

CHAPTER - ONE

INTRODUCTION

1.1 General Background

Women play a vital role in the society. A part from the matriarchal society, women play a decisive role in most of the patriarchal societies too. The future of children depends upon the mothers who generally stay at home and take care of their children's health and education.

The 'status of women' refers to the overall positive aspect of women in the society. It is the result of socio-economic, legal and cultural practices of the society and it affects on socio-economic and demographic behavior of the society. Generally, the status of women is considered as the living standard of women but it covers the wider range of different areas such as their educational attainment, occupational status, health condition, age at marriage, their knowledge, attitude and practice of contraception. Their ownership on property, decision making power, number of children ever born and child loss experience also reflect their status.

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

The empowerment and autonomy of the women depends on their political, legal, social, economic and health status. The equal participation and partnership of both women and men are required for both productive and reproductive life. The international conference on population and development

(ICPD) held in Cairo in 1994 has emphasized women empowerment as a basic tool for country's overall development. The ICPD had declared that advancing gender and empowerment of women and elimination of all kinds of violence against women and ensuring women's ability to control their own fertility are cornerstones of population and development related program (UNFPA, 1998).

Education is an important factor to raise the status of women in the society. It empowers women with knowledge, skills and self confidence. Current use of contraception increases with the increasing level of education. Literacy and educational level of women contribute to raise their age at marriage. Education further provides employment opportunities for women on equal basis with men. Thus education is a major factor to improve status of women in the society. Birth rate of educated women would be reduced by delayed marriage, use of contraception and their involvement in outside household jobs. also reduce fertility However, only 42.5 percent females are literate in Nepal in 2001, where as the corresponding figure for males is 65.5 percent (CBS, 2001). But with a little progress in preliminary CBS, 2011, the literacy of women and women's health is a crucial part of status of women. The health status of women in Nepal is poor. Every indicator of health status (Whether it is maternal mortality and morbidity, female life expectancy, female infant mortality, etc.) shows a fundamental gender inequality. According to 1991 census data, life expectancy of women is 53.4 years as compared to 55.9 years of men. But with a little progress in 2001, life expectancy of women is 62.2 years and 61.8 years of men (CBS, 2001). According to CBS 2011 the life expectancy of female is 67.44 and 64.94 years of male.

Women employment is another indicator of status of women. Women employed in gainful work tend to a fewer numbers of children ever born than those who work in the household and agricultural sector. Furthermore, occupation status of women affects the level of fertility. For instance, the mean number of CEB to women employed in administrative work had 1.6 and that women employed in farm and fish works had 2.7 in 1991 census. However, 90.5 percent of female workers are

engaged in agriculture. According to NDHS 2001, most of working women (91 percent) however is in agricultural sector.

Among them only 15 percent of working women earn cash for their work, while the majority of working women (71 percent) are not paid (NDHS, 2001). According to NDHS-2011, 61 percent of married women age 15-49 are not paid for their work, 24 percent are paid in cash only. Two-thirds of men are paid in cash and only 12 percent are unpaid.(NDHS, 2011).

Facilities like toilets, drinking water, electricity, radio, television and telephone all constitute a composite index of standard of living. The extensions of these all facilities definitely improve the status of women and hence raise the age at marriage (Acharya, 2000).

Human rights to women in Nepal's constitutions accords equal rights to both men and women. Nepal has amended many laws to improve the human rights of women. The Ministry of Woman and Social Welfare is an important step in the institution building towards women's power and decision making. Moreover, during 2002 Nepal Government organized a National Commission for Women. The government's commitment to general mainstreaming and several other programmes such as micro-credit are bringing women to the mainstream of the economy. Nepal's commitment to this is fully reflected in her attempts to bring about a change in legal provision, budgetary efforts to gender equality (MOPE, 2004).

1.2 Statement of the Problem

Women's status have revealed that women are regarded as second class citizens discriminated against in social, cultural, economic, religious and political fronts oppressed, exploited and dominated (CEDA, 1979). Thus the persistence of high fertility in Nepal is the outcome of low socio economic and demographic status of women.

According to census 2001, total population of Nepal is 23151423. The growth rate is very high compared to other countries. The share of women in total

population is little more than half (50.1 percent). But the status of women is secondary. Economically they are deprived in properly rights, early marriage of women, over burdened with more child bearing, lack of parental property rights. Lack of equal access to education, health facilities, income, occupation, age at marriage and without decision making power affect their fertility regulations.

According to CBS 20011? only 42.5 percent females are literate while literate males are 65.1 percent. Employment status of women seems to be half of their male counterpart (28.1%). The decision making in household is very low among female population (13.1 %) but women work (11 hrs) conquers the male work (7 hrs) (ILO, 2000). Similarly, participation of women in political activities is less than 8 percent (Acharya, 1997).

The health of women is an important part of health of entire population. Infact, the health status of Nepalese women is very poor. According to NDHS, 20011, for 49 percent of births, mothers received antenatal care from health professional. However for majority of births (51 percent) in Nepal, mother didn't receive any antenatal care which increases the risk of dying of mothers. There is lack of hospital and doctors. In Nepal 89 percent of delivery occurs at the home (NDHS, 2001).

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

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

There is high fertility rate in Nepal still. According to 2001 census, the total fertility rate (TFR) of Nepal in 2001 recorded as 4.6 per women's. According to CBS-2011, total fertility rate recorded 2.47 per women, according to the NDHS, the total fertility rate (TFR) of Nepal in 2006 and 2011 are recorded as 3.1 per and 2.6 per women.

According to NDHS-2011, fertility in Nepal has declined over the post fifteen years. Currently, women in Nepal have an overage of 2.6 children, a decrease from 3.1 in 2006. According to NDHS, The TFR of Nepalese women in NDHS-2001, 2006 &2011 are given 4.1, 3.1 & 2.6 respectively. (NDHS-2011:P3).

Due to high growth rate the population of Nepal is increasing fastly so that rapid population growth bound to exact a strong pressure which adversely affects economic development of Nepal. The fertility increased due to low use of contraceptive, limited access to contraceptive devices and lack of community participation, low motivation which may be affected by social, economic religious, biological, behavior and cultural factors.

Due to traditional culture of livestock's farming and agricultural occupation, they need more man power so that the growth rate is too high among Yadav community. The reduction of fertility is possible through development of socio-economic status of people of effective implementation of family planning programme. People of Yadav community are suffering from different kinds of problems Few of them are mentioned below:

-) People of Yadav society (mostly female) are regarded as second class citizens discriminated against in social, cultural, economic, religion and political aspects.
-) Yadav women are generally deprived in property rights and mostly suffered from early marriage.
-) Health status of Nepalese women is very poor while Yadav women's status is also so much poor.

-) Higher child loss experiences is positively associated with number of CEB child loss experience is the indicators of poor maternal and child health services and it also indicate the poor status of Yadav women in the society.

Due to all these facts, it made curious to know about the status of women and their fertility behaviour of Yadav women in Gadhawa VDC of Dang district. All these reasons made possible to research this topic "Status of Women and Their Fertility Behaviour".

1.3 Objectives of the Study

The general objective of the study is to access the fertility behavior of Yadav community of Gadhawa VDC of Dang district.

-) To examine the fertility behavior of Yadav community.
-) To find out the family planning knowledge and practice among Yadav community.
-) To explain the female education, occupation, age at marriage and its relation with fertility behaviour.

1.4 Significance of the Study

In the world as well as in Nepal, women cover half of the total population. Women are the backbone of a society. Most of works are done by women. They have equal responsibility to make society or country. Status of women can influence fertility through educational attainment, age at marriage, participation in occupation, outside house hold, their decision making power and use of contraception, population and development programmes.

The main purpose of this study is to find out various socio-economic and demographic aspects of fertility behavior of Yadav community in Gadhawa VDC of Dang district. The verification of the demographic and socio-economic characteristic on fertility behaviour may help researchers, administrators and

policy makers in their own area. Not only this, this study provides recent data on fertility which may help the policy to get in sight into population dynamics.

1.5 Limitation of the Study

Each study has its own limitations and short coming, due to the limited time, source and budget, the present study was limited to Gadhawa VDC of Dang district.

-) This study was limited to fertility behaviour of Yadav community of Gadhawa VDC of Dang district. It may not represent the whole district or national average scenario.
-) This study was limited to the general socio-economic study of the reproductive age groups of women (15-49years).
-) Fertility behaviour of Yadav women were explained in term of CEB.
-) Psychological, emotional and cultural factors were not included for the assessment of fertility behaviour in this study.

1.6 Chapter Plan of the Study

This study has organized in six different chapters. It starts with an introduction under which the study outline the general background, statement of the problem, objectives of the study, significance of the study, limitation of the study. The second chapter deals with the review of previous literature. This chapter includes theoretical literature and empirical literature. The third chapter deals with the research methodology. This chapter includes field research methods, research area selection of cluster, selection of households, selection of respondents, research design, sample size determination, nature of data and questionnaire design, data collection procedure, method of data analysis and interpretation and conceptual framework. Chapter four deals with demographic and socio-economic characteristics of study population, Demographic and socio-economic characteristic of respondents are included. The fifth chapter consist differential in fertility behaviour and it includes (CEB and affecting determining factors on fertility behavior, knowledge and use of contraceptives

and child loss experiences of respondents. The last chapter consists of summary, conclusion and recommendations.

