDHS 2011, population census 2011 and VDC Profile.

3.3 Sample Size

Table: 3.3 Selected Numbers of Households by Wards

Ward No	No of households	Selected households 10%
1	298	32
2	138	25
3	292	26
4	172	-
5	204	12
6	95	-
7	285	-
8	98	-
9	211	15
Total	1793	110

VDC Profile, 2012.

It is evident from sample data collected that 110 respondents from five wards of Dayanagar VDC. Data are selected to study socio-economic and demographic variables on fertility .The total number of households of this VDC is 1793 where there are 298, 138, 292, 172, 204, 95, 285, and 98,211 households in each ward respectively. Around 10 percent households are taken as sample household from 5 wards which was taken for the study purpose that is 110 households are selected, among those 110 households 32, 25, 26, 12, 15 households are taken from 1,2,3,5 and 9'th ward respectively. Systematic random sampling has been used to select the

sample households only currently married woman of reproductive age (MWRA) of the sampled HHS are interviewed.

3.4 Questionnaire Design

Questionnaire is design as to meet the objectives that the fertility behavior of woman of different groups and its direct or indirect affects by the socio-economic and demographic factors. Questionnaire is design in two types based on the objectives of study.

- Household questionnaire

- Individual questionnaire

The household questionnaire is taken by asking question from the household head and their relation to the family members and their socio-economic and demographic background. The primary purpose of this part of questionnaire is to identify the eligible woman for interview and to obtain necessary information of their household's socio-economic and demographic status. Individual questionnaire are taken by the eligible woman's socio economic and demographic characteristics such as education, occupation, income age at marriage, KAP of family planning as well as number of CEB.

To fulfill the objectives of the study , information about the households were collected from the household head as far as possible and for the information of fertility behavior, ever married woman of reproductive age (15 to 49) years have been included as responded. The type of questionnaire was both open-ended and close-ended (ask with friends).

3.5 Data Collection

This study is based on primary data and the data have been collected from the field survey of Dayanagar VDC by interview method. In this survey two type of closed questionnaire i.e. household and individual questionnaires have been used. For the high relevance of the information, household, household and individual questionnaires have asked to the household head and currently married women aged (15-49) years respectively. During the process of data collection, researcher himself was engaged. For the purpose of quality of the research one experience local person from every ward is taken as interviewer.

3.6 Data Tabulation and Analysis

Manually after editing the complete questionnaire, the collected data in survey were entered into computer with facility of data base software programme. The data acquired for the respondents were classified, edited and then tabulated. The tabulated data were analyzed using simple statistical tolls. Simple frequency tables, cross tabulation, percentage, to present the result in a more simple way different coherent has been presented where necessary. Secondary data from different sources were also used for comparative analysis.

Chapter 4

SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF POPULATION

A research study needs to follow a proper methodology to achieve the pre-determined objectives research methodology is a sequential procedure and method to be adopted in systematic study. In this section, socio economic and demographic characteristics of the different group of woman are described and analyzed. The main theme of this study is to related socio-economic and demographic characteristics of women's fertility condition. Family status determines the status of women, which ultimately determines the fertility. This chapter attempts to deal with different types of socio-economic and demographic condition of the study population, which may influence the level of fertility.

4.1 Age-Sex Structure

The age and sex structure plays a prime role in demographic studies. Age and sex are the biological characteristics of population which affects three behavior of population i.e. fertility, mortality and migration and influences in turn the current level of birth, death and migration rates. More ever, the age- sex composition of population has significant implication for the reproductive potential, manpower, labor supply, school attendance, household's formation, child mother health care and family planning service delivery, aging etc. data on age services still another important analytical purpose. Because the expected number of children, the expected number in certain older age groups, and the relative number of males and females at given ages can be determined closely, or at least approximately, either on the basis of data external to the census or from census data themselves, the tabulations by age and sex are very useful in the evaluation of the quality of the returns from the census. In this study 110 HHs are taken as a sample size. Age and sex composition of this VDC under study are presented in table. The sex ratio is a common measure used to describe the balance between males and females in population. It is defined as the number of males per 100 females a sex ratio of exactly 100 would indicate an equal number of males and females, with a sex ratio under 100 indicating a greater number of females.

Table: 4.1 Distribution of Population by Age and sex

Age groups	Male		Female		Total		CBS 2011
	number	percent	number	Percent	Number	Percent	percentage
0-4	20	8.85	21	8.47	41	8.65	11.2
5-9	28	12.40	24	9.68	52	10.97	12.4
10-14	30	13.27	26	10.48	56	11.81	13.6
15-19	27	11.95	21	8.47	48	10.13	10.5
20-24	14	6.19	31	12.50	45	9.49	8.2
25-29	16	7.07	26	10.48	42	8.86	7.1
30-34	24	10.62	24	9.68	48	10.13	6.1
35-39	21	9.29	22	8.87	43	9.07	5.9
40-44	13	5.76	20	8.06	33	6.96	4.8
45-49	11	4.86	10	4.03	21	4.43	4.0
50-54	9	3.99	8	3.23	17	3.59	4.4
55-59	6	2.65	7	2.82	13	2.74	3.4
60+	7	3.10	8	3.23	15	3.16	8.4
Total	226	100.00	248	100.00	474	100.00	100.0

Field survey 2012, and CBS 2012.

Where the total population is 474 which contains 248 females and 226 males (47.68 percent male and 52.3 percent female). Normally, proportion of population decreases

but in the census and survey the proportion increases up to age 14 showing rapidly declining trend of fertility over the last 10 years. Female population is highest 52.32 percent than male 47.7 percent. the percent of total population is found highest 11.81 percent, 10-97 percent in the age group (10-14) and (5-9) respectively. the lowest percent of population is observed in age group (55-59) years i.e. 2.74 percent.

Table: 4.1 shows that the percentage of male population is highest in the age group (10-14) and lowest in the age group (55-59) years: (13.27 percent and 2.65 percent) respectively. Similarly, the percentage of female population is highest in the age group 20-24 and 25-29, 10-14 years (12.50 percent and 10.48 percent) respectively. And the lowest in the age group 55-59, i.e. (2.82 percent) of the total population in the study area. In comparison with national census 2001 scenarios were found different. The comparative scenarios of the field study and national census 2001 has given below. According to 2001 census highest percentage of population is shown in 5-9 age group i.e. (14.1percent) and lowest is in 55-59 age groups (2.6percent). In our study area survey same age groups of people occupy the lowest percentage of total population.

4.2 Sex Ratio

Sex ratio (number of males per 100 females) at the national level has decreased From 99.8 in 2001 to 94.2 in 2011. In abstract number, there are 796,422 more females than males in the country. Sex ratio is highest (127) in Manang district and lowest (76) in Gulmi district.(National Population and Housing Census 2011)**.** Hence sex ratio gives clear picture of sex composition of population.

Table: 4.2 represent the sex ratio by five year age interval, which shows highest for age group 5 to 9 and lowest for the age groups 20-24 years (116.67 and 45.1 percent) respectively there is the different scenario in the 2011 NLHS report, highest in 0-4 years and lowest is 25-29 age group i.e. 59 percent . The overall sex ratio of the study population is found 91.12 where sex ratio according to 2011 NLHS is 85.6. The study shows the trend is same in field survey of Dayanagar VDC and NLHS report 2011, the sex ratio is found 5.52 percent high than NLHS report but according to primary census report 2011 it is found lower 3.08 percent. It varies greatly from one age group

to another and recorded low in the population aged 15-19 to 40-44 years mainly because large number of youths from the study VDC is migrating every year abroad for better opportunities.

Table: 4.2 Sex Ratio by Age Group

Age groups	Sex ratio M/F* Study Area(2011)	Sex ratio M/F*(NLSS 2011)
0-4	95.24	104.6
5-9	116.67	92.7
10-14	115.39	102.6
15-19	118.57	81.7
20-24	45.16	61.9
25-29	61.53	59.2
30-34	100	66.6
35-39	95.45	69.9
40-44	65	75.9
45-49	110	95.6
50-54	112.5	87.1
55-59	85.71	102.4
60-64	87.50	101.7
Total	91.12	85.6

Source field survey, 2012 and NLHS 2011

4.3 Dependency Ratio

The dependency ratio provides simple summary measure of age composition, with particular reference to relative number of supposed dependents and supporters or unproductive and productive groups. The ratio are based on division of the age range into three broad groupings, namely children (0-14), working age (15-64 years), and old age (65 years and above). But in our contest, the old age dependents are categorized as 60 years and above.

Population in the age group 15-60 years is considered as working population, population below 15 years as the young dependents group and population 60 years and above is considered to be old dependent. The dependency ratio is the sum of child and old age dependents with number in the working ages. In effect, the ratio purport to show how many dependents there are to be supported per 100 people of working age. The ratio of the young dependents to working population (15-59) years-multiplied by 100 gives the young dependency ratio and the ratio of the old dependents to the working age population (15-59 years) gives old dependency ratio whereas, the sum of these two ratios gives the total dependency ratio.

Table: 4.3 Distribution of the Population by Dependency Ratio

Population	Number	Dependency ratio	CBS 2011
Child age 0-14	149	48.06	70.1
Old age (60 and above)	15	3.16	11.7
Total	474	51.22	81.8

Sources: Field survey 2012 and CBS 2011.

Table: 4.3 shows that the young dependency ratio is 48.06 in the study area, which is found to be lower than that of national census, figure, similarly, old dependency ratio is 3.16 in the study area, which is also, lower than national figure of 2001 census. Both the young dependency ratio (48.06) and old dependency ratio (3.16) are found in the area seem to be lower in comparison in 2001 i.e. 70.1 and 11.7 respectively.

