

Chapter – I

Introduction

1.1. General Background

Rapidly increasing population is one of the major demographic characteristics of developing countries. Nepal is also facing the increasing population problem. Populations of the latest census; 2001 is 23151423 and the population was 18491097 in 1991. The population differential has also been the one of the greatest issue of the Nepalese context. The annual population growth during the last inter censal period was 2.24 percent and it was increased by during the year 1991-2001. The annual population growth rate was 2.1 percent in 1981-1991. The birth rate was roughly declined from 41.2-33.58 percent per 100 population during 1991-2001. The TFR has declined from 5.6-4.1 in the same year. Similarly the death rate during the same period declined from 13.3-10.3 per 1000 population. (MOPE, 1998) and infant mortality rate (IMR) from 97-79 per 1000 live birth. The average life expectancy in Nepal is around 60 years in 2001. Total fertility rate is 3.1, the total fertility rate according to the place of residence are 2.1 for the urban area and 3.3 for the rural area (DHS, 2006).

The fertility rate of Japan is 1.3, China 1.6, Sri-Lanka 2.0, and India 3.0 .The Global scenario shows that the TFR is 2.6 whereas the TFR of Nepal is higher than it. Birth rate is 29 per thousand whereas death rate is 9 per thousand. Net migration rate is seems negative i.e. -1 per thousand. The life expectancy is 64 and PPP per capita is Rs.1040 (PRB, 2008).

There are three factors which decide the shape of population in any country. They are birth, death and migration. Among them growth rate (Fertility) plays the most important role.

There are various factors confounding the high fertility rate in Nepal. Lack of female education, importance of son child, early marriage, poverty, lesser role of female in decision making are some of the factors being fertility rate high in Nepal (Manandhar, 1991).

Fertility is always affected by socio-economic characteristics which can be found on the changing situation in the society. Global scenario shows that most of the developing countries are facing the rapid growth of population. They should be declined. Political, economic and cultural explanations mention the idea of fertility decline as the exception. Was that the various socio economic and demographic variables they would be able to measure would permit them to specify the condition under which fertility began to fall? None of their socio economic or demographic variables correlated very well with the timing of the fertility decline. Demographic transition theory- urbanization, literacy, infant and child mortality, industrialization- all failed to account for the transition.

Realizing the fact that the growth of the population, many policies and projects have been made; for instance different policies in 5 year plans and the works by NGOs and INGOs in decreasing fertility.

The FPAN has been the pioneer NGO which promoted delivery and family planning services all round the country. In the NGO sector it has spread the largest network throughout the country. Several NGOs and INGOs today are found working in delivery and reproductive health and family planning services. In the government sector Department of Health services (DoHS) has been the lead agency for providing maternal and child health, family planning as well as the reproductive health.

Differential fertility is the study of the differences of the fertility in the study area between the socio economic group, religion, educational level, race, occupation, rural urban residence, wife's works experience and by husband's income and so on. Different analyses are made to find out the reproductive behavior, to interpret the changes between the socio economic characteristics which have taken place between the processes of birth as a guide to changes likely to take place in ongoing days.

1.2. Statement of the problem

Population of Nepal has been increasing rapidly since last few years because of continuous and steady decline in mortality rates due to the impact of new technology and devices as well as medicine from developed world on one hand and almost constant and high fertility rates on the other hand.

Fertility rate has remained high due to low level of education, occupation, income, low rate of contraception, universal marriage, early age at marriage and child loss experience etc. Unless the social economic factors responsible for demand for children are targeted but it is hard to reduce the prevailing fertility rate. Substantive decline in fertility level of Nepalese society has not been observed despite the government's efforts to reduce it through the implementation of family planning programme since the national third five year plan in 1965 (NPC, 2002).

Likewise a number of fertility encouraging factors are operating in different social sector of the country. Among these the most noted are low socio-economic status, low status of women and various social and religious norms.

Fertility rate in Nepal is one of the highest in Asia. In many developing countries high fertility is associated with the level of income education, child survival and cultural and religious factors. In addition family planning in general has an important role to play in reducing marital fertility (UNFPA 1989:73).

The TFR of Nepal was 5.6 in 1991 (CBS 1995:68) and 4.1 in 2001 (CBS, 2003). The TFR of Nepal is 3.1. (NDHS, 2006) This decline in TFR could be attributed to the rising of education and contraceptive prevalence. However population Bureau 2005 has mentioned the 3.7 TFR of Nepal but it is comparatively still higher than other some neighboring countries in Asia, as India 3.1 Bangladesh 3.0, China 1.7, Sri Lanka 2.0 and Japan 1.3. (PRB, 2008) If we compared the TFR of Nepal with the countries of Europe and North America the TFR of Nepal is seen much higher.

The macro level of the studies has been conducted in this topic for several times but the micro level of the study has not been conducted in the same study area. There are many studies about socio-economic and demographic differentials of fertility for different place. But no study has been conducted to examine the social-economic and demographic differentials of fertility of Makwanpur district. So this study occupies a special importance. In fact, this study basically focused on following research questions:

1. What are the socio-economic and demographic characteristics in the study area?

2. What are the knowledge and use of FP methods among the selected respondents in the study area?
3. What amount of differential fertility is found in different residences?

1.3. Objective

The general objective of the study is to examine the fertility differential by residence. The specific objectives are as follows:

- a. To examine the CEB of VDCs by socio-economic variables.
- b. To examine the CEB of municipality by socio-economic variables.
- c. To evaluate the fertility differential by the difference in socio-economic characteristics of VDCs and municipality.

1.4. Significance of the study

High level of CEB and the low level of the socio-economic characteristics is the one of the characteristics of the present Nepalese societies. There is difference in the total number of the CEB of VDCs and the CEB of municipality with the respect of socio-economic characteristics difference. Many efforts have been made by the government through the anti-natalist population policy and programs in lowering the CEB. This study provides more information about the differential fertility in the rural and urban areas, but dynamic changes can be sought. This study has investigated the relationship of fertility with selected demographic and socio-economic variables that has more significant for policy makers to formulate the effective population policy.

1.5. Limitation of the study

The study will have the following limitations:-

- a) This research is the only the academic research for the practicum, so it contains many limitations like; time, money and manpower.

- b) Study area is too large so samples can not be taken from the every VDC and the wards of municipality.
- c) Only the selected socio-economic variables have been taken to explain the differential level of fertility (CEB).

1.6. The organization of the study

Following a simple research methodology approach, this study has been organized in eight different chapters. Chapter one contains the introduction of the study. Chapter two contains literature review. Similarly, chapter three is assembled with the research methodology applied in this study. Chapter four contains the analysis of the rural-urban socio-economic condition of the population. Chapter five includes Fertility by Socio-Economic and Demographic Variables. Chapter six includes the Summary of the Findings, Conclusion and Recommendation. This chapter further attached with the references, appendices etc.

Chapter – II

LITERATURE REVIEW

2.1. Theoretical Literature

In the first edition of the essay, Malthus began with two postulates: "first, that food is necessary to the man, secondly, the passion between the sexes is necessary and will remain nearly in its present states. Population, when unchecked, increases in a geometrical ratio. Subsistence increases only in an arithmetical ratio. Slight acquaintances with the numbers will show the immensity of the first power in comparison with the second (Bhende and Kanitkar, 2004:116).

In his theory Malthus has tried to depict the balance between the means of subsistence with the population. Fertility has also got the different value because of their different social economic characteristics.

According to demographic transition theory, fertility and mortality transition, from high to low, in the countries of Europe, North America and Australia occurred when the use of contraception became wide spread under the influence of such factors as growing individualism and rising level of aspiration developed in urban industrial living that emerged with process of socio-economic development of the country (UN, 1973:65).

Demographic transition theory is a theory to concern about the period of transition from high level of fertility to low level of fertility. Transition generally follows the pattern of the socio-economic development. The backward condition of our VDCs in the socio-economic developments corresponds with high fertility rate and vice versa with the municipality. This shows the total process of demographic transition.

Davis and Blake (1956) proposed eleven variables which they defined as "Intermediate variables". Six among them are affecting sexual intercourse, three affecting conception and remaining two affecting gestation and parturition. They concluded that any social or cultural factor which affects fertility must do so through

and only through one or more of these intermediate variables (Davis and Blake, 1956:211-235).

Bongaarts (1983) named the intermediate variables classified by Davis and Blake as proximate determinants of the fertility and consists of seven variables such as marriage, contraception, induced abortion, post partum infecundability, spontaneous intra uterine mortality, waiting time to conception and permanent sterility. On the other hand, he claimed that the 96% of the fertility could be explained by the proportion of the married women, postpartum infecundability, induced abortion and prevalence of the contraceptive use. Although there are mainly four main proximate determinants of fertility, it depends upon the type of the society (Bongaarts 1983).

Intermediate variables proposed by Davis and Blake as proximate determinant of fertility consists seven variables. They are marriage and marital disruption, use and effectiveness of contraception, induced abortion, postpartum amenohorea, spontaneous intrauterine mortality, frequency of inter course of fecundability, menopause or permanent celibacy. They also rose the age at marriage and marital disruption post partum, infecundability, contraception and induced abortion affects fertility directly which are supposed to have the very close association with fertility.

Bongaarts claimed that 96 percent of fertility could be explained by these four factors. In typical traditional society where fertility, the principle role is generally played by former two determinants and in non-traditional or modern society where fertility is found in transition it is highly affected by later two determinants. This is quite matching in the developing countries like Nepal.

Freedman (1975) has developed a assumption that the intermediate variables are not always used to limited fertility and often effects on fertility is an unintended results of cultural pattern, freedman introduced two types of norms about family size and norms about intermediate variables generally operates together with the effect of norms about family size and norms about intermediate variables. Norms vary life style related to position in a hierarchy status indicator such as education, occupation, income, wealth, power, prestige, caste and general class indicators may influence the desired number of children. Difference in the life style may influence norms about intermediate variables directly or through the norms about the family size.

The model of Esterlin (1976) is related to the economic cost benefit analysis. It causes natural fertility, received fertility and optimized fertility. Natural is that number of births at a family that is early depending on health and sexual behavior of the family member. The number of the children as desired by a couple in which costs of fertility remain zero is desired fertility. Optional fertility is the result of maximization of utility with budget remaining constant (Esterlin, 1976).

Demand theory is also an important factor for determining the fertility. According to this theory, fertility is determined by current family size, the spouse's desired family size and cost of living. If the cost of additional children rises and income and wealth remain constant, then the number of children desired declines. Similarly, if the cost of additional children remains constant and income increases, then the desired number of children increases (Kuortsayiannic, 1979:25-32).

