FERTILITY BEHAVIOUR OF MAGAR COMMUNITY

(A Study of Dhaubadi VDC in Nawalparasi District)

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BY

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The dissertation work entitled **"Fertility Behaviour of Magar Community"** *(A Study of Dhaubadi VDC in Nawalparasi District)* has completed by Ms. Minsari Rana in partial fulfillment of Master Degree under my guidance and supervision. I, therefore recommend the Dissertation Committee for the evaluation and approval of this dissertation.

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This dissertation entitled **"Fertility Behaviour of Magar Community"** *(A Study of Dhaubadi VDC in Nawalparasi District)* by Ms. Minsari Rana has been accepted as partial fulfillment of the requirements for the Master's Degree in Population Studies.

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Minsari Rana

Abstract

This study deals with the ***"Fertility Behaviour of Magar Community".*** The primary data was collected from the study of Magar Community of Dhaudadi VDC. The analysis and interpretation of data were carried out by using frequency tables, cross tabulation, mean CEB with selected dependent and independent variables.

The study included 120 married women of reproductive age group from the same number of households. Out of the total population, 50.2 percent are males and 49.8 females with the sex ratio of 100.9. Among the total population of 677 aged 6 years and above, 61.8 percent of both sexes are found to be literate and remaining 38.2 percent are found illiterate. Similarly, among the total population aged 6 years and above, 35.3 percent are involved in agriculture in both sexes. Likewise, among the total Population aged 10 years and above, 58.4 percent people are found married against 38.2 percent unmarried and 3.2 percent are found widow/widower. Average number of children ever born among married women aged 15-49 years is found 2.73. Occupational status and use of contraception are found negatively associated with fertility. The majority of respondents are found literate. Even the majority of the respondents are found they are totally unknown regarding the overall situation i.e. political, social as well as the economic condition of the country due to the lack of awareness.

The longer duration of marriage is seen playing a significant role in increasing the number of CEB. The education of women seems playing an important role in decreasing the mean number of CEB in the study area. Women showing

illiterate women having high CEB. Occupation has also seen playing an important role for the reduction of fertility. Most of the women are engaged in agriculture in the study area and HH works, so they are found to have children, which mean higher fertility. Similarly income is also important cause of increase fertility. Higher the level of income, lower the CEB is found in the study area. The income of majority respondent's is less than Rs. 1000 per moth. Similarly the mean CEB of low-income respondents had shown as higher than that of high-income respondents. Knowledge and use of family planning methods especially female method are found high. There is high level of contraceptive use only after the first birth. This indicates that couple tends to give first birth soon after marriage.

ACRONYMS

CBR	:	Crude Birth Rate
CBS	:	Central Bureau of Statistics
CDPS	:	Central Department of Population Studies
CEB	:	Children Ever Born
CPR	:	Contraceptive Prevalence Rate
FP	:	Family Planning
GOs	:	Governmental Organizations
HH	:	Household/s
IEC	:	Information, Education and Communication
IMR	:	Infant Mortality Rate
INGO	:	International Non-government Organization
MOH	:	Ministry of Health
MOPE	:	Ministry of Population and Environment
NDHS	:	Nepal Demographic Health Survey
NDHS	:	Nepal Demographic and Health Survey
NGOs	:	Non-government Organizations
NLSS	:	Nepal Living Standard Survey
NPC	:	National Planning Commission
PRB	:	Population Reference Bureau
SDHS	:	Sri Lanka Demographic and Health Survey
SLC	:	School Leaving Certificate
SPSS	:	Statistical Package for Social Sciences
T U	:	Tribhuvan University
TFR	:	Total Fertility Rate
UN	:	United Nations
UNDP	:	United Nations Development Program
USA	:	United States of America
VDC	:	Village Development Committee
WHO	:	World Health Organization

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ABSTRACT

CHAPTER–ONE

1. INTRODUCTION

1.1 General Background of Study

Fertility is the one of the major components of population change in almost all countries and has greater significance than other demographic components. Human fertility is responsible for biological replacement and for the maintenance of the human society fertility is the child bearing performance of individuals, couples, groups or population. It has a complex network of relationships with different characteristics and human behaviour. However, fertility is generally defined as to indicate the actual reproductive performance of women (Raj, 1998: 29). Fertility differs from one group of population to another. Economic, social, cultural and other variables are affecting the level of fertility in societies. The societies of high fertility are generally considers as poverty shaded and under developed. Thus, fertility could also be expressed as one of the indicators of socio-economic development.

Fertility behaviour is the process of giving birth, which is interacted with ambient environment, is different in societies. Besides, the degree of interaction of the environmental variables is different with the biological limits of human fertility. Several social, cultural, psychological as well as economic and political factors are found to operate and these are responsible for determining the levels and differentials of fertility (Bhende and Kantitakar, 2004).

The following factors directly affect to increase fertility, such factors are educational status, economic status, lack of awareness towards fertility, contraceptive users, religious superstition, child marriage, remarriage, illegal abortion, contraceptive failure, unwanted pregnancy. In case of high fertility rate, development facilities can not easily reach to all people. So people are going to be poor day by day. Where the people are poor, the fertility rate is

found automatically high. In the process of development the higher level of occupation are associated with lower level of fertility (Tuladhar, 1989).

Nepal is currently facing the problems of high population growth rate. The main cause of high population growth is high due to declining fertility rate and sustained low mortality rate. In the previous time both the fertility and mortality were high. It means facility rate was high and mortality rate was also high which somewhere balanced the population growth and population growth was low. At first, population was counted in 1911 A.D. According to 1911 Census, the total population of Nepal was 56,38,749. The earlier censuses of Nepal were not so precise as compared to the modern censuses. Four subsequent censuses (1911, 1920, 1930, 1941) had taken before the 1952/54 Census which are taken as head counts. The 1952/54 Census was taken in two parts of the country in two different years. After 1961, Census has been taken in every ten years. During the last 90 years, Nepal experience many demographic changes, the population of the country grew phenomenally. In terms of numbers, the population of Nepal in 1911 increased to 2,31,51,423 in 2001; an increase of more than four times during a period of 90 years. In other words, on the average the population of Nepal grew at a rate of two. 2.0 percent per annum during this 90 years period. In the Census period (1920 - 2936) population growth rate was -0.07 percent. In Census years 1941, it was 1.16 percent, in 1952/54, it was 2.27 percent. Similarly in 1991, it was 2.08 and in 2001, the population growth rate is 2.24 percent (CBS, 1995 and 2003).

Nepal contains diversity in its population in terms ethnic and religious groups. Nepal is multi-ethnic and multi-lingual society. Among them Magar is one of the major ethnic group. In Census 1991, 59 ethnic groups were identified in which Magar is one of the Magar groups. In 2001 Census, 103 caste/ethnic groups were identified, technically only 100 groups are identified, where Magar population is in third position. According to the Census, total population

of Magar is 16,22,421 (7.1%) where the number of male is 7,84,828 and female is 837595 (CBS, 2001).

Most of the Magar communities reside in rural areas of the hill region of Nepal. They mainly depend upon agriculture, army and foreign employment. They have low economic status and low educational enrollment. So, high fertility behaviour 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).

1.2 Statement of the Problem

Fertility rate in Nepal is one of the highest among other countries in Asia. In many developing countries high fertility is associated with the level of income, education, child survivors and cultural and religious factors. In addition family planning in general has an important role to play in reducing marital fertility (Risal and Shrestha, 1989).

Marriage is almost universal in Nepalese society and there is a common observation that people marry at early age which leads to higher fertility. Additionally the experience of child mortality and infant mortality rate are higher which encourage. Nepalese women to replace the own child loss. Besides these, low socio-economic status of women in the society, high economic value of children, traditional son favouring attitudes and practices are some of the significant factors contributing high level of fertility in Nepal. Similarly, low use of contraception limited access to contraceptive device and lack of community participation, low motivation to people are also the cause of high fertility in Nepal.

Fertility behaviour is the complex phenomenon, which may be affected by social, economic, religious, biological, behavioural and cultural factors.

Therefore, all these factors must be taken into account to explain fertility behaviour.

According to Census, 1991 and 2001 Magar population is in third position in Nepal. In 1991 Census, it was 7.2 percent and in 2001 Census it is constant, 7.1 percent of the total population. The pattern of fertility among the sub-group within the same religious community is also differ from each other. The lowest caste women showed higher fertility in each age group while compared to upper caste women. The ethnic diversity also differs the fertility rate in society. The minority group exhibits a high fertility rate in comparison to the majority groups. Thus, it is notable that the population of ethnic groups has shown considerable variation in demographic and socio-economic characteristics (Karki, 2003).