CHAPTER - TWO

LITERATURE REVIEW

Fertility is the major component of rapid growth of population. Demographer and social scientists are even today busy in research of systematic theory which would provide explanations for change in fertility level and difference in fertility trends. Fertility determined by different psychological factors and their interplay with social, cultural, economic and modernization factor.

2.1 Theoretical Literature Review

The term status of women is very exclusive on concept and there is difficulties in defining and measuring thought. Social demographic literature use numerous terms such as female autonomy, women rights, prestige, power or freedom to describe status of women, its measurement is often continued with two standard variables education and occupation (Mason, K.O., 1984).

'Status' refers to a position in social system, subsystems, which is distinguishable from and at the same time related to other positions though its designated rights and obligation. In the pure sociological sense status does not imply ranking in hierarchy but denotes only position, rights and obligation. However the United Nations women's development decade made a definite contribution to the status of women across the world in that governments reviewed their political regarding women and accepted the integration of women in development as desirable planning objective (Kumar Ashok, 1990).

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

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

Davis and Blake (1956) developed an analytical framework for the comparative sociology of fertility in which they defined a set of eleven variables that they called the intermediate variables. This framework first provides a classification of the intermediate variables through which any social factor influencing the level of fertility. These are intercourse, conception and gestation variables. On the basis of this classification, Davis and Blake then proceeded to examine how some types and elements of social organization enhance or depress societal fertility. In the sociological literature, the intermediate variables are viewed as being directly related to specific aspect of the social and economic structure, as reflected for example by such indicators as income, education of the wife, occupations of the husband, area of residence and some summary index of overall socio-economic status or directly through social norms or standard of behaviour, regarding family size and of the intermediate variables themselves (Davis and Blake, 135-211).

According to John Bongaarts, the proximate determinants of fertility are the biological and behavioural factors through which social, economics, psychological and environmental variables affect fertility. Bongaarts (1983) has identified seven sets of proximate determining variables affecting fertility which are age at marriage, marital disruption, onset of permanent sterility, duration of post partum infecundity, fecund ability use and effectiveness of contraception, spontaneous intra-uterine mortality and induced abortion. Later he proposed only four proximate variables that affect directly in determining fertility levels. They are proportion married, contraception, post partum

infecundity and abortion. These four proximate determinants are main determinant to reduce the fertility in Nepal (MOPE, 2000: 27).

Threshold hypothesis was developed within the theory of demographic transition but it does not depend on holding the long term reciprocity of births and deaths as a key determinant. The hypothesis ultimately divides the world into those nations marked by low fertility, gross reproduction rate with less than two ($GRR < 2$) and those with relatively high fertility ($GRR \geq 2$). These two groups show a substantial difference on indicators of income per capita, energy consumption, urbanization, non agricultural activities, hospital beds, life expectancy at birth, infant mortality, early marriage, formal literacy, newspaper circulation, radio receivers and cinema attendance (Ilchman, 1975: 226-228).

This diffusion theory may not completely explain how fertility declined in the west, but it does provide a partial explanation of fertility differential in low fertility countries. Once again, this theory has been referred to very recently by John Knodel who after examining the age patterns of fertility in Asia, arrives at the conclusion that the modern fertility transition appears to have resulted from innovation as well as adjustment (Bhende and Kanitkar, 2003: 235).

ICPD, 1994, the international conference on population and development has given more priority to women. The ICPD emphasized the gender equality, equity and empowerment of women. The conference calls on countries to empower women and eliminate all forms of discrimination against the girl child and the root cause of son preference, increase public awareness of the value of girl and promote equal participation of women and men in all area of family and household responsibilities (Populi 1994). Both conference (Beijing and Cairo) considered that enlistment of women is a part of development and influence all section of development issues. Since the 8th five year plan of Nepal program was formulated to increase women's status (UNFPA, 1994).

In most developing countries population growth rates are in rise due to decreasing mortality rate and more or less constant birth rates although fertility rates have now begun to fall in many developing countries. There has been a

tendency for women's movement from rural to urban and it has a significant effect on education which affects age at marriage and structure of the family. There have also been important changes within rural and urban areas due to non demographic factors (Kumar Ashok, 1990).

2.2 Empirical Literature Review

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

The level of women education is low in Nepal and also lowest in SAARC countries. The adult female illiteracy is 34 for Nepal compared to Sri Lanka 94, India 58, Bangladesh 53 and Pakistan 48. The campaign for improving women's status has influenced the role of education. It is believed that education has brought about reduction in the inequalities between sexes and uplift women's subjugated position in the society. Educated women have a higher social status and stable family size. So TFR was higher for Nepal (5.1) than other SAARC countries (UNICEF, 1998: cited in Basyal).

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

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

Occupation is also an important factor for determining the status of women. Women in different occupations are found to have different fertility levels. The mean CEB per ever married woman is highest for the farm 2.7 whereas it is lowest among the professional and technical 1.6, administrative and clerical workers 1.6. This could be due to the social status given to the occupation itself and time available to working women for raising children (CBS, 1995: 78-79).

The age at marriage in developing countries is normal shaped. It is lower in the earlier age groups which are obvious and increases slightly up to age 25-29 years or around 30, and starts declining gradually. Married women in younger age naturally represent lower age at marriage. When the current age increases, especially after 30 years, the age at marriage again goes down, because the older women are also found marrying the relatively younger ages. However, a recall lapse error or hesitation to report relatively lower age at marriage is considered for the fluctuation in age at marriage for the women age 45-49. Women aged 15-19 at the time of survey had an age at marriage of 14.8 years. The women in age group 25-29 years reported the highest age at marriage of

16.2 years. The total age at marriage of 15-9 years is one of the lowest in the world and even in South Asia. Almost 31.4 percent of women were married by the age of 14. A caution may be adopted that not all women married start living with their husband in Nepali culture, however, the marital status becomes currently married. The percentage of women married sparkly increased to 45.5 by the age 15, 59 by 16, 63.4 by 17, 78.3 by 18, 84 by 19 and 90.2 by 20. More than 90 percent women in Nepal are married by the age of 20. Almost 97 percent of women in Nepal are married before they reach 25 years of age. An analysis based on the same data revealed that the women aged 15 at the time of survey had spent 0.81 years in sexual union and their CEB was 0.30. Similarly, by the age of 16 they had spent 1.5 years with their husbands and given birth to 0.39 children. By 17 years of age they had lived 1.95 years with spouse and given birth to 0.53 children. The figure of cohabitation was 2.94 years and CEB was 0.70 for the age 18 and 19 years of age of women had an experience of 3.02 years of sexual life and 0.92 children. In a life of 25 years of age women had roughly lived 7.69 years with their husbands and had born 2.29 children. Women married in early ages have also started giving birth in early ages. There are no alternative ways to postpone first birth without postponing age at marriage in Nepal (Acharya, 2000: 23-26).

Early marriage continues to be the norm, particularly for girls in most countries of the region, despite laws prohibiting marriage before age 18 for girls and 21 years for boys. Although girls are gradually marrying at later age in general, South Asian girls still marry earlier. Spouse gender age gaps at marriage reflect patriarchal structures of the societies, which are reinforced by the legal systems of respective countries. In most countries of the region, except Sri Lanka, nearly 60 percent of women ages 20-24 were married by the age 18, with one quarter marrying by the age 15. The proportion of women aged 20-24 married by the time they were 18 and 15 were least for Sri Lanka and highest for Bangladesh, followed by Pakistan, Nepal and India. At least 70 percent of women aged 20-24 in Bangladesh and Pakistan were married by the age of 18, declining to 60 percent for Nepal, 54 percent for India and 12 percent for Sri

Lanka. The proportion of women aged 20-24 who were married by the age of 15 and 35 percent of Bangladesh, 25 percent of India, 20 percent for Nepal and 12 percent for Sri Lanka (Chaudhary, 2000, cited in Uprety).

The 2001 NDHS indicates that 39 percent of currently married women are using a method of family planning. The 35 percent who are using modern contraception represents a dramatic increase in the use of modern methods from 26 percent in the 1996 NFHS. Currently married women by contraceptive use, according to the three women's status indicators, use of modern methods increases as women's participation in decision making increases. For examples, 16 percent for women who have no say in any of the five specific household decisions are using a modern methods compared with 94 percent of women who participate in one to two decisions, 46 percent of women with a say in three to four decisions, and 42 percent of women who participate in all five decisions. However there are no significant differences in the percentages of women using modern methods relative to their attitudes towards wife's ability to refuse sex with her husband. Use varies negatively with attitude toward wife beating. Use decreases as the number of reasons to justify wife beating increases. For example 36 percent of women who believe that a man is not justified in beating his wife for any reason at all are using modern methods of contraception compared with 26 percent of women who believe that a man is justified in beating his wife for all five reasons ask about (MOH, 2002).

According to NDHS-2006, about 44 percent of married women were using modern method of family planning while according to NDHS-2011, more than 4 in 10 married women (43%) currently use modern method of family planning. Another 7 % are using traditional methods. Female sterilization is the most common (15%), followed by injectable (9%), male sterilization (8%), the pills and male condom (4% each) (NDHS, 2011: p.4).

