CHAPTER ONE

INTRODUCTION

1.1 Background

The word fertility in its simplest meaning can be defined as a reproductive function or child bearing process or actual birth performance applied to an individual or to a group. From the biological point of view, fertility refers to the production of new individual of any organism. Fertility is a biological process. (Joshi, Singh, 2065). The term fertility refers to the actual reproductive performance to an individual or a group which is determined by social, cultural, psychological as well as economic factors (Bhande and Karnitkar, 2010).

Fertility is the child bearing performance of individuals couples, group or population. It is contrasted with fecundity fertility is commonly used to cover all aspects of reproduction. Measure of fertility, normally refers only to live birth (Pressat, 1985).

In some developed countries fertility is found less than replacement level such as Canada 1.6, China 1.5, Brazil 1.9., Singapore 1.2, Thailand 1.6, Japan 1.4 Korea South 1.2, Taiwan- 0.9 and most of European countries have less than 2. But in Nepal TFR is 2.9 (population reference Bureau 2011). Among then TFR of low castes have greater than upper caste. e.g. Bhramin, Chhetri, 2.9, 2.4, Dalit 3.9 and Nepal 3.1 per women respectively (NDHS, 2006).

In 2001 census the total population was 23151423 and annual growth rate 2.24 percent and TFR 4.1 per women, CBR 33.1 per thousand. In 2001 census 102 caste/ethnic group are identified where Magar in 7.14 percent of total population (CBS, 2003).

In 2011 census the total population was 26494504 and annual growth rate 1.35 percent. There are 126 caste/ethnic groups reported in the census 2011. Chhetri is the largest caste/ethnic groups having (16.6%) 4398503 of the total population followed Brahmin Hill (12.2%) 3226903, Magar (7.1%) 188733 and. there are 123 languages spoken as mother tongue reported in census 2011. Nepali is spoken as mother tongue by 44.6

percent (11826953) of the total population followed by Magar (3.9%) 788530 of the total population (CBS, 2011).

Nepal is currently facing the problem of rapid population growth. The main cause of rapid population growth is high birth rate and low death rate fertility is not just a barometer for predicting growth or decline. Determining factors of the size of families, nations or the global population are health, education, economic opportunity, equality and the right of every woman to make decisions about the timing and spacing of births, free of coercion from a partner, family a community or a national policy (UNFPA, 2011).

In 2001 Census 102 caste/ethnic group are identified, where Damal/Dholi population is in 12^{th} position. According to the census, total population was 23141423 and total population of Damai/Dholi is 390305 (1.72%) Dalit castes defined by ministry of local development 1997 as lohar, sunar, kami, damai, sarki, badi, gaire, kusale, kache, chyame, pode, chamar, sunar, tatma, dom, batar, bhatwe, etc. According to the census 2001 Magar caste was identified followed by 7.14 percent (CBS, 2003).

Reproductive health is a state of complete physical mental and social well being not merely absence of diseases or infirmity (U.N., 2005).

Falling birth rate once again become a major concern among demographers and government officials beginning in the 1970s. The French pronatalist movement from 1919-1945 to convince. French couples of having a patriotic duty to help increase their country's birth rate. Even the government was reluctant in its support to the movement. It was only between 1938 and 1939. That the French government directly and permanently involved in the pronatalist effort. Although the birth rate started to surge in late 1941 (Andress, 1996).

In Nepal Dalits are excluded from various layers of development issues they are almost out of main streaming from social economic political and cultural practices due to sataquo mall practices of state and rituals. They have very desperate situation in health poverty, national, resources, food security and climate change issues. Dalits have no access in international area although they are recognized in international network but in reality dalits have own social dimension and issues of suppression in Nepalese context

in relation to Nepalese in Nepal they known as untouchable community. It would be essential to say that they are excluded and not allowed to touch even public resources (tap essential temple and public events (Pariyar, 2013).

Fertility is not just a barometer for predicting population growth or decline. It can also be a measure of the quality of women's lives, weather they have no children, a few or many determining factors of the size of families, nations or the global population are: health education economic opportunity, equality and the right of every woman to make decisions about the timing and spacing of births, free of coercion from a partner, family a community or a national policy. The aim of fertility reductions can be achieved by improving the reproductive health, child health, education and the empowerment of women, every parent must decide to have fewer children in order to provide them with better opportunities high fertility can mean high economic, health and social costs (UNFPA, 2011).

Thirty four percent women age 15-49 years have ever experienced physical torture violence since age 15 years and 9 percent of these women reported experiencing physical violence within the past 12 month. Among women who experienced physical violence in the past 12 months less than two percent reported that the physical violence often occurred while 7 percent experienced physical violence only sometimes. Rural women are more likely to have ever experienced physical violence than urban women (35 percent compared with 29 percent respectively) women in the terai are more likely to experience physical violence than women in the other zones. Somen age (40-49) and those with more than 5 or more living children are more likely to have ever faced physical violence currently married women are the victims of more recent physical violence compared with single women indicating some degree of intimate partner violence (MOHP, 2011).

The millennium development goals (MDGS) are light international development goals that all 192 United Nations members states and at least 23 international organizations have agreed to achieve by the year 2015 and signed in September 2000. There are 8 goals of millennium development out of the 8 goals reduce child mortality, improve maternal mortality and combat HIV malaria and other diseases are dissect related to reproductive health and eradicate extreme poverty and hunger, achieve universal

primary education promote gender equality and empowerment, ensure environment sustainability and develop a global partnership for development are indirect related to reproductive health (U.N. 2005).

1.2 Statement of the Problem

Fertility is a biological factor. It has become an important sector in Nepal. Fertility rate is decreasing trend in Nepal but it is not decreased with the wish of people. The fertility behavour of Magar community is based on Dovan V.D.C. on Palpa district. No past study has been conducted regarding fertility behaviours of Magar issues on Dovan V.D.C. Palpa district. Fertility is a dependent variables so it is affected by different factors socio-cultural, norms and values, economic status etc.

Health is a state of complete, physical mental and social well being and not merely absence of diseases or infirmity. Women health involves their emotional, social and physical well being and is determined by the social political and economic context of their lives as well as biology. Women are affected by many of the same health condition as men but women experience them directly and unequally women have different and unequal access to and use of basic health services and they have also different and unequal access to and use of basic health services and they have also different and unequal opportunities for the protection, promotion and maintenance of their health (Subedi, 2010).

Therefore it is concentrated to verify and fertility the above mentioned fertility behaviours of Magar community and their real situation with the people and their study area. In general this study has addressed the following research questions.

a. What are the socio-economic and demographic characteristics of Magar women in the study area?
b. What are the levels of fertility among Magar women in the study area?
c. What types of determinants of fertility behavior among Magar women in the study area?

1.3 Objectives

The general object of this research is to analyze the fertility behavior of Magar community. The specific objectives are:

- To identify the socio-economic and demographic characteristics of Magar.
- To examine the level of fertility among Magar women in the study area.
- To analyze the determinants of fertility behaviour among Magar women (15-49) years in the study area.

1.4 Important/ Significance

The study is most important to make policies and planning in rural and marginal area. The study is used to find out the socio-economic status and level of fertility of Magar women in Dovan VDC. Palpa district. The study is able to find out the actual situation and variation of Magar women regarding their fertility. Poverty, early marriage, illiterate, lack of awareness, towards fertility religious norms and values have emerged as the major problem of rural areas as well as of the country at present. Today Nepal is currently facing the problem of rapid population growth. The main causes of rapid population growth and low death rate. In addition, the study may be helpful to identify the fertility behaviours of Magar women in the study area.

1.5 Limitations

The study is based on fertility reproductive behavior of Magar community at Dovan VDC of Palpa district. As the study area covers a large area only two wards no. 7 and 8 in the study. The study has used of descriptive and exploratory types of research design with some limited statistical tools and techniques like figures, percentage, ratio etc. quantitative data has taken with limited tools such as questionnaire schedules, field survey and face to face interview method. The study is focused within socio-economic characteristics of married Magar women 15-49 years and level of fertility. Therefore the respondents have taken head of households, spouse and married Magar women 15-49 years. Thus, only two wards 7, 8 and married Magar women 15- 49 years of Dovan VDC. Palpa district is included as a sample.

1.6 Organizations

The study is divided into 5 chapters.

The first chapter deals introduction of the study along with statement of problem research objectives, significance of the study, limitation of the study. Relevant literature has been reviewed in chapter, two which deals theoretical reviews, theories of fertility and conceptual framework.

The chapter third of this study is research methodology covering the topics selection of study area, research design nature and sources of data, sampling procedure, data collection techniques and method of data analysis. The fourth chapter describes demographic and socio-economic, profile of sampled households. Finally in the last chapter summary, conclusion and recommendation are presented.

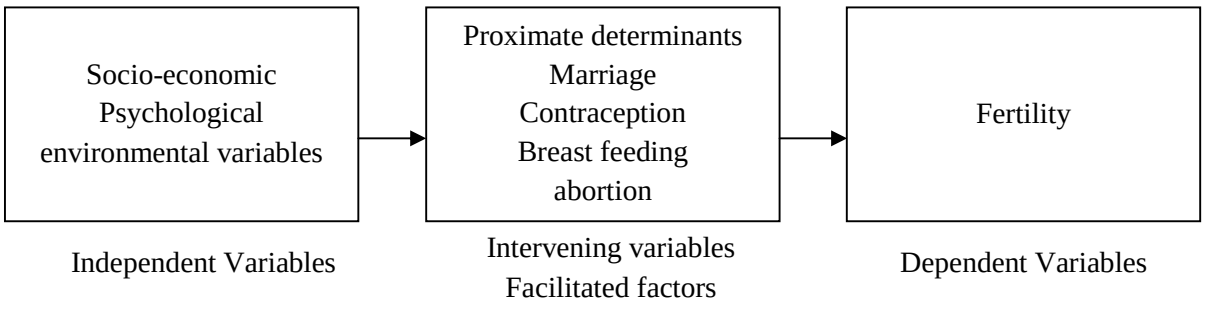
CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Theoretical Review

Bongaart's proximate determinants of fertility are the biological and behaviours factors through which socio-economic and environmental variables are affect fertility. John Bongaart's (1960) analyzed the relationship between socio-economic factors and fertility for fertility decline many method and idea are in society. The prevalence of contraception use decreases the fertility as well as there are many variables they are affecting for decreasing fertility i.e. socio- economic psychological and environmental etc. Bongaart's proposed a moral for fertility analysis which named proximate determinants model.

There are social economic psychological and environmental variables in the background and they affected the proximate variable and these proximate variables affected the level of fertility is the basic theme of proposition.



Eventually at least fertility affects positively or negatively society, country and world (Paudel, 2008).

According to the Macunovich model fertility is determined by the interaction between relative income and the female wage when the male's relative income will increase cause an increase in fertility whereas increase in female wages will give decreasing pressure on fertility. She suggests that during a period of high male wages the opportunity cost relative to female wages is greater than the income effect and therefore

the female wage will have a negative effect on fertility. On the other hand during a period of low male income, an increase in the female wage will result in an increase in the couple's overall income and may therefore lead to the couple having more children. During these times the female income has a positive effect on fertility (Macunovich, 1996).

