CHAPTER-ONE
INTRODUCTION

1.1   General Background

Fertility is one of major component of population change. Fertility is one of natural process. Depending upon the fertility, existence of human in this world is possible. The level of fertility is affected by social, economic, cultural, religious, and other many variables. Fertility is the actual reproductive performance of women or group of women. It is a biological phenomenon which is differs from fecundity, which is the physiological capacity to produce children. It will be found different in different socio-cultural groups and also in individuals to individuals.

From a long course of   time fertility is one of the natural processes but due to the modernization fertility performance is also changing. Nepal is one of the least developed countries where as the rate of growth of population is high. The total fertility rate is 3.1 children per women according to NDHS (2006).

Fertility behaviour refers to the child bearing performance of women. The fertility behavior refers to the actual reproductive performance of a woman. According to Bhende & Kantikar (1994), fertility behavior is the process of giving birth which is interacted with ambient environment and the environment is different societies. Besides the degree of interaction of the environmental variables which is different within the biological limits of human fertility, social, cultural, psychological as well as economic and political factors are found to be responsible for determining the level and differentials of fertility.

In the context of Nepal, socio-culture dogmas have always been socially and culturally pro-natalist. Nepalese society favor high fertility, a large of children considered as a symbol of well being. This event from people saying which may go, your progeny fills hills and mountains. The main cause of high fertility in Nepal is early and universal marriage and also preference of son culturally, socially and economically. Women can raise her status as womenhood with son and she avoids the chance of a co-wife. Traditional society believes that women who can't produce son brings deteriorating situation in family.

Nepal is one of the poorest countries in the world where population growth rate is very high compared to the other Asian countries. The socio-cultural norms favors son, low literacy rate of women, poor economic condition, low social status of women, low age of marriage, less contraceptives methods use, joint family structure, traditional Nepalese society, low cost of bringing of children are the responsible factors of leading high fertility rate. According to Dahal (1989) a women in Nepal become a women only after when she performs her role as a mother and her status is fully validated by after the birth of children specially son. The decision making role is much higher in Tibeto-Burman groups, the level of their fertility is surprisingly much higher in Indo- Aryan groups in Nepal.

From the census 1911, data on fertility were found. During last 100 years, Nepal experiencing the many demographic changes. An increase of population more than four times has been taken place during a period of 100 years. The most low fertility rate of Nepal was -0.07 percent during 1920-1930 censuses and the highest growth rate of Nepal ever experiencing was in 1981 census following 2.66 percent. Similarly in 1991 it was 2.08 percent and in 2001, the population growth rate was 2.24 percent. It indicates that the fertility rate of Nepal is decreasing day by day (CBS 1995&2003).

TFR of Nepal is reported declining 6.3 in 1991 census, 5.6 in 1991 census, 4.1 in 1998-2000(MOH,2001), 3.7 in 2005 (world population data sheet 2005) and 3.1 in 2003-2005 (NDHS,2006). Though TFR has declined from 6.3 to 3.1 from 1971 to 2005, but it is still very high compare to other developing countries. For example: China has 1.6, India has 3.0, Bangladesh has 3.0, Srilanka has 2.0, Thailand has 1.7 & Vietnam has 2.2.

Development of technology and eradication of some communicable diseases, the level of mortality has tremendously come down which lead high population growth rate mostly in developing countries.

Fertility is affected by living standard of people, level of income, education & working status of people mainly women. Education has vital role in human life. Any change in fertility behaviors of society is greatly influenced by education among married couple. The level of female education is highly important factor in

determining reproductive behaviors of women. Fertility and education are inversely related. Higher the level of education, lower the fertility. If the level of use of contraceptive is increased, certainly fertility level will be decreased. Education play important role in employment and use of contraceptive and also in social & economic status of women which affect the number of children.

Different community groups are rooted in their cultural background, social relation systems and reflected in religion, occupation, age at marriage and reproductive behavior. Differences in fertility are influenced by religious and linguistic boundaries.

Tamang caste is included in indigenous groups. Fertility behavior of this community is determined by their social and cultural norms and values as well as education and economic status. Women of such groups have been seen behind the mainstream of overall development which leads high level of fertility.

1.2   Statement of Problem

In the context of Nepal, mortality decline faster due to increased access and improved health services, but fertility decline slowly. So that Nepalese populations increasing fast, that has many affects in modern Nepal. According to 2001 census, women of reproductive fertile age represented 25 percent of total population. This age structure indicates that for a long period of time the fertility will remain high. According to 2001 census, TFR of Nepal is as 4.6 per women and according to NDHS, TFR of Nepal in 2006 is as 3.1 per women. From this we know rapid population growths which consequently effect the economic development.

Tamang from Tibeto-Burman speaking community has higher fertility compared to other caste and ethnic groups of Nepal. In 1996, TFR for Brahmins has 5.67, chhetri has 6.07, Newar has 4.89 and Tamang has 7.03 (Niraula & Shrestha, 1997:13-40). The main causes of prevailing high fertility in Tamang are almost universal marriage, very low use of contraceptive methods, low level of female education, mostly engage in agriculture and labor forces, low (economic) income sources and their social norms and values about children

Education and fertility has inverse relationship i.e. higher the level of education, lower the fertility. According to NDHS 2006, women with SLC and above have a TFR 1.8 which is less than half of the rate of women i.e. 3.9 with no education.

Tamang community is found around the valley, but their socio-economic status is low so their fertility is found high. Tamang's primary occupation is agriculture, labor and animal husbandry. Majority of Tamang 's women are engage in domestic services, and they also work to earn wages as porters, collies, domestic services, agricultural workers because of their low economic status.

Age at marriage and fertility has inverse relationship but in Tamang community this arguments doesn't existing Tamang women has higher age at marriage than that of Brahmins, chhetri, Newar but the fertility is much higher than their other groups.

