CHAPTER I
INTRODUCTION

1.1 General Background of the Study

Fertility is one of the major component of population change. It is a biological process which is determined by socio-economic, cultural factors such as women education, age at marriage contraceptive health and employment. (Bongaart 1983)

Nepal is facing the problems of high fertility especially in different cast/ ethnic groups, characterized with distinct characteristics. The high fertility is also more pronounced in backward and depressed communities. Such as Kami, Damai and Sarki are so called lower cast group. Through communities who are backward in the context of economic social cultural educational and other conditions are known as Dalit community who are supposed to be untouchables. Among the total cast/ethnic group of Nepal about 20 percent are with in the Dalit community. (Manab Maryada 1999:4)

Demography is the statistical and mathematical study of size, composition and spatial distribution of human population and of change over time in this aspect through the operation of the five process of fertility, mortality, migration, marriage and social-mobility. (Bogus, 1969, cited in Harriet, 1997)

Fertility is standard English demographic uses which refers to the actual productive performance as measured in live births of a women, couples or population. According to the dictionary of demography 1985. "Live birth is the complete explosion or, extraction from its mother of a products of contraception irrespective of the duration of pregnancy, which after such separation breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord has been cut or the placenta is attached each product of such birth is considered live born."

Fertility behaviour is the process of giving birth, which is interacted with the ambient environment and the environment is different in different societies. Beside the degree of interaction of the environmental variables is different with

in 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 Kanitkar, 2003).

According to Hindu religious system there are main four caste ethnic groups. (Brahmin, Kshatriya, Vaisya, and Sudra) Religiously those caste were divided by the occupation. According to that Brahmans were for studying and worship to the god, Kshatriya were for fight and governance. Vaisya were for merchant and sudra were to do help for higher classes. Sudra were throught to be Achhut (untouchable) and their work was limited to the sanitation making shoes from lather, making dresses, playing traditional musical instruments in happy occupations. Making the many instruments from metals. Now days those studies are known as Dalit.

According to the Padam Bishwakarma, "The word Dalit is use in Nepal to identify a vulnerable and poor group of people who are discriminated against of the basis of their cast." It seems that realistic formulation by attribution vulnerability and poverty to caste discrimination. On the same line Bidya Nath Koirala, in his Ph.D dissertation schooling of Dalit of Nepal: A case study of Bungkot.

Dalit community says, "Dalit are the groups of people who are religiously, culturally, socially and economically oppressed, who could belong to different language and ethnic groups" (Koirala 1996). He also tries to justify that Dalit are categorized as lower castes and in lower position in social, cultural religious and so on spheres of social status.

In its etymological definition Hark Gurung says, "The term Dalit has close relationship with Nepali words dalai or dalnu which means to crush, exploit, oppress, or suppress." That expression can be applied to mean people who have been oppressed. The basis of such oppression, exploitation and exclusion of Dalits is caste discrimination.

However, the constitution of Nepal has declared not to have discrimination to any other cast and ethnic groups. The status of Dalit is still lower in Nepalese society. Socio-economically religiously, culturally and politically they are dominated by other caste and ethnic groups. The discrimination is gradually in the decreasing order with the development of the country. Dalit are basically lower occupational casts. In Nepal many sub-caste/ethnic groups such as Kami, Damai, Sarki Kumale, Meche, Mushar, Gaine etc. are with in the Dalit community. Among them Damai, Kami and Sarki have the larger number then other Dalit in Nepal. In the field of population studies their fertility behaviour is also being an obstacle for their all round develop and hence this study tries to expose the fertility behaviour of Dalit community in Nepal concentrating mainly on Damai, Kami and Sarki population.

In Nepal most people are illiterate. They do not know about the contraception to check the fertility and do not know about the effect of fertility, so fertility rate is high. Fertility is affected by religion. In Hindu culture son is only the person who care in old age and after death. So desire of son is high and it leads for the high fertility. Most of the people of our country are illiterate that's why they are far from the access of contraception and their knowledge few people are getting such facilities. They are also suffering of high rate of failure and it's take pregnancy couldn't be aborted easily because it is taken illegal. Now days it is made legal with some special conditions. So their is not provision of abortion of all types of unwanted pregnancies. As a result the number of birth is increasing then fertility is high. Generally the followings factors directly affected to increase fertility various factors are educational status, economical status, lack of awareness, towards fertility, contraceptive users, religious superstition, child marriage, re-marriage, contraception failure, unwanted pregnancy. In case of high fertility rate, development facilities cannot easily reach to all people. So people are going to be poorer day by day. Where the people are poor, the fertility rate is found atomically high. In the process of development the higher level of occupations are associated with lower level of fertility (Tuladhar, 1997).

Fertility is determined by the psychological factors and their interplay with cultural, economic condition social and modernization factors also societies and population sub-groups with in societies categories by their socio-economic characteristics have different level of fertility. Further more fertility is determined by various socio-economic and demographic variables. Also cast/ ethnicity, religion, cultures, occupation sex performance, age at marriage, use of contraceptive devices, women education etc. are affected the fertility behaviour of any groups and community. Dalit community is economically, educationally, politically, socially culturally background groups and characterized by high fertility. In Dalit community early marriage is persistent. In fact and child mortality rate is also higher in this community compared to other caste or community.

1.2 Statement of the Problem

Most of the developing countries of the world are suffer from high fertility. It creates many problems i.e. to manage occupation, education, reduce infant mortality and socio-economic problem.

Nepal is a agrarian country normally people tend to marry in early ages. The mean age at marriage in Nepal was male 21.4 years and female 18.1 years in 1991 and in 2001 the mean age at marriage male 21.9 years and female is 19.5 years (CBS, 2003). It shows that the marriage age is very early.

Nepal is one of the ethnically diversified country. There is multi ethnic and multi society in Nepal. The suffer of the backward and deprived society or group of Nepal. The problems of fertility is increasing population rapadly. There are 3914 VDCs in Nepal characterized as rular area fertility rate 5.1. (NDHS, 2006). In our country, the fertility trend in 4.1 and 3.1 per women. (NDHS 2006). It shows that the fertility rate is high but mortality is low because of medical treatment.

Nepal is multi-case and multiethnic group country. Among them Dalit is major one the percentage of Dalit is about 15 percent people of Nepal's population and about 9 percent was constituted only by Damai, Kami and Sarki combinely

of the total population in Nepal in 1991 census. They belong to fourth level among the cast ethnic groups in Nepal (CBS, 1995).

According to 2001 census the literacy rate of the Kami is 41.27, Sarki is 38.33 and Damai/Dholi is 43.53 percent of the total population. They are socio-economically and politically depressed and dominated ethnic group of Nepal. That's why their fertility condition has depended on their socio-economic and demographic circumstances.

Most of the Dalit communities are poor economical, political, educational and social condition in the study area. The increasing number of their children is unknowingly being the over burdens for them and decreasing their economic status. However, they want to overcome their poverty problem producing more children as economic assets to earn more money by working and feeding strong by the large number of in this community. They do not feel that we should reduce our numbers of children for economical and social prosperity. They will have higher fertility level. So how to reduce the higher fertility performance of Dalit community and how to provide formal education are the main challenges of the study area.

The central causes for the rapid increase in fertility are low age at marriage, lack of knowledge of use of contraceptive devices, likewise employment is also other variables, their traditional occupation, agricultural workers low level of incomes, domestic worker etc. and poor community participation which are high affected by social economic, religious and biological behaviours. All these factors must be taken into account to explain socio-economic and demographic impact on fertility of Dalit community that's way, it must be reduce in reasonable extent and that is possible through the socio-economic status of people and effective implication of family planning programme.

There are several studies related to fertility behaviour in different community or, groups but there is no study arrived out on Dalit community of Salkot VDC 9 (Tokma). So that the study mainly focus on socio-economic demographic characteristics of fertility in Dalit community.

1.3 Objectives of the Study

This research focus on the fertility behaviour of the (15-49) years age group of currently marriage women on CEB. For the fulfillment of this general objectives, following specific objectives are included.

i) To analyze the socio-economic and demographic characteristics of Dalit community in Salkot VDC 9, Tokma.

ii) To assess the level of fertility knowledge of family planning among the Dalit women in the study area.

iii) To examines the relationship between child ever born and specific socio-economic and demographic variables such as education, occupation, income, age at marriage etc.

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 prevailing in Dalit community. It is obvious that better understanding of fertility regulating behaviour is necessary in order to have control upon the fertility.

There have been a number of studies conducted at the national level but the Dalit community of Salkot VDC 9, Surkhet are very little about them. However they inhabit in the village mixing with other caste, they have different level of norms and values which might an impact on their fertility behaviour.

This study fertility behaviour of Dalit community will be very important even for the concern people and agencies NGO's/INGO's and policy, makers for formulating plans for the development activities related to fertility behaviour. Beside the study will be more helpful for future researchers social workers and politicians of the country.

1.5 Limitation of the Study

This study has the following limitations:

- The study have only based on fertility behaviour of Dalit community of Salkot VDC 9 of Surkhet district.
- The study is based on some selected variables to describe the status of women and it's relationship with fertility.
- The respondents of this study are currently married women of reproductive age (15-49) years.
- This study is based on the demographic and socio-economic variables are the concerned to explain the fertility behaviour in terms to CEB (fertility).

