CHAPTER ONE

INTRODUCTION

1.1 Background

Fertility is one of the major components of population change which is actually reproductive performance of an individual couple, a group or people. It is biological process which is determined by socio –culture value and norm, economic factor such as proper health facilities age at marriage literacy rate, level of income, status of women and contraceptive prevalence. It has a complex network of relationship with different characteristics and human behaviour. Fertility differs from one group of population to another. The societies of high fertility are generally considered as poverty shaded and under developed.

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. (Bhandari, 2004).

Fertility behaviour is the process of giving birth which is interacted with the ambient environment and the environment in different societies. Besides, the degree and interaction of the environment variables is different with the biological limits and human fertility, several social cultural, psychological as well as economic and political factors are found to operate and these are responsible for determining the leaves and differentials of fertility (Bhende and Kantikar, 2010).

There are so many factors that affects in increasing fertility such as educational status, economic status, lack of awareness towards fertility, contraceptive users, religious superstition, child marriage, remarriage, illegal abortion, contraceptive failure, unwanted pregnancy and others. People are going poorer day by day where the people's fertility rate is found automatically high. In the process of development the higher level of occupation is associated with lower level of fertility (Tuladhar, 1997, 1998 & Bhende, 2010).

Fertility behavior is the process of giving birth which is interacted with ambient

environment in different societies. Nepal is a country of multi-lingual, multi-religious and multi-ethnic society. According to the census 2011, 125 caste/ethnic groups are identified. And there were 123 languages as a mother tongue. Similarly, the total fertility rate (TFR) in Nepal was 6.3 in 1981 and 5.6 in 1991 despite the government's efforts to reduce fertility by 2.6 in the year of 2011 (CBS 2014).

Different kinds of community live in Nepal. They have own religions, custom language and usage. , Total125 caste /ethnic groups were indentified in census 2011. Among them Magar was one of the major ethnic group which was on third position on the basis of number. According to the census2011 total population of Magar was 1887733 (7.12 %).

Most of the Magar communities reside in rural area of the hilly region of Nepal. They mainly depend upon agriculture, army and foreign employment. They have low economic status low educational enrollment. So, high fertility is found in Magar communities. In the Magar community, we are seeing that the deep rooted natural and religious factors influence on fertility behaviour (Chhetri, 2005).

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 directly 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

Indepth study on Fertility differential among Magar is still lacking. This ethnic group has early marriage and remarriage practices. Only few fertility studies have been done on Magar ethnic communies. In the study area, no study has been conducted to examine the socio economic and demographic impact of fertility. This study is the first study of that community in the region. So this study basically focuses on socio-

economic, demography, knowledge and use of family planning variables and its effect on fertility of Magar community.

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. This study on fertility behavour of Magar community is based in Tanahunsur V.D.C. of Tanahun district. Fertility is dependent variables so it is affected by different factors socio-cultural, norms and values, economic status etc.

WHO define the health in 1948, 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 opportunities for the protection, promotion and maintenance of their health (Subedi, 2010).

Given the situation, it is necessary to explore fertility behaviours of Magar women and their real situation in the 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?

1.3 Objective of Study

The general objective of this study is to analyze the Fertility Differential of Magar women in Tanahunsur VDC of Tanahun district. The specific objective of this study is as follows:

Ñ   To analyze the socio-economic and demographic characteristics of Magar women of Tanahunsur VDC, Tanahun.

Ñ   To examine the family planning practices and knowledge and its effect on fertility among Magar community.

3

Ñ To evaluate the relationship between children ever born and some demographic and socio economic variables.

1.4 Significance of the Study

The main purpose of this study is to find out the various socio- economic and demographic aspect of fertility of Magar community in total area of Tanahunsur VDC. By the statistical figure Magar community is in third position in total population of Nepal (CBS, 2014). In this regard there is no study on Magar community of Tanahun , Tanahunsur VDC yet. In this community fertility rate is high and most of the people are illiterate .Therefore, this study has a significance of illustrating relationship between fertility and mortality in Magar Community of Tanahun District. Identification of this relationship may be helpful for implementing polices, plan and programmes as well as academic studies focusing on one of the indigenous groups of population

1.5 Limitations of this Study

〕 This study was conducted before rearrange the local agency therefore this VDC divided into Bhanu and Vyas municipality.

〕 This study is only based on Fertility differncial among Magar women of Tanahunsur VDC of Tanahun district have generalization of the study may not be possible.

〕 This analysis is based on the general socio-economic study of analysis population and married women aged (15-49)

〕 This study is related to selected variables to describe the status of women and its relationship with fertility.

〕 The respondents of this study are married or are of reproductive age.

1.6 Organization of the Study

This study is organized into six chapters .The first chapter covers the introduction which includes background of the study, statement of problem ,objectives of the study ,limitations of the study, significance of the study and organization of the study.

The second chapter deals with literature review in which theoretical literature, empirical literature and conceptual framework are included.

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

Fifth chapter contains the core part of the analysis of population of Tanahunsur VDC. This chapter analyzes women's fertility behaviour such as age distribution, age at first marriage, age at first menstruation, family planning knowledge and use, number of children ever born, ideal number of children with relationship of women's CEB with different socio-economic variable. Finally, sixth chapter includes the summary of findings, conclusion and recommendation.

CHAPTER TWO

LITERATURE REVIEW

This chapter provides a review of literatures pertinent to the study. Theoretical overview includes some theoretical aspects of fertility, such as Demographic transition theory, wealth flow theory, Bongart's proximate determinants of fertility etc.

2.1 Theoretical / Conceptual Overview

Anthropology along with other science can contribute to understand human fertility as well reproductive behavior as science of socio-culture and ethnic community. However this seems to be underestimated in Nepalese context. In relation to this a short introduction of fertility and pertinent theoretical orientation and concepts has been reviewed.

In 1909, it was Frank W. Notestein who presented the theory of demographic transition in an almost mature form, with explanation for the changes in fertility. In that sense, he may be credited with expounding the theory of demographic tradition. Notestein pointed out that the rapid growth of population during the past three centuries was mainly due to the decline in the death rate resulting from the process of modernisation , which involved rising standards of living , rising incomes , and advances in sanitation and in medical knowledge . Fertility also registered a decline though this response to moderation which was not as spectacular.

Bongart's model presents four variables such as age at marriage, abortion, contraceptive use and post-partum infecundability which directly affect fertility. But (Subedi, 2006) in his research "Fertility Behavior among Dura" said that beside these four variables, education as another factor also equally plays a vital role in determining fertility. In his words, Subedi said, "Bongart's analytical framework uses only variables that can be operationalised and eventually quantified and is not committed to collecting literacy texts or artistic creations relevant to these process. So, this model ignores or underplays the role of the human imagination in organizing our perception, impressions and sensation in ways which makes them intelligible (Subedi, 2006).

Fertility is affected by socio - economic and demographic variable. It is influenced by education, occupation, age at marriage, child loss experience and use and non use of family planning method. The theory of demographic tradition shows fertility is high in poor, traditional societies because of high mortality, lack of opportunities for individual and higher economic value of children (Caldwell, 1976).

Davis and Black in1956 focused on industrial mechanism in society and listed 11(eleven) intermediate variable which are related to phenomena of fertility. These intermediate variables are centered on intercourses, conception and gestation. As each process is biological, cultural and economical factors, these affect all the stage of childbearing. These eleventh intermediate variables are divided into three groups.

) Factors affecting exposure to intercourse variables

) Factors affecting exposure to conception

) Factors affecting gestation and successful parturition

Caldwell, in 1976 developed a theory known as "theory of intergeneration of wealth flow" explaining fertility Behaviour in any types of society at any level of the development. In a society, the fertility is high if children are economically beneficial to the parents.