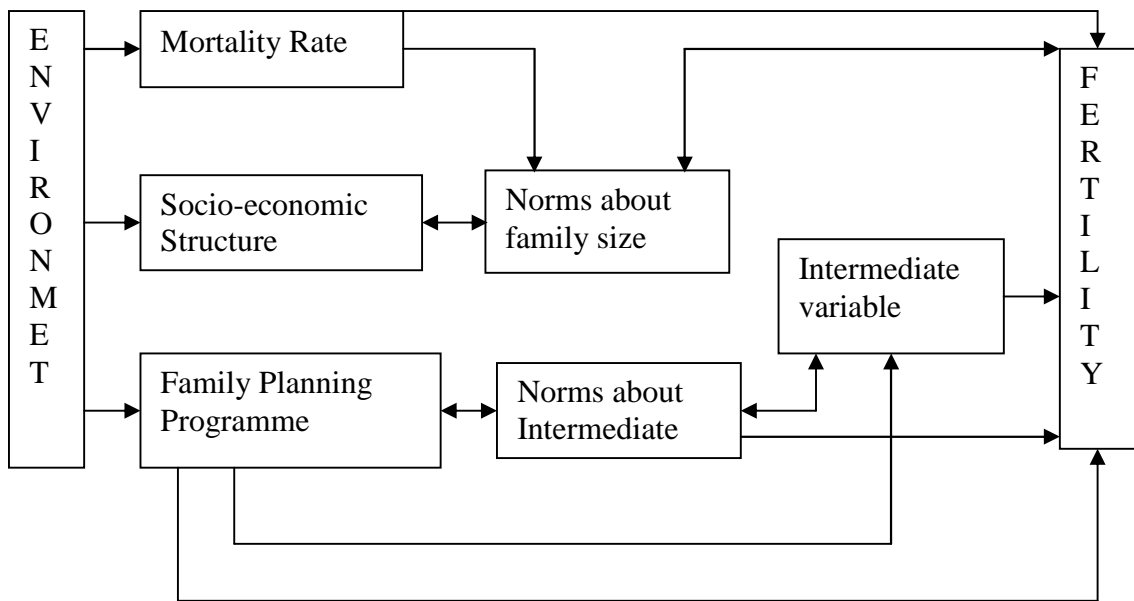
Leibenstein (1975) focused primarily on social, cultural and economic groups. According to him, it is also necessary to take account of the socio-cultural process and influences which are, the consequences of consumption based on social status considerations that are critical to the explanation of the utility cost of children. He has argued that the household would want to have i -th child, as the utility of the i -th child is greater than the utility cost of that child (Leibenstein, 1957:6).

Tuladhar (1989) examined the persistence of high fertility in Nepal using data from Nepal Fertility Survey, 1976. He observed that higher mortality level, especially that of infants, joint family system, early and universal marriage system, low education attainment, working status especially that of women are the main contributing factors of high fertility in Nepal (Tuladhar, 1989:26).

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 casual links between the socio-economic and demographic variables and their relationship with fertility. From most of the theories, we have found that female are intended to have the more number of children to make work load less or for the traditional belief.

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 attitudes and practices conducive to diminishing fertility have been adopted first by better education, wealth and high social status groups of the city population and transferred in duration of time to intermediate and lower status groups and to the rural areas. Once again, cultural lag theory has been referred to very recently by John Knodel who, after examining the age patterns of fertility in Asia, arrives at the conclusion that the modern fertility transition appears to have resulted from innovation as well as adjustment. The framework of fertility presented by (Freedman, 1975) is presented below (Bhende and Kanitkar, 2002:260).

Figure 2.1: Sociological Framework for Study of Fertility



Source: (Bhende and Kanitkar, 2002:260).

2.2. Empirical review

2.2.1. Education and Fertility

Education is one of the most important determinants of fertility. There is inverse relationship between fertility and education especially among women. Literature shows that higher the level of female literacy, the lower the fertility rate and vice-versa. Women with literate husbands also have fewer mean numbers of children ever-born CEB 3.0 as compared to illiterate husbands with CEB 3.5, with regard to the level of education, women with no education are observed to have mean CEB of 3.3 compared to 2.2 among those with some education. Moreover women whose husbands have no education have mean CEB of 3.6 as compared to 2.3 among those whose husbands have some education (Nepal FP/MCH project, 1977) (cited in Pant and Acharya, 1988:56).

Nepal Family Health Survey 1996 showed a strong relationship between education and fertility. Women with at least secondary education have total fertility rate (TFR) of 2.5 which is less than half the rate among the women with no education with TFR of 5. In the same way women with primary education have TFR 3.8 per women (MOH, 1996). Education is considered as a catalytic agent to reduce fertility in Nepal. Educated women are found more aware of the issue of quality of children than uneducated (Risal and Shrestha, 1989:22-70).

Literacy level of Nepal has increased significantly, particularly during the last two decades. Male literacy among 6 and above age group has reached 65 percent in 2001, from 34 percent, in 1981. Similarly, female literacy rate among the same age group has more than trebled from 12.0 percent in 1981 to 42.5 percent in 2001. Nevertheless in literacy and education, gender disparities are decreasing slowly (CBS, 2003:227).

Quality education directly increases skills and competencies, but it can also improve peoples' awareness of the need for use of contraception and is therefore an essential part of the decreasing fertility. However quality of the education has frequently been

questioned in Nepal. To maintain the minimum standard, primary and secondary education needs \$ 32 and \$ 72 per students respectively, whereas His Majesty's Government of Nepal is spending only \$ 22 and \$ 33 per student respectively (Subedi, 2007).

2.2.2. Occupation and Fertility

The country Nepal consists predominantly of farmers who are supposed to be economically active, population. Almost 95 percent are actively involved in agriculture and agriculture related works (CBS, 1995-78). The proportion of females engaged in agriculture occupation is higher than that of males. In the remaining category of occupation, however, the proportion of males is higher than that of female (Tuladhar, 1989:26).

Women's education and employment are confined within the domestic sphere of Nepalese society. The relationship between the working women and fertility is little known. The working women residing in rural Nepalese societies are often poorer and less educated than non-working women. Working in rural Nepal is done either on their farmer or work as labours (Dahal, 1992:1-16).

Birth rate in Italy came down to 50 % when its economic structure transformed to industrialize from an agricultural one. UN in 1985 analyzed world fertility survey results from 38 developing countries on the relationship between women's employment and fertility. They found women in traditional occupation having the larger number of children ever born; women who have not worked at all since marriage tend to have a higher average number of CEB. The average number of CEB among women engaged in modern occupation is found to be 2.3 and women who have not worked at all since marriage tend to have a higher average number of children ever born 4.1. The difference in the mean number of CEB between women in traditional occupation and those who have not worked since marriage is also great. Women in traditional and mixed occupation have approximately 0.4 more children than women who have not worked since marriage. The average number of CEB among women in Nepal for modern occupation is 2.39, 3.2 for traditional occupation and 3.8 for those who have not worked since marriage (Adhikari, 1996:1-18).

According to 2001 census results, women constitute more than 43 percent in the labour force, 73 percent in agriculture and 27 percent in non agriculture sectors. Women's proportion has increased almost in all occupations to some extent. But their greater concentration in agriculture is also visible. A positive trend is visible in their empowerment as reflected in the increasing proportion among female professionals, technicians, administration and management (CBS, 2003:223).

Following table shows the relation between education and fertility:

Education	CEB
No education	5.1
Primary	4.0
Some Secondary	3.3
SLC and Above	2.6

Source: DHS – 2006

Above table clearly shows the relationship between the education and fertility. CEB seems decreasing as the level of education increases. CEB for the women who have no education is 5.1 and The CEB for the SLC and above is 2.6; which is very low.

2.2.3. Income and Fertility

It is shown that women of lower and poorer groups tend to bear more children because of two reasons; firstly, more children die in infancy and so these women have shorter period and non ovulation period before becoming mother and secondly, they need more children to replace the lost one, so they continue to bear children up to late age. It is the context of Nepal; the multipurpose household budget survey (MPHBS) conducted in 1988-89 and found 43.1 percent of the rural population and 41.4 percent at the national level fell below the poverty line. Moreover, this survey shows that the range of family size of Nepalese poor people were 6.33 to 7.14 and household monthly income Rs. 497 to Rs. 1131 (Expressed in 1988-1989) (NRB, 1989).

The economic gains for reducing fertility, has been positive way that has been proved by various studies. Most of the poorest people prefer more children to secure the high productivity and income.

Following table shows the latest status of income and fertility:

Wealth Quintile	TFR	CEB
Lowest	4.7	5.7
Second	3.6	5.3
Middle	3.1	5.0
Fourth	2.7	4.5
Highest	1.9	3.8
Total	3.1	4.9

Source: DHS – 2006

From above table it is clear that as the proportion of the wealth increases, the CEB decreases. The women in the lowest quintile have the highest number of children and the women in the highest quintile have the lowest no. of children.

2.2.4. Age at Marriage and Fertility

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. This is also true in the case of Nepal where the inverse relationship between age at marriage and fertility has been observed (Chhetry, 1993:58-62).

The report from Nepal Family Health Survey (NHFS: 1996) found that fertility seemed to be declining over the past five years in fertility rate is due to increase in age at marriage and rising contraceptive use over the past 25 years (MOH, 1996).

The age at marriage in developing countries is normally ' ' shaped. It is lower in the early age group, which is obvious and increase slightly up to age 25-29 or around 30, and starts declining gradually. Married women in younger age naturally represent lower age at marriage (Acharya, 2000:31).

Marriage marks the starting point in a women's life at which child bearing becomes socially acceptable. Women who marry early on average, have a longer exposure to the risk of becoming pregnant and therefore, early age of first marriage often implies early age at child bearing and higher fertility in a society (NDHS, 2001:10).

The Total fertility rate has declined from 4.1 to 3.1, which is noticeable and which is contributed by the age of first birth. The Median age at first birth is 19.9 years (DHS, 2006).

2.2.5. Use of Contraception and Fertility

Contraceptive use is often associated with urbanization and modernization. According to a study contraceptive prevalence rate was more than two times in urban than in rural areas (48.2 vs. 23.3). The contraceptive prevalence rate for modern spacing method in rural Nepal is almost 3 times lower than that of urban area in Nepal (Subedi, 1996:48).