1.6 Organization of the Study

This study is organized in to six chapters. The first chapter covers introduction, which includes general background of the study, statement of the problem, objectives of the study, significance of the study, limitation of the study and organization of the study. In the second chapter deals with literature review in which theoretical literature and empirical literature and conceptual framework.

The third chapter is about methodology, under this chapter background of the study, research design, sampling procedure of sample size, sources of data, research tools, data collection techniques, data tabulation and analysis and selection of variables.

The socio-economic characteristics of respondents are describe in fourth chapter. Where is detail profile of currently married women age (15-49) years.

Chapter five describes about fertility behaviour of the respondents with various socio-economic and demographic variables that affect the CEB in reproductive ages currently married women in study area.

Finally (at last) the chapter six consists of summary of findings, conclusion, and recommendation.

CHAPTER II

REVIEW OF LITERATURE

Fertility is one of the major components of population change. Human fertility growth is an interesting topic in population study only after Malthus (1766-1834 cited in Asha). It might be the great problem for the world because productivity can't increase as the increment of population and at that time people will be distressed with starvation and poverty. Many scholars have been devote to examine the inter relationship between socio-economic determinants of fertility that has consequences on the reproductive behaviour of women in society.

2.1 Theoretical Literature

There are various theoretical and empirical literature requiring in the study of fertility. Different theories and models are developed to describe fertility with relating different variables. Various assumptions and models are including to control over it. Fertility determined by different physiological factor and they interplay with social, cultural, demographic, economic, modernization factor.

Fertility behaviour of any groups and community it affected by cast, ethnicity, religious, cultures, women's education, sex performance, use of contraceptives, occupation, age at marriage. In the case of those variables Brahmin, Chhetri and Newar have lower fertility then other ethnic groups. (Risal and Shrestha 1989)

According to John Bongrats, the proximate determinants of fertility are the biological and behavioural factors through which social, economic, psychological and environmental variables affect fertility. Bongaarts (1983) has indicated seven set of proximate determine variables affecting fertility they are marriage and marital disruption onset of permanent sterility, duration of post partum infecundibility fecundability, use and effectiveness of contraception. Induced abortion and spontaneous intrauterian mortality.

The four proximate determinants which are proposed by Bongaarts are main determinants to reduce the fertility in Nepal the are proportion marriaged, contraception, post Partum infecundability and abortion (MOPE, 2000)

Becker (1960) put forward his theory based on the argument that fertility behaviour is the result of household choice. Becker considered children to be the same as household commodities and argued that the household choice of fertility is made in the same manner as in the case of purchases of unable goods Becker's argument was that if knowledge of birth control method were widespread fertility would be directly related to the income of the parents.

Easterline (1983) analyzed human fertility behaviour in systematic manner which status that parents are more concerned about the number of children rather than number of birth. In conclude that motivation attitude and access are the three important factors influcing adoption of fertility control.

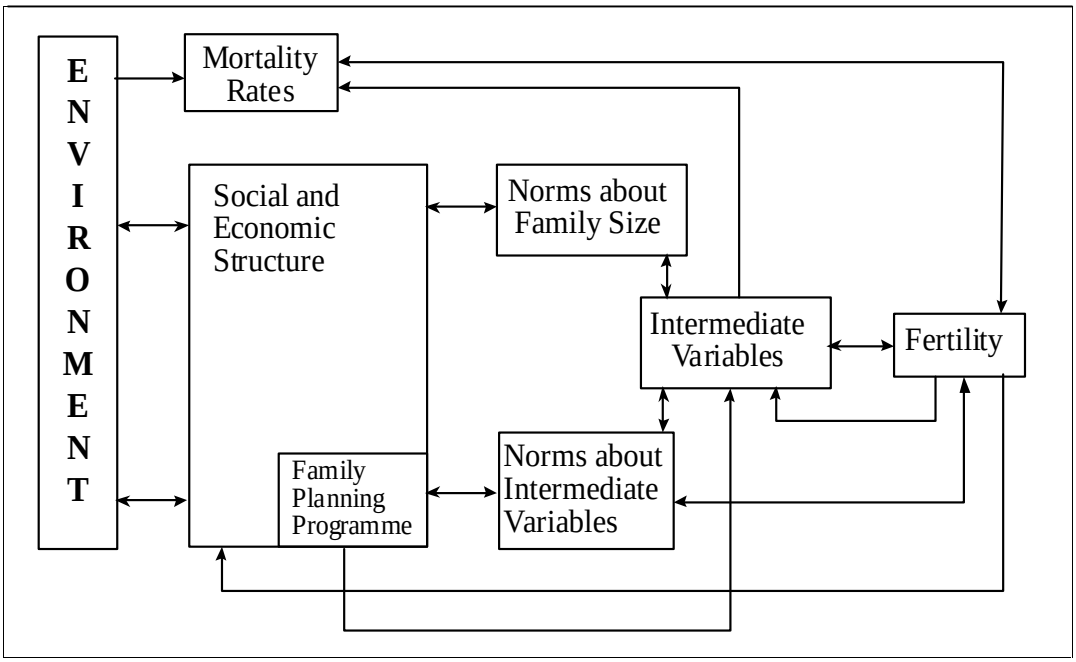
Davids and Blacke (1956) presented a framework which focus on the Industrial Mechanism in Society and lists eleven intermediate variables through which any factor, such as biological, social, psychological or cultural must operate upon individual fertility in an under developing society, four of eleven intermediate variables: age at entry into sexual union permanent celibacy, contraception and sterilization have high values which tend to keep fertility high.

Dahal analyzed the determining factors of high fertility and found that Nepali society high economic and social value of children, low education and social value of children, low education and social status' of women poor and in sufficient nutritional intake, health, inaccessibility of quality in Nepal (Dahal 1992).

The theory of diffusion of cultural pointed out that the decline in birth rate in western countries was due to change on values and attitudes towards reproduction resulting in the deliberate use of methods of birth control. This includes contraception abortion and voluntary abstinence (Bhande, 2003).

Ronald Freedman's (1975:1-21) basis of argument is that the intermediate variable are not always used to limit fertility and often their effect on fertility is an unintended result of cultural patterns. He introduced two types of norms in his model, namely (I) Norms about family size (2) Norms about intermediate variable. This model helps us to understand the sociological framework (Cited in Tuladhar, 1989:39-44)

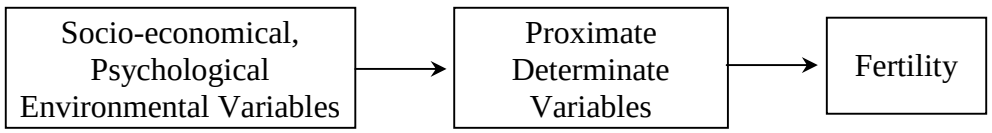
Figure No. 2.1 : A Social Framework for the Study of Fertility



Source: Freedman, 1975, p, 15.

Bongaarts further gave and approach of proximate incorporating only four main variables namely, proportion married use of contraception, postpartum amenorrhea and included abortion that are directly related to fertility. Bongaarts and Davis and Blacke fairly supports the view that changes or improvement in the socio-economic condition of the people bring improvement in the demographic characteristics of population. According to framework socio-economic changes affected fertility though the intermediate variables or proximate determinants. This type of relationship between fertility and socio-economic changes indicates the existence of indirect relationship of fertility change with socio-economic variables. Bongaarts and Potter, 1983).

Figure No. 2.2 : Proximate Determinate Framework for the Study of Fertility



Source: Ross, 1982, P, 276

2.2 Empirical Literature

2.2.1 Education and Fertility

Education and fertility directly related to each other. It is one of the important indicators of social development. High level of literacy is considered to be important factor in the process of modernization. There is an inverse relationship between education and fertility.

ICPD 1994 in its chapter eleven revels that the education is a key variables is sustainable development. Education helps to reduce fertility, morbidity and mortality. The increase in the education of women and girls contributes to women's empowerment to postponement of marriage and to reduction in fertility size (UN 1994).

In Nepal, women with no education have 3.8 CEB; primary education 2.4 and secondary have 2.1 only. Similarly, CEB of an women whose husband is illiterate has 3.6 with primary education 3.1 and with secondary 2.7 (Acharya, 2000).

The total literacy rate increased from 23.3 percent in 1981 to 39.6 percent in 1991 and in 2001 census the total literacy rate is 54.1. The male literacy rate was 34 percent in 1981 and female literacy rate was 12 percent. Mover 1991 the male literacy rate was 54.4 percent and female literacy rate was 25 percent. In 2001, the male literacy rate is 65.5 percent and female literacy rate is 42.8 percent of the population aged 6 years and above (CBS, 2003).

Singha, shows that the husband's education has 20 percent effect on fertility while mother's education has more than double effect then father's education on the fertility. Education has played vital rote to reduce fertility.

