

CHAPTER-I

INTRODUCTION

1.1 Background

Fertility is a dynamic process as well as a biological event. Fertility is related to the birth which fulfills biological needs for existence of human generation and it also helps in the continuation of it.

Birth, death and migration are the three components of population change. Among these entire three components, birth plays vital role to determine the population size, growth and structure of a particular area. It always helps to increase the size of population.

Human fertility is responsible for biological replacement and for the maintenance of human society. The growth of the population of the world depends entirely on human fertility. Any society replaces itself through the process of human fertility. Thus, in population dynamics, fertility is a positive force. If this replacement of human numbers is not adequate –that is, if the number of death in a particular society continues to be more than that of birth, the society would face the danger of Becoming extinct. On the other hand, excessive replacement of human number can also create several social and political problems for a country. Within the biological limits of Human fertility several social, cultural, psychological as well as economic and political factors are found to operate (Bhende and Kantikar, 1994).

Population starts from the fertility which is the mains of the study. According to the medical science fertility and fecundity are used as synonymies. In fact, fertility and fecundity are not same. They are quite different from each other. Simply, fertility refers to the ability of the women in giving birth or child bearing. We can see the fertility in different point of view. According to the biological points of view – “Fertility Means Reproduction of New Individual of any Organism: As well as ‘fertility is one of the major components of population change and refers to the actual

reproductive performance as measured in live birth of a women, couple or population”.(ROSS198)

Thus, fertility is the actual reproduction performance of a couple. But, fecundity refers to the biological and physiological capacity to participate in reproduction. So, all fertile women are fecund but all fecund women are not fertile.

Biologically and ethically speaking, the fertility makes the women feel complete in welcoming a great role of motherhood. Thus, the babies in their womb are gifts after the marriage. Though, it is very magnificent to have a child, it is still alarming that there is a great impact of the population growth in the economy of the country.

There are various factors contributing to high fertility in Nepal. Among them, lack of education is one of the key elements that indicates women’s power in decision making, positive attitude towards family planning methods, skilled knowledge and self confidence. Education contributes to rise women age at marriage, provides employment opportunities .According to the census of 2000 only 42.8 percent females were literate whereas male were 65.5 percent. Fertility indicates the actual level of reproductive performance determined by social, cultural, psychological as well as economic factors (Bhende and Kantipur, 2003). Nepalese society is neither totally traditional nor completely modern. It is in transitional period. So, there are several causes of high fertility. Lack of education, ignorance, low use of birth control devices, early marriage practice, socio cultural values and beliefs, high infant and child mortality rate, low level of urbanization, agricultural as a main occupation, income levels, sex preference, climate and family system are the major causes of the increase in the fertility rate.

Theory of demographic transition states that fertility is high in poor and traditional societies because of high mortality, lack of opportunities for individual, less advancement and high economic value of children. These all change with modernization or urbanization in individuals, once their view points become reoriented to change that have taken place, can make use of new opportunities (Caldwell 1982:188).

In last few decades, the world's population is enormously increasing and it is being the challenging issue for most of the third world countries. The high rate of population growth, and characteristics associated with it may constitute serious challenges to economic development. Since, developing countries are facing high population growth, they are also suffering from several imbalances between the population and resources.

The rapidly increasing population creates many problems because it swallows up the increasing incomes and the per-capita income. Moreover, it creates many problems such as food supply, resettlement, sanitary care, electricity, cooking gas etc. In the global context, fertility is differing within developed and developing countries, such as Nepal (3.1), India (2.8), Bangladesh (2.7), Bhutan (3.6), Maldives (2.2), But total fertility rate in some developed countries are below the level, such as Japan (1.3), Canada (1.6), Denmark (1.8), Finland (1.8), Norway (1.9) (PRB, 2008).

The annual growth rate of Nepal during the inter-censal period 1941-1951/54 was found to be 2.3 percent. It was found 1.65 percent during 1952/54-1961, 2.07 percent during 1961-1971, 2.66 percent during 1971-1981 and 2.10 percent during 1981-1991 (Dangal, B.D. 1995:2). In this way, according to the census of 2001, the total population of Nepal was 1,31,51,423 which is growing at an annual rate of 2.24 percent.

Nepalese society focuses high fertility. Children are the symbol of well being. Those women who can not produce the son are trying to maintain her status as womanhood in her family by giving birth to son as sons are considered as the gift of the god. So, they attract to increase the son, which is directly related to increase the population.

There are considerable differentials in fertility among ecological zone with fertility ranging from the lowest of 3.0 birth per women in the hill to the highest of 4.1 birth per women in the mountain region, whereas in the terai region, the birth rate is 3.1 birth per women. Similarly, the TFR ranges from 3.0 birth per women in the central development region to 3.5 birth per women the mid western and far western development region. Fertility level in the other four development regions are greater than the national average (DHS, 2006).

Nepal began setting reduction target as early as 1965 but it has never been met. During the third plan (1965-70) period the target was to reduce the estimated CBR of 39.1 in 1967 to 38.1 in 1971. No such target was fixed, for the fourth plan of (1970-1975) period. Near about 132000 married couples were to be supplied family planning services. During the fifth plan (1975-1980) period, the newly estimated CBR of 40 was to be reduced to 38.8 by 1980 (Joshi and David 1938), for 1980, the official estimate of CBR was 42 and the planning commission set the target of reducing the official figure to 40 by the end of the sixth plan (1980-1985) period (NPC, 1981). But the fertility and family planning survey of 1986 showed CBR of about 39 for 1986 which is a year later than the target year (MOH, 1987). The seventh plan (1985-1990) was usual plan to achieve TFR of about 4 per women by the end of the plan period (NPC 1985/87). But the demographic information shows that Nepal's TFR was about 5, although not as high as 6.0 until early 1990's (MOH, 1993).

The eighth plan (1996/92-1996/97) set the target of reducing TFR from (as estimated) 5.8 per women to 4.5 by 1996/97 (NPC, July 1992). The family health survey 1996 showed TFR of 4.64 per women. The ninth plan (1996/97-2001/002) aimed to reduce the fertility level to 4.2 by the end of the period. During the ninth plan period and its consequences on the health service delivery, the level of fertility was more than achieved as the last plan. Demographic and health survey 2001 showed TFR of 4.1 for the three year period 1998-2000. In addition, the fertility level has apparently continued declining and by mid 2001, it is estimated to have declined to 3.8 per women (MOH and New Era, 2002).

Nepal, as I know is one of the multi-cultural, multi-religious, multilingual country. Different cultural and caste groups have differentials in their fertility behaviors. Although there are few studies in caste/ethnic fertility behaviors in Nepal, the census of 1991 was the first to include caste/ethnicity as a variable. The contribution to the high level of national fertility rate made by the different caste/ethnic groups need to be addressed urgently. Thus, to find the solution of the population growth it is to be known about the determinants of fertility by the government and individual as well by which effective implementation of control measures and success of development planning becomes possible.

1.2 Statement of the Problem

Rapidly increasing population is one of the burning problems in Nepal. Census has been taken from 1911(1968 B.S.) for the first time, when the total population was 5638743. In this way, census has been taken in every ten year. The 5th census 1952/54 was the census which was taken scientifically when the population of Nepal was 82,56,625 and growth rate was 2.3. In this way the population of Nepal was 9412996,11555983 ,15022839 ,18491097 and 13151423 in 1961 , 1971 ,1981,1991.and 2001 respectively, This will be double in i.e.42342633 in 31 years. The growth rate was 1.65, 2.07, 2.66, 2.22 and 2.24 in the census of 1961,1971,1981,1991 and 2001 respectively. But the total land area of Nepal i.e. 147181 square km is not changeable. This shows that the total land area is limited but the population is increasing rapidly. So, in this situation, some questions may certainly be raised in this situation.

Economic development of Nepal is not possible without controlling high rate of population growth. In other words, the total grain production is less than of population growth rate. Most of countries want to be economically and socially developed but growth of population destroys their national economy perceiving the previous demographic researches. Mostly the ethnic groups are classified in term of religion but languages but according to the Hindu religion, the traditional types of occupation, caste system might have great influences on fertility behaviour. This needs knowledge of micro level which is the main problem concerning the research.

There are not any formal studies conducted to examine the fertility behavior in the community of Padampur VDC of Chitwan district. Some socio economic and demographic factors might be playing vital role for encouraging of people in Tharu community. Majority of the Tharu People are involving in farming. Only a few people are engaged in other official jobs. So, they don't have sufficient health facilities, education institutions, industries and so an. There is not any formal information that has been conducted yet to examine and to analyze the fertility in the study area. Therefore, the problems are resister to analyze the fertility behavior in the Tharu community of the study area.

Nearly about 90.8 percent of the total population lives in the rural areas of Nepal where as 84.6 percent of the total population of Chitwan district live in rural areas (CBS1995). According to the population census of 2001, about 85.6% of the total population of Nepal resides in rural areas (CBE and UNFPA/Nepal, 2002). In 1971 more than half of the total urban population lived in the three cities of the Kathmandu valley. But the total urban population is found in the terai areas. According to the 1991 census of Nepal, the urban population was 9.2. By the end of 1997, this proportion had changed to 12.7 because of the reclassification of some rural areas as urban centers (Bastola, July 2000).

The rural population of Nepal on which married women have a strong design for large family size was an over whelming mobility or the root cause of the encouragement in them to maintain their large family as economic prosperity which virtually determined high fertility performance. Simply, educational status of Tharu women is very poor. Therefore, the resulting level of fertility is very high among Tharu population which is also represented by the population under study.

Tharu community is one of the ethnic groups which is backward socially and economically. The main focus of the study is to examine the relationship between the socio economic and demographic factors for the fertility behavior of Tharu community in Padampur VDC, of Chitwan.

1.3 Objectives of the study

The general objectives of this study are to assess the fertility behavior of Tharu community in Padampur VDC of Chitwan district. The study has three supporting objectives, which are enlisted below:

- a) To identify the fertility behavior (Via age at marriage, child loss experience, occupation, education and number of living children)
- b) To recognize the impact of socioeconomic and demographic characteristics on fertility behavior in Tharu community.
- d) To analyze the intermediate variables that limits the growth of population.

1.4 Significance of the Study

Population is growing day by day in Nepal, but there seems to be the absence of any substantial study establishing relationship in population and fertility, particularly in a local area. The present study in fertility is basically concerned with the fertility behavior of Tharu community in Padampur VDC of Chitwan district. Tharu is such an ethnic group that covers small proportion in total population of Nepal. The Tharu population covers 4th position out of total population of Nepal. According to the census of 2058, the total Tharu population was 15, 33,879 whereas the female population was 7,58,955 and male population was 1, 74,324 (CBS-2004).

Fertility behavior of the Tharu community is not yet analyzed. So, it is taken for the study area. Due to the absence of proper research about Tharu community, the government of Nepal knows only little information about them. So, the nation hasn't been able to benefit from them by utilizing their service in various walks of national status of Tharu community. The significance of the study may be identified as follows:-

This research will be fulfilled for future researchers and social workers.

The study is to provide clearly the data on the age and sex compositing and differential of fertility rate.

This may be helpful to adopt measures to check growth rate of population and successful implementation of development planning.

Findings of the study will be a key instrument for the policy makers and planers for the development of the Padampur VDC.

This study provides the fundamental information about the socioeconomic and demographic characteristics of Tharu community.

It will be the useful measure to provide the awareness program about the use if contraceptives.

This research can provide the guideline for similar types of research to the students.

1.5 Limitations of the Study

Every study has its own limitation. Without limitation the study may not meet the conclusion. The behaviour of the fertility of any society or study castes is determined by various factors such as socio-economic demographic, psychological, biological, geographical and other environmental factors. These factors are directly and indirectly related to the fertility behavior. Without sufficient time and monetary fund, it is not possible to study about all factors which affect the fertility. So, this study is limited to some of the socio-economic and demographic factors. This study is based on both primary and secondary information. First hand information is related to the primary source whereas the second hand information is taken from the official documents, web site, newspaper, previous related themes as well as other relevant publications.

Anyway, the limitation of the study is limited to the following points.

- This study is limited to the Tharu community of Padampur VDC of Chitwan
- Out of nine wards of the Padampur VDC only 5 and 6 wards are taken for sample survey.
- This study is based on primary and secondary information.
- A limited number of socioeconomic and demographic variables as age, sex, education, occupation and age at marriage are taken.
- Geographical, psychological and political factors are excluded in this study.