Current knowledge of family planning method is increasing in Nepal. The level of fertility also have come down. The total demand of family planning is 60 percent of which 28.5 percent is met and 31.4 percent is not met with 14.3 percent unmet for spacing and 17.1 percent unmet need for limiting. Thus, there are two distinct challenges of satisfying the couples with unmet need for family planning and reducing the proportion of couples who do not need family planning services through right information and mass media (MOH, 1987).

There has been a steady increase in the level of ever use of modern family planning methods over the past 20 years. The level of ever use for contraception has increased from 4 percent of currently married women in 1976 to 27 percent in 1991 (MOH, 1993) which reached 35 percent in 1996 (MOH, 1996:52). Female age at marriage and use of contraception are directly related to fertility. In Nepal, only 39 percent currently married spouse use any method of the modern contraception (MOH, 2001).

The level of modern contraceptive use in Nepal has increased gradually in the last decade (MOPE, 2004:3). Overall 39 percent of currently married has ever used any family planning method. There exists a strong negative relationship between contraceptive use and fertility (Pathak, 2002:127-136).

The proportions of women using contraception are 28 percent in Pakistan, 48 percent in India, 42 percent in Maldives and 39 percent in Nepal in 2005 (PRB, 2005).

Ever use of contraception among currently married women is 67.9 percent. The use of contraception for rural area is 45.9 and 60.0 for the urban area. The knowledge of FP is 99.8 percent (DHS, 2006).

2.2.6. Child Loss Experience and Fertility

The close relationship between infant mortality and number of CEB has been observed. The study concluded the existence of strong child replacement effect on CEB in Nepal (New Era, 1986:90). The mean number of CEB for all ages is 3.2 and the mean number of surviving children for all age is 2.5 experiencing a loss of about 0.7 children. Various studies conclude that child loss experience motivates women to give more births. The women who have no experience of dead children desire 2.03 mean number of children, while the number who experience the death of one or more people desire 2.07 mean number of children (Bhandari, 2005:15-16).

Women with higher child loss experience have higher CEB. Women with no child loss have 2.5, those with one child loss have 4.3 and those with two or more children dead have CEB of 6.5 (Acharya, 2000:27). Nearly 99 percent of infant deaths worldwide occur in less developed countries. Death per every second is 1.3 in less developed countries compared to 0.4 in more developed countries (PRB, 2002).

Life expectancy is seemed low which is 64 years. The total death is of the child is 9 per 1000. (PRB, 2008)

2.2.7. Trends and Differential of Fertility in Nepal

Comparing the TFR obtained from three earlier surveys with the TFR obtained from the 2001, NDHS indicates a steady decline in fertility which declined from 5.1 children in 1986 to 4.1 children in 2001. TFR declines from 4.1 to 3.1 in 2001 to 2006. (DHS, 2006) NFHS 1991 showed 4.8 children per woman and the same source stated slight decline in fertility in 1996 which was 4.6.

There was a 6 percent decline in TFR between 1984-1986 and 1989-1991, compared with 3 percent decline between 1989-1991 and 1993-1995. Between 1994-1996 and 1998-2000, the percentage decline in fertility was 12 percent. The decline between

the survey 2001 and 2006 is almost 25 percentage. Fertility trends have to be interpreted within the context of data quality and sample size.

Differences in the fertility of specific population groups arise mainly from three sources, namely, differences in the number of children which couples in the various population groups want, difference in their knowledge, attitude and practice of fertility control which enable them to obtain these desires, and difference due to the demographic characteristics of each population group. The cultural differences in fertility is concerned with the examination of the factors, the 'intermediate variables' of Davis and Blake (1995), through which cultural conditions can affect fertility. These include age at entry into sexual unions, proportion of women never entering sexual unions, periods of abstinence (voluntary or involuntary), fecundity or infecundity, use of contraception and foetal mortality, etc.

Census data estimated the total fertility in Nepal in 2001 as 2.82 per woman and rural fertility as 4.37. However, NDHS report 2001 estimates the fertility for urban and rural residence as 2.1 and 4.4 respectively. DHS, 2006 has counted TFR; 2.1 for urban area and 3.3 for the rural area.

The rural TFR of 4.37 in 2001 was about one and a half times the urban TFR. Ten years ago, the rural woman on average gave birth to about 5.35 children. It is clearly seen that both in the rural as well as the urban areas the fertility level has gone down in the last ten years. Fewer younger women under 20 years of age bear children now compared to some 10 years ago. However the peak age of fertility has remained the same. Women belonging to the age group 20-24 are most active in reproduction. The second most reproductively active age group is 25-29 in both rural and urban areas. It is also seen that compared to the urban women the rural women keep on producing children late in their 40's up to about they are 50 years old.

The high mountain area is sparsely populated and also less developed overall than the other ecological regions. This region is remote and inaccessible. The fertility level in the mountain region has remained high. In 1991 the TFR was estimated at 5.93, almost 15 percent higher than the national rate of 5.16 and in 2001 the corresponding figures were 4.57 and 3.79. The mid hill region has the second highest fertility level. The TFR was 5.33 in 1991 and it declined to 3.77 in 2001. The Terai exhibits the

lowest fertility level. The TFR was estimated at 4.72 in 1991 and this level further declined to 3.64 by 2001. Most Terai settlements are accessible by road and every year increasing number of migrants settles there. Socio-economically too the Terai region is better-off. More than half of urban populations are in the Terai.

The fertility peaked for the age group 25-29 in the mountain region in 1991 when the level of fertility was nearly 6 per woman but when the level declined by 2001 the peak shifted to younger age group, i.e., 20-24. In other regions the peak age of fertility is 20-24. In all ecological belts more than half of all births take place in the age groups 20-24 and 25-29. It is also seen that as the level of fertility declines fertility increasingly concentrates in the age group 20-24.

According to DHS 2006, TFR in the mountains is 4.8, which is the highest among the three ecological zones, while the TFR in the hills is about the same which is 4.0 as in the Terai ecological zone (4.1). By to development region, women in the Western and Eastern regions have on average one child fewer than women in the Mid-Western and Far-Western regions and half a child fewer than women in the Central region. There is a strong association between fertility and education, with the TFR declining as the level of education increases. The TFR of women with no education (4.8) is more than double that of women with at least an SLC level of education (2.1).

2.3. Conceptual Framework

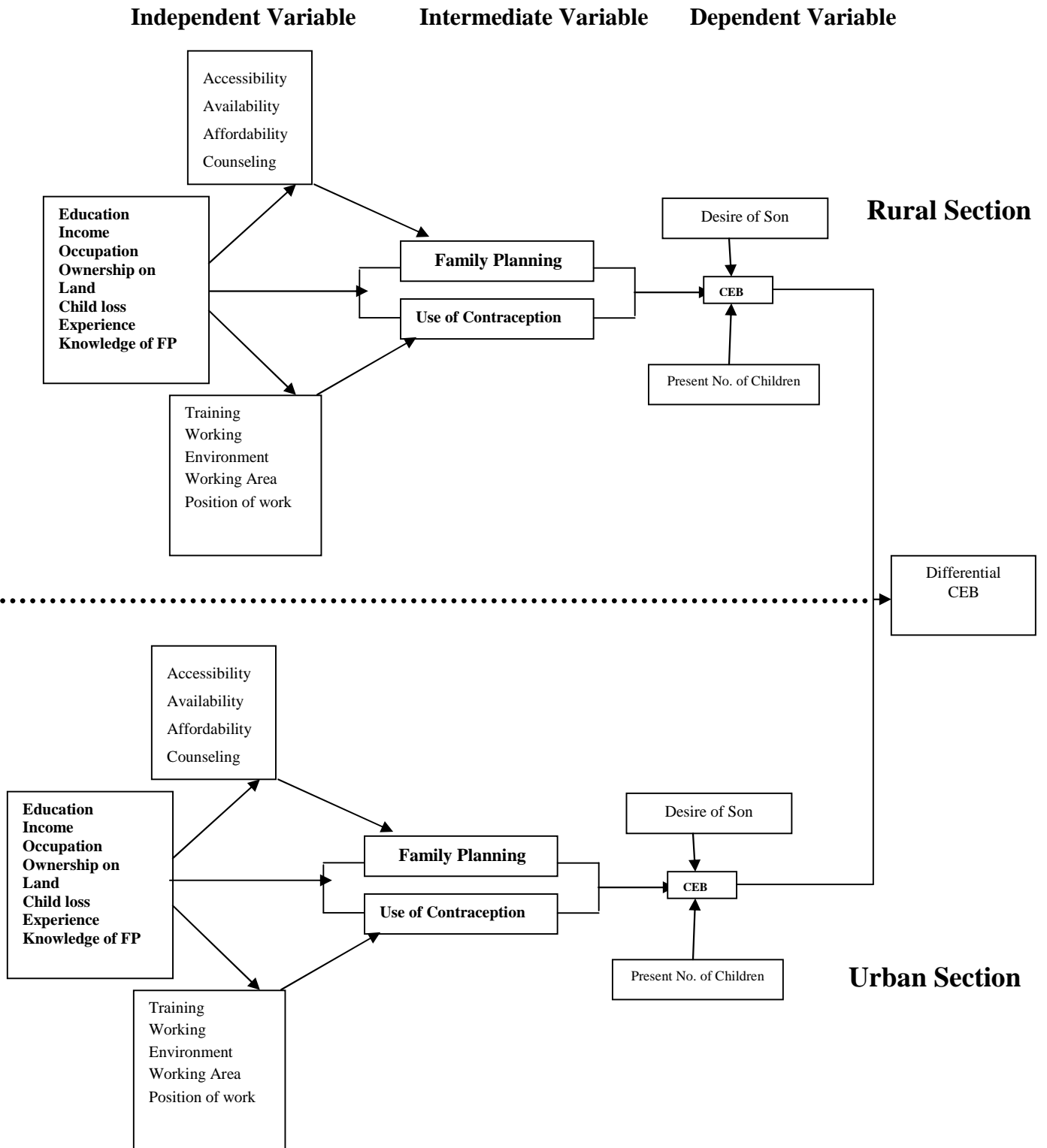


Figure 2.2 Conceptual Framework

This study contains the independent variables like age, education, occupation, income, health services decision making and use of resources and the intermediate variables like family planning and use of contraception and these intermediate variables are affected by other variables like accessibility, availability, affordability, counseling etc. Use of contraception is dependent on above independent variables as well as training, working environment, working area and position of work and so on. The dependent variable is considered fertility (CEB). CEB is also dependent upon directly with intermediate variables and the independent variables; in addition it is directly correlated with the variables like desire of son and present no. of children. This whole process signifies the conceptual framework of the one study area with one kind of socioeconomic variables or the socio economic variables of rural area. Similarly, the same thing goes with the urban area too. The main centre of this study is the fertility differential between the rural and urban area with the difference in socio economic characteristics.