2.2.2 Occupation, Income and Fertility

Nepal is an agriculture based country. A large proportion of the country's labour force is involve in agriculture with very small proportion is in non agriculture sector. In Nepal 90 percent of the economically active female population is engaged in agriculture. Where as less than one percent of the works as professional and technicians. Even through employed in professional and technical sectors are lowered level and low paid job.

Occupation of the husband has been widely recognized as one of the influencing factors on fertility. Relating high fertility has been associated with agriculture and lower rate of fertility has been associated with professional class in urban industrial country (UN 1973).

The professional worker have mean age at marriage of 19.8 years Administrative workers having mean age at marriage 20.2 years. Lowest mean age at marriage of 17.1 years is found for the women who work in farm and agriculture (Risal and Shrestha 1989). The CEB for not working was 3.2, 3.3 for agriculture and household and 2.9 for non-agricultural women (Acharya, 2000).

The negative association between occupation and fertility have been appeared in several studies. It is generally accepted in process of development that higher level of occupation are associated with lower level of fertility.

2.2.3 Age at marriage and fertility

Age at marriage is also one of the determinants of fertility. In Nepal there is also inverse relationship between age at marriage and fertility. In Nepal, age at marriage is found to be lower for females was 15.4 years and 19.5 years for males in 1991 (MOPE 2000). Nepalese society does not allow the sexual union of unmarriage people. So marriage is the most essential in our society. This

country is multi cultural multi-religious and multi ethnic society. By different custom age at marriage and CEB are different. (CBS 2003)

It is found that there is a difference in the mean age at marriage of illiterate and literate women. The better educated women tend to prefer a smaller family than that of less educated ones. Quite substantial differences between women belongs to lower and higher educational categories are observed for Colombia, Nepal, Pakistan and Thailand (UN 1981).

Marriage is compulsory for all man and women in Nepal for women besides the social need to produce progeny marriage is also seen as a primary means of lively hood for women in all most all communities (Acharya and Bennett, 1981, Gurung, 1999).

Acharya (1993) observed 13.4 age at marriage for the women with 5 children ever born compared to 17.1 age at marriage for the women with 2 children ever born. The correlation between age at marriage and CEB was found to be 0.4172 in a study in village of Western Nepal. Even in 2001, 94 percent of the women and 81 percent of the men were married before they reached the age of thirty. Nearly 2 percent of the 10-14 years girls and 33 percent of 15-19 years girls were already married. (Acharya, 2003 : 222)

We found the above research the age at marriage has been proved as one of the important factor responsible to determined the level of fertility. To reduce the high fertility level encourage the age at marriage.

2.2.4 Child Loss Experience and Fertility

There is strong relationship between fertility and survival of children, due to poor health condition, more children are dying and the risk of dying is still aggravated, if they are born to very younger or older mother. If they are also born after interval of their mothers already have many children. Women with higher child loss experiences had higher CEB. Women with an experience of no child loss had 2.5, those with one child loss had 4.3 and those with two or

more child loss had CEB 6.5. A steep increase in CEB, for cases of two or more daughters or sons dead is evident. So women with higher child loose experience had higher CEB (Acharya, 2000).

Lower chances of survival of children the higher will be the level of fertility. Where the incidence of infant and child mortality is high, parents will incline to produce more children than necessary to ensure survival of at least a few in to adulthood. In this connection, it is highly hypothesized, that higher the infant and child mortality rate of a state, the higher will be the fertility of the state (UN 1996 cited in Gautam 2009).

Kondel (1977) exhibited a strong correlation between level of infant morality and fertility from the date of nineteenth century Germany. Among the pre-industrial European as similar as the present population situation of Nepal, an infant death is typically related to shortening the time taken until the next birth.

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

The current estimate of child mortality in Nepal is 28.6 indicating that of the 100 babies serving to age one, 28.6 percent die before they reach the age of five. In a likewise manner under 5 mortality is 961.2 indicating that of the 1000 children born today 91.2 will die before reach the age of 5 and infant mortality IMR is estimated 64.4 per 1000 live birth. (Karki, 2003).

2.2.5 Family Planning and Fertility

Family planning service in Nepal started around 1958 through non-governmental sectors. The use of family planning service variables with the level of education as well as place of residence. Education and mass-media played important roles in the use of family planning services. Family planning

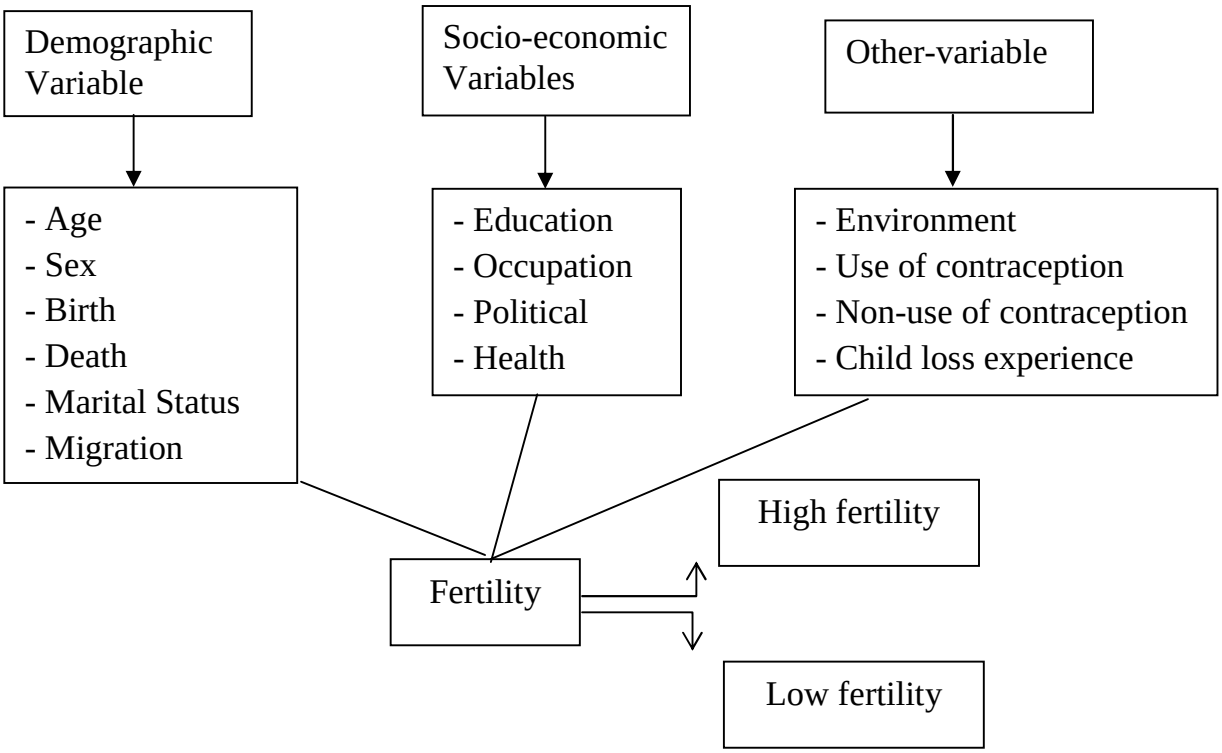
services are still not readily available to eligible couples. The proportion of inmate population is very high. Knowledge of contraception among currently married women is 97 percent (Pradhan at 1996) but their use is very low. Eventhough, contraception irevalence rate (CPR) is increasing trend in every NDHs, CPR was 28.5 in 1996, 39.3 in 2001 and it reaches 44.2 in 2006 which trend shows that higher the contraceptive prevalence rates lower the fertility.

Various studies in the past have shown that use of contraception has a strong negative association with fertility. It is accepted that contraceptive was principal variable responsible for the shift of high fertility to low fertility during the later nineteenth century in many countries (UN, 1973). Similarly, contraceptive use was considered as one of the aggregate level of fertility (Bongaart and Potter, 1983).

2.3 Conceptual Framework

The study of fertility behaviour of Dalit community is very complex phenomenon, which is justified by proceeding discussion of various literature. The proposed framework will be tested empirically in the following analysis and presented in subsequent chapters.

Conceptual framework for analysis



This conceptual framework deals with different socio-economic and demographic variables showing the relationship with fertility (CEB) of Dalit community of study area. Education, occupation, income, religion, cast/ethnicity etc. are the socio economic variables they directly impact the fertility in one hand and another hand, these demographic variables affect the age at marriage, death, sex and migration etc. also directly affect the fertility (CEB) of study area knowledge and use of FP method directly affects the fertility.

CHAPTER III
RESEARCH METHODOLOGY

3.1 Study Area

This study has been conducted in Dalit community in Salkot VDC 9, Tokma, Surkhet district it lies in mid-western region of Nepal and lies in one municipality and 51 VDC in Surkhet district of Nepal. This VDC is situated 42km far from the Birendranagar municipality in western direction. The VDC is adjoining with Babigachaur VDC in the west, Pokhari Kanda VDC is the east Chhapre VDC is in the north and Babiyachaur and Pokhari Kanda VDCs are lies in the south. There is a high secondary school and one PHC in the VDC.