Figure No: 4.3 Dependency Ratio of the VDC under the Study Area
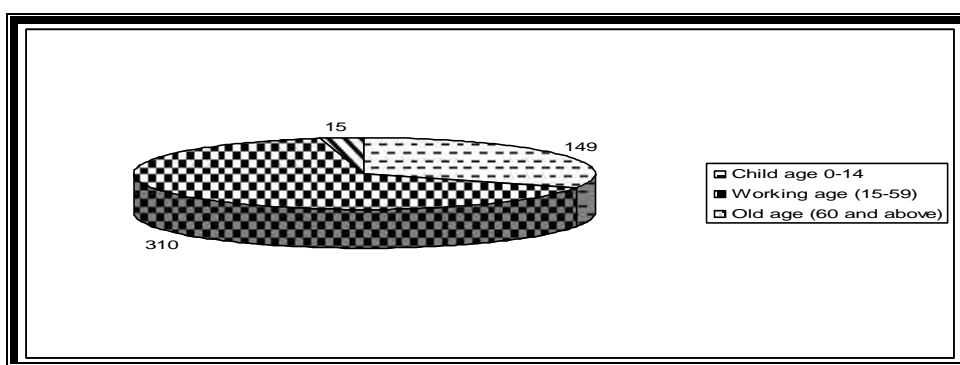
Sources: Field survey 2012 and CBS 2011.

4.4 Household By Family Size

Family size is related to the quality of life, it is difficult to maintain the quality of life in large family. Because in large size of family, needs are innumerable, which is difficult to filled by the low income. There is direct relationship between family size and fertility behavior, larger the family size higher the fertility and small family size tends to low fertility.

Table: 4.4 show that there is highest percent of household composed of 5-6 persons. According to this study, 5-6 persons household constituted higher percent (50.90%) and followed by 1-4 persons household constituted (36.37%). further shows that some 12.73   percent household has reported having families with 7-10 members. The average household size has decreased from 5.44 in 2001 to 4.88 in 2011 at the national level. The household size is recorded highest (6.44) in Rautahat district and lowest (3.92) in Kaski.

Table: 4.4 Percentage Distribution of Household by Family size in the study Area:

Family size	Number	Percentage
1-4	40	36.37
5-6	56	50.90
7-10	14	12.73
Total	110	100

Source: Field Survey, 2012.

4.5 Occupational Status

In many cases, occupation plays an important role in fertility. For example, people engaged in agriculture have higher fertility than engaged in other occupations. Similarly, people in job/service and trade have found less fertility than other occupation. In fact, income is associated with fertility. In this study, question about occupation were asked to the population aged 10 years and above who were engaged in any field of work. The occupation is classified in to ten categories.

In the survey, question were asked about the nature of the work and place of work for population 10 years and above table represent the distribution of population by major occupation for both sexes.

Table: 4.5 shows that agriculture as a major occupation which consist 35.22 percent of total. Similarly, household work and students consist 18.24 and 15.43 respectively where pensioner are lowest which is 2.11 percent. In comparison to male and female, female are higher involved in household work and agriculture. From the above data 2.28 present of male are involved in household work and where female proportion much more higher that is 33.73. There is less participation of female on service, job and in trade. In foreign employment male are more than female i.e. 13.70 percent and 2.75 percent respectively.

Table: 4.5 Distribution of Population by Occupation (sex Aged 10 years and above)

Occupation	Male		Female		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Agriculture	76	34.70	90	35.30	166	35.02
Home industry	6	2.74	5	1.96	11	2.32
Job/service	16	7.31	6	2.35	22	4.64
Trade	10	4.57	4	1.56	14	2.95
Daily wage	17	7.76	11	4.31	28	5.90
Household work	5	2.28	86	33.73	91	19.29
students	48	21.92	29	11.37	77	16.25
Foreign employment	30	13.70	7	2.75	37	7.80
pensioner	8	3.65	2	0.78	10	2.11
Others	3	1.37	15	5.88	18	3.80
Total	219	100.0	255	100	474	100.00

Source: Field Survey, 2012.

4.6 Educational Status of the Study area Population

Educational status is the knowledge of reading and writing or not to do so, which is one of the basic needs for person on this era, those who can read and write are called literate and who cannot read and write are illiterate. Education plays the crucial role in fertility. It directly or indirectly affects the demographic and socio economic variables. Generally educated people have low fertility in comparison to uneducated people. Educated people can search better opportunity they have the

knowledge to how make a life prosperous. It also affects variables like fertility, mortality, health condition.

Table: 4.6 Distribution of the Population by Literacy

	Male		Female		Total	
Educational status	Number	Percent	Number	Percent	Number	Percent
Literate	112	60.54	96	44.85	208	52.13
Illiterate	73	39.46	118	55.15	191	47.87
Total	185	100.0	214	100.0	399	100.0

Education Attainment

Non formal education	5	2.70	15	7.00	20	5.01
Primary level	32	17.30	35	16.36	67	16.79
Lower-Secondary level	25	13.51	14	6.54	39	9.77
Secondary	20	10.81	13	6.07	33	8.27
SLC	14	7.57	9	4.21	23	5.77
intermediate	11	5.95	7	3.27	18	4.52
Bachelor and above	5	2.70	3	1.40	8	2.00
Total	112	60.54	96	44.85	208	52.13

Source: Field survey, 2012.

Table: 4.6 shows the educational status of the study population. Among the total population of 399 aged 6 years and above, 208(52.13) persons of both sex are found to be literate and reaming 191(47.86%) are illiterate. If we educational status between males and females of this VDC the males proportion (60.54%) is higher than females (44.85%). In the same way, if we compare the educational attainment between males and females for educational level like non-formal, primary, lower secondary, secondary, SLC etc. The highest proportion (16.79%) is found in primary, and in lowest proportion (2.0%) is found in bachelors and above. Literacy rate is found relatively lower in study area in comparison to NDHS survey 2011 that is 67 percent.

The relatively higher proportion of literate in primary level may be the cause of increasing enrollment to young children in schools influenced by government policy. Similarly, the proportions of the student have declined in higher level, which may be the cause of dropout trends of students and economic problem of the family. There is very low enrollment in the higher education due to the increasing trend to in foreign employment of young generation shown in this study.

4.7 Marital status of the Study Area Population

Nuptiality is the frequency, characteristics, and dissolution of marriage in a population. It refers to marriage as a population phenomenon, including the rate at which it occurs, the characteristics of the persons united in marriage and the dissolution of such unions.

Marriage is the legal union of persons of opposite sex, the legality being established by civil, religions or other means according to the custom and lows of the each country, society or community. Marriage is one of proximate determinants of fertility, the others being contraception, abortion and breast- feeding. Since, the birth outside the wedlock is less practiced in Nepal. So marriage plays vital role in determining the fertility because family function is started only after the marriage in a country like Nepal where birth without marriage is illegal; and unacceptable for society.

Table: 4.7 Distribution of population by Marital Status

Marital status	male		female		total	
Married	95	23.70	122	30.42	217	54.11
Unmarried	90	22.44	72	17.96	162	40.40
Widow/er	7	1.75	12	2.99	19	4.74
Divorced/separated	1	0.25	2	0.50	3	0.75
Total	193	48.13	208	49.87	401	100.0

Source: Field Survey, 2012.

Table: 4.7 shows that majority's people are married in the study area i.e. 54.11percent where 40.40 percent found are unmarried. In compression of the total population there is relatively higher proportion of married females (30.42%) than married males (23.70%) because female get marriage relatively earlier than male.

It is clear that only 4.74 percent i.e. 19 of total population are widowed. The proportion of this status for males is 2.8 percent (15) and for females is 4.3 percent (23). This differenced in the widowed status between males and females may be the cause of remarriage trend of males than females, on the one hand, and the higher probability of surviving females than males may be the cause on the other hand. Similarly, relatively higher proportion of unmarried males than females reveals that more males marry than females in this VDC. The proportion of the separated population is observed 0.75 percent i.e. two females and one male only.

4.8 Status and Land Ownership

This is one of the important indicators which influence the fertility behavior and the socio-economic status of the households. To find out the economic condition of the respondents, several questions were asked to respondent regarding to find their economic status. The question was asked to the respondent relating land ownership. They were also asked to state the size of land.

Table: 4.8 Distribution of Household by Landholding

Land	Number	Percentage
Yes	98	89.09
No	12	10.91
Total	110	100.0

Land size in kattha

Less than 5 kattha	11	10.00
6-10 kattha	30	27.27
11-15 kattha	25	22.73
16-20 kattha	20	18.18
Above 20 kattha	12	10.91
Landless	12	10.91
Total	110	100.0

Source: Field Survey, 2012.

Table: 4.8 shows the land holding as well as land size in kathha. From the above table there is 89.09 percent people have their own land whereas 10.91 percent people are landless. Question asked to the people who have land in the size of their land. The high proportion 27.27 percent people have 6-10 kathha of land and followed by 11-15 kattha accounting 22.73 percent and the lowest percentage of respondent(10.00%) are found less than 5 kathha of land. In the survey it found that tharu and yadav people occupies less land in comparison to bramin chettri and other cast. Most of the chaudhary have in large quantity more than 20 kathha of land where in large number of tharu and yadav people have no land; they cultivated other's land for their living.

43

Figure No: 4.7 Distribution of Household by Landholding

land holding

12, 11%

98, 89%

Yes
No
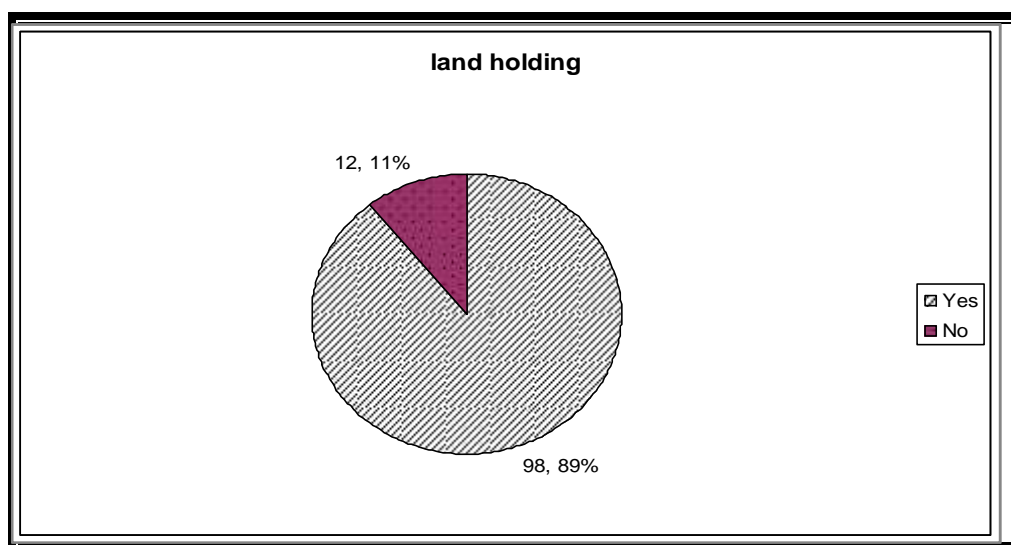
Source: Field Survey, 2012.