High fertility rate is a serious problem of Nepal. Lower decision making power of women, limited access to contraceptive device and low level of women's education are the main reason for high fertility which may be also affected by social, cultural, economic, religious, biological behaviors and cultural factors. Fertility can be reduced through effective implementation of family planning programme, improvement of health facilities and raising socio-economic status of people.

1.3   Research Question

Tamang fertility is high compared with other cast and ethnic groups of Nepal. So some research questions of the study are as follows:-

1. Why Tamangs' fertility is one of the highest?
2. Why high age at marriage doesn't existed low fertility in Tamang community?
3. How socio-economic and cultural setting influence the Tamang's fertility behavior.

1.4   Objective of the Study

The general objective of this study is to examine the fertility behavior of Tamang community of Balthali V.D.C. of Kavrepalanchowk district in relation with demographic and socio economic variables.

The specific objectives of the study are as follows:-

1. To identify the demographic and socio-economic characteristics of Tamang community.
2. To evaluate the relationship between children ever born & some demographic & socio-economic variables.
3. To examine the family planning practices and knowledge and its effects on fertility among Tamang community.

1.5   Rational of the Study

In the present context fertility is found high. Rapid population growth is the hindrance of development. Fertility reduction Programme were started from third 5 year plan (1965-1970), but significant reduction in fertility behavior is not found.

Many studies are conducted in National and Sub National Level for policy formulation and Programmed implementation but we can't see effective reduction in fertility behaviour. Some general policies can't cope with all social groups or communities because they have their own social circumstances and differences in social and cultural norms and values.

There are quite few studies with analyzed fertility behavior of Tamang community in Nepal. The main purpose of this study to find out the various socio-economic and demographic aspect of fertility behaviour of Tamang community of Balthali VDC, Kavre. With living near the Katmandu Valley most of people in this community are illiterate and their fertility is high. So to find out the causes and its effect on fertility, the study is focused.

1.6   Limitation of the Study

The study is limited to V.D.C. area due to limited time and sources. So this study will be limited to following points:-

1. This study was limited to fertility behaviour of Tamang community of Balthali V.D.C., Kavre district.
2. Only limited demographic and socio-economic variables are considered to explain the fertility behaviour in terms of CEB.
3. This study was based on the sample population of age group 15-49 years especially to currently married women.

CHAPTER- TWO
LITERATURE REVIEW

2.1   Theoretical Literature Review

Frank W. Notestein (1945) described the demographic transition theory-concerning the transition from high fertility and mortality to low fertility and mortality along with socio-economic development of society. The development of the theory was based on European experience where fertility declined in most cases were accompanied by a preceded by decline in mortality. Notestein (1952:13-31) indicated changes in mortality and fertility took place in conjunction with economic development in West. The important factors were the growing importance of the individual rather than family, particularly decline of extended family groups, the development of a rational and secular point of view, the growing awareness of the world modern technologies through education importance of health (nutrition, hygiene, medicine & use of contraceptives) & the appearance of alternative to early marriage and child bearing (Tuladhar 1989, 37).

Transition has mainly four stages in which fertility & mortality shifted from one stage to another. First mortality fell down rapidly because of economic and social changes including rising the living standard, better nutrition, education, control over diseases. Following mortality, fertility also decline slowly through use of contraception, education, individualization, development of technology, changes in economic structure and changes in socials and cultural norms and values.

Kingsley Davis and Judith Black explain the intermediate variables in 1956. This framework is focused on the institutional mechanisms in society and list eleven intermediate variables through which and only through which any factor-biological, social, psychological or culture-must operate upon individual fertility. Davis and Black categorized these eleven intermediate variables into three groups as follows:-

) Factors affecting Exposure to intercourse variables.
) Factors affecting exposure to conception.
) Factors affecting Gestation and successful parturition.

Each of these eleven variables affects both positively and negatively in the process of fertility of any individuals in any society. In an underdeveloped society, four of eleven intermediate variables, i.e. age of entry into sexual union, permanent celibacy, contraception and sterilization have high values which tend to keep fertility high (Tuladhar, 1989:39-40).

The threshold hypothesis developed by UN in the year 1963 indicates that there is an interrelationship between fertility rate and general socio-economic development of the society. The following twelve indicators of socio –economic development were used:

(1) Per capita income, (2) Energy consumption, (3) Non-agriculture activities, (4) Degree of urbanization, (5) Hospital bed per thousand women, (6) Life expectancy, (7) Infant mortality, (8) Proportion of early marriage women (15-19), (9)Female literacy rate, (10) Newspaper circulation, (11) Radio receivers, (12) Cinema attendance.

According to this hypothesis in a developing countries where fertility is initially high, improving economic & social conditions are likely to have little, if any effect on fertility until a certain level of economic & social level is reached but once that level is achieved, fertility continues to fall until it is again stabilized on a much lower plane(Bhende Kanitkar 2004:336-337). Among twelve indicators four points per capita income, women's literacy, newspaper circulation & radio receiver are more important. Threshold hypothesis in general emphasizes the essence of socio-economic development to cut down the number of birth in a society.

John Bongaarts & Robert Potter (1983) pointed out the proximate determinants of fertility are the biological & behavioral factors through which social, economic and environmental variables affect fertility.

John Bongaart proposed a model in which the proximate determinants of fertility are the biological factors through which social, economic, psychological & environmental variables affect fertility.

Bongaart summarized the proximate determinants into seven variables. They are Marriage & Marital disruption. Onset of permanent fertility, the duration of postpartum infecundity, fecundity, use and effectiveness of contraception, spontaneous intra-uterine mortality and induced abortion. Then he examined the factors contributing to establish the lower fertility than natural fertility from four proximate variables which are proportion of married female, post partum infecundity, contraception and induced abortion.