1.6 Organization of the Study

The study is divided into seven chapters. The first chapter is introduction which includes general background, statement of the problem, objectives of the study and the limitations of the study. Second chapter includes the literature review which includes the theoretical literature and empirical literature review. Third chapter includes the methodology of the study area whereas the measuring tools for analysis are discussed in the fourth chapter deals with the socio economic and demographic characteristics of the study area. The fifth chapter includes socio-economic and demographic characteristics of the respondents. The sixth chapter deals with the fertility by socio economic and demographic variable. Finally the seventh chapter is about the summary, conclusion and recommendation.

CHAPTER-II

LITERATURE REVIEW

Fertility is one of the basic determinants of population change as well as positive force in population dynamics. The chapter reviews some theories related to fertility. In this chapter, an attempt has been made to make an empirical study on fertility behavior. This helps to identify the immediate and ultimate factors explaining the changes in the levels of fertility.

2.1 Theoretical literature

The countries of the world are categorized in two groups according to the GRR. There is a threshold level of fertility and the replacement level is the primary assumption. Those countries which have the level of $GRR < 2.0$ represent the low fertility countries. Countries with high fertility need to adopt more income generated action and program. The countries with the high fertility are also supposed to suffer from under development. The United nation has attempted to study the relationship between the level of fertility with GRR and various indicators of the level of socio economic development. The instrument that brings the fertility level below the threshold of $GRR < 2.0$ is worked out by UN. The following indicators of the level of socio economic development were used: (1) per capita income (2) energy consumption (3) urbanization (4) Non agriculture activities (5) hospital beds (6) life expectancy at birth (7) infant mortality rate (8) early marriage (9) female literacy rate (10) newspaper circulation (11) Radio receiver and (12) cinema attendance (United Nation .1970 op.cit.p.155)

Human fertility is a dynamic process. It indicates the actual reproduction performance of women or group of women. And it is also responsible for biological maintenance of human society. So, fertility is determined by several factors such as psychological, cultural, political, environmental, social factors and so on. Demographers and social scientists are researching even today. In search of a systematic theory which could provide explanation for change in fertility levels and differential in the fertility and

which could also serve as a basis for predicting future fertility trends. This gap in the knowledge of demographic phenomena of the countries, deposit the efforts made by several social scientists to propound various theories of fertility (Bhende and Kantikar)

In the middle of twentieth century, the theory of demographic transition had summarized the historical transition of fertility and mortality in the comparison of Northern Europe, Northern America and Australia. The theory advocates the transition from high fertility and high mortality along with the socio economic development of society. This theory was based on the experience of fertility and urbanization in the west. In 1945, Notestein stated that at pre-industrial society, high fertility was required to balance high mortality rate. Otherwise, the average mortality rate would have led to the population decline and extinction. When the process of modernization had brought the death rate fall down, and it resulted the decline in fertility. Urban industrial society as the crucible is development of technology lies at the root of matter (Caldwell 1977:30-33).

According to the Devis and Blake's intermediate variables framework of fertility, it consists of all variables relating to reproductive process of mankind (UN, 1973:78). On the basis of this hypothesis, Socio economic changes have an effect on fertility through the intermediate variables. This type of relationship of fertility and socioeconomic changes indicates the existence of indirect relationship of fertility change with change in socioeconomic variables. The explanations of fertility variation with respect to socio-economic and intermediate variables can conceptualize the frameworks as given below,

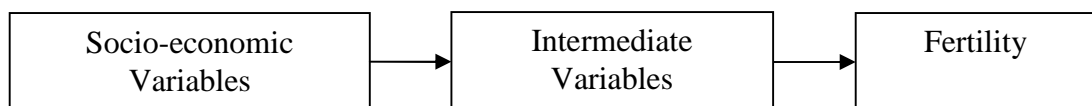


Fig. 1

Sources : Bhende and Kantikar, 2003

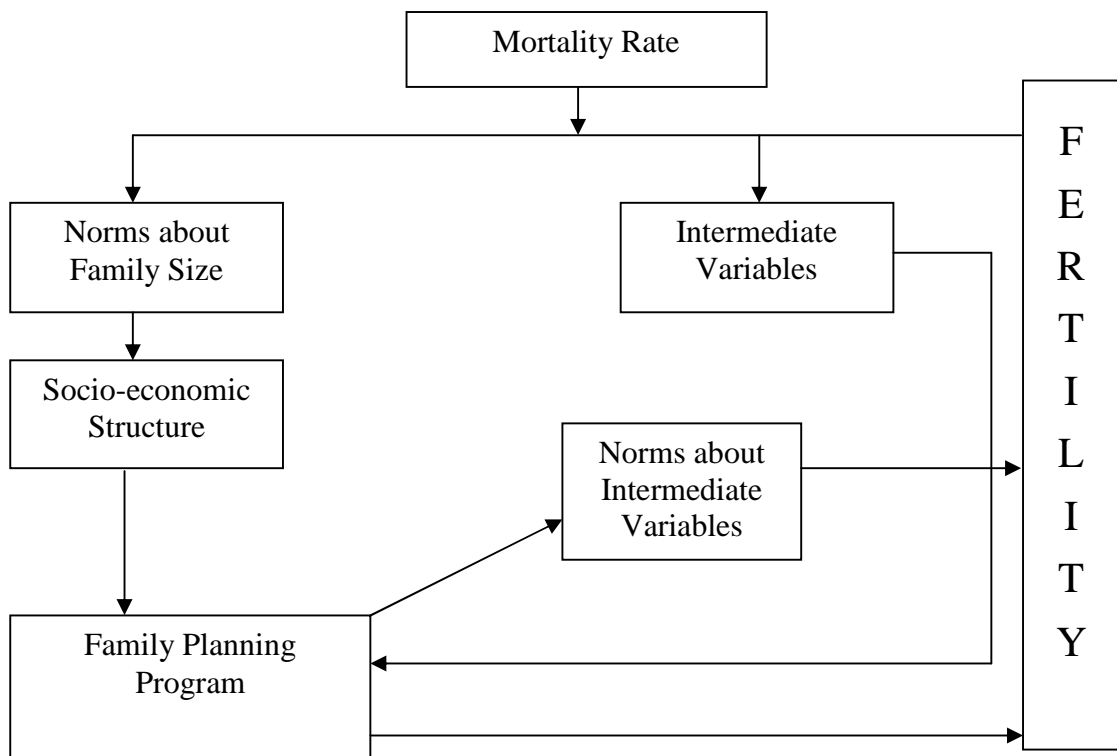
John Bongart and Robert potter (1983) modified the Davis and Blake) 1956) framework. They collapsed 11 intermediate variables into seven factors to allow simple quantification and presented a simple model fro analyzing the relationship between intermediate variables and fertility which have relationship as:

- i. Proportions among married females
- ii. Contraceptive use and effusiveness
- iii. Induced abortion
- iv. Duration of postpartum fecund ability
- v. Fecund ability or frequency of intercourse
- vi. Spontaneous intrauterine mortality and
- vii. Prevalence of permanent sterility.

But after analyzing 41 various sample population, they claimed that 96 percent of total fertility behavior could be explained by using only four variables. They are

- a) Proportion married among females
- b) Postpartum in fecundity disability
- c) Prevalence of contraceptive use and
- d) Incidence of induced abortion (Dahal, 1992, p.1-16).

Fonold Freedman's 1975 argument is that the intermediate variables are not always used to limit fertility and often their effects on fertility are unintended result of culture patterns. Freedman introduced two types of norms in his model one is norms about family size and another one is norm about intermediate variables. Norms about family size are influenced by varying life style related to position in hierarchy status. The status indicators are education, occupation, income, wealth, power, prestige, caste and general class indictors may influence the desired number of children. People have different life styles and they influence norms about intermediate variables which directly affect the family size. Family planning programmers are considered as one of the social factors that have a goal to reduce fertility and may influence the norms about family size or norms about intermediate variables which in turn affect fertility behavior (Tuladhar 1989:43-44). On the other hand Freedman 1975 has developed an environmental factor and socio-economic structure.



Source: Freedman 1975, P.150

Fig.2. Conceptual Framework

JC Card-well developed the theory which is known as “Theory of intergenerational wealth flow.” Card-well advanced the wealth flow theory of fertility decline. He argued that society could be classified according to their production system. The fertility behavior in any types of society at any level of development is rational. In a society the fertility is high if children are economically beneficial to the parents and low if children are not economically beneficial to parents (JC Card-well, 1976, PP.32-366)

Harvey leibenstein formulated a theory that explains the factor which is determined by the number of children desired by each couple. According to the leibenstein three types of utilities are derived from two types of costs which are involved in having an additional child. The types of utilities are (1) the utility of the children as a “consumptions good” (2) the utility of the children as a “productive unit” and (3) the utility of the children as a “source of security in the cold are of the parents. The two types of cost involved in having an additional child are, (i) direct cost (education, food clothes etc) or to conventional standards until the children become self-

supporting. And(2) indirect cost (income, and opportunities forgone) (Heavey Leibenstein 1974, p.460).

According to the Richard, an Easter line in the modern society, the demand of children (CD) is greater than the supply of children (CN) and actual family size corresponds to supply. Actual family size continues to correspond to supply. Supply of children is smaller than demand i.e. CN is less than CD ($CN < CD$) there is no desire to limit fertility. (Richard. A. Easter line (1983:562-586).

We have no single theory of fertility determination. There are socio-economic, cultural and demographic characteristics of people which affect the fertility level of a country according to different explanation of fertility decline. So, we should understand the importance of causal links between the socio-economic and demographic variables, and their relationship with fertility (Aryal, 1997:1-10). Fertility has two phenomenon while it operates one is its attitude and another one is behavior. Couples make up their mind first determining the tentative size of family they would like to have called attitudes then; they give birth of children called behavior on the basis of their attitudes (Chailes 1998:1).

Arsene Deumout (1965) writes just as a column of liquid has to be thin in order to rise under the force of capillarity. So, the family must be small in order to be above in the social scale. These motivational factors operating at the individual in the social miles are important for explaining reproductive behavior (Bhende and kantikar, 1996).

2.2 Empirical Literature

The observation on fertility indicates the increasement and decreasement of fertility empirically. So, this sub-section presents the review of empirical literature related to fertility.

2.1.1 Education and Fertility

Education plays the vital role to contribute for the reduction in fertility. There is negative relationship between the women's education and fertility. Higher the level of women education, lower the fertility and lower the level of women education, the higher is the fertility. Thus, women education is one of the indicators of the

modernization. The study based on the data of Nepal fertility survey (1986) has demonstrated that the mean number of children ever born among literate women was lower (2.3) as compared to the illiterate women (3.3). Women with literate husband were also having fewer number of children ever born (3.0) than those with illiterate husband (3.5) (Moti/FP MC/1986, 72).

Especially on reproduction and sex, with lack of education among the married couples rise to fatalistic beliefs as “Children are the gift of god”. The relationship between education and fertility is more pronounced in less developed countries than in developed countries as a study conducted which shows high fertility among the women with primary level education than graduate in USA. Educational attainment also reflects the socio-economic status of people. The micro economic model of fertility reduction also includes education as one of the important determinant of fertility especially in developing countries. The relationship between education and fertility is a two way traffic, in which high fertility country has to invest more education and educational progress that eventually helps in fertility decline.

The average number of children ever born per married women was 2.2 for no schooling women, 2.2 with primary education or grade 1-5, 1.9 for secondary education or grade 6-10, 1.6 for SLC 1.6 for intermediate and graduates and 1.5 for post-graduates and above in 1981 and their corresponding CEB were 2.2, 1.9, 1.7, 1.4, 1.5 and 1.6 respectively in 1991 (Chhetry R.K 1995). Similarly the literacy rate was 39.6 according to the census of 1991 and the literacy rate for females was 24.95 percent in the census of 1991. According to census of 2001 the literacy rate was 53.74 percent and female literacy was 42.49 percent (CEB-1995 and 2001). This all indicates that there is an increase in the educational level with decrease in the fertility rate. So, higher attainment in education is more instrumental tools in reducing the fertility.

2.1.2 Occupation of Women Fertility

Occupation is another important factor for determining the fertility, where as occupation of women and fertility have the inverse relationship to each other. With the difference in the occupation of women, the fertility level is found to be different.