4.9 Distribution of the Households Cultivating Other's Land

People who have no their own land and not sufficient land and the large family especially tharu and yadav people cultivated other's land to support the family size most of this people have large family size hence for their living they cultivated other's land. Now day's people in this area take land in rent for farming and fishery   in the occupational point of view for earning. The response of the responded is presented in the table.

Table: 4.9 Distributions of the Households by Cultivating Others Land

Cultivating other's land	household	Percentage
Yes	37	33.64
No	73	66.36
Total	110	100.0

Source: Field survey, 2012.

44

Table No: 4.8 represents the distribution of household cultivating other land or not. From total households 33.64 percent of respondents cultivated other's land for different propose where 66.36 percent of households have not used other's land.

Figure: 4.9 Distribution of Households by Cultivating Other's Land
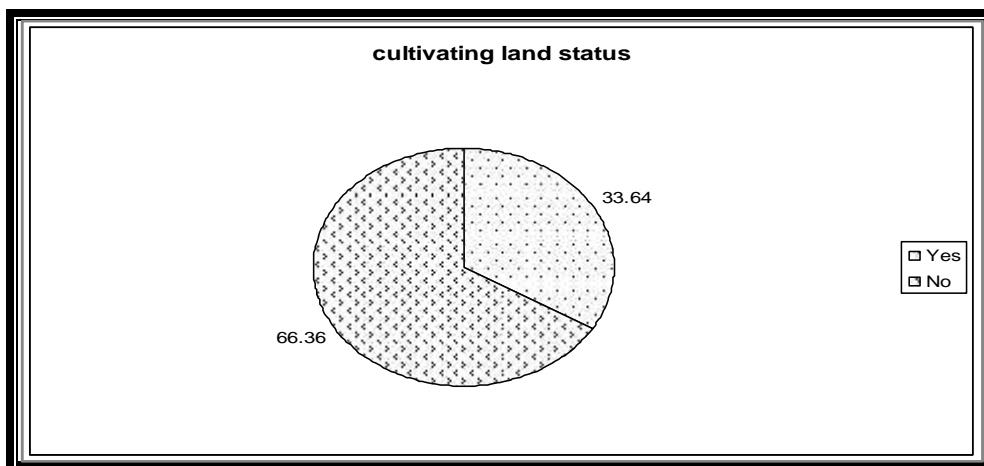
4.10 Distribution of Household by Livestock

Livestock, and other farm of animals contribute the income of the household which directly affects the economic and health condition of the people farm the animals for different propose i.e. (for milk, fuel, cultivation of land, etc) this study is taken in order to know their economic status and source of income, the respondents were asked about the livestock and their number.

Table: 4.10 Percentages of Households by Livestock in the Study Area

Status of livestock	households	Percentage
Yes	106	96.36
No	4	3.64
Total	110	100.0

Source: Field Survey, 2012.

According to the survey data of the study area (96.36 percent) percent people have livestock where only (3.64 percent) percent of people have no livestock, most of the household have fish farming in this area fish farming is the highly income source of this area.

4.11 Types of House

There is no standard definition of residential house. Definition used in surveys that collect information on it is not uniform it causes problem in comparing data obtained from different sources. House constructed with permanent materials like stone, wood, brick, mud, bamboo and grass is defined as type of house. Type of house also represents the status of socio-economic condition of household. According to (NPHC 2011) nearly ten percent (9.94 %) of total households live in houses with the foundation having RCC pillar, 17.57 percent households in house with foundation. Made up of cement-bonded bricks, 24.9 percent in wooden pillar, 44.21 percent in mud bondedBricks and 2.33 in other type of foundations. In urban areas, 28.42 percent of the Households live in houses with the foundation having RCC pillars.

Table: 4.11 Study Area Populations by Type of House

Types of house	Number	Percentage
Cement/bricks	36	32.73
Stone and mud	41	37.27
Bamboo/grass	33	30
Total	110	100.0

Source: Field survey, 2012

The data presented in table 4.11 shows that the highest percentage of household is living in stone and mud house (37.27percent) followed by cement/bricks type of house in this study area. Above table shows 30 percent of respondent have bamboo/grass house. In total least house have the roof of RCC house. Most of the

tharu and yadav have grass/bamboo house and bramin, chettri magar gurung have strong economic condition so they have RCC house.

4.12 Toilet Facility of the Study Area Population

If the households possess their own toilers that could be within the house or boundary of the house then such households are considered as having toilet facilities. If the household do not have their own toilet and households members use public toilets or open places then such households are considered as households having no toilet facilities. According to (NPHC 2011) More than one third (38.17 percent) of the total households do not have toilet in their houses.

Table: 4.12 Distribution of the Household by Toilet Facility

Toilet facility	No of household	Percentage
Flush toilet	28	25.45
Open toilet	69	62.73
Pit latrine	13	11.82
Total	110	100.0

Source: Field survey, 2012.

Table: 4.12 show that 25.45percent household are using flush toilet. 62.73percent household have pit latrine with some have improvements by covering area with plastic and cloths.

4.13 Household Facilities of the Study Area

Household facilities are one of the major factors influencing the fertility. Every people want to make their life luxuries and want to live comfortable. In the study basic facilities are taken as study and question were asked to the respondent. And the use of those facilities or not than tabulated the data as below.

Table: 4.12 Distribution of Household by Physical Facilities

Household facilities	Number of respondent	Percentage	CBS 2011
Electricity	98	89.09	67.26
Radio	50	45.45	50.17
Television	63	57.27	30.66
Cable television	30	27.27	11.10
Computer	5	4.54	3.37
Internet	2	1.82	1.24
Telephone	9	8.18	3.72
Mobile phone	108	98.18	59.98
Motor	2	1.81	0.98
Motorcycle	20	18.18	6.23
Cycle	78	70.90	32.96
Other vehicle	5	4.55	0.69
Refrigerator	2	1.81	3.33

Source: field survey, 2012 and CBS 2011.

Table: 4.13 show that there is almost same scenario of using of radio, computer, internet, motor, etc to National population and housing census report 2011. Where the use of electricity, television, cable television, telephone, mobile phone, motor cycle, cycle and other vehicle have different scenario for example only 67.26 percent people use electricity where in study area survey 89.09 percent of household are using electricity etc.

4.14 Source of Drinking Water in the Study Area

Water sources play a main roll for the health of people it directly and indirectly influences the fertility rate of woman. Nepal is rich in water resource but only some people have access to pure drinking water.

According to (NPHC 2011) Tap/Piped water is the main source of drinking water for 47.78 Percent of the total households. Tube well/hand pump is the main source of drinking water for about 35 percent of the total households, while spout, uncovered well/kuwa and covered well/kuwa are the main source for 5.74 percent, 4.71 percent and 2.45 percent respectively.

Table: 4.13 Distributions of Households by Sources of Water

Source	Number	Percentage	(NPHC 2011)
Tape/piped	0	0%	47.78
Tube/hand pump	104	94.55	35
covered well/kuwa	4	3.64	2.45
Uncovered well/kuwa	2	1.81	4.71
Total	110	100.0	00

Source: Field survey, 2012 and CBS 2011.

Table: 4.14 show the different proportion from the NHPS 2011. Most of the households around (95 percent) in the study area use the tube and hand pump as a source of drinking water where only 35 percent shown in national survey. There is no use of tape and piped water as a source where in national census around 48 percent are using as source of water. Area of covered well/kuwa and Uncovered well/kuwa is 3.64 (2.45 percent) and 1.81 percent (4.71 percent) respectively in field survey and national survey.

4.15 Fuel used for Cooking Food in Household

Fuel used for cooking food in household, firewood, kerosene, LP gas, Bio-gas, Cow dung are the various source of fuel for cooking. Wood is the main and major source of cooking fuel in this study area. The second common source of cooking fuel is animal dung. According to NHPC 2011 about two-third of the total households (about 64 percent) use Firewood as usual source of fuel for cooking followed by LPG (21.03 percent), cow dung (10.38 percent). Bio-gas and Kerosene is used for cooking by 2.43 and 1.03 percent of the total households respectively. Very few households (0.08 percent) use Electricity as usual fuel for cooking. In urban areas, more than two third (67.68 percent) of the total households use LPG as their usual fuel for cooking.

Table: 4.15 Distribution of Household by Various sources of Fuel

Sources of fuel	Number	percentage	% NHPS 2011
Wood/firewood	69	62.72	64
Animal dung	21	19.09	10.38
Kerosene	3	2.74	1.03
LPG	12	10.90	21.03
Bio-gas	5	4.55	2.43
Electricity	-	-	0.08
Total	110	100.0	100.0

Source: Field survey, 2012 and CBS 2011.

Table: 4.15 show that almost same scenario of using of wood/firewood in the study area survey and national census 2011. But the use of animal dung is much more higher proportion than the NHPC 2011 that is in study area survey is found around 20 percent where in NHPC it is 10.38 percent it is almost double. Uses of LPG are 21.03 percent in NHPC where in field survey of the study area it is found 10.90 percent.

There is highest proportion of use of wood/firewood where lowest is the use of kerosene, and no use of electricity for cooking is found in the study area survey.

4.16 Household by Religion

Nepal is become multi-ethnic nation there is diversity in language, religion and culture. Most of the people are hindus. In national survey (NHPS 2011) around 82 percent people (21,551,492) are hindu. The percentage of Hindus population is gradually declining after 1981 census and the proportion of Buddhist, Kirat, Islam and Christian are increasing after the 1981. About the religion, people may have different norms and belief, which directly affect the fertility and knowledge, attitude and practice of family planning. In Muslim culture they are against of family planning so population is higher in their community.

Table: 4.15 Distribution of Household by Religion in the Study Area

Religion	Households	Percentage	%NHPC 2011
Hindus	92	83.64	81.3
Buddhist	6	5.45	9.0
Islam	12	10.91	4.4
Total	110	100.0	-

Source: Field survey, 2012 and CBS 2011.