Magar community is the one of the poorest ethnic groups within the Hill. Hilly region is socially and economically backward. They are suffering from different kinds of problems. Because of the socially and economically poor condition of the Magar ethnic groups. They are experiencing high fertility. There are several reasons which are provoking women to bear more children. The main socio-economic factors such as low educational status, occupational status, health status and other religious and cultural aspects as well as demographic factors such as age at marriage, child loss experience, age at first birth, knowledge about family planning are closely related with fertility behaviour of the study area (Chhetri, 2005). So, the main focus of this study is to examine the relationship between the socio-economic and demographic factors for fertility experience of Magar community in Dhaubadi VDC, Nawalparasi.

There are several studies in fertility behaviour with respect to different ethnic group. But a few studies have been carried out especially in Magar community so it is being essential to focus on fertility behaviour among Magar community.

This study mainly contributes in the academic as well as policy level to address the population issue by ethnicity.

This study is basically based on Dhaubadi VDC, Nawalparasi which popular residential area of Magar. It is remote area of Nepal and Nawalparasi district where most of people are in agriculture sector and illiterate. This study aims at revealing the ideas that how the fertility behaviour has improved in the community and how they have experienced with the use of the contraceptive methods. Also this study tries to find out the fertility behaviour with socio-economic and demographic variables in the community.

1.3 Objectives of the Study

The general objective of this study is to analyze the fertility behaviour of Magar Community in Dhauabadi VDC in Nawalparasi District. The specific objectives of this study are as follows:-

- To analyse the socio-economic and demographic characteristics of Magar women of Dhaubadi VDC, Nawalparasi.
- To observe female education, occupation and age at marriage and it's relation with fertility.
- To examine the family planning practices and knowledge and it's effect on fertility among Magar community.

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 selected study area.

Magar ethnicity is in a third position in Nepal based on the population census 2001. The fertility behaviour of Magar community in Dhaubadi VDC is not yet analyzed, so this study attempts to provide the real status of the Magar community in Terai region. In this study, researcher focuses on fertility

behaviour and knowledge of family planning among Magar community. It will have a greater significance of Magar community is development partners such as NGOs, INGOs, and government office for planning and the implementation of the program. It will be useful as a guide for researchers, students and individuals who have directly or indirectly intended to involved in fertility characteristics of Magar. There are rare studies related to fertility of Magar community, which may now very little revenue for suggestion the status of Magar community.

1.5 Limitation of the Study

Following are the limitations of this study:-

- The findings of this study cannot be generalized for total Nepal, however, it provides a glimps of the fertility behaviour of Magar women of Dhaubadi VDC, Nawalparasi and the generalization or findings may not be possible for the other community groups as well as urban women.
- This study is based on some selected variables like education, age at marriage, occupation, income and knowledge of family planning methods to describe the status of women and its relationship with fertility.
- This study has a small size, which is not representative of the larger population or national level and only the limited method is used.
- Magar are spread all over the Nawalparasi district but this research has selected only 120 households from Dhaubadi VDC.

1.6 Organization of the Study

This study is organized in six major chapters. The first chapter covers introduction which includes general background, statement of problem, objectives of the study, significance of the study, limitation of the study and organization of the study. Chapter second describes about literature review both theoretical and empirical. Chapter third deals about methodology, under

this chapter background of the study area, research design, sampling procedure, sources of data and tabulation are presented.

Chapter four describes background characteristics of the household population where socio-economic and demographic characteristics of respondents. Similarly, chapter five deals about socio-economic and demographic characteristics of the respondents. Likewise, in this chapter fertility behaviour of the respondents with various socio-economic and demographic variables that affect the CEB in reproductive ages married women in study area is described. Finally, chapter six consists with summary, conclusions and recommendations.

CHAPTER-TWO
2. LITERATURE REVIEW

This chapter deals with the review of developed theories in the context of the study of fertility, because literature review is the mirror of the study. It gives information about both theoretical and empirical on the basis of developed theories on fertility. Likewise, a conceptual framework will be suggested as guidance for the present study.

2.1 Theoretical Literature Review

Human fertility indicates the actual reproduction performance of women or group of women. It is a complex process, which is responsible for biological maintenance of society. But there are several social, cultural, psychological, economic and political factors to determine of fertility of the process of fertility. These factors are responsible to determine level and differentials of fertility (UN, 1973).

Fertility in a country may greatly influence the pattern of social and economic development. The rapid increase in population as a result of high fertility and declining mortality can do much to aggravate the development process. The management of fertility is thus recognized as one of the main factors in accelerating socio-economic development. Age at marriage place of residence, education and ecological zones are associated with this persistently high fertility in Nepal (Tuladhar, 1989).

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

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

Bongaart and Potter (1983) modified the Davis and Blake (1956) framework. They collapsed 11 intermediate variables into seven factors to allow simple quantification and presented a simple model for analysing the relationship between intermediate variables and fertility. They are (i) proportions married among females, (ii) contraceptive use and effectiveness, (iii) induced abortion, (iv) duration of postpartum infecundability, (v) fecundability (or frequency of intercourse), (vi) spontaneous intrauterine mortality and (vii) prevalence of permanent sterility. But after analysing 41 various sample population, they claimed that 96 percent of total fertility behaviour could be explained by using only four variables. (i) proportion married among females, (ii) postpartum infecundability, (iii) prevalence of contraceptive use and (iv) incidence of induced abortion (Dahal, 1992).

Notestein (1946) has summarized the various steps of fertility and mortality in demographic transition theory. This theory explains from the state of high fertility and mortality to a stage of low fertility and mortality with improved socio-economic and demographic status of every country. It is based on European countries and some developed countries. He said that scientific inventions and control over communicable diseases resulted in low mortality. Death was postponed to older ages, widespread use of contraceptives and growing individualism resulted in fertility decline. The demographic evolution from low birth and deaths are divided into 3 stages by Notestein.

They are as follows:-

a) Incipient decline
b) Transitional growth
c) High growth potential

Several socialist theorists have given sociological explanations for the decline in fertility. Among them social capillarity theories emphasis the fact that human desire has plays an important role in fertility decline. The motivational factors operating at the individual level in the social milieu are considered important for explaining reproductive behaviour. This theory may therefore be looked upon as fundamental in the sense that this theory explains the phenomenon of low fertility, holds well even today (Dahal, 1992).

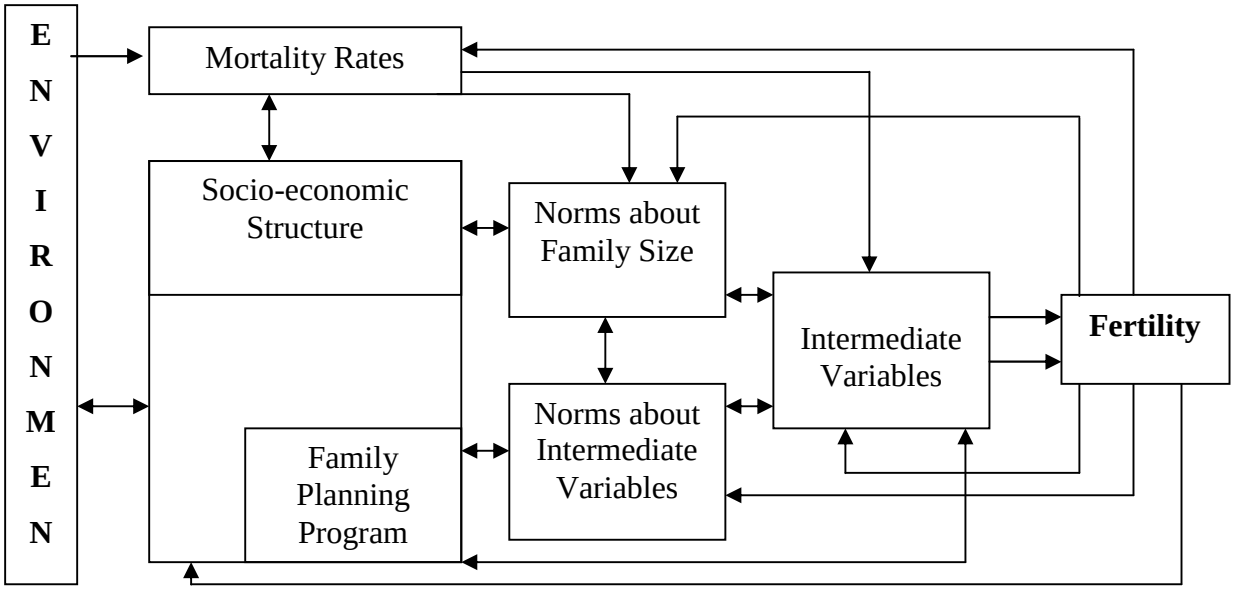
The theory of diffusion or cultural lag explains how the concept of birth control spread all over the world. According to this theory, in countries where fertility has been declining, attitude and practices conducive to diminishing fertility have been adopted first by the better educated, wealthier and high social status groups of the city population and transferred in the duration of time to intermediate and lower status groups and to the rural areas (Bhende and Kanitkar, 2003).