The UN 1979 reveals that among the developing countries, women who are employed outside the home have lower fertility than those who have never worked in the outside generally have higher fertility. A study of Pakistani women has shown that the work of women outside increase the decision making power in them even on the desired number of children (UN, 1993).

One of the studies conducted in Europe around 1970 indicated that the wives of farmers and farm workers recorded high fertility than the wives of men engaged in agriculture i.e. the fertility of the group of farm workers was higher. These differences were more pronounced in France and United States than in other countries. Manual workers were also found to have more fertility rate than non-manual workers. In the non-manual class, the increase does not exist or were negligible (Bhende and Kanitkar, 2003).

According to the UN Report of 1987, every region women with and without occupation in modern sectors of economy had the smallest number of CEB than women involved in traditional sectors of economy. In Asian countries, the difference in mean CEB was found to be 2.2. The CEB between women who had never worked 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).

Especially, employed women tend to have smaller family size than those who are never employed. Female in different occupation are found to have different fertility levels. Nepal is an agricultural country and more than 48 percent of Nepalese women are engaged in farm and the number of CEB per ever married women is highest (2.7) and 23.3 percent of the women are engaged in professional and technical and CEB (1), and 36.4 percent engaged in electrical and CEB (1.6) (CEB 1995, 2001).

2.1.3 Age at Marriage and Fertility

Marriage is a compulsory and a universal phenomenon. Marriage is the combination of two opposite sexes. Biologically, fertility is related to female population who are in the age of (15-49) years. A woman enters into the reproductive period after her first menarche after 15 years and completes after she consumes the many time to give

birth and have high total fertility. Those women who are married late have less number and low total fertility rate.

Some of the studies have shown that an increase in age at marriage contributes to the reduction in fertility. So, this also observed that there is opposite relationship between age at marriage and fertility. Tuladhar examined the decline trends of fertility in Nepal using data from Nepal fertility and family planning (NFFP) survey 1986. He found that fertility seemed to be declined over the past ten years from TGR of 6.2 to 5.6. The decline in fertility among younger women is probably due to increase in marriage age.

According to the chhetry 1993, It was found that five years delay in age at first marriage was associated with bearing between 0.75 and 1.1 fewer children than average child. Tuladhar in 1989 examined the mean number of CEB to currently married women aged 15-49 years by age at marriage using data from NFS1976. He found that those women who are married at less than 15 years, 15-17 years, 18-19 years and (20-24) years and 3.1 for all currently married women respectively (DHS 1987). These all evidence about marriage takes place at early age results high rate of fertility and delay marriage that result low rate of fertility.

2.1.4 Income and Fertility

Economic status of family is another important aspect contributing the fertility. Mainly, in poor family, children may be used for domestic work such as cooking food, cattle grazing etc. Some of the parents depend on economics of labour for the growth of children. Such type of family encourages to produce many children and they can't invest the money for their children for educational, health and other and other facilities. But in the small family, there is the economic gain for saving. Saving enables families to invest on new and efficient equipment for production which helps the working people in generating more income.

A case Study observed that those women who have rented in land have high mean CEB (3.6) then that of landless who have rented in land women have high mean (3.1) (Niraula, 1988). In the context of Nepal, the multipurpose household budget survey conducted in 1984-8 found 43 percent of the urban population and 41.4 percent at the

national level fell below the poverty line. As well this survey shows that the range of family size of Nepalese society. Poor people were 96.33 to 7.14 and house hold monthly income Rs 497 to Rs 1131 (NBR 1989). According to NDHS, income level is categories into five groups, lowest, second, middle, fourth, and highest level of income level group have 1.9 means CEB. The second group have mean CEB, the middle and fourth level of income group have 3.6, 3.1 and 2.7 mean CDB respectively (NDH < 2006).

Higher population growth will lead to low domestic saving and hence lower capital investment and this would in turn lead to a reduction to total production (GDP). The GDP per capital income (In US\$) was 170 in Nepal, while it was 20710.00 in Canada 23,240.00 in USA, 28,290.00 in Japan, and 36,080.00 in Switzerland. Total fertility rate is 5.5 in Nepal, 1.9 in Canada, 2.5 in United States, 1.5 in Japan and 1.6 in Switzerland (WB 1994:162-164).

So, it shows that the income level of Nepalese people is low and fertility level is high and it also indicates that fertility decrease with increase in the level of income.

2.2.5 Infant and Child Mortality and Fertility

Numerous studies show that child and infant mortality is still high in the developing countries. According to the World Population Data sheet Pakistan has (65), India has (60), Mozambique has (119), Zambia (95) and Nepal has (64) infant mortality rate. The fertility rates are also higher in those countries. The total Fertility rate of Pakistan (4.8), Bangladesh (3.0), India (3.0), Mozambique (5.5), Uganda (6.9) and Nepal (3.7) (World Population Data Sheet, 2005, PRB).

Due to the poor health facilities, more children are dying and more are having the risk of dying if the mother is very younger and older. As well as the decrease in the birth interval is also a dominant factor in increasing the fertility rate. If the birth interval is very short and the mother has had many children, they are in high risk of dying and the death may include both mother and children. High fertility is mainly in order to compensate for the decreased one (Panta, 1999). In the context of Nepal, the child mortality (0-4 year) preceding survey is 28.6 percent, 5.9 preceding the survey 39.7%

child mortality rate is 57.0(MOH-2002). By this survey, we can conclude that the increase in the mortality rate will automatically bring the increase in the fertility rate.

The findings of the study shows that the women with no experience of dead children desire 2.03 mean number of children while the women who experienced the death of one or more children were found with 20.7 mean number of desired children. This finding proves that there is a positive relationship between childless and additional desire of the children (MOH, 1986):77-78.

2.2.6 Desire for children and Fertility

There is a strong relationship between desire for children and fertility which may be related with age of women. The majority of currently married women do not want to have more children, but when they reach the age of 30 or above, they would have more serving children and two or more serving sons (Tuladhar, 1989). In many societies, it is believed that the children are real possession of family and society. They are the source of strength, power and can stand with parent at the time of difficulty. According to the census of 1981, women aged 15-19 desired 3.6 children while women at the age of 30 and above desired 4.4(MOH FPI MCH 1991). Nepal Health Survey reported 3.1 children as a mean desired family size. It indicated a decline of only 0.9 children per women in 1991 as compared to the survey done in 1976.

2.2.7 Duration of Breast Feeding and Fertility

Breast feeding plays the vital role to control the birth. So, it is taken as a effective tool for the contraceptive. According to the Dahal 1992, Post Partum sexual intercourse use is celebrated with breast feeding as well as the use of contraception. The fertility reducing effect of breast feeding arises from its role in lengthening the period of post partum consequently extends the birth interval (in the absence of use of contraception). The studies have shown that the average length of inter- birth interval in Nepal is more than 30 months and there is a direct positive correlation between duration of breastfeeding and birth interval (UNFPA, 1989).

During the reproductive span of women, there are certain periods of temporary sterility. In addition to the period of adolescent sterility discussed above, the role of post partum sterility needs to be considered. After the birth of child, the women is generally sterile for some period, as the menstrual cycle is not resumed. During this period, the possibility of the occurrence of conception is very rare, and hence this period of temporary sterility is known as the post partum sterile period. It has been reported in many Indian studies that it is the result of breast feeding (Bhende and Kanitkar, sixteenth edition 2003).

With the study of 1981 census, it can be cited that universal and prolonged breast feeding practice in Nepal potentially reduce fertility from its biological maximum 13.4 birth per women to 6.3(CBS 1987).

2.2.8 Family Planning and Fertility

There is direct relationship between family planning and fertility. The knowledge and practice about family planning is the most important variable of fertility or which help to directly reduce the fertility. Various social and economic factors as the level of educational statuses, place of residence and occupational status are important to the use of contraceptive. According to the NFHS 1996 shows that fertility has begin to decline from more than 6 births per women in the most 1970 to 4.6 birth per women.

The studies conducted in 1946-47 for the royal commission on population, which revealed that only 16 percent of those couples married before 1910 had used only birth control method, while the percentage of user among who got married during the period 1935-1939 was 66 (Bhende and Kanitkar, 2004 sixteenth edition).

2.2.9 Social Norms and Values of Children and Fertility

Most of the developing countries like Nepal is believed that son alone will carry the torch of their generation. Sons are required to perform sacred ceremony after death. Those countries which have poor social security system have higher son preference. So, the old age security is the main reason to prefer male children in the third world countries. If the previous wife bears no son, the husband is allowed to marry several wives. At last, this results the birth of many unwanted female babies which helps to increase the total fertility.

Proposed Conceptual Framework

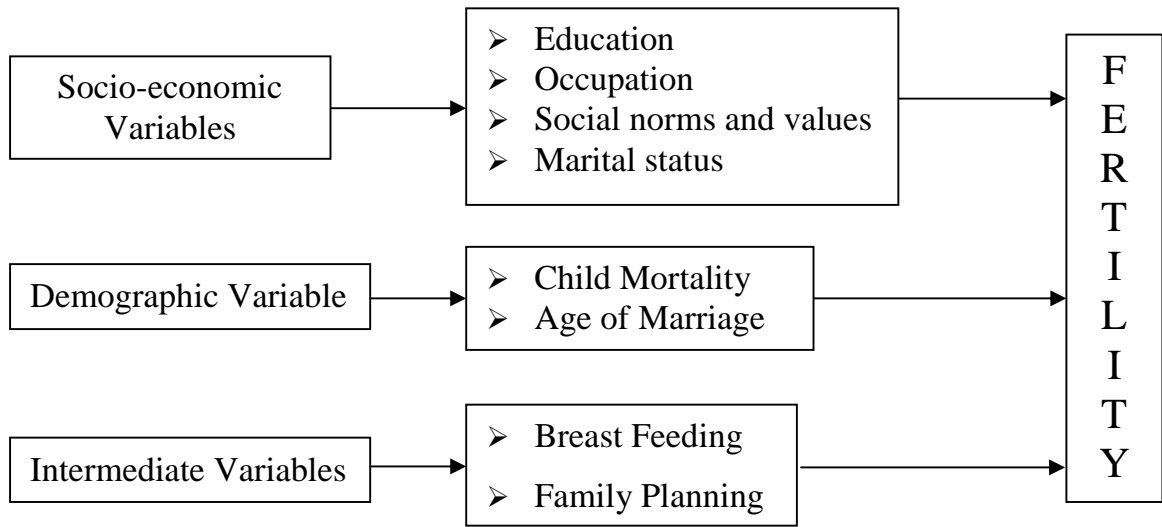


Fig.3

CHAPTER-III

METHODOLOGY OF THE STUDY

3.1 Introduction of the Study Area

Nepal is a small country and the total land has covered an area of 147,181 sq.km. According to the census of 2001 AD, the total population of Nepal was 23,151,423. The total male population was 115,639,121 and the total female population was 11,587,502. The total household number is 42, 53,220. For the administrative purpose, it is divided into 14 zones, 75 districts, 5 development regions, 58 municipalities and 3915 VDCs. Among them Chitwan district lies in central development region having east longitude 27°, 21'-27" and north latitude 83° 55'48" and the total land area contains 223,839sq.km. According to the census of 2001, the total female population is 2, 63,964. In Nepal, the total Tharu were 15, 33,897 and among them total male were 7, 74,924 and female were 7,58,955.

Padampur VDC is situated in Chitwan district of Narayani zone of Nepal. It is located in the Northern part of the district and is surrounded by Jutpani, Khageri river, Dahakhani VDC and community forest. It is nearly 5 km far from it's headquarter Bharatpur. Tharu is an indigenous and one of the backward communities of Nepal. Terai is the original habitat of Tharu population. Among the other district of Terai region, Chitwan is the main district where the Tharu reside. Among the entire municipality and VDC of Chitwan district, only the Padampur village development committee has been selected for the study area. In the Padampur VDC, a significant number of Tharu reside. There is no study conducted in this community with respect to fertility behaviour till now.

3.2 Source of Data

This study is based on primary as well as secondary data collection of Tharu community of Padampur village development committee. Mainly, data has been

collected by field survey by the researcher on questionnaires. Secondary data are those collected by the researcher on the concerned topic, which is not original in nature. The main sources of secondary data were statistical publication of CBS, website, previous reports of ethnic group, thesis which have been done in similar topic journals and different types of books.