According to Bongart & Patter (1993), the proximate determinants of fertility are the biological and behaviors factors through which social, economic, psychological and environment variables affect fertility. Bongart 1983 has identified seven set of proximate determining variables affecting fertility which are at marriage and marital disruption. On set of permanent sterility, duration of postpartum infecundability, fecundability, use and effectiveness of contraception, spontaneous intrauterine mortality and induced abortion. Later, he proposed only four proximate variables that affect directly in determining that fertility levels. They are proposition married, contraception, post partum infecundability and abortion. These four proximate determinants are main determinants to reduce the fertility in Nepal (MOHP, 2012)

The threshold economic development is introduced in the approach of this hypothesis. The countries with initially high fertility will not experience a fertility decline even with same socio-economic development; however, the fertility decline will be initiated in a certain level of socio-economic infrastructural development. And after

this achievement the fertility steadily decline to much a lower plane (Bhende and Kanitkar 2010).

'Bangladesh fertility survey (2010) found that female age at marriage has a significant and direct negative influences on fertility. The rise in the female age at marriage by employment opportunity. A minimum age at marriage is increased likely to lower fertility. Duration of breast feeding is also found to have a significant and direct negative effect on fertility.

Bongarts and Patter (1993) have explored four main proximate determination variables affecting fertility. They are:

1. Age at marriage
2. Post- partum infecundability
3. Use contraception
4. Induce abortion.

These theoretical perspectives prepared a ground for the current study on Magar women of Tanahunsur. It also pioneered task of drawing the conceptual frame of the study.

Nedha, (2015) Modernization theory is a theory used to explain the process of modernization that a nation goes through as it transition from a traditional society to a modern one. The modernization process is linked to the theory of demographic transition. The theory of demographic transition deals with the two conditions, stability and the change as a given population move from a pre- industrial agricultural economy.

Caldwell, (2006) Demographic transition theory is associated with the modernization theory. According to demographic transition theory, cultural and economic development is reversely associated with fertility. Demographic transition theory is the change in the human condition from high mortality and high fertility to low mortality and low fertility. Landry propound this theory in 1909. Then, in 1945 C P Blacker analyzed this theory by dividing five stage of changing process of society. The first stage is known as high stationary stage of population growth. This stage is characterized by high fertility and high mortality. There is no economic and cultural development in the society. In second stage or early expanding stage is characterized

by slowly decline the fertility rate and fast decline the mortality rate. Likewise, the third stage of demographic transition theory that is called late expanding stage. In this stage decline the fertility and rapidly decline the mortality. That's why there is some economic, industrial and cultural development in the society.

In fourth stage or low stationary stage, birth rate and death rate both are low. In this stage societies are highly developed by the industrial and cultural sector. Which increase the knowledge, information and use of modern commodities of industrial production as well as increase the employment opportunities. Which lead to decline the fertility level of society. In fifth stage of demographic transition theory is called declining stage. In this stage the industrial and cultural development reached in optimum level. Most of the women are empowered. Get employment opportunities and increase per capita income. So they are not interested to child birth.

2.2 Review of Previous Empirical Literature

Low level of death and high level of fertility is the main factor of population increase in most of the less developed countries like Nepal. So, a critical assessment of fertility level and trend are recognized in Nepal for which several studies on fertility behaviour and trend has been carried on. Different number of studies in fertility which attempt to summarize the studies regarding the determinants of fertility are selected and presented below.

Magars occupy third largest place by population in Nepal according to census 2011. They live all over the country like Brahmin and Chhetri. Magars also live in India, Bhutan and other countries. The major dense population of magars is found in between Gandaki and Karnali regions. "More than 60 percent magars live in western hilly region of the Western hill, the populution of magar is centered in Palpa, Gulmi, Arghakhanchi, hilly VDC of Nawalparsi, Syangja, Tanahun, Baglung, Myagdi, Gorkha , Rolpa, Rukum and Surkhet. (Baral, 2063). Nowadays Magars also live in terai by farming as other hilly people. However, they have been living in hills since long and feel easy (Bista, 2030). The area between Gandaki and Karnali is magar's territory and is called Magarat. From this point, the famous Magar habitants are present in Tanahun or Rising, Ghiring, Bhirkot and Gandaki region since the time of Chaubise states time which are now in Tanahun district (Mishra 2057)

Education is one of the important factors to determine fertility Behaviour of human being. We are seeing that the relation of these two variables is inversely proportion it means that increase in educational status decrease in fertility rate. Similarly, decrease in educational status increase in fertility rate. A well known study showed high fertility among the women with elementary level of education then graduate in USA (UN, 1973).

World Bank (1984) found that poorer countries women with a few years of primary schooling have slightly higher fertility then those women with no education at all, especially in rural areas.

According to the NDHS 2011, Seventeen percent of women and 20 percent of men have a primary-level education. Nearly one-fourth (24 %) of women and more than one-third (35 %) of men have some secondary education, and nearly one-fifth (18 %) of women and one-third (32 %) of men have completed their School Leaving Certificate (SLC) or gone on to higher levels of education.

Age at marriage is also one of the determinants of fertility. They have also inverse relationship between age at marriage and fertility in Nepal. Nepal is a country of multi-lingual, multi-religious and multi-ethnic society. Various studies have shown that increase in age at marriage help to reduce the fertility.

Women marrying between 20 and 24 have similar fertility that of those marrying before age 20 , only if the marriage age reached 35 or over would there be a significant reduction of fertility. Perhaps this is one of the reasons for high fertility in Nepal (Karki, 2003).

Tuladhar (1989) examined the declining trends of fertility in Nepal using data for annual fertility and family planning survey. He found that fertility seemed to be declining over the past 10 years from TFR of 6.2 to 5.6. The declining in fertility among young women is probably due to increase in marital age.

In Nepal, the growth of population is 2. 25 percent and total fertility rate is 4.1. The success of family planning programs depends upon the level of currently using contraception. The conventional measure is: the higher the current use of contraception, higher the strength of family planning program effort and vice-versa

(Pathak, 2003). A positive association is seen between age at first marriage and level of education. Women with an SLC and higher education marry five years later than those with no education (21.8 years and 16.6 years respectively) (NDHS, 2011).

Income status is related to occupation status in poverty shades area the fertility is higher due to the involvement of children in labour force. Parents having higher income prefer little number of children. The production and distribution system in the society are inversely related to the level of fertility. Increasing occupational opportunities individuals goes outside home which also reduce the level of fertility (Dahal, 1993).

Adhikari (1996) emphasized in his article "Child Loss Experience as A Response to High Fertility: Observation from Nepal" that in Nepal fertility is high because of peoples' pro-natalist approach to produce more progeny and perceived fear of infant and child loss and societal experience on it. Death of an infant is supposed to interrupt lactation and shorten lactation amenorrhea mechanism inspires couples to have more children to be safe from the fear of old age security and hinder in the use of family planning methods. The biological and behavioural mechanism combined contribute to higher attempt is made to examine the effect of lifetime child loss experience (Adhikari, 1996).

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

In a study "Fertility and Mortality rate in Nepal" New Era, found close relationship between infant mortality and number of CEB. The study concluded the existence of strong child replacement effect in Nepal (New Era, 2012).

Infant mortality has declined by 42 percent over the last 15 years, from 79 deaths per 1,000 live births in 1991-1995 to 46/1,000 deaths in 2006-2010. An even more impressive decline was observed in under-five mortality, which decreased by 54 percent from 118 deaths per 1,000 live births to 54 per 1,000 deaths over the same period. As expected, mother's education is inversely related to a child's risk of dying. Under-five mortality among children born to women with no education (73 deaths per

1,000 live births) is more than double (32 deaths per 1,000 live births) that of children born to mothers with an SLC or higher level of education (NDHS, 2011).