Leibenstein (1979) has stated that the part of the change in fertility is accounted by the direct choices of the population in the process of determining the number of children they desire. These in turn depend on the assessment of the benefits in terms of utility or satisfaction. People make rough calculations regarding the utilities and inutilities of children and decide the number of children. According to Leibenstein three types of utilities are derived from and two types of cost are involved in having an additional child. The types of utilities are:-

⟩ The utility of child as "consumption good" i.e. child is considered as a source of personal pleasure to parents.

⟩ The utility of children as "productive unit" i.e. it is expected that the children would enter the labor force at a some point of time and contribute to family income.

⟩ The utility of children as a source of "security" in old age of parents.

Two types of cost involved in having additional child are:-

⟩ Direct cost- in the sense of conventional current expense of bringing of a child.

⟩ Indirect cost - which involves opportunities forgone due to the appearance of an additional child.

Liebenstein also mentioned the three changes occur during the course of economic development, which affects the utilities and cost of additional child. These affects are income effects, survival effects and occupational distribution effect.

Fertility is a result of the reversal of net-intergenerational wealth flows in favor of children, which then makes it economically irrational to have many children. Caldwell (1952:115-156) identifies two fertility regimes: traditional family base production with high fertility and capitalist production with low fertility. In both primitive of traditional societies where there is no economic benefits from low fertility, high fertility helps to security & stability of its older members. Caldwell's intergenerational wealth flow (in terms of goods and services) theory states that the direction and magnitude of net wealth flow is from younger to older generations and reversal of flow occurs at a great divide which leads to fertility decline. He argues that the reversal in the direction of net-intergenerational wealth flows is a result of the chances in traditional system of family relationship (Aryal 1997:56).

In 1995, Esterlin proposed a general model for fertility decision in which women varies her child bearing are affected by income, price and cost of regulation on fertility. According to Esterlin a comprehensive economic framework incorporating the main concepts of demography, sociology and other sciences would be useful to analyze human fertility behaviour in a systematic manner. He has proposed a framework in which an attempt has been made to combine sociology and economics of human fertility.

The determinants of fertility operate through one or more or followings.

1) The demand for children- It deals with the individual choice about number of surviving children & social, economics & environmental factors.

2) Supply of children (potential output of children) - Child bearing in any society is biological function shaped by various cultural practices. Supply is a product of couples natural fertility and survival rate. Demand for surviving children and supply of children together determines the motivation of fertility regulation.

3) The cost of fertility regulation- It includes psychic cost (mentally prepare) or subjective cost and objective cost (money, time &required materials). Regulation is determined by motivation, attitude and access (Bhende &Kanitkar, 2004:330-334).

Distributive justice hypothesis advocates for a redistribution of income and opportunities to bring down the fertility. Fertility could be successfully reduced through increased welfare through a more equitable distribution of goods and services and also opportunity is the major arguments of these hypotheses. Labor intensiveness in industry, land reform, widely spread paramedical health services, access to education, all combined according to the hypothesis to create condition for fertility decline (Iichman 1975: 217-266)

Human fertility is actual performance of women or group of women (Henry: 1976). The society replaces itself through the process of fertility. Excessive replacement of human numbers creates several social, economic and political problems in the country. Human fertility is a complex proves which is responsible for the biological maintenance of society. But there are several social, cultural, psychological, physiological, economic & political factors to determine the levels & differentials of fertility. (UN, 1973 :64).

Backer's theory is based in conventional economic theory of consumer behavior. According to this theory, parents compare the utility of children with that derived from other goods; if knowledge of birth control method was universal fertility would be positively associated with income. Because according to him, higher income group can afford more children i.e. the income effect is positive, however the price effect is negative because higher income groups who could afford more children very frequently have fewer children because higher income family want higher quality children who in turn are more expensive(Leibeinstein, 1974;88).

The theory of diffusion or cultural lag explains how the concept of birth controls over the world. According to the cultural log theory of fertility differentials in countries where fertility has be decline, attitudes and practices conducive to diminishing fertility have been adopted first by the better educated, wealthier & socially more favored groups of the city population and transmitted in the course of time to intermediate and lower status groups & to the rural areas. This theory assumes that birth control especially contraception introduced in human culture and another assumption is of time lag & a "trickle down" in spreading of attitudes towards the birth control and its practice. The middle classes are the first to accept these

innovations of birth control which then trickles down to other lower classes (Bhende & Kanitkar, 2004:323-324).

Ronald Freeman (1975) argues that intermediate variables are not always used to limit fertility. He introduced two types of norms in his model about -family size and intermediate variables. The intermediate variables operate together with the effects of norms about family size and norms about intermediate variables. Norms about size influenced varying life style related position to a status hierarchy as education, occupation, income& wealth power. Different lifestyle may also influence fertility directly through intermediate variables or indirectly through norms about family size. Social organization such as Family Planning Programme that has goals to reduce fertility may influence the norms about family size or norms about intermediate variables, which in turn affect the fertility behaviour.
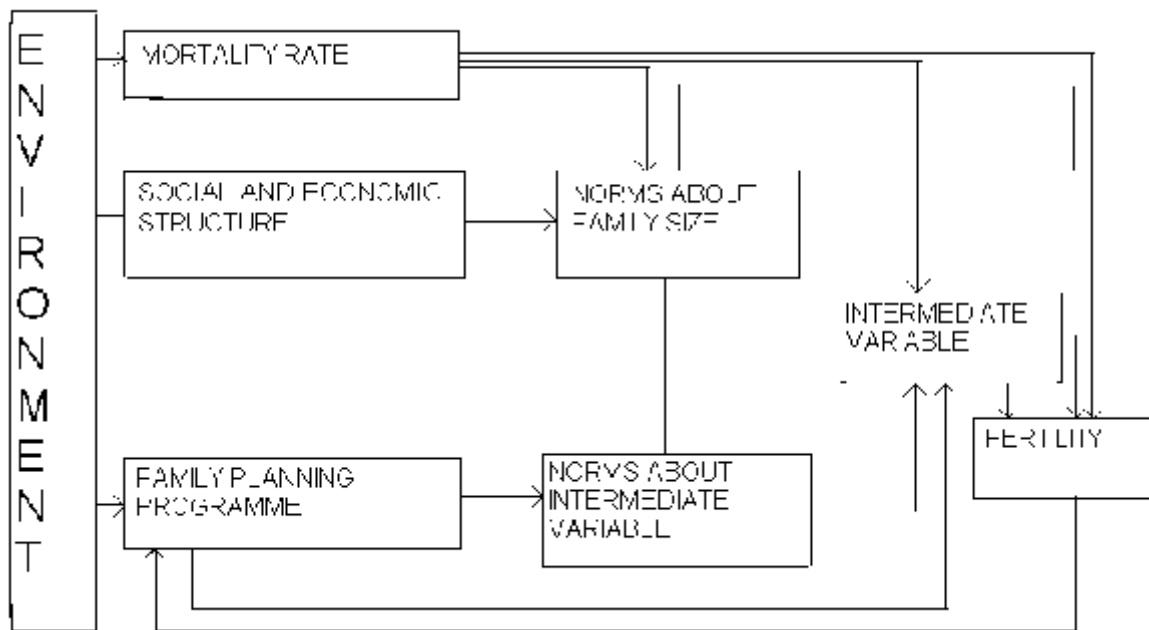
Source: International Encyclopedia of Population, 1982