Economists have also developed models of fertility while explaining parental attitudes and fertility behaviours. The following economic concepts are used commodity, utility of children opportunity, cost, shadow price, demand theory on the economics of fertility. Two major schools of thought can be identified, the Chicago school approach and the socio-economic approach (Bhende and Kanitkar, 2003).

Freedman's (1975) argument is that the intermediate variables are not always used to limit fertility and often their effect on fertility is an unintended result of cultural patterns. Freedman introduced two types of norms in his model, namely, norms about family size and norms about intermediate variables. The

intermediate variables generally operate together with effects of norms about family size and norms about intermediate variables. Norms about family size are influenced by varying life style related to position in a status hierarchy. Status indicators, such as education, occupation, income, wealth, power, prestige, caste and general class indicators may influence the desired number of children. Differences in life style may influence norms about intermediate variables directly or though norms about family size. Social organization such as a family planning program that has a goal to reduce fertility may influence the norms about family size or norms about intermediate variables and may control intermediate variables, for instance, use or non use of contraception. Social organization such as a family planning program may involve. Without explicit reference, either of the norms or may influence the intermediate variables, which in turn affect fertility behaviour (Freedman, 1975, Cited in Tuladhar, 1989).

Figure 1: Sociological Framework of Fertility



Source: Freedman, 1982.

Psychological factors generally determine fertility and their inter play with social, cultural economic and modernization factors. Similarly societies and population subgroups within society's categories by their socio-economic characteristics have different level of fertility. Moreover, fertility is determined

by various socio-economic and demographic variables i.e. cast/ethnicity, religion, culture, women's education, occupation, son preference, use of contraceptive device, age at marriage which affect fertility behavios of any group and community (Risal and Shrestha, 1989). Notestein 1945 argued that a traditional society kept high fertility and high mortality.

Liebenstein (1979) in his well-known work economic backwardness and economic growth published in 1957 has formulated a theory that explains the factor which determines the number of children desired by each couple. This theory is based on the assumption that people make “rough calculation” regarding the utilities and disutility of children and then decide on the number of children they would like to have. Such calculations take into account the balance between the satisfaction and utilities obtained from and additional child the “cost”, both monetary and psychological of having an additional. (Here Liebenstein’s emphasis is mainly on the higher order births he is not concerned about the first two children at all).

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

We have no single theory of fertility determination. Socio-cultural, economic and demographic characteristics of the people affect the fertility level of country according to different explanation of fertility decline. So we should

understand the importance of causal links between the socio-economic and demographic variables, and their relationship with fertility (Aryal, 1997)

2.2 Empirical Literature Review

The main factor population increases in most of the developing countries like Nepal is low level of mortality rate and high level of fertility rate. Different number of studies in fertility which attempt to summarize the studies regarding the determinants of fertility are selected and presented below.

2.2.1 Education and Fertility

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

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

In Nepal, a considerable increase in the literacy rate for the total population aged 6 years and above, have been observed on between 1971 and 1991. The total literacy rate increased from 13.9 percent in 1971 to 39.5 percent in 1991.

The male literacy increased from 23.6 percent in 1971 to 54.4 percent in 1991. Similarly, the female literacy rate increased from 3.9 percent in 1971 to 25.0 percent 1991 (CBS, 1995).

According to Nepal Demographic Health Survey 2001 there is strong association between fertility and education. The women who have no education have TFR 4.5 where as women with primary education have 3.2 women with secondary education have 2.3 and women with SLC and above education have 2.1 (New ERA/MOH, 2002). Mentioned data showed that the level of education and fertility have inversed relationship if the mother has higher level of education they have lower fertility. The female literacy is 42 percent shows low in compare with male so we have high level of fertility.

2.2.2 Age at Marriage and Fertility

Age at marriage is also one of the determinants of fertility. There is also inverse relationship between age at marriage and fertility in Nepal. Marriage usually takes place at very early ages in Nepal. Some studies have demonstrated that an increase in female age at marriage contributes to a reduction in fertility. It is also true in the case of Nepal where the inverse relationship between age at marriage and fertility has been observed in Indonesia (1987), it was found that a five year delay in age at first marriage was associated with bearing between 0.75 and 1.1 fewer children than average (5.1 child) (Chhetri, 1993).

Tuladhar (1989) examined the mean number of CEB to currently married women aged 15 to 49 years by age at marriage, using data from Nepal fertility Survey, 1976. He found that those women who are married at age less than 15 years, 15 to 17 years, 18 to 19 years and 20 years and above have 3.59, 3.15, 2.81 and 2.83 means live birth whereas in 1987 in Sri Lanka the average number of children ever born found for 5.6 for women married before 15 years 2.6 for 22 to 24 years and 3.1 for all currently married women respectively

(SDHS, 1987). This is indicating that a negative correlation between age at marriage and fertility.

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

2.2.3 Occupation and Fertility

There is inverse relationship between occupational status of parents and number of children ever born. Generally, mainly employed women tend to have smaller families than these who are not employed. Females in different occupation are found to have different fertility levels. The mean numbers of CEB per ever married women is highest for those involved in farm (2.7) and sales workers (2.7). Similarly, the lowest is observed among the professional and technical (1.6) and electrical workers (1.6). This could be due to the social status and time available to working women for raising children (CBS 1995)

A study conducted in 1992 in three villages near Kathmandu indicated that the women in agriculture had 3.63 CEB, 3.62 for women engaged in trade, 3.52 for women engaged in services, for women who are studying (Acharya, 1996).

The professional workers have mean age at marriage of 19.8 years. Administrative workers having mean age at 17.7 years is found for the women who work in farm and agriculture, the CEB for not working was 3.2, 3.3 for agriculture and household ad 2.9 for non-agricultural women (Poudel, 2007).

2.2.4 Infant and Child Mortality and Fertility

Numerous studies have demonstrated a strong relationship between mother's pattern of fertility and the change of her children is survival. Typically, infant and young children have a higher risk of dying if they are born to very young or older mothers if they are after short interval or if their mothers have already had many children. Therefore, it has been argued that high infant and child mortality is a cause of high fertility in many societies, because there is always need of new child to compensate. Infant mortality rate is higher in most developing countries like Pakistan (85), Bangladesh (65), India (60), Mozambique (119), Zambia (95) and Nepal (64), whereas the fertility rates are also higher in these countries, the total fertility rate Pakistan (4.8), Bangladesh (3.0), India (3.0), Mozambique (5.5), Uganda (6.9) and Nepal (3.7) (PRB, 2005).

According to Acharya (2000) women with higher child loss experience had higher CEB, women no child loss had 2.5 in contrast to these with one child loss had 4-3 and these with two or more child loss had CEB 6.5. A step increase in CEB for losses of two or more daughter or sons dead is evident.

2.2.5 Contraceptive Use and Fertility

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

K.C. (1998) reported that only 38.4 percent of women with living children had used contraception and 40.5 percent of women with three and more living sons. They shows that the women with fewer sons do not use any contraceptive. The situation in Nepal is that only 34 percent of the reproductive women with even five children had used contraception in 1996 (Acharya, 1999).