3.3 Sample Design

This survey was conducted for the population of Tharu Community of Padampur VDC in Chitwan district out of the total 9 wards only two wards namely 5 and 7 were selected. Where the maximum Tharus were resides in. For the reliable data collection 99 HH and 99 currently married women were taken as a sample design by random sampling method. If there are two or more than two eligible women in one household, elderly women is selected because she has more fertility experiences. If there is not eligible woman in any household next neighbouring household is chosen for the sample survey.

3.4 Questionnaire design

Questionnaire were developed in two ways household questionnaires and individual questionnaires. Household questionnaires were introduced for collection of household information and individual questionnaires were introduced for collection of individual information of eligible women aged 15-49 years. The type of questionnaire was close.

3.5 Method of Data Collection

Out of the total household (475) of the two was only 99HH were taken for this study. The sample random sampling method was used for collection of the ethnic group in the study area. Information was collected from each respondent of households. The data were collected through both primary and secondary sources. A structured interview schedule was used to collect the basic information.

3.6 Data Analysis

The collected data were entered into the computer database programme. Percentage was calculated to analyze data. The analyzing process of the data includes frequency

tables and cross tabulation. The data was processed in a microcomputer SPSS using the software programme. Completed questionnaires were manually edited before entering it in a computer.

CHAPTER IV

SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE STUDY AREA

This chapter is concerned with the socio-economic and demographic characteristics of the Tharu community of Padampur VDC which are described and analyzed.

4.1 Age –Sex Structure

Age and sex are basic characteristics of the biological attributes of any population which affects fertility, mortality, and migration behavior. Age –sex structure not only reflects the present demographic situation of population but also gives the basis for the study of past as well as future demographic situations of the population.

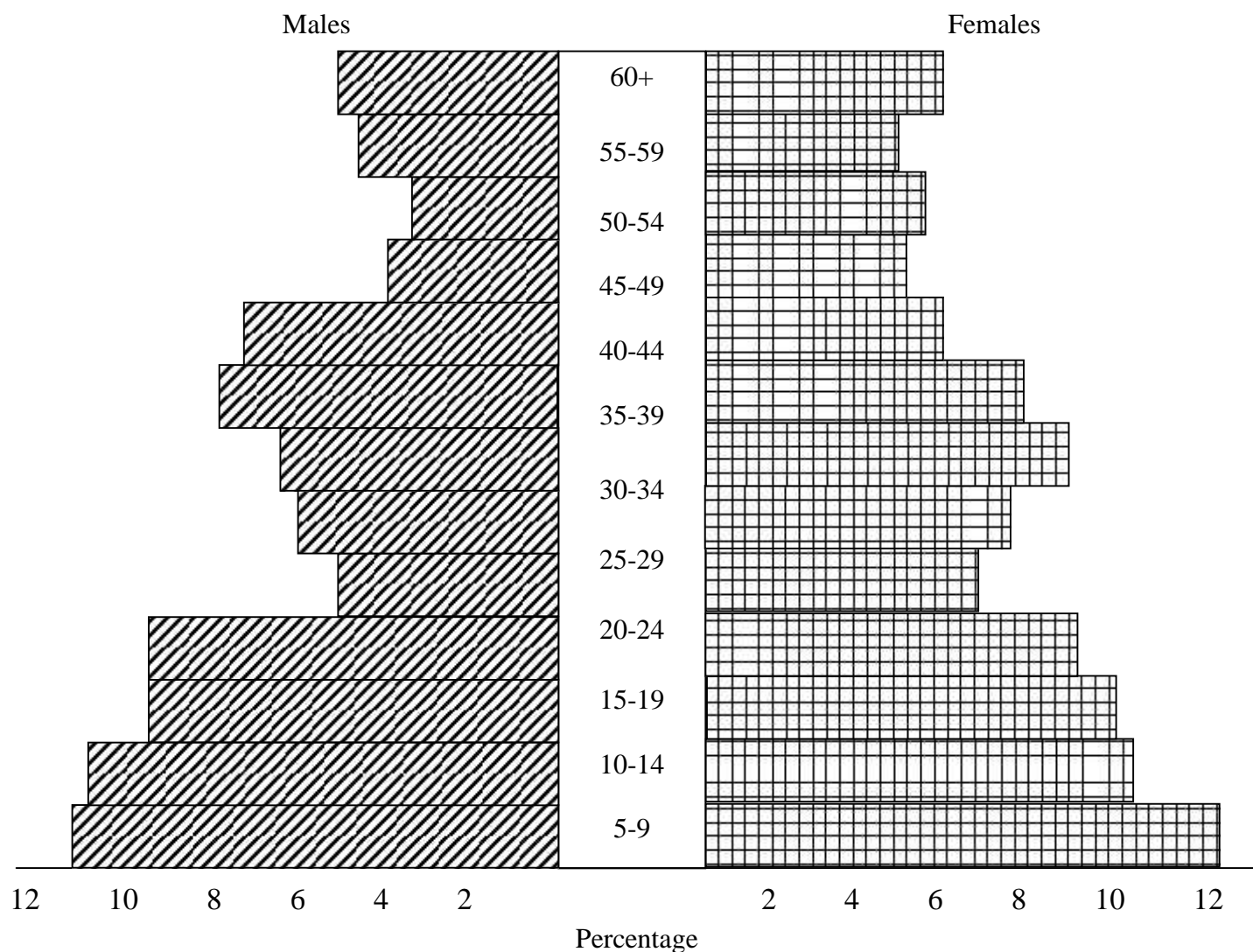
Table No. 4.1
Distribution of study population by age-sex group

| Age | Male | Percentage | Female | Percentage | Total | Percentage |
|-------|------------|------------|------------|------------|-------|------------|
| 0-4 | 45 | 11.14 | 49 | 11.27 | 94 | 11.28 |
| 5-9 | 43 | 10.64 | 43 | 9.89 | 86 | 10.32 |
| 10-14 | 38 | 9.5 | 41 | 9.43 | 79 | 9.48 |
| 15-19 | 38 | 9.5 | 36 | 8.28 | 74 | 8.88 |
| 20-24 | 24 | 6.00 | 27 | 6.21 | 51 | 6.12 |
| 25-29 | 28 | 7.00 | 34 | 7.23 | 62 | 7.44 |
| 30-34 | 29 | 7.25 | 38 | 8.74 | 67 | 8.04 |
| 35-39 | 33 | 8.25 | 35 | 8.05 | 68 | 8.16 |
| 40-44 | 32 | 8.00 | 26 | 5.98 | 58 | 6.96 |
| 45-49 | 23 | 5.75 | 24 | 5.52 | 47 | 5.64 |
| 50-54 | 22 | 5.55 | 25 | 5.75 | 47 | 5.46 |
| 55-59 | 24 | 6.0 | 23 | 5.29 | 47 | 5.64 |
| 60+ | 25 | 6.25 | 26 | 5.98 | 51 | 6.12 |
| | 404 | 100 | 427 | 100 | | 100 |

Source: -field survey, 2011

The above table shows the age-sex structure in total and separately in study area population of Tharu community. Among total population (male and female) 11.28 percent was the highest percent in the age-group 0-4 and lowest 5.64 percent in the age group 45-49, 50-54, 55-60. and remaining are as follows 10.32,9.48, 8.88, 6.12, 7.44, 8.04, 8.16, 6.96 and 6.12 in the age group 5-9, 10-14, 15-19,20-24, 25-29, 30-34, 35-39, 40-44 and 60+ respectively. The distribution of the study population by age-sex group can be presented from the following pyramid.

Figure No. 4.1
Distribution of study population by age-sex group



Source:-Table No. 4.1

4.2 Distribution of Study Population by Sex Ratio

The sex composition of population is expressed by sex ratio. It is defined as males per females and it is obtained by dividing total number of male by total number of female and multiplying by hundred. According to the definition, we can find out the sex ratio from the following formula.

$$\text{Sex ratio} = \frac{\text{Total No. of Male Population}}{\text{Total No. of Female Population}} \times 100$$

If the sex ratio is above 100 indicates an excess of males and

Below 100 indicates an excess of female. The sex ratio of the study area can be shown by the following table:-

Table No. 4.2
Distribution of study population by sex ratio.

| Age-Group | Male | Female | Sex-Ratio |
|------------------|-------------|---------------|------------------|
| 0-4 | 45 | 49 | 91.84 |
| 5-9 | 43 | 43 | 100.00 |
| 10-14 | 38 | 41 | 92.68 |
| 15-19 | 38 | 36 | 105.55 |
| 20-24 | 24 | 27 | 88.88 |
| 25-29 | 28 | 34 | 82.35 |
| 30-34 | 29 | 38 | 76.31 |
| 35-39 | 33 | 35 | 94.28 |
| 40-44 | 32 | 26 | 123.1 |
| 45-49 | 23 | 24 | 95.83 |
| 50-54 | 22 | 25 | 88.0 |
| 55-59 | 24 | 23 | 104.34 |
| 60+ | 25 | 26 | 96.15 |
| Total | 404 | 427 | 95.33 |

Source:-field survey, 2011.

From the table, it is represented that the sex ratio by five years age interval, where as highest sex ratio in the age-group 40-44 years i.e. 123.10 and lowest for the age group 20-24 years i.e. 82.35.

4.3 Dependency Ratio

The number of dependents percentage of 100 workers is computed on the basis of three broad age-groups i.e. below 15 years, 15-59 years and 60 years and above. The population in the age group 15-59 years is considered as the active population or independent population. Similarly, those population who are in the age of 0-14 years as the young dependent and the population above is considered as the old dependent ratio by dividing the total number of active population. It is also defined as the sum of the total number of dependent population i.e. the population of 0-15 yrs and the population who are sixty above multiplied by one hundred and the sum of which is divided by the total active population which is the sum of both population from 0-14 years as well as the population above 60 to the number of active population which is the population from 15-59 years.

$$\text{Dependency Ratio} = \frac{\text{Total no. of active population}}{\text{Total no of dependent population}} \times 100$$

The ratio of the young dependents to working population (15-59) years multiplied by 100 gives the young dependency ration and the ration of the old dependents to the working age population gives old dependents ratio. The dependents population of the study area is presented below:-

Table No. 4.3
Distribution of the study population by dependency ratio

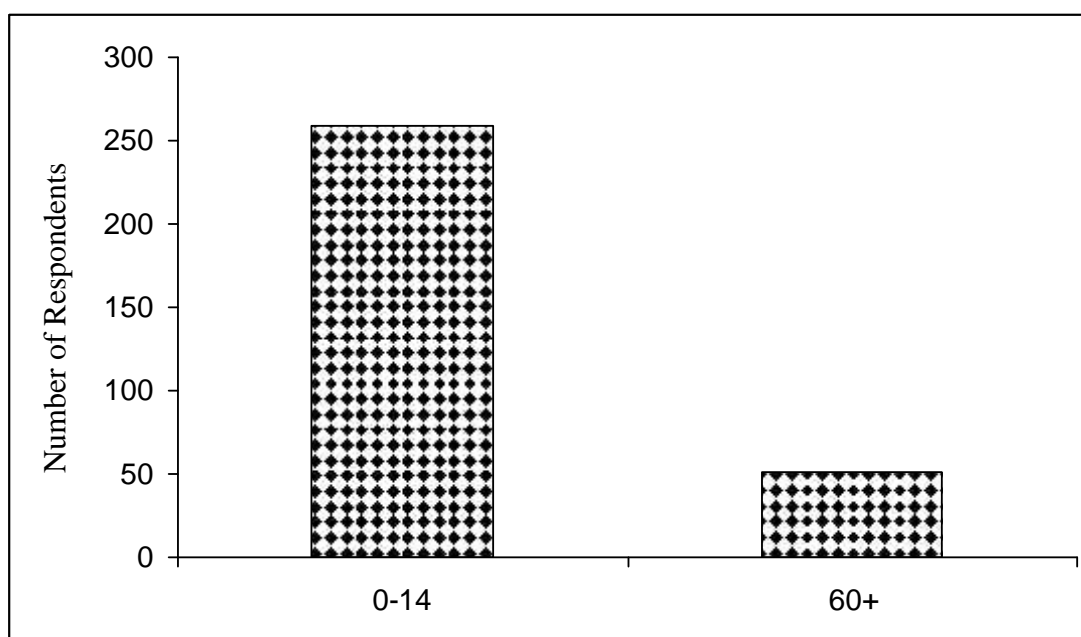
| Age-group (years) | Dependent population | Percentage | National dependent ratio |
|----------------------|-------------------------|--------------|-----------------------------|
| 0-14 | 259 | 48.41 | 39.35 |
| 60+ | 51 | 9.5 | 6.5 |
| Total | 310 | 57.91 | 45.85 |

Source:-field survey, 2011 and CBS -2058(enumerated population).