Chapter - III

Methodology

3.1. Introduction to the study area

Makawanpur is in central development region. It is a hilly region. The district contains one municipality and forty three VDCs. It is an industrial area. Mountain, Siwalik and terai are the basic land formation of the district. District contains 3,92,604 Population in 2,426 km². Elevation is 474 m and the temperature rises from 5.2 in January and 38.5 in April. Chitwan, Dhading, Kathmandu, Lalitpur, Kavrepalanchok, Rauthat, Bara and Parsa has surrounded in its boundary. Residers of these districts are Tamang, Bahun, Chettri, Newar, Magar, Dalit, Chapang, Rai, Gurung, Majhi, Thakuri, Sanyasi, Muslim, Pahari and others according to the VDC profile of CBS in 2001 census. Similarly the languages spoken are Tamang, Nepali, Newar, Chepang, Magar, Bantawa, Maithali and Bhojpuri which are spoken in this district. Some of the major religions of this district are Hindu, Bauddha, Islam, Kirat, Jain, Christian, Sikh. There are all together 71,112 households.

Samples are selected from 5 VDCs and 5 wards of the municipality. The VDCs from where samples are selected are Chhatiwan, Aamvanjyang, Padampokhari, Manahari and Phakhel. The one and only municipality in Makwanpur district is Hetauda municipality. Ward numbers 2, 4, 7, 9 and 11 are chosen for the sample selection from the municipality.

Map of the study area is given below:

Figure:3.1 Map of the study area.



3.2. Background characteristics of the study area

3.2.1. Household Characteristic

Household characteristics include the family size, relation with household head, age in completed years, sex, marital status, literacy, educational attainment, occupation, caste/ethnicity in this study.

3.2.2. Individual characteristics:

An individual characteristic is the characteristic that is of respondent only. Different information like distribution of respondent, caste/ethnicity, religion, literacy, occupation, ownership on land, income, sources of drinking water, and sanitations, age at marriage, age at first birth, no. of CEB, living status of children, loss of pregnancy, knowledge of FP method and use of family planning method. Individual questions are asked to only to the currently married women of ages 15-49.

3.3. Sources of Data

The data are collected from primary as well as secondary resources. It is a comparative study of the fertility between two socio-economic characteristics i.e. in rural and urban area. To know the babies of the currently married, we need to have the primary data through the questionnaire, which is the one of the best tool in order to collect the primary data. The researcher himself has involved in the process of collecting the data from the study area. The questionnaire is the structured questionnaire.

3.4. Sample Selection

Data is collected from the field survey in the VDCs and the municipality of the Makawanpur district. Five VDCs, whose characteristics cover the whole VDCs of the district. similarly, five wards of the municipality which satisfy the overall socio-economic characteristics of municipality too. Determination of the sample is done purposively. 100 sample households in VDCs and 100 sample household in

municipality with altogether 200 samples are taken as the sample out of the total 12, 807 from five VDCs and 7, 573 from five wards of municipality. 20 households are selected from the different wards of the five VDCs, so as, they can represent the socio-economic characteristics and same in the case of municipality. Sample has got the 10 clusters; five clusters of five VDCs and five of five wards of the municipality. Each cluster contains 20 households as sample. Currently married women are taken to collect the information. Special caution is made that, the household where there is at least one currently married woman is selected to fill the questionnaire as sample.

3.5. Questionnaire

There is the structured questionnaire to collect the data from the study area and researcher himself will involve in the data collection process. There are two types of the questionnaire:-

) Household questionnaire

Household questionnaire contains the information about the socio-economic and the demographic characteristics.

) Individual questionnaire

Individual questionnaire contains the questions to answer the questions of currently married women.

3.6. Data processing

Data processing has been done using the questionnaire incorporating different socio-economic and demographic characteristics such as education, occupation marital status, land holding etc. to make the analysis more reliable and easier.

Data is processed by entering into the computer; Computer software package according to the availability. The excel program is used to make the work easier of mathematical calculations. The careful attempt was made during entry of data.

3.7. Data Analysis

Descriptive method is used during the process of data analysis; methods like percentage mean. The analysis process of data includes frequency tables, cross tabulation and other appropriate statistical tools. Mean and percentage are calculated from the tables wherever possible.

3.8. Operational definitions

Every research should have its operational definition. Operational definition of this study is listed here:

- **Household characteristics:** Household characteristics in this study include the family size, relation with household head, age in completed years, sex, marital status, literacy, educational attainments, occupation, and caste/ethnicity.
- **Reproductive ages:** reproductive ages are considered the seven age groups of 15-49 years.
- **Socio-economic characteristics:** Socio-economic characteristics in this study refer to those characteristics which are included in the conceptual framework.
- **Literacy:** Literacy is defined as to those who can read and write their names and can do the simple calculation of mathematics
- **Age group distribution:** Age groups are divided into seven following age groups: 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, and 45-49.
- **Sufficiency of income:** Sufficiency of income is related to live their life with their income.
- **Age at first menstruation:** Age at first menstruation is the measure for the natural process of being any women fertile or capable of bearing children.
- **Children Ever Born:** Children ever born are the total no. of children up to the time of field survey.

- **Living status of the children:** Living status of the children denotes the children left alive at the time of survey after the death of the children or without.
- **Loss of pregnancy:** Loss of pregnancy is the fetal death or the death of the pregnancy before its birth.
- **Ever use of contraception:** Ever use contraception indicates ever once used any method of contraception.

Chapter – IV

Analysis of the Rural – Urban Socio-economic Condition of the population

Rural area is defined by the poor socio-economic condition. Some of the criteria have made obvious urban condition in the multiplicity of Nepal. It is found that rural area has got less in all indicators like economy, health, education etc.

Socio-economic variables play a vital role in changing the fertility. Some of the clearly highlighted variables like age at marriage and use of contraception contribute high to change the average no. of CEB where as the variables like education, income, occupation, ownership on land, child loss experience and knowledge on family planning has a great access to make influence on intermediate variables i.e. age at marriage and use of contraception. CEB is considered as the dependent variable and education, income, occupation, ownership on land, child loss experience and knowledge on FP as independent variable.

Following socio-economic characteristics has the noticeable influence on the fertility so distinction of the socio-economic variable are presented here as below:

4.1 Family Size

Among the 200 household in total 100 household is taken from the VDC and 100 household from the municipality.

Table 4. 1: Distribution of the Households by Family Size

Family Size	VDCs	Municipality
	Number of households	Number of households
<4	5	7
4-6	61	82
7-9	25	9
More than 9	9	2
Total	100	100

Average Family Size	5.9	4.2
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Source: Field Survey, 2009.

Family size in the above table is divided into 4 groups; less than 4, 4-6, 7-9, and more than 9 which are 5, 61, 25, and 9 respectively. From the following table 4.1 we come to know that family size is concentrated high on the 4-6 which is 61 households and least no. of household which is 5 in the family size has less than 4. Here average no. of family size becomes 5.9.

Comparing the overall family size is less than in VDC which is 4.2 in municipality. 82 families has size of 4-6 and least no. of household i.e. 2 family size has more than 9 family members. Overall glance on the table 4.2 shows that least no. in more than 9 no. of family size then 7 in less than 4, 9 in the 7-9 no. of family members and highest no. of household which is 82 in the 4-6.

The family size in VDCs seems higher. The most of the households have 4-6 family size and followed by the family size 7-9. The high number of family size contributes high for increasing the number of CEB

4.2 Literacy Status

Literacy status is taken from the literate and illiterate.

Table 4.2: Distribution of the Households by the Number of Literate and Illiterate Members

Number of family members	VDCs		Municipality	
	Literate household Member	Illiterate household Member	Literate household Member	Illiterate household Member
<4	19	9	20	11
4-6	289	52	267	75
7-9	62	91	26	12
More than 9	32	17	5	00
Total households	402	169	318	98

Source: Field Survey, 2009.

The literacy status is taken of the whole family members of the household which is 571. Among 571 populations 402 is literate and 169 is illiterate. The household which has highest no. of family size has 7.96% of the total populations. Above table 4.3

shows that at least one person in the family is illiterate. No. of the family members having 5-7 which contains 25 household has got the highest illiterate which is 91 and 53.85% in total and only 15.42% of literate and the no. of literate population which come to count 289 which is 71.89% and illiterate if 52 which is 30.77%.

In municipality total no literate no. of population in altogether 100 household is 318 and illiterate is the only 98. In the household having 4-6 no. of family members, among 82 household 276 are literate which is 83.96% and 75 illiterate and in 2 households among 5 members all of them are literate.

Comparatively the municipality has less literate population which is quite irregular data but the population of the municipality is lesser than then the VDCs populations.

4.3 Age distribution of Respondents

The number of the respondents in VDCs and in municipality with in the age group 15-49 according to the place of residence is shown below.

Table 4.3: Distribution of the Respondents by Age

Age Group	VDCs	Municipality
	Number of Respondents	Number of Respondents
15-19	2	3
20-24	27	24
25-29	18	19
30-34	17	18
35-39	24	28
40-44	8	6
45-49	4	2
Total	100	100

Source: Field Survey, 2009.

Total respondent inn VDCs is 100 and which is divided according to the gravity of the fertility behavior. The highest no. of sample is given to the highly fertile women

in the age group 20-24, 25-29, 30-34, and 35-39 where no. of respondents are 27, 18, 17, 24 respectively. In the age group 15-19 only 2 respondents are taken and 8 in 40-44, and 4 in 45-49 age group.

In the above table, the municipal respondents are taken from the age group 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49 is 3, 24, 19, 18, 28, 6, and 2 respectively; which is altogether 100 in total.

4.4 Caste/Ethnicity

Altogether there are 5 groups in this study. There 3 major caste/ethnicity are identified. One caste is taken exceptional in the VDCs. Chhatiwani VDC has got majority of Majhi in 3 VDC therefore Majhi has counted as 6 in VDC. Less than 5 household are listed in others.

Table 4.4: Distribution of the Respondents by Caste/Ethnicity

Caste/Ethnicity	VDCs		Municipality	
	Number of Respondents	Percent	Number of Respondents	Percent
Tamang	48	48	31	31
Brahmin	18	18	26	26
Kshettri	12	12	24	24
Majhi	6	6	0	0
Others	16	16	19	19
Total	100	100	100	100

Source: Field Survey, 2009.