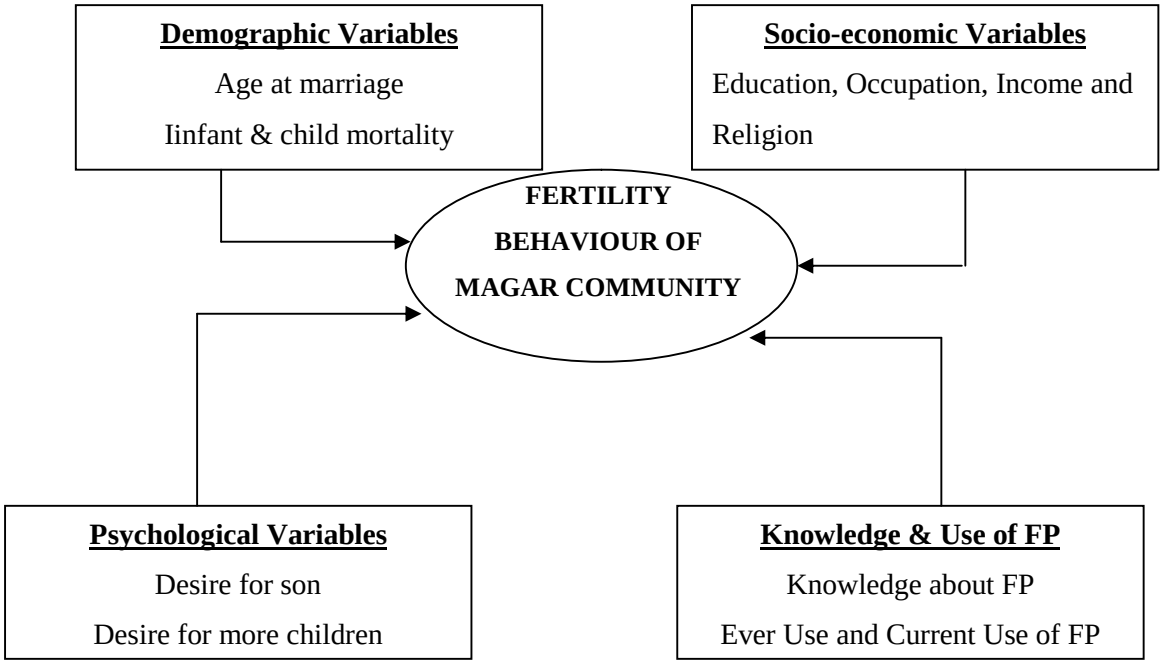
Nepal Living Standard Survey estimated 11 percent women aged 15-19 years are knowledge about at least one of the FP methods, 46 percent have ever used it and 38 percent are currently using some form of family planning methods. As one would except, the proportion of women with knowledge of at least one on the family planning methods is higher among younger cohorts and among richer quintile group. Current use rate of family planning is higher among women aged 33-39 years. This is higher among these from richer households (CBS, 2003/04).

2.3 Conceptual Framework

The literature review provides sufficient background to conceive a conceptual framework of the study by establishing relationship among various socio economic and demographic variables. In socio economic variables (education and occupation) demographic variables (age at marriage, child loss experience and contraceptive), which have direct influence on fertility, are considered in this study. This framework includes occupation and education as independent socio economic variables and age at marriage and child loss experience and contraception prevalence as intermediate demographic variables which have direct or indirect influence on dependent variable on fertility.

The conceptual framework deals with different selected socio-economic, demographic and intermediate variables relating with fertility behaviour of Magar community, which is presented in below as:

Figure 3: Conceptual Framework



The study of socio economic determinants on fertility is a very complex phenomenon which is justified by the preceding discussion of various literatures. However, this study has been trying to find out effect of independent variables (socioeconomic and demographic variables) on dependent variable mean CEB.

CHAPTER-THREE

3. RESEARCH METHODOLOGY

The different techniques/methods applied in the study will be dealt in this chapter. This chapter also reflects the overall mirror of the study.

3.1 Introduction of the Study Area

Nawalparasi district is one of the 75 districts, located in western development region and Lumbini zone. Dhaubadi VDC is recognized as one of the rural and remote area with residing backward community of Dhaubadi VDC in Nawalparasi district. Magars are constituted in one ward where other wards are constituted with non-Magar community people. Therefore, I have chosen to research Magar of this VDC.

According to the census 2001 the population of Nawalparasi district is 562876. The main caste ad ethnic groups are Magar (17.2%), followed by Brahmin Hills (16.9%), Tharu (16.5%) and Chhetri (5.7%) in Nawalparasi district (CBS, 2003).

3.2 Source of Data

There are mainly two sources of data collection. One is primary and another being secondary. In this study primary source is used for analysis. The data were collect from the field survey by direct personal interview method. But some of secondary data from CBS National Report and profile of VDC are used for comparison.

3.3 Sample Design

The total number of households in Dhaubadi VDC was 920 (in 2001 census) where the total number of population was 6065. The total number of females and males were 3021 and 3044 respectively. Out of 178 households, only 120 households of Magar and only ward number 7, due to the populated ward, is

taken as the sample size for the study by using purposive sampling method. For the reliable and authentic answer only one respondent was taken from each household.

3.4 Questionnaire Design

This study was based on individual questionnaires to collect information from married women aged 15-49 years. The questionnaires considered of the information as age, age at marriage, education, number of their son and daughter, income, use of contraception etc. The household information was common for all family members. The types of questionnaires were both open ended and closed ended.

3.5 Data Collection

Out of total households of Dhaubadi VDC (920), only 120 eligible household was taken as respondents for this study. The purposive sampling method was used for collecting the information of that ethnic group for the study.

3.6 Data Collection Procedure

After preparing questionnaires, the process of data collection was started in the study area. The data are collected by visiting house to house. In the process of data collection, researcher herself was involved for the purpose to qualify research obtain other experienced persons was also used. Before using them, some sort of orientation was given to them to fill up the questions and about possible answers. For the quality control, not more than five questionnaires was not filled up in a day.

3.7 Data Tabulation and Analysis

After collection of data, the data are entered into a computer using SPSS (Statistical Package for Social Sciences) software. Cross tabulation, frequency distribution, charts, figures, correlation, mean and average values were proceed and presented in table bar from in corresponding headings.

CHAPTER-FOUR

4. SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE STUDY AREA POPULAITON

In this chapter background characteristics of the households and study women are described. The main aim of this study is to relate the socio-economic and demographic characteristics with women's fertility condition. Family status also determines the status of women which ultimately determines fertility. That's why household information is also collected and analyzed in order to relate with the women's fertility and family planning.

4.1 Households Characteristics

4.1.1 Age-sex Structure

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

Table 4.1.1 Distributions of Study Population by Age and Sex

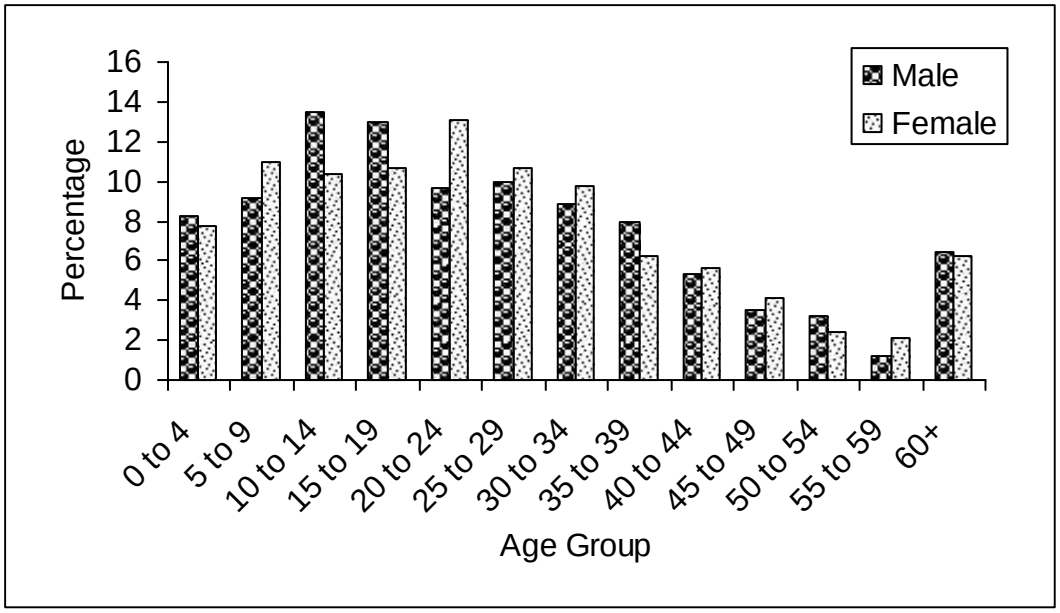
Age Group	Male		Female		Total	
	N	%	N	%	N	%
0-4	28	8.24	26	7.72	54	7.98
5-9	31	9.12	37	10.98	68	10.04
10-14	46	13.53	35	10.39	81	11.96
15-19	44	12.94	36	10.68	80	11.82
20-24	33	9.71	44	13.06	77	11.37
25-29	34	10.00	36	10.68	70	10.34
30-34	30	8.82	33	9.79	63	9.31
35-39	27	7.94	21	6.23	48	7.09
40-44	18	5.29	19	5.64	37	5.47
45-49	12	3.53	14	4.15	26	3.84
50-54	11	3.24	8	2.37	19	2.81
55-59	4	1.18	7	2.08	11	1.62
60+	22	6.47	21	6.23	43	6.35
Total	340	100.00	337	100.00	677	100.00

Source: Field Survey, 2008

The percentage of total population is found highest (11.96) in the age group 10-14 followed by 15-19 and 20-24 years. The lowest percentage of population 1.62 is observed in the age group 55-59 years.