This table shows that child dependency ratio is 48.41% whereas 60+ years 9.5%. We can compare with the national dependency ratio. According to the census of 2058 the child dependency ratio (39.35%) is higher than the old dependency ratio which is shown in the bar graph given below.

Figure No. 4.2

Distribution of the population by dependency ratio, 2010.



Source: - table no. 4.3

4.4 Language of the study area population.

Nepal is one of the multi-casts and Multi-languages County in the word. We can found different types of castes in the country and their own mother tongue. In 1970 there were 20 languages had been tabulated but in 1961, 36 languages had been tabulated. Similarly, in the study area we have found different castes and their own mother tongue.

Table No. 4.4
Distribution of study population based on language

| Mother tongue | Total Population | Percentage | National level percentage |
|----------------------|-------------------------|-------------------|----------------------------------|
| Tharu | 370 | 44.52 | 5.86 |
| Nepali | 205 | 24.27 | 48.61 |
| Newari | 40 | 4.81 | 3.36 |
| Magar | 25 | 3.61 | 5.19 |
| Tamang | 30 | 3.25 | 3.39 |
| Bote | 50 | 6.17 | 0.57 |
| Thakali | 20 | 2.42 | 0.03 |
| Gurung | 18 | 2.17 | 1.49 |
| Others | 73 | 8.78 | 31.5 |
| Total | 831 | 100 | 100 |

Source: - Field survey-2011, CBS-1995 and office of population and Environment 2002.

From the above table most of the study area population speak Tharu language (44.52%). The percentage of the Nepali language (24.27%), Newari (4.81%), Tamang (3.61%), Magar (3.02%), Bote (6.01%), Thakali (2.41%), Gurung (2.17%), and other 8.78% have found.

4.5 Occupation Status

Occupation is one most important indicator of the socio-economic states of a household in any society which plays vital role to determine the fertility. We have found different types of occupation of age 15 years and above, which is presented from the following table:-

Table No. 4.5

Distribution of the study population aged 15 years and above by occupation

| Occupation | Number of population | Percentage |
|-------------------|-----------------------------|-------------------|
| Agriculture | 220 | 38.46 |
| Home industry | 24 | 4.19 |
| Service | 14 | 2.45 |
| Trade/business | 33 | 5.77 |
| Household work | 30 | 5.24 |
| Students | 225 | 39.34 |
| Others | 26 | 4.55 |
| Total | 572 | 100 |

Source: - Field survey, 2011

Above table indicates that most of the populations are students where 39.34% are students and after that, second occupation is agriculture whereas 38.46% people are involved in the agriculture, 4.19% in the home industry, 2.45% are engaged in the services, 5.77% in the trade business, 5.24% in the household works and other 4.55% are engaged in other works.

4.6 Education Status

Education plays a vital role to determine the fertility. Thus, it is a important part to know the situation of education status or educational situation in the study area. The distribution of the education status of the study population with age group six years and above is shown below:-

Table No. 4.6

Distribution of population aged six years and above by literacy.

| Education Status | Numbers | Percentage |
|----------------------------|----------------|-------------------|
| Illiterate | 235 | 31.89 |
| Non formal Education | 80 | 10.85 |
| Primary Level | 190 | 25.78 |
| Secondary Level | 135 | 18.32 |
| SLC | 73 | 9.91 |
| Higher secondary and above | 24 | 3.25 |
| Total | 737 | 100 |

Source: - Field survey, 2011

Above table shows that out of the sample population 31.89% illiterate, non-formal education 10.85, 25.78 have primary education, 18.32 have lower secondary level, 9.91% have SLC and Higher secondary and above 3.25%. Over the study period of Tharu community .The overall literacy rate of the study area have found higher because of the increasing awareness in formal and non-formal educational sectors.

4.7 Marital Status

Marriage is a dynamic process which is also universal in nature. Marriage refers to the union between two opposite sexes which involves rights and obligations fixed by law and custom with the characteristics of the person united in marriage and with the dissolution of such union.

There is an inverse relationship with marriage and fertility. Higher the age at marriage, the lower is the fertility; lower the age at marriage, the higher is the fertility. So the marital status should be known about the situation of the study area. The marital statuses of the study area population of aged 15 years and above have shown in the following table:-

Table No. 4.7

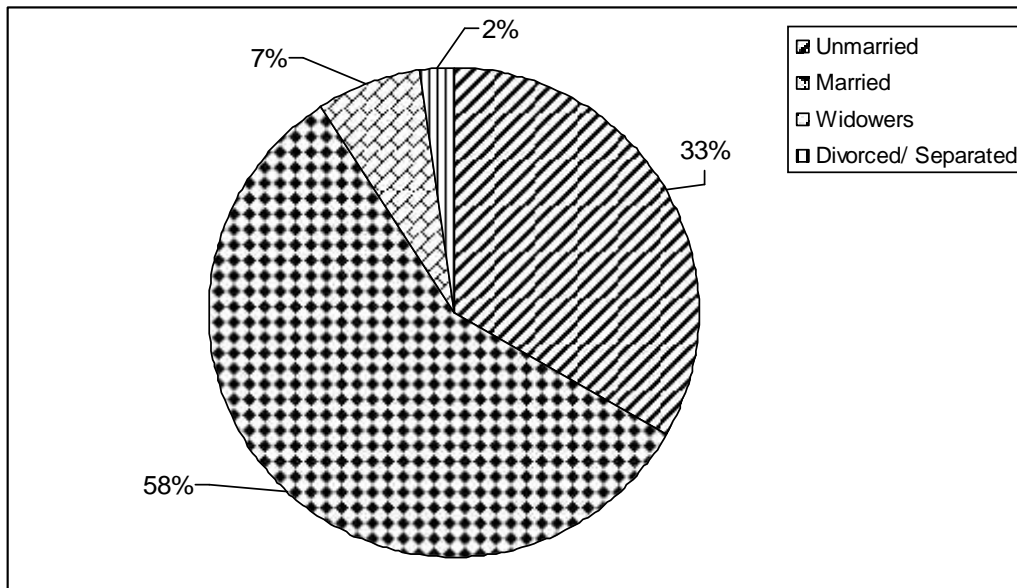
Distribution of the marital status of the study Area Population by aged 15 years

| Marital status | Number | Percentage |
|---------------------|--------|------------|
| Unmarried | 190 | 33.23 |
| Married | 330 | 57.69 |
| Widowers | 40 | 6.99 |
| Divorced/ Separated | 12 | 2.09 |
| Total | 572 | 100 |

Source: - field, survey-2011

Over the study period, the table shows that the marital status of the study area population of 15 years and above of the Tharu community. Among them, 33.23% were unmarried, 57.69% were married, 6.99% were widowers and only 2.09% were separated. The above data has been shown in the table of distribution of marital status of the study area population by aged 15 years and above can be shown by the following figure:-

Figure No. 4.3
Distribution of the marital status of the study area



Source: - table no. 4.7

Family size of the household Generally, the number of the family members indicates the socio-economic status of the household. The distribution of the family size of the study area is given below:-

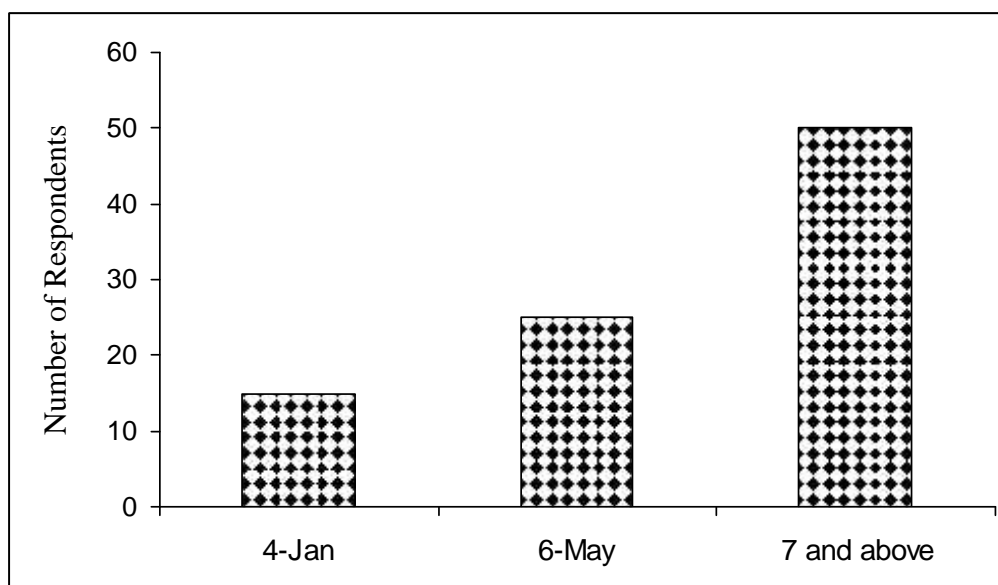
Table No 4.8
Distribution of the family size of the Household.

| Family size | Number | Percentage |
|--------------|-----------|------------|
| 1-4 | 15 | 16.66 |
| 5-6 | 25 | 27.78 |
| 7 and above | 50 | 55.56 |
| Total | 90 | 100 |

Source:-Field survey-2011

The above table shows that the size of the family household of the study area of Tharu community over the study period where 16.66% have 1-4 family members, 27.78% have 5-6 and 55.56% have 7 and above. We have found that there is more than 50% family are joint from the above study data. The family of the household of the study area can be shown by the following diagram:-

Figure No. 4.4
Distribution of the size of family of the study.



Source: - table no. 4.8

4.8 Household Income of the Study Area Population

The level of income plays a vital role to determine fertility behaviour. There is inverse relationship between income level and fertility. The household income population is tabulated below:-

Table No. 4.9
Percentage Distribution of Level of Household Income.

| Income | Respondent | Percentage |
|---------------|-------------------|-------------------|
| 500-1000 | 30 | 33.33 |
| 1000-5000 | 23 | 25.56 |
| 5000-8000 | 17 | 18.89 |
| 8000-10000 | 12 | 13.33 |
| 1000and above | 8 | 8.88 |
| Total | 90 | 100.00 |

Source:-field survey, 2011

The above table shows that the income level of 500-1000 had 33.33%, which is highest percentage. Similarly 25.56% of families had 1000-5000 income level.18.89% families had 5000-8000, 13-33% families had 8000-10000 and only 8.89% families had 1000 and above income level.

Table No. 4.10
Distribution of land ownership of the household.

| Land kattha | Number | Percent |
|--------------------|---------------|----------------|
| Less than 5 | 55 | 61.11 |
| 6-10 | 14 | 16.00 |
| 11-15 | 3 | 3 |
| 16-20 | 12 | 13.33 |
| 21.25 | 3 | 3.33 |
| 26 and above | 3 | 3.33 |
| Total | 90 | 100.00 |

Source: field survey, 2011

The above table shows that 61.11% respondents had less than 5 kattha lands in their ownership. Similarly 16% respondents had 6-10, 3% had 11-15, 13.33% had 16-20, 3.33% had 21-25 and 26 above had 3.33% respondents respectively.

4.9 Types of House

Housing status represent the socio-economic condition of the household. The types of housing of the study area population are presented below:-

Table No. 4.11

Distribution of the households by types of house

| Types of house | Number | Percent | 2001 |
|-----------------------|---------------|----------------|-------------|
| Pakki | 10 | 11.11 | 36.6 |
| Ardha-Pakki | 30 | 33.33 | 29.2 |
| Kachchi | 41 | 45.56 | 33.5 |
| Others | 9 | 10.00 | 0.7 |
| Total | 90 | 100 | 100 |

Source: - field survey, 2011 and CEB (2002) population census 2001 National Report, volume -I

The data presented in table 4.11 shows that the higher percentage of people living in Kachchi houses, only 11.11% houses are permanent, 33.33% are Ardha-Pakki and others are found to be 10.0%,. According to the National report of 2001, we found vast difference in each other. The higher percent houses are Pakki(whereas 36.6% are permanent). 29.2% Ardha-Pakki, 33.5% Kacchi and 0.7% are others respectively. We can show by the following diagram:-

CHAPTER-V

SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

This chapter deals with the socio-economic and demographic characteristics of Tharu women aged (15-19) years who were living in the Padampur village development community of Chitwan district.