Rechard Easterlin developed a theory to account for the baby boom. He assumes that first that young couples try to achieve a standard of living equal to or better than they had when they grew up. This is called "relative status" in other words young men in one cohort compare themselves now to where their own fathers in a previous cohort had been. Second erasterlin assumes that when jobs are plentiful it will be easier to marry young and have more children and still match standard of living will wait to get married and have fewer children. For Easterlin the size of the cohort is a crucial determinant of how easy it is to get a good job a small Cohort means less completion a large cohort means more competition to worry about (Diance, 1998).

Bongaart's (1975) proposal a model where the total fertility role of a population can be calculated from four proximate determinants that affect fertility the basic model is:

TFR: Cm × Cc × Ca × Ci × Cc × Tf

Where TFR is the total fertility rate
TF total fecundity rate
Cm, Cc, Ca and Ci
Cm = Index of marriage
Cc = Index of contraception
Ca = The index of induced abortion
Ci = Index of post partum infecundability (Bongaarts, 1975).

Eastern believes that determinants of marriage and fertility are a couple's potential earning power their material aspirations and their socialization experience e.g. religion, education, environment. He said that as relative income increase, there is less economic pressure on the couple and hence they are free to marry and have children. According to him if aspirations are higher than the high income, then the person is actually poor

and will not be able to afford more, children and if aspirations are low and income is high then income can be positively associate with fertility (Easterlin, 1989).

Fertility behavior of any group and community is affected by caste, ethnicity religion, cultures, women is education, occupation, sex performance, use of contraceptives, age at marriage. In case of these variables Brahmin, chhetri and newar have lower fertility than other ethnic group. In the child bearing process three stage, intercourse, conception and gestation may be identified, each of these process are biological in nature but it is affected by social, cultural and economic factors (Bhande, 2010).

Fertility refers to actual reproductive performance as compared with fecundity which refers to the psychological capacity to reproduce one's fertility is limited by one's fecundity and usually for below it world population growth depends upon human fertility. Each and every society replenishes it self through the process of human fertility. Human fertility is responsible for the maintenance of the human population. Human fertility is a biological process but within the biological limits of fertility different social cultural, psychological economic and political factors are responsible to determine the level and differential of fertility (Bhande, 2010).

In the last decades of the twentieth century there are a drastic change in world fertility. The total fertility fell from an average of 4.7 children per woman in 1970-1975 to 2.6 children per woman in 2005-2010. This change loan driven mostly by developing countries (excluding the least developed countries) whose fertility declined by more than half (from 5.6 to 2.5 children per woman). The decline was less marked among at the least developed countries where fertility remains high, with fertility having declined from 6.3 children per woman in 1970-1975 to 4.4 in 2005-2010. In many developed countries, fertility began declining as early as the nineteenth century and most recorded low levels of fertility long before 1950 (UN, 2009).

Certain physical condition is impossible for a woman to conceive. This is called it involuntary infecundity if the woman has a condition making it possible but unlikely to conceive, this is termed sub fecundity" venereal diseases (especially gonorrhea, syphilis and common causes). Nitrition is a factor as well women with less than 20% body fat may sub fecund a factor of concern for athletes and people susceptible to anorexia. Demographer path Frisch has argued that it lakes 50,000 calories to make a body. There

is also sub fecundity in the weeks following child birth and this can be prolonged for a year or more through breast feeling. A furious political debate regard in the 1980s over the ethnics of baby food companies marketing infant formula in developing countries. A large industry has developed to deal with sub fecundity women and men. An equally large industry has emerged to provide contraceptive device designed to prevent conception ther effectiveness in use varies. On average 85%. of married couples using no contraception will have pregnancy in one year the rate drops to the 29% range when using withdraw veginal sponges or sper micides (Bongaart, 1975).

Richard Easterlin developed a theory to account for the baby boom. He assumes first that young couples try to achieve a standard of living equal to or better than they had when they grew up. This is called "relative status". In other words young men in once cohort compare themselves now to where their own fathers in a previous cohort had been second Easterlin assumes that when jobs are plentiful, it will be easier to marry young and have more children and still match standard of living. But when jobs are scarce couples who try to keep that standard of living will wait to get married and have fewer children. For Easterlin the size of the cohort is a crucial determinant of how easy it to get job. A small cohort means less competition a large cohort means more competition to worry about (Diance, 1998).

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Ci = Index of post partum infecundability (Bongaarts, 1975).

The study is based on Dovan VDC. on Palpa district. No past study has been conducted regarding fertility behaviours of Magar issues on Dovan VDC. in Palpa district. A number of women suffer from different problem during pregnancy due to this they are suffering from high risk (UNFPA, 2000).

Fertility problem is one of major health problem in Palpa Dovan like Nepal, large numbers of women are suffering from maternal death through complications during pregnancy. Every minute of every day women are suffering and dying due to complication of pregnancy. Child birth and many more women are suffering from illness of disability. Risk of death is 100 times higher in developing countries. In every six second a weak baby is born so that death comes within a month and many more infants are born disabled (UNFPA, 2000).

2.2 Review of Previous Studies

There is inverse correlation between income level and fertility rate. Higher the level of income, lower will be fertility rate and vice versa. Mother's occupation plays a very significant role in fertility. A number of studies revealed that fertility rate of those whose husband or wife is in a white collar job generally in the professional category or as managers. Supervisor, administrative head etc is much low than the fertility rate of couples whose husband or wife engaged in blue color job (as skilled and unskilled workers) or a production process workers or agricultural or household work. (Bista and Joshi, 2062 B.S.).

Women's education has shown an inverse relation with fertility behaviours of the women. The education affect fertility through changes in the duration of breast feeding, increase age at marriage, increase in the use of contraception and reducing the preferences for large no. of children. The total fertility rate was 2.1 for illiterate women and the fertility was found to be lower 1.77 among the highly educated women (Sujatha, 2009).

ICPD 1994 in its chapter eleven reveals that education is a key variable in sustainable developed education helps to reduce fertility morbidity and mortality. Half a million woman die each year of pregnancy related causes 99 percent of them is developing

countries. Around 20 percent of material deaths result from direct causes including anemia and infections diseases (ICPD, 1994).

In Nepal national data on TFR and CDR have been available rate (CPR) at the country level. In Nepal national data on TFR and CPR have been available since 1976. In 1976 CPR of any methods was 3.0 and TFR was 6.3 in 2006 CPR of any methods is 48.0 and TFR is 3.1 which show that TFR and PR are strongly correlated in Nepal. TFR and contraceptive prevalence rate (CPR) are correlation relation to each other (MOHP, 2006).

Marriage marks they point in a women's life when child bearing becomes socially acceptable age at first marriage has a major effect on child bearing because women who marry early have, on average a longer period of exposure to the risk of becoming pregnant and a greater number of life time births (MOHP, 2006).

Contraceptive prevalence rate, women aged 15-49, any method in the world is 63% more developed less developed and least developed regions is 72%, 61% and 30% respectively. Similarly unmeet need for family planning in the world is 22%, more developed regions have 12% less developed region have 23% and least developed countries have 27%. The total fertility rate is inversely related to contraceptive prevalence rate. Where TFR of world more developed, less developed and least developed regions have 2.5, 1.7, 2.6 and 4.2 respectively (UNFPA, 2011).

Education is directly related to determine fertility behavior of human beings. The relation of these two variables is inversely proportion. It means increase in educational level decrease in fertility rate. No education have total fertility is 3.9, primary have 2.8, secondary 2.3, SLC and above 1.8 (NDHS, 2001) or (MOHP, 2001).

In some countries fertility is found less than replacement level such as Canada 1.6, China 1.5, Brazil 1.9, Singapore 1.2, Thailand 1.6, Japan 1.4, Korea South 1.2, Taiwan 0.9 and most of European countries have less than 2. But in Nepal TFR is 2.9. Among then TFR of lower castes group have greater than upper caste. E.g. Bahun and Chhetri 2.9, Newar 2.4, Dalits 3.9, Nepal 3.1. (NDHS, 2006) or (MOHP, 2006).

The increase in the education of women and girls contributes to women's empowerment to postponement of marriage and to reduction in family size. Higher educational

attainment of women, urban versus rural residence, smaller family of origin and greater religious participation lower fertility was observed. The education affect fertility through changes in the duration of breast feeding, increase age at marriage, increase in the use of contraception and reducing the preferences for large no. of children women's education has shown an inverse relation with fertility behavior of the women. The total fertility rate was 2.10 for illiterate women and the fertility was found to be lowest 1.77 among the highly educated women (Sujatha, 2009).

The global population was 6,987 million with 1.2 percent natural increase and 2.5 total fertility in 2011. The population of more developed regions contains 1,242 millions populations with 0.2 percent natural increase and 1.7 of total fertility similarly the least developed countries contains 745 million population and rate of natural increase and the total fertility rate was 1.4 percent and 2.6 per woman respectively. The population of less developed regions was increasing seven times than more developed regions (PRB, 2011).

The poor have less access to family planning and other reproductive health services socio-economic factors such as women's educational level, employment status, place of residence, degree of autonomy and husband's a occupation are directly related to fertility levels and demand for contraception (World Bank, 2007).

In the context of Nepalese society fertility is inversely related to the level of female education, urban residence and wealth both the 2001 and 2006 surveys showed that women with no education had the highest fertility. Education is directed to determine fertility behavior of human beings. The relation of these two variables is inversely proportion it means increase in educational level decrease in fertility rate (NDHS, 2006).

There is inverse correlation between income level and fertility rate. Higher the level of income, lower will be fertility rate and vice-versa. Mother's occupation plays a very important significant role in fertility. A number of studies revealed that the fertility rate of those whose husband or wife is in a white collar job. Generally in the professional category or as managers, supervisor, administrative head etc. is much low than the fertility rate f couples whose husband or wife engaged in blue collar job (as skilled and

unskilled workers or as a production process workers or agricultural or household work) (Bista and Joshi, 2062 B.S.).

According to 2001 census the average no. of CEB for farm fish workers is recorded 2.7 percent whereas 1.6 per women for administrative workers similarly fertility rate is always lower for employed women as compared to unemployed women (CBS, 2003).

ICPP shows that half a million women die each year of pregnancy related causes 99 percent of them is developing countries. Around 20 percent of material deaths result from direct causes including anemia and infectious diseases. ICPD 1994 in its chapter eleven reveals that the education is a key variable in sustainable developed education helps to reduce fertility, morbidity and morbidity (ICPD, 1994).

Health family planning and education institution are regarded as fertility and mortality behavior. Therefore the relationship between fertility and mortality behavior is seen in the wider context in which main social factors taken into account at both the individual and social levels which have an impact on child survival and fertility relationship (ICPD, 1994).

Fertility is a biological factors. Fertility of Nepal is declining but can be considered high due to the universal marriage early age at marriage, son preference and demand of children for social, economic and cultural belief, more than 86 percent people are living rural areas in Nepal. Fertility is one of the major determinants of population change which is known as child bearing process (CBS, 2003).