The percentage of male population is highest in the age group 10-14 and lowest in the age group 55-59 years representing 13.53 and 1.18 percent respectively. Likewise, the percentage of female population is highest in the age group 5-9 and lowest in the age group 55-59 years representing 10.98 and 2.08 percent respectively of the total population in the study area.

Figure 4.1.1 Percentage Distributions of Study Population by Age and Sex



4.1.2 Sex Ratio

The sex composition of a population is expressed by sex ratio. It is calculated by dividing the total number of males to that of females multiplied by 100. It shows the number of males per 100 females. According to this definition, the sex ratio above 100 indicates an excess of males and the ratio below 100 indicates an excess up females in a population at any point of time. Simply by looking at the sex ratio, one can have the clear picture of the composition of population.

Table 4.1.2 Distributions of Study Population by Age Group and Sex Ratio

Age Group	Sex Ratio
0-4	107.0
5-9	83.8
10-14	131.4
15-19	122.2
20-24	75.0
25-29	94.4
30-34	90.9
35-39	128.6
40-44	94.7
45-49	85.7
50-54	137.5
55-59	57.1
60+	104.8
Total	100.9

Source: Field Survey, 2008

Table 4.1.2 represents the sex ratio by five years age interval, which shows highest for the age group 50-54 and lowest for age group 55-59 years with 137.5 and 57.1 respectively. The overall sex ratio of the study population is found 100.9.

4.1.3 Dependency Ratio

This is another measure of the study on the structure of population. The number of dependents per 100 workers is computed on the basis of three broad age groups below 15 years, between 15-59 years and 60 years and above. The population in the age group 15-59 years is considered as the working population, population below 15 years as the young dependent group and population 60 years above is considered to be old dependents. The ratio of the young dependents to working population (15-59) years multiplied by 100 gives the young dependency ratio and the ratio of the old dependents to the working age population (15-59 years) gives old dependency ratio where as, the sum of these two ratios gives the total dependency ratio.

Table 4.1.3 Distributions of Study Population by Dependency Ratio

Dependent Group	Dependency Ratio	
	DR*	DR**
Child age 0-14	47.0	71.9
Old age 60+	10.0	11.1
Total	57.0	83.0

Source: Field Survey, 2008*, CBS 2001**

Table 4.1.3 shows that child dependency ratio is 47.0 in the study population. It is found to be lower compared to the national data according to 2001 census. Old dependency ratio is 10.0 in the study population which is lower compared to national figure from census 2001. Total dependency ratio is 57.0 in the study population which is lower compared to the national figure of 2001 census.

4.1.4 Occupational Status

Occupation refers to any works which are applied for the conduction of their life. It has also direct connection to fertility. It is determined by tradition, skills and qualification which affect fertility. The question about the occupation was asked to the population who were at the age of ten years and above.

Table 4.1.4 Distributions of Study Population Aged 10 Years and above by Occupation

Occupation	Number	Percent
Agriculture	196	35.3
Service	52	9.4
Business	20	3.6
Student	152	27.4
Housework	71	12.8
Other	64	11.5
Total	555	100.00

Source: Field Survey, 2008

Table 4.1.4 shows that of the total 555 population age ten years and above by occupation. About twenty seven percent population has their main occupation as student. Similarly, 35.3 percent 10 years and above population are engaged in agriculture. The lowest percentage (3.6%) of people in the study area is found engaged in business.

4.1.5 Educational Status of the Study Area Population

Education is one of the most important variables which plays a vital role in all developing society and indirectly affects variables like fertility, mortality, health condition, income, occupation, living standard and so many others. Thus, it is necessary to know the situation of education in the study area. The distribution of educational status of study population with age five years and above is shown below.

Table 4.1.5 Distributions of the Study Population Aged Six Years and above by Literacy and Level of Education

Educational status	Number	Percent
Illiterate	238	38.2
Literate	385	61.8
Total	623	100.00
Level of Education		
Primary level	120	31.2
Lower Secondary and Secondary level	89	23.1
SLC and above	176	45.7
Total	385	100.00

Source: Field Survey, 2008

Table 4.1.5 shows study population with 38.2 percent illiterate against 61.8 percent literate. Among literate study SLC and above level education account for 45.7 percent followed primary level education account for 31.2 percent. Similarly, secondary and lower secondary level education appeared with 23.1 in the study area.

4.1.6 Marital Status of the Study Area Population

The study of nuptiality deals with the frequency of marriage, where union between persons of opposite sexes involves rights and obligations fixed by law and custom, with the characteristics of persons united in marriage and with the dissolution of such unions. The marriage is the primary events in process of family formation. The marital status of the study area population of aged 10 years and above shown in Table 4.1.6.

Table 4.1.6 Distributions of marital Status of the Study Area Population by Aged 10 years and Above

Marital Status	Number	Percent
Married	324	58.4
Unmarried	212	38.2
Widow/er	18	3.2
Divorce/separated	1	0.2
Total	555	100.00

Source: Field Survey, 2008

Table 4.1.6 shows study population with 58.4 percent married against 38.8 percent unmarried. Among the total number of study are population 3.2 percent population are found widow/er and 0.2 percent divorce/separated.

4.1.7 Land Holding Status of Households

Land holding status also indicates the socio economic status of the HH. As seen Table 4.1.7, 35.3 percent of populations in this community are engaged in agriculture. It is shown in the Table 4.7.

Table 4.1.7 Distributions of HH of the Study Area Population by Land Ownership

Size of Landholding	Number	Percent
No Land	7	5.8
Less than 1 Kattha	35	29.2
1-20 Kattha	45	37.5
Above than 20 Kattha	33	27.5
Total	113	100.00

Source: Field Survey, 2008

In this study, above table shows that the 37.5 percent HH have 1-20 Kattha land followed by 29.2 percent HH having less than 1 Kattha, whereas only 27.5 percent have above than 20 Kattha land. Similarly, 7 numbers of households with 5.8 percent are found land less.

4.1.8 Family Size of the Household

Spouse and their siblings living in a common residence is called family. There are mainly two types of family. They are nuclear family and joint family. The distribution of households according to category of family size is presented in Table 4.1.8.

Table 4.1.8 Distributions of Total Population Percentage by Family Size

Family size	Number	Percent
1-4	39	32.5
5-6	52	43.3
7-12	29	24.2
Total	120	100.00
Average Family Size	5.6	

Source: Field Survey, 2008

Table 4.1.8 shows that about forty three percent (43.3%) have family size of 5-6 followed by 33 percent of 1-4 family size. It also shows that 24.2 percent of the respondents have family size of 7-12. Table shows that the average family size is 5.6.

4.1.9 Religion

After the restoration of democracy in 1990 the issue of religion has become a sensitive topic in ethnical group. The study area population has to be found all of them are Hindu. At national level more than 80 percent people are Hindu according to census 2001. The proportion was more in previous census year which was 86.5 percent in 1991. This shows that the proportions of Hindu are decreasing to the total population. The proportion for other religions like Boddha, Christian, and Islam has been raised. Religion also people may have different believes which directly or indirectly affects the fertility and knowledge to the individuals. In this study also households' respondents were asked their religious status. The responses are shown in Table 4.1.9.

Table 4.1.9 Distribution of Household by their Religion

Religion	Number	Percent
Hindu	106	88.3
Bouddha	14	11.7
Total	120	100.00

Source:- Field Survey, 2008

From Table (4.1.9), it is cleared that most of the household are Hindu with 88.3 percent and remaining are found Buddha with 11.7 percent.

4.1.10 Types of Family

The type of house also represents the status of socio-economic condition of the HH. Table 4.1.10 shows the study area population by types of family.

Table 4.1.10 Types of Family

Type of family	Number	Percent
Joint	48	40.0
Nuclear	72	60.0
Total	120	100.00

Source:- Field Survey, 2008

Table 4.1.10 shows that 60 percent respondents are from nuclear family and 40 percent family are from joint family. By the above table we can say that increasing trend of nuclear family is in satisfaction way.

4.1.11 Household Facilities

Communication device such as TV, Radio, Computer are also give the information about the world. Information plays the vital role to increase or decrease the fertility. Respondents were also asked about their household facilities available in the house. The responses are presented in Table 4.1.11.