The figure shows the influence of environmental factors, social and economic structure on fertility via, a series of intermediate variables.

Nag Moni (1983), in an attempt to explain modernization effect on fertility, has identified eight intermediate variables or set of variables including factors

effecting demand for children, factors affecting the supply of children and factors effecting fertility regulation.

Nag has presented his set of eight variables under the Esterlin's framework as follows:-

- Labor value of children
- Children's value as old age security
- Infant and child mortality
- Age at marriage proportion never married and abortion
- Postpartum sexual abstinence and the incidence of widowhood/widower hood or infecundity.
- Infecundity due to breasts feeding, malnutrition and diseases
- Physical and monitory cost.

2.2   Empirical Literature

2.2.1 Education and Fertility

The educational attainment of couples has a very strong bearing on the number of children. Educational attainment, especially of women, is one of the indicators of modernization and the status of women in society. The fertility performance arising out of the educational status of women may be mainly due to two factors: the differential age at marriage and differential practice of family planning (Bhende and Kantikar, 2004:312-316).

There is strong interrelationship between education and fertility. There is inverse relationship between education and fertility. Higher the level of education, lower the fertility. Education has been considered a catalytic agent to reduce fertility in Nepal. Educated women are more aware of the issue of quality of children and then the non-educated (Rishal and Shrestha, 1989)

Nepal Fertility Survey (1976) data has shown that the number of children ever born among literate women was 2.3 compared to illiterate women 3.3. Women with literate husband also have fewer mean numbers of children ever born 3.0 than those

with illiterate husband 3.5. With regard to level of education, women with no education have mean CEB of 3.3 compared to 2.2 among those with some education and women whose husband have some education(Nepal FP/MCH project, 1997 citied in Risal and Panta 1998)

The negative relationship between women's education and fertility has also been established from the Nepal Family Health Survey 1991. Total marital fertility rate among women with secondary level of education is lower (4.0) than among women with no education (6.2). Significant difference in fertility of women with some education and non-education (NFHS, 1991 : citied in CBS 1995:77-79).

ICPD 1994, in its chapter eleven reveals that the education is a key variable in sustainable development. Education helps to reduce fertility, morbidity and mortality. The increase in education, marriage is postponement and to reduction in family size (UN). Women having no education had obviously highest CEB (3.5) then women with primary education (2.4) and secondary and above (2.1). It is natural that women in relatively younger age have similar fertility performance and when the age increases and difference in fertility by educational status becomes move evident. (CDPS, BDC survey, cited in Acharya. B, 2000, 30).

According to Nepal Demographic Health Survey (NDHS), 2006, there is a strong association between fertility and education. The women who have no education have TFR 3.9 whereas women with secondary and above have TFR 1.9. Data shows that fertility decreases with level of education increases (MOH, New Era and Macro International, 2007).

2.2.2 Age at Marriage and Fertility

Nepalese society doesn't allow the sexual union of unmarried people. Therefore marriage is the most essential event in our society. Conception marriage is not accepted. Family formation is started after marriage. Thus, the marriage plays a vital role for determining fertility level. Higher age at marriage is directly related to the low fertility of an individuals as well as social level (Acharya 1993:74).

According to Nepal Fertility and Family Planning Survey (1986), the completed fertility of Nepalese who get married at the age of less than 13 years is 6.0 mean CEB while women who get married at the age 25 years and above had 2.5 average number CEB per women (MOH;1987).

Tuladhar (1989:26) examined the exiting of high fertility in Nepal by using the data from Nepal Fertility Survey 1976. She found that there is inverse relationship between fertility and age at marriage.

The Nepalese society is characterized by early marriage and nearly universal marriage by the age of 30 years almost is already married. In population, where use of contraception is low, early marriage leads to longer expose to child bearing. Therefore, early and universal marriage practice in Nepal results long terms social and economic consequences including high fertility (MOPE,2004:27).

The singulate Mean Age at Marriage (SMAM) has been changing in every census for both male and female 15.4 in 1961 to 19.5 in 2001 census in female and in male it was 19.5 in 1961 to 22.9 in 2001. A study claims that women marrying between 20 and 24 have similar age 20. Only if the marriage age reached 25 or above would be a significant reduction of fertility. Perhaps this is one of the reason for persistent of fertility in Nepal (Karki 2003:52).