The global populations are 7,058 million with 1.2 percent rate of natural increase and 2.4 total fertility rate in 2012. The population more developed countries contains 1,243 millions with 0.1 natural increases and 1.6 of total fertility rate. The population least developed countries contains 876 millions populations with 2.4 natural increase and 3.0 of total fertility rate (PRB, 2012).

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In 2011 census the total population was 26494504 and annual growth rate 1.35 percent. There are 126 caste/ethnic groups reported in the census 2011. Where Magar population (7.1, 199733). Similarly, there are 123 languages spoken as mother tonque reported in census 2011. Nepali is spoken as mother tonque by 44.6 percent (11826953) of the total population followed by Magar 3.9% (788530) of the total population (CBS, 2011).

According to the results of the 2011 NDHS the TFR calculated for the three years preceding the survey 2.6 births per women age 15-49 years. Urban rural differentiate in Nepal are obvious with rural women (2.8 births) having an average of over one child more than urban women 1.6 births. The TFR from the 2011 NDHS can be compared with the TFR estimated from the earlier NDHS surveys in the country. One in two currently married women age 15-49 is using a method of contraception. The majority of users 43 percent rely on a modern method and of percent use traditional methods. Female sterilization 15 percent is the most commonly used modern method of family planning followed by injectables 9 percent contraceptive use varies markedly by residence for example use of modern methods among urban women is 18 percent higher than among rural women use of modern contraceptive method is highest in the 45 percent. There has been a 20 percent increase in the use of modern contraception in the mountain zone in the last five years with male sterilization, 17 percent being the most popular method (MOHP, 2011).

In part of Africa and the Caribbean the two regions with the highest HIV prevalence. Young women are most affected group in the world 57% of all people living with HIV in sub Saharan Africa. 76% young people living HIV up to 38 percent of unmarried Adolescents 15-19 years. In 49 percent in the Caribbean are women with young women facing higher risks in 77 percent HIV positive women in the world (UNFPA, 2005).

In conflict situation adolescent's boys and girls are often recruited as solders or domestic and sexual slaves by armed rebel force trafficking into sexual slavery for girls as they entered liberty bias against girls put them at higher risks than boys for dropping out school, sexual violence and child marriage. Similarly 63% female are adolescent girls fall higher risk harmful practice and poor reproductive health. Girls are dominated by parents before marriage and after marriages women are dominated by the husband and at last stage girls are dominated by the children 50 girls opportunities are cost every day and every time (UNFPA, 2005).

Nearly half of the world population under age 25 years, 85 percent of youth living developing countries. The socio-economic gender discriminations are weak. They are facing the problem of poverty and HIV AIDS. 15 percent of youth living in developed countries. Many young people are facing the problem of HIV/AIDS. Nearly 45 percent of all youth survive on less than 2 dollar a day. The experience of Adolescence is diverse and depends of many factors including one's sex, place of residence, socio-cultural context, economic circumstance and marital status (UNFPA, 2005).

Psychological depression and trauma are the most common experiences of abused women. A study revealed that 77 percent of the cases the perpetrator of violence against women and girls are reported to be a family member and that economic problems and alcohol abuse were the main cause of violence both within and outside the home. The responses given also indicate that the patriarchal structure of society is a major domestic violence for example the women respondents is every district stated that as far as they were concerned the most common form of violence against women in Nepal is polygamy. It must be emphasized here that under the Nepalese law, the prohibition of polygamy is not absolute (SAATHI, 1997).

Violence against women and girls is a very serious problem throughout Nepal. Nepalese women are facing varying forms of oppression and violence depending upon their community class, caste or ethnicity. They are victims of verbal and physical abuse. Denial of adequate food may on occasion be deliberate (as a form of punishment for some perceived offence against the husband or an elder member of the family). In most traditional homes, women eat only after the men, the elderly and after children have been fed. Women are also subject to sexual exploitation, forced child marriage

forced repeated pregnancies to have a son untouchability and isolation during menstruction and recently incidents have been reported of violent abuse and even death when their families are unable to fulfill dowry demands. On rare occasions women have been killed because they failed to bear sons for allegedly having extra-mental relation or identifying sexual demands. Thus, broadly speaking Nepalese women face oppression, discrimination and violence at every level of society. On the economic front for performing exactly the same job such as brick layer while a man is paid Rs. 100 per day a woman makes only Rs. 75 per day (SAATHI, 1997).

IOPD chapter four includes the gender equality, equity and empowerment of women and focuses to eliminate all forms of discrimination against girl child to eliminate the root causes of son preference to increase public awareness of the value of the girl child and to strengthen her self esteem. Male responsibilities and participation, men play a key role in bringing about-gender equality since most societies they exercise preponderant power in nearly every sphere of life empower of women and improvement of their status are important ends in themselves and are essential for the achievement of sustainable develop (U.N. 1994).

A large majority of the women (73%) did not report incidents of violence due to their financial dependency upon others and 49 percent remained silent in the interest of their children and family harmony. The study also disclosed that while psychological violence was most prevalent in urban area of the Kathmandu valley psychological violence was most frequent in hill area and cultural forms of violence were most common in the mid western Terai. Further more in the urban areas 86 percent of the women and girls reported telephone harassment and verbal abuse as the most common forms of psychological violence, 57 percent of those interviewed in the Kathmandu area reported receiving abusive letters, 42 percent reported sexual harassment in the work place and 33 percent in public places. In western Nepal traditional practices such as badi where in the daughter becomes a commercial sex worker to support the family is still prevalent according to 49 percent of the respondents. Several respondents 38% in Banke district also acknowledged that they were aware of dowry related violence against women and in Nuwakot in the central hills (SAATHI, 1997).

2.3 Conceptual Framework

Fertility refers to the actual reproductive performance of a women or a group of women which is determined by social, cultural, psychological as well as economic factors. There are different factors which are directly or indirectly affected to increase or decrease fertility. Such factors are economic status, education, contraception etc. Fertility is a dynamic phenomenon with changing nature and structure of society, nation.

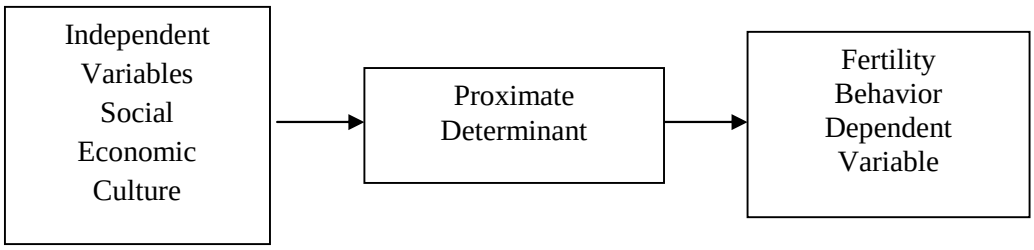

Fig 2.1: Conceptual Framework of the Study

Fertility behavior is a dynamic phenomenon with changing nature and structure of society, nation. Conceptual frameworks of the study deal with the determinant of fertility status. These variables can also determine fertility of married women. In this framework an attempt has been made to indicate the interrelationship between fertility behavior and its determinants. In the conceptual framework, fertility is dependent variables. Fertility are biological and behavioral factors through which socio-economic and environmental variables affect fertility. The prevalence at contraception use decreases the fertility as well as there are many variables they are affecting for decrease fertility i.e. socio-economic, psychological and environmental etc. There are social economic, psychological and environmental variables in the background and they affected the proximate variable and there proximate variables affected the level of fertility is the basic theme of proposition.

2.4 Research Gap

The study is based on fertility behavior of Magar community of Palpa Dovan V.D.C is popular its name and faces. It is located in the northern part of Palpa. There are 9 wards in Palpa Dovan V.D.C out of the nine ward in Dovan V.D.C. ward no. 7 and 8 above been chosen. Thus, the study limited only two wards (7 and 8) and limited topics socio-economic, cause, problems etc. Therefore among nine wards there are still seven wards left to study foreign labor migration in near future which are given below and other factors such as consequences and other internal factors are left knowingly and unknowingly.

CHAPTER THREE

RESEARCH METHODOLOGY USED

3.1 Study Area

Fertility is the third major process of demography. Dovan is popular in its name and fame. It is located in the northern part of Dovan V.D.C. There has not been studied fertility behaviours of Magar women till now. The study is based on socio-economic characteristics level of fertility and determinants of fertility in Dovan Palpa. There are 9 wards in Dovan VDC. Out of the nine wards in Dovan VDC ward no. 7 and 8 have been chosen. Thus, the study limited only two wards and limited topics of fertility. Therefore out of the nine wards, 6 wards (wards no. 1, 2, 3, 4, 5, 6, 9) left to study fertility near future and other topics such impact of fertility and other castes such as (Brahmin, Chhetri, Gurung etc.) are left to study fertility behavior in near future.

3.2 Research Design

The major emphasis is this study to measure the socio-economic and demographic characteristics of respondents in the study area. Therefore, descriptive and exploratory type of research design are used. So, quantitative data is taken based on primary data and with Magar married women aged 15-49 years have taken as a sample in the study area.

3.3 Universe

The study is based on fertility behavior of Magar community of Palpa Dovan VDC, ward no. 7 and 8 respectively. There are 200 households in ward no. 7 and 8 in Dovan VDC out of the 200 households, 140 Magar households have taken as a sample. 160 Magar married women 15-49 years in ward no. 7 and 8 are taken as a sample. The study is focus within socio-economic, demographic, level of fertility of married Magar women's 15-49 years of Palpa Dovan VDC. ward no. 7, 8 and at last the respondents have taken head of households, spouse and married Magar women 15-49 years of Dovan VDC. ward no. 7,8 Palpa district.

3.4 Sampling Method Used

The study is based on fertility behaviours of magar community of Dovan VDC of Palpa district. There are 9 wards in Dovan VDC out of the 9 wards in Dovan VDC ward no. 7 and 8 have been chosen by lottery method. The study is limited only two wards (7, 8) because of limited time and resources and purposive sampling method is used.

Stage I : Palpa District – Purposively
Stage II: Dovan VDC – Purposively
Stage III: Ward 7, 8– Randomly
Stage IV: 140 HH of Magar – Purposively
Stage V: 160 women– Census

Table 3.1: Sampling Frame of the Research

Ward No.	Total Households	Magar Household	Magar Married Women 15-49 year
7	150	100	106
8	50	40	54
Total	200	140	160

Source: VDC Profile 2069

3.5 Source and Nature of Data

The study is based on household survey conducted Dovan V.D.C of Palpa district. Different type of quantitative information will collect in the study area. Similarly primary, secondary data are apply to collect the required data for the study. The primary data is collected through field survey and interview method secondary data is collected books, journals, magazines articles, website, VDC profile etc.