Table 4.1.11 Distribution of Household by Available of Household Facilities in the House

Household Facilities	Number	Percent
Radio	92	76.7
TV	68	56.7
Computer	9	7.5
Telephone	25	20.8
Nothing	10	8.3

Source:- Field Survey, 2008

Table 4.1.11 shows the available household facilities. About 77 percent households have radio facility in their house followed by 57 having with TV. Similarly, about 21 percent having telephone and only 7.5 percent have the computer facility. Among the total 8.3 percent have nothing any facility in their household.

4.2 Respondents Characteristics

This sub-chapter deals with the socio-economic and demographic characteristics of Magar women (15-49 years) only living in the study area.

4.2.1 Age Distribution of Respondents

Age of women is one of the demographic factors which influences on fertility. The general age pattern of women of fertility is that the level of fertility is increased with the increment of age of women. Table 4.2.1 shows the respondents' age classified by five years age group.

Table 4.2.1 Distribution of Respondents (15-49 years) by Five Years Age Group

Age Group	Number of Respondents	Percent
15-19	5	4.2
20-24	24	20.6
25-29	25	20.8
30-34	24	20.0
35-39	19	15.8
40-44	12	10.0
45-49	11	9.2
Total	120	100.00

Source: Field Survey, 2008

Total 120 women were contacted during the study for interview. Data shows that maximum number of women 20.8 percent are found in 25-29 age groups. This is followed by age group 20-24 years 20.6 percent and 30-34 age groups with 20.0 percent.

Lowest numbers of women are in 45-49 and 15-19 which are respectively 9.2 percent and 4.2 percent of total women.

4.2.2 Respondent by Age at Marriage

Age at first marriage is the one of the most important factor for changing the fertility rate of the spouse. If the people do early marriage then their fertile periods remains long and there is the probability of high fertility. On the contrary getting marriage in matured and appropriate age helps in producing required and few children.

Marriage usually takes place at early age and is almost universal in Nepal. This tendency is also seen in the study area due to socio-cultural and religious belief which ultimately results high level of fertility. Age at marriage is classified into four major groups, which are given below.

Table 4.2.2 Distributions of Respondents (15-49 years) by Age at Marriage

Age at Marriage	Number	Percent
10-14	6	5.0
15-19	86	71.7
20-24	23	19.67
25-29	5	4.16
Total	120	100.00
Mean Age at Marriage	19.5	

Source: Field Survey 2008

The above table shows that 71.7 percent women are married between the age groups 15-19 years followed by 19.67 percent who married between the age group 20 -24 years. Similarly, 5.0 percent women are married between age 10-14 years and only 4.16 percent women are married above the age of 25-29 years. The mean age of marriage is 19.5 years.

4.2.3 Educational Status

Educational status is one of the most important factors for determining fertility level. It also depicts the socio-economic background of the respondents. It is essential to know the literacy status of the study population in order to examine the factors determining fertility in any community. Educated women understand the consequences of population growth and they use the means of family planning and do not give the preference for son.

Table 4.2.3 Distributions of Respondents by Literacy and Level of Education.

Educational status	Number	Percent
Illiterate	24	20.0
Literate	96	80.0
Total	120	100.0
Level of Education		
Non formal education	36	37.5
Primary level	26	27.1
Lower Secondary and Secondary level	31	32.3
SLC and above	3	3.1
Total	96	100.0

Source: Field Survey, 2008

Table 4.2.3 shows the educational status of the respondents where out of 120 women with age 15- 49 years 20.0 percent respondents are found illiterate and 80.0 percent respondents are literate. In the study area majority of the respondents are found able to read and write. Similarly 32.3 percent women have attained in lower secondary and secondary levels followed by 27.1 percent women have attended in primary level education. Only 3.1 percent respondents are found with SLC passed and above education.

4.2.4 Occupational Status of Respondents

Occupational status is another determinant of fertility. It has also very close relation with fertility; thus it is necessary to know the distributions of occupation of eligible women. It is shown in Table 4.2.4.

Table 4.2.4 Distributions of Respondents (15-49 years) by Occupational Status.

Occupational Status	Number	Percent
Agriculture	40	33.3
Household works	65	54.2
Daily wages	5	4.2
Service	5	4.2
Others	5	4.2
Total	120	100.00

Source: Field Survey, 2008

Table 4.2.4 shows the occupational status of the respondents. Out of the total, 71.8 percent respondents are employed in agricultural work representing

highest percent, followed by 14.5 percent in labor and 10.8 percent in household work.

4.2.5 Income Status of Respondents

It is difficult to find out the actual income of respondents. Because some want to expose more than they have but some want to under-estimate their income and some told more expenses than their income. Researcher has tired to collect the data about income of the respondents. The available data are presented in Table 4.2.5.

Table 4.2.5 Distribution of Respondents by Their Monthly Income

Monthly Income	Number	Percent
Not responses	3	2.5
Lower than 1000	35	29.2
1000-2000	23	19.2
2000-3000	14	11.7
3000-4000	17	14.2
4000 and above	28	23.3
Total	120	100.0

Source:- Field Survey, 2008

Table 4.2.5 shows the respondents monthly income. Data shows that the majority of the respondents have income less than Rs. 1000 per month that accounted 29.2 percent. Similarly, 23.3 percent have income Rs. 4000 and above per month followed by 19.2 percent have income 1000-2000 per month. Likewise, 14.2 percent respondent's monthly income is Rs. 3000-4000 and 11.7 percent respondent's income is Rs. 2000-3000. Three number of respondents were not responses this questions this accounted 2.5 percent in total respondents.

4.2.6 Ideal Number of Children

There is close relationship between ideal number of children and fertility. Higher ideal number of children leads to higher number of children.

Table 4.2.6 Distributions of Respondent (15-49 years) by Number of CEB

Ideal Number of Children	Number	Percent
1	39	32.5
2	51	42.5
3	19	15.8
4	10	8.3
6	1	0.8
Total	120	100.00

Source: Field Survey, 2008

Table 4.2.6 shows that 42.5 percent respondents desire 2 numbers of children followed by 32.5 percent desire 1 number of children. Likewise, 15.8 desire 3 numbers of children and 8.3 percent desire 4 numbers children. Similarly one respondent desire 6 numbers of children with 0.8 percent.

4.2.7 Respondents by Children Ever Born

Number of live births also determines the use and non-use of contraception and desire for children which affect the life of women and determines their status. If women have already achieved the desired number of children, they are likely to use permanent method of contraceptive and these women who have not achieved not likely to use contraception or they want to use birth spacing methods. The national CEB of Nepal is still high. The fertility status of women of the study area is given below.

Table 4.2.7 Distributions of Respondents (15-49 years) by Number of CEB

Number of CEB	Number	Percent
0-2	69	57.5
3-5	41	34.2
6+	10	8.3
Total	120	100.0

Source: Field Survey, 2008

Table 4.2.7 shows that 57.5 percent have 0-2 number of CEB followed by 34.2 percent have 3-5 number of CEB. Likewise, 8.3 percent have 6+ CEB in the study area.

4.2.8 Knowledge and Use of Family Planning (FP) Methods

It is an essential factor in promoting family planning services. The prevalence of family planning method is associated negatively with fertility. Some of the devices are being existed for birth spacing and fertility control.

Table 4.2.8 Distributions of Respondents (15-49 years) by Knowledge and Using Family Planning Method.

Heard of Method	Number	Percent
Yes	115	95.8
No	5	4.2
Total	120	100.00
Methods known		
Natural Method	16	13.9
Condom	48	41.7
Pills	8	7.0
Injectables	9	7.8
Foam tablets	24	20.9
IUD	5	4.3
Permanent Method	5	4.3
Total	115	100.00

Source: Field Survey 2008

Table 4.2.8 shows that 95.8 percent women have heard about the FP methods. Out of total population of 115 women 41.7 percent are known about condom and followed by 20.9 percent are known about injectables.

4.2.9 Source of Information

In our country Nepal the easy excess of sources of information is radio, because of the poor condition of the people. Because of change of society and electricity facility in the village area there is been expansion of other media also. Therefore, respondents were asked about media through which they have heard about FP methods. The responses are tabulated in Table 4.2.9.

Table 4.2.9 Distribution of Respondents by Sources of Information

Sources of Information	Number	Percent
Radio	84	73.0
Television	83	72.2
Relatives	30	26.1
Friends	53	46.1
Health Personnel	42	36.5
Husband	24	20.9
Others	6	5.2
Total	115	100.00

Source:- Field Survey, 2008

Table 4.2.9 shows that most of the respondent's sources of information are radio with 73.0 percent followed by television with 72.2 percent. The lowest percent of respondent is found 5.2 percent by other sources except above-mentioned source.

4.2.10 Respondents by Ever Used of Contraception

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 FP methods. Use of family planning 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 still there is high unmet demand of FP methods. In this study respondents were asked about the ever use of FP methods. The responses are presented in Table 4.2.10.