Dahal (1989) found a close negative relationship between family planning service and desired family size. Women's education associated with contraceptive use. The use of contraceptive is also different according to the working status of the women. The rate of use almost double women involved in a non-agricultural after then agricultural are 42.2 percent to 23.2 percent.
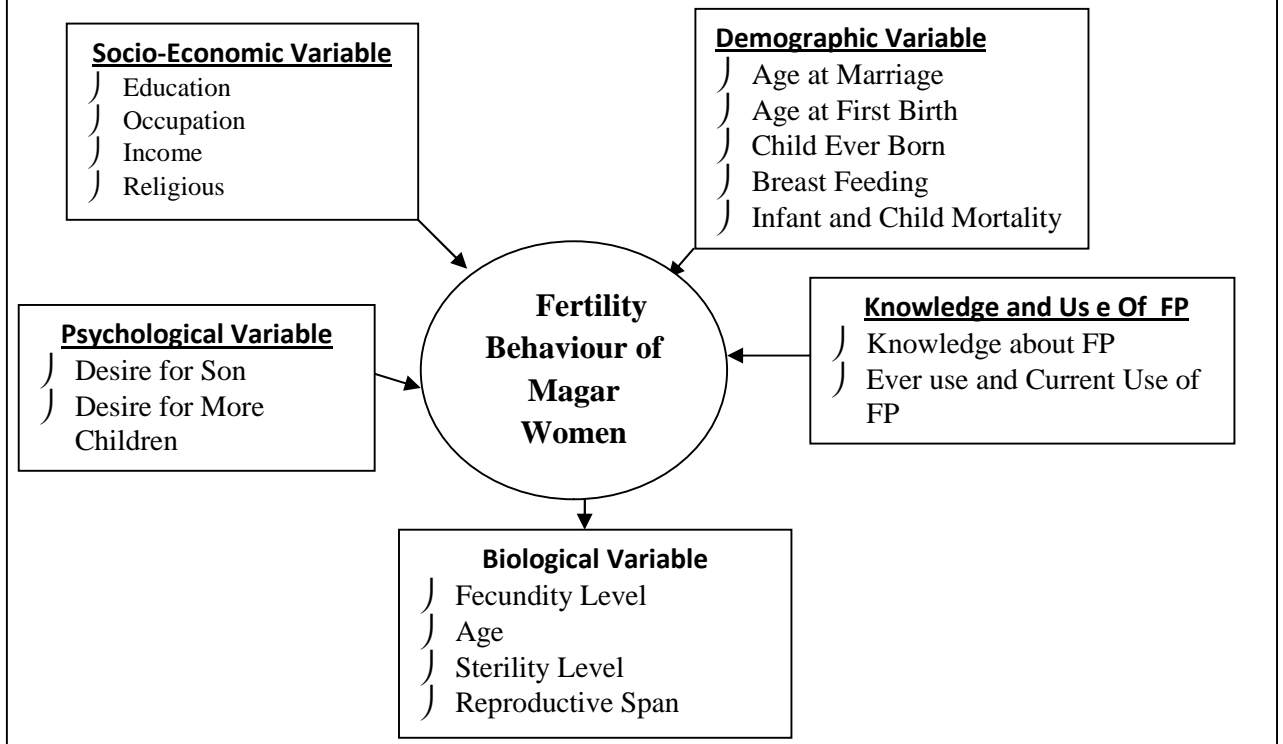
Breast feeding was most important fertility reducing facts of Nepal. An average of nearly 25 months of breast feeding contributes about 18 months of post partum amenorrhea, which is important factor affecting fertility in Nepal, (Adhikari, 1996).

The longer a women breast feeds lower in her hence of conceiving a baby. Though breast-feeding in Nepal is universal culturally patterned and ritually sanctioned, the duration of breast feeding is not uniform and many socio-economic characteristics play important role in the duration of breast feeding is affected by the age of mother. Use of contraception parity, women's education and working status, place of residence and death of a child. The volume of milk produced by the breast feeding mother decrease with age .The urban women breast feeds for shorter duration than rural ones.

2.3   Conceptual Framework

The review of the above literatures, the ground to explain fertility behaviour is influenced by education, socio-economic status, occupation, income, religion, age at marriage , age at first birth, infant and child mortality, use of contraception as affected by fertility. Among the population, rural or backward communities has early marriage trend. Thus, we can consider chain relationship between fertility and socio-economic and demographic variable. This may be summarized as the following conceptual framework:

Figure 1: Conceptual Framework

Socio-Economic Variable
⎫ Education
⎫ Occupation
⎫ Income
⎫ Religious

Demographic Variable
⎫ Age at Marriage
⎫ Age at First Birth
⎫ Child Ever Born
⎫ Breast Feeding
⎫ Infant and Child Mortality

Psychological Variable
⎫ Desire for Son
⎫ Desire for More Children

Fertility Behaviour of Magar Women

Knowledge and Us e Of FP
⎫ Knowledge about FP
⎫ Ever use and Current Use of FP

Biological Variable
⎫ Fecundity Level
⎫ Age
⎫ Sterility Level
⎫ Reproductive Span

CHAPTER THREE
METHODOLOGY

This chapter provides an overview of the research methods employed. It includes rational of the selection of the study area, research design, data collection tools and techniques, sample size and sampling procedural. In this research both primary and secondary data have been used. As per need to collect both types of data different tools and techniques were used which have been described in this chapter.

3.1 Study Site and Rational for Site Selection

Tanahun district is one of the 77 districts located in western development region and Gandaki zone. Tanahun district is situated in mid of the hilly region of Nepal. Tanahun is located 110 km west from the capital city Kathmandu and 19 km east from the city with natural beauty Pokhara (Based on Prithvi Highway). The political boundary of Tanahun district is Gorkha district in east, Syanja district in west, Kaski and Lamjung districts in north and Nawalparsi, Chitwan and Palpa district in south. The total area of this district is 1546 sq.km and the range of height is 200 meter to 2325 meter from the sea level. Tanahun district is situated between east meridians of 83°94" and 84°56", north parallel of 27°27" and 28°13" (Mishra, 2057).

In this VDC there are different caste\ethnic group such' as Brahmin, Chhetri, Magar, Newar, Gurung, Sarki, Kami, Damai, Muslim etc. So this VDC is made up of mixed cultured society. Magars have their own mother tongue and traditional culture.

Tanahunsur VDC is bordered by Bhanu municipalitie in the east, Kyamin VDC and a in the west, Bhanu and Ghasikuwa VDC in the north and Dharampani and Deurali VDC in the south. The Fertility Differential among Magar women were not studied in Tanahunsur VDC, Tanahunsur VDC was selected for the present study because in this VDC, Magar household and population is the historical residence of Magar. Fertility issues have not been studied yet and have not been analyzed yet. So this area was selected for the study.

3.2 Research Design

The design is the structure of any research work it gives the direction and systematizes for the research. It is the formidable problem that follows the task of defining the research problem which prepares the design of the research project. Actually, it is the conceptual structure, it constitutes the blue print for the collection, and measurement and analysis of data as well as it reflect the nature and types of study.

The study has adapted analytical research. The study has been designed only for the population of Magar community which was selected in Tanahunsur VDC of Tanahun.

3.3 Nature and Sources of Data

Both primary and secondary data were used in this study. Primary data was collect from the study area through the structured questionnaire and secondary data from the report, paper, and record of VDC office.

3.4 Universe of Sampling

There are all together 34 V.D.C and 5 municipality in Tanahun District. Among them, Tanahunsur VDC was selected as a study area. There are 2,541 household with the total population of 13,368 people living in the area (VDC Profile). Out of 164 households, only 94 household and 99 respondents are selected by using purposive sampling method. Only Magar married women of reproductive ages (15-49) were selected as the respondents.

3.5 Data Collection Techniques

In this study, two types of questions were mainly included namely: household survey questionnaire and individual information from married women aged 15-49 years. The questionnaires were included the information with related to demographic characteristics as well as socio-economic and use of family planning information.

First of all, the researcher took a letter from the department of Anthropology, Prithvi Narayan Campus. Then this letter had been given to the VDC Secretary. During May –July, 2016, the researcher visited door to door in the study field and deliver introduction to the related members of the family very politely, during the interview.

The researcher has brief explanation about the objectives of the study to each respondent. Then the researcher collected the necessary information. Finally, the respondents were thanked for their kind co-operation and the researcher returned.

3.6 Data Processing and Analysis

Using data of 94 household of married women aged 15-49 years, obtained from Tanahunsur VDC survey 2016, the study presented the data through the simple statistical tools like frequency table, mean table, rates, ratio, by using the SPSS which are appropriate to the stated objectives.