Makawanpur is the district having the majority of Tamang so no. of Tamang is 48, Brahmins- 18, Kshettri- 12, Majhi-6, and Gurung, Magar, Newar, and Shah. All of individuals in the others group is less than 5.

Municipal area is lately established locality and migration is dominant cause of mix caste and ethnicity here. Though, Tamang, Brahmin, and Kshettri in almost in the equal numbers, Tamangs is 31, Brahmin is 26, and Kshettri is 24. Majhi is not found as the sample in municipality.

There is diversity in cast/ethnicity in Makawanpur district. Others caste is 19; which is higher than the Majhi and Kshetri in VDCs; which consists of Newars, Kami, Darai, Chaudhari, and Pode.

4.5 Religion

There is many more religion in Makawanpur district. But this study consists only three dominant religion; they are Hindu, Buddhist, and Christian. Other religions are in negligible state and less influence in fertility behavior in society.

Table 4. 5: Distribution of the Respondents by Religion

Religion	VDCs		Municipality	
	Number of Respondents	Percent	Number of Respondents	Percent
Hindu	38	38	81	81
Buddhist	38	38	13	13
Christian	24	24	6	6
Total	100	100	100	100.0

Source: Field Survey, 2009.

In VDCs the Hindu religion is 38, and Buddhist is 38, and Christian 24. From the above table we come to conclude that Tamangs follows Buddhism, and economically suppressed people have influence of Christian religion.

From the above table, no. of Hindu is 81 and no. of Buddhist is 13, and no. of respondent of Christian is only 6. Above tables of VDCs and municipality shows the effect of Christianity is mostly on the VDCs.

4.6 Respondents' Literacy and Education

Literacy is measured as the dichotomous questions which are literate and illiterate. If literate then question is asked level of education for the literate the divided into primary, lower secondary, secondary, SLC passed, IA and above.

Table 4.6: Distribution of Respondents by Literacy and Education (Comparitive of VDCs and Municipality)

Literacy/ Education	VDCs		Municipality		Total	
	Number	Percent	Number	Percent	Number	Percent
<i>Literacy</i>						
Literate	74	74	91	91	165	82.5
Illiterate	26	26	9	9	35	17.5
Total	100	100	100	100	200	100
<i>Education</i>						
No Schooling	26	26	9	9	35	17.5
Primary	23	23	33	33	46	23
Lower Secondary	12	12	16	16	28	14
Secondary	8	8	19	19	27	13.5
SLC passed	2	2	10	10	12	6
IA and above	3	3	13	13	16	8
Total	74	100	91	100	165	100

Source: Field Survey, 2009.

From the above table respondents in VDC has less literacy rate than in municipality. Only 74 respondents are literate in 100 in VDCs and in municipality there are 91 respondents literate. There are 165 respondents literate altogether and 35 illiterate. In VDCs IA and above respondent is only 3 in 100 which is very low. In municipality this is increased up to 13. There is increment in the rate of literacy of municipality than in VDCs.

People's notion towards the education is increasing rapidly. Literacy in both the residences seems higher than the national literacy status.

4.7 Respondents' Occupation

Under the title of respondents' occupation 5 titles are outlined. They are agriculture, service, business, housewife, and student. There are many other occupation but answers are limited to these 5 options so these 5 options are presented.

Table 4. 7: Distribution of Respondents by Occupation

Occupation	VDCs		Municipality		Total	
	Number	Percent	Number	Percent	Number	Percent
Agriculture	85	85	59	59	144	72
Service	7	7	2	2	29	14.5
Business	1	1	8	8	9	4.5
Housewife	2	2	5	5	7	3.5
Student	5	5	6	6	11	5.5
Total	100	100.0	39	100.0	200	100.0

Source: Field Survey, 2009.

From above table, respondents' occupation is presented of VDCs and municipality. This table clarifies people in the VDCs have the major occupation as agriculture, though the majority of the population in municipality still follows the agriculture as their occupation in Makawanpur district. 85 respondents in 100 follow agriculture in VDCs and 59 in 100 follows agriculture in municipality. Service is only 7 in VDCs and 22 in municipality, business 1 in VDCs and 8 in municipality. Similarly, there are 2 housewives in VDC in 100 respondent and only 5 in municipality and there are 5 students in VDCs and 6 in municipality.

Respondents occupation is dominant in agriculture, which justify as the main Nepalese occupation.

Table 4. 7.1 : Distribution of the Respondents by Husband's Occupation

Husband's Occupation	VDCs		Municipality		Total	
	Number	Percent	Number	Percent	Number	Percent
Agriculture	81	81	66	66	147	73.5
Service	2	2	17	17	19	9.5
Business	3	3	13	13	16	8
Daily wage	10	10	2	2	12	6
Pension	1	1	-	-	1	0.5
Foreign employee	3	3	1	1	4	2
Student	-	-	1	1	1	0.5
Total	100	100.0	100	100.0	200	100.0

Source: Field Survey, 2009.

From the above table, we come to know that the occupation between husband and wife is different. Husbands' occupations as listed are agriculture, service, business, daily wage, pension, foreign employee, and student. Husbands' occupation is also dominated by the agriculture. In 200 respondents' 147 respondents' husband is enrolled in agriculture occupation. There is no pension holder in municipality and no students in VDCs.

Respondents in VDCS are not intended to work in the student life and no pension holder in municipality interprets respondents' husband in municipality engaged in other than the services.

4.8 Ownership of Land by respondents

Ownership of land by respondents is represented in the dichotomous answers. For the Yes answer, size of the land in Kattha is asked.

Table 4. 8: Distribution of the Respondents by Land Ownership Status

Ownership of Land	VDCs		Municipality	
	Number of Respondents	Percent	Number of Respondents	Percent
Yes	13	13	27	27
No	87	87	73	73
Total	100	100.0	100	100.0
<i>Size of Land (in Kattha)</i>				
Less than 3Kattha	13	100.0		25
5 -8 Kattha	0	0.00	92.6	1
More than 8 Kattha	0	0.00	3.7	1
Total	13	100.0	3.7	27

Source: Field Survey, 2009.

From the above table, we know 13 respondents among 100 in VDCs have their own land and all of the respondents having their own land is less than 3 kattha.

Above municipal data shows only 27 respondents have their own land and women don't have their own land. Among the respondents who have their own land, 1 respondent has more than 3 kattha and one has 5-8 kattha and other 25 women have less than 3 kattha.

Respondents having their own land are few in VDCs than in municipality. Land ownership shows one sight of the women's empowerment and the decision making. Women's empowerment and the decision making is positive clue for the fertility behaviour.

4.9 Sufficiency of Income

Under the sufficiency of income, information of either sufficient or not is collected; if not sufficient, then asked the way of household management.

Table 4. 9: Distribution of the Respondents by Sufficiency of Income and Way of Household Management

Sufficiency of income	VDCs		Municipality	
	Number of Respondents	Percent	Number of Respondents	Percent
Yes	98	98	91	91
No	2	2	9	9
Total	100	100.0	100	100.0
<i>Way of household management</i>				
Agriculture/ Labor Wage	1	50.00	1	11.11
Service		0.00		
Business		0.00	1	11.11
Foreign Employee		0.00	6	66.67
Pension		0.00		
Others	1	50.00	1	11.11
Total	2	100.0	9	100.0

Source: Field Survey, 2009.

From the above table, we know that 98 respondents among 100 in VDCs have sufficient income for their living. First among the two insufficient respondents do the agriculture labor wage and 8 have others (handicraft).

Above municipal data shows 9 respondents have insufficiency of income for their living so 6 people have employed as foreign employment, 1 as agricultural labor wage, 1 business, and last 1 does others. In municipality, 91 respondents replied their income is sufficient.

The respondent in the VDCs are more satisfied with their income than in municipality. Insufficiency of income guide people to earn more and engage in various other occupations.

4.10 Source of Drinking Water and Sanitation situation

Source of drinking water is one of the indicators of the life style and sanitation. Different sources of drinking water is asked; they are tap, well, spring, river, pond, and others.

Table 4. 10: Distribution of the Respondents by Source of Drinking Water and Sanitation Status

Source of drinking water	VDCs		Municipality	
	Number of Respondents	Percent	Number of Respondents	Percent
Tap	76	76	100	100
Well	22	22	0	0.00
Spring	2	2	0	0.00
River	0	0	0	0.00
Pond	0	0	0	0.00
Others	0	0	0	0.00
Total	100	100	100	100.0
<i>Toilet facility</i>				
Yes	97	97	100	100
No	3	3	0	0.00
Total	100	100	100	100.0
<i>Type of toilet</i>				
Simple pit	39	40.2	0	0.0
Advanced pit	2	2.1	3	3
Concrete	51	52.6	89	89
Toilet with flush	5	5.1	8	8
Total	97	100	100	100.0

Source: Field Survey 2009.

From the following table, we come to know that the VDCs' people use tap in the majority in drinking water which is 76 in 100. 22 respondents use well water as the drinking water and two respondents use spring water to drink.

Among the 100 respondents 97 have their own toilet and have got toilet facility, among them 5 have got toilet with flush and 51 concrete, 39 simple pit, and 2 advanced pit.

All the municipal respondents use the tap water and all the respondents have their own toilet. 83 respondents use the concrete, 3 use the advanced pit, and 8 use the toilet with flush.

Here simple pit is a toilet which has simple pit and wooden pan. This kind of has open pit. Advanced pit toilet has a pit with covered pit and a pipe to go air out. Concrete toilet is a toilet and having ceramic toilet pan. Toilet with flush is a modern toilet with flush.

4.11 Age at First Menstruation

Age at first menstruation is the measure or the natural process of begin any women fertile or capable of bearing children.

Table 4.11: Distribution of Respondents by Age at First Menstruation

Age at first menstruation	VDCs		Municipality	
	Number	Percent	Number	Percent
<13 years	48	48	49	49
13-14 years	39	39	36	36
15-16 years	11	11	13	13
17 + years	2	2	2	2
Total	100	100.0	100	100.0
Mean age at first menstruation	12.44		11.41	

Source: Field Survey, 2009.

From the above table, we come to know that 48 respondents have their first menstruation in less than 13 years, 39 had in 13-14 years of age, 11 respondents had their first menstruation in age between 15-16 and 2 respondents had their first menstruation in age more than 17 years. For VDCs mean age at first menstruation is 12.44 age.