There are different caste and ethnic and religious group of people having different socio-economic and demographic characteristics living in Salkot VDc ward no. 9, Tokma only. There is no study has yet been conducted on the fertility behaviour of Dalit community. Which is necessary to know the level of fertility situation of this community. This study is focus Dalit community, which is backward in socio-economic and demographic aspects. According to census data 2001 the total population of Salkot VDC was 6717 with 3214 male and 3053 female. Among them 1920 population were Dalit. Most o the Dalit community are situated in Salkot 9 (Tokma). It is called kasera gaune.

3.2 Sampling Design

This study is based on primary data collection of Dalit community in Salkot VDC 9, Tokma. In the study area total household were studies by using census method then the researcher responded with currently marriage women age (15-49) years who were bear at list one child with one women respondents from one household. This study is based on field survey in order to fulfill specific objectives of the study. The research was analysis mainly depend up on the primary data which was collected by direct meeting with the survey questionnaire. The research is on the socio-economic and demographic impact on fertility behaviour of Dalit women. Fertility behaviour is examined to the

number of CEB by correlating with age at marriage, education, child loss experience, occupation, family planning and use of contraceptive methods. There are two types of questionnaire which has been designed according to the objectives of the study.

3.3 Source of Data

This study is based on the primary data collection only from the field survey. The respondents are currently marriage women age (15-49) years of Dalit women. Structure and semi-structure questionnaire were used for the collecting information of the fertility behaviour of Dalit community using interview method of each of the selected respondents. Other necessary data were collected from secondary sources.

3.4 Research Tools

The research tools is questionnaire:

i) Household questionnaire

ii) Individual questionnaire

3.5 Data Collection

The questionnaire has been designed to measures the fertility behaviour of Dalit community of Salkot VDC 9, Tokma, Surkhet. The data has been collected by administering questionnaire schedule through direct interview with identified individual household members.

3.6 Tabulation and Classification of the Data

All the collected data from the field survey has been coded and entered in statistical tools. The number and percentage are presented in simple tabulation or, cross tabulation according to the necessity to fulfill the objectives.

3.7 Analysis of Data

The crude data were collected from structured questionnaire. The collected data were analyzed against the variables determined. The completed fill up questionnaire were checked to remove the possible error and inconsistencies in the field. The completed questionnaire were edited (data entry, processing, tabulation etc.) checked and coded before they were entered in to the computer and tabulated as per the need of study.

The collected data were complied and tabulated on simple table and cross table with analysis and interpretation was done on the basis of statistical method, e.g. number, frequency, percentage, mean, standard deviation and presented in the form of table, pie chart, etc. according to the necessity to fulfill the objectives.

CHAPTER IV
SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS

This chapter deals with the socio-economic and demographic characteristics of the study population in Salkot VDC Ward No. 9, Tokma.

In this study the total population are found native born. According to research the total population is found 716. Regarding the total population by sex, the study found 49.16 percent (352) are male and 50.84 percent (364) are female with sex ratio is 96.70 percent. Child dependency ratio is 76.86 percent and old dependency ratio is 7.20 percent. The average family size 6.3 per household. Most of the people are followed Hindu religion. The majority of populations are engaged in agriculture sector. Out of the total population 48.27 are illiterate and 57.72 percent are literates 6 years and above.

4.1 Household and Socio-Economic Characteristics

4.1.1 Age Sex Structure

Age sex provides the information of person in different age groups at a particular period. Age sex structure of population is the important variables in the study of population dynamics. The age sex structure of population is present in table.

Table 4.1.1: Distribution of the Household Population by Age and Sex

Age Group	Male (%)	Female (%)	Total (%)	Total	Sex Ratio
0-4	15.64	16.72	16.20	116	90.16
5-9	14.24	14.72	14.38	104	99.59
10-14	11.28	11.6	11.45	82	95.23
15-19	8.82	8.17	8.51	61	103.33
20-24	7.12	6.48	6.84	49	104.16
25-29	6.90	6.27	6.56	47	104.34
30-34	7.65	7.06	7.40	53	103.84
35-39	7.12	6.82	6.99	50	100.0
40-44	6.82	6.50	6.56	47	104.34
45-49	4.76	4.20	4.47	32	106.25
50-54	3.37	3.73	3.63	26	85.71
55-59	2.56	3.42	2.93	21	75.00
60 +	3.72	4.23	3.91	28	86.66
Total Number	352	364		716	96.70
Total Percent	100.00	100.00	100.00		

Source: Field Survey, 2009.

Table 4.1.1 shows that the highest proportion of population is found in age group (0-4) 15.64 percent in the same way 14.38 percent is found age group (5-9) and 11.45 percent is found age group (10-14). It's indicates that higher proportion of population is in lower age group which is result of higher fertility. The lowest proportion of population is found in older ages shows the low life expectancy at birth. In this table the male population is 49.16 percent and female population is 50.84 percent. The sex ratio is 96.70 male per 100 women.

4.1.2 Religion

Nepal is a multi religious country. In Nepal most of the people are Hindu. According to the census 1991, 86.50% and 2001 80.61% people are Hindu. In the second position Buddha are 10.74%, Islam are third position, they are

4.196% (Census, 2001). But in the study area, there are only two types of religion Hindu and Christian. The table shows that the percentage distribution by religion of the households

Table 4.1.2: Percentage Distribution of HHs by Religion

Religion	Respondents	Percent
Hindu	109	94.78
Christian	6	5.22
Total	115	100.00

Source: Field Survey, 2009.

Table 4.1.2 shows that 94.78 percent people are Hindu and only 5.22 percent people are Christian. In this study area only 6 household adopt Christianity.

4.1.3 Caste

Nepal is a multi-casts, multi-cultural, multi-religious and multi-language country. There are various cast and religious groups. But in the study area, there are only two types of casts are presented in table 4.1.3

Table 4.1.3: Percentage Distribution of HHs by Caste

Caste	Households	Percentage
Kami	111	96.52
Damai	4	3.48
Total	115	100.00

Source: Field Survey, 2009.

Table 4.1.3 shows that the highest proportion of the households are Kami community which is accounted for 96.52 percent and only 3.48 percent household are Damai community.

4.1.4 Dependency Ratio

Dependency ratio means number of person who is supported by population of working age. It is obtained by dividing the total dependent population by total working age population multiplied by hundred.

Table 4.1.4: Dependency Ratio by Age and Sex of the Household Population

Dependency	Dependency Ratio	Total No.
Child Dependency	76.86	299
Old Dependency	7.20	28
Total Dependency	83.06	327

Source: Field Survey, 2009.

Table 4.1.4 shows child dependency ratio is 76.86 and old dependency ratio is 7.20 percent. The total dependency ratio is 83.06 percents depend upon hundred persons of working ages. According to census 2001 the total dependency ratio of Nepal is 84.7 person per 100 of working age (CBS, 2001).

4.1.5 Educational Status

Education is a major component of the basic requirement for the social, political and economic development. Education plays vital role in the socio-economic status of community, which governs all aspects, of the human life. The question about education attainment is asked only to the person aged 6 years and above.

Table 4.1.5: Distribution of the Households Population by Educational Status

Educational Status	Male (%)	Female (%)	Total (%)
Literature	63.11	41.31	51.72
Illiterate	37.30	58.69	48.28
Total Number	263	288	551
Total Percent	100.00	100.00	100.00

Source : Field Survey, 2009.

Figure 4.1: Distribution of the Educational Status of Households Population

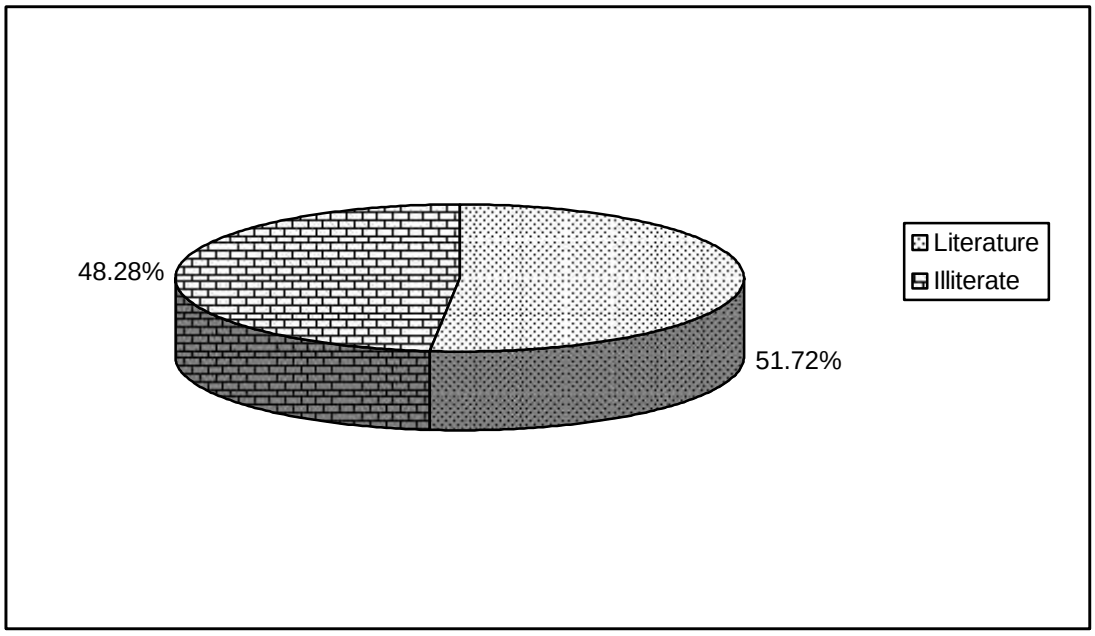


Figure 4.1 show that the literate people are 51.72 percent. It indicates that nearly 50 percent above are literate and the table shows illiterate people are 48.28 percent of the study population above 6 years. But, according to sex wise, percentage of males who are literate is much higher then females.