3.6 Data Collection Technique Used

The study is mainly based as primary data mainly researcher himself will involve. The following techniques are used to collect primary data

3.6.1 Quantitative

The questionnaire schedule is most important step of data collection. After preparing questionnaire schedule the process of data collection will start in the study area. In the process of data collection mainly researcher himself will involve by visiting house to house. For the data of household information households head will choose as a respondent. But if the household head couldn't meet, any member who knows about family will has taken. For other demographic information married Magar women ageds (15-49) are chosen as respondents. For women, their reproductive life spans are considered to be from 15-49 years. Interview and field visit method have taken to collect the primary data. The data collected is quantified with the help of closed ended questions included the questionnaire schedules. The close ended question is including Yes/No questions, multiple choice etc. The questionnaire is filled with the information taken from every Magar married women aged 15-49 years to each other.

3.7 Methods of Data Analysis Used

All the collected data from the field work is analyzed quantitatively. In this method simple quantitative technique such as calculation of percentage ratios are calculated. The information from the field work is coded and entered to the computer using the statistical package for social science (SPSS). The collected data are shown in pie-chart, Bar-diagram and tables.

3.8 Definition of Terms

Respondents	:	Married Magar Woman 15-49 Years
Crude Birth Rate	:	It is define as the Total Number of Live birth per 1000 mid year population
TFR	:	It refers to the total no. of live births per 1000 women of during the reproductive ages 15-49 years
Reproductive Age	:	15-49 years of women in the study area.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1 Background Characteristic of Respondents

The socio-economic characteristics of respondents are diverse in the study area. Socio-economic demographic characteristics includes the caste, religion, type of family, level of education, age etc. Background characteristics includes the socio-economic and demographic characteristics. Generally there is fertility and age between inverse relationships to each other. Higher the age lower will be fertility. Fertility depends on fecundity. The fecundity period supposed to be 15-49 years old. Similarly occupation and fertility are inverse relationship to each other. Higher occupation lower fertility. Lower occupation higher fertility likewise caste and religion and fertility are direct relationship to each other.

Table 4.1: Respondents Classified by Selected Background Characteristics

Demographic Characteristic Age group	**Number**	**Percent**	**Socio-economic Religion**	**Number**	**Percent**
15-24	37	23.2	Hindu	143	89.3
25-34	79	49.3	Buddhist	17	10.7
35-44	27	16.8			
45 and above	17	10.7			
Total					
Unmarried					
Current married	160	100			
Socio-economic status					
High	33	20.6			
Medium	50	31.3			
Low	77	48.1			
Total	160	100			

Source: Field Survey, 2014

Table 4.1 shows the respondents classified by selected background characteristics. 49.3 percent of respondents have belong to the highest age group 25-34 years. Similarly 23.2 percent, 16.8 percent and 10.7 percent of respondents have belong to the age group 15-24 years, 35-44 years and 45 and above years. The above table it is seen that the age of respondents is increasing trends upto 45 and above years in the study area. The respondents are included only Magar community in Palpa Dovan and all of respondents are married in the study area.

Table 4.1 shows the socio-economic status in Palpa Dovan. 20.6 percent respondents have high economic status and 31.3 percent and 48.1 percent of respondents have faced the medium economic status and low status respectively. It is seen that nearly half of the respondents have been facing the low economic status in the study area.

Table 4.1 shows the status of religion in the Palpa Dovan. 89.3 percent of respondents have followed Hindu religion and 10.7 percent of respondents have followed the Buddhist religion but Christian respondents are not found in the study area. Palpa Dovan is multi religious V.D.C. but there are religious tolerance followed by people every religion is given equal important and protection. Therefore Hindu is the major religion in Dovan VDC.

4.1.1 Education Level

Education is the third eye of human life. Education has indirect impact on the development of a person, society and nation. We can conclude that fertility and education are opposite in relation. Higher education lower fertility and lower education higher fertility due to the long and short reproductive age of women 15-49 years (Subedi, 2010 B.S.)

Table 4.2: Education of Respondents and no. of Children

Total Children	Illiterate	Literate	Primary	Secondary	SLC	Intermediate	Total
1-2	0 (0%)	0 (0%)	12 (44.4)	16 (84.4)	18 (85.7)	25 (92.6)	71 (44.3)
3-4	34 (66.6)	12 (80)	11 (40.7)	3 (15.7)	3 (14.2)	2 (7.4)	65 (40.6)
5+	17 (33.3)	3 (20)	4 (14.8)	0 (0%)	0 (0%)	0 (0%)	24 (15)
Total	51 (100)	15 (100)	27 (100)	19 (100)	21 (100)	27 (100)	160 (100)

Source: Field Survey, 2014

Table 4.2 shows the relation between education of respondents and no. of children. Out of the 51 illiterate respondents, 66.6 percent of respondents were illiterate who have 3-4 no. of children in the respondents area. Similarly 33.3 percent illiterate respondents have 5 above no. of children in the study area. Out of 15 respondents were literate 80 percent respondents have 3-4 no. of children and 20 percent literate respondents have 5 and above no. of children. The table shows that the literate respondents have not 1-2 no. of children in the study area.

Out of the 27 respondents have completed primary education in the study area. 44.4 percent of respondents have 1-2 no. of children. Likewise 40.7 percent and 14.8 percent of respondents have 3-4 no. of children and 5+ no. of children respectively in the study area.

84 percent respondents have completed secondary education. Who have 1-2 no. of children? Similarly 15.7 percent of respondents have completed secondary education who have 3-4 no. of children in the study area. Likewise respondents who have not 5+ no. of children in the respondent's area.

Out of the 21 respondents have completed SLC education. 85.7 percent respondents have. 1-2 no. of children in the study area and 14.2 percent of respondents have 3-4 no. of children 0 percent respondents who completed SLC education they have not 5 and above children in the respondents area.

Finally out of 27 respondents completed intermediate education 92.6 percent of respondents have 1-2 no. of children and 7.4 percent respondents have 3-4 no. of children in the study area. At last intermediate respondents have not 5 and above no. of

children. In the above table it is seen that higher education lower fertility and low education high fertility and vice versa in the study area.

4.1.2 Household Characteristic

The household characteristics of respondents includes the type of house source of cooking fuel, drinking water toilet facilities of respondents are diverse in the study area. Many of respondents have been living in permanent houses white some of the respondents have been living temporary and also few are homeless. It is a rural area. Respondents have consumed drinking water from/pipe/pump/well. The conditions of toilet facilities are satisfactory in this Dovan VDC. It is declared as stool free area. Even though respondents have different type of agriculture in the study area. Agriculture is the main occupation in this VDC maize, paddy, wheat are the main food crops and oranges, tea are the cash crops of this VDC respectively. So, most of the respondents are sufficient to maintain livelihood for whole year. Similarly few respondents are landless. They occupied as labor and mortgaging land in the study area.

Table 4.3: Respondents Classified by Types of Household

Types of House	Number	Percent
Permanent	147	91.8
Temporary	13	8.2
Total	160	100

Source: Field Survey, 2014

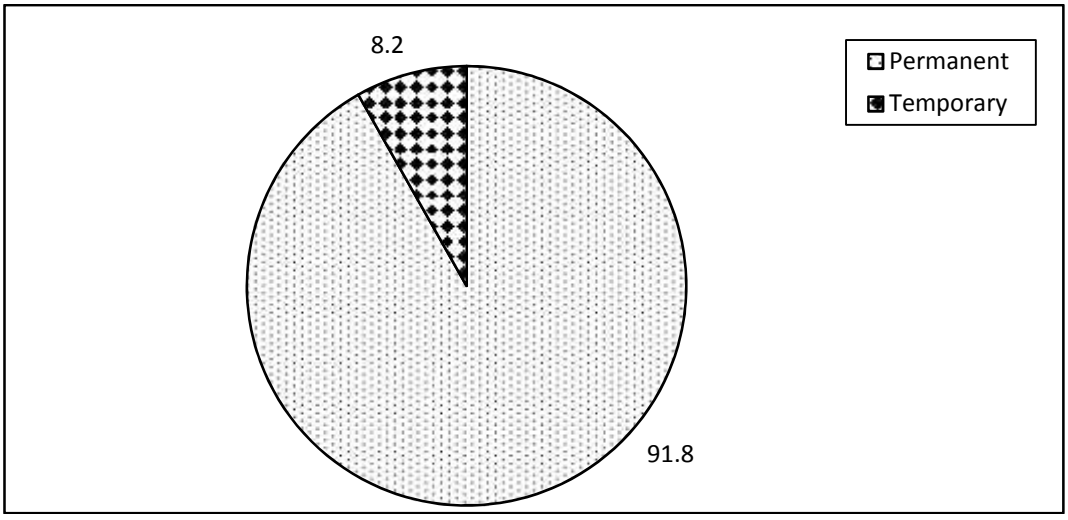

Figure 4.1: Respondents Classified by Types of Household

Table 4.3 shows that types of households in Dovan VDC Palpa. Out of the 160 respondents, respondents have diverse household situation in the study area. 91.8 percent respondents have been lived permanent houses and 8.2 percent respondents have been loved temporary houses till now. There are not homeless respondents in the study area respondents who made house from concrete, cement, rods, tin roof it is categorized as permanent house in the study area. Similarly house which made from mud and stone it is categorized temporary houses in the study area.

4.1.2.1 Condition of Toilet Facilities

Toilet facilities are the most important part of households characteristics. It is declared as stool free area but few respondents are not toilet facilities till now in the study area because of illiterate and poor economic status. Constructions of toilets in the houses have been made compulsory in Magar society but as few of respondents have no toilet facilities in the study area.

Table 4.4: Condition of Toilet Facilities

Condition	Number	Percent
Outside	145	90.7
No Toilet	15	9.3
Total	160	100

Source: Field Survey, 2014

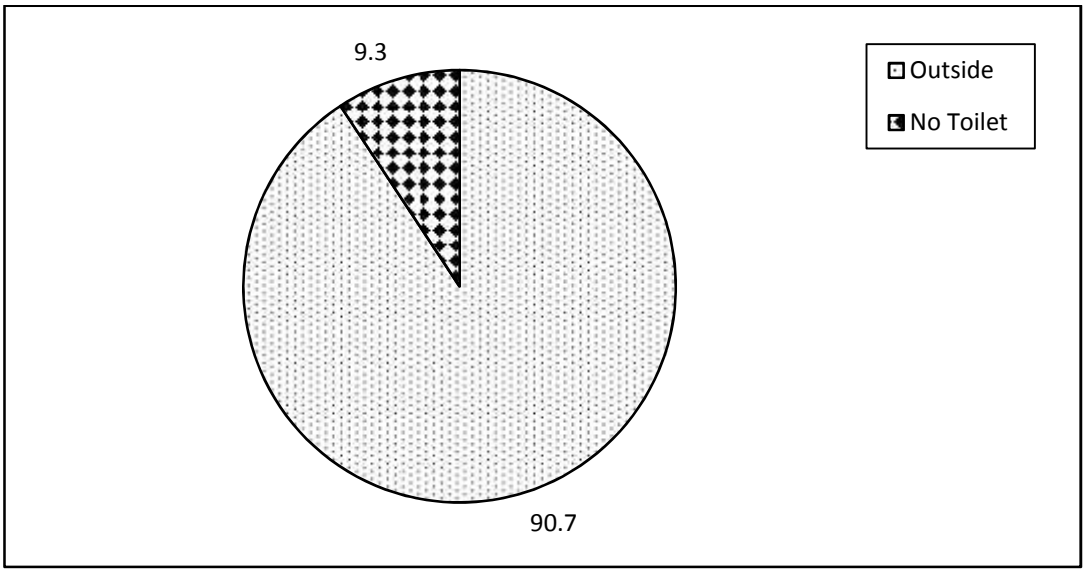

Figure 4.2: Condition of Toilet Facilities

Table 4.4 shows that 90.7 percent respondents have used outside toilet and 9.3 percent respondents have not toilet facilities till now. It is seen that it is a rural area so nobody respondents are not built inside toilet facilities in the study area.