CHEPTEER -THREE

RESEARCH METHODOLOGY

3.1 Field Research Method

This study is based on field survey in order to fulfill the specific objectives of the study. The study is based on both primary and secondary data but the analysis mainly depends upon the primary data which was collected by administering the survey interview schedule. Fertility behaviour has been examined by the number of CEB by relating with education, profession, age at marriage, child loss experience, breast feeding and use of contraceptive method.

3.2 Research Area

This study has been conducted within the Yadav community of Gadhwara VDC of Dang district. This VDC lies in Western part of the inner Terai of Nepal and Southern part of Deukhuri Valley. It is located 5 km apart of south of Mahendra Highway (Lamahi, Chailahi). Gangaparaspur VDC is in East, Bela in West and Koilabas VDC is situated in south of this VDC.

3.3 Selection of cluster

No study has yet been conducted on the fertility behavior of Yadav women of this VDC, which was necessary to know the level of fertility situation in this community. This study was conducted only among Yadav community which ethnicity is backward in the socio-economic and other demographic aspects.

In this VDC, ward no two, three and four were selected by purposive sampling because of the majority of Yadav community are situated in these wards.

3.4 Selection of Households

The total household were selected by the village profile of selected wards. According to village profile provided by VDC, there were 250 households in related community. Among them 60% of total households (150 household were selected by the random sampling method.

3.5 Selection of Respondents

150 Respondents of yadav married women aged 15-49 (Reproductive aged) were selected from particular selected wards. Only one respondent was selected in each household.

3.6 Research Design

This study was quantitative in nature, which attempted to analyze the relationships between fertility behaviour (dependent variables) demographic and socio-economic (independent variables) status. The study was mainly focused in obtaining information about existing condition of status of Yadav women and their fertility behaviour. 150 household were selected and required primary data were taken from respondents from selected household by systematic random sampling. The primary data were collected through interview based on structured survey questionnaire, interview and observation.

3.7 Sample Size Determination

For the purpose of this study purposive and simple random sampling with lottery method was used. Ward no 2, 3 and 4 were selected because of majority of Yadav community people were situated in the respected wards.

In this study, total population 399 were all married between the reproductive ages of 15-49 years. Among them only 150 married women (38% of total selected female population) were selected as the respondent by using simple random sampling.

Ward No.	Total No of Households	Selected Households	Total Married Women of 15-49	No of Respondents Married Women Aged 15-49
2	65	50	150	50
3	130	61	153	61
4	55	39	96	39
Total	250	150	399	150

Source: Field Survey, 2011

After preparation of interview schedule, it was submitted to the supervisor. After getting suggestion, the corrected interview schedule was per-tested to 10% in similar age group of people of same VDC for validity, objectivity and reliability. According to pretest result and suggestions of supervisor, further essential modifications and improvement was made before making them final.

3.8 Nature of Data & Questionnaire Design

This study was based on field survey in order to fulfill the specific objectives of the study. The study based on both primary and secondary data but the analysis mainly depends upon the primary data which was collected by the interview/ Questionnaire Schedule.

A questionnaire is a list of questions arranged in sequential. There are different types of questionnaire which can be used to collect required information. Some of them are: structured questionnaire, open-ended questionnaire, picture questionnaire and mixed questionnaire. In this study mixed questionnaire has been used. In the study of fertility behaviour of Yadav community, the questionnaires have been divided into three different groups. Demographic characteristics of the study population socio demographic information and individual questionnaire.

3.9 Data Collection Procedure

At first the researcher explained the purpose of the visit to the respondents. After that researcher explained the details about the purpose of research. The qualitative and quantitative data were collected through the structural questionnaire.

3.10 Methods of Data Analysis and Interpretation

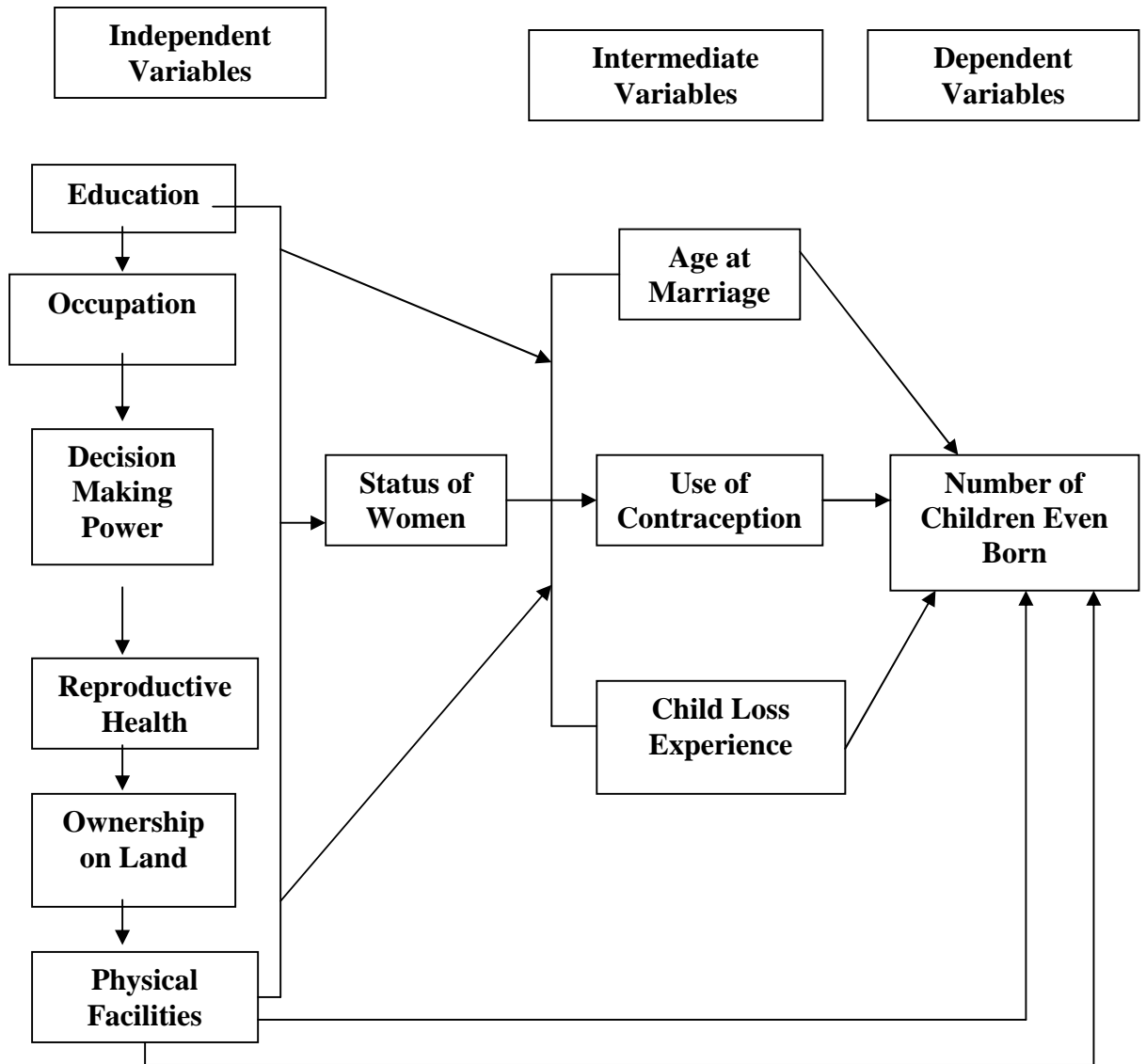
The main aim of the study was to find out the status of Yadav women and their fertility behaviour. To fulfill the objective of the study required data and information were collected and they were grouped, tabulated, calculated and presented in different sections. The analysis and interpretation was made with

the help of computer and tables, graphs and charts to make the presentation according to objectives.

3.11 Conceptual Framework

Literature review provides important basis for the establishment of relationship between or among variables and to know how one variable affect other variables. This literature review suggests that women's socio-economic and demographic status are important for determining the fertility behaviour of women.

The conceptual frame work is shown below.



This framework suggest that status of women refers to the education, occupation, decision making power, health condition of women which directly affect on age at marriage, use of contraception and child loss experience. These variables in turn have a direct relationship with number of CEB.

Here, we have to measure fertility by children ever born (CEB) rather than by measures of all current fertility like CBR and TFR as the sample size is small.

CHAPTER - FOUR

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF STUDY POPULATION

4.1 Demographic and Socio-economic Characteristics of the Study Population

The study of population has been categorized by different demographic and socio-economic characteristics like age-sex structure, religion, marital status, education, occupation, physical facilities etc.

4.1.1 Age-sex Structure of Study Population

Age is the major component of fertility behaviour, 15-49 years age is called reproductive age. To find out the age of study population researcher had taken data with them. To make easier to study population age divided in to 13 categorized.