Table 4.2.10 Distribution of Respondents by Ever used of Contraception

Ever used of contraception	Number	Percent
Yes	65	56.5
No	50	43.5
Total	115	100.00
Method Used		
Natural Method	3	4.6
Condom	15	23.0
Pills	11	16.9
Foam Tablets	5	7.6
Injectables	25	38.5
IUD	3	4.6
Permanent	3	4.6
Total	65	100.00

Source: Field Survey, 2008

Table 4.2.10 shows that among the total respondents only 56.5 percent are found users of contraception against 43.5 percent non-users. Higher percent 38.5 is found that the injectables method users followed by 23.0 percent condom.

4.2.11 Respondents by Currently Using of Contraception

Current use of contraception 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 4.2.11.

Table 4.2.11 Distribution of Respondents by Currently Using of Contraception

Currently Use of Contraception	Number	Percent
Yes	29	44.6
No	36	55.4
Total	65	100.00
Method Use		
Natural Method	2	6.9
Condom	6	20.7
Pills	3	10.3
Foam Tablets	2	6.9
Injectables	12	41.4
IUD	3	10.3
Permanent	1	3.4
Total	29	100.00

Source: Field Survey, 2008

Table 4.2.11 shows 44.6 percent are currently using any methods of family planning whereas 55.4 percent are not using among 65 numbers ever users of family planning. Similarly, currently user of injectables 41.4 percent are found as highest contraceptive devices than others followed by condom 20.7 and IUD 7.7 percent. The lowest percent is found with permanent method with 3.4 percent (1 number).

CHAPTER-FIVE
5. FERTILITY BY SOCIO-ECONOMIC AND DEMOGRAPHIC VARIABLES

This chapter presents the effect of the different socio-economic and demographic factors on fertility which is measured by mean numbers of children ever born to women of reproductive age 15-49 years. The number of CEB is one of the reliable indicators for fertility.

5.1 Mean CEB and Age of Respondents

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 results of survey are presented in Table 5.1.

Table 5.1 Mean Number of CEB of Respondents by Age Group

Age Group	Number of Women	Live Births	Mean CEB
10-14	2	3	1.50
15-19	3	2	0.67
20-24	24	34	1.42
25-29	25	46	1.84
30-34	24	67	2.79
35-39	19	72	3.79
40-44	12	47	3.92
45-49	11	57	5.18
Total	120	328	2.73

Source: Field Survey, 2008

Table 5.1 shows that the mean number of children ever born 2.73. Mean number of CEB born by women of age group 15-19 which is the lowest CEB in this table. The highest number of CEB 5.18 is born by women of age group 45-49.

5.2 Mean CEB and Age at Marriage

Age at marriage plays a vital role in affecting fertility. Higher age at marriage is associated negatively with the mean number of CEB among the women. Lower age at marriage is associated positively with the mean number of CEB among the women. The age at marriage is shown in the Table below.

Table 5.2 Mean CEB and Age at Marriage of the Respondents

Age at Marriage	Number of Women	Live Births	Mean CEB
10-14	6	25	4.17
15-19	86	220	2.56
20-24	23	69	3.00
25+	5	14	2.80
Total	120	328	2.73

Source: Field Survey, 2008

Table number 5.2 shows the mean number of children ever born by age at marriage. It shows that higher the age at marriage lower the mean number of children ever born. The highest mean number of children ever born 4.17 is observed for women who were married between 10-14 years age group followed by 20-24 year is 3.0. The mean number of children ever born 2.80 is observed for women who were married at the age of 25+ years. At last, fact is that, if age at marriage of women is higher, the birth intervals might be lower.

5.3 Mean CEB and Education of the Respondents

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

Table 5.3 Mean CEB and Education of the Respondents

Literacy Status	Number of Women	Live Births	Mean CEB
Literate	96	225	2.34
Illiterate	24	103	4.29
Total	120	328	2.73
Level of Education			
Only literate	36	113	3.14
Primary	26	52	2.00
Lower Secondary and Secondary Level	31	53	1.71
SLC and above	3	7	2.33
Total	96	225	2.34

Source: Field Survey, 2008

Table 5.3 shows that CEB of illiterate women is higher than literate women. Literate women have 2.34 mean number of CEB whereas illiterate women have 4.29 mean number of CEB. This study shows that lower the educational level higher the fertility. The mean number of CEB with only literate is 3.14, primary level education is 2.00 SLC and above 2.33 observed respectively.

5.4 Mean CEB and Occupation of the Respondents

There is close relationship between occupation and number of CEB. Women involving in agriculture and HH work produce more children than the women involving in other sector. Occupation is also one of the important factors for determining the status of women. Generally, mainly employed women tend to have smaller families than these who are not employed.

Occupational status of women is one of the major indicators of fertility differentials. Occupation of women differs from one to another due to various social and economic reasons. The result of this study survey is presented as below.

Table 5.4 Mean CEB and Occupation of the Respondents

Occupational Status	Number of Respondents	Live Births	Mean CEB
Agriculture	40	118	2.95
HH work	65	163	2.51
Daily wages	5	16	3.20
Service	5	14	2.80
Others	5	17	3.4
Total	120	328	2.73

Source: Field Survey, 2008

Table 5.4 shows the occupational status of the respondents by children ever born. The higher mean CEB 3.4 is observed among women who are engaged in others work except mentioned in above. This is followed by daily wages 3.20. The lowest mean CEB 2.51 is observed among women who are engaged in HH works. The mean CEB of respondents who are engaged in agriculture is observed 2.95.

5.5 Mean CEB and Monthly Income of Respondents

Monthly income of respondent is an important factor that directly affects the fertility. Therefore, it is essential to know the relation between mean CEB and income of respondent. The respondent responses are presented in Table 5.5.

5.5 Distribution of Mean CEB and Monthly Income of Respondents

Monthly Income	Number	Live Births	Mean CEB
Not responses	3	7	2.33
Less than 1000	35	82	2.34
1000-2000	23	82	3.57
2000-3000	14	42	3.00
3000-4000	17	45	2.65
4000+	28	70	2.50
Total	120	328	2.73

Source:- Field Survey, 2008

Table 5.5 shows the mean CEB and monthly income of respondents. According to table the mean CEB less monthly income in comparing with higher income is slightly seen high. From the table we can say that if the high income of respondent less the mean CEB and lower the income higher the mean CEB.

5.6 Mean CEB and Ideal Number of Children of the Respondents

There is close relationship between ideal number of children and fertility. Higher ideal number of children leads to higher number of children.

Table 5.6 Mean CEB and Ideal Number of Children of the Respondents

Ideal Number of Children	Number	Live Births	Mean CEB
1	39	90	2.31
2	51	121	2.37
3	19	57	3.00
4	10	54	5.40
6	1	6	6.00
Total	120	328	2.73

Source: Field Survey 2008

Table 5.6 shows that the higher ideal number of children indicates the higher the mean number of CEB. It also proves the some women reporting more than 6 children have reported 6.00 mean CEB whereas women reported only 1 child has 2.31 mean number of CEB.

5.7 Mean CEB and Ever Used Contraception by Respondents and their Husbands

A couple's desire 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 high fertility. Table number 6.6 depicts the respondents mean CEB and ever used of contraception.

Table 5.7 Mean CEB and Ever Used Contraception by Respondents and their Husbands

Ever used of Contraception	Number	Live Births	Mean CEB
Yes	65	147	2.26
No	50	160	3.20
Total	115	307	2.67

Source: Field Survey, 2008

Table 5.7 shows that 65 numbers of respondents have used the contraception whose mean CEB is 2.26 and remaining respondents have not ever used the contraception whose mean CEB is 3.20 out of total respondents (115). There is significant different between users and non-users of contraception due to the lack of educational and socio-cultural factors.

5.8 Mean CEB and Currently Used of Contraception by Respondents and their Husbands

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

Table 5.8 Mean CEB and Currently Used of Contraception by Respondents and their Husbands

Currently Used of Contraception	Number	Live Births	Mean CEB
Yes	29	77	2.66
No	36	70	1.94
Total	65	147	2.26

Source:- Field Survey, 2008

Table 5.8 shows that higher mean CEB 2.66 among the currently users of contraceptive method than non-users 1.94. Because of their completion to desire more children before using the contraception, data are exist in higher than the non users among users.

CHAPTER-SIX

6. SUMMARY, CONCLUSIONS AND RECCOMMENDATIONS

This chapter attempts to summaries the whole study condition and recommendations for the future plans and programs.