In municipality 49 women have their first menstruation in less than 13 years, 36 women had their first menstruation between 13-14 years, 13 women had their first menstruation between the age 15-16 years and 2 of them had at 17⁺. The average or the mean age at first menstruation is 11.41.

Municipal respondents have the quicker in the first menstruation than that of VDCs.

4.12 Age at Marriage

Age at marriage in this study responds the age at marriage.

Table 4. 12: Distribution of Respondents by Age at First Marriage

Age at marriage	VDCs		Municipality	
	Number	Percent	Number	Percent
<15 years	8	8	3	3
15-17 years	36	36	22	22
18-20 years	59	59	31	31
21-23 years	15	15	39	39
24 + years	5	5	5	5
Total	100	100.0	100	100.0
Mean age at marriage	18.6		22.3	

Source: Field Survey, 2009.

From the above table, in village most of the people in numbers 59 in 100 women marry in 18-20 years, only 5 women, marry in less than 15 years, 36 marry in 15-17 years and 15 of them marry between 21-23 years. Therefore, the mean age at marriage for VDCs has become 18.6 years.

From the above table shows in municipality 3 women marry in less than 15 years, 22 marry in 15-17 years, 31 married in 18-20 years, and 5 of them married at 24⁺ years and the highest no. of them, which is 39 marry in 21-23 years of age. The mean age at marriage is 22.3.

Respondents in the VDCs marry earlier and because of that they get the longer period of bearing the children. Therefore, the CEB in VDCs seems higher.

4.13 Age at First Birth

Age at marriage and the age at first birth relationship is the use of contraception.

Table 4.13: Distribution of Respondents by Age at First Birth

Age at first birth	VDCs		Municipality	
	Number	Percent	Number	Percent
Having birth	98	98	91	91
Not having birth	2	2	9	9
Total	100	100.0	100	100.0
<i>Age at first birth</i>				
< 18 years	18	18.4	5	5.5
18-20 years	39	39.8	21	23
21-23 years	27	27.5	34	37.4
24-26 years	11	11.2	20	21.9
27 years & above	3	3.10	11	12.08
Total	98	100.0	91	100.0
Mean age at birth	20.96		23.85	

Source: Field Survey, 2009.

Above table of the VDCs of age at first birth shows 98 in 100 have given birth and 2 have not. Among 98, 18 have given first birth in less than 18 years, 39 in 18-20, 27 have given birth in 21-23 years, 11 have given their first birth in 24-26 years, and only 3 women have in 27⁺ years. Mean age at first birth in VDCs is 20.96.

Similarly in municipality, 91 have given birth and 9 have not. Among 91 women, 5 gave their first birth at the age of 18⁻ years, 21 in 18-20 years, and 34 women in 21-23 years, 20 women in 24-26 years, and 11 women have given birth to their first child at the age of 27⁺ years. The mean age at first birth for the municipality is 23.85.

4.14 Children Ever Born

Children ever born are the total no. of children up to the time of field survey.

Table 4.14: Distribution of Respondents by Number of Children Ever Born

CEB	VDCs		Municipality	
	Number	Percent	Number	Percent
One child	12	11.76	21	23.08
Two children	43	42.14	52	57.2
Three	24	23.52	17	18.7
Four	16	15.68	1	1.1
Five or more	3	2.94	0	0
Total	98	100.0	91	100.0
Average CEB	2.87		2.21	

Source: Field Survey, 2009.

Following table shows the women having 1 child is 12, women having 2 child is 43, the women having 3 children is 16, and women having five or more children is only 3. The average CEB for the VDCs is 2.87.

From the above table; in municipality 21 women had only 1 child, 52 women have 2 children, 17 have 3 children, 1 woman have 4 children, and no women have five or more children. The average CEB for municipality is 2.21.

4.15 Living Status of Children

Living status of the children denotes the children left alive at the time of survey after the death of the children or without.

Table 4.15: Distribution of Respondents by Living Status of Children

Living status	VDCs		Municipality	
	Number	Percent	Number	Percent
<i>All alive ?</i>				
Yes	92	90.16	88	96.7
No	6	5.88	3	3.3
Total	98	100.0	91	100.0
<i>Total Deaths</i>				
One	2	4.4	2	2.2
Two	4	2.2	1	1.1
Total	6	6.6	3	3.3
Average deaths	2.3		1.41	

Source: Field Survey, 2009

From the table, we came to know that among 98 live birth 92 women had all their birth alive,, and 6 women have loses their birth after birth. Among 6 women, 2

women lost 1 child and 4 women lost 2 children, and the average mean for death is 2.2

Distribution of respondents by living status of children of municipality in table 4.28 shows 88 women had no any death of their children, and 3 women have had the death of their child. Among 3, 2 of them have lost 1 child and 1 has lost 2 children. The average death for the municipality is 1.41

More children die after their birth in VDCs than in municipality. This clearly shows the less nutrition, less health check-ups and other essential cares.

4.16 Status of Loss of Pregnancy

Loss of pregnancy is the fetal death or the death of the pregnancy before its birth.

Table 4.16: Distribution of Respondents by Pregnancy Collapse Status and Number

Pregnancy status	VDCs		Municipality	
	Number	Percent	Number	Percent
<i>Pregnancy loss ?</i>				
Yes	32	32	12	12
No	68	68	88	88
Total	100	100	100	100
<i>Total pregnancy loss</i>				
One	21	65.6	10	83.33
Two	8	25	2	16.67
Three	3	9.4	0	0
Total	32	100	12	100

Source: Field Survey, 2009.

Distribution of respondents by pregnancy collapses status and number in VDCs is high, which is seemed 32 or 32 women had collapsed their pregnancy among them 21 women have lost one time, 8 women have lost 3 time and 3 women have lost 3 times
 Distribution of respondents by pregnancy collapse status and numbers in municipality is 12. Among 12, 10 have lost only 1, and two have lost for 2 times. Total no. of women have not to lose their pregnancy is 88 for municipality.

Heavy losses of pregnancy in VDCs are because of the lack of the anti-natal and delivery care and regular health check-ups.

4.17 Heard of FP Methods

Heard of FP methods indicates if a women have heard about any method of family planning from any means.

Table 4.17: Distribution of Currently Married Women (Respondents) by Heard of FP and the Methods Heard

Knowledge on FP	VDCs		Municipality		Total	
	Number	Percent	Number	Percent	Number	Percent
<i>Heard of FP methods</i>						
Yes	98	98	100	100.0	198	97.6
No	2	2	-	-	2	2.4
Total	100	100.0	100	100.0	200	100.0
<i>Methods heard</i>						
Pills	41	50.6	24	61.5	65	54.2
IUD	4	4.9	-	-	4	3.3
Depo-Provera	43	53.1	21	53.8	64	53.3
Female sterilization	18	22.2	14	35.9	32	26.7
Male sterilization	8	9.9	4	10.3	12	10.0
Condom	38	46.9	19	48.7	57	47.5
Norplant	5	6.2	-	-	5	4.2
Kamal Tablet	9	11.1	1	2.6	10	8.3
Withdrawal	21	25.9	3	7.7	24	20.0
Safe period	3	3.7	-	-	3	2.5
All method	23	28.4	12	30.8	35	29.2

Source: Field Survey, 2009.

The distribution of currently married women, who have heard of FP methods in VDCs, is 98 i.e. only 2 respondents in VDCs have not heard about the FP methods. Most oftenly heard of FP methods in VDCs is Depo-Provera 43, and then Pills which 41 women had heard and then Condom, which 38 have heard.

All women in municipality have heard at least 1 method. The most frequently heard methods are Pills, Depo-Provera, and Condom which is by 65, 64, and 57 women respectively.

Pamphlets, wall paintings, television program, and the impact of FM radio is helpful for the universal in municipality.

4.18 Ever Use of Contraception

Ever use contraception indicates ever once used any method of contraception.

Table 4.18: Distribution of the Respondents by Ever Use of Contraceptives according to their Residence

Ever use of FP	VDCs		Municipality		Total	
	Number	Percent	Number	Percent	Number	Percent
Pills	64	79.0	23	59.0	87	72.5
IUD	2	2.5	-	-	2	1.7
Depo-Provera	34	42.0	13	33.3	47	39.2
Female sterilization	17	21.0	10	25.6	27	22.5
Male sterilization	11	13.6	2	1.7	13	10.8
Condom	38	46.9	19	48.7	57	47.5
Norplant	2	2.5	-	-	2	1.7
Kamal Tablet	6	7.4	-	-	6	5.0
Withdrawal	21	25.9	3	7.7	24	20.0
Safe period	6	7.4	1	2.6	7	5.8

Source: Field Survey, 2009.

According to the above table, the most widely used FP method in VDCs is Pills, Condom, and Depo-Provera which is 64, 38, and 34 women.

The municipal women most commonly use Pills, Condom, and Depo-Provera which is 23, 19, and 13 respectively.

CHAPTER V

FERTILITY BY SOCIO-ECONOMIC AND DEMOGRAPHIC VARIABLES

This chapter explains the effect of different socio-economic and demographic factors on fertility which is measured by mean number of children ever born to women of reproductive age 15-49 variable indicates for fertility.

5.1 Mean CEB and age of Respondent

The women of reproductive age are one of the demographic factors influencing fertility. It is expected that the age of married women increase the mean number of children ever born also increase. The results of the survey are presented in the following table.

Table 5.1: Mean number of CEB of the study population by Age of the Respondents

Age group	No. of Respondent		Mean number of CEB	
	VDCs	Municipality	VDCs	Municipality
15-19	2	3	1.4	1.2
20-24	27	24	1.8	1.3
25-29	18	19	2.6	1.5
30-34	17	18	3.1	2.3
35-39	24	28	3.3	2.8
40-44	8	6	3.6	3.1
45-49	4	2	4.1	3.3
Total	100	100	2.87	2.21

Source: Field Survey, 2009.

Note : The following procedure is applied to calculate CEB

$$CEB_a = \frac{B_a}{W_a}$$

Where, B_a = Total number of CEB by women in age group a

W_a = Total number of women in age group a.

CEB_a = Children Ever Born in age group a.

Table 6.1 shows that higher the age of respondents higher the number of children ever born. It also shows that the mean number of children even born varies by age of women. The highest CEB for 4.1 is reported by women of the age group 45-49 years in VDCs. The lowest CEB of 1.2 is reported by women of the age group 15-19 years in municipality. The difference of children ever born in the study area is found to be 0.2 years (lowest) in age group 15-19 and 0.7 years (highest) in age group 45-49.