2.2.3 Occupation and Fertility

UN (1987) found that in every region women with an occupation in modern sectors of economy had smallest number of CEB that women involved in traditional sector of economy. Those who had never worked are likely to have slightly fewer children in an average than women in traditional occupation, but more children than women involved in any of the occupational group. In Asian countries, the differences in mean CEB was found to be 2.2 children between women who worked who to be 2.2 children between women who worked and who didn't. In Latin American and Caribbean where women who never worked had 2.7 more children than women who were employed in modern occupation (UN, 1987).

The study of 60 developing countries found women working outside tend to have fewer children than those working in the fields and plantation. The world fertility survey showed women who worked in modern sector such as teacher, nurses,

administrative workers, marry 2.4 years later than women who worked in domestic and agricultural sector. Employment in modern sector tends to have lower fertility rate (World Bank.1992).

The net working group with 3.2, agriculture and household group with 3.3 and non-agriculture group with CEB show relatively non-variability in fertility while examined with the help of occupational status of women (CDPS, BDC, Survey data file, 1996 cited Acharya, B, 200; 29).

The mean number CEB per ever married women is highest for farm and sales (2.7) and lowest fertility among the professional, administrative and clerical worker (1.6). That means that the fertility level of white collar. Female workers are lower than that of other groups (CBS, 1995:78-79).

Occupation is one of the most important factors determining the fertility. The employment of women outside the home reduced the level of fertility behaviors.

2.2.4 Use of Contraception and Fertility

There is an inverse relationship between use of contraceptive methods and fertility GO's INGO's and NGO's are trying to reduce fertility by launching family planning Programme but it is effected by various social, economic, psychological, cultural and other causes. Methods are not available to a large number of couples and even where they exist Family Planning workers have not been effectives (Subedi, 1996).

Dahal (1989) found a close relationship between use of family planning services and desired family size in Nepal is 3.4 to 4 Surviving children with at least 2 sons. Until and unless their desired family size is reduced the use of family planning services would not increase. Other important reason for low use of contraception is KAP (Knowledge, Attitude and Practice) gap.

According to NDHS, 2006, 90% of male have female have knowledge about contraception. About 50 percent of currently married women use contraception method. With in that 44 percent of family uses modern method of contraception and 25 percent current married women has not access to modern method of contraception. And about 50 % of spouse's does not discuss about the use of contraceptive. There is close relationship between use of contraceptive method and its knowledge, Attitude and Practice (KAP).

2.2.5 Child Loss Experience and Fertility

In Nepalese perspectives, the poor level of social economic development is the most catalyzing factor for high level of infant mortality and fertility (Adhakari, 1996).

In fact mortality rates stops the lactation that helps to shorten post partum infecundable period and resumption of ovulation occurs, hence the mother is ready to conceive another body. Therefore high infant and child mortality is a cause of high fertility in many societies because there is always a need of new child to compensate for last one.

Higher child loss experience is positively associated with number of CEB. Child loss experience is the indicator of poor maternal and child health services. In total the loss of two or more children was associated with almost 7.0 CEB, where as women with no child lost, a CEB of less than 3.0. Wastage of children is the wastage of resources and women's health, need better health care system. (Acharya G; 2003).

Gubaju (1991:19) concluded that irrespective of the length of preceding birth interval, the probability of child dying during infancy is considerably higher among the mothers whose previous child had died than those whose previous child is alive. New ERA found a close relationship between infant mortality and the number of CEB. The study concluded the existence of strong child replacement effect in Nepal.

High infant mortality rate is found in developing countries like India(60), Nepal(64), Mozambique(119), Zambia(95), Afghanistan(172), Haiti(80) where the Total Fertility Rate for India(3.0), Nepal(3.7), Mozambique(5.5), Zambia(5.7), Afghanistan(6.8), Haiti(4.7) per 1000 live birth (world population data sheet 2005).

2.2.6 Sex Preference and Fertility

In developing countries like Nepal preference of son is the main cause of high fertility due to various social & economic reasons which influence the fertility behavior. For economic & security point of view male children is high value in developing society. Gurung (1992), examined the sex preference and its reasons among Dhimal community, he found that more than 90% of respondents preferred son

in family but with a desire to have at least one child of each sex among wanted family size was four children.

2.2.7 Value of children & Fertility

The value of children to parents varies access cultures, socio- economic groups, community & individuals. Several studies on value of children have pointed out that there are 5 positive general values of children, which lead to higher fertility. They include emotional benefit, economic benefit & security, self- enrichment and development, family cohesive and continuity (London Academic Press, 1982).

Children economic benefits & security is the main cause of high fertility in developing countries. Children provide benefits of the household in several sectors as cooking from care of sibling, sharing of income, old age security including economic support, physical care and psychological security.

2.2.8 Cultural, Religious Values & Fertility

A woman becomes real women only when she performs her role as mother and her status is fully validated after successful birth of many children specially sons and childlessness is a course (Dahal, 1978). A major cultural component of Nepali woman is child bearer. Different fertility can be observed in different cultural & religious societies. By culture & religions Nepali society is pro-natalist (Dahal, 1987). We found early age at marriage, polygamy, and blamed childless woman as deteriorate) and children are god gifts needed sons in funeral works etc which is based upon cultural & religious values, support the high fertility. Different cast ethnicity groups has different marital fertility rate for example Brahmin had 5.67, Chhetri had 6.07, Newar had 4.89 & Tamang had 7.5 (Niraula & shrestha, 1997:24).

2.2.9 Breast feeding & fertility

Breast feeding is another important proximate determinant of fertility. Although breast feeding in Nepal is almost universal, it is the cost widely used and valuable measure of the success of family planning Programme. The conventional

measure is that higher the current use of contraception higher the strength of family planning Programme effort and vice versa (Pathak, 2002:129).