From the table 4.15 highest proportion of religion is hindu is 83.64 percent found in this study area where 81.3 percent in NHPC 2011 this means almost same proportion is found. Islamic people are almost double in proportion is found in this study area from the national survey 2011(NHPC 2011) that is 10.91 in field survey of the study area where only 4.4 percent in NHPS2011. And the lowest proportion is Buddhist 5.45 percent is found. NHPC 2011 the proportion of kirat (3.1 percent) Christianity (1.4 percent), prakriti(0.5 percent), Bon(13,000), Jainism(3,214), Bahai(1283) and Sikhism only(609).

51

4.17 Household by Caste/Ethnicity

According to National housing and population census 2011 there are 125 caste/ethnic groups reported. Chhetri is the largest caste/ethnic groups having 16.6% (4,398,053) of the total population followed by Brahman-Hill (12.2% ; 3,226,903), Magar (7.1% ; 1,887,733), Tharu (6.6% ; 1,737,470), Tamang (5.8% ; 1,539,830), Newar (5.0% ; 1,321,933), Kami (4.8% ; 1,258,554), Musalman (4.4% ; 1,164,255), Yadav (4.0% ; 1,054,458) and Rai (2.3% ; 620,004)

Table: 4.16 Distribution of Respondents by Caste/Ethnicity

Caste/ethnicity	Number	Study Area	NHPC 2011
Brahmin	25	22.72	12.2
Chettri	21	19.09	16.6
Magar	3	2.73	7.1
Gurung	2	1.82	-
Yadav	27	24.55	4.0
Tharu	19	17.27	6.6
Musalman	5	4.55	4.4
Tamang	1	0.90	5.8
Newar	3	2.73	5.0
Kami	2	1.82	4.8
Sarki	2	1.82	-
Total	110	100.0	-

Source: Field survey 2012 and CBS 2011.

Table: 4.16 shows that high proportion of respondent are 24.55 percent of yadav followed by Tharu 17.2 percent, Brahmin 22.72 percent and the chettri are 19.09 percent in the study area survey. Lowest proportion is 0.90 percent of tamang. There is difference scenario is seen in the national survey and study area survey. Brahmin has higher proportion in national survey where in field survey of the study area yadav has higher proportion. But by the percentage wise Brahman has 22.72 percent in field survey and in national survey 12.2 percent are Brahman. yadav has lowest proportion 4 percent in national survey where opposite result is seen that is highest proportion of yadav found in the study area survey.

CHAPTER 5

FERTILITY BY SOCIO-ECONOMIC AND DEMOGRAPHIC VARIABLES

This chapter deals with the socio-economic and demographic characteristics of the population of the study area age (15-49) only living in the study area. In this study basic information of the respondent's by age, level of education, marital status, religion, ethnicity, wealth status, knowledge of family planning and use of contraception etc are taken and studied comparatively with the national report. All the dependent and independent variable which are related to fertility be taken as study. The number of children ever born (CEB) of the currently woman of reproductive age (15-49) of the (VDC) under study area has been taken as dependent variable where demographic and socio economic factors consider as independent variables.

5.1 Fertility and Age of the Respondent

Age is bio-logical characteristics of woman that directly or indirectly affect fertility of the woman. Age composition of woman aged 15-49 years represents woman capacity of child bearing by age group and level of performance of children born by them. The general pattern of the fertility that level of current fertility increases to certain age than decreases. Therefore, age distribution of woman gives concise picture of demographic performance of woman by age increasing or decreasing condition.

Table: 5.1 shows age distribution of ever married woman by children ever born. The average number of CEB is 1.97 in the study area survey which is comparatively less than the NDHS 2011(2.12) children. The highest CEB (2.9) is found in the age group 30-34 years age. The lowest CEB (0.5) found in the age group 15-19 years. In 15-19 years age groups has lowest CEB which is more or less same in the NDHS 2011. There is little proportion of woman bearing the children before twenty (20) years; this is because of the awareness, education, media, knowledge of contraception among new generation etc. The factor for low mean ceb is due to improved in communication about contraception and its modern technique of use. Another important factor is spousal separation due to migration seeking work in foreign countries.

Table: 5.1 Distribution of Respondent Woman (15-49) by five years age

Age group	Number of CEB	Number of respondent	Mean CEB	NDHS 2011
15-19	5	9	0.5	0.14
20-24	24	24	1	1.01
25-29	43	21	2.04	2.06
30-34	58	20	2.9	2.79
35-39	44	20	2.2	3.52
40-44	31	12	2.58	4.02
45-49	12	4	3	4.57
Total	217	110	1.97	2.12

Source: Field survey, 2012 and CBS report 2011.

Figure: 5.1 Mean CEB of Respondents with NDHS, 2011
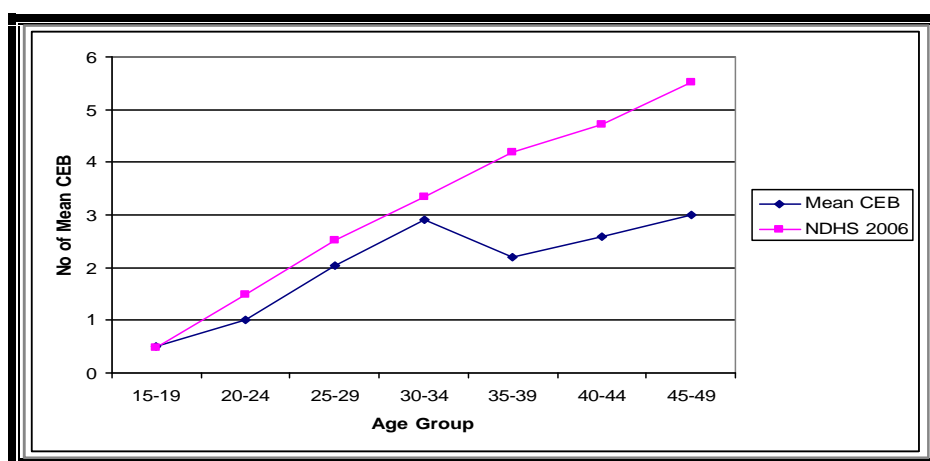
Source: Field survey, 2012 and CBS report 2011.

5.2 Age at Marriage and Fertility

There is the inverse relationship between CEB and age at marriage higher the age of marriage, lower the fertility and vice-versa. Marital status of woman directly related to the woman's fertility. Early married woman has large number of CEB because the child bearing age increases while woman married at the early age.

Table: 5.2 Mean CEB and the Age at Marriage of the Respondents

Age at marriage	Numbers of respondent	No. of CEB	Mean CEB
10-14	6	25	4.17
15-19	66	148	2.24
20-24	28	38	1.36
25-29	10	6	0.6
Total	110	217	1.97

Source: Field survey, 2012.

Table: 5.2 shows the mean number of CEB by the age at marriage. From the survey it is found that higher the age at marriage lowers the mean number of CEB. Now days early marry system is prevailing in all community. In the tarai region in tharu and yadav community has the early marry system but it is in decreasing in increasing order. A woman married between age 10-14 has highest number of CEB (4.17 children) which is followed by age group 15-19 (2.24 children). The lowest CEB is found 0.6 children that woman who got married in the age group 25-29 years.

5.3 Child Loss Experience and Fertility with Mean CEB

People gave a birth more children as for the security of the old age. This trend is decreasing due to knowledge and awareness. If couple loss children frequently they want to give birth to more children because they are not sure that all of their children

will survive. It directly affects   the fertility behavior of a couple, distribution of woman and Mean CEB by child loss experience is presented following table.

Table: 5.3 Distribution of Population by Child Loss Experience and Mean CEB

Child loss experience	Female	Child lose experience
Yes	24	21.82
No	86	78.18
Total	110	100.0
How many	Female(respondent)	percent
1	17	70.83
2	5	20.83
3	2	8.34
Total	24	100.0

Source: Field survey, 2012.

Table: 5.3 shows that out of 110 respondents, 21.82 percent respondent have child loss experience. Among them 70.83 percent respondent loss only one child where 20.83 percent loss two and 8.34 percent loss three children respectively.

Mean CEB is 3.05 for those woman who have loss one child. There is the increasing order of mean CEB where who have loss more children. It shows that there is inverse relationship between child loss experience and fertility. Higher the child loss experience higher will be the mean CEB.

5.4 Ideal Number of Children and Fertility

Ideal number of children helps to access the overall attitude of woman towards child bearing and general course of fertility. Those women who are uneducated low income status and engaged in agriculture want to have more children in comparison to high income group and educated woman.

Table: 5.4 Distribution of Respondent by the Desire Number of Children

Ideal number of children	Son		Daughter		Total	
	Number	Percent	Number	Percent	Number	Percent
0	-	-	11	10	-	-
1	59	53.64	78	70.90	6	5.45
2	32	29.09	16	14.55	75	68.18
3	16	14.54	5	4.55	17	15.45
4	3	2.73	-	-	12	10.92
Total	110	100.0	110	100.0	110	100.0

Source: Field survey, 2012.

Table: 5.4 shows that the ideal number of children reported by the respondent. From the 5.5 table it is clearly shown that the majority respondent wants to have 2 children. Around 69 percent of respondent wants to have 2 children. 15.45 percent of respondent wants to have 3 children, 10.92 percent of respondent wants to have 4 children and only 5.45 percent of respondent wants to have 1 child. All the females want son reflecting son preference in the VDC.

5.5 Education Status of the Respondent and Fertility

Education is one of the major socio-economic factors that influence the woman's behavior and attitudes. In general higher the level of education of woman, she has knowledge about the use of health, family planning methods, health related children and the use of contraception etc. so this is one if the important indicators of fertility. From the different study it is well known that as education level increase fertility will decreases. The following table shows the role of woman's education on fertility of the study area.

Table: 5.5 Distribution of Respondent by Education level and Mean CEB

Education status	No. of CEB	No of Woman	Mean CEB
Literate	68	38	1.79
Illiterate	149	72	2.09
Total	217	110	1.97

Level of education

Level of education	No. of CEB	No. of woman	Mean CEB
Non-formal	10	3	3.3
Primary	25	12	2.08
Lower secondary	16	10	1.6
Secondary	12	8	1.5
Slc and above	5	5	1.0
Total	68	38	1.79

Source: Field survey, 2012.