4.1.6 Marital Status

Marriage is a social phonomenon is our Nepalese society. Which is most important factor in population dynamics as it affects fertility. It has important role to determined the fertility. In the total population out of the total population, 496 were found aged ten years and above.

Table 4.1.6: Percentage Distribution of Households Population by Sex and Marital Status

Marital Status	Male (%)	Female (%)	Total (%)
Single	32.50	31.92	32.05
Married	66.20	65.85	66.13
Widow/widower	1.30	2.23	1.82
Total Number	247	249	496
Total Percent	100.00	100.00	100.00

Source : Field Survey, 2009.

Table 4.1.6 shows that out of the total population 66.13 percent are married and 32.05 percent are single. the widow and widower population are 1.82 percent in the study area.

4.1.7 Occupational Status

Occupational status is an another factor which refers the socio-economic status of a person and fertility. The questions asked only to the age 10 years and above by sex percentage. Distribution of households population by occupational status according to sex.

Table 4.1.7 : Percentage Distribution of Households by Sex and Occupational Status

Occupation	Male (%)	Female (%)	Total (%)
Agriculture	57.52	78.32	68.00
Daily/wage/labour	16.75	9.60	13.30
Service	8.24	0.80	4.40
Others	17.49	11.28	14.30
Total Number	247	249	496
Total Percent	100.00	100.00	100.00

Source : Field Survey, 2009.

Table 4.1.7 shows that most of the people are involving in agricultural sector. The table shows 68 percent are engaging this sector. The females population engage more then males. It shows that 13.30 percent people are engaging in daily wage in this occupation where as males are higher then female. In the same way 4.40 percent are engaged in services and 14.30 percent people are engaged in other sectors. Others sectors refers household work business, students etc.

4.1.8 Living Status

Respondents were asked whether they are living currently in their own house or, not. The responses are tabulated in the table.

Table 4.1.8: Percentage Distribution of Household by Living Status

Living Status	Households	Percent
Own house	108	93.91
Others	7	6.09
Total	115	100.00

Source: Field Survey, 2009.

The table shows that 93.91 percent respondent are living in their own houses where 6.09 percent are in others house which not paid. In the study area, total houses are made up woods and stones.

4.1.9 Land Holding Status

The land holding status is also important aspect among the several questions which is required for respondents to check the economic status.

Table 4.1.9: Percentage Distribution of Households by Land Holding Status

Land Holding Status	Households	Percent
Holding land		
Yes	109	94.78
No	6	5.23
	115	100.00
Land size in Ropani		
≤ 2	32	29.36
3 - 5	49	45.00
6 - 9	20	18.30
10 and above	8	7.34
Total	109	100.00

Source: Field Survey, 2009.

Table 4.1.9 shows that the landholding people are most of the people have little land and some respondents have no own land.

The land size is very little 29.36 percent of the respondents have less then and equal to 2 ropani, 3-5 ropani have 45 percent 6-9 ropani have 20 percent and 10 and above ropani have 7.34 percent. The land is not sufficient to feed the family members may have cultivated other land to support the family and most of the people spent a lot of money for their feeding.

4.1.10 Household Income

It is very difficult to find out the actual income. Because some want to expose more then they have but some want to underestimate their income and some tell more expanse then their income. The respondents were asked to tell clearly taking time. Researcher has tried to collect the data on income of the respondents household which is presenting in table.

Table 4.1.10: Percentage Distribution of the Household by Monthly Income

Monthly income	No. of Household	Percent
< 1000	20	17.40
1001-2000	12	10.43
2001-3000	18	15.65
3001-4000	42	36.52
4001-5000	9	7.82
5001 and above	7	6.09
Don't know	7	6.09
Total	115	100.00

Source: Field Survey, 2009.

Table 4.1.10 shows that the monthly income is very poor in this community. <1000 is only 17.40 percent, 3001-4000 monthly income, 36.52 percent of the total selected household and 5001 and above monthly income only 6.09 percent some 6.09 percent household can't give their monthly income.

4.1.11 Household Facilities

Household facilities also indicate the economic status of a family. Where economically well off. Family may be better off in other aspect too. In the researching process the respondents about the availability of some important media and facilities in their home are tabulated.

Table 4.1.11: Percentage Distribution of the Household Facilities

Facilities	No. of Households	Percent
Solar electricity	7	6.09
Radio	108	93.91
Mobile	15	13.04
No. of facilities at all	9	7.82

Source: Field Survey, 2009.

In this community there is no electricity line. But there is 6.09 percent households use solar electricity and most of the households about 93.91 percent use radio for communication facilities. 13.04 percent household use mobile phone. 7.82 percent of households have not still, found any facilities.

4.2 Socio-Economic and Demographic Characteristics of the Respondents

The socio-economic and demographic characteristics of the respondents, who were ever married in simple household. But in this study only currently married women are selected the respondents. Demographic characteristics include the age group, age of menarche age at marriage, education, occupation and child loss experience.

4.2.1 Age

The age of women play vital role in determining the fertility behaviour. The female of reproductive ages can bear a child and women of 20-29 years of age actively involve in the fertility. Which age-specific fertility rate is found the highest among all groups. The table 4.2.1 shows the distribution of respondents by 5 years age group.

Table 4.2.1: Percentage Distribution of Respondents by Age Group

Age group	Respondents	
	Number	Percentage
15-19	11	9.56
20-24	18	15.65
25-29	20	17.40
30-34	24	20.87
35-39	19	16.52
40-44	15	13.05
45-49	8	6.95
Total	115	100.00

Source: Field Survey, 2009.

The table 4.2.1 shows that the respondents who are the age group of 30-34 is 20 percent which group is medium group. Age group 45-49 has lowest respondents it has 6.95 percent. Like this 25-29 age group is 17.40 percent, 35-39 is 16.52 percent, 20-24 age group is 15.65 percent. 40-44 age group is 13.05 percent and 15-19 age group is 9.56 percent.

4.2.2 Age at menarche of Respondents

Age at menarche can play vital role to determine the fertility when menarche in early age is associate to greater chances to produce (bear) more children. Some of the societies is a girls gets menarche in earlier age, parents may be concerned and think about her marriage. it is a deep rooted traditional values.

Table 4.2.2: Percentage Distribution of Respondents by Age of Menarche

Age of menarche	Respondents	
	Number	Percentage
< 13 years	12	10.44
13 years	36	31.30
14 years	59	51.30
15 years	8	6.96
Total	115	100.00

Source: Field Survey, 2009.

We can see from the table 4.2.2 that the highest proportion of the age of menarche at age 14 years (51.30%). Similarly at age 13 years 31.30 percent, age under 13 years 10.44 percent and 15 years and above 6.96 percent have been 1st menstruation in their life.

4.2.3 Age at Marriage of the Respondents

Age at marriage is an another important factor determining family planning and fertility. In Nepal marriage takes place at an early age and it is almost common in every part of Nepal.

Early marriage practice lead to long-term social and economic consequences including higher fertility. In the study area age at marriage of woman is found to be at early ages, causes of traditional belief towards girls married before the menarche.

Table 4.2.3: Percentage Distribution of Respondents by Age at Marriage

Age of menarche	Respondents	
	Number	Percentage
< 15 years	27	23.48
15-19 years	81	70.44
20-24 years	6	5.21
25 above	1	0.87
Total	115	100.00

Source: Field Survey, 2009.

Table 4.2.3 shows that 23.48 percent of women married below 15 years age, 70.44 percent women get marriage 15-19 years age, which is highest percentage of marriage age. It means the early child marriage is high in Dalit community.

4.2.4 Age at First Birth

Marriage may not be a factor which affects the life of the women generally, the good age of the first birth is above 20 years but many women who bears child below 20 years ages. That causes many problems in infant and women's health.

Table 4.2.4: Distribution of Respondents by Age at First Birth

Age at first birth	Respondents	
	Number	Percentage
15-19 years	48	41.74
20-24 years	65	56.52
25 and above	2	1.74
Total	115	100.00

Source: Field Survey, 2009.

Table 4.2.4 shows that majority of the women (56.52%) age group (20-24) respondents bear their first baby. Age of 15-19 year age group respondents bear (41.74%) their first baby and (1.74%) respondents bear their first baby at age 25 years and above.