Children of mothers with some secondary and higher level of education are breastfed for shorter duration than children of mother with primary or no education. Both duration & frequency of breastfeeding can affect the length of post partum amenorrhea. The median duration of any breast feeding is about 34.3 months. Only around one in two children less than age 6 months are exclusively breastfeeding, contrary to WHO recommendations. The median duration of breast feeding is higher among children living in the western part of Nepal (MOH, New ERA & ORC Macro, 2006:177).

2.3 Conceptual Framework

The conceptual framework is conceived after the literature review. The literature review provides the relationship between variables and fertility. Socio-economic & culture variables are important determinants of fertility behaviour of women on the basis of literature review. The conceptual framework is composed using the dependent & independent variable.
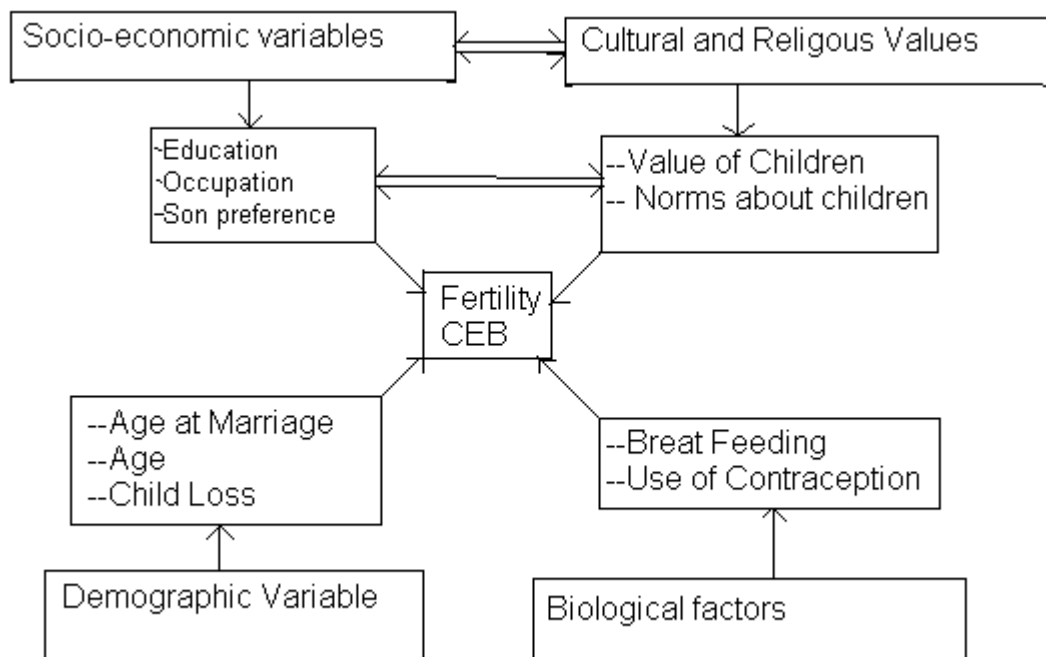
Fig: - Conceptual Framework

In the study, mainly four factors play important role to determine the fertility behavior. The four factors i.e. socio-economic variables, cultural and religious values, demographic variables and Biological factors are as independent variables where number of CEB is dependent variable in this study. Number of CEB is affected by various factors i.e. education, occupation, age at marriage, child loss experience, breastfeeding, use of contraception, values of children in the society and norms about the children. These variables affect the fertility behavior of study community directly or indirectly.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1   Introduction of Sample Area

The study area is selected as Tamang community in Balthali V.D.C. Kavrepalanchowk district. It is located about 15 km north from district headquarter Dhulikhel and it lies South-East from Katmandu about 40 km distance. Panauti Municipality lies in the North, Chalal VDC lies in West, Chyashing kharka lies in South, Mahankal VDC lies in Southern East and Sankhu Patichaur VDC lies in the Northern East of Balthali VDC.

There are different caste/ ethnic and religious groups, having different socio-economic characteristics in Balthali VDC. Tamang community covered in Balthali VDC about 50% of the total population. Before this, there is no any research about the fertility behaviour of Tamang community in Balthali. This VDC is semi developed area that is electricity road, school, piped water, health facilities are available but the status of Tamang's is not satisfactory. So that Tamang community is selected for research.

3.2   Sample Size

In the study sample size was 113 household from ward 1, 4, 5, 6, 7 & 9 where Tamang community was found in the Balthali VDC. 121 respondents were chosen. The Respondents were currently married women of 15-49 years.

3.3   Sampling Procedure

In Balthali VDC six wards were selected where Tamang are living and all household were taken purposively. 10 households from ward 1, 6 household from ward 4, 49 household from ward 5, 30 household from ward 6, 10 household from ward 7, and 8 household from ward 9 were taken for the study depending upon the number of their population. All the currently married women of age 15-49 years were selected for interview (of individual questionnaire).

3.4 Questionnaire Design

There are two types of questionnaire used i.e. Household questionnaire and Individual questionnaire. The household questionnaires were used to collect information of eligible respondents for interview and to get some demographic & socio-economic information of each member of the household from head of household.

The individual questionnaire were asked only to currently married women of age 15 to 49 years (from household information). Information were generated on age at marriage, marital status types of occupation, educational status, CEB, Knowledge & use of family planning or contraceptive methods, desire no of children, breastfeeding practices, participation in decision making etc. The aim of asking questions was to find out the fertility behavior of Tamang community in Balthali VDC.

3.5 Data Collection Procedure

To collect the information about the fertility, well prepared and pretest questionnaire were used. The procedure of data collection was visit door to door of households of the study area. The purpose of visit was to collect required information about fertility. The data were collected with the help of local friends.

3.6 Data Analysis

The collected crude data were edited, checked and re-coded before they are entered into computer and tabulated for required needs. The analysis of data collected was done basis on the researchers need purposively.

3.7 Ethical Issues in Research

In this study, I was conscious about the following issues:-

➢ An individual's privacy mean keeps all information secret.
➢ Not put pressure on respondent information.
➢ Not violate their socio-cultural norms and values (belief).