The maximum number of the respondent is in the age group 20-39. this age group is supposed as the most fertile group in both VDCs and municipality.

5.2 Mean CEB and Education

Education of women is one of the main instruments for reduction fertility. Literatures have shows that educated women are more aware of the issue of their quality of children than non-education. Education has indirect impact upon fertility which indirectly reduces the level of fertility.

Table 5.2: Mean CEB of the Study Population by Education

Education	Cases		Mean number of CEB	
	VDCs	Municipality	VDCs	Municipality
Illiterate	26	9	2.62	2.66
Literate	74	91	2.93	2.20
Total	100	100	2.87	2.21

Source: Field Survey, 2009.

Table shows the effect of educational status of respondents according to mean children ever born. The above table shows that literate women have lower mean number of CEB than illiterate women. The higher mean CEB (2.66) in municipality is observed among women with no education and the lower mean CEB (2.20) in municipality is observed among women who are educated.

The difference between the CEB of literate is 0.73 and the difference between CEB of illiterate is 0.04.

5.3 Mean CEB and Sufficiency of Income

Income is another importance factor in differential. It is found that higher the level of income, lower the CEB which is shown below.

Table 5.3: Mean CEB of the Study Population by Sufficiency of Income

Sufficiency of Income	Cases		Mean CEB	
	VDCs	Municipality	VDCs	Municipality
Yes	98	91	2.11	1.89
No	2	9	3.52	2.45
Total	100	100	2.87	2.21

Source: Field Survey, 2009.

The above table shows that mean CEB is highest (3.52) for women who have not the sufficient income for their life. Similarly, mean CEB is lowest (1.89) for women who have the sufficient income for their life. Mean CEB (3.1) for women who have sufficient income for their life.

5.4 Mean CEB and Occupation

Occupation 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 below.

Table 5.4: Mean CEB of the Study Population by Occupation

Occupation	Cases		Mean CEB	
	VDCs	Municipality	VDCs	Municipality
Agriculture	85	59	3.91	3.19
Service	7	22	2.51	2.01
Business	1	8	2.14	1.84
Housewife	2	5	3.39	2.73
Student	5	6	2.31	1.42
Total	100	100	2.87	2.21

Source: Field Survey, 2009.

Above table shows that occupational status of respondent by children ever born. The highest mean CEB (3.91) in VDCs is observed among women who are engaged in agricultural activities, followed by Housewife (3.39). The lowest mean CEB (1.42) is observed among women who are student.

5.5 Mean CEB and Ownership on Land

Women have got rights to property but there is no implementation in Nepalese society. Many women are called by their husband's or son's name. They have no identity which may result their domination and suppression in the society. Respondents were asked whether they had own their own property especially the property of land.

Table 5.5: Mean CEB of the Study Population by Ownership on Land

Ownership on Land	Cases		Mean CEB	
	VDCs	Municipality	VDCs	Municipality
Yes	13	27	2.28	1.78
No	87	73	3.39	2.64
Total	100	100	2.87	2.21

Source: Field Survey, 2009.

Following table shows that, higher the proportion of the land and its monetary evaluation lower the CEB. In VDCs 13 women do have their land and their CEB is less and rest of the women does not have their own land and have the

grater number of CEB (3.39). In municipality, 27 women do have their land and their CEB is less and rest of the women does not have their own land and have the grater number of CEB (2.64)

5.6 Mean CEB and Child Loss Experience

Child loss (infant/child) is also an important factor in affecting fertility in developing countries. People want to replace that dead child by giving the next birth. So, women with higher child loss experiences have higher CEB. Many studies indicate that there is a positive relationship between child mortality and fertility. In study area also, the same relationship is found.

Table 5.6: Mean CEB of the Study Population by Child Loss Experience

Child mortality	Cases		Mean CEB	
	VDCs	Municipality	VDCs	Municipality
0	92	88	2.86	2.26
1	2	2	2.65	2.49
2	4	1	3.07	1.89
Total	98	91	2.87	2.21

Source: Field Survey, 2009.

Above table shows that higher the child loss experience, higher the mean number of children ever born. Women who have not experienced child loss reported lowest mean children ever born of 2.86. CEB in VDCs. There is 3.07 for those with 2 child loss experience. Women who have not experienced child loss reported lowest mean children ever born of 2.49 CEB in municipality. There is 1.89 for those with 2 child loss experience.

There seems that the no. of CEB increases when the no of deaths increases in VDCs but it is quite opposite in the case of municipality.

5.7 Age at Marriage and CEB

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 5.7: Mean CEB of the Study Population by Age at Marriage

Age at marriage	Cases		Mean CEB	
	VDCs	Municipality	VDCs	Municipality
10-14	8	3	3.89	3.44
15-19	42	22	2.36	2.41
20-24	39	39	2.24	1.34
25-29	10	31	2.96	1.66
30-34	1	5	2.91	2.20
Total	100	100	2.87	2.21

Source: Field Survey, 2009.

From the above table, we can see the negative relationship between the mean number of children ever born by age at marriage. The above table also figures out that higher the age at marriage, lower the mean number of children ever born. In VDCs, the highest mean number of children ever born 3.89 found for women who were married between 10-14 age group followed by 25-29 years (2.91). The lowest mean number of children ever born 2.24 found from also women who were married between 20-24 age group. In municipality, The highest mean number of children ever born 3.44 found for women who were married between 10-14 age group followed by 15-19 years (2.41). The lowest mean number of children ever born 1.34 found from also women who were married between 20-24 age group.

5.8 Mean CEB and Knowledge of FP

In this study, the knowledge of FP was tested by asking the question to eligible women by asking whether they have ever heard about the family planning methods and a complementary question was also asked about the use of contraception. Table 6.7 shows the relationship between knowledge and CEB to the eligible women.

Table 5.8: Mean CEB of the Study Population by Knowledge of FP

Knowledge of contraception	Cases		Mean CEB	
	VDCs	Municipality	VDCs	Municipality
Yes	98	100	2.59	2.21
No	2	-	3.14	-
Total	100	100	2.87	2.21

Source: Field Survey, 2009.

Following table shows that mean number of CEB lower for women who have knowledge of contraception than those who do not have knowledge of contraception. The above table shows that the mean number of CEB for women with contraception knowledge is 2.59 which is lower than that for those without knowledge (3.14) in VDCs and mean CEB of 2.21 for 100 percent knowledge having women. The mean CEB 2.87 is found for all respondents from VDCs and 2.21 from the respondent of municipality of the present study.

5.9 Mean CEB and Use of Contraception

Contraception is one of the most important factors to control the fertility. There is inverse relationship between contraception and fertility which is presented below.

Table 5.9: Mean CEB of the Study Population by Current Use of Contraception

Use of contraception	Cases		Mean CEB	
	VDCs	Municipality	VDCs	Municipality
User	54	83	2.51	2.19
Non-user	46	17	3.27	2.24
Total	100	100	2.87	2.21

Source: Field Survey, 2009.

Following table shows mean children ever born between users and non-users. The highest number of children ever born 3.27 is found for women who have not used contraception, children ever born is found 2.51 for women who have used contraceptive method in VDCs. The highest number of children ever

born 2.24 is found for women who have not used contraception, children ever born is found 2.19 for women who have used contraceptive method in municipality.

Chapter - VI

Summary of the Findings, Conclusion and Recommendation

1. Summary

This study covers 200 households. There are 987 people in the study area. The study is conducted in different VDCs and a Municipality of Makwanpur district focused on ever married women of reproductive age 15-49 years. This study has examined the socio-economic and demographic characteristic of VDC and municipality analyzed the relationship between fertility (CEB) and socio-economic, demographic variables. The present study is based on primary data collected from two types of questionnaires (household and individual). Household questionnaires are used for the head of households. Individual question are asked to all 15-49 years ever married women from the household.

The findings of the study are summarized as follows:

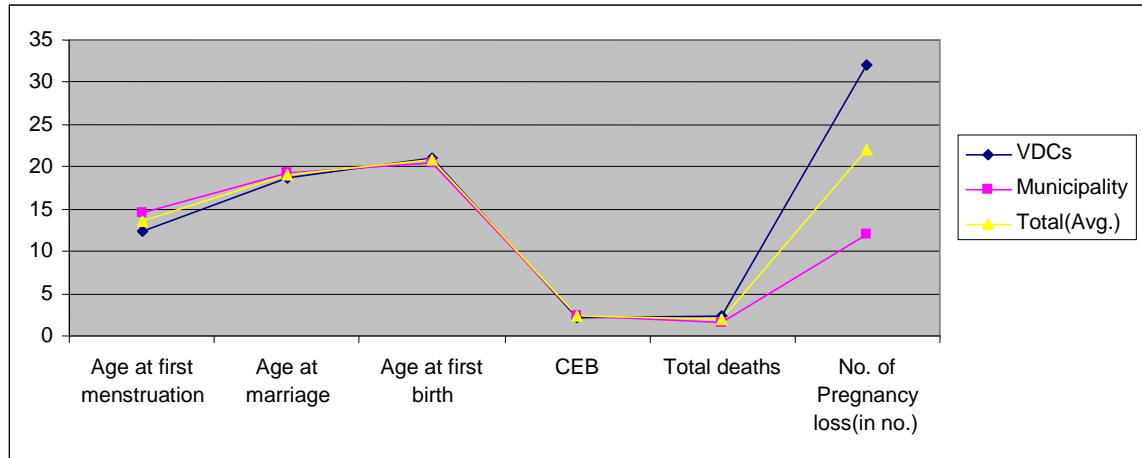
-) Among 200 households, there are 987 persons; out of them are males and females. The sex ratio of the study population is found to be 74.5 which are less than the national figure of 98.8 according to 2001 census.
-) Average size of family is large in both the study areas. Total household size is calculated as 5.9 in VDCs and 4.2 in Municipality.
-) Total number of the literate person in VDCs is 402 and 169 are illiterate, similarly in municipality total literate persons are 318 and 98 illiterate among the total population from 200 household.