Table. 1: Distribution of Study Population by 5 years Age and Sex Group

Age group	Male		Female		Total	
	No.	%	No.	%	No.	%
0-4	41	8.76	45	8.87	86	8.82
5-9	52	11.11	52	10.25	104	10.67
10-14	51	10.89	55	10.85	106	10.87
15-19	45	9.62	57	11.24	102	10.46
20-24	47	10.04	52	10.25	99	10.15
25-29	56	11.96	65	12.85	121	12.41
30-34	38	8.12	42	8.24	80	8.20
35-39	25	5.34	25	4.93	50	5.13
40-44	23	4.91	21	4.14	44	4.51
45-49	20	4.27	21	4.14	41	4.20
50-54	18	3.85	20	3.94	38	3.89
55-59	22	4.70	17	3.35	39	4.00
60 and above	30	6.43	35	6.98	65	6.69
Total	468	100	507	100	975	100

Source: Field Survey, 2011

Majority of population are in the age group 25-29 years. More than 12 percent populations are in this group followed by 11 percent in the age group 5-9 and

10-14 years. 10 percent in the age group 15-19 and 20-24 years and 9 percent in the age group 0-4 years. The lowest proportions of population are in age group 50-54 years. 6.69 percent population is in the age group 60 years and above. Among them 48 percent of the population is males and 52 percent is female.

4.1.2 Religion

Nepal is a Multi-religious country. Nepal is constitutionally a free religion with legal provision of no discrimination against their religion. People of different religious groups have their own traditional and value system governing their reproductive behaviour.

Table. 2: Distribution of Study Population by the Religions

Religions	No of Household	Total Population	Percentage
Hindu	143	931	95.5
Christian	7	44	4.5
Total	150	975	100

Source: Field Survey, 2011

According to above table, it is known that majority of study population is dominated by Hindu religious 95.5 percent followed by Christian religion which is found 4.5 percent of the household of study population.

4.1.3 Marital Status

Marriage is the primary event in the process of family formation. The total study population 975. Out of them under aged (below 10 years) remaining population were 785. The marital status of the study population is presented under following table.

Table. 3: Distribution of Study Population by Marital Status (10+years)

Marital Status	Male		Female		Total	
	No.	%	No.	%	No.	%
Unmarried	155	41	175	43	350	42
Married	220	59	235	57	455	58
Total	375	100	410	100	785	100

Source: Field Survey, 2011

According to above table, the total population of study area aged 10 years and above that are 785. Among them, about 42 percent of population are unmarried while 58 percent of them are found married.

4.1.4 Literacy Status and Educational Attainment (6+ years)

Education is a very important factor for development, without education development is not possible. Education is one such variable which determines every aspect of human life. The literacy status and educational attainment of population of study 6 years and above is presented under following tables.

Table. 4: Distribution of Study Population by Literacy Status and Educational Attainment and Sex (6+ years)

Literacy Status	Male		Female		Total	
	No.	%	No.	%	No.	%
Illiterate	206	49	282	61	488	55
Literate	215	51	180	39	395	45
Total	421	100	462	100	883	100
If Literate, Level of Education						
Non Formal	15	6.97	23	12.78	38	9.62
Primary	70	32.56	81	54.00	151	38.23
Lower Secondary	65	30.24	52	28.89	117	29.62
Secondary	40	18.60	15	8.33	55	13.92
Intermediate	20	9.30	8	4.44	28	7.09
Bachelor +	5	2.33	1	0.56	6	1.52
Total	215	100	180	100	395	100

Source: Field Survey, 2011

According to above table, total literacy rate is found 45 percent while majority population aged 6 years and above found illiterate 55 percent on study area. Among them 51 percent of male and only 39 percent of female are found literate.

Among literate, more than 38 percent have only completed primary level, about 30 percent have completed lowered secondary, about 14 percent secondary, about 7 percent Intermediate and about 2 percent population completed bachelor and above. Among them about 10 percent could only read and write. Majority of literacy level of male and female found only primary level so that literacy status of yadav community of study area is very poor.

4.1.5 Land Holding Status of the Study Population

The land holding status of the respondents indicates economic status in the society. The distribution of HH by land ownerships were tabulated below.

Table. 5: Distribution of the Study Households by Land

Description	No. of Respondents	Percentage
Landless	29	19.3
1-5 Kattha of land	85	56.7
6-10 Kattha of land	17	11.3
11-14 Kattha of land	4	2.7
14+ Kattha of land	15	10.0
Total	150	100.0

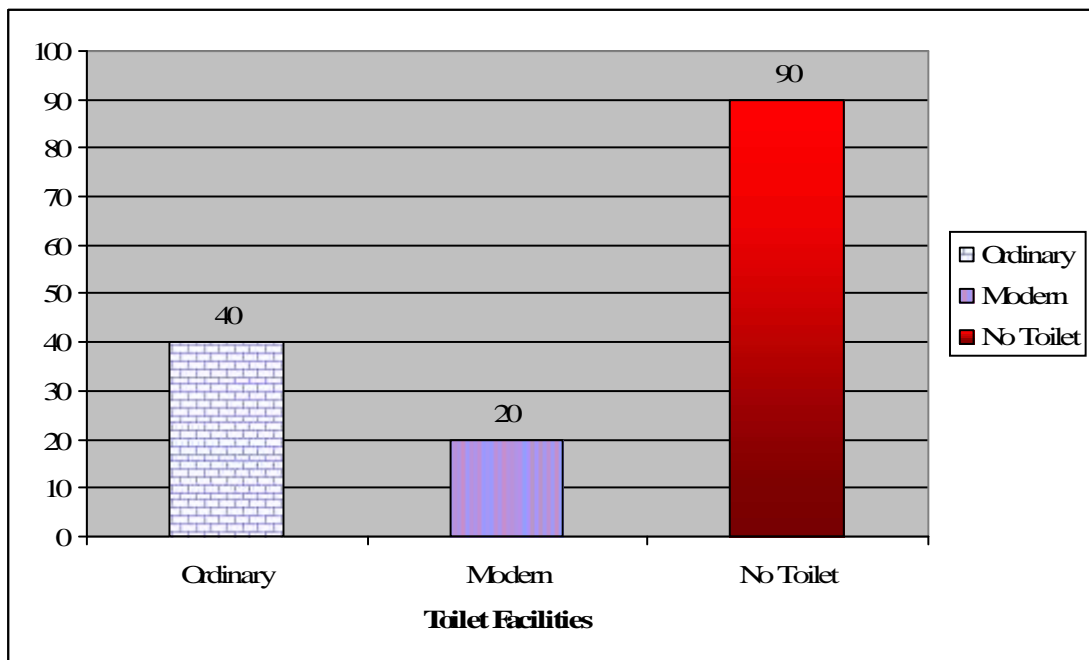
Source: Field Survey, 2011

The Table. 5 shows that 19.3 percent of study population (HH) have no access to land. 56.7 percent have 1-5 kattha whereas 11.3 percent have access to 6-10 kattha, 2.7 percent have 11-14 kattha and 10 percent have more than 14 kattha land. Above table suggests that all study population have less amount of land. It indicates the poor economic status found in study population.

4.1.6 Toilet Facilities of the Study Population

The physical characteristics of study population are important in assessing the general socio-economic condition of the population. Toilet facilities indicate the socio-economic status of society.

Figure 1: Distribution of Study Respondents by Toilet Facilities



Source: Field Survey, 2011

Figure.1 presents that the majority of respondents (90) 60 percent don't have sanitation facilities, (40) 27 percent respondents have ordinary and (20) 13 percent modern toilet indicates that this community is far from awareness. Poor socio-economic status of the household is also clearly seen.

4.2 Demographic Characteristics of Respondents

The purpose of this chapter is to provide a descriptive summary of the demographic and socio-economic characteristics of the individual respondents in the study of population. Information on basic characteristics of women provides valuable input for socio-economic development and planning. The distribution of respondents by selected background characteristics include age, age at marriage, education, occupation, knowledge and use of contraceptive and decision making respondents are ever married women aged 15-49 years in selected households.

4.2.1 Distribution of Eligible Women by Age Group

The statistics presented in the table below represents the distribution of the eligible women/currently married women from whom the fertility behaviour of Gadhawa VDC has examined.

Table : Distribution of Eligible Women by Age Group

Age Group	No. of Respondents	Percentage
15-19	12	8.0
20-24	3	20.7
25-29	35	23.3
30-34	18	12.0
35-39	21	14.0
40-44	21	14.0
45-49	12	8.0
Total	150	100.0

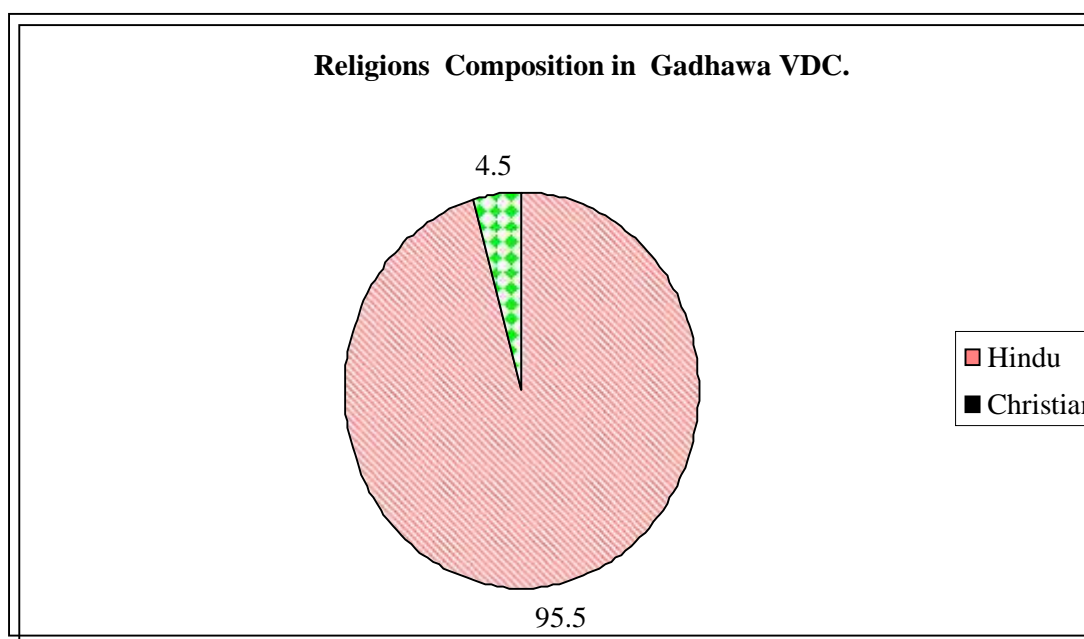
Source: Field Survey, 2011

Table. 6 shows that with regards to the eligible respondents distribution with five year age group. The majority of women in reproductive age have been found in 25-29 age groups, followed by 20-24 age group 23 percent. Relatively high proportion of respondents are in their younger age groups. 54 percent of them were the age under 30. Their proportion of eligible women declines after aged 35-39 age group in this community.