4.1.2.2 Source of Lighting

Hundred percent respondents have consumed electricity, kerosene/oil have not consumed in the study area but sometime few of respondents have used kerosene at the time of winter or lack of electricity.

Table 4.5: Percentage Distribution of Respondents Source of Lighting

Source of Lighting	Number	Percent
Electricity	160	100
Total	160	100

Source: Field Survey, 2014

Table 4.5 shows that 100 percent respondents have consumed electricity. The source of lighting are categorized electricity, kerosene/oil etc.

Table 4.6: Percentage Distribution of Respondents Source of Cooking Fuel

Source of Cooking Fuel	Number	Percent
Electricity	25	15.6
Gas	35	21.8
Other	100	62.5
Total	160	100

Source: Field Survey, 2014

Table 4.6 shows the distribution of respondents source of cooking fuel. The source of cooking fuel are diverse in the study area. 62.5 percent respondents have used other source of cooking fuel other source of cooking fuel includes the wood timber and wood carving as a source of cooking fuel in the study area. Similarly 21.8 percent and 15.6 percent of respondents are using gas and electricity respectively.

4.1.2.3 Agricultural Land

Agriculture is the main occupation of the respondents of this VDC paddy, maize and wheat are the main crops in the study area. Similarly arranges wheat, potatoes are the main cash crops of this VDC people are involved subsistence type of agriculture of Dovan VDC Palpa cash crops are mainly grown for commercial purposes. Most of oranges produced in Dovan VDC is exported to Palpa. Most of the respondents have not sufficient agricultural land for the cultivation and they are facing scarcity of food product. Similarly traditional cultivating methods less interest in the cultivating lack of irrigated land are the main reason of less food product. It is a rural and hilly slope area. So they have not more flat plain land.

Table 4.7: Percentage Distribution of Respondents by Agricultural Land

(in Ropani)

Agricultural Land	Number	Percent
1-2	11	6.9
3.5	38	23.8
6-10	47	29.3
11 and above	33	20.6
Total	160	100

Source: Field Survey, 2014

Table 4.7 shows that the agricultural land in the study area. 6.9 percent of respondents have not their own land. Similarly 20.6 percent respondents have eleven and more than ropani of agricultural land. Likewise 23.8 percent, 29.3 percent respondents have two or less than agriculture land and six to ten ropani agriculture land. Similarly 19.4 percent of respondents have three to five ropanies agriculture land respectively.

4.1.2.4 Food Sufficiency

Agriculture is the main occupation of the respondents of this VDC most of the respondents are sufficient to maintain livelihood for whole year and few of respondents have not sufficient land and are not sufficient land and are not sufficient to maintain livelihood for whole year. So, at a result more households of this VDC have based on the foreign remittance for this livelihood. Now a days foreign labor migration is

increasing trends in the study area. Foreign labor migration is the another occupation of the respondent of this VDC the food sufficient is measured on the basis of households amenities of respondents.

Table 4.8: Condition of Food Sufficiency

Condition	Number	Percent
Food Sufficient	111	69.4
Food deficit	49	30.6
Total	160	100

Source: Field Survey, 2014

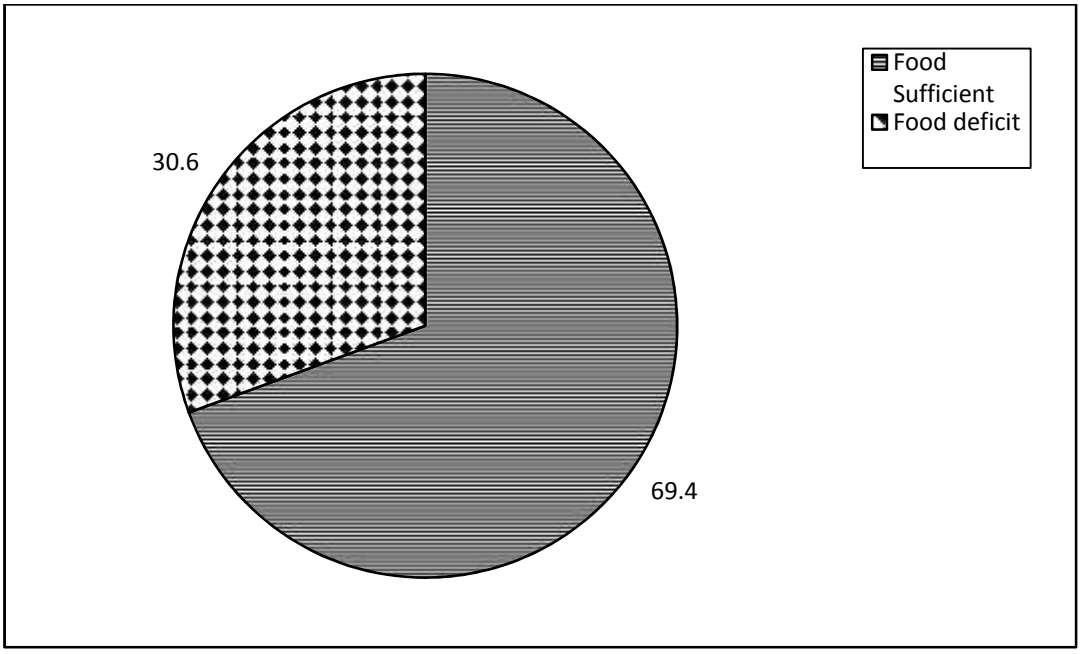

Figure 4.3: Condition of Food Sufficiency

Table 4.8 shows that 60.4 percent respondent could maintain their livelihood by self product and 30.6 percent of respondents could not maintain their livelihood by self product because of hilly region lack of irrigating land, subsistence types of agriculture and traditional cultivating methods etc. Therefore all of respondents could not maintain their livelihood by self product.

4.1.2.5 Types of Family

Family is the important part of society. There are diverse types of family in the respondents area such is nuclear family and joint family. Nuclear family refers to the family where parents and children live together. The size of nuclear family is small. Nuclear family is continued. Family is small nuclear family is continued upto the period. When the couples do not get their son married. Parents are responsible for the sources of income and expenditure. Similarly joint family refers to that types of family where the member of three of four generations such as grandparents brothers, children, brothers, wives, sister in laws, grand children and other live together sharing food in the same kitchen. It helps to proper care and supervision of children at a result they have chanced to bear more children but now adays the concept of nuclear family in increasing trends the study area. Nearly the nuclear family is more than double than joint family.

Table 4.9: Percentage Distribution of Respondents by Family System and no. of Children

Total no. of Children	Family		Total
	Nuclear	Joint	
1-2	65(56.5)	6(13.3)	71(44.3)
3-4	35(3.5)	30(66.6)	65(40.6)
5+	15(13.0)	9 (20.0)	24 (15)
Total	115 (100)	45 (100)	160 (100)

Source: Field Survey, 2014

Table 4.9 shows that the relation of family system and no. of children nuclear family are higher than joint family in the respondents area. Out of the 115 respondents, 56.5 percent respondent have one to two children in the study area. Similarly 36.5 percent respondents and 13.0 percent respondents have 3-4 no. of children and 5 and above no. children respectively. The table seen that the respondents who have 1-2 children are five time higher than respondents who have five and above no. of children. Similarly ot of the 45 respondents of joint family 13.3 percent respondents have 1-2 no. of children in the study area. Likewise 66.6 percent and 20 percent respondents have 3-4 no. of

children and five and above no of children respectively. the table seen that the respondents why have 3-4 no. of children are 5 time higher than the respondents who have 1-2 no. of children in joint family system because of parents do not take children carefully in joint family. The family have more responsible than parents. So, they have wanted to more children in the study area.

4.2 Fertility Behavior

Fertility is one of the major processes of demography. It is a biological factors. Fertility is dependent variables. Social cultural, norms and value, age education geographical status of respondents are independent variables. Thus, high education low fertility and low education high fertility. In the study area so, it is a rural area so the fertility is high in Dovan VDC Palpa.

4.2.1 Age of Respondents

Age is the important factor for fertility. Nearly half of the respondents have married below 24 years in the study area. Age not only helps to discover the age of women but also the number who reach reproductive life period or not.

Table 4.10: Respondents Classified According to Age

Age Group	Number	Percent
15-19	14	8.7
20-24	60	37.5
25-29	35	21.8
30-34	20	12.5
35-39	15	9.3
40-44	9	5.6
45-49	7	4.3
Total	160	100

Source: Field Survey, 2014

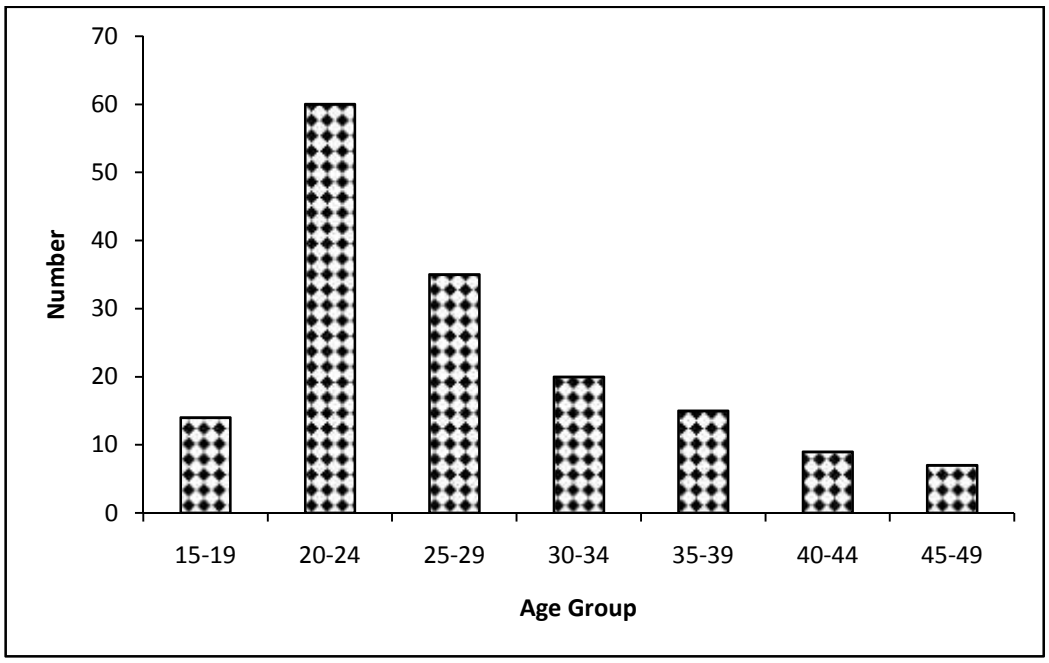

Figure 4.4 Respondents Classified According to Age

Table 4.10 shows that respondents classified according to age 37.5 percent respondents belong to the age groups 20-24 years. Similarly 21.8 percent respondents belong to 25-29 years. 8.7 percent respondents belong to 15-19 years age groups. Likewise 12.5 percent, 9.3 percent, 5.6 percent, 4.3 percent respondents are belong to 30-34 years, 35-39 years, 40-44 years, 45-49 years respectively. The table it is seen that the respondents are classified into 7 groups 15-49 years. Which is recognized reproductive life period? The 20-24 years age groups of respondents are higher than other age group respondents. It significant the high fertility because of the high reproductive period is 20-30 years. So, the fertility is increasing trends in the future.