CHAPTER FOUR

CHARACTERISTICS OF THE HOUSEHOLD POPULATION AND RESPONDENT

This chapter focuses on general information the study area and characteristic of respondent and household of the study. Socio demographic aspect such as sex, gender, and educational status has been included in characteristic of respondent.

4.1 Characteristics of the Household Population

The populations are categorized by their different characteristic. Socio demographic and socio economic aspect, such as sex, gender, religion, family size, marital status, occupational status and educational status has been included in characteristic of respondents.

4.1.1 Age and Sex Structure

Age and sex are basic characteristics or the biological attributes of any population which affects fertility, mortality and migration behavior. Age and sex structure not only reflect the present demographic situation of population but also give the basis for the study of past as well as future demographic situation of the population. Age, sex and migration play very important role in the study of population dynamics.

**Table: 4.1 Distribution of Population by Age and Sex**

Age group	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
0-4	10	4.9	17	7.1	27	6.1
5-9	18	8.7	23	9.7	41	9.2
10-14	24	11.7	28	11.8	52	11.7
15-19	27	13.1	18	7.6	45	10.1
20-24	20	9.7	30	12.6	50	11.3
25-29	21	10.2	25	10.5	46	10.4
30-34	13	6.3	26	10.9	39	8.8
35-39	14	6.8	18	7.6	32	7.2
40-44	24	11.7	20	8.4	44	9.9
45-49	10	4.9	7	2.9	17	3.8
50-54	11	5.3	18	7.6	29	6.5
55-59	11	5.3	5	2.1	16	3.6
60-64	2	1.0	3	1.3	5	1.1
65 +	1	0.5			1	0.2
Total	206	100.0	238	100.0	444	100.0

Source: Field Survey, 2016

The percentage of total population was found highest (11.7%) in the age group 10-24 followed by 20-24 and 25-29 years. The lowest percentage of population (0.2%) was observed in the age group 65+ years.

The percentage of male population was highest in the age group 15-19 and lowest in the age group 65+years representing 13.1 and 0.5 percent respectively. Likewise the percentage of female population was highest in the group 10-14 and lowest in the age group 60-64 years representing 12.6 and 1.3 percent respectively of the total population in the study area.

Figure 2: Distribution of Population by Age and Sex
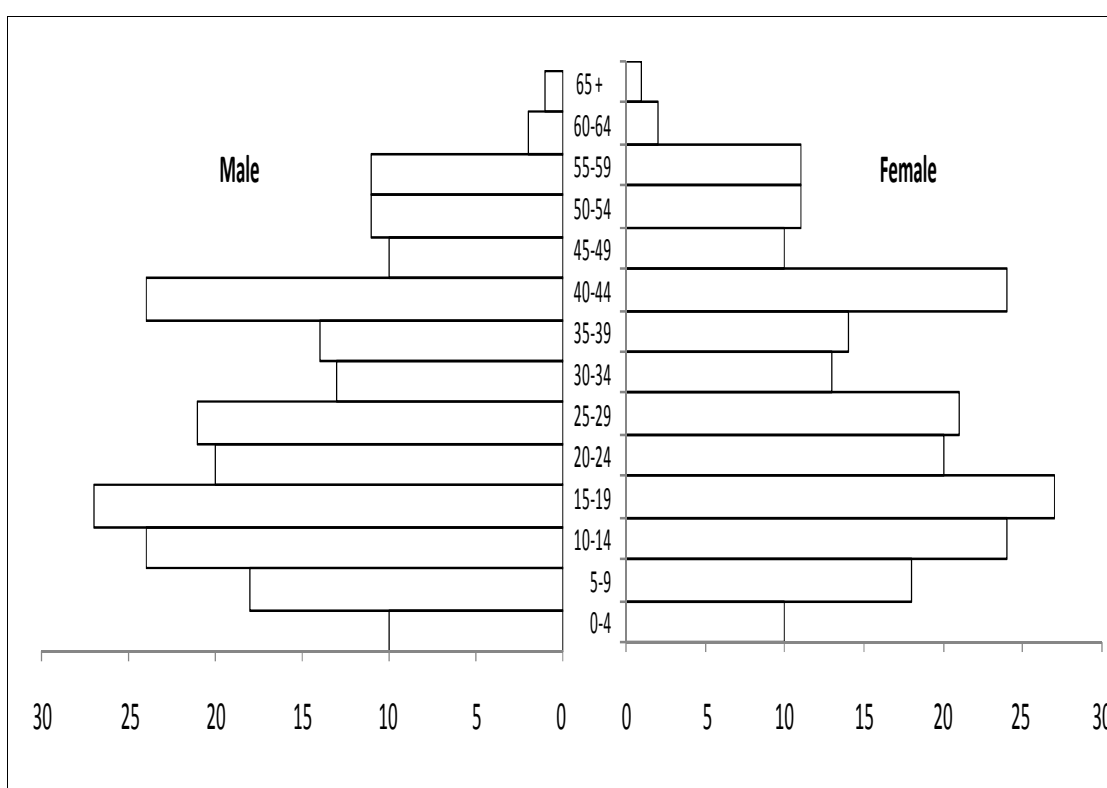
Source: Field Survey, 2016

4.1.2 Education Status

Education plays the vital role to determine the fertility of family. If family is educated, they inevitably decide to any subject matter, such as marriage age of son and daughter, child care, education and socio-economic development of their family, which guides how to reduce fertility. The distribution of educational status of the total population aged 5 and above is shown below:

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Table 4.2 Distribution of Population by Literacy Status

Literacy status	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Yes	170	86.7	184	83.3	354	85
No	26	13.3	37	16.7	63	15.1
Total	196	100.0	221	100.0	417	100.0
If yes level of education						
Primary	38	22.4	63	34.2	101	28.5
Secondary	51	30.0	67	36.4	118	33.3
Higher Education	81	47.6	54	29.3	135	38.1
Total	170	100.0	184	100.0	354	100.0

Source: Field Survey, 2016

The literacy status of the household population aged 5 and above suggest that, 85 percent population were literate compared with 15 percent illiterate. The literacy status of male was better than that of the female.

The Education status indicates that around 38 percent of the literate household population had completed higher level education and it was followed by secondary level of education (33.3%) and primary level of education (28.5%) respectively.

4.1.3 Marital Status

Marital status is an important determinant of fertility behaviour, particularly in a non-contraception society and where most of the birth takes place in marital union in Nepal. The marital status may be classified into broad terms: unmarried, currently married, divorce/separated and widowed. At the total household population aged 5 and above, around 49 percent were married population and it was followed by unmarried (47.5%) and widowed (3.4%) respectively.

Table: 4.3 Distribution of Population by Marital Status

Marital status	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Unmarried	99	50.5	99	44.8	198	47.5
Married	93	47.4	112	50.7	205	49.2
Widowed	4	2.0	10	4.5	14	3.4
Total	196	100.0	221	100.0	417	100.0

Source: Field Survey, 2016.

4.1.4 Occupational status

Occupation is one of the most important factors that effects on health directly or indirectly on various aspects of human being. The occupation includes various sectors like agriculture, home, industry, job/ service, trade, daily wages household work and others. The question about the occupation was asked to the people who were of the age 5 and above.

Table 4.4 Distribution of Population by Occupational Status

Occupation	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Student	82	41.8	82	37.1	164	39.3
Agriculture	30	15.3	90	40.7	120	28.8
Labor on agriculture	35	17.9	4	1.8	39	9.4
Service	31	15.8	5	2.3	36	8.6
Households work	2	1.0	19	8.6	21	5.0
Business	2	1.0	15	6.8	17	4.1
Nothing doing	8	4.1	2	0.9	10	2.4
Others	6	3	4	1.9	10	2.4
Total	196	100.0	221	100.0	417	100.0

Source: Field Survey, 2016.

Table 4.4 shows that of the total 417 population age 5 year and above by occupation, about 39.3 percent population had their main occupation as student. Similarly, 28.8 percent of 5 year and above population were engaged in agriculture. The lowest percentage 2.4 of the total population in the study area was found doing nothing and the same was the case with others.

4.1.5 Family size Status of the Household

Family size is one of the determinants of fertility if the large number of family size there may be high fertility level.