4.2.5 Number of CEB

Higher the age of mother the mean number of children even children (CEB). The number of birth also determines the use of and non-use of contraceptive and desire for children, which affect the life of women and determines their status. If women have achieved the desired number of children they are likely to use permanent method of contraception and who have not achieved not likely to use contraceptive or they want to use birth spacing methods. The national CEB is still high in Nepal. In the study area women are found having more children. The status of fertility among the study population is given below.

Table 4.2.5: Percentage Distribution of Respondents by Number of Children Born Alive Till the Time of Survey

Number of children	Respondents	
	Number	Percentage
1	15	13.04
2	25	21.74
3	29	25.22
4	21	18.26
5	13	11.30
6 +	12	10.44
Total	115	100.00

Source: Field Survey, 2009.

The table 4.2.5 shows that 25.22 percent of the respondents have given birth 3 children and the proportion of women having 6 and above children is found 10.44 percent and 13.04 percent and 21.74 percent women found 1 and 2 number of children respectively.

According to the survey data the children bearing preference of the study population is higher.

4.2.6 Child Loss Experience

Loss of children have many effects in a family and health of mother. The level of child loss some how determines the level of fertility. There is positive relationship between child loss and fertility. Higher the child mortality higher the fertility, lower the child mortality lower the fertility of women. If couples frequently loss their children they tend to give birth to more children because they can not be sure that all of the children will survive. They don't give importance about using family planning method. The child loss experience of respondents are as given below in the table 4.2.6.

Table 4.2.6: Percentage Distribution of Respondents by Child Loss Experience

Number of children	Respondents	
	Number	Percentage
Child Loss		
Yes	41	35.65
No	74	64.35
Total	115	100.00
How many		
1	26	63.41
2	12	29.27
3 +	3	7.32
Total	41	100.00

Source: Field Survey, 2009.

Table 4.2.6 shows that 64.35 percent respondents reported not having child loss experience and 35.35 percent respondents have such experience.

Child loss experience respondents have lost 1 children 63.41 percent, 2 children lost experience respondents have 29.27 percent and 7.32 percent have lost 3 or more then three children.

4.2.7 Knowledge of Family Planning Methods

Knowledge and use of family planning is one of the main objectives of the study. Knowledge of family planning is important specially to the couples. Knowledge is the first step to decide for the use of family planning methods. Use of family planning and contraceptive devices determine the fertility behaviour of any society.

Table 4.2.7: Percentage Distribution of Respondents by Knowledge of Family Planning and Uses and Non-uses Experience

Knowledge of Family Planning	Respondents	
	Number	Percentage
Yes	88	76.52
No	27	23.48
Total	115	100.00
Uses and non-uses		
Uses	74	84.00
Non-uses	14	16.00
Total	88	100.00

Source: Field Survey, 2009.

Table 4.2.7 shows that about 76.52 percent of the respondents are couscous of family planning method. But 23.48 percent of the respondents have no any knowledge of the family planning method among those 84 percent respondents have use contraception and family planning and 16 percent are non-uses.

4.2.8 Heard of Family Planning Methods

Respondents who has said to have heard any one of the family planning method are asked about the methods they have heard. The result from the study population is shown in the table.

Table 4.2.8: Percentage Distribution of Respondents by Uses of Contraceptive Methods

Family planning method	Use	Percentage
Pills	10	13.52
Depo-Provera	48	64.87
Norplant	2	2.70
Female sterilization	9	12.16
IUD	3	4.05
Safe period	2	2.70
Total	74	100.00

Source: Field Survey, 2009.

Table 4.2.8 shows that the contraceptive users women are 84 percent and non-user women are 16 percent who are only heard but non user of contraceptive methods. Among the respondents 64.87 percent have used Depo-Provera. The female sterilization is 12.16 percent, pills 13.52 percent, IUD and safe period are 4.05 percent and 2.70 percent respectively.

4.2.9 Use of Contraceptive Tools

The use of the family planning method reduces the fertility. It can also manage the rapid growing population and to increasing the birth spaces. In developed countries CPR level is higher then under developed and developing countries. It is because of lack of knowledge of the contraceptive method, educational attainment and low economic status. In Nepal the CPR level is 39 percent according to census 2001. Among Nepalese women the use of CPR level increasing each year. In the study area the CPR level is given below in the table 4.2.9.

Table 4.2.9: Percentage Distribution of the Heard of Family Planning Methods

Methods	Respondents	
	Number	Percentage
Pills	82	93.18
Depo	83	94.31
Female Sterilization	81	32.04
IUD	18	20.45
Male Sterilization	81	92.04
Condom	85	96.60
Norplant	20	22.72
Withdrawal	6	6.81
Natural method	12	13.63

Source: Field Survey, 2009.

Note: The number exceeds the total respondent and percentage exceed 100 because of multiple respondents (total 88)

Table 4.2.8 shows that 96.60 percent respondents have known about condom, 94.31 percent about Depo 93.18 percent about pills, and 20.45 percent have known about IUD. Sterilization of male and female is equal, that is 92.04 percent of both gender. Given respondents have known about several sources of communication e.g. radio. ANM, friends Primary health centers, CHW and other.

4.2.10 Occupation Status of the Respondents

The occupational status of the respondents plays vital role in determined fertility. Occupation affects indirectly in the family behaviour of women who involves in modern occupation maintain better life, which helps to increase their income and education help to reduce fertility. In the study area the occupational status of response is given below.

Table 4.2.10: Percentage Distribution of Respondents by Occupational Status

Occupation	Respondents	
	Number	Percentage
Agriculture	94	81.74
Daily wage	16	13.91
Other	5	4.35
Total	115	100.00

Source: Field Survey, 2009.

Table 4.2.10 shows that nearly 82 percent respondents are engaged in agriculture sector, 13.91 percent respondents are engaged in daily wages and 4.35 percent respondents are engaged in other sectors.

4.2.11 Educational Status of the Respondents

Education is an important factor to determine the fertility behaviour. If educational level is higher then fertility level is lower. The respondents educational status is given below in table 4.2.11.

Table 4.2.11: Percentage Distribution of Respondents by Educational Status

Educational Status	Respondents	
	Number	Percentage
Literate	51	44.35
Illiterate	64	55.65
Total	115	100.00
Educational Attainment		
No schooling	26	50.99
Primary	14	27.45
Lower secondary	8	15.68
Secondary above	3	5.88
Total	51	100.00

Source: Field Survey, 2009.

We can see the table 4.2.11 and easily found that the literacy status of respondents have very poor in the study area. Among them 55 percent respondents are illiterate. In the literate respondents 50.99 percent are no schooling. 27.45 percent, 15.68 percent, and 5.88 percent of the respondents are read primary, lower secondary and secondary level education respectively. In this study area non of the Dalit female has passed +2 level.

CHAPTER V

FERTILITY BEHAVIOUR OF THE RESPONDENTS

The objectives of this chapter is to deal with various socio-economic and demographic factors that can effect the CEB in reproductive ages in currently married women. The number of CEB to women in reproductive ages is one of the best indicates for fertility which is measured in terms of mean number of CEB with various socio-economic and demographic characteristics.

5.1 Mean CEB by Age

The number of mean CEB is shown various age groups of mother it has positive association with longer span of the reproductive age of women. CEB is the average number of children even born for the women at the time of survey. A relationship of CEB with the respondents age is presented in the table.

Table 5.1: Distribution of the Respondent by Current Age and Mean Number of CEB

Age Group	Number	Percent	CEB	Mean CEB
15-19	11	9.56	14	1.27
20-24	18	15.65	26	1.44
25-29	20	17.40	47	2.35
30-34	24	20.87	75	3.12
35-39	19	16.53	78	4.10
40-44	15	13.04	102	6.80
45-49	8	6.95	62	7.75
Total	115	100.00	404	3.51

Source: Field Survey, 2009.

The average CEB of women is found 3.51. The data shows that with the increasing in the age of respondents CEB has been increased. We can easily say that the older age groups of women also increasing CEB. The age group (45-49) women have the highest number of children even born 7.75.

5.2 Age at Marriage and CEB

Age at marriage is a major factors, which determines the fertility or CEB. An increase relationship between age at marriage and fertility. The table 5.2 shows that the clear picture age at marriage of the women and CEB.

Table 5.2: Percentage Distribution of the Respondent by Mean CEB and Age at Marriage

Age Group	Number	Percent	CEB	Mean CEB
<15	4	3.47	20	5.50
15-19	44	38.26	240	5.45
20-24	65	56.53	141	2.17
25 +	2	1.74	3	1.5
Total	115	100.00	404	3.51

Source: Field Survey, 2009.

Table 5.2 shows that the highest mean number of CEB is found among those women who married at the age of <15 years age and the lowest mean number of CEB is 1.50 found age at marriage of 25 and above. So we can easily say there is inverse relationship between age at marriage and fertility. Most of the respondents of study area have high no. of CEB because of low age at married and lack of awareness.

5.3 CEB and Child Loss Experience

There is positive relationship between child loss experience and fertility, because women who losses her child, she will be motivated to replaced her dead child.