5.1 Age Distribution of Respondents

Age of the women is one of the demographic factors which influence the fertility behaviour. The level of fertility is increased with the incensement of age of women. The respondents are classified by five years age-groups, which are presented below:-

Table No. 5.1
Age Distribution of respondents

| Age-group | Respondents | Percent |
|--------------|-------------|---------------|
| 15-19 | 10 | 11.11 |
| 20-24 | 26 | 28.89 |
| 25-29 | 16 | 17.78 |
| 30-34 | 12 | 13.33 |
| 35-39 | 6 | 6.67 |
| 40-44 | 16 | 17.78 |
| 45-49 | 4 | 4.44 |
| Total | 90 | 100.00 |

(Source: Field Survey, 2011)

According to the above table the majority of women in age group 20-40(28.89%) and the lowest women in the age group 45-49(4.44%), and other remaining age- groups are 15-19,25-29,30-34,35-39,40-44 and the percentage of women are 11.11%,17.78%,13.33%,6.67% and 17.78 respectively.

5.2 Distribution of Women by Age at Marriage

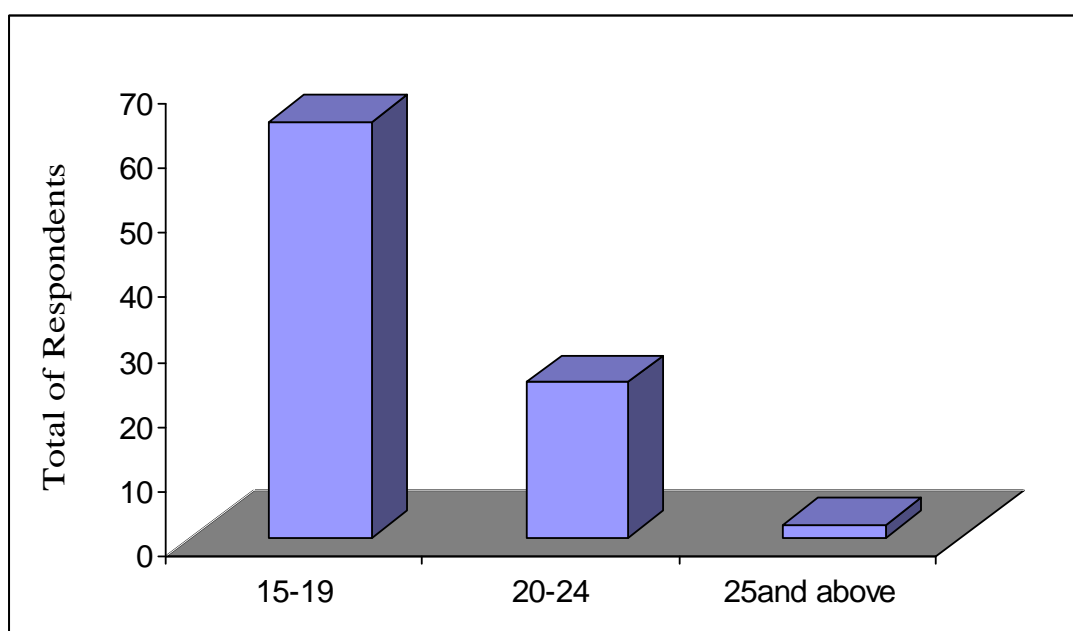
Table No. 5.2
Distribution of Women by Age at Marriage

| Age of marriage | Respondents | Percent |
|-----------------|-------------|---------------|
| 15-19 | 64 | 71.11 |
| 20-24 | 24 | 26.67 |
| 25and above | 2 | 02.22 |
| Total | 90 | 100.00 |

Source: field survey, 2011

The percent distribution of women by age at marriage had shown that the highest percentage marriage was in the age group (15-19) year where 71.11% of women had early marriage, at the age of 25 and above years. It can be shown by the following figure:-

Figure No. 5.1
Distribution of women by age at marriage.



Source:-table no. 5.2

5.3 Distribution of Respondents by Educational Status

Education is the greatest wealth of human being. So, it is taken as the fundamental requirement for enhancing the social political and economic development. Therefore, it is important to know the situation of education in the study area. The educational attainment of the couples has strong effect on fertility behaviour.

The distribution of educational status of the respondents is presented below:

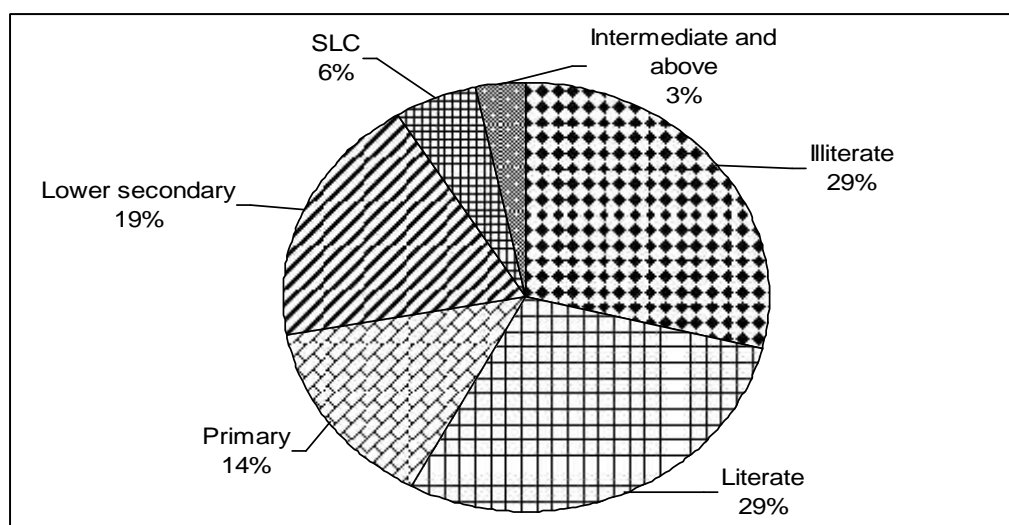
Table No. 5.3
Percentage distribution of households by education status:-

| Educational status | Respondents | Percent |
|---------------------------|--------------------|----------------|
| Illiterate | 26 | 28.89 |
| Literate | 26 | 28/89 |
| Primary | 13 | 14.44 |
| Lower secondary | 17 | 18.89 |
| SLC | 5 | 05.56 |
| Intermediate and above | 3 | 03.33 |
| Total | 90 | 100.00 |

Source:-field survey, 2011

In the above table 4.3, it is shown that 28.89% of the household respondents were illiterate. Similarly, the same percentage which is 28.89 were literate. This shows that the percentage of both the literate and illiterate households were the same in the study area and the percentage of the households who have got primary, lower-secondary, secondary, intermediate, and others are 14.44, 18.89, 5.56, 3.33 percentage respectively.

Figure No. 5.2
Percentage Distributions of Respondents by Education Status



Source:- table no.5.3

5.4 Distribution of Respondent by Occupational Status

Occupation is one most important factor for determining the fertility behaviours. The occupational status of respondents of the study area is presented in the given table:-

Table No. 5.4
Percentage Distribution of Respondent by Occupational Status

| Occupation | Respondents | Percent |
|----------------|-------------|---------------|
| Agriculture | 72 | 80.00 |
| Labors | 7 | 07.78 |
| Service | 6 | 06.67 |
| Trade/business | 5 | 05.55 |
| Total | 90 | 100.00 |

Source:-field survey, 2011

According to the above table, it is shown that more than 70 percentage of the women were involved in the agriculture where nearly 8% of the households were engaged in the labour. Similarly, 7% of the total households were involved in the service and nearly 6% women households were involved in the trade/business.

We can show by the following bar graph about the occupational status of the households of study area:-

5.5 Percentage Distribution of Family Planning Method

Table No. 5.5

Percentage Distribution of Family Planning Method User and Non-Use

| Name of the method | Respondent | Percent |
|---------------------------|-------------------|----------------|
| Condom | 7 | 7.78 |
| Pills | 2 | 2.22 |
| DIPO | 7 | 7.78 |
| Injection | 12 | 13.33 |
| Permanent | 46 | 51.11 |
| Non-user | 16 | 17.78 |
| Total | 90 | 100.00 |

Source: - field survey.2011

From the above table, it is presented that the most or more than 50% respondents use permanent method out of the total respondents. Similarly those respondents who use condom (7.78), pill (2.22), DIPO (7.78).injection (13.33), was found .On the other hand other remaining 17.78% of respondents did not use any contraceptive methods.

5.6 Percentage Distribution of Respondents by Decision Making

Table No. 5.6

Distribution of Households by Decision Making

| Decision Makers | Respondents | Percentage |
|------------------------|--------------------|-------------------|
| Myself | 2 | 2.22 |
| Husband | 41 | 45.56 |
| Father in law | 7 | 7.78 |
| Mother in law | 40 | 44.44 |
| Total | 90 | 100.00 |

Source:- field survey ,2011

In the above table, it is shown that 45.56% husband made the decision to their home, 44.44% mother in law had made the decision, 7.78% father in law had made the decision and only 2.22% respondent households made decision, to their home). This indicates that, though Nepal is a male vested country but in the Tharu community there is a great hand of mother in law to make decision for their family.

5.7 Percentage Distribution of respondents by Breast feeding

Breast feeding is one the determinant of fertility and there is an indirect relation between breast feeding and birth spacing.

Table No. 5.7
Distribution of respondents by breast feeding

| Time (in year) | Respondents | percentage |
|-----------------------|--------------------|-------------------|
| 6 month – 1 year | 14 | 15.56 |
| 2 | 33 | 36.67 |
| 3 and above | 43 | 47.77 |
| Total | 90 | 100.00 |

Source:-field survey, 2011

Above table shows that 47.77% respondent households breast fed their babies for 3 year and more than 3 year, which is highest percent, 36.67% respondent households breast fed their babies for 2 years and 15.56% respondent households breast fed for 6 months -1 year for their children.

5.8 Percentage Distribution of Respondents by Working Place

Table No. 5.8
Percentage distribution of respondents by working place

| Working Place | Respondent | Percentage |
|----------------------|-------------------|-------------------|
| Outside home | 18 | 20 |
| Inside home | 72 | 80 |
| Total | 90 | 100 |

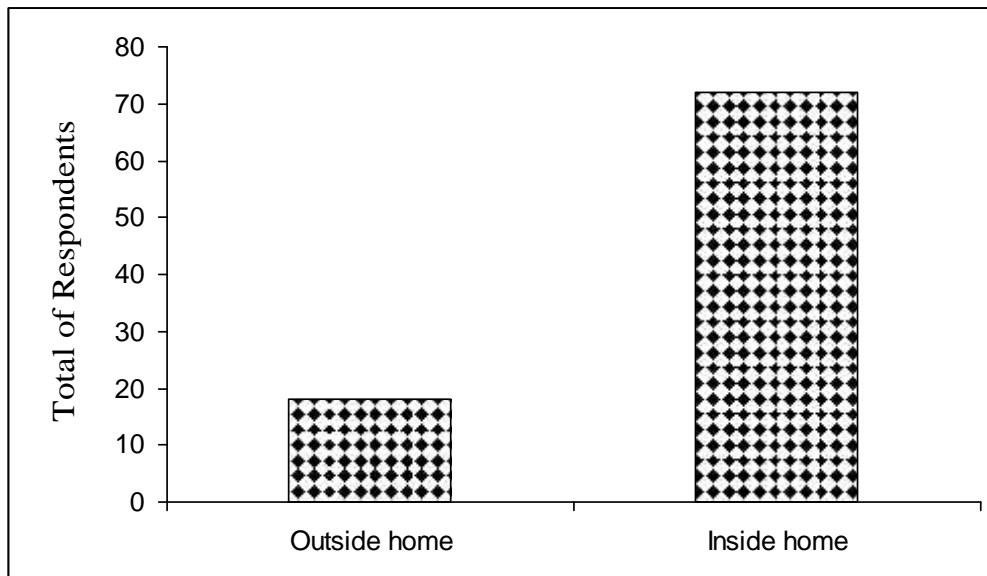
Source:-field survey, 2011

From the above table, working of the respondents determines the fertility level. Out of total respondents 18 respondents worked outside of the home and 72 respondents worked inside of the home.