Table 4.5 Distribution of the Household by Family Size

Family size	Number	Percent
1-4	44	46.8
5-7	47	50.0
8-13	3	3.19
Total	94	100.0

Source: Field Survey, 2016

Table 4.5 shows that the datas were taken in which 46.8 percent household had 1-4 numbers of families, 50.0 percent household had 5-7 numbers of families and 3.19 percent household had 8-13 numbers of families.

4.1.6 Religion

Religion is faith to God that everybody thinks and follows as their wish. In every community of Nepal, there are mainly Buddhists and Hindus. Alternate to this, people are attracted to Christianity and some people of Hill and Terai region follow Muslim religious. The religion status of Magar community is shown as follows:

Table 4.6 Distribution of Household by their Religion

Religion	Number	Percent
Hindu	82	87.2
Buddhist	4	4.3
Other	8	8.5
Total	94	100.0

Source: Field Survey, 2016

From Table 4.6, it is clear that most of the household were Hindu with 87.2 percent, only four household were Buddhist 4.3 percent and 8.5 percent household were found with other religions.

4.1.7 Land Holding Status of Households

Land holding status also indicates the economic status of the household. The Land holding status has been presented as table 4.7.

Table: 4.7 Distributions of Respondents by Land Holding Status

Land holding status	Number	Percent
Less than 4 Ropani	9	9.6
4-8 Ropani	38	40.4
8-10 Ropani	30	31.9
More than 10 Ropani	17	18.1
Total	94	100.0

Source: Field Survey, 2016

Table shows that the 40.0 percent house hold had 4-8 Ropanies land followed by 31.9 percent household having 8-10 Ropanies land, whereas 18.1 percent had more than 10 Ropanies land and 9.6 percent had less than 4 Ropanies land.

4.1.8   Sources of Income

Source of income shows the real condition of respondent's economic status. Source of income helps to manage their life standard as well as enables to purchase the basic needs. They can be able to maintain quality of education, facilities of health and sanitations, lodging and fooding. Table 4.8 demonstrates the source of income of the respondents.

Table: 4.8 Distribution of Respondents by Their Monthly Income Sources

Income source	Number	Percent
Agriculture	51	54.3
Service income	25	26.6
Business	8	8.5
Remittance	4	4.3
Pension	3	3.2
Others	3	3.2
Total	94	100.0

Source: Field Survey, 2016.

Table 4.8 demonstrates that 54.3 percent of the population income source was Agriculture followed by Service income (26.6%), Business (8.5%), Remittance (4.3%) , Pension (3.2%) and others (3.2%). The table shows that their main income source is Agriculture.

4.1.9   Sources of Drinking Water

Sources of drinking water refer to the households from where they draw water for drinking and cooking food for the family members. Overall 95.7 percent household in Magar community were served by piped water inside home. The second source of drinking water was Public tap which was used by 4.2 percent Magars.

Table: 4.9 Distribution of Respondent by Their Source of Drinking Water

Source of drinking water	Number	Percent
Public tap	4	4.2
Piped water inside home	90	95.7
Total	94	100.0

Source: Field Survey, 2016.

Table shows that almost 95.7 percent households used piped water and only 4.2 percent household used public tap. There was nobody to drink water of private hand pump.

4.1.10   Toilet Facility

Toilet facility is also important tools for measure the social status. If the household posses their own toilet that could be within boundary of the house then such households are considered as household having toilet facility. If the household do not have their own toilet and household member use either public toilet or open place then such household are considered as having non-toilet facilities. Among the Magar Community of Tanahunsur VDC, all used toilet at their homes. It means 100 percent Magar people used toilet.

Table: 4.10 Distribution of Respondent by their Types of Toilet

Types of toilet	Number	Percent
Modern toilet	89	94.7
Traditional	5	5.3
Total	94	100.0

Source: Field Survey, 2016.

Table shows that higher percentage of people used modern toilet i.e. 94.7 percent and only few people used traditional toilet i.e. 5.3 percent.

4.2 Characteristics of the Respondents

The social and demographic characteristic of respondents also determine the fertility so when we study about fertility there should be studied the respondents social and demographic characteristics.

4.2.1 Age Distribution of Respondents

The study was conducted to obtain reliable information to the study area of Fertility Differential among Magars. It was directly related to the women of reproductive age (15-49) years which are presented below:

Table: 4.11 Distribution of Respondents by Age (15-49) years

Age Group	Number	Percent
15-19	9	9.1
20-24	12	12.1
25-29	18	18.2
30-34	23	23.3
35-39	17	17.1
40-44	12	12.1
45-49	8	8.1
Total	99	100.0

Source: Field Survey, 2016.

Total 99 women were interrogated during the study for interview. Data shows that maximum number of women 23.2 percent were found in 30-34 age-group. It was followed by age-group 40-44 years which was 21.2 percent ,25-29 years which was 18.1 percent, the age-group from 35-39 was 17.1percent and 15-19 age-group which

was 9.0 percent. The lowest numbers of women who were in age-group 40-45 was 8.0 percent.

4.2.2 Educational Status

Education plays a vital role to determine fertility and family planning. It always associates negatively to fertility and positively to contraceptive practices.

Table: 4.12 Distributions of Respondents by Educational Status

| Educational status	Number	Percent
Yes	90	90.9
No	9	9.1
Total	99	100.0
If yes, Level of education		
Primary	28	31.1
Secondary	40	44.4
Higher Education	22	24.4
Total	90	100.0

Source: Field Survey, 2016

The literacy status of the respondent suggests that, 90.9 percent respondent were literate and 9.1 percent illiterate. The Education status indicated that 44.4 percent of the literate respondent had completed secondary education level and it was followed by primary level of education (31.1%) and higher level of education (24.4%) respectively.

4.2.3 Age at First Menstruation

Menstruation plays an important role to determine the women's status of fertility. If girls get first menstruation in earlier age parents may be worried and they start thinking about her marriage in such a society and of any numbers with deep-rooted traditional norms and values. So, in this research respondent were asked about the age of their first menstruation which is presented as follow

Figure No. 3 Distribution of Respondents by Age at First Menstruation
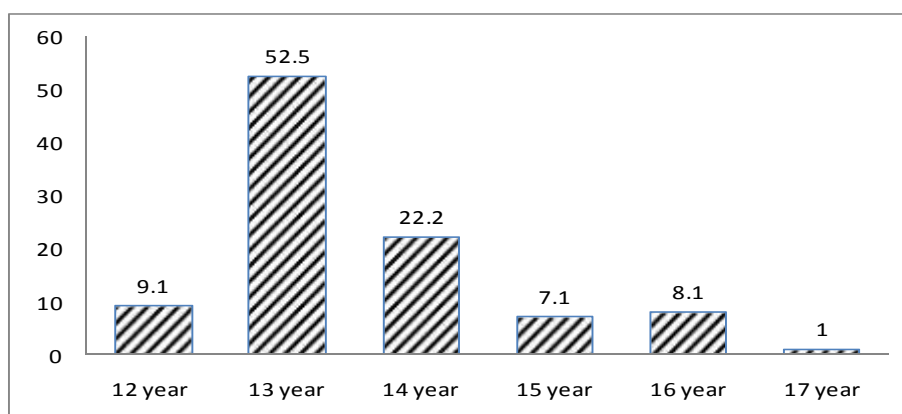
Source: Field Survey, 2016.

This graph shows that large number of the respondents got their first menstruation at 13 years which was 52.5percent. It was followed by 14 years which was 22.2percent and 9.1percent of women got menstruation in 12 years. Only few women got menstruation at the age of 15, 16 and 17 years which was 7.1percent, 8.1percent and 1.0 percent respectively.

4.2.4 Age at Marriage

Age at marriage is important for the determination of fertility and family planning. Nepalese society where marriage is thought to be universal and is taken as a main task of parents, there is important role of marriage to determine women's status because of fertility situation after marriage. They are legally accepted to child bearing after marriage.