- ➢ Maintaining confidentially and anonymity.
- ➢ Don't bios (basic) on socially, economically and politically in the process of data collection.

3.8 Organization of the Study

This study was organized into major chapters:-

Chapter I	:	General Background (Statement of problem, objectives of the study, rational of the study, limitation of the study).
Chapter II	:	Review of Literature (Theoretical Literature review, empirical literature review, conceptual framework).
Chapter III	:	Research Methodology (Sample area, sample size, sampling procedure, Questionnaire design, Data collection procedure, and data analysis).
Chapter IV	:	Socio-economic and Demographic characteristics
Chapter V	:	Analysis of fertility behavior of the Respondents
Chapter VI	:	Result and discussion (Summary, conclusion and recommendation)
Chapter VII	:	Appendix (Questionnaires)
Chapter VII	:	References

CHAPTER- FOUR

SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS

4.1   Socio-Economic and Demographic Characteristics

This chapter deals with general socio-economic and demographic characteristics of study population living Balthali V.D.C, which may represent socio-economic status affecting fertility among Tamang community.

In the study community, total population was found 685 from 113 household. All respondents found in study area were Buddhist and their mother tongue was Tamang. Most of them can speak Nepali language as a second language. All household used wood for cooking. Out of total population agriculture came in first and then labor was second main occupation of study community. The study found 346 male and 339 female with sex ratio of 102.06. Average family size was observed as 6.06 per household.

4.1.1 Age-sex structure

Age structure provides the information of population in different age groups at a particular period. Age-sex structure of the study population is the important variables in the study population dynamics. Age-sex structure of the population is the most important factor for studying fertility.

Out of the total population 50.51 percent were males and 49.49 percent were females. Table 4.1.1 shows that then highest proportion of population was found in age group 10-14(15.04%) followed by 5-9(12.12%) for both male and females. This indicates that higher proportion of population in lower age groups resulted from higher fertility and potentiality of higher fertility in future. Lowest proportion of population of population was found in age group 65-69(1.75%) only 8.32 percent of the total population was in 60and above years indicating low life expectancy at birth.

Table 4.1.1: Age-sex distribution of study population

Age group	Male	Percent of male	Female	Percent of female	Total	Total percent
0-4	39	11.27	27	7.96	66	9.64
5-9	45	13.01	38	11.21	83	12.12
10-14	54	15.61	49	14.45	103	15.04
15-19	31	8.96	32	9.44	63	9.20
20-24	38	10.98	35	10.32	73	10.66
25-29	23	6.65	38	11.21	61	8.91
30-34	25	7.23	32	9.44	57	8.32
35-39	24	6.94	21	6.19	45	6.57
40-44	13	3.76	13	3.83	26	3.80
45-49	12	3.47	7	2.06	19	2.77
50-54	10	2.89	7	2.06	17	2.48
55-59	8	2.31	7	2.06	15	2.19
60-64	8	2.31	14	4.13	22	3.21
65-69	6	1.73	6	1.77	12	1.75
70+	10	2.89	13	3.83	23	3.36
Total	346	100.00	339	100.00	685	100.00

Source: Field survey, 2008

4.1.2 Dependency Ratio

Dependency ratio is defined as the number of persons who is supported by dividing the number of dependent population as a percentage of population of working age.

Child dependency ratio is obtained by dividing total number below 15 years of age by population in working age group 15 – 60 years. Similarly old age dependency ratio is obtained by dividing the total population in age 60 years and above by percentage of population in working age group 15- 60 years.

Table 4.1.2: Distribution of dependency ratio of sample population.

	Number	Dependency
Child	252	67.02
Old	57	15.16
Total	309	82.12

Source: Field Survey, 2008

Child dependency ratio was found 67.02 and old dependency ratio was 15.16. Total dependency ratio was found 82.12. That means very high proportion of population in non-working age. That means 82 persons depends upon 100 persons of working ages.

4.1.3 Educational Status of the Study Population

Education plays a vital role in the human life which reflects the socio-economic status of the community. Educational status is used to analyze the changing fertility behavior of any community. The question about educational attainment was asked to the person aged 6 years and above.

Table 4.1.3: Distribution of sample population by educational status according to the sex.

Educational status	Male	Percentage	Female	Percentage	Total	Percentage
Literate	208	69.57	148	49.01	356	59.23
Illiterate	91	30.43	154	50.99	245	40.77
Total	299	100	302	100	601	100

Educational attainment

Educational status	Male	Percentage	Female	Percentage	Total	Percentage
Non-formal education	10	4.81	12	8.11	22	6.18
Primary	98	47.12	87	58.78	185	51.96
Lower-secondary	45	21.63	30	20.27	75	21.07
Secondary	32	15.38	10	6.76	42	11.80
SLC+ above	23	11.06	9	6.08	32	8.99
Total	208	100	148	100	356	100

Source: Field survey, 2008

Table 4.1.3 shows that 59.23 percent populations are literate and 40.77 percent are illiterate. Among female population 49.01 percent are literate and 50.99 percent are illiterate. Percentage of male literacy is 69.57 percent. Male educational attainment is higher in every level of education that of female. In the primary level, female proportion s higher than male proportion i.e. 47.12 percent male and 58.78

percent female. I n the lower secondary level proportion of males (21.63%) and (20.27%) are similar. In the secondary level and above level the participation of female is very poor. Only 6.76 percent and 6.06 percent females in secondary level and SLC and above level where as in males it is 15.38 percent and 11.06 percent. It shows that the higher educational attainment percentage of population is lower. Female education enrollment is lower than males which may lead to high fertility.

4.1.4 Occupational Status of the Study Population

Occupation status plays an important role which reflects the socio-economic structure and fertility. The question about occupational status was asked only to the person aged 10 years and above by sex.