4.2.2 Religious Composition of the Respondents

Nepal is a multi-religious country. Nepal is constitutionally a Hindu kingdom with legal provision of no discrimination against their religious. People of different religious groups have their own traditional value system governing their reproductive behaviour.

Figure 2: Distribution of Respondents by the Religions



Source: Field Survey, 2011

The figure. 2 shows that the majority of the respondents are dominated by Hindu religion which is accounted for (143) 95.5 percent followed by Hindu and Christian constitutes only (7) 4.5 percent of the study area.

4.2.3 Caste/Ethnicity Composition of the Respondents

Nepal is multi-religious, Multi-caste and multi-lingual country. The study is same as a country. There are various caste/ethnic and religious groups but this study is only of Yadav women and their fertility behaviour, so 100 percent respondents are of Yadav community.

4.3 Socio Economic Characteristics of the Respondents

4.3.1 Occupational Status of Respondents

Occupation has also very close relation with fertility and it is related to the fertility behaviour. In this study area, higher proportion of the respondents is found engaged in found engaged in agriculture and business sector. The table shows the distribution of the respondents by occupation.

Table 7: Distribution of the Respondents by Occupation Status

Major Occupation	No. of Respondents	Percentage
Agriculture	109	72.7
Business/Trade	16	10.7
Service	11	7.2
HH work	7	4.7
Forestry	7	4.7
Total	150	100.0

Source: Field Survey, 2011

Table. 7 shows that the majority of respondents 72.7 percent reported their major occupation as agriculture followed by business 10.7 percent and service 7.2 percent respectively. Respondents engaged in forestry and HH work are equal 4.7 percent. Thus the figure indicate that respondents major occupation are agriculture followed by non-agricultural occupation.

4.3.2 Age at Marriage of Respondents

Age at marriage is the one of the most important factor for changing the fertility rate of the spouse. If people do early marriage their fertility periods remains long and there is probability of high fertility. On the contrary getting marriage is matured and appropriate age helps in producing required and few children. The following table shows the distribution of respondents by currently married women by age at first marriage.

Table 8 : Age at Marriage of Respondents

Age at Marriage	No. of Respondents	Percentage
10-14	18	12
15-19	69	64
20-24	33	22
25+	3	2
Total	150	100.0

Source: Field Survey, 2011

From the Table. 4 presents that by the age of 20 years, 76 percent of the eligible women were married. Nearly, 2 percent women married after age 25 years. The proportion of women married between the age group 10-14 and 20-24 are 12 and 22 percent. The mean age at marriage was found to be 17.7. The table suggested that early marriage practices have been seen in this community.

4.3.3 Educational Status of the Respondents

Education is widely acknowledged as benefiting both the individual and society and is associated with number of positive outcomes for health, nutrition and status of women. It also depends on the socio-economic background of the respondents.

Table 9: Educational Status of Respondents

Literacy Status	No of Respondents	Percentage
Literate	68	45.3
Illiterate	82	54.7
Total	150	100.0

Educational Level

Non-formal	15	18.2
Primary	39	47.6
L. Secondary	19	23.2
Secondary	3	3.7
SLC and Above	6	7.3
Total	82	100.0

Source: Field Survey, 2011

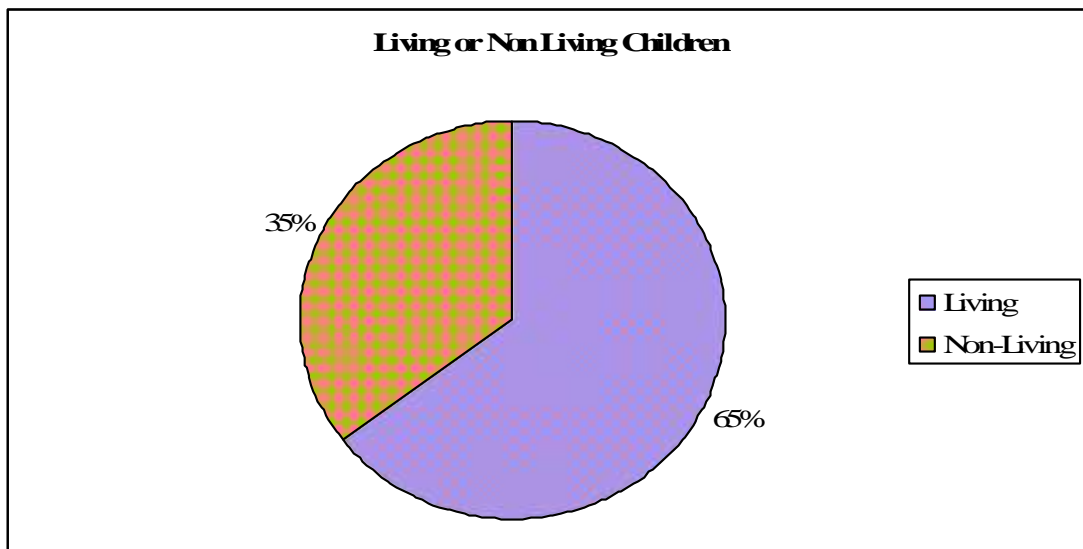
Table. 9 Shows educational status of the respondents. Out of 150 women. 45 percent has been found literate corresponding to 55 percent illiterate by observing the educational attainment among literate. More than half of the respondents 48 percent have completed primary education followed by 18 percent non formal education. Similarly, SLC completed respondents have been found twice percent and the secondary education attainment 4 percent.

The figure shows that approximately four respondents in the study are found illiterate. This factor may have contributed to high fertility.

4.3.4 Number of Living Children of the Respondents

Number of living children play vital role to decrease fertility. Women with high number of living children are expected to bear less children than women with child loss experience.

Figure No. 3: Distribution of Respondents by Number of Children



Source: Field Survey, 2011

Above the figure. 3 Shows that all of their children were living with 65 percent respondents and were not living their children with 35 percent respondents

CHAPTER - FIVE

DIFFERENTIAL IN FERTILITY BEHAVIOUR

5.1 Determining Factors on Fertility Behaviour of the Respondents

This section deals with the analysis of fertility level with selected demographic and socio-economic characteristics of community. Fertility level is examined from the ever married women of (15-19) years with some selected demographic and socio-economic variables. Variation in child ever born (CEB) is considered is the variation in fertility behaviour of women. CEB is one of the basic indicators for fertility analysis. CEB is the complete fertility of women up to age at the time of survey and can be easily compared in terms of mean CEB with various characteristics.

5.1.1 Mean CEB and Current Age of Marriage

The CEB has shown in the following various age group of mother. It has positive association with long span of reproductive age of women. The mean CEB by current age of the study is presented in the given Table.

Table. 10: Distribution of Mean CEB and current Age of Respondents

Age Group	No. of CEB	Cases	Mean CEB
15-19	7	11	0.7
20-24	40	32	1.2
25-29	92	41	2.2
30-34	47	17	2.7
35-39	52	19	4.4
40-44	52	19	4.3
45-49	49	11	4.3
Total	399	150	2.6

Source: Field Survey, 2011

Table. 10 Shows that the highest mean CEB 4.4 to women of age group 35-39 and 40-44. The mean no. of CEB for the 15-19 age group 0.8 is found to be

three times of higher than the corresponding national estimates 0.2. The average no. of CEB in the study area is reported to be 2.6 in other words, women age 15-49 have had more than 2.6 births in the study area. The figure indicates that as the age increases, the mean no. of CEB also increases except for the age group 15-49. In general, it reflects that when the age of marriage of women increases, the mean number of CEB also increases. So, we can say there is positive relationship between age of women and CEB in the study area.

5.1.2 Mean CEB and Age at Marriage

Age at marriage directly affects the period of sexual union within the reproductive period like the study of community where premarital stable sexual union is restricted. Sexual union is essential to give birth hence age at marriage affects the fertility. It is one of the factors that bring variations in mean CEB. The effects of age at marriage on fertility as expressed that brings variations in mean CEB. The effects of age at marriage on fertility in terms of mean CEB are presented in table.