Table: 4.13 Distributions of Respondents by Age at First Marriage

Age at first marriage	Number	Percent
Upto age 15	4	4.0
16-19	47	47.5
20 and	48	48.5
Total	99	100.0
Mean age at marriage 19.32		

Source: Field Survey, 2016

Table 4.13 reviled that majority of women were married at the age of 20 which was 48.5 percent. It was followed by 16-19 years of women which was 47.5 percent. 4.0 percent of women were married up to the age of 15.The mean age at marriage was 19.32 percent.

4.2.5 Age at First Birth

Child bearing at an early age has a major effect on health of both mother and child. It also lengthens the reproductive period, thereby increasing the level of fertility. It is assumed that women who are involved in farm gave birth at early age compared to these who are engage in service, business, study and other non-agricultural activities.

Table: 4.14 Distributions of the Respondents by Age at First Birth

Age at first birth	Number	Percent
Less than 18 years	17	19.1
18-20 years	25	28.1
20 and above	47	52.8
Total	89	100.0
Mean age at first birth 20.63		

Source: Field Survey, 2016

Out of the 99 respondent, 89 had children. Out of them 52 .8 percent of women gave first birth at the age 20. Similarly, 28.1 percent of women gave first birth at 18-20 years. Only 19.1 percent of women gave birth at less than 18 years .The mean age of first birth was 20.63 percent.

4.2.6 Child Loss Experience

The child loss experience is one of the important factors which help to determinant fertility. When one couple frequently loss their children they forwards to give birth to more children because they cannot be sure whether all of their children will survive. If they are fond of giving more birth they don't give importance to family planning devices. The child loss experience of study area is given in table 4.15:

Table 4.15 Distribution of Respondents by Child Loss Experience

Child loss experience	Number	Percent
Yes	12	13.5
No	77	86.5
Total	89	100.0
Son		
0	7	58.3
1	5	41.7
Total	12	100.0
Daughter		
0	4	33.3
1	8	66.7
Total	12	100.0

Source: Field Survey, 2016

Out of the 89 respondents, around 13 percent had experience of child loss. Out of the respondents who had child loss experience around 42 percent reported that they had lost son whereas around 67 percent reported that they had lost daughter.

4.2.7   Duration of Breastfeeding

Breast feeding is necessary for the healthy life of baby. The table 4.16 clarifies the duration of breast feeding.

Table: 4.16 Distribution of Respondent by Duration of Breastfeeding

Breastfeeding	Number	Percent
Yes	88	88.9
No	11	11.1
Total	99	100.0
Months		
3-15	8	9.0
16-22	9	10.2
23-27	30	34.1
28-36	41	46.5
Total	88	100.0
Average months of breastfeeding 27.36		

Source: Field Survey, 2016.

4.2.8 Knowledge and Sources of Family Planning Methods

Family planning knowledge is essential especially for the couples; knowledge is the first step to decide for the use of family planning methods. It is widely believed that family planning awareness helps to control population growth in the numbers.

4.2.9 Source of Information on Family Planning Methods

In Nepal, the easy excess of sources of information is radio because of the poor economic condition of the people. Because of change of society and electricity facility in the village area, people are being exposed to other media also. Therefore, respondents were asked about media through which they had heard about FP method. The responses are tabulated in Table 4.17.

Table 4.17 Distribution of Respondents by Sources of Information

Sources of information	Number	Percent
TV	36	36.4
Radio	52	52.5
Friends	3	3.0
Health person	8	8.1
Total	99	100.0

Source: Field Survey, 2016.

Table 4.17 shows that most of the respondent's sources of information were radio with 52.5 percent followed by television with 36.4 percent and health person with 8.1 percent. The lowest percent of respondent was found 3.0 percent by friends.

4.2.10 Ever Use of Family Planning Method

Use of contraceptive is one of the most important proximate determinants of fertility. Ever use of family planning also indicates their history of use of family planning methods. Use of family planning method may have significant impact to manage the rapid growing population and environmental problems. Among the Nepalese women, the contraceptive prevalence rate is increasing each year but CPR is still low and there is still high unmet demand of Family Planning methods. In this study, respondents were asked about the ever use of family planning methods. The responses are

presented in Table 4.18

Table: 4.18 Distribution of Respondents by Ever Use of Family Planning Methods

Ever use of FP	Number	Percent
Yes	83	83.8
No	16	16.2
Total	99	100.0
If yes method		
Condom	23	27.7
Pills	41	49.4
Injection	19	22.9
Total	83	100.0

Source: Field Survey, 2016.

Table 4.18 shows that 83.8 percent both of male and female had used contraceptive and 16.2 percent of male and female had not used contraceptive. Among them 72.3 percent wife used contraceptive and 27.7 percent husband used contraceptive. Here, higher percent age of wife used contraceptive compared to husband. From this Table high proportion had used pills, 49.4 percent followed by condom and lower proportion had used injection by 22.9 percent.

4.1.11 Currently Use of Family Planning Method

Current use of contraceptive is defined as the proportion of women and men who reported they were using a family planning method at the time of interview. The level of use is the most widely used and valuable measure of the success of family planning programs. Currently using of any contraception method is presented in Table 4.19

Table: 4.19 Distribution of Respondent by currently use of Contraception

Current use of FP	Number	Percent
Yes	54	54.5
No	45	45.5
Total	99	100.0
If yes method		
Condom	1	1.0
Pills	1	1.0
Injection	22	22.2
M\F Sterilization	30	30.3
Total	99	100.0

Source: Field Survey, 2016.

Table 4.20 shows that 54.5 percent respondent were currently using methods of family planning whereas 45.5 percent were not using any method of family planning. Among them 68.8 percent of wife currently used FP method and 31.5 percent of husband currently used of FP method. Similarly, current user of male/female sterilization 55.6 percent were found as highest contraceptive devices than others followed by injection 40.7 percentages and similarly 1.9 percentages were pills and condom. It was lowest percent of currently using family planning method.

4.2.12 Causes of Not Using Family Planning Method

Causes of not using family planning method find out the barriers in using family planning methods. By the cause of low literacy and poor economic status they could not make decision about to use FP methods in the suitable time. This research finds out the obstacles in using FP methods .The respondent who had knowledge about FP have also not used any methods and had ever asked why they didn't do so.

Table: 4.21 Distribution of Respondents by Causes of Not Using Family Planning Method

Causes of not using family planning methods.	Number	Percent
Health problem	5	11.1
Desire of son	6	13.3
Desire of daughter	1	2.2
For pregnant	9	20.0
Husband refused	13	28.9
Husband out of Nepal	2	4.4
Not mention	9	20.0
Total	45	100.0

Source: Field Survey, 2016.

Table shows that highest the percent 28.9 respondents had husband refused for using family planning method followed by 20.0 percent were pregnant and not mentioned the family planning method, 13.3 percent had desire for son, 11.1 percent had health problem, 4.4 had husband out of Nepal and 2.2 percent had desire for daughter. These were the main causes of not using FP method.

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CHAPTER FIVE

FERTILITY BEHAVIOUR OF MAGAR WOMEN

5.1   Relationship of CEB with Different Variables

Child ever born or fertility is the dependent variable with different socio- economic, demographic, other social norms and values.

5.1.1   Age and CEB

Age of the women is one of the demographic factors influencing fertility. It is expected that as the age of married women increase the mean number of children ever born. The result of survey is presented in table 5.1.

Table: 5.1 Mean Number of CEB of Respondent by Age Group

Age group	Mean CEB	Number
20-24	1.8	5
25-29	1.8	16
30-34	2.1	23
35-39	2.4	16
40-44	2.6	21
45-49	3.3	8
Total	2.3	89

Source: Field Survey, 2016.

Table 5.1 shows that the mean CEB of 3.3 was highest for women whose age group was 45-49 years at the time of field survey. Similarly, the mean CEB of 1.8 was lowest for women whose age group was 25-29 years.

5.1.2 Age at Marriage and CEB

Age at marriage is inversely related with mean number of CEB. If marriage occurs at lower age there is high number of CEB. Therefore, low mean number of CEB could be expected for those who have married relatively at higher ages.