Table 5.3: Distribution of Respondent by Mean CEB and Child Loss Experience

Child Loss	Number	Percent	CEB	Mean CEB
0	74	64.35	216	2.92
1	26	22.70	102	3.92
2	12	10.44	68	5.66
3 and above	3	2.61	18	6.00
Total	115	100.00	404	3.51

Source: Field Survey, 2009.

Table 5.3 shows that women who have no child loss experience have mean CEB is 2.92 and women lost more then three children have higher number of mean CEB 6.00.

So, we can easily say that if women who have higher number of child loss experience there mean CEB is increase, and women who have non child loss experience and mean number of CEB is 2.92. So that there is positive relationship between child loss experience and mean number of CEB of women because women want to replace the dead child by giving next birth.

5.4 Education and CEB

In this study persons are kept in literate category who can read and write. Those who can not read and write are kept in illiterate category. The relationship between respondents education and CEB to show in the given table.

Table 5.4: Distribution of Respondent by Mean CEB and Educational Status

Educational Status	Numbers	Percent	CEB	Mean CEB
Literate	51	44.35	155	3.04
Illiterate	64	55.65	249	3.89
Total	115	100.00	404	3.51
Educational Attainment				
No schooling	26	50.99	86	3.31
Primary	14	27.45	41	2.93
Lower secondary	8	15.68	21	2.69
Secondary and above	3	5.88	7	2.32
Total	51	100.00	155	3.04

Source: Field Survey, 2009.

Table 5.4 shows that the fertility goes in higher and lower according to their educational level. The illiterate respondents have 3.89 CEB and literate respondents have 3.04 CEB. In literate respondents no schooling 3.31. In

primary level 2.93, lower secondary level 2.69 and secondary level and high level 2.32 CEB respectively. The table shows that the fertility goes in higher and lower according to their educational level.

5.5 Mean CEB by Educational Status of Husband

The educational status of husband also plays an important role to determine the fertility. Many studies shows that husband education has 20 percent effect on fertility reducing while women's education has more then double effect than husband education for reducing fertility. Table 5.5 shows the husband educational status and CEB.

Table 5.5: Distribution of Respondents by the Husband Education and CEB

Educational Status	Number	Percent	CEB	Mean CEB
Literate	73	63.48	229	3.05
Illiterate	42	36.52	175	4.16
Total	115	100.00	404	3.51
Educational Attainment				
No schooling	25	34.25	87	3.49
Primary	22	30.14	67	3.06
L. Secondary	16	21.92	46	2.86
Secondary	6	8.21	15	2.49
SLC and above	4	5.48	8	2.00
Total	73	100.00	223	3.06

Source: Field Survey, 2009.

The table 5.5 shows that illiterate husband have 4.16 (CEB). It is more then women illiteracy. A literate husband has the mean CEB is 3.05 it is higher then women literacy. We can easily found out the literacy status of women is effective than literacy status of male to reducing the fertility.

5.6 Occupational Status and CEB

Occupational status of parents and number of CEB are invasive relationship. Generally, women who involves in modern occupation maintain better life, which helps their income, education and help to reduce fertility.

Table 5.6: Distribution of the Respondent by Occupational Status and Mean CEB

Occupation	Number	Percent	CEB	Mean CEB
Agriculture	94	81.74	335	3.56
Daily wage	16	13.91	54	3.37
Business	3	2.61	9	3.00
Service	2	1.74	6	3.00
Total	115	100.00	404	3.51

Source: Field Survey, 2009.

Table 5.6 shows that only 1.74 percent women are engaged in service occupation. More then 81 percent women who are engaged in agriculture sector their CEB is 3.56. Women who are engaged in daily wage fall under CEB is 3.37. Business and sector engaged only 3.00 respectively. It shows that occupational status of women is slightly different in CEB.

5.7 Mean CEB by Occupational Status of Husband

Husband occupational status also plays vital roles to reduce women fertility.

Table 5.7: Distribution of Husband by Mean CEB and Occupational Status

Occupational	Number	Percent	CEB	Mean CEB
Agriculture	61	53.04	234	3.84
Daily wage	24	20.87	75	3.12
Service	28	24.35	90	3.21
Business	2	1.74	5	2.5
Total	115	100.00	404	3.51

Source: Field Survey, 2009.

The highest CEB is 3.84 observed for those women whose husbands are engaged in agriculture sector and lowest CEB is 2.5 for them whose husband are engaged in business sector in the time of survey. The table shows that women occupation CEB is lower then male occupation CEB in all sector.

5.8 Family Planning and CEB

Using family planning method is to prevent the giving birth or to increase birth interval. Couple use the contraceptive method effectively than thy reduce the unwanted pregnancy that reduces the number of children. The couple who knows the family planning method and use the contraception's properly has lower fertility than non-users and those who have no knowledge about family planning method.

Table 5.8: Percentage Distribution of Respondent by CEB and Knowledge Use and Non-use Family Planning Method

Knowledge of Family Planning	Number	Percent	CEB	Mean CEB
Yes	88	76.52	275	3.12
No	27	23.48	129	4.77
Total	115	100.00	404	3.51
User/Non-user				
Users	74	84.00	202	2.73
Non-users	14	16.00	78	5.57
Total	88		280	3.18

Source: Field Survey, 2009.

Table 5.8 shows that respondents who have knowledge of family planning method their mean CEB is found to be 3.12 similarly respondents who have no knowledge about family planning their mean CEB is found to be 4.77. In Nepal demographic health survey 2001 shows that 99.6 percent have knowledge about family planning whose mean number of CEB is 5.4.

Among them who had knowledge about family planning method 74(84.00%) are use of family planning method, whose mean number of CEB is 2.73 and 14(16.00%) respondents are non-user of family planning method, whose mean number of CEB is 5.57. The data revels that the respondents who have knowledge use family planning method, their mean number of CEB is found lower and who have knowledge but non-users, their mean number of CEB is higher.

Table 5.9: Distribution of Respondent by Mean CEB and Use of Contraceptive Methods

Contraceptive Method	Number	Percent	CEB	Mean CEB
Pills	10	13.52	17	1.7
Depo-Provera	48	64.87	144	3.00
Norplant	2	2.70	4	2.00
Female sterilization	9	12.16	25	2.77
IUD	3	4.05	8	2.66
Safe period	2	2.70	4	2.00
Total	74	100.00	202	2.72

Source: Field Survey, 2009.

Table 5.9 indicates that out of 115 respondents, only 74 women are using contraceptive method whose mean number of CEB is found 2.72. The majority of women 64.87 percent each are using depo-provera/sangini whose mean CEB is found to be 2.95. 13.52, 12.16, 4.05 and 2.70 percent respondents are using pills, IUD, Norplant and safe period.

12.16 percent respondents are using the permanent method (female sterilization) whose CEB is 2.77. The people who wanted temporary method like Depo-Provera user are highest CEB is 3.00 percent. If they want children they can fulfill their desire.

CHAPTER VI

SUMMARY, CONCLUSION AND RECOMMENDATION

6.1 Summary and Findings

This study has been carried out to examine the fertility behaviour of Dalit community in Surkhet district at Salkot VDC Ward No.9, Tokma based on primary data collected from the field survey, in October 2009. This study attempts to find out some selected fertility behaviour and socio-economic characteristics of the study population. The data have been taken by asking the currently married women in the study area. Data are collected by census method total household (115) in the study area. The main objective of this study is to find out the socio-economic and demographic characteristics of the Dalit community in Salkot VDC 9, Tokma.

Major Findings

- Among 115 households there are 716 population out of them 49.16 percent male and 50.84 percent female.
- The child dependency ratio is 76.86 and old dependency ratio is 7.20 person depend upon hundred person of working group.
- Out of the total population age 6 years and above only 51.72 percent are literate and 48.28 percent are illiterate. Male education is higher in every level of education then female.

  Non of the male Dalit and female Dalit has passed PCL level education.
- Out of above 10 years, population 66.13 percent are married and 32.05 percent are unmarried and 1.82 percent are window/widowers.
- Most of the people are Hindus in study area.
- Out of the total population aged 10 years and above 68 percent are engaged in agriculture sector, 13.30 percent are engaged in daily wage and labour, 4.40 percent are engaged in service and 14.30 percent are engaged in other sector.

- Among the respondents only 93.91 percent who have own house and other percent have not.
- Out of the total household only 94.78 percent have own land and 5.23 percent have not.
- Among them 29.36 percent household have <2 Ropani land size and 7.34 percent household have more then 10 Ropani other have between size.
- Among the respondents 20 percent women are 30-34 years age.
- Among the total respondents 10.44 percent have got started menarche only below 13 years and highest 51.30 percent have got started at the age of 14.
- Among the total respondents 23.48 percent were found marriaged under 15, 70.44 percent married between age (15.19) and 6 percent have got found married above 20 years.
- Among the total respondents 41.74 percent have got first birth at the age of (15-19) years. 50.52 percent got the age of 20-24 and 2 percent have above 25.
- Among the total respondents, only 13.04 percent have only one child and the greatest percent, which is 25 percent have 3 children, 10 percent have got more then 6 children at the time of survey.
- The study shows that the early age of marriage the CEB is high. There is positive relationship between age at marriage and fertility. Women who married below 15 years the CEB is 5.50 women who get married 25 years and above has less CEB only 1.50.
- Among the total respondents 55.65 percent are illiterate and 44.35 percent are literate.
- Higher the educational status lower the fertility women who have literate their's CEB is 3.04 and women who have illiterate their's CEB is 3.89.