Table: 5.5 shows the education attainment and the mean CEB of currently married woman of reproductive aged. There is large number of child ever born (2.09 children) to illiterate woman in comparison to the literate woman that is only (1.78). Data presented above shows that the CEB varies by education status of woman. it also indicate that's the level of education and CEB , highest number of CEB found in having non-formal education woman (3.3) it is followed by (2.08) woman having primary education. Number of child ever born is inversely related with woman's education, fertility is high in low in having low educated woman. Here it is clearly seen that having non-formal educated woman have 3.3 children where it is rapidly decrease when education level rises and having and above have only (1.0 children). Hence we can say that higher the education level, lower will be the number of fertility.

Figure: 5.5 Mean CEB by Educational Status of Currently Married Woman
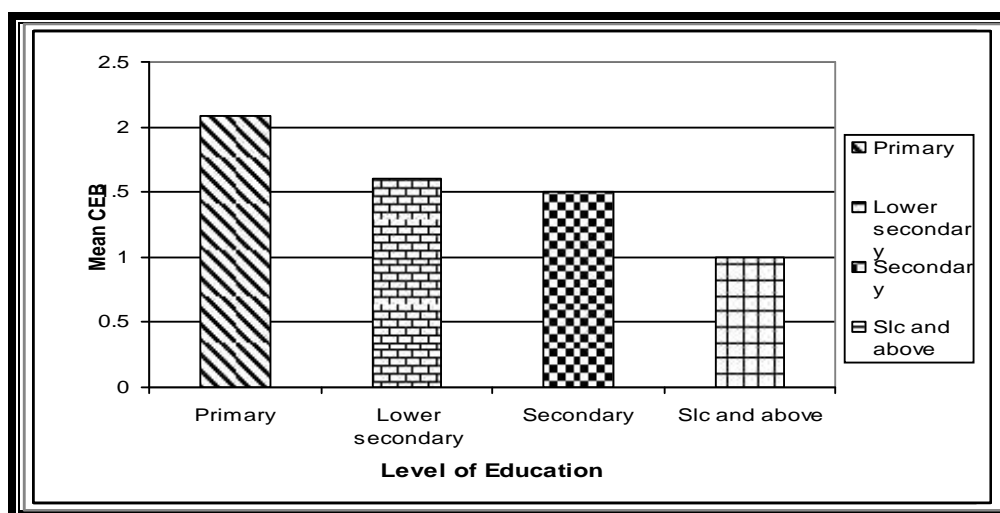
Source: Field survey, 2012.

5.6 Mean CEB and Occupation

Occupation of woman plays significant role to determine the fertility of woman. It influences the economic status, living standard, and fertility behavior as well. Woman having better occupation significantly have fewer number of CEB. Woman who are engaged in agriculture, daily wage, household work, etc have higher fertility in

comparison to those couple who are engaged in trade, job/services etc. following table represent the mean CEB of the Respondent by occupation of the study area.

Table: 5.6 Mean CEB and Occupation of Respondent

Occupation status	Number of respondent	Number of CEB	Mean CEB
Agriculture	14	42	3.0
Home/industry	9	22	2.24
Job/service	10	11	1.1
Trade	3	5	1.67
Daily wage	8	19	2.37
Household work	61	112	1.84
Others	5	6	1.2
Total	110	217	1.97

Source: Field survey 2012.

Table: 5.6 shows that woman who are engaged in agriculture have more number of children and CEB is observed 3.0 and it is followed by daily wage (2.37 children). Woman engaged in job and services have lower (1.1 children) CEB. And it followed by woman engaged in others type of occupation (1.2 children).

Figure: 5.6 Mean CEB and Occupation of Respondent
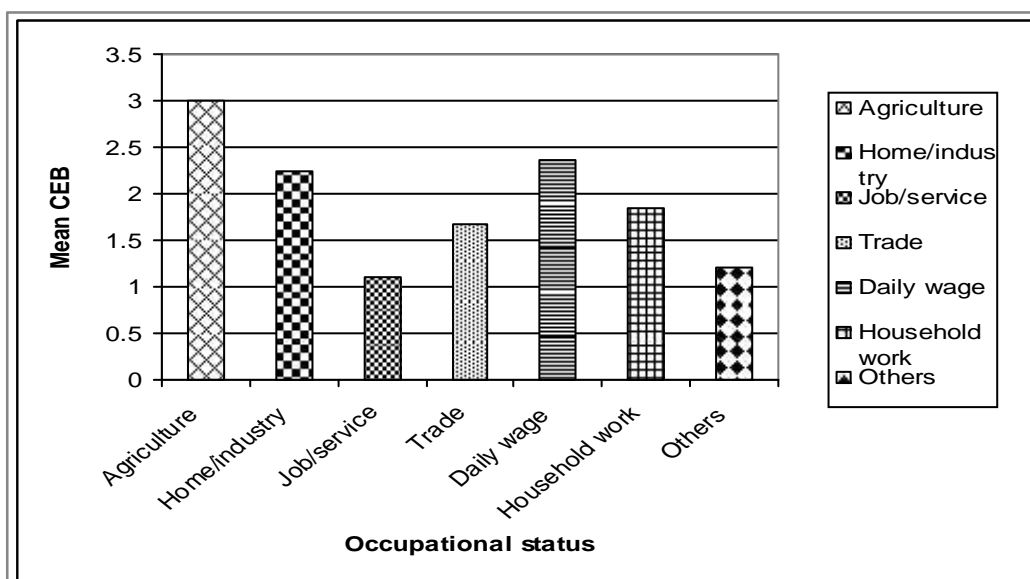
Source: Field survey 2012.

5.7 Income and Fertility

Income of the household and woman directly affected the fertility behavior of woman. Woman who have high income group desire less child but qualitative children hence they spent more income in their education, health etc. so fertility is less but having low income group of household and woman have inverse scenario they have high fertility they give birth more children for old age security.

Table: 5.7 shows that the mean CEB of the Dayanagar VDC s found decreasing in the increasing level of the income of respondent. From the survey of the study area it is found that 3.97 percent of respondent have earning 25000. CEB is different with level of income. CEB is found 3.97 for those who earn yearly income 25000 but CEB is the lowest i.e. 2.4 who earn income 100000 and above.

Table: 5.7 Mean CEB of Respondent by Income and Fertility

Annul Income	Number	Number of CEB	Mean CEB
Up to 25000	28	1119	3.97
25000-50000	30	110	3.93
50000-75000	22	70	3.18
75000-100000	20	51	2.55
100000+	10	24	2.4
Total	110	374	3.4

Source: Field survey, 2012.

5.8 Decision Making and Fertility

Woman's participation in the decision making process is an important indicators of their empowerment. In order to assess woman's decision making autonomy, the 2006 NDHS sought information on woman's participation in four types of household decision: her own health care, making large household purchases, making household purchases for daily needs, and visits to family of relatives. A woman's desire and ability to control her fertility and her choice of contraceptives methods are in part affected by her status in the household and her own sense o empowerment. The ability of woman to make decisions effectively has important implication for their fertility preference and the practice of family planning. An increase in woman's status and empowerment is recognized as important for efforts to reduce fertility through at least two main pathways: its negative association with desired family size and its positive association with woman's ability to meet their own family size goals through the effective use of contraception to the decision making power of the household.

Table: 5.8 Mean CEB and Decision making by Respondent

Decision taken in HH by	Respondent	Number of CEB	Mean CEB
Husband	45	94	2.09
Wife	23	48	2.08
Both	32	64	2.00
Father/mother in law	10	11	1.1
Total	110	217	1.97

Source**:** Field survey, 2012.

Table 5.8 indicates the number of woman in the decision making power of the household. The highest percent is 2.09 in the of that age group of woman where husband take decision in the household where lowest 1.1 is found for those household where father/other in laws take decision. The average mean CEB is 1.97 in the study area. CEB is 2.08 for those household where wife in the decision making.

Figure: 5.8 Fertility and Dicision Making
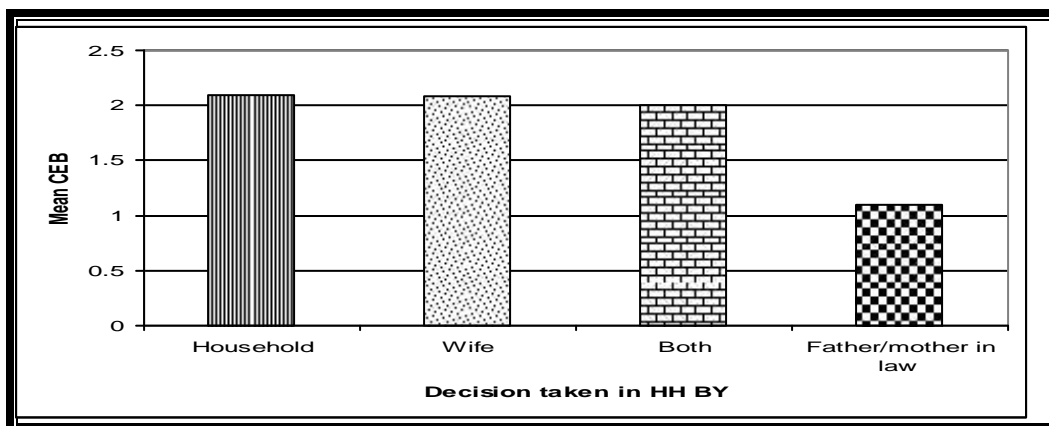
Source**:** Field survey, 2012.

5.9 Current use of Contraception and Fertility

Current use of contraception is defined as the proportion of woman who reported the use of family planning method at the time of interview. The level of current use-usually calculated among currently married woman is the most widely used and valuable measure of the success of the family planning method gives the present status of family planning users and its number in future years.

It is depends on the programme launched by government and the activities done by non-government agencies for the family planning family planning is to make life happy through appropriate management of family size and mobilization of various sources. Family planning programme lies in avoiding unwanted pregnancies and thereby unplanned births and making sure that all births are planned.