4.2.2 Age at First Menstruation

Menstruation is based on age, climate nutrition and heredity. It is rural and hot climate area. So, many respondents have become menstruation at 13 and 14 years in the study area. It significant that women are capable to produce children.

Table 4.11: Age at First Menstruation

Age	Number	Percent
13	107	66.8
14	53	33.1
Total	160	100

Source: Field Survey, 2014

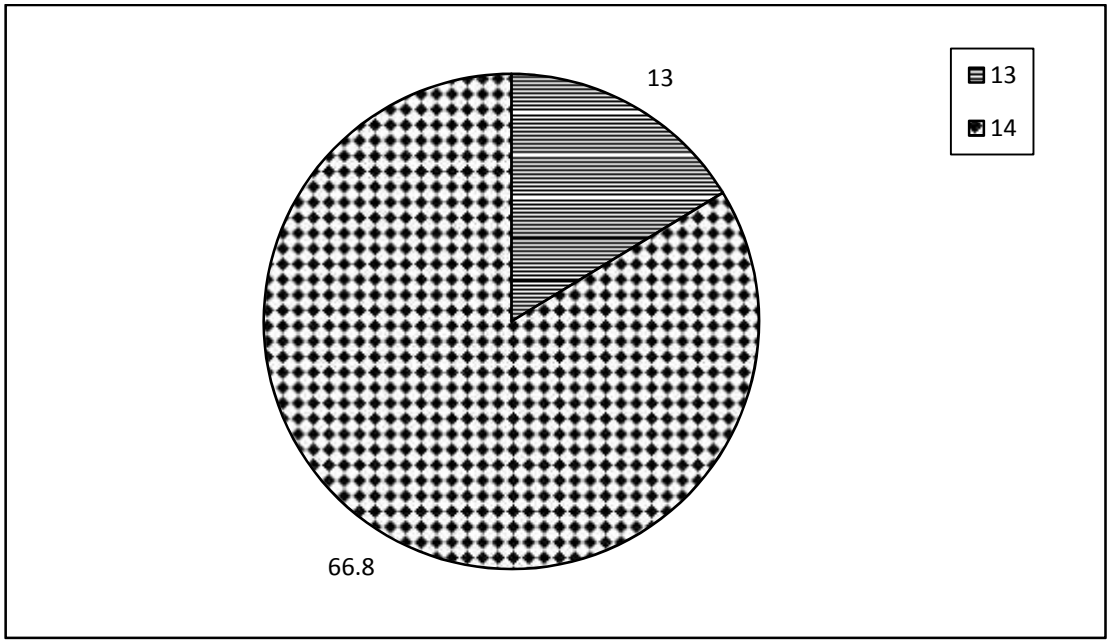

Figure 4.5: Age at First Menstruation

Table 4.11 shows at the age at first menstruation. 66.8 percent respondent were become first menstruation at the age 13 years. Similarly 33.1 percent respondents were become first menstruation at the age 14 years.

Table 4.12: Marital Status

	Number	Percent
Yes	93	58.2
No	67	41.8
Total	160	100

Source: Field Survey, 2014

Table 4.12 shows that 58.2 percent respondent are currently living with husband. Likewise 41.8 percent of respondents have not currently living with husband. It is seen that the fertility is increasing trends in near future.

4.2.3 Age at First Child

Respondents have different age at first child. Nearly half f respondents were born first child below 20 years. Respondents had born the first children according to social, economic, cultural norms and values in the study area.

Table 4.13: Respondents Classified according to Age at First Child

Age	Number	Percent
10-14	4	2.5
15-19	60	37.5
20-24	80	50
25+	16	10
Total	160	100

Source: Field Survey, 2014

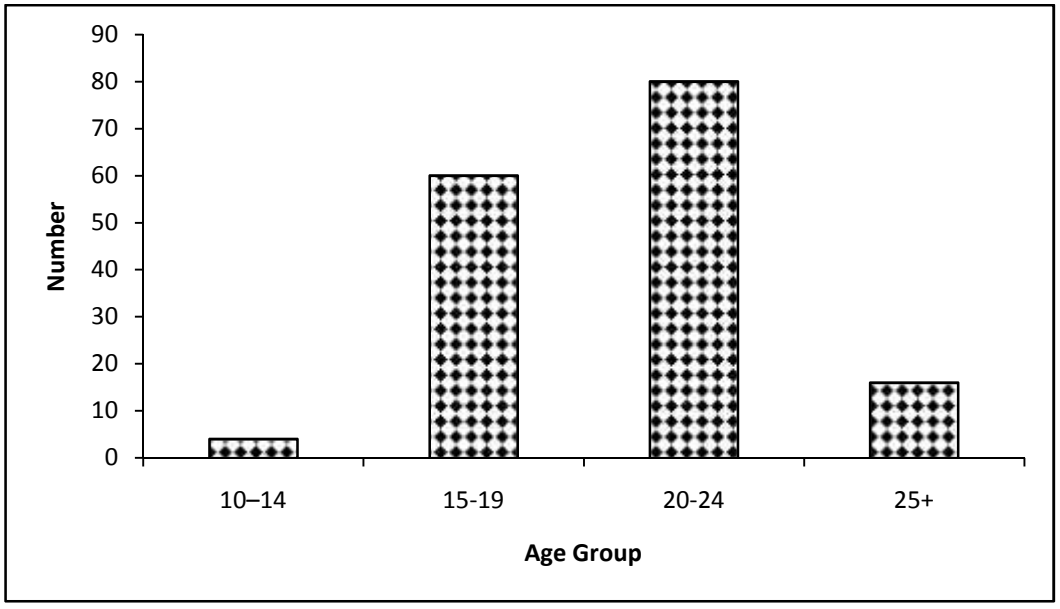

Figure 4.6: Respondents Classified according to Age at First Child

Table 4.13 shows that respondents classified according to age at first child the higher number 37.5 percent respondents were born first child at the age group 15-19 years. Similarly 2.5 percent respondents were born first child at the age group 10-14 years. Likewise 50 percent, 10 percent respondents were born first child at the age group 20-24 years, and 25 and above in the study area. The table seen that early marriage is not eliminated in the study area due to socio-cultural norms and values, caste etc.

Table 4.14: Desire for More Children

	Number	Percent
Yes	48	30
No	112	70
Total	160	100

Source: Field Survey, 2014

Table 4.14 shows wants of children from respondents in the study area. Respondents have different attitudes towards more children. Respondents who want to have other children due to children for wealth old age support, desire for son, cause of husband etc. thirty percent respondents have purpose more children and 70 percent respondents have no wanted more children in the study area.

Table 4.15: Respondents Classified according to Causes of Want Other Children

Classified	**Number**	**Percent**
Children for Wealth	12	25
For old age support	10	20.8
Desire for Son	18	37.5
Cause of husband	8	16.6
Total	48	100

Source: Field Survey, 2014

Table shows that 37.5 percent respondents have wanted to purpose more children due to desire for son. 25 percent 20.8 percent, 16.6 percent respondents have wanted to purpose more children due to children for wealth for old age support and cause of husband etc.

Table 4.16: Attitude towards Married Life

Attitude	Number	Percent
Positive	30	18.7
Moderate	60	37.5
Negative	12	7.6
Compulsion	58	36.2
Total	60	100

Source: Field Survey, 2014

Table 4.16 shows that attitudes of respondents toward marriage life. Respondents have not same attitudes towards marriage life. Many respondents reported that marriage is a moderate or compulsion factors but in the study area there are 4 types of attitudes about marriage life such as positive moderate, negative and compulsion 37.5 and 36.2 percent respondents reported that marriage life is a moderate and compulsion in the study area. Likewise 18.7 percent and 7.6 percent respondents are reported that respondents have positive and negative attitudes towards marriage life. Family conflicts, dowry system, husband pressure, divorced, separated are included into negative factors from the study area.

4.3 Maternal Care

Respondents have different status during pregnancy. During pregnancy includes the follow of doctor, taking TT vaccine, dangerous circumstance and place of delivery.

4.3.1 Antenatal Care

Respondents have diverse follow up doctor during pregnancy. Many respondents have followed up doctor during pregnancy in the study area and few no. of respondents have not followed up doctor during pregnancy. It is based on households' member, place of residence, economic status and socio-cultural norms and values etc.

Table 4.17: Respondents Classified according to Followed of doctor During Pregnancy

Follow up Doctor	Number	Percent
Yes	117	73.1
No.	43	26.8
Total	160	100

Source: Field Survey, 2014

Table 4.17 shows that the follow up doctor during pregnancy in the study area. 73.1 percent of respondents here followed up doctor during pregnancy and 26.8 percent of respondents were not followed up doctor during pregnancy. The table seen that the follow up doctor respondents are nearly three times higher than other remain respondents who were not followed up doctor during pregnancy. The above tables 26.8 percent of respondents were not followed up doctor during pregnancy due to the education lack of awareness, place of residence, domestic violence and economic status etc. All respondents have not same cause to follow up doctor during pregnancy in the study area.

4.3.2 Taking TT Vaccine

TT vaccine is the important part of during pregnancy for welfare women and children. I protect from tetanus for every respondents and new born children.

Table 4.18: Percentage Distribution of Respondents according to TT Vaccine

TT Vaccine	Number	Percent
Yes	130	81.3
No	30	18.7
Total	160	100

Source: Field Survey, 2014

Table 4.18 shows that the distribution of respondents according to TT vaccine. 81.2 percent of respondents have taken TT vaccine during pregnancy and 18.7 percent of respondents have not taken TT vaccine during pregnancy due to the lack of awareness socio-cultural norms and values, domestic violence education etc.

4.3.3 Dangerous Sign during Pregnancy

Respondents have not faced different types of dangerous sign during pregnancy in the study area. Dangerous size includes the vomiting, bleeding, low weights, high weight etc. are included in the study area but respondent have not seen dangerous circumstances during pregnancy.