-) There seems the number is high in the others caste and ethnicity because the caste and ethnicity only having number less than 5 is listed in others. Therefore there is high number in others category.
-) Majhi is zero in municipality and there are six Majhi respondents; which is also quite noticeable.
-) Only three religions are noticed. High numbers of the Christians are found in VDCs.
-) 74 respondents were literate in VDCs and 91 in Municipality, which is quite difference.
-) Village people are not targeted in business and the people who are engaged in service are very low in VDCs. Profession of agriculture in VDCs is 85 and 59 in Municipality.
-) It is contrast that the agriculture enrollment of husband. This shows that the husband in Municipality do not let their wives to work hard. Males' participation seems higher in Municipality in earning.
-) There is improvement in the land ownership of the women in Municipality than in VDCs. The women having land in VDCs is 13 and 27 in municipality.
-) It is very unobvious to find no foreign employee in VDCs and there are more income insufficient households in municipality than in VDCs.
-) The condition of drinking water and the toilet facilities are according to the expectation. Households drinking from the tap in Municipality are 100 and 76 in VDCs. 97 and 100 households have toilet facilities respectively in Municipality and VDCs.

-) Age at first menstruation is found low in Municipality than in VDCs. Average age for the first menstruation for VDCs is 12.44 and 11.41 for Municipality.
-) Huge gap is clearly shown between VDCs and municipality in age at first marriage. The age at marriage for municipality is 22.3 in average and 18.6 for VDCs.
-) There is approximate two years gap between marriage and first birth in VDCs where there is only one year gap between the marriage and first birth, which is quite distinctive where there is positive increment in all indicators.
-) The average total number of CEB for VDCs seems 2.87 where municipality counts 2.21.
-) More children die in villages than of the municipality; among 100, 6 die in VDCs and 3 in municipality.
-) Heard of any method of family planning is almost universal in both of the physical features of the Makawanpur district. Beside the fact, it is almost universal two respondent in VDCs have not heard about it.
-) Condom, pills and Depo-Provera are widely heard and ever used of the contraceptive in both kind of residence.
-) All the indicators and the variables are quite improved in municipality than in VDCs. As a result, there is a visible change in fertility (Fertility is measured by average number of CEB).

All the summary and the conclusion of different indicators are shown by the following diagram too.

Figure: 6.1 - Summary of the indicators



2. Conclusion

Rapidly growing population is one of the major characteristics of the population of Nepal. It is a bitter truth that 14% of people live in municipality and rest of others in VDCs. The CEB in the VDCs is more than in the municipality. There is improvement in the indicators like TFR in overall country or in the part of the country. On the one hand, truth of declining fertility but on the other hand rural area covering majority of population has less improvement.

Indicators like education, income, occupation, land ownership, child loss experience, age at marriage, knowledge on FP and use of contraception are taken as the basis of this study. The study has found the better condition of the indicators in municipality compared with the VDCs. Some of the

conditions are exceptional; for example, sufficiency of income and mean age at first menstruation.

Literacy, age at marriage, knowledge on FP and use of contraception is less in VDCs and rest of the others like CEB income, occupation (enrollment in agriculture), land ownership (not having land) and child loss experience is high. In both the residence equal no. of sample is taken.

To make the difference of 0.66 in CEB different variables have taken an important role; where the average no. of CEB is 2.87 in VDCs and 2.21 in municipality.

In conclusion the average no. of CEB is higher in VDCs due to the interplay of the various socio-economic variables.

3. Recommendations

6.3.1. Policy Recommendation

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

-) To reduce the fertility, early age at marriage of female should be discouraged. Incentive and disincentive programme should be launched to change in the attitude of society for decreasing age at marriage.
-) To reduce the fertility, informal education and family planning related awareness creation programme should be given for married women.

-) The women of study area have low income levels which increases the fertility. Hence programme should be launched to improve the economic status of those women.
-) Programmes related to child and maternal health should be introduced to reduce infant and child mortality. Besides this, programmes such as mass immunization, nutrition, child and maternal health care facilities, cheap medical facilities may help to reduce infant and child mortality.
-) Emphasis should be given to improve the educational level of women by education all girls of school going ages since the level of women's education is found effective. For this, the education should be free and compulsory for all girls.

To reduce fertility, there should be IEC service and availability of contraceptive methods in order to increase prevalence.

6.3.2. Recommendations for Future Research

This study examined the relationship by using some selected demographic and socio-economic variables (i.e. education, occupation, and age of women, level of income, age at marriage, child mortality and knowledge of FP etc.). Other socio-economic variables like cultural norms, value of children, religious belief and sex preference etc. could also be used to examine the relationship in future research.

Other demographic variable ecological, biological and psychological variable can be taken into consideration as future researcher issues.

It is very difficult to represent this big area by 200 sample size. Hence, further investigation needed in this area.

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Appendix 1: Questionnaire

Tribhuvan University
Central Department of Population Studies

[Note: Questions to be asked to currently married women of ages 15-49]

Household Questionnaire

A) Introductory Records

Code No. :

Date: / /

/

District: - Makwanpur

VDCs / Municipality: - *Multiple*

VDCs and a

Municipality

Ward No: -

Name of the Household Head:-

.....

Name of Respondent:

Caste/ethnicity:

Religion: -.....

Age (completed years):

B) Household Records

S.N.	Name of family members (01)	Relation with the HH head (02)	Sex		Age in completed year (04)	Marital status (05)	Literacy status (06) Lit. 1 Ill. 2	If literate, educational attainment (07)	Occupation (08)	Identification of eligible women by tick mark
			Male 01	female 02 (03)						
1										
2										
3										
4										
5										
6										
7										
8										

Note: Education is only asked to the people more than 5 years and marital status and occupation are asked to the people more than 10 years of age.

Related to Q. No. 02	Related to Q. No. 07	Related to Q. No. 05	Related to Q. No. 08	Related to Q. No. 3
01- Household head 02- Husband 03- Son/daughter 04- Sister-in-law 05- Father/mother 06- Father/ mother-in-law 07- Brother/sister 08- Nice/Nephew 09- Others 10- Brother-in-law	01- Class 1 02- Class 1 03- Class 1 04- Class 1 05- Class 1 06- Class 1 07- Class 1 08- Class 1 09- Bachelor degree 10- Master's & above 11- SLC passed 12- Intermediate 13- Bachelor degree 14- Master's & above	01- Unmarried 02- Married 03- Widow/widower 04- Separated 05- Divorced 06- Married but not living together	01- Agriculture 02- Service 03- Business 04- Household work 05- Daily wage workers 06- Pension 07- Dependent 08- Foreign employee 09- Student 10- Don't know	01- Pills 02- IUD 03- Depo 04- F. Sterilization 05- M. Sterilization 06- Condom 07- Norplant 08- Kamal 09- Withdrawal 10- Safe period 11- Others

Note: Literacy is to be asked to aged 6 years +, marital status to 10 years + and eligible women to ages 15-49.

Individual Questionnaire

Q.N.	Questions	Response Category	Skip
09	What is your date of birth?	Year <input type="text"/> Month <input type="text"/>	
10.	What is your completed age?	Year <input type="text"/>	
11.	Can you read and write?	Yes.....1 No2	—————→ Q. 16
12.	Which class have you passed?	Class passed <input type="text"/> No schooling99	
13.	What is your occupation?	Occupation <input type="text"/>	
14.	What is your husband's occupation?	Occupation <input type="text"/>	
15.	Do you have your land?	Yes.....1 No2	—————→ Q. 17
16.	If yes, what is the area of land?	Size of land <input type="text"/>	
17.	What is the main source of income in your family?	Agriculture 1 Service..... 2 Business 3	

		Daily wage workers 4 Pension..... 5 Foreign employee..... 6 Others..... 7	
18.	Is the income sufficient for your family?	Yes.....1 No2	—————→ Q.20
19.	If not, how do you manage your family?	
20.	What is the source of drinking water?	Tap 1 Well..... 2 Spout/Spring 3 River..... 4 Pond 5 Others..... 6	
21.	What is the source of fuel for cooking and lighting?	Firewood 1 LP Gas..... 2 Bio-gas 3 Bhuse Chulo..... 4 Solar energy 5 Electricity 6 Others (specify)..... 7	
22.	What are the facilities in your home?	Radio 1 TV 2 Electricity 3 Telephone..... 4 Computer..... 5 Others (specify)..... 6	
23.	Is there toilet facility at your home?	Yes.....1 No2	—————→ Q. 24
24.	If yes, what type of toilet do you have?	Simple pit1 Advanced pit2 Concrete3 Toilet with flush.....4	
25.	Is there female own property at household?	Yes.....1 No2	—————→ Q. 26
26.	If yes, how much?	Kattha <input type="text"/>	
27.	What was your age at first menstruation?	<input type="text"/> Year	

28.	What was your age at first marriage?	<input type="text"/> Year	
29.	Have you given any birth?	Yes.....1 No2 →	Q. 35
30.	What was your age at first birth?	<input type="text"/> Year	
31.	How many children ever born alive to you?	Son <input type="text"/> Daughter <input type="text"/> Total <input type="text"/>	
32.	Are all the children still alive that you born?	Yes.....1 → No2	Q. 35
33.	Have your any children died after the birth?	Yes.....1 No2 →	Q. 35
34.	If yes, how many have died?	Son <input type="text"/> Daughter <input type="text"/> Total <input type="text"/>	
35.	Are you pregnant now?	Yes.....1 No2 Don't know99	
36.	Is your pregnancy ever collapsed?	Yes.....1 No2 →	Q.44
37.	If yes, how many?	Times <input type="text"/>	
38.	Have you ever heard about family planning methods?	Yes.....1 No.....2 →	Q.44
39.	If yes, what methods have you heard?	Code of Methods <input type="text"/> <input type="text"/> <input type="text"/>	
40.	Have you ever used any methods?	Yes.....1 No.....2 →	Q.44
41.	If yes, what are they?	Code of Methods <input type="text"/> <input type="text"/> <input type="text"/>	
42.	Are you currently using any methods?	Yes.....1 No.....2 →	Q.44
43.	Which method are you using?	Code of Methods <input type="text"/> <input type="text"/> <input type="text"/>	

44.	By whose encouragement did you practice family planning?	Self1 Husband.....2 Family3 Neighbour.....4 Friends5 Media.....6 Others7	
45.	Do you want to use any methods in future?	Yes.....1 No.....2	
46.	In your opinion, what is the ideal number of children for a couple?	Son <input type="text"/> Daughter <input type="text"/> Total <input type="text"/>	
47.	Have you ever talked with your husband about the family size?	Yes.....1 No.....2	
48.	Do you want any more children?	Yes.....1 No.....2	→ Q. 51
49.	If yes, what is reason for your desire for more children?	Because of husband1 Own desire.....2 Family desire.....3 Fear of generation discontinuation.....4 Others (Specify)5	
50.	How many children do you want more?	Son Daughter Both <input type="text"/> <input type="text"/> <input type="text"/>	
51.	If you have any comments/suggestions about this study.	Stop

→ **Thank You** ←