It can be shown by the following figure:-

Figure No. 5.3

Distribution of Respondents by Working Place



Source:-table no.5.8

CHAPTER VI

FERTILITY BY SOCIO-ECONOMIC AND DEMOGRAPHIC VARIABLES

This chapter presents the relation of the different socio-economic and demographic factors on fertility which is measured by mean number of children ever born to women of reproductive age 15-19 years. The number of CEB is one of the reliable indicators for fertility.

6.1 Mean CEB by Age Group of Respondents

Age of mother is an important factor which contributes the fertility behaviour of mother. There is a positive relationship towards early age at marriage and fertility. If the age of mother increases, the CEB also increases.

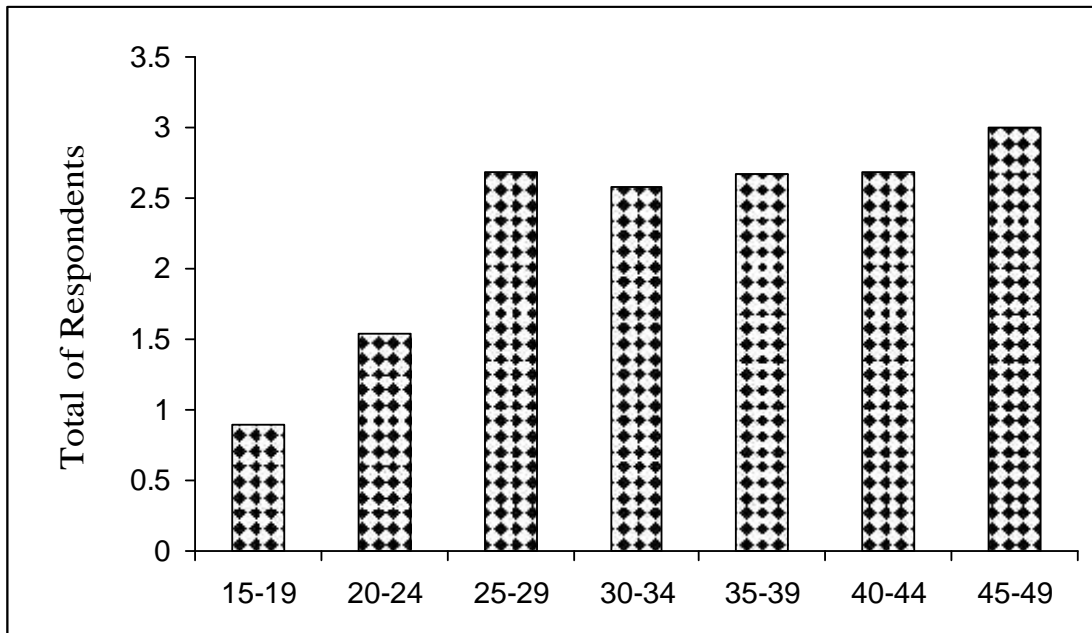
Table No. 6.1
Mean CEB by Group of Respondents

| Age-Group | Mean CEB | Respondents | No. of CEB |
|--------------|-------------|-------------|------------|
| 15-19 | 0.90 | 10 | 9 |
| 20-24 | 1.54 | 26 | 40 |
| 25-29 | 2.69 | 16 | 43 |
| 30-34 | 2.58 | 12 | 31 |
| 35-39 | 2.67 | 6 | 16 |
| 40-44 | 2.69 | 16 | 43 |
| 45-49 | 3.00 | 4 | 12 |
| Total | 2.02 | 90 | 184 |

Source: field survey, 2011

In the above table it is clearly shown that the mean CEB is increasing with an increase in the age of the mother. The highest mean CEB was 3.0 which lies between 45-49 age groups of women followed by 40 – 44(2.69), 35 – 39(2.67), 30 – 34(2.58), 25 – 29(2.69),

Figure No. 6.1
Mean CEB by Age Group of Respondents



Source:-table no.6.1

6.2 Mean CEB and Child Loss Experience of Respondents

Table No. 6.2

Mean CEB and Child Loss Experience of Respondents

| Child loss Status | Respondents | No. of CEB | Mean CEB |
|---------------------------|--------------------|-------------------|-----------------|
| No. child loss | 71 | 140 | 1.9 |
| 1 child loss | 10 | 15 | 1.5 |
| 2 and above Child loss | 9 | 26 | 2.9 |
| Total | 90 | 184 | 2.02 |

Source: field survey, 2011.

Child loss experience is one most important determination of fertility. There is a positive relation between child loss experience .higher the fertility has been increasing with increasing the child loss. About table shows that having one child loss 1.5 mean CEB and 2 and above child loss have 2.9 mean CEB.

6.3 Mean CEB by User and Non-user of the Family Planning

Table No. 6.3

Mean CEB by user and non-user of the family

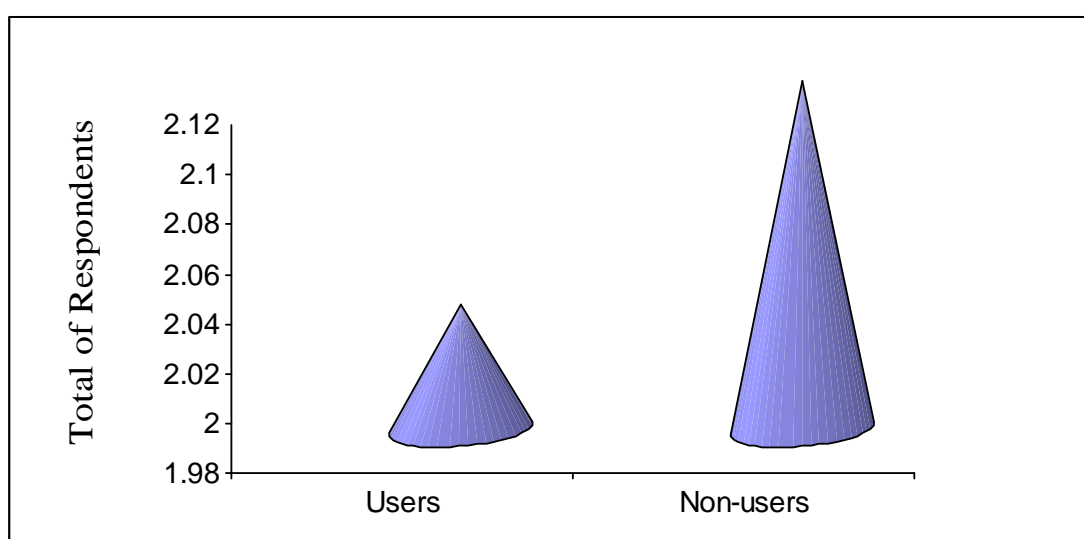
| Status | Mean CEB | Respondents | No. of CEB |
|--------------|-------------|-------------|------------|
| Users | 2.03 | 74 | 150 |
| Non-users | 2.12 | 16 | 34 |
| Total | 2.02 | 90 | 184 |

Sources : Field Survey, 2011

According to the above table, out of 90 respondents 74 respondents use the contraceptive method and where mean CEB was 2.03 and 16 respondents were not using contractive method where mean CEB was 2.12. It has clearly shown that respondents who are using the contractive have fewer children than those who are not using.

Figure No 6.2

User and Non-User of the Family Planning Method



Source: - Table No.6.3

6.4 Mean CEB and Distribution of Respondents by Occupation Status

The occupation status of women is also considered as of the important determinants of fertility behavior.

Table No. 6.4
Mean CEB and Occupational Status

| Occupation | No. of CEB | Respondents | Mean CEB |
|-------------------|-------------------|--------------------|-----------------|
| Agriculture | 156 | 72 | 2.17 |
| Service | 9 | 6 | 1.50 |
| Business/ Trade | 7 | 5 | 1.40 |
| Labors | 20 | 7 | 2.86 |
| Total | 184 | 90 | 2.02 |

Source:-field survey, 2011.

According to the above table most of the respondents (72) involve in the agriculture where mean CEB is 2.17, only 6 respondents are involved in the service and their mean CEB is 1.50 as well as 5 respondents were engaged in business or trade and their mean CEB is 1.40, there were 20 respondents engaged in labor and there mean CEB is 2.86. It shows that service and business/trade had lower mean CEB than labour and agriculture.

6.5 Mean CEB and Education Distribution of Respondents

Education is one of fundamentals requirement of the human being which enhances social, political and economic development. The education distribution of respondents and the level of their mean CEB of the study area is presented below:-

Table No. 6.5
Mean CEB and Educational Distribution of Respondents

| Educational status | Respondents | No. of CEB | Mean CEB |
|---------------------------|--------------------|-------------------|-----------------|
| Literate | 26 | 58 | 2.23 |
| Illiterate | 26 | 68 | 2.62 |
| Primary | 13 | 26 | 2.00 |
| Lower secondary | 17 | 24 | 1.14 |
| SLC | 5 | 5 | 1.00 |
| Intermediate and above | 3 | 3 | 1.00 |
| Total | 90 | 184 | 2.02 |

Source:-field survey, 2011.

From the above table, out of the total respondents, the mean CEB of literate women was 2.23 where 2.62 were observed as the illiterate women. On the other hand, the increasing the level of educational status, the decreasing the level of mean CEB. Likewise in primary, among 13 respondents, the mean CEB is 2. In lower- secondary, out of 17 respondents, the mean CEB is 1.14, in SLC out of 5 respondents, the mean CEB is 1 and in the intermediate and above, among 3 respondents the mean CEB is 1.

6.6 Mean CEB and working place of respondents

Working place and fertility have the deep rooted relationship to each other. Classification of job determines the fertility. Those people having white color job less number of child and those who have black color job having more children. Distribution of respondents by working place is presented of respondents by working place is presented below.

Table No. 6.6
Mean CEB and working place of respondents

| Working place | Respondents | No. of CEB | Mean CEB |
|---------------|-------------|------------|----------|
| Outside home | 18 | 32 | 1.78 |
| Inside home | 72 | 152 | 2.7 |
| Total home | 90 | 184 | |

Source: - field survey-2011.

From the above table, it is shown that those person who have work outside home have 1.78 mean CEB and person who have work in side home have 2.7 mean CEB

6.7 Mean CEB and Working Place of Respondents

Table No.-6.7
Mean CEB and Working Place of Households.

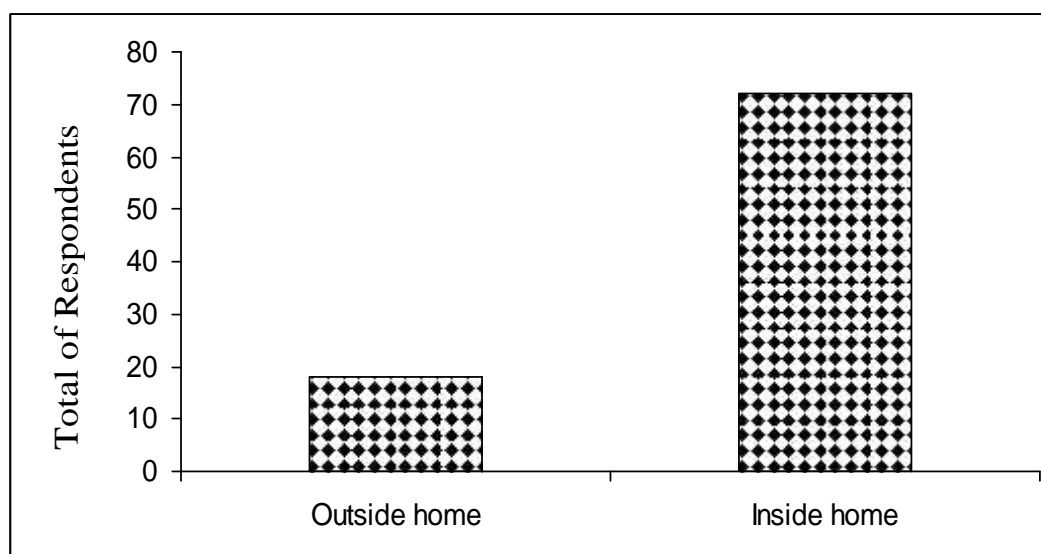
| Working place | Respondents | No. of CEB | Mean CEB |
|---------------|-------------|------------|----------|
| Outside home | 18 | 32 | 1.78 |
| Inside home | 72 | 152 | 2.11 |
| Total | 90 | 184 | |

Source:-Field survey, 2011.