6.1 Summary

This study covers 120 HH and same number of married women of reproductive age 15- 49 years of Magar community of Dhaubadi VDC in Nawalparasi district. This study has examined the socio-economic and demographic impact on fertility and analyzed the relationship with socio-economic and demographic variables. This study based on primary data by asking the two types of questionnaire: household and individual. Household questionnaires are used for the any member of the households. Individual questions are asked to all 15-49 years married women of the households.

The major findings of the Study Summarized as follows:-

- Among 120 HH, there are 677 persons; out of them 50.2 percent are male and 49.8 percent are females. The sex ratio of the study population is found to be 100.9 which is less than the national figure of 99.8 according to 2001 census.
- The total dependency ratio is 57.0 while it is 47.0 child dependency and 10.0 percent for old dependency ratio. The total dependency ratio of 57.0 is less than national figure 83.0 from 2001 census.
- Out of total population 6 years and above 38.2 percent are illiterate and 61.8 percent are literate.
- Out of total population aged 10 years and above 35.3 percent are engaged in agriculture sector, followed by 27.4 percent student, 9.4 are service work and 12.8 percent house workers.
- Out of the total population aged 10 years and above 58.4 percent are married 38.8 unmarried and 3.2 percent are widow/er.

- Out of 120 HH 83.0 percent are Hindus and 11.7 percent are Buddha.
- 100 percent people are speaks Nepali language.
- Out of 120 respondents, 33.3 percent are engaged in agriculture sector, while 54.2 percent reported their occupation as HH works.
- Out of 120 respondents, 20.0 percent are illiterate and 80.0 percent are literate.
- Out of 120 respondents, 34.2 percent have 2 CEB but 20.0 percent have 1 CEB.
- Out of 120 respondents, 42.5 percent have desire at least 2 children and 32.5 have desire one child.
- The mean CEB of 5.18 is highest for women whose age group is 45-49 years at the time of field survey. Similarly the mean CEB of 0.67 is found in the age group 15-19 years.
- The mean CEB is higher with illiterate respondents than that of literate respondents. The figures are 4.29 for illiterate respondents and 2.34 for literate respondents.
- The mean CEB 3.20 is found highest for women who are engaged in daily wages and the mean CEB is found lowest 2.511.0 for women who reported their occupation as house workers.
- The highest CEB 2.66 is found for those respondents who are users of contraception and the lowest CEB 1.94 is found for those who are non-users.

6.2 Conclusions

- The longer duration of marriage is seen playing a significant role in increasing the number of CEB.
- The education of women seems playing an important role in decreasing the mean number of CEB in the study area. Women showing illiterate women having high CEB.

- Occupation has also seen playing an important role for the reduction of fertility. Most of the women are engaged in agriculture in the study area and HH works, so they are found to have children which mean higher fertility. Similarly income is also important cause of increase fertility. Higher the level of income, lower the CEB is found in the study area.
- The income of majority respondent's is less than Rs. 1000 per moth.
- Similarly the mean CEB of low-income respondents shown as high as that of high-income respondents.
- Knowledge and use of family planning methods especially female method are found high. There is high level of contraceptive use only after the first birth. This indicates that couple tends to give first birth soon after marriage. This may be because of making the marriage life strong.

6.3 Recommendations

Based on the findings and conclusion made in this study, following recommendations may be fruitful for the advancement in the respective issue.

- To reduce the fertility, informal education and FP related awareness creation program should be given for married women.
- Government should be encourage people to have small family size such as policy of taxation, prize system, credit system, job opportunity, etc.
- The study area dominated by agriculture. There are more people engaged in unproductive sector. So to transfer excess people from agriculture to productive sector, some big industries should be established in specific area from govt. and private sector.
- Local authorities should be properly instructed to plan, implement, monitor and supervise population programs.
- Respected Ministry can play a crucial role in strengthening for grass-root level organizations.
- There should be strong integration between government, GOs, NGOs and other social organization in terms of implementation of any programs.
- The poverty alleviation programs should be launched.

- There should be guarantee of the job at least one person from each HH.
- Local level and central level government staff should also be involved and made responsible for designing, implementing and supervising the all population related programs.
- Since level of women's education status seems effective in rising age at marriage, emphasis should be given on improving education level of women by educating all girls of school going ages. For this, education for girls should be encouraged to improve the length of school years.
- To reduce fertility, there should be IEC service and availability of contraceptive methods in order to increase prevalence of contraceptive use.
- Women should be increasing the duration of breast feeding period for reducing fertility.
- Men and women should be given equal rights to marriage and divorce.
- The concept of not discrimination is recognized as a right.
- Effective and essential programs should be launched to promote their skills and attitude.
- Means of FP should be provided in the study area so that high fertility level should be launched.
- Support and assistance (theoretical and economic) should be provided to the local community organization.
- Non-formal education and various awareness programs should be launched.
- There must be reservation system for their employment facilities.
- The political commitment should be implemented into reality for the effective change in this community.

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QUESTIONNAIRE DESIGN

Name of the HH Head:- **Sex of the HH Head.:-**

Religion.- **Major Occupation of HH.:-**

Respondent's Name.- **Types of Family: Nuclear/ Joint**

Schedule I. Household Questionnaire

S. N.	Name of Family Member	Age	Sex		Total	Education	Marital Status	Occupation
			Male	Female				
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								

1. Do your family have own land?

a) Yes b) No

2. If yes how much?

a) Dhur b) Kattha c) Bigha

3. Is the production from land is sufficient for your family?

a) Yes b) No

4. Which of the following facilities do you have in your house?

a) Radio b) TV c) Computer d) Telephone e) Others

5. Do you have your own house to live?

a) Yes b) No

Schedule II. Individual Questionnaires

Education Status:-

6) Can you read and write?

a) Yes b) No

7) If yes, have you ever gone school?

a) Yes b) No

8) If yes, which level of education have you passed?

a) Literacy b) Primary c) Lower Secondary d) SLC

e) Higher Secondary

9) Are you now going to school?

a) Yes b) No

10) Does your husband is literate?

a) Yes b) No

11) If yes, which level of education have he passed?

a) Literacy b) Primary c) Lower Secondary d) SLC

e) Higher Secondary

Occupational Status:-

12) What is your main occupation?

a) Agriculture b) Household Work c) Wage Labour

d) Service e) Other

13) How much is your monthly income?

a) Less than 1000 b) 1000-2000 c) 2000-3000

d) 3000-4000 e) 4000 and above

14) What is your husband's occupation?

a) Agriculture b) Household Work c) Wage Labour

d) Service e) Other

Marital Status (Age at Marriage):-

15) How old are you?

Complete Year…….

16) What is your marital status?

a) Married b) Divorce/Separated c) Widow/Widower

17) How old are you at the time of your first marriage?

Complete Year……

18) How old was your husband at the time of your first marriage?

Complete Year……

Fertility Status:-

19) How many children did you give live birth? ……

20) How many sons and daughter do you have?

Sons…… Daughters…….

21) How many children died who were born live?

No Dided…… Sons…… Daughters……

22) How old are you when your give first birth?

Complete Year……..

23) How many sons and daughters did your desired?

a) Sons …….. b) Daughters ……. c) Total

24) Do you want additional child?

a) Yes b) No

25) If yes, why?

a) Husband desire b) Family Pressure c) Religion

d) Self-interest e) Others

Family Planning Knowledge:-

26) Have you heard of family planning?

a) Yes b) No

27) If yes, what if the source?

a) Radio/TV b) Relatives/Friends c) Health Personnel

d) Husband e) Others

28) Which are the methods that you have heard?

a) Natural method b) Condom c) Pills d) Kamal Chakki

e) IUD f) Female/Male Sterilization g) Others

29) When did you know about family planning methods?

a) After marriage b) Before marriage c) No remember

30) Have you or your spouse ever used any family planning methods?

a) Yes b) No

31) If yes, which method have used?

Name of method……

32) Why did you use this method?

a) Birth interval b) Avoid pregnancy c) Do not want more child

d) Easy to use and available e) Others

33) From where did you obtain this method?

a) Hospital b) Health post c) Pharmacy d) Others

34) If you did not use family planning why?

a) Lack of knowledge b) Fear of side effect c) Cause of husband

d) Lack of money e) Religion f) Do not know the place of available e) Others

35) Are you or your spouse currently using any family planning methods?

a) Yes b) No

36) If yes, which method has you using?

Name of the method…….

37) Is it easy to obtain family planning methods in your locality?

a) Yes b) No

38) How many years is ideal gap between two children in your opinon?

a) 1-2 years b) 3-5 years c) 5-7 years

39) What are your ideal number children?

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

40) If you have only daughter then what does you?

…….

Thank you very much.