Table: 5.2 Ages at Marriage and CEB

Age at marriage	Mean CEB	Number
Up to age 15	2.3	4
16-19	2.4	46
20 and	2.2	39
Total	2.3	89

Source: Field Survey, 2016

Table 5.2 shows that the greater number of children was born who got married earlier. An average CEB 2.2 had been observed among the women who married below 20 years of their age.

5.1.3 Age at First Birth and CEB

Age at first birth is inversely related with mean number of CEB. If first birth occurs at the early age of reproductive span there is defiantly high number of CEB. Therefore, low mean number of CEB could be expected for those who have gave first birth relatively at higher age of reproductive span.

Table: 5.3 Ages at First Birth and CEB

Age at first birth	Mean CEB	Number
Less than 18	2.6	17
18-20	2.0	25
age 20	2.3	47
Total	2.3	89

Source: Field Survey, 2016

Table 5.3 shows that whereas the mean number of CEB was found 2.6 for the women who gave first birth at the age of less than 18 years. It was followed by mean CEB 2.3 who gave first birth at the above age 20 years and lowest mean number of CEB was found 2.0 who gave first birth at age of 18-20 years.

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5.1.4 Education and CEB

Education of women is one of the main factors for affecting fertility. Literature has shown that educated women are more aware of issue of their quality of children that non-educated. Education has indirect impact upon fertility which affects the level of fertility.

Table: 5.4 Mean CEB and Educational Status of Respondents

Read and Write	Mean CEB	Number
Yes	2.2	80
No	3.3	9
Total	2.3	89
Ever gone to school		
Yes	2.2	82
No	3.4	7
Total	2.3	89
Education groups		
Primary	2.3	28
Secondary	2.1	39
Higher Education	3.6	12
Total	2.2	79

Source: Field Survey, 2016

Table 5.4 shows that the mean CEB 3.3 was found highest for women who could not read and write and the mean CEB was found lowest 2.2 for women who could read and write. This table shows that women who had gone to school had 2.2 mean number of CEB and those who had not ever gone to school had 3.4 mean number of CEB. Similarly, Primary level women mean CEB was 2.3, a Secondary level woman CEB was 2.1 and Higher Education level women mean CEB was 3.6.

5.1.5 Ever Use of Family Planning Method and CEB

A couple's desires and ability to manage women fertility and her choice of contraceptive methods are affected by their status, self-image and sense of empowerment. Contraceptive methods are used to control high fertility.

Table: 5.5 Mean CEB and Ever Use of Family Planning Method

Ever use of family planning method	Mean CEB	Number
Yes	2.3	77
No	2.5	12
Total	2.3	89

Source: Field Survey, 2016.

Table 5.5 shows that 77 numbers of respondents had used the contraception whose mean number of CEB was 2.3 and 12 numbers of respondents had not used the contraception whose mean CEB was 2.5. There was maximum difference between user and non-user of contraception.

5.1.6 Current Use of Family Planning and CEB

A couple's desires and ability to manage women fertility and her choice of contraceptive methods are in part of affected by their status, self-image and sense of empowerment. Contraceptive methods are used to control lower fertility.

Table: 5.6 Mean CEB and Current Use of Family Planning

Current use of family planning	Mean CEB	Number
Yes	2.6	54
No	1.9	35
Total	2.3	89

Source: Field Survey, 2016.

Table 5.6 shows that 54 numbers of respondents had used the contraception whose mean CEB is 2.6 and 35 numbers of respondents had not used the contraception whose mean is 1.9.

5.1.7 Age Group of Women and CEB

Age of female also effect the CEB that influencing the fertility so age of mother is major component to determine the CEB.

Table: 5.7 Mean CEB by Married Women age 15-49

Age group	No. of women	Live birth	Mean CEB
15-19	4	9	2.25
20-24	4	12	3.0
25-29	15	18	1.2
30-34	22	23	1.04
35-39	16	17	1.06
40-44	20	21	1.05
45-49	8	8	1.0
Total	89	108	1.11

Source: Field Survey, 2011.

The overall number of children Ever Born was found to be 1.11. The table explains that lowest level of CEB is found in age group 45-49 years i.e. 1.0 per women. The highest level of CEB can be observed in age group 15-19 years i.e.2.25 per women.

The fertility behaviour of women to some extent has been affected by the emerging trend of modernization in the society and the family.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter attempts to summarize the whole study condition and recommendations for the future plans and programmes.

6.1 Summary of the Findings

⟩ The percentage of total population was found highest (11.7) in the age group 10-24 followed by 20-24 and 25-29 years. The lowest percentage of population 0.2 was observed in the age group 65+ years.

⟩ 85 percent population were literate (age 5 year) which numbered 86.7 percent male and 83.3 percent female. In the study area 15.1 percent population were illiterate in which there were 13.3 percent male and 16.7 percent female. The percent of illiterate women was higher than male.

⟩ Among the Magar community 50.5 percent male and 44.8 female were unmarried, 47.4 percent male and 50.7 percent female were married, and 2.0 percent male and 4.5 percent female were widowed.

⟩ Out of the total 417 population age 5 year and above by occupation, about 39.3 percent population had their main occupation as student. Similarly, 28.8 percent of 5 year and above population were engaged in agriculture. The lowest percentage 2.4 of the total population in the study area was found doing nothing and the same was the case with others.

⟩ 46.8 percent household had 1-4 numbers of families, 50.0 percent household had 5-7 numbers of families and 3.19 percent household had 8-13 numbers of families.

⟩ Most of the household were Hindus with 87.2 percent, only four household were Buddhists 4.3 percent and 8.5 percent household were found following other religions.

⟩ 40.0 percent house hold had 4-8 Ropanies land followed by 31.9 percent household having 8-10 Ropanies land; whereas 18.1 percent had more than 10 Ropanies land and 9.6 percent had less than 4 Ropanies land

⟩ 54.3 percent of the population income source was Agriculture followed by Service income 26.6 (%), Business 8.5 (%), Remittance 4.3 (%), Pension 3.2

(%), Wage labor 2.1 (%) and Industries 1.1 (%). Table shows that major of the population's main income source was Agriculture.

) Almost 95.7 percent households were using piped water and only 3.2 percent household were using public tap. There was nobody to drink water of private hand pump.

) Higher percentage of people who used modern toilet was 94.7 percent and only few people used traditional toilet which was 5.3 percent.

) The highest proportion of respondents had been found in the age group 30-34 years 23.2 percent. It was followed by 40-44 years (21.2%), 25-29 years (18.1%),35-39 years (17.1%),20-24 years (12.1%)and 15-19 years (9.0%).The lowest number of respondents had been found in 45-49 years8.0 percent.

) The literacy status of the respondent suggests that, 90.9 percent respondent were literate compared with 9.1 percent illiterate. The Education status indicated that 44.4 percent of the literate respondent had completed secondary education level and it was followed by primary level of education (31.1%) and higher level of education (24.4%) respectively.

) Large number of the respondents got their first menstruation at the age of 13 years which was 52.5percent. It was followed by 14 years which was 22.2percent and 9.1percent of women got menstruation in 12 years. Only few women got menstruation at the age of 15, 16 and 17 years which was 7.1percent, 8.1percent and 1.0percent respectively.

) Majority of the respondent were married at the age of 20 years which was accounted to 48.5 percent.

) Magar community 98 (99.0%) were married and only 1 (1.0%) are widow.

) Out of the 99 respondent 89 had children .Out of them 52.8 percent of women gave first birth at the age 20 similarly 28.1 percent of women gave first birth at 18-20 years. Only 19.1 percent of women gave first birth at less than 18 years. The mean age at first birth was 20.63 percent.

) About 13.5 percent of the respondents had child loss experience.

) As the total number of 99 respondents100 percent had heard of family planning methods.

⟩ Most of the respondent's sources of information were radio with 52.5 percent followed by television with 36.4 percent and health person with 8.1 percent. The lowest percent of respondent was found 3.0 percent by friends.

⟩ 83.8 percent both male and female had used contraceptive and 16.2 percent of male and female had not used contraceptive. Among them 72.3 percent wife used contraceptive and 27.7 percent husband used contraceptive. Here, higher percentage of wife used contraceptive compared to husband. From the study, high proportion had used pills, 49.4 percent followed by condom and lower proportion had used injection by 22.9 percent.