The above table shows that there is an inverse relation between working place and no. of CEB .Among 18 respondent households who were working outside the home, the mean CEB was 1.78 whereas the mean CEB of 72 respondent households working outside their home was 2.11.

Figure No. 6.3

Mean CEB and Working Place of Respondents



Source:-table no.6.7

6.8 Mean CEB and breast fed women

There is an inverse relationship between mean CEB and time of breast feeding. The increasing the breast feeding time, the decreasing the birth rate. The breast fed women and their mean CEB of the study area is presented below:-

Table No. 6.8

Mean CEB and breast fed women

| Time | Respondents | No. of CEB | Mean CEB |
|-----------------|-------------|------------|----------|
| 6 month -1 year | 14 | 57 | 4.07 |
| 2year | 33 | 58 | 1.75 |
| 3year and above | 43 | 69 | 1.60 |
| Total | 90 | 134 | |

Source:-field survey, 2011

From the above table, we have found that 14 of the household respondents among 90 fed their babies from 6 months to 1 year and their mean CEB was found to be 4.07, whereas 33 household respondents fed their babies for 2 years and their mean CEB was 1.75 and 43 of the household respondents fed their babies for 3 years and above and their mean CEB was 1.75.

6.9 Mean CEB and Distribution of Respondents by Occupation Status

The occupation status of women is also considered as of the important determinants of fertility behaviour.

Table No. 6.9
Mean CEB and Occupational Status

| Occupation | No. of CEB | Respondents | Mean CEB |
|-------------------|-------------------|--------------------|-----------------|
| Agriculture | 156 | 72 | 2.17 |
| Service | 9 | 6 | 1.50 |
| Business or Trade | 7 | 5 | 1.40 |
| Labors | 20 | 7 | 2.86 |
| Total | 184 | 90 | 2.02 |

Source:-field survey, 2011

According to the above table most of the respondents (72) involve in the agriculture and their mean CEB was 2.17, only 6 respondents involved in the service and their mean CEB was 1.50 as well as 5 respondents were engaged in business or trade and their mean CEB was 1.40. There were 20 household respondents engaged in labor and their mean CEB was 2.86. It shows that service and business or trade had brought lower mean CEB than labour and agriculture.

Mean CEB and Distribution of Respondents Education is one of fundamentals requirement of the human being which enhances social, political and economic development. the education distribution of respondents of the study area is presented below:-

Table No. 6.10
Mean CEB and Occupational Status

| Educational status | Respondents | No. of CEB | Mean CEB |
|---------------------------|--------------------|-------------------|-----------------|
| Literate | 26 | 58 | 2.23 |
| Illiterate | 26 | 68 | 2.62 |
| Primary | 13 | 26 | 2.00 |
| Lower secondary | 17 | 24 | 1.14 |
| SLC | 5 | 5 | 1.00 |
| Intermediate and above | 3 | 3 | 1.00 |
| Total | 90 | 184 | 2.02 |

Source:-field survey, 2011

From the above table, out of the 26 respondents, the mean CEB of literate women was 2.23 whereas 2.62 was observed in the illiterate women. The increasing the level of educational status, the decreasing the level of educational mean CEB. Among 13 household respondents having primary education, the mean CEB was found to be 2.0 whereas in 17 of the respondents having lower secondary level education, the mean CEB was 1.14. The mean CEB of the 5 respondents having SLC level and three respondents having intermediate education was the same which is one.

CHAPTER –VII

SUMMARY CONCLUSION AND RECOMMNDATION

This chapter indicates the summary of the study, conclusion and recommendation which will be helpful for policy implementation and future research issues.

7.1 Summary

This study has analyzed various measures of fertility rates and its impact of socio-economic and demographic variables upon the fertility behaviour of Padampur VDC. In this study, 90 household of the Tharu community were selected by simple random sampling method to determine the determinants of fertility. The main objective of the study was to analyze the fertility behaviour and to examine the determinants of fertility influenced by demographic and socio-economic variables. This study is based on primary data collection from the field survey .conducted in March 2011.This study has carried out to know the status of the fertility behaviors of Tharu community. The survey has conducted in two ward of the VDC where 90 households were chosen out of total household. After field survey, mean CEB tables were presented to describe socio-economic and demographic factors influenced by fertility behaviors as, age of women, education, occupation ,age at marriage, income status etc were taken.

To analyze the fertility and to examine the determinants of fertility influenced by socio-economic and demographic variables, house and individual questionnaire were used. Household questionnaires were asked to household heads and individual questionnaire was asked to eligible women of 15-49 year. In this study, some of the secondary data also has been used to compare to analyze the fertility behaviour.

7.1.1 The major finding of the study.

According to the 2058B.S, there were 4244 Tharu population in Padampur VDC and out total population, and 1800 population lived in ward no.5 and6.

Out of the population, 90 married women who were in the age of 15-49 are taken as a sample population.

All the 90 household respondent women were divided in the interval of 5year age – group where as majority of the women were in the age group of 20-24(26 or 28 years).

The study has found that 28-89 percentage people were illiterate and were having non-formal education respondents and only 42.22% were educated by formal education sectors.

The literate of higher the level of education lower the mean CEB where as mean CEB of only literate had 2.23 and intermediate and above had 1.00CEB.

The mean CEB of women engaged in agriculture was 2.17 and in those who were engaged in labour were 2.86. Other remaining respondents engaged in service and trader business had lower mean CEB as 1.50 and 1.40 respectively.

The study has shown that out of total respondents only 20% worked inside of the home.

The mean CEB for respondents who worked inside home had the 2.7 mean CEB and outside home had 1.78 mean CEB.

The mean CEB of the 90 married women in the Padampur VCD was found to be 2.02.

From the field survey, it is shown that breast feeding help to control the birth control the birth whereas 6 month -1 year breast fed respondents had 4.04 mean CEB, 2 years breast fed women had 1.73 and 3 year and above respondents had 1.46.

7.2 Conclusion

In the conclusion, age at marriage, level of education, occupation status, working place, breast feeding, family planning etc play the significant role to determine the fertility level. These all characteristic information which was obtained from the field survey was useful in analysis of the fertility behaviour. The conclusion of the analysis is presented below.

Age at Marriage and Fertility: -

The finding shows that early age at marriage is associated with the causes of high fertility so, in the study area, this study indicated that age at marriage should be increased to reduce the fertility.

Occupational Status and Fertility: -

Occupation status determines the fertility level. The findings of the study area also clearly showed that the mean CEB for the women engaged in, except agriculture and labors force business and service possesses lower fertility. So, the finding concluded the shift of the occupation of women from agriculture to non- agriculture or business and services are effective to reduce the level of fertility in the study area.

Education and Fertility

The level of education of women plays a vital role to reduce fertility. The finding shows that the literacy rate of the Padampur VDC is not so bad. Any-way, the level of education should be increased to reduce the fertility.

Infant and Child Loss Experience and Fertility

In the study area, the findings show that the mean CEB to be increasing order with increase in the child loss experience. The mean CEB was found lower in the respondent women who had the experience of child loss than the women who didn't have the experience of child loss. So, it should be considered the awareness program should be launched to bring progress in the mother and child health program through the national and local level.

Contraception and Fertility

From the field survey, it is shown that most of the women had used permanent method. DIPO, Pills, Condom etc were lesser used than injection and permanent method.

Income and Fertility

There is a negative relation between income and fertility. Those respondents having low income have high CEB. By this study, it is clearly shown that higher the level of income of the women lowers the fertility and it is also shown that those having high income holders are aware of family planning and they are educated and sensitive about the family size.

7.3 Recommendation

Several findings and conclusion of the study has presented the basis of recommendation that can be put forward to formation and adoption through policy implication. The study is designed to meet its objectives but it has extended other concerns in the sectors of the research and can be stated as recommendation for future research issues for the government and non government agencies.

Recommendation for Policy Implication

On the basis of present study, following recommendation may be fruitful for the advancement in the respective issue.

-) The education status of women is not so bad in the Padampur VDC, 5 and 6. Women education plays a vital role for overall educational development and population control. So, it has to be increased by 100 percent.
-) To reduce the fertility awareness programs should be brought specially for married women.
-) By this study, it has been shown that child and teen age at marriage rate was so high. That's why governmental or non governmental organization should effectively change their cultural norms of traditional values of favoring early marriage.
-) The study has shown that those women involved in agriculture had higher CEB except in services and business. So, to transfer the excess people from agriculture to services and business fields, government should provide the jobs opportunities for agricultural women.
-) Local level authorities should be properly instructed to plan, implement, monitor and supervise population programs.

-) To reduce fertility, there should be IEC program and availability of contraceptive method in order to increase prevalence of contraceptive use.
-) Women should be emphasized to increase the duration of breast feeding period for reducing birth.
-) Both of men and women should be given equal rights for decision making to marriage, child birth or other household work.
-) Poverty alleviation program should be lunched in the study area.
-) There should be provision of sex and reproductive health education for all people above the age of 10 and increase in the contraceptive “KAP” should be increased.
-) Inverse relationship was found between the income level and fertility. So, it is necessary to increase the income status of the family for which the government should formulate the policy to provide vocational and job orientation programs.
-) Government should encourage the people to have small family size, such as policy of taxation credit system, job opportunity, prize system etc.

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QUESTIONNAIRES

A. Questionnaire applied for the collection of information to fertility behaviour of Tharu Community of Padampur VDC. of Chitwan household Characteristics.

District : Ward No.: Religion :
VDC : Cast :

| S.N. | Name of member | UR | Relation of HH | Sex | Age | ED | MS | Occupation |
|------|----------------|----|----------------|-----|-----|----|----|------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |

Note :

UR - Usual Resident
HH - House Hold
ED - Education
MS - Marital Status

B. Socio-Economic Information

1. Name of Respondents :

2. Age :

3. Sex : Male Female

4. Cast :

5. Religion :

- a) Hindu b) Buddhist c) Christian

6. Education Level :

- a) Illiterate b) Literate c) Primary
d) Lower-Secondary e) SLC f) Intermediate
g) Bachelor and above

7. Occupation

- a) Agriculture b) Service c) Business
d) Labour e) Others

8. Working Place

- a) Outside home b) Inside Home

9. What is the monthly income of family ?

- a) 500-1000 b) 1000-5000 c) 5000-8000
d) 8000-10000 e) 10000 and above

10. How many land have got in your ownership ?

- a) Less 5 Kattha b) 6-10 Kattha c) 11-15 Kattha
d) 16-20 Kattha e) 26 and above

11. What facilities are available in the family ?

- a) Radio b) T.V.
c) Bio-Gas Plant d) Electricity

C. Demographic Information

12. What is your current marital status ?

- a) Currently married
- b) Separated
- c) Divorced
- d) Widow

13. How old were you when you got married ?

- a) 15-19
- b) 20-24
- c) 25-29
- d) 30

14. Have you give birth any children ?

- a) Yes
- b) No

15. If yes, how many children have you given birth ?

- a) sons
- b) daughters

16. Have you any children were died after born alive?

- a) Yes
- b) No

17. If yes, how many were died?

- a) Sons.....
- b) daughter.....

18. Do you have sons preferences?

- a) Yes
- b) No

19. If yes, which is the ideal no of children in your opinion?

- a) Sons
- b) daughter

20. Who make decision for your household activities?

- a) Myself
- b) Husband
- c) Father in low
- d) Mother in low

21. How many birth interval do you want after 1st baby?

- a) 1 year
- b) 2years
- c) 3years
- d) 4years
- e) 5years

22. Have you heard any information about family planning to be provided on the radio?

- a) Yes
- b) No

D. Intermediate Variables:

23. How many time do you have breast feeded to your baby?

- a) 6month
- b) 1year
- c) 2years
- d) 3+years

24. Have you use contraceptive method?

- a) Yes
- b) No
- c) I don't know

25. Are your husband using any contraceptive method?

- a) Yes
- b) No

26. Which method would you prefect to use?

- a) Pills
- b) IUD
- c) DIPO
- d) Condom
- e) Norplant
- f) Permanent Method