Table. 11: Distribution of Respondents by Mean CEB and Age at Marriage of the Study Population

Age at Marriage	No. of CEB	Cases	Mean CEB
10-14	119	28	4.2
15-19	197	81	2.4
20-24	79	38	2.0
25+	4	3	1.3
Total	399	150	2.6

Source: Field Survey, 2011

Findings for the survey reveal that the highest CEB 4.2 is found among women whose age at marriage are between 10-14 years followed by 15-19 years 2.4. The lowest CEB 1.3 is observed for age 25 and over. Thus, this result indicates, higher the age at marriage lower the fertility.

5.1.3 Mean CEB by Education

Education of women is one of the main factors for reducing fertility. This is because, educated women are more aware of the issue of their quality of children than non-educated. Thus, education has indirect impact upon fertility and women with higher level of education are commonly expected to have lower number of CEB and vice-versa.

Table. 12: Mean CEB and Educational Attainment in the Study Area Population

Educational Status	No. of CEB	Cases	Mean CEB
Literate	166	84	1.9
Illiterate	233	66	3.5
Total	399	150	2.6

Educational Attainment

Non formal	64	14	4.6
Primary Education	84	42	2.0
Lower Secondary	36	19	1.8
Secondary	3	3	1.0
SLC	5	6	0.75
Total	192	84	2.3

Source: Field Survey, 2011

Table.12 Show that the highest mean CEB 3.5 is found among illiterate women corresponding to mean CEB 1.9 for literate women which are observed from educational attainment and CEB. Primary education completed women have two times higher mean CEB 2.0 than seconarcy education completed women 1.0. The mean CEB of 4.6 and 1.8 are found among those who have completed non-formal and lower secondary education respectively. The SLC completed women have the lowest mean CEB 0.75. This figure shows the higher the level of education lower the no. of CEB.

5.1.4 Mean CEB and Occupation

Occupation status is also considered as one of the determinants of fertility. It has been almost hypothetical in various studies that higher occupational status of women is negatively associated with the number of CEB. Females in different occupations are found to have different fertility levels as shown in the table below. This could be due to the social status given to the occupation itself and the time available to working women for raising children. Generally, those with non-agricultural occupations may be expected to have lower fertility and those with agricultural occupations may be expected to have higher fertility.

Table. 13: Mean CEB and Occupational Status

Occupation Status	No. of CEB	Cases	Mean CEB
Agriculture	340	116	2.8
Business	27	15	1.8
Service	19	10	1.9
HH worker	3	5	2.0
Forestry	3	4	7.5
Total	399	150	2.6

Source: Field Survey, 2011

Findings from the survey reveal that those who are involved in agricultural occupations have higher fertility, compared to the non-agricultural occupation. The highest mean no. of CEB is 2.9 for those who have the major occupation. In agricultural women who are engaged in service and business and business have mean CEB 1.9 and 1.8 respectively. This table indicates that fertility is associated with type of occupational status of women in the community.

5.1.5 Mean CEB and Husband Occupation

The occupation of husband may also have an effect upon fertility. The table shows the mean CEB by husband's occupation.

Table. 14: Mean CEB and Husband Occupation

Occupation	No. of CEB	Cases	Mean CEB
Agriculture	142	40	3.5
Foreign Employment	63	42	1.5
Service	81	35	2.3
Business	5	3	1.6
Carpentry	47	15	3.1
Masonry	46	15	3.0
Total	399	150	2.6

Source: Field Survey, 2011

The table indicate that husband who are engaged in agriculture have higher mean CEB 3.1 compared to the non-agriculture occupation. The highest mean CEB 3.0 is found among those who are involved in masonry as their major occupation followed by mean no. of CEB 3.0 and 3.1 as their major occupation carpentry and services respectively. The lowest mean CEB 1.6 is observed among those who are engaged in business followed by mean CEB 1.5 with foreign employment as their occupation.

5.1.6 Mean CEB and Husband's Drinking Alcohol Behaviour

Alcohol consumption is related to socio-cultural norms among different cast/ethnic groups. However, it is indirectly related to socio-economic status and fertility. The following table shows the mean CEB by husband drinking alcohol.

Table. 15: Mean CEB and Husband's Drinking Alcohol Behaviour

Drink Alcohol	No. of CEB	Cases	Mean of CEB
Yes	69	44	1.5
No	330	106	3.1
Total	399	150	2.6

Source: Field Survey, 2011

Table. 15 shows that there is a strong relationship between husband drinking alcohol and CEB. Husband, who drinks no alcohol has 3.1 mean CEB and who drinks alcohol is found to have 1.5 mean CEB. Higher CEB of husband with alcohol consumption to contribute high fertility in this community.

5.1.7 Mean CEB and Child Loss Experience

Child loss is also an important factor to determine fertility in backward communities. People want to replace the dead child by giving the next birth. So, women with higher child loss experience have higher CEB.

Table. 16: Mean CEB and Child Loss Experience

Child Mortality	No of CEB	Cases	Mean CEB
Yes	138	40	3.4
No	261	110	2.3
Total	399	150	2.6

Number of Child Loss Experience

Child Loss Experience	No of CEB	Cases	Mean CEB
1	86	20	4.3
2	15	3	5.0
3	18	3	6.0
4	9	1	9.0
5	10	1	10.0
Total	138	28	4.9

Source: Field Survey, 2011

Table.16 Show that there is a strong relationship between child loss experience and CEB. The women, who had not experience child loss reported lowest mean CEB 2.3 which is about half the mean CEB 3.4 of those who had experienced child loss. Similarly, mean CEB is 4.3 for those with one child loss experience compared to the highest mean CEB 10.0 who had experienced with five children. It refers that if women have higher number of child loss their mean

number of CEB also increases. So, we can say there is positive relationship between child loss experience and CEB.

5.1.8 Mean CEB and Family Planning

Knowledge of contraception is an important factor influencing fertility. It is accepted that contraception is responsible for the shift from high fertility to low fertility in many countries.

Table. 17: Mean CEB and Knowledge Use and Non Use of Family Planning Methods

Knowledge of Family Planning	No of CEB	Cases	Mean CEB
Unknown	72	22	3.2
Known	327	128	2.5
Total	399	150	2.6

Users and Non Users

Use of Contraceptive	No of CEB	Cases	Mean CEB
Users	172	62	2.7
Non Users	227	88	2.5
Total	399	150	2.6

Source: Field Survey, 2011

Table. 17 Reveals that out of the 128 respondents have the knowledge of family planning whose mean CEB is 2.5 and don't have the knowledge of family planning so their mean CEB is 3.2. So, we can easily say people having and not having knowledge of family planning have differential in the fertility level. The data reveal the respondents of the family planning measures, the highest number of mean CEB is 3.5 is found in women who are not using contraception. The mean CEB of 2.7 is found among women who are using contraceptive method in the study area.

5.1.9 Mean CEB and Use of Contraceptive Methods

Women's desire and ability to manage her fertility and her choice of contraceptive methods are in part of affected by her status, self image and sense of empowerment. Contraceptive methods are used to lower fertility.

Table. 18: Mean CEB and Use of Contraceptive Methods in the Study

Population

Use of Contraceptive	No of CEB	Cases	Mean CEB
Pills	9	4	2.2
Depo-Provera	29	16	1.8
Condom	12	5	2.4
Others	12	7	1.7
Total	62	32	1.9

Source: Field Survey, 2011

Table. 18 Represents that out of 150 respondents only 32 married women are using the means of family planning whose CEB is 1.9 only. Similarly majority of women are using pills with reported 2.2 mean CEB. Similarly lower mean CEB has recorded in the women using Depo-provera 1.8 women using. So we can say, using means of permanent family planning has higher CEB compared to their using temporary contraceptive methods.

5.1.10 Mean CEB and Decision Making in FP Uses

Women participation in decision making in FP in the respondents spheres may determine the level of fertility. Women who are employed have more say in HH decision making. But in the context of Nepalese society, women do not get the opportunity of patriarchal society.

Table. 19: Mean CEB and Decision Making in FP at Households

Decision Making	No of CEB	Cases	Mean CEB
Husband	145	44	3.2
Self	38	12	3.1
By both	216	94	2.2
Total	399	150	2.6

Source: Field Survey, 2011

Table. 19 Shows the highest mean CEB 3.2 where husbands take decision for FP in HH sphere. The lowest mean CEB 2.2 is observed where both husband and wife take decision which slightly less the mean CEB 2.0 where wife takes decision for FP in household sphere.

5.2 Knowledge and Use of Contraceptives

5.2.1 Knowledge about Family Planning Methods

Family planning is an important aspect of reproductive health. The knowledge of family planning determines the maternal and child health. In order to assess the knowledge about family planning among early married women. They were asked if they had ever heard the various contraceptive devices that a couple could use to delay or stop getting pregnancy.

The majority of the respondents 89.2 percent are found to have knowledge of at least one family method. On the other hand, 10.8 percent don't have knowledge about family planning methods.

5.2.2 Sources of Knowledge about Family Planning Methods

Knowledge is important factor for determining use or non-use of contraceptive. Such information is important for family planning process managers and implementers.

Table. 20: Sources of Knowledge about FP Methods

Source of Knowledge	No. of Respondents	Percentage
Self known	64	42.7
Friend/Relatives	39	26.0
Husband	21	14.0
Health worker	17	11.0
Radio	9	6.0
Total	150	100.0

Source: Field Survey, 2011

The above the Table. 20 clearly shows that 64 respondents are found to have the knowledge of FP by self known. 39 respondents have information from friends whereas, 21 have knowledge from their husband. Similarly, 17 have heard about FP proportion of respondents by radio and health workers suggest the poor status of respondents and low health facilities in the study area.