Table 4.19: Percentage Distribution of Respondent Seen Dangerous Circumstances during Pregnancy

Dangerous Circumstance	Number	Percent
Yes	-	-
No	160	100
Total	160	100

Source: Field Survey, 2014

Table 4.19 shows the distribution of respondents seen dangerous circumstances during pregnancy. 100 percent respondents have not seen dangerous circumstances during pregnancy in the study area. From the result of field survey any one respondents have not seen dangerous circumstances during pregnancy dangerous circumstances includes the high blood pressure, high bleeding low weight etc. that types of situation were not seen in the study area.

4.3.4 Place of Birth

Respondents have different place of birth babies in the study area. It is the rural and marginalized area. Respondents have many problems at the place of residence in the study area. They checked up the health post and sub health post. Respondents have many difficulties at that time they go to hospital. Otherwise they are focused at the place of residence so most of respondents gave baby at the place of house. Less of respondents went to hospital at the time of delivery. The place of birth is affected by the socio cultural norms and values, caste, ethnicity education and place of residence life.

Table 4.20: Percentage Distribution of Respondents according to Place of Birth

Place of Birth	Number	Percent
Hospital	150	93.7
Home	10	6.3
Total	160	100

Source: Field Survey, 2014

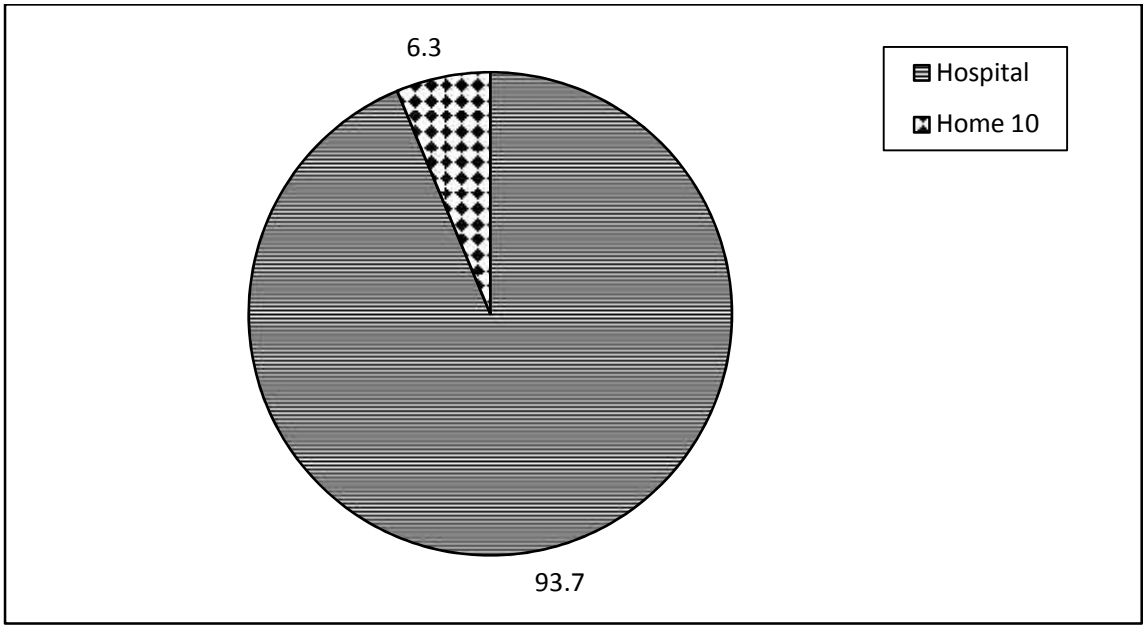

Figure 4.7: Percentage Distribution of Respondents according to Place of Birth

Table 4.20 shows that the percentage distribution of respondents according to place of birth. 93.7 percent of respondent gave birth at the place of hospital and 6.3 percent respondents gave birth at home.

4.4 Family Planning

Family planning is the main component of reproductive health. Health is a complete physical mental and social wellbeing not merely absence of disease or infirmity most of respondents have heard family planning methods and few of respondents have not heard family planning method in the study area. It is remote and rural area most of respondents are illiterate and lack of awareness. Special programme could not reach in

this VDC. So, many respondents have heard family planning method but they have become unknown how/why are used at the Dovan VDC Palpa.

Table 4.21: Head of any Family Planning Method

Knowledge	Number	Percent
Yes	130	81.3
No	30	18.7
Total	160	100

Source: Field Survey, 2014

Table 4.21 shows that the heard of any family planning method of the Dovan VDC Palpa. 81.3 percent respondents have heard any family planning method and 18.7 percent respondents have not heard of any family planning method in the study area.

Table 4.22: Respondents Classified according to Decision about Using of Family Planning

Decision F.P	Number	Percent
Husband	40	30.7
Own Self	60	46.1
Both	30	23.07
Total	130	100

Source: Field Survey, 2014

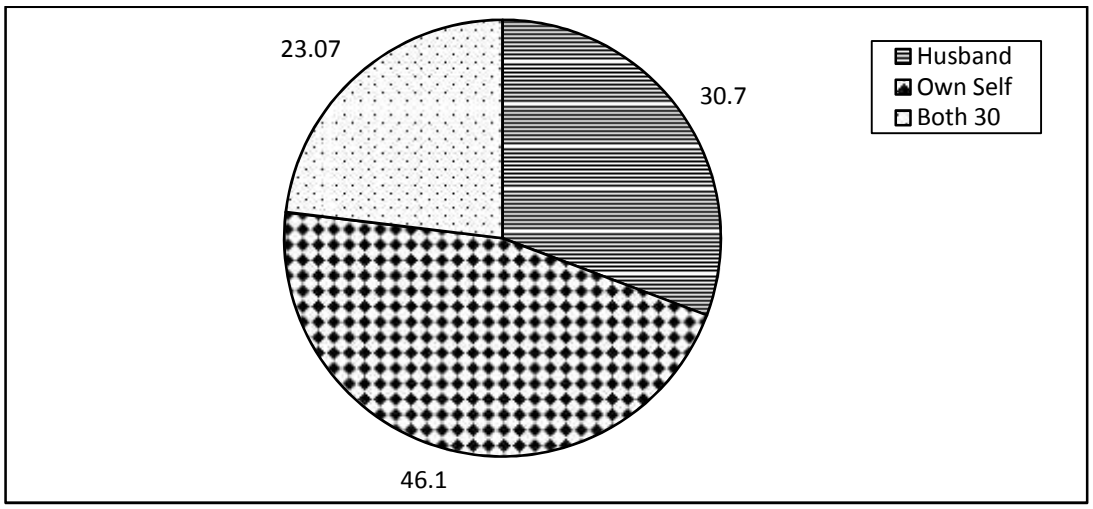

Figure 4.8: Respondents Classified according to Decision about Using of Family Planning

Table 4.22 shows that the decision about using of family planning. 30.7 percent respondents have decision about using of family planning by husband. Similarly 46.1 percent respondents have decision about using of family planning by own self or respondents and 23.07 percent respondents have decision about using of family planning by both in the study area.

Table 4.23: Respondents Classified according to Currently Using Family Planning Method

Using Method	Number	Percent
Male Sterilization	23	17.6
Depo Provera	50	38.4
Pills	10	7.6
Female Condom	12	9.2
Tablet	35	26.9
Total	130	100

Source: Field Survey, 2014

Table 4.23 shows the respondents classified according to currently using family planning method. Respondents have different used family planning method in the study area.

Out of the 130 respondents, 38.4 percent respondents have been using Depo Provera as family Planning method. Similarly 26.9 percent 38.4 percent respondents have been used tablets and male sterilization respectively. Likewise 9.2 percent and 7.6 percent respondents have been used female condom and pills as family planning method in the study area. Finally 30 (18.7) percent respondent have not heard family planning method nor currently using family planning methods in the study area.

CHAPTER FIVE

SUMMARY, MAJOR FINDINGS, CONCLUSION AND RECOMMENDATION

5.1 Summary

Fertility is the one major process of demography. It is a biological factor. Fertility is the actual reproductive performance of a women or a group of women. The research tried to find out the fertility behaviours of Magar community in the Palpa Dovan VDC. The term fertility refers to the actual reproductive performance to an individual of a group which is determined by social, cultural, psychological as well as economic factors. Both primary and secondary data have been applied to the required data for the study. Out of 9 wards in Dovan VDC only two VDC 7 and 8 are chosen lottery method and 160 respondents are taken as a sample. The data are collected from Magar married women, 15-49 years and head of households in the study area.

5.2 Major Findings

All the respondents are women from the Dovan VDC Palpa. The findings of the study are, the education statuses of respondents are varied in the study area. 13.1 percent of respondents are illiterate and 13.7 percent of respondents are illiterate and 13.7 percent literate, 10 percent respondents have completed primary education, secondary 25 percent, 31.3 percent SLC, 16.8 percent completed intermediate education respondents who had not completed bachelors education in the study area.

Similarly age becomes an important determining factor of fertility. In case age of respondent all of them belong to reproductive age group 15-49 years. Out of the 160 respondents 32.2 percent respondents belong to the age group of 15-24 years, 49.3 percent respondents belong to the age group 25-34 years, 16.8 percent respondents belong to the age group of 35-44 years and finally 10.7 percent of respondents being to the age group 45 and above years age groups. All the respondents are married in the study area.

71.8 percent of respondents have been living nuclear family and 28.2 percent of respondents have been living joint family in the study area. Out of 160 respondents hundred percent respondent have using source of lighting. 91.8 percent of respondents have permanent house and 8.2 percent respondents have temporary house in the study area. 20.6 percent of respondents have economic status. 31.3 percent of respondents have medium economic status and 48.1 percent of respondents have low economic status in the Dovan VDC Palpa.

- Out the 160 respondents, 89.3 percent of respondents the occupied hindu religion and 10.7 percent of respondents are occupied Buddhist religion in the study area. In case of landholding pattern 6.9 percent of respondents are landless. 23.8 percent of respondents have two or less ropanies of land. Similarly 19.4 percent of respondents have three to 5 ropanies of land. Likewise 29.3 percent and 20.6 percent of respondents have 6-10 ropanies and 11 and above ropanies land respectively. The condition of food sufficient is higher than food deficit in the study area. 69.4 percent of respondents get sufficient food where as 30.6 percent of respondents face food deficit till now in the study area.
- In the case of occupation higher number of respondents are occupied house wife, which accounts 58.7 percent, 11.2 percent agriculture, 1.8 percent service, 15.6 percent daily wages, 6.2 percent business, 3.1 percent student and 3.1 percent others respectively, 58.2 percent of respondents have currently living with husband and 41.8 percent respondents have not living with husband in the study area.
- 37.5 percent respondents had given their first child in the age group 15-19 years. So, percent respondents had given their first child in the age group 20-24 years. 2.5 percent respondents and 10 percent respondents had given their first child in the age group 10-14 years and 25 and above respectively.
- Out of the 100 respondents of Dovan Palpa distric 73.1 percent of respondents have followed up doctor during the pregnancy and 26.8 percent of respondents have not followed up doctor during the pregnancy. Out of the 160 respondents 117 respondents have followed up doctor during the pregnancy which accounts the 73.1 percent. Out of the 73.1 percent respondents 10.2 percent of respondents have 1 times follow of doctor during pregnancy. 20.5 percent, 48.7 percent 20.5 percent

respondents are taken two times, three times, four times follow up doctor during pregnancy.