Table 5.9 shows that current use of family planning methods among the currently married women of reproductive ages (15-49). Only 54.55 percent of the respondents have been using any method of contraception. Similarly, current use of family planning method varies by age group of women. 5.45 percent respondents of age group 15-19 are using any method. Among different age groups the highest percent (11.82) belong to the age group 40-44, where 6.36, percent women are currently using sterilization. 14.55 percent using condoms, 16.36 percent using pills and 9.09 percent women using IUCD and 8018 percent using Depo-Provera . In this study area, pills and condoms are more popular than others method of contraception. The following figure clearly shows about the different method of family planning in the study area.

Table: 5.9 Percentage Distribution of Respondents by Current use of FP Methods

Current use of FP Methods	Age group of married woman							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Sterilization	-	-	-	-	2(1.82)	2(1.82)	3(2.73)	7(6.36)
Condoms	4(3.64)	3(2.73)	3(2.73)	3(2.73)	2(1.82)	1(0.91)	-	16(14.55)
Pills	2(1.82)	3(2.73)	4(3.64)	2(1.82)	3(2.73)	4(3.64)	-	18(16.36)
IUCD	-	-	-	3(2.73)	3(2.73)	2(1.82)	2(1.82)	10(9.09)
Depo-Provera	-	-	-	3(2.73)	2(1.82)	4(3.64)	-	9(8.18)
Total	6(5.45)	6(5.45)	7(6.36)	11(10)	12(10.91)	13(11.82)	5(4.55)	60(54.55)

Source: Field Survey 2012.

Figure: 5.9 Percentage Distribution of Respondents by Current use of FP Methods
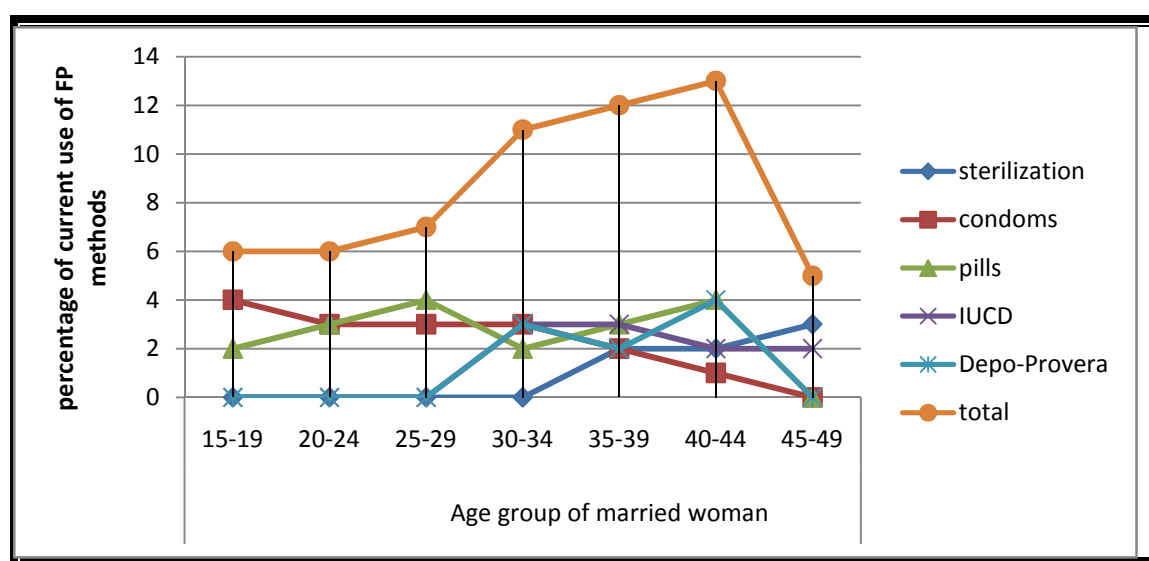
Source: Field Survey 2012.

5.10 Discussion of Family Planning with Spouses

Discussion between husband and wife about contraception use is the important to control the fertility. It helps to control the unwanted births. Inter spousal communication is thus an intermediate step along the path to eventual adoption and especially continuation of contraceptive use or sustained use of contraception lack of discussion may reflect a lack of personal interest, hostility to subject or customary reticence in taking about sex-related matters.

Table: 5.10Discussion of family planning with spouse

Discussion	Number	Percentage
Never	29	26.36
Once or twice	38	34.55
More often	43	39.09
Total	110	100.0

Source: Field Survey, 2012.

Table 5.10 shows the percent distribution of ever married woman who know or not know about the family planning method by the discussion with their husband in the year before the survey. From the survey of the study area around 40 percentage of woman discussed family planning more often with their husband in the past year. Where around 35 percent of woman discussed once or twice about the family planning with their husband and only 27 percentage of woman never discussed in this topics with their husband. Most of the uneducated and who have early marriage (Tharu, yadav and Muslim) woman heisted to discussed to their husband.

5.11 Knowledge of family planning and Fertility

Knowledge of contraception methods is an important precursor to use. Findingsfrom the NDHS 2011 show that knowledge of at least one modern method of family planning in Nepal is almost universal among both woman and men. The widely

known modern contraceptive method among both woman and men are injectble, female sterilization, condoms, male sterilization, and contraceptive pill. Similarly in study knowledge of family planning almost universal knowledge of family planning has examine by asking eligible woman who have heard at least anyone family planning method, and if they are not using they were asked about the causes of not using. The following table represent the relationship between knowledge and practice.

Table: 5.11 Distribution of Respondent by Heard of FP Method

Heard of Family planning	Respondent	Percentage
Yes	103	93.64
No	7	6.36
Total	110	
Methods	Respondent	Percentage
Minilab	31	30.10
Vasectomy	17	16.50
Condom	22	21.36
Pills	8	7.77
IUD/LUD	7	6.80
Depo-Provera	4	3.88
Norplant	6	5.84
Natural method	3	2.91
Others	5	4.85
Total	103	100.0

Majority of woman (93.64) percent have heard about family planning methods. Out of 93.64 percent, 30.10 percent woman have known minilab and followed by condom (21.36 percent). Similarly the lowest (2.91 percent) have known natural method. Above table indicates that knowledge of family planning is nearly universal. And the scenarios of family planning knower, the woman of the study area have satisfactory condition

Figure5.11 Respondent by Heard about FP Method
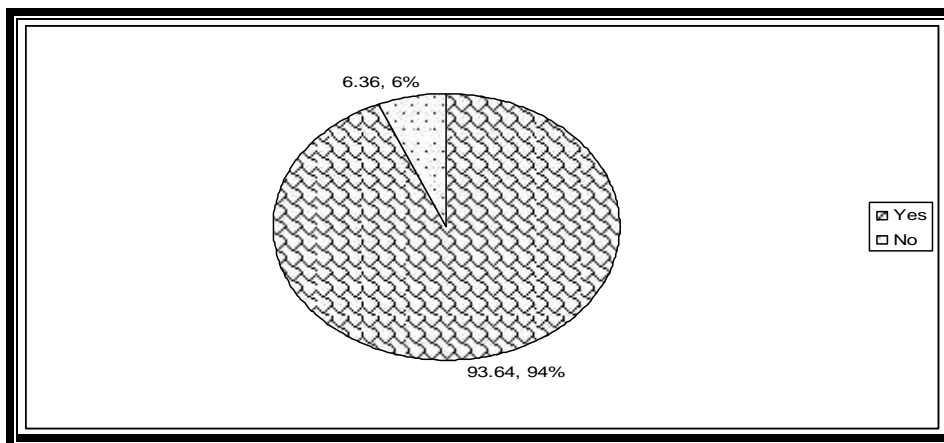
5.12 Cause of not using FP method

An important indicator of the changing demand for family planning is the extent to which nonusers of contraception plan to use family planning in the future. An understanding of the reasons women gives for not using family planning method is critical to designing programs that could improve that quality of services. Table 5.9.4 shows the percentage distribution of currently married women who ate not using contraceptive methods who do not intend to use in the future by the main reasons for not intending to use. The responses of respondents are shown in table 5.10.

Table: 5.12 shows that the percentage distribution of currently married women who are not using contraception by main reason for not intending to use. It can be seen that 37.88 percent of respondents are using contraception for desire of children.

Similarly, 18.18 percent of respondents informed that they have not used any methods due to the fear of the side effect and 12.12 percent of the respondents reported other reasons.

Table 5.12 Distribution of Respondents by Reason for Not Using FP Methods

Reason of not using FP	Respondents	Percentage
Desire of children	25	37.88
Fear of side effect	12	18.18
Don't know	7	10.61
Desire of son	8	12.12
Health problems	6	9.09
Other reasons	8	12.12
Total	66	100.0

Source: Field survey, 2012.

5.13 Caste Ethnicity and Fertility

According to the NHPC 2011 only 125 caste/ethnic groups reported. in this study five categories made to study to find the variation in the fertility by different caste/ethnic group. First bramin and chettri , in second for janjati magar, gurung, newar and tamang is taken. In the category of dalit kami and sarki is taken, for the Adibasi category tharu and yadav is taken and muslim is taken in different category. From the study area survey fertility is found different each caste/ethnic group.

Table: 5.13 shows that the mean CEB is found lowest in bramin/chettri caste of woman i.e.1.61. Where CEB mean found highest in muslim woman 4.4. From the survey of the study area found that there is vast difference in the fertility of bramin/chettri in comparison to other caste of woman.

Educational studies from Nepal have suggested strong caste effects on school participation. Jamision and Lockheed (1987), in a comprehensive analysis of data from world bank study in the Bara and Rautahat district of Nepal, found that high; caste household were considerable more likely to send their children to school. High caste Brahmin and Chhetri castes in the fulfillment of their social and religious roles as the priest caste have long prized literacy skills; however, high cast women were traditionally denied any access to these skills. Social norms setting expectation for women are commonly considered to the more restrictive among high than low castes. Moreover, the activities of high caste women beyond the home can be severally circumscribed, particularly in more remote or socially conservative region of the country. High-caste groups tend to be socioeconomically advantaged, and households with greater resources may be better able to implement stricter standards governing women's activities and interactions with men (Stash and Hannum, 2001).

Table: 5.13 Mean CEB by caste/ethnic

Caste/ethnic	Number	No of children	Mean CEB
Bramin/chettri	46	74	1.61
Janjati	9	29	3.22
Dalit	4	13	3.25
Asdibasi	46	155	3.37
Muslim	5	22	4.4
Total	110	293	2.7

Source: Field Survey, 2012.