5.2.3 Use or Non Use Family Planning Methods

Current use of contraceptive is defined as the proportion of respondents who reported they were using a FP method at the time of interview. The level of current use in the most widely used and valuable measure of the success in family planning process.

Table. 21: User and Non User of FP Methods

FP Method	No. of Respondents	Percentage
User	62	41.3
Non-User	88	58.7
Total	150	100.0

Source: Field Survey, 2011

Table. 21 shows that although the majority of respondents (89.2 percent) have knowledge about FP method have found among 42 percent corresponding to 58 percent non-user. Forty two percent seems to be higher than the national

estimates of 39 as given by NDHS, 2001. Such a large discrepancy between users and non-users may be due to several reasons.

5.2.4 Modern Contraceptive Methods Users

Information on use of contraception was collected by first asking the respondents to name ways or methods. Table. 6 presents for ever married women by using specific methods.

Table. 22: Use of Modern Contraceptive Methods

Methods	No. of Respondents	Percentage
Depo-Provera	33	53.2
Male Sterilization	11	17.1
Female Sterilization	5	8.3
Pills	9	14.9
Condom	4	6.3
Total	62	100.0

Source: Field Survey, 2011

The most widely used contraceptive method among ever married women in Depo-Provera 53 percent, male sterilization 17 percent and female sterilization 8.5 percent then pills 14.9 percent and condoms used 6 percent respectively.

It is concluded in this study that respondents have poor knowledge about family planning due to the lack of family planning services, the lack of education and as well as the tradition of the community.

5.2.5 Reasons for not Using Family Planning Methods

An understanding of the reasons for people not using FP method is critical in designing programs that could improve the quality of services. It's table shows the reasons for not using FP methods.

Table. 23: Reason for Not Using FP Methods

Reasons	No. of Respondents	Percentage
Fear of Side effect	22	25.0
Disagree of husband	10	11.3
Don't know	30	34.1
No need	26	29.6
Total	88	100.0

Source: Field Survey, 2011

The above the table show that 24 percent women don't intend to use contraception because of the fear of side effects. 11 percent of women don't intend to use because of opposition or disagree must with husband. As a reason for non use 34 percent cited don't know whereas, 29 percent reported no needed as a reason for non use. This figure concludes that 1 in 3 women have no information as a reason for non use of FP method.

5.2.6 Child Loss Experience of the Respondents

Fertility is directly affected by death of children. There is positive relationship between fertility and child mortality. Higher the child mortality higher the fertility. Lower the mortality lower the fertility of women. Because they think that some children will die or they become uncertain that their children will live longer. So, they think that they should bear the children more than they need. The distribution of respondents by death of children is given below.

Table. 24: Child Loss Experiences

Child Loss Experience	No. of Respondents	Percentage
0	91	60.7
1	38	25.3
2	10	6.7
3	7	4.7
4 and above	4	2.6
Total	150	100.0

Source: Field Survey, 2011

Table. 24 Presents that 61 percent have no child loss experience it is fact satisfactory, however 25.2 percent women have lost one child and 67.5 percent, 4.7 percent have lost 2 and 3 child respectively during their fertility age and 2.6 percent women have lost more than 4 children. It was revealed that higher the child mortality higher the fertility.

CHAPTER – SIX

SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter the key finding of the study and draws the recommendations based on the finding of the study.

6.1 Summary of the Findings.

This study covers 150 households. There are 975 people in the study area. Survey was conducted form 3 wards in Gadhawa VDC. This study was focused on ever married Yadav women of reproductive age 15-49 years. This study has to find out the socio-economic demographic characteristics of the VDC and examined the relationship between fertility behavior CEB and socio-economic variables. The main source of data of this study was based on primary data obtained from field survey interviewing with the respondents however, secondary data were also consulted for the completion of the study.

Among the total population 150 respondents were taken in the study. This study is carried out in Gadhawa VDC of Dang district. This VDC was selected by purposive sampling method and data were also collected from the selected wards by simple random sampling method.

Frequency and mean tables were presented to describe socio-economic factors influencing fertility. Age at marriage, child loss experience, occupation, education, family planning were taken as independent variables and mean CEB was taken as dependent variable.

After analyzing any interpreting the data, the following major findings were obtained.

6.1.1 Demographic Characteristics of Study Population

) Out of 150 household the majority of population is in the age group 25-29 years. More than 12 percent populations is in this group followed by 11 percent in the age group 5-9 and 10-14 years. 10 percent in the age group 15-19 and 20-24 years and 9

percent in the age group 0-4 years. The lowest proportions of population is in age group 50-54 years. 6.69 percent population is in the age group 60 years and above. Among them 48 percent of the population are male and 52 percent are female(table 1).

) The total population of study area aged 10 years and above that are 785. Among them, about 42 percent of population are unmarried while 58 percent of them are found married.

6.1.2 Demographic Characteristics of Respondents

) Out of 150 respondents in different age groups, majority of them 23.3 percent are in the age group 25-29 year and within the age of 20 years, 77 percent eligible women are found married.

) Out of 150 households 95.5 percent are dominated by Hindu religion whereas, Christian religion is practiced by 4.50 percent respectively.

) All of the respondents are from Yadav community.

6.1.3 Socio Economic Characteristics of Respondents

) Among the total respondents only 72.7 percent are involving in agriculture and 10.7 percent in business sector.

) Among the 150 respondents, 60.0 HH don't have toilet facility whereas 27 percent HH has ordinary toilet and 13 present modern toilet.

) Among the total respondents only 45.3 percent are literate and 54.7 percent are illiterate.

) The Total respondents only 19.3 percent have no access of agricultural land. Among them 56.7 percent have 1.5 Kattha agricultural land.

6.1.4 Fertility Behaviour of the Respondents

-) The mean CEB of 150 respondents of current age of marriage women are found 2.7, the highest mean CEB 4.4 in the age group 35-39, 39-44 age group and lowest in the age group 15-19 with the average mean CEB of 0.7.
-) The mean CEB is higher 3.5 in illiterate respondents than that of literate 2.0. The lowest mean CEB 0.7 is found of those who have completed SLC. Compared to the highest mean CEB 4.6 who have completed non-formal education.
-) The highest mean CEB 2.9 I found for those who are engaged in agriculture followed by the mean CEB 2.0 and 2.0 who are involved in service and business as their major occupation respectively. The lowest mean CEB 0.75 is found among those who are involved in forestry.
-) The mean CEB 3.4 is found for those respondents who have the experience of child loss. Similarly among the child loss experience the highest mean CEB 10.0 is found among them who have lost 5 children.
-) The mean CEB 3.2 is found for those respondents who have no knowledge of contraceptive corresponding to the lowest CEB 2.5 among those who have knowledge of contraceptive.
-) The highest mean CEB 3.5 is found for women who have not used contraceptive currently compared to the mean number of CEB 2.5 for women who have used contraceptive.
-) The highest mean CEB 3.2 is found for those whose husband take decision in EP in the respondents compared to the lowest mean CEB 2.2 where decisions are taken by both.

-) According to husband's major occupation, the highest mean number of CEB 3.5 is found among those husband's occupation is agriculture followed by masonry and carpentry with the same mean CEB 3.0. The lowest mean CEB is found 1.6 whose husbands are engaged in business.
-) The respondents husbands drinking alcohol status, the mean CEB 2.5 who drink alcohol compared to those 3.1 who don't drink alcohol.

6.1.5 Knowledge and Use of Contraceptives

-) Among the 150 respondents 60.7 percent women have the experience of child lost 25.3 percent women have experience of losing one child 6.7 percent women have 2.6 and 4.7 percent women have the experience of loosing 3 children.
-) The majority of the respondents 89.2 are found to have knowledge about at least one family planning method. However the use of FP methods have been found among 42 percent. Depo-Provera is the most widely used method 53.2 percent followed by female sterilization and pills 8.5 and 15 percent respectively.
-) 34.1 percent of population don't know how to use FP method 25.0 of women has not used FP method due to fear of side effects.
-) The main source of information for family planning method is self known 62.7 percent followed by friends and husband 26.0 and 14.0 percent respectively.

6..2 Conclusion

Most of the respondents have a more than 6 members with 61 percent have no access of agricultural land so they have a problem of sufficient food in a year. They are facing more economic problems. Most of them don't have toilet facilities, good sanitation, safe drinking water and majority of the population drink alcohol.

The respondents are highly bounded by poverty though, the literary status of women is quite moderate in this community compared to the national figure, Most of them have completed only primary education.

In the population under study the longer duration of marriage has played a significant role in increasing the number of CEB. From the study it reveals that low age at marriage results high CEB, higher the age at marriage lower their fertility.

The education of women has played an important role in decreasing mean number of CEB. Those who are illiterate have high CEB. Education of husband shows that, there is strong relationship between husband's education and CEB. Fertility is associated with types of occupation and status of women. Findings from the survey show that those husbands who are engaged in agricultural occupation have high fertility than those who are engaged in non-agricultural occupation.