- Out of the 160 respondents 81.2 percent of respondents have take TT vaccine during pregnancy and 18.7 percent respondent have not taken TT vaccine during the pregnancy. Out of 160 respondents they have not seen dangerous circumstances before delivery in the study area. 93.7 percent respondents get her baby from hospital and 6.3 percents of respondent get her baby at home such as tradition practice.
- Out of the 160 respondents, 30 percent of respondents have wanted birth more children due to different purpose such as for old age support desire for son, cause of husband etc. and 70 percent of respondents have not wanted more children in the study area. Out of the 112 respondents they have given more children, 25 percent respondents have wanted to birth other children due to the children for wealth. Similarly 20.8 percent, 37.5 percent, 16.6 percent respondents have wanted more children due to the for old age support, desire for son, cause of husband.
- Out of the 160 respondents, 130 respondents have heard of any family planning methods and 130 (18.7) percent of respondent have not heard family planning methods in the study area. Out of the 130 respondents they have been currently used differed method such as male sterilization, depo provera, pills, female condom, tablets etc. 38.4 percent of respondent have used depo provera, 7.6 percent respondent have used pills and 9.2 percent, 26.9 percent, 17.6 percent respondents have used female condom, tablets and male sterilization in the study area out of 130 respondents 30.7 percent, 46.1 percent and 23.07 percent of respondents are decided about family planning by husband. Own self and both respectively. Finally 130 respondents, 76.9 percent of respondents are obtained family planning from health post and 23.07 percent of respondents are obtained family planning method from private.
- Out of the 160 respondents 18.7 percent of respondents are positive attitude towards marriage life. Similarly 37.5 percent, 7.6 percent, 36.2 percent respondents have moderate negative and compulsion attitudes towards marriage life. among the 160 percent of respondent expressed late married. 15.6 percent, 62.5 percent, 15.6

percent of respondents have expressed wishes own choice, self dependent before marriage, understanding couples to each other respectively.

5.3 Conclusion

The present study has tried to find out the fertility behaviors of Magar community in Palpa Dovan. The research is based on household survey conducted in Dovan VDC in Palpa district fertility is the actual reproductive performance of a women or a group of women. It is clear that, respondents have low level of education, early marriage, early age at first birth, lack of knowledge and awareness low use of contraception, desire for son etc. are many factors in high fertility. So, high level of fertility is not a problem of this VDC as well as developing countries like Nepal. Nepal government should antinatalist population policies although it is no fully utilized till now. The government should formulate plan and policies specially antinatalist population policies delay marriage concept of self dependent, late marriage age etc. the of fertility can be decreased to some extent awareness programme and IEC programme should be launched rural area specially for women's welfare such as reproductive health and this programmes male are attained compulsory and increase the MAP (male as apertures). The fertility level and women's health should make good in the future in the study area.

5.4 Recommendation

- It is seen that the contraceptive prevalence rate is increasing trends hundred percent respondents have not heard and used in the study area. So, family planning services should be increased in rural and marginal areas.
- IEC programme should be launched in this VDC's specially targeting for women's reproductive health education and collect the male partners.

BIBLIOGRAPHY

Andres, H. R. (1996). Procreating French: The Politic of Demography. 1919-1945. *French Historical Studies*. 19 (3) : 725-754

Bhande, A. Karnitkar, T. (2010). *Principles of Population Studies.* New Delhi. Himalayan Public House.

Bista, P. Q. Joshi, M. (2062 B.S.). *Population Studies*. Kathmandu: Bhaudipuran Prakashan.

Bonguarts, J. (1975). *A Framework for Analyzing the Proximate Determinant of Fertility.* Population and Development Review 4 (1): 105-132.

CBS (2003). *Population Monograph of Nepal*. Kathmandu: CBS.

CBS (2011). *Preliminary Report of Population Census.* Kathmandu: CBS.

Joshi, M.Q. Singh, P. (2065 B.S.). *Population Studies*. Kathmandu: Bhudipuran Prakashan.

Macunovich, D. (1996). *Relative Income and Price of Time: Exploring their Effects on US fertility and Female Labor Force Participation in Fertility in the United Nations*. New Patterns New Theories, Population and Development Review.

Macunovich, D. (1998). Fertility and the Easterlin Hypothesis: An assessment of the literature, journals of population economic, 11: 1-59.

MOHP, New era (2001). *Nepal Demographic Health Survey*, Kathmandu: MOHP, New era.

MOHP, New Era (2006). *Nepal Demographic Health Survey*. Kathmandu. MOHP, New Era.

MOHP. New era (2011). *Nepal Demographic Health Survey*, Kathmandu: MOHP New Era.

Pariyar, S. (2013). *Position of Dalit Community on Climate Change.* Kathmandu: DANAR. (Dalit Alliance for Natural Resource).

Paudel, S. (2008). *Population Analysis.* Kathmandu: Bhudipuran Prakashan.

Pressat, R. (1985). *The Dictionary of Demographic Paris: Ronal Pressat's Contribution Press at universalities.*

SAATHI (1997). *A Situational Analysis of Violence against Women and Girls in Nepal*. Kathmandu: SAATHI.

Subedi, P. (2010). *Population and Social Justice*. Kathmandu: Kriti Prakashan.

Sujuatha, S.Q Reddy, B. (2009). *Women is Education Autonomy and Fertility Behaviours*, Asia- Pacific Journal of Social Sciences Vol (1). P. 35-50.

U.N. (1994). *Report of the International Conference Population and Development*. Cairo 5-13 September, New York: U.N.

U.N. (2009). *Depart of Economic and Affairs Population Division*. New York: U.N.

U.N. (2000). *Millenium Development Goals*. New York U.N.

UNFPA (2011). *State of World Population.* New York: UNFPA.

UNFPA (2011). *The State of World Population*. (UNFPA)

FERTILITY REPRODUCTIVE BEHAVIOUR OF MAGAR COMMUNITY OF PALPA DOVAN

(Survey questionnaire Schedule 2014)

I) Household Questions:

Date: ……..

1. Name of Household Head: …… 2. Village/tole: ……..
3. Ward No. ……. 4. Religion: (i) Hindu (ii) Buddhist (iii) Christian (iv) Islam (v) Others
5. Total no of family member: ……
6. Cultivable land (Ropani) : ……
7. Name of Respondents: …….
8. Husband's Name : …….
9. Mother tongues: ……..
10. Relation with households: ……
11. Age : ……..
12. Literacy Status: ……..

S.N.	Literacy Status	Illiterate	Literate	Up to 5 class	Up to SLC	SLC +
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

13. Toilet Facility
(i) Own (inside) (ii) Outside (iii) No toilet

14. Types of house

(i) Packi (ii) Kacha (iii) No house

15. Source of lighting

(i) Electricity (ii) Kerosene (Gas/oil) (iii) Woods (iv)other (Specify)..

16. Source of drinking water

(i) Pipe/pump/well (ii) Public tap/well (iii) Other (Specify)…

17. Do you have separate kitchen?

(i) Yes (ii) No

18. Level of food Sufficient

(i) Sufficient (ii) Food surplus (iii) Food deficit

Status of household assets of respondents

S.N.	Household Amenities	Yes	No
1	Kitchen		
2	Car		
3	Scoter		
4	Motor cycle		
5	Telephone		
6	Gas/Stove		
7	Gobar Gas		
8	Mobile		
9	Colour T.V.		
10	Bicylces		
11	Electric Fan		
12	Radio		
13	Livestock		
14	B/W T.V.		
15	V.C.D.		
16	Chair		
17	Cupboard		
18	Rice Cooker		
19	Filter		
20	Freeze		
21	Washing Machine		
22	Water Pump		
23	Sewing Machine		
24	Computer		
25	Sofa		

(II) Personal Information (15-49 Currently Married Women)

19. Name of Respondent:-……
20. Age: ……
21. Education: ……..
22. Residence: …….
23. Age at Marriage: ……..
24. Occupation: ……..
25. Relation with household head:……
26. Occupation of household head: ……..
27. Education with household head: …….
28. Land ownership: ……..
29. Usual place of residence

    (i) VDC (ii) Municipality
30. Age (in completed year) ……..
31. Do you have your own land for agriculture or own personal property?

    (i) Yes (ii) No

    If yes, how much do you have?

    (i) Ropani …… (ii) Aana ….

(III) Information Relation to Fertility (Currently Married Women Aged 15-49)

32. What was your age when you got first menstruation?

    Year (Age) ……
33. Are you living currently with your husband?

    (i) Yes (ii) No
34. Have you ever given birth?

    (i) Yes (ii) No
35. How old were your age you got first child?

    Years (Age) ……..
36. Did you have follow up doctor during the pregnancy?

    (i) Yes (ii) No

34. How many time did you have follow up ?

……. times.

35. Have you taken TT vaccine during pregnancy?

(i) Yes (ii) No

36. If yes how many times?

(i) Once time (ii) Two times (iii) Three times

37. Have you seen any dangerous circumstances before your delivery?

(i) Yes (ii) No

38. If yes what types?

(i) Unconsciousness (ii) High blood pressure (iii) Bleeding

(iv) Kidney or bladder (v) Other (Specify)…..

39. Where did you get your baby?

(i) Hospital (ii) Home (iii) Other place (Specify)….

40. How many male and female children did you give birth alive?

(i) Male …….. (ii) Female …….. (iii) Total …….

41. Do you want other children?

(i) Yes (ii) No

42. Why do you want to have other children?

(i) Children for wealth (ii) For old age support (iii) Desire for son

(iv) Cause of husband (v) Other (Specify) ….

43. Have you ever heard of any family planning methods?

(i) Yes (ii) No

44. Have you ever used anything to tried in any way to delay or avoid getting pregnant?

(i) Yes (ii) No

45. If yes, which method are you currently using?

(i) Female sterilization (ii) Pills (iii) Depo provera

(iv) Female condom (v) Minilab (vi) Other (Specify) ….

46. Any side effects do you feels of these methods?

(i) Yes (ii) No

If yes,

(i) Over bleeding (ii) Irregular menstruation (iii) Weight loss

(iv) Vomiting (v) Other (specify)….

47. If no, why you are not using any method to avoid pregnancy?

(i) Respondent opposed (ii) Husband opposed (iii) Lack of knowledge

(iv) Know no method (v) Fear of side effect (vi) Desire of son

(v) Desire for daughter

48. Where did you obtain a method of family planning?

(i) Hospital (ii) Clinic (iii) Health post

(iv) Sub health post (v) Private doctor

49. What is attitude towards marriage life?

(i) Positive (ii) Moderate (iii) Negative

(iv) Compassion (iv) Other (Specify) ….

50. What suggestion would you like to provide for those who are willing to get married?

(i) Late married (ii) Wishes own choice

(iii) Self dependent before married (iv) Understanding couples to each other