CHAPTER-6

SUMMARY, CONCLUTION, RECOMEDATIONS

6.1 SOCIO -ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE STUDY AREA POPULATION

This study based on primary data collected from 110 households out of 1763 households of Dayanagar VDC, of Rupandehi district.This study try to find out the fertility behavior of different group of woman by of socio-economic and demographic variables households and individuals questionnaires were used to obtain the information about socio-economic and demographic effects on fertility behavior. The households questionnaire were asked to the head of the household and individual questionnaire were asked to currently married women of reproductive aged (15-49) years under the study. The main finding of the study can be summarized under study.

This study covers 110 households and these households are selected from five wards 1, 2, 3, 4,5and 8 of Dayanagar VDC of Rupendehi district. Which is 6.14 percent of total household and 10.68 percent of this five wards. Those 110 households constitute 474 persons. Out of total population 47 percent are mates and 53 percent are females. The sex ratio of study population is 91-12 percent which is less third 2012 census (99.8percent) the total dependency is observed to be 51.22 percent in total, 48.6 percent are child dependents and 3.16 are old age dependents. The survey dependency ratio is less than 2001 census (81.8 percent) (table 4.3) Agriculture is the main occupation of the study area. Population aged 10 years and above by occupation, 38.28 percent have engaged in agriculture, is the highest percent. Similarly 18.24 percent are engaged in household work and 15.43 percent are students. Where 2 percent are pensioner. Out of 110 households, Average family size of respondents is found 4.31 percent. The highest number of respondents (50.90 percent) has 5-6 family size, whereas, some 36.37 percent respond to have 1-4 family size and 12.73 percent have 7-10 family size. Out of total population six years and above, 52.13 percent are literate and 47.87 percent are illiterate. Out of 474 population age 10 years and above 54.11 percent are marred, 40.40 are unmarried 4.74 are widow/er and 0.75 percent are

Divorced. Out of 110 Household, 89.09 have their own land and 10.91 percent populations do not have their own land. Similarly, out of 89.09 percent of households have less than 5 kattha and 10.91 percent have above 20 kattha land. Out of 110 households, 37 households are cultivation other's land and 73 HHs are not cultivating others land. Similarly, out to 110 HHS, 106 have livestock and 4 HHS don't have any kinds of livestock. Out of 110 HHS, 32.73 percent have cement / bricks, 37.27 percent have stone and mind house met 30 percent have Bamboo / grass house. The main source of drinking water is tube/hand pump i.e., 94.55 percent

6.2 DIFFERENTIAL IN FERTILITY BY SELECTED SOCIO-ECONOMIC AND DEMOGRAPHICE VARIABLES

The mean CEB varies by age at marriage the mean CEB is found highest 2.84 for women aged group. 15-19 years and the lowest is 0.6 children for women aged groups 25-29 years. Women married between the ages 15-19 have highest number of mean CEB (2.48) which is followed by women married women between 20-24 years (1.36). Similarly, lowest number of mean CEB is 0.6 children that women who got married between the age groups 25-29 years. The mean CEB is found highest 3 percent children for women who are engaged is agriculture and mean CEB is found lowest 1.1 children for women who are in job (service.)

Mean CEB is found highest in muslim 4.4 percent followed by 3.37 percent in Aadibas. (Tharu), 3.25 in Dalit 3.22 in janjaji. Where only 1.61found in Brahamin and Chettri. It indicates that Regarding Brahamin/Chettri other groups of women have low knowledge of family planning practices. Illiterate women have highest mean CEB (2.09 children), where an, literati women have lowest the mean CEB (1.79 children).

Out of 110 respondents 54.55 percent of respondents have been using any method of contraception. Knowledge of family planning is found universal but pre. Out of 110 HHs 89.09 percent people are using electricity which higher than NHPC 2011 record i.e. 67.26 where use of television proportion is lower from NHPC 2011 I.e., 30.66.

6.3 CONCLUTION OF THE STUDY

The main findings of study are concluding as follows. Marriage is nearly universal in this UDC the age at marriage is relatively lower ages the age at marriage has negative effects on fertility. The findings of this study shows that higher the age at marriage, lower the fertility and vice versa. The finding also shows that though women got marry at early ages. The number of CEB seems lower. Education plays crucial role to reduce the number of CEB. In this study area more women are Illiterate and in comparison to women who are literate Illiterate women have higher CEB. From the observation and the survey it is found most of respondent women have knowledge about family planning but lowest number of women is using family planning method. It is seen that the level of mean CEB of FP users is lower than non-users. The mean CEB depends upon the age of mother. Higher mean CEB is expected with increasing age of mother. The age of mother and the CEB positively also created in the study population.

6.4 RECOMMENDATION

This study related to fertility and factors affecting to fertility behavior on this basis of findings and conclusion of the study, the following recommendation cab be made. Women's involvement in education is essential and compulsory measure to enhance her knowledge on social, economic, demographic and political aspects of life. When women is well educated the entire family can be educated therefore ,women's education in this VDC is important. To enhance the education level government and non government sector must take responsibilities. Most of the Tharu, Yadav and Muslim woman are illiterate so programme is based for those woman. Launched as far as possible so that all women could be beneficiated from quality of education. Age of marriage is found low in this VDC. Which directly helps to increase fertility? So to reduce the early marriage practice, government and other agencies should implement effective programs to change prevalent social, culture norms and traditional values of early marriage. Woman health related programe should lounch at this VDC for controlling tren of early marriage.

Special emphasis should be stressed towards the enhancement of family and social status of women, skill development and increase employment opportunities for women rather than agriculture and household works. Similarly , reproductive health care programs should be designed to serve the needs of women, and must have involve women in leadership, planning , decision making, management, implementation, organization and evaluation of service in households and family sphere in this VDC. Almost women have knowledge about FP methods only fewer were used FP method. Therefore in order to increase family planning users, effective awareness program should be lunch by providing proper counseling and knowledge about use of FP method. The level of income was found low in most of the household basically in Tharu/ yadav. And delits households. Poverty is main problem in this community and they have low land and they cultivating other land for income. There for to control poverty, government and NGO/INGO should be designed poverty alleviation and skill development program and should be properly implemented of it in this study area. Most of the Tharu/ Yadav people do not use toilet facility. Therefore government and NGO/INGO should physical, social and economic assistance in order to encourage building toilet facilities in this VDC. To reduce the fertility, IEC service and free distribution of contraceptive necessary in this VDC in order to increase prevalence of contraceptive use.

6.5 RECOMMENDATION FOR FURTHER RESEARCH

This study has attempted to find out the different socio-economic and demographic variables on fertility behavior of Dayanagar VDC, Rupandehi. Here, demographic variables like age at marriage and age of mother and socio-economic variables like education, occupation, income family planning and socio-culture values and norms are taken to know how they are related to fertility behaviour of this VDC. This study covers the only wards of Dayanagar VDC. This study is based on descriptive method. An analytical study is far better to reach the logical end. Therefore, on the basis of this dissertation future studies can be carried out.

In this research, it has been study only about the Dayanagar VDC of Rupandehi district. This study can be done in other VDCs and areas of Nepal taking the large area applying different method. This type of study may produce different new results

and probability that the result can describe the fertility behavior of people of Nepal in various ways.

In this examine mean CEB only socio-economic and demographic variables. Other ecological, biological, physiological and religious variables can be taken for future research.

In this study, study area and sample size is small, thus the study on variation between urban and village woman can be carried out by taking large sample.

This study is based on descriptive method. An analytical study is far better to reach the logical end. Therefore, on the basis of this dissertation future studies can be carried out.

The study had an objective to fulfill required of given curriculum and had limited scope, areas sources and time. Detail and large scale research on the people's reproductive choice with incorporation of more social, economic, psychological, cultural variables is essential to reveal their exact fertility performance.

REFERENCES

Acharya, B. *(1992). Socio-economic impact on age at marriage of Ranabhats: A study of Tihar Village.* An Unpublished M.A. Thesis Submitted to CDPS T.U. Kathmandu.

Acharya, B. (2000). *Fertility differential in Nepal: An analysis of some selected variables of VDC survey data.* In Bal Kumar KC (ed). Population and Development in Nepal, 7, Kathmandu.

Aryal, R. H. (1997). Theoretical explanations of fertility change. In Prof. Bal Kumar K.C (ed), *Nepal Population Journal.* Kathmandu.

Barclay, G. W. (1963). *Techniques of population analysis,* New York: John Wiley and Sons, INC.

Becker, G. S. (1960). *An economic analysis of fertility, in demographic and economic changes in developed countries.* Princeton: Press, pp 209-231.

Bhende, A, & Kanitkar, T. (2004). *Principles of population studies.* Mumbai, Himalaya Publishing House pp 249-261.

Bongarts, J. & Potter, R. G (1983). *Fertility biology and behaviour: An analysis of proximate determinants*. London: Academic Press, INC.

Caldwell, J. (1976). *Persistence of high fertility, Canbera :* The Australian National University, pp 30-33.

CBS. Central Bureau of Statistics (2011). *Nepal housing population census.* Priliminery Report. Kathmandu, Nepal.

CBS. Central Bureau of Statistic (2011). *Population Monograph of Nepal.* Vol.1 , Nepal, pp. 223-227.

CBS. Central Bureau of Statistics (2003). *Population Monograph of Nepal*, vol. 1, Kathmandu, Nepal.

Dahal, D. R. (1992). Determinants of fertility in Nepal, In Bal Kumar KC. (ed), *Population and Development in Nepal.* Vol. 1 Kathmandu: CDPS, pp. 1-6.

Davis, K. & Blake, J. (1996). *Social cultural and fertility: An analytical framework economic development and cultural change.* 4, pp. 211-235.

Freedman, R. (1982). Fertility decline theories. In Johan. A Ross. (ed), *International encyclopedia of population.* New York: Free press, pp. 258-286.

Karki, Y. B. (1989). *Fertility levels, patterns and trends.* Population monograph of Nepal, Kathmandu: CBS, PP 45.

MOH. Ministry of health (2011). *Nepal demographic and health survey.* Nepal.

MOH. (2006) . *Nepal demographic and health survey.* New Era, ORC Macro, 2002, pp.63.