- If the educational status of women is high, it affects the fertility then male educational status. Women who have literate whose CEB is 3.04 but male who have literate whose CEB is 3.05. Women who have illiterate CEB is 3.89 but, male whose have illiterate whose CEB is 4.16. Occupational status also impact in CEB, women who work in agriculture sector their mean CEB is 3.56 but male who work same sector whose mean CEB is 3.84 similarly other occupation women CEB is lower then male CEB. It shows that women education and occupation can play vital role then male education and occupation to reduce fertility.
- Respondents who are user the FP methods their CEB is 2.73 but respondents who are never used FP method their CEB is 5.57.
- There is positive relationship between child loss experience and fertility. Women who loss one child their's CEB is 3.92 women who losses more then three child whose CEB is 6.00. But women who have not loss any children their CEB is 2.92. So, we can say that when higher the child loss higher the CEB.

6.2 Conclusion

The status of women in Nepal is in poor condition and low status of women lead to higher fertility. The various cast/ethnicities indigenous groups are rooted in their cultural background social relations of family system are reflected occupation, age at marriage and reproductive behaviour. The fertility behaviour of Salkot VDC Ward No. 9, Tokma, Surkhet following conclusion are given below.

- In the study area most of the Dalit women are backward from social economic and educational level.
- Most of the Dalit women are engaged in agriculture and daily wage labour.

- The educational situation is very poor. In the study area few, Dalit females are in reproductive age (15-49 years) has been attained formal education.
- There is inverse relationship between use of contraceptive and fertility, marriage and fertility also same.
- The fertility level among the respondents found high because of son desire, low level of education status low level of occupational status, low level of economic condition and overall lower status of women. Still the mean number of CEB is very high in the study area, so reduction the level of fertility (CEB) through increasing number of contraceptive users in the study area and increase the school level of education in the study area.

6.3 Recommendations

On the basis of the above finding and conclusion from the study the following recommendation can be made.

- In this study, the level of education of respondents of this community is very low level of female education can get more important role for over all development and population control. So, to increase the level of education (literacy status) of respondents government and other related sector should imply several programs in this community. Specially targeting women's reproductive and fertility education, participate with male.
- Low age at marriage is high in this community it leads to higher fertility. So, effective programmes should be lunched to rise the status of women and to avoid early marriage.
- Most of the people are engaged in agriculture and daily wage labour in the study area, therefore, there should be effective programmes to create employment opportunities for them with help the increase their

economic status to reduce the fertility rate and improve fertility behaviour.

- In this community to create awareness about education, family planning methods contraceptive longer breast feeding practice to reduce infant and child mortality by which women status in the society would be increased and reduce fertility. So IEC programme should be lunched in this area. In this programmes male should be participate.
- In this community, high infant mortality and child loss experience of women are common, because of non-hygienic behaviour lack of health education, this is one of the strong causes of high fertility among them because until and unless they cannot be sure that their children will live longer for their helps, they go on bearing more children. Therefore, through health volunteers, MCHWs health campaign and others, health awareness programmes should be implemented among the women.
- In the study lunching family planning programmes should increase and use of temporary, permanent contraception method. Where male should be encouraged to use family planning methods by themselves.
- Village health worker should be trained for quality service.
- Sex and gender in equality should be reduced to create social justice.

REFERENCES

Acharya, B. 1992, "Socio-economic Impact on Age at marriage of Ranabhats: A study of Tilahar Village, An Unpublished M.A. Dissertation (Kathmandu : CDPS, T.U.)

Acharya, L.B. 1993, "Nuptiality levels and Trends in Nepal" In Bal Kumar K.C. (ed.) Population Dynamic in Nepal, Vol. 2 (Kathmandu: Central Department of Population Studies).

Acharya, M. 2003, "Changing Gender Status-Achievement and Challenges", Population Monograph of Nepal, Vol. 2 (Kathmandu: Central Bureau of Statistics).

_____, 2000, Labour market development and poverty with focus of economic opportunities for women (Kathmandu TPAME/FES).

Aryal, R.H. and Adhikary, U.P., 2003, "Adolescents and Youth in Nepal", Population Monograph of Nepal, Vol. II (Kathmandu : Central Bureau of Statistics).

Becker, Gray S., 1960, "An Economic Analysis of Fertility, "Demographic and Economic Changes in Developed Countries (Princetion: Princeton University Press), pp.209-231.

Bhende, A & T, Kanitkar 2003, Principles of Population Studies, Sixteenth Revised Edition (Bombay: Himalayan Publishing House).

_____, 2001, "Principle of Population Studies" (Delhi: Himal Publishing House).

Bishwakarma, P. 2002, "Nepalma Dalit Birudha Jatiya Bhedbhav Tatha Chhucvachhut", Durban Ghosana ra karyajana Ththa Nepalma jatiye Bibhed (Kathmandu : NCARD).

Bongaart, J. and Robert R.G. Potter, 1983, Fertility Biology and Behaviour : An Analysis of Proximate Determinants (New York: Academic Press).

CBS, 2002, Population of Nepal Village Development Committee/Municipalities Population Census Report 2001, Western Region (Kathmandu: Central Bureau of Statistics)

_____, 2000, "Statistical Pocket Book of Nepal" (Kathmandu: Central Bureau of Statistics).

Dahal, D.R. 1992, "Determinants of Fertility in Nepal", In Bal Kumar K.C. (ed.), Population and Development of Nepal, Vol. 1 (Kathmandu: Central Department of Population Studies).

Davids and Blacke, 1956, "Social Structure and Fertility: An Analytical Framework, "Economic Framework of Fertility Analysis", Studied in Family Planning, pp.34-63.

Easterlin, Richard A., 1983, "Modernization and Fertility : Critical Appraisal", in R.A. Bulatoo and R.D. Lee (eds.), Determinants of Fertility in Developing Countries, Vol. 2 (New York Academic Press), pp.562-586.

Freedman, R. (1975-1-21), "Fertility Decline Theories" in John A. Ross (ed.), International Encyclopaedia of Population (New York: Free Press), pp.258-286.

Gautam, Sarswati, 2009, Fertility Behaviour of Dalit Community, M.A. Thesis (Kathmandu : CDPS).

Gurung, H. 2005, "The Dalit Context", Occupational Papers in Sociology and Anthropology, Vol. 9 (Kathmandu: Central Department of Sociology and Anthropology).

Harriet, B. Presser, 1997, Demography Feminism and the Science Policy Nexus", Population and Development Review, 23(2): 295-331.

Hom, 2002, Nepal Demographic Health Survey 2001 (Kathmandu : Ministry of Health/New Era/ORC MACR).

Karki, Y.B. 2003, "Fertility Levels Patterns and Trends in Nepal", Population Monograph of Nepal, Vol. 2 (Kathmandu: Central Bureau of Statistics).

KC, Bal Kumar, 1995, "Social Composition of Population", Population Monograph of Nepal, Vol. I (Kathmandu : Central Bureau of Statistics).

Koirala, B.N. 1996. "Schooling of Dalit of Nepal: A Case Study of Bungkot Dalit Community a Ph. D Dissertation, Submitted to University of Alberta.

Kondel, J., 1997. "Fertility Limitation Fertility Transition, Evidence from the Age patterns of Fertility in Europe and Asocial". Population Studies, Vol. 31.

Manab, M. 1999, Nepalama Dalit Haruko Abstha Ra Jankhankhya (Kathmandu: Local Development Ministry) .

MOPE, 2004, Nepal Population Report 2004 (Kathmandu: Ministry of Population and Environment).

_____, 2000, Nepal Population Report (Kathmandu: Ministry of Population and Environment).

_____, 2000, Nepal Population Report (Kathmandu : Ministry of Population and Environment).

NDHS, 2006, Nepal Demographic and Health Survey, 2006 (Calcerton, Maryland USA, FHD, MoH, New Era and ORC Micro).

Pradhan, 1997, "Nepal Family Health Survey", 1996 (Kathmandu: Ministry of Health/New Era and Micro International Inc.).

Rizal, R. and A., Shrestha, 1989, "Fertility and Its Proximate Deteriments", South Asian Study on Population Studies and Programs in Nepal (Kathmandu : UNFPA), pp.22-27.

Tuladhar, J.M., 1997, The Persistence of High Fertility in Nepal (New Delhi: Inter India Publication).

UN, 1996, World Population 1996 (New York: Department of Economic and Social Information and Policy Analysis, Population Division).

_____, 1994, Programme of Action Adopted at the International Conference in Population and Development (New York: United Nation).

_____, 1983 (Manual X) Indirect Techniques for Demographic Estimation (New York: United Nations).

_____, 1981, Selected Factors Affecting, Fertility and Fertility Performance in Developing Country (New York: Department of International Economic and Social Affairs).

_____, 1973, The Determinants and Consequences of Population Trends, Vol. 1 (New York: Department of Economic and Social Offers).