⟩ 54.5 percent respondents were currently using methods of family planning whereas 45.5 percent was not using any method of family planning. Among them 68.8 percent of wife currently used FP method and 31.5 percent of husband currently used of FP method. Similarly, current user of male/female sterilization 55.6 percent were found to be the highest contraceptive devices than others followed by injection 40.7 percentages and same the 1.9 percentage are pills and condom. Lowest percent of them were currently using family planning method.

⟩ Highest percent 28.9 respondents had husband refused for using family planning method followed by 20.0 percent are pregnant and not mentioned the family planning method, 13.3 percent had desire for son, 11.1 percent had health problem, 4.4 had husband out of Nepal and 2.2 percent had desire of daughter. These were the main causes of not using FP method.

⟩ The mean CEB of 3.3 was highest for women whose age group was 45-49 years at the time of field survey. Similarly, the mean CEB of 1.8 was lowest for women whose age group was 25-29 years.

⟩ The greater number of children was born who got married in earlier age. In average, CEB 2.2 had been observed among the women who married below 20 years of their age.

⟩ The mean number of CEB was found 2.6 for the women who gave first birth at the age of less than 18 years. It was followed by mean CEB 2.3 who gave first birth at the above age 20 years and lowest mean number of CEB was found 2.0 who gave first birth at age of 18-20 years.

) The mean CEB 3.3 was found the highest for women who could not read and write and the mean CEB was found lowest 2.3 for women who could read and write. Study shows that women who had gone to school had 2.3 mean number of CEB and those who had not gone to school had 3.4 mean number of CEB. Similarly, Primary level women mean CEB was 2.3, Secondary level woman CEB was 2.1 and Higher Education level women mean CEB was 3.6.

) 77 number of respondents had used the contraception whose mean number of CEB was 2.3 and 12 number of respondents had not used the contraception whose mean CEB was 2.5. There was maximum difference between user and non-user of contraception.

) 54 numbers of respondents had used the contraception whose mean CEB was 2.6 and 35 numbers of respondents had not used the contraception whose mean was 1.9.

6.2   Conclusions

Education plays a vital role for determining fertility level but in this study area, education attainment of respondents was found to be very low because of which they were far behind in any respect of knowledge. One of the reasons may be because more women were selected from late age groups. Basically, women related FP method female sterilization was found mostly applied. This may be because male do not allow them because they might be frightened of health injuries as well as they suspected the females to involve in out sexual behavioural thinking that they are safe and follow traditional norms. Occupation had also seen playing an important role for the reduction of fertility. Most of the women were engaged in agriculture in the study area, so they were found to have children which meant higher fertility. Knowledge and use of family planning methods especially female method were found high. There was high level of contraceptive use only after the first birth.

6.3   Recommendations

One the basis of findings and conclusion of the study are drawn the following recommendation:

) It is clear that female education has especially played important role for overall development and population control in the family. So IEC programme should be

launched in this community, especially targeting for women's reproductive and fertility education.

) Age at earlier marriage was also high in these communities, which automatically increase fertility. Therefore, to reduce early marriage practice, government and other agencies should apply effective programmes to change the prevalence of culture norms and traditional values towards early marriage.

) In this study, most of the women were unemploymed engaged in agriculture. This may cause high fertility. So the government must establish employment opportunities and if possible other non-governmental organization should provide education to such women so that they can improve their economic status.

) In the study area females were found actively participating in using family planning. Men should be encouraged to use family planning method. Due to deep rooted traditional values, cultural norms and low status of women, it promotes to low age at marriage view towards more children, which automatically leads to high fertility. So effective programmes should be launched to control over it in this community.

6.4 Recommendation for Further Study

This study has only attempted to find out the different socio-economic variable of Magar community and their fertility knowledge, attitude and practice of contraceptive. However, as an individual study, this study has not covered the entire portion related to women's fertility and family planning. Therefore, based on related matters further studies can be carried out.

) In this research, it has been studied only about the Magar community of Tanahunsur VDC Tanahun. This type of study can be done in other area of Nepal taking the large study area applying different analysis method. This type of study may product different new result and probably that result can describe the fertility behaviour of the people of Nepal in various ways.

) This study is related to Magar community's fertility and family planning behaviour, combining with other ethnic group to show the variation between them, other study can be carried out.

) This study examined mean CEB only by socio-economic and demographic variables. Other biological, ecological and other variable can be taken into consideration for further research issue.

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Questionnaire

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FERTILITY BEHAVIOUR AMONG MAGAR WOMEN:

A Case Study of Tanahunsur VDC, Tanhun District

SECTION I: IDENTIFICATION

District……………

VDC ………………

Ward no ……………

Family number ……….

Name of the household head ………………….

Name of the Respondent ……………………….

Religion ………………………

SECTION II: HOUSEHOLD QUESTIONNAIRE

SN	Name of the family	Relation with HH	Sex	Age (Completed)	Literacy	Education status	Marital status	Occupation (Main)
			1.Male		1.Literate	1.Primary	1.Unmarried	1.Agriculture
			2.Female		2.Illiterate	2.Secondary	2.Married	2.Small Industries
						3.Higher	3.Divorced	3.Service
							4.Separate	4.Business
							5.Widow	5.Labor agriculture
								6.Labor on agriculture
								7.Disable
								8.Student
								9.Nothing doing
								10.Households work

10.	Do you or your family own agricultural land?

1. Yes…………….		2. No………………..

11.	If yes, how much land is owned by your family?

1. Ropani………….			2. Aana……………

12.	Do you have any livestock?

1. Yes………….		2. No………

13.	If yes, what are they?

1.Buffaloes… 2. Cow… 3. Goats…	4.	Duck\Cocks………			5. Others…

14.	Have you got any following facilities at your house?

1. Electricity… 2. Television……3. Radio…… 4. Telephone……	5. Transport…… 6.
Other Facilities……

15.	What are the main sources of drinking water?

1.	Piped	water	inside	home………	2.	Public	tap……………

3. Private hand pump……………..

16. What type of toilet do you have?

1. Modern…………. 	2.Traditional…………….

INDIVIDUAL QUESTIONNAIRE

17.	What is your age?

Completed age………. …

18.	Can you easily read and write?

1. Yes……2. No….

19.	Have you ever gone to school?

1. Yes……..2. No………..2

20.	What is your qualificat ion or education?

1. Illiterate……2. Primary……… 	3.Secondary….4.Higher	Education……

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

Completed age………….

22.	What is your marital status?

1.Married………2. Divorce………

3. Widow…………4. Separate………

23.	How old were you at the time of your first marriage?

Completed age………..

24.	Have you ever given birth?

1. Yes……… 2. No………

25.	How old were you when you gave first birth?

Completed age……….

26. Are you still breast feeding?

1. Yes………. 2. No………….

27. If no, for how long did you breastfeed your last child?

Months………..

28. Have you given birth to any children who were born but died after a while?

1.Yes….. 2. No…..

29. How many of your sons/daughters were dead?

1. Sons……2. Daughters……

30. Have you heard about any family planning methods?

1. Yes……2. No………

31. If yes, from which sources did you hear about family planning?

1. TV………..2. Radio………..3. Friends……..3. Health person…… 5. Other………

32. Have you ever used any family planning methods?

1. Yes………2. No………

33. If yes, what were they?

1.   Pills……2.   IUD………3.   condom………4.   Norplant……

5. permanent Sterilization………6. Injection…… 7. Others…………

34. Have you currently use family planning methods?

1.Yes………. 2. No………..

35. If yes, which method have you used?

1.   Pills……. 2.IUD… 3.………Condom……   4.   Norplant……

5.   permanent   Sterilization………6.   Injection……7.   Others………

36. Till now what is the reason for not using any family planning methods?

1. Health problem … 2. Desire of son… 3. Desire of daughter…. 4. For pregnant… 5. Husband refused… 6. Husband out of Nepal…

7. Others…..

THANK YOU