MOH. (1978). *Nepal family survey.* Ministry of health, Kathmandu.

NPC. National planning commission (2003). *The tenth plan*. Kathmandu.

NRB. (1989). *Multipurpose household budget survey.* A study on income distribution, employment and consumption pattern in Nepal. Nepal Rastra bank, Kathmandu.

Pant, R. D. & Achyra, S. (1998). *Population and development in Nepal,* Kathmandu. NPC. pp. 58-64.

Pradhan, B. (1989). *Women's status and reproductive behaviour: An analysis of gender and regional difference.* South asia study on population policies and rogrammes, Kathmandu: UNFPA, pp. 115.

Pressat, R. (1985). *The dictionary of demography in Christopher Willion (ed.),* Roland pressat's. Contributions Press Universities de France, Paris.

Risal, R. P. & Sherstha, A. (1989). *Fertility and its proximate determinant, South asian studies of population policies and programmes in Nepal .* Kathmandu: UNFPA, p22-70.

Subedi, G. (1996). *Contraceptives dynamics in Nepal. Population and development in Nepal.* Vol.4, CDPS: T.U. Kathmandu.

Tuladhar, J. M. (1989). *Discussion of policy and programms Issue.* South asia studies on population policies and programms in Nepal. UNFPA, Kathmandu, Nepal.

Tuladhar, J. M. (1989). *The persistence of high fertility in Nepal.* Inter India population, New Delhi.

UNFPA. (1989). *Family planning and reproductive health:* UN publications.

A STUDY ON NUMBER OF CHILD EVER BORN

(A case study of Dayanagar VDC of Rupandehi District)

HOUSEHOLD QUESTIONNAIRE

1. Name of village: ....
....

2. Ward No. :

3. Respondent Name: ....

4. Respondent's Age……………….

5. Household No. : ……………………..

6. Types of family: ....

HOUSEHOLD RECORDS

S.N.	Name of Respondent	Relation with Head of the Household	Sex		Age	Marital Status	Occupation	Education level	Eligible woman
			M	F					
1									
2									
3									
4									
5									
6									
7									
8									
9									

Codes:

Related to Head of Household	Related to marital status	Related to occupation	Related to education level
01 : Head	01 : Unmarried	01 : Government services	01.Literate
02 : wife or Husband	02 : Married		02. Primary
	03 : Widowed	02 : Non govt. service	03. Lower Secondary

03 : son or daughter	04 : Divorced	03 : Agriculture	04. Secondary
04 : son in law or daughter in law	05 : Separated	04 : Business/Trade	05. Higher Secondary
05 : Grand child		05 : Teaching	06. Bachelor
06 : Brother or sister		06 : Student	07. M.A. and above
		07 : Foreign employment	08. Illiterate
		08 :Wage labor	09. Others
		09: Carpenter	
		10: House wife	
		11: Security force	

A. Socio-economic status of the household

1.   This household is rented or own?

   (a)   Own   (b) Rented

2.   What amenities does your house possess?

   (a)   Electricity   (b)   Gobar gas plant

   (c)   Radio   (d)   Telephone

   (e)   Television

3.   What materials are used in wall of this house?

   (a)   Cement, Rock, Brick   (b)   Stone and mud

   (c)   Bamboo   (d)   Tin

4.   How much land does your family occupy?................... kattha

5.   Do you have sufficient production of food for consuming in a year?

   (a)   Yes   (b)   No

6   If not, how many month will be sufficient?…………………………

7.   Are you cultivating other's land?

   (a)   Yes   (b)   No

8.   If yes for how long time? Years………………..

9. What is the main source of drinking water for members of your household?

(a) Piped water   (b) Tube well   (c) Spout water

(d) River/stream   (e) Other

11. Does this household own any livestock, herds other farm animals or poultry?

(a) Yes   (b) No

12. If yes give their kinds and number.

(a) Buffaloes ……………   (b) Cows …………..

(c) Goat/Sheep………….   (d) Chickens/ducks……………

(e) Others………………………………

13. Do you sell those domestic animals?

(a) Yes   (b) No

14. Do you have your own toilet?

(a) Yes   (b) No

15. What kind of toilet facility do members of your household usually use?

(a) Flush toilet   (b) Self pour toilet

(c) Pit latrine (improved)   (d) Pit latrine (open)

(e) Others…………

16. Household's annual income

Rs………………………

17. Can you maintain the household expenditure from your household's income?

(a) Yes   (b) No

B. individual Questionnaire

(Socio-economic and Demographic information to be asked only for currently married women (15-49)

Section 1: Respondent's Background

Respondent's Name…………………Respondent's Age……

Ward No. ……….   Household No. : ……..

(Line number of women who is identified as eligible from household schedule)

Q.N.1   How long have you been living continuously in this place (Dayanagar VDC)?

(a)   Years. ..   (b)   Always   (c)   Visitor

Education

Q.N.2   Have you ever attended schools?

(a)   Yes   (b)   No

Q.N.3   If yes, what is the highest grade you completed grade……….

Mass Media

Q.N.4   Do you read a newspaper or magazine?

(a)   Yes   (b)   No

Q.N.5   If yes, how many times do you read?

(a)   Almost every day   (b)   At least once a week

Q.N.6   Do you watch television?

(a)   Yes   (b)   No

Q.N.7   If yes, how many times do you watch?

(a)   Almost every day   (b)   At least once a week

Q.N.8   Do you listen to radio?

(a)   Yes   (b)   No

Q.N.9 If yes, how many times do you listen?

(a)   Almost every day   (b)   At least once a week

Husband's Characteristics

Q.N.10 Can your husband read and write?

(a)   Yes   (b)   No

Q.N.11 If yes which class have your husband completed?……

Q.N.11 Have your husband worked during the last 12 months?

(a)   Yes   (b)   No

Q.N.12 If yes, how many months?……….

Q.N.13What is your husband's occupation?

(a) Agriculture   (b) Government service (e) Security force

(c) Private Job   (d) Foreign employment   (f) Carpenter

Q.N.14 How much income did your husband get? Rs………..

Q.N.15 Do your husband have any sex preference for children?

(a)   Yes   (b)   No

Q.N.16 If yes, what combination of sex do your husband prefer?

(a)   One son/ one daughter   (b)   Two sons/ one daughter

(c)   Two sons/ two daughters   (d)   one son/ two daughters

Section 2: Age at Marriage

Q.N.17. How old were you when you got married?

Age in completed years………………..

Q.N.18. What is ideal age of marriage for female? ………

Q.N.19 . Is your husband's currently with you?

(a)   Yes   (b)   No

Section 3: Reproduction

Q.N.20 . Have you given any birth?

(a)   Yes   (b)   No

Q.N.21. How old were you at the time of 1'st birth?

(a)Years…………………….

Q.N.22 . What is the age of your first child?

Completed year………………………..

Q.N.23 . How many children have you given birth?

(a) Son…….   (b)   Daughter……..   (c)   Total……….

Q.N.24. How many are currently surviving?

(a) Son……   (b) Daughter……..   (c) Total……..

Q.N.25 . When did you give last time birth?

(a)   Years… (b) Months…

Q.N.26 . What is the age of your last child now?

(a)   Complete Years…..

Q.N.27 . Are you satisfied with the no. of children?

(a)   Yes   (b)   No

Q.N.28. If not, how many and which sex do you prefer?

(a)   Sons   (b)   Daughters   (c)   Both…

Q.N.29. In your opinion, what is the ideal no. of children?

(a) Son…..   (b)   Daughter…..   (c) Total……..

Section 4 : Contraception

Q.N.30. Have you heard any ways or methods that women or men can use to avoid pregnancy?

(a)   Yes   (b)   No

Q.N.31. Which method have you heard about

(a)   Pills   (b)   Condom   (c) Male sterilization   (d) Female sterilization

Q.N.32 Are you currently doing something or using any method to delay or avoid getting pregnant?

(a)   Yes   (b)   No

Q.N.33. Which method are you using?

(a)   Female sterilization   (b)   Male sterilization

(c)   Pills   (c)   Condom

Q.N.34. In what facility did the sterilization took place?

(a)   Public sector   (b)   NGO sector   (c)   PHC center

(i)   Govt. H/Clinic   (i)   Private H/Clinic

(ii)   PHC Center   (ii)   Nursing home

Q.N.35. Does your husband know that you are using a method of family planning?

(a)   Yes   (b)   No

Q.N.36. Would you say that using contraception is mainly your decision, your husband's decision or did you both decide?

(a)   Mainly respondent   (b)   Mainly husband (c)   Joint decision

Q.N.37.What is your husband attitude towards family planning?

(a)   Positive   (b)   Negative

Q.N.38.Why you have used the family planning method?

(a)   Birth spacing   (b)   Limiting the birth   (c)   Don't know

Q.N.39. If you don't use contraceptive, what is main reason that you will not use contraceptive method at any time in the future?

(a)   Due to health problem (b)   Side effect

(c)   Religion   (d)   Expensive

(e)   Not available of FP services   (f)   Don't know

Section 5 : Sex preference and abortion

Q.N.40 . Did you prefer sex of your child while you are pregnant?

(a)   Yes   (b)   No

Q.N.41. Did you abort any fetus because of its un-preferred sex?

(a)   Yes   (b)   No

Q.N.42 . If yes, what was it?

(a)   Male   (b)   Female

Q.N.43 . How many?

(a)   Once   (b)   Twice   (c)   More than two

Q.N.44.Where did you aborted your pregnancy?

(a)   Govt. H/Clinic   (b)   Private H/Clinic

(c)   PHC Center   (d)   Nursing Home

Section 6: Economic activity

Q.N.45 . Have you done any work in the last 12 months?

(a)   Yes   (b)   No

Q.N.46 . What is your occupation that is what kind of your work do you mainly do?

(a)   Agriculture   (b)   Small cottage industry   (c)   Business

(c)   Teaching   (d)   Government service   (f)   Wage labor

Q.N.47 . How much income did you get? Yearly Rs.......................

Q.N.48 . Do you do this work for a member of your family, for someone else or are you self employed?

(a)   For family members   (b)   Someone else

(c)   Self-employed

Q.N.49 . Do you usually work at home or way from home?

(a)   Home   (b)   Away from home

(c)   In kind only   (d)   Not paid