Child loss experience also plays a vital role in increasing fertility. Child loss women bear more children than those who have no child loss experience. Similarly, husband with alcohol consumption contribute high fertility. The mean number of CEB for women with contraceptive knowledge is lower than that of those without knowledge. Use and non-use of family planning are associated with higher and lower fertility in the study area. Decision making in family planning varies with the number of CEB.

6.3 Recommendations

On the basis of the study, some recommendations can be put forward to formulate and adopt policy implications which are follows.

-) Awareness programmes are more important in the study aspects of life for both male and female. In this study area female literacy rate is found low compared with male. Government should implement several programmes to educate women because education is one of the major factor in reducing fertility.
-) To reduce the fertility, early age marriage of females should be discouraged incentive programme might be launched to change in attitude of the society for decreasing age at marriage.
-) Effective sex and reproductive health education should be provided for all women, specially of the women after the age of 14 years to increase the contraceptive 'KAP' motivation and supply of family planning methods should be expanded in the remote rural area.
-) Generate self employment, skill oriented training in the village and various affirming programme should be launched to uplift the socio-economic status.
-) Awareness programmes related to child and maternal health should be launched to reduce infant and child mortality. Beside these programmes, mass immunization nutrition, maternal and child health care facilities, cheap medical facilities and free distribution of contraceptive should be launched for better health of mother and the child.
-) To change the small family norms, government should be provide incentives and more facilities for family and they should also discourage them to have more then two children.
-) Child loss has stronger relationship with mean CEB so that fertility education programmes must be targeted not only to reduce the

population size but also to improve health of women along with many development projects in the community.

-) Programmes should be launched to improve the economic status of women by generating self-employment opportunity in the village itself.

6.4 Recommendation for Further Study

This study was only designed to meet its objective i.e. selected some independent socio-economic and demographic variables for the analysis of fertility in terms of number of CEB.

This study examined the relationship by using limited socio-economic and demographic variable (Occupation, child mortality, age at marriage, education and knowledge of FP etc.) and analyzed the fertility in term of mean CEB. Other socio-economic variables like reproductive health, cultural norms, maternal and child health, income level etc. can be used to examine the relationship by using advanced statistical methods.

This study has based on Gadhawa VDC of Dang district, along with the above independent variable's other variable's, like migration, attitude about family formulation, newspaper reading habits, physiological variables, breast feeding, ecological and biological can be included for more appropriate and sensitive estimation with more advanced statistical tool like path analysis. This type of study may produce different new results and probably that result can be described the fertility behaviour of the people of Nepal in various ways.

REFERENCES

- Acharya B., (1996). *Determinants of age at Marriage and Fertility* in Bal Kumar K.C (Ed.), *Population and Development in Nepal*, Vol.4 (Kathmandu: CDPS, T.U.).
- Acharya, B. (2000). *Fertility Differential in Nepal. Poulation and Development in Nepal*, vol. No. 7, p. 23-26. Kathmandu, Nepal.
- Acharya, B., (2000). *Female age at Marriage in Nepal* in Balkumar K.C. (Ed) *Nepal Population Journal* Vol. 9 (Kathmandu: CDPS, T.U.)
- Acharya, M., (1997). *Gender Equality and Empowerment of Women* (Kathmandu: CEDA and UNFPA)
- Adhikari, K.P. (1996). Child loss Experience as Response to High Fertility Observation form Nepal, *Population and Development in Nepal*, Vol. No.4, pp. 1-20. Kathmandu, Nepal.
- Aryal, R.H. (1997). Theoretical Explanation of Fertility Changes Published *Nepal Population Journal*, Vol. No. 6 (5) p. 1-10. Kathmandu.
- Bhende and Kantikar (2003). *Principles of Population Studies*, Bombay: Himalaya Publishing House.
- Caldwell, J. (1977). *Persistency of High Fertility*. Published the Australian National University, Vol. No. 118. P.1: 30-33, Canberra.
- CBS (1995). *Population Monograph of Nepal* (Kathmandu: Central Bureau of Statistics).
- CBS (2001). *Population Monograph of Nepal* (Kathmandu: Central Bureau of Statistics).
- CBS (2011). www.CBS.gov.np.
- CEDA (1997). *Study on the Nepalese Women Status* (Kathmandu CEDA).
- Central Bureau of Statistic (2003). *Population Monograph of Nepal*, Kathmandu:

- Chalise, H.N. (1998). Fertility Attitudes and the Trends in Nepal. *Journal on Population Monograph of Nepal*. Kathmandu: CBS, p: 37-53.
- Chaudhary, R.H. (2000). *Health and Nutrition Status of Children and Women in south Asia* in Bal kumar K.C. (Ed), Population and Development in Nepal. vol.7 (Kathmandu: CDPS, T.U.)
- Chhetri, R.K. (1993). *Age at Marriage and Fertility in Newpal*. Tathyank Gatibidhi (Four Monthly Bulletings) (Kathmandu: CBS).
- Dahal, D.R. (1989). *Women and Children in Nepal, South, Social and Demographic Perspective*, Population and Development in Nepal (Kathmandu: CDPS, T.U.)
- Ilchman, W. (1975). Population Knowledge and Population Polices, In R.K. Godwin (ed.) *Comparative police Analysis*, Legislation: DC Health and Company.
- Karki, A.K. (2060). *Foundations of Population Education and Reproductive Health*. Kathmandu: Kshtiz publication.
- Karki, Y.B. (1995). Organization, Design and Quality Aspect of the 1991 Population census of Nepal. *Published on Population Monograph of Nepal*, Kathmandu: CBS p. 503-531.
- Kattel, K.R. (2001). *Fertility Behavior of Kumar Community, A Case study in Charkatrtha VCD, Lamjung: An Unpublished M.A. Thesis submitted to CDPS. Tribhuvan University, Kathmandu: Nepal.*
- Kumar, A. (1990). *Status of Women and Children in India* in Ashok Kumar (Ed) *Developing Women and Children In India* (New Delhi: Common Wealth Publishers).
- Leibeinstein, H. (1979). Conceptual Framework for Research on relationship Between socio-economic Development and Fertility Decline. *Published on Demographic Transition and socio-economic Development. Vol. No. 65 pp 31-37. New yark: United Nations.*

- Leibesten, E. (1987). *Socio-economic Fertility Theories and their Relevant to Population Policy*, in B.N. Ghosh. (ed). *Studies Population and Economic Development*. New Delhi: Deep and Deep publication. Ministry of Health and Population (2005). *Report on ICPD at Ten*. Kathmandu: MOHP.
- Mason, K.O. (1984). *The status of women: A review of its relationship of fertility and mortality*. (New York: The Rockefeller foundation).
- Ministry of Population and Environment (2004). *Nepal Population Report*. Kathmandu: MOPE.
- MOPE (2000). *Nepal Population Report* (Kathmandu: Ministry of Population and Environment).
- NDHS (2011). www.NDHS.gov.np.
- Neupane, T.R. (197). *Determinants of Fertility Among Tharu in Saudiyar of Dang District*. An Unpublished Master Thesis, Population Department of Tribhuvan University, Kritipur.
- Niraula, B.B. and Devendra P. Shrestha (1997). Does Cast/Ethnicity matter in Fertility Transition. An analysis of Nepalese data. *Published on Nepal, Population Journal*, Vol. No. 6 (5): pp. 13-37.
- Pant, Prakash Dev and Bidhan Acharya (1998). *The Influence of Selected Macro-economic Variables on Fertility and Mortality in Nepal*, Kathmandu: UNFPA.
- Panta, R.D. and S. Acharya (1998). *Population and Development in Nepal*. National Planning Commission, Singa Durbar: Kathmandu.
- Population Reference Bureau, (2003). *World Population Data Sheet*, Washington DC:PRB.
- PRB (2000). *Women: A global profile of women's reproductive lives* (Washington DC: Population Reference Buireau).

- Rana, C. (2000). *Status of women and fertility in Nepal* in Bal Kumar K.C. (Ed.), *Population and Development in Nepal Vol.7* (Kathmandu: CDPS, T.U.).
- Shakya, P. (1996). *Effect of socio-economic Variable on Age at marriage and Number of Children Ever Born*, Kathmandu. An unpublished Master Thesis, Population Department of Trubhuvan University, Kirtipur.
- Tuladhar, J.M. (1989). *The persistence of High Fertility in Nepal*, New Delhi: inter India Publication.
- UN, (1994). *Report of the international conference on population and development* (New York: United Nations).
- UNFPA (1994). *Populi*, vol.21, No.9, Oct (New York: UNFPA).
- UNFPA (1998). *South Asia Study on Population Policies and Programme in Nepal* (Kathmandu: United Nation Population Fund).
- UNFPA (2005). *The State of the World Population*, UNFPA: New York.
- UNFPA, (2009). *Guidelines on Reproductive Health for the UN Resident Coordinator system*. United Nations Fund for Population activity. Published on Task force on ICPD implementation, 220 East 42nd Street, New York. NY10017 USA.
- UNICEF (1998). *The Status of World Children* (New York: UN).
- United Nation (UN) (1973). *The Determinants and Consequences of Population Trends*, New York: Department of economic and social affairs. Vol. 1.
- Uprety, U. (2003). *Status of women and fertility, A case study of Mirgauliya VDC, Morang*. An unpublished M.A. dissertation submitted to central Department of Population studies, T.U. (Kathmandu: CDPS, T.U.).