Table 4.1.4: Distribution of sample population by Occupation According to Sex

Occupation	Male	Percentage	Female	Percentage	Total	Percentage
Agriculture	55	20.52	146	54.68	201	37.50
Labor	63	23.51	36	13.48	99	18.47
Service	35	13.06	4	1.50	39	7.28
Foreign employment	15	5.60	-	-	15	2.80
Business	6	2.24	1	0.37	7	1.31
Students	82	30.60	73	27.34	155	28.92
Other	13	4.85	7	2.62	20	3.73
Total	268	100	267	100	536	100

Source: Filled survey 2008

According to Table 4.1.4, out of the total population 37.50 percent population are engaged in agriculture following by student(28.92%) and least proportion in occupation business(1.31%) and foreign employment(2.80%) . there is more variation in occupation between males and females. 20.52 percent males engaged in agriculture where as females engagement is 54.68 percent, more than double. More males(23.51%) engaged in labor than females (13.49%).service holders occupied 7.28 percent, where females occupied only 1.50 percent against males(13.06%).

5.60percent males are engaged in foreign employment but no one is engaged in females, out of total population.

4.1.5 Marital Status of the Study Population

After the marriage child bearing is permitted by socially and culturally in Nepalese society, so it has important role to determine on the fertility behavior. The marital status of the study population of age 10 years and above is given below.

Table 4.1.5: Distribution of Population as a Marital Status by Sex

Marital status	Male	Percentage	Female	Percentage	Total	Percentage
Single	100	38.31	95	34.55	195	36.38
Currently married	151	57.85	158	57.45	309	57.65
Widow/er	9	3.45	16	5.82	25	4.66
Divorce	-	-	1	.36	1	0.19
Separated	1	.38	5	1.82	6	1.12
Total	261	100	275	100	536	100

Source: Field survey, 2008

Out of eligible 536 populations, 57.65 percent are currently married and 36.38 percent are single. Married males (57.86%) and females (57.45%) are likely to same. Proportion of single males (38.31%) is higher than females (34.55%). The percentage of widow, divorced and separated women are higher than that of males. Only .19 percent of divorced is found in total. More separated is found in women (1.82%) comparing to men (0.38%).

4.1.6 Household Facility of the Population

Modern household facilities are the important factors that affect the behavior of human being including fertility behavior of women. Electronic media play most important role to aware people about the family planning, use of contraceptives, effect of large family etc.

Table 4.1.6: Distribution of Household Facilities.

Household Facilities	Household Number	Percentage
Radio	93	82.30
T.V.	59	52.21
Electricity	103	92.15
Phone(mobile)	38	33.63
None of them	10	8.85
Total	113	100

Source: Field survey, 2008

Out of 113 household, 91.15 percent has electricity, 82.30 percent has radio, 52.21 percent has TV and 33.63 percent has mobile phone. Only 8.85 percent household has not facilities of electricity, radio, TV, and mobile phone.

4.1.7 Food Sufficient of Household From Own Land

Food sufficient of household from own land is related to economic condition of household which indirectly affect the fertility. In Tamang community, if household do not have sufficient food from own land, they are compelled to engage in any type of activities outside the home with the lower working status.

Table 4.1.7: Distribution of Food Sufficiency or Insufficiency from Their Own Land

Sufficient/ Insufficient	Household number	Percentage
Sufficient	23	20.35
Insufficient	90	79.65
Total	113	100

Source: Field survey 2008

Out of total household 20.35 percent have sufficient food from their own agriculture production for a whole year. The majority of household i.e. 79.65 percent have not sufficient food production from their own land for a whole year.

4.1.8 Material of Roof Used in Household

Table 4.1.8: Material of Roof in Respondent's Houses

Type	Number of household	Percentage
Brick	12	10.62
Tin	72	63.72
Straw& Grass	29	25.66
Total	113	100

Source: Field survey 2008

Types of material used in made of house is directly related to the economic condition of household which effect the fertility indirectly. Out of 113 household, majority of them i.e.63.72 percent houses used Tin as their roof where as 25.66 percent houses used Straw Grass as a roof and only 10.62 percent houses used brick as their roof.

4.1.9 Main Income Source of Household

Source of income is related to education and occupational status of people. Fertility is differentiated in different level of income. People who engaged in traditional occupation have lower incomes and those have higher number of children.

Table 4.1.9: Distribution of Main Income Sources of Household

Sources	Number of household	Percentage
Agriculture	24	21.24
Wages	21	18.58
Services	17	15.04
Business	5	4.43
Remittance	12	10.62
Agriculture & Wages	23	20.36
Agriculture & Services	10	8.85
Others	1	0.88
Total	113	100

Source: Field survey, 2008

Majorities of household's main income source was agriculture (21.24%), following both agriculture and wages (20.36%). 18.58 percent household's main source of income was wages. 0.88 percent household had main income from others categories (i.e. pension, charity, etc.). And business (4.43%) was the second least categories in the case of source of household income.

4.2   Background Characteristics of Respondents

To analysis the fertility behaviors of study group, socio-economic and demographic characteristics of respondents are studies. Various factors like age, education, occupation, age at marriage, age of first menstruation, use and nonuse of contraceptives are studied.

4.2.1 Age Distribution of Respondents

Age of women is very important factor in determining fertility behavior.

Table 4.2.1: Distribution of Respondents by Age Group

Age Group	Number	Percentage
15-19	5	4.13
20-24	20	16.53
25-29	35	28.93
30-34	27	22.31
35-39	19	15.70
40-44	11	9.09
45-49	4	3.31
Total	121	100

Source: Field survey, 2008

Table 4.2.1 shows age distribution of respondents of study area. Currently married women are divided in different five –year age groups. The highest 28.93 percent eligible respondents are in age group 25-29 and second highest 22.31 percent was in age group 30-34. Women in age groups 44-49 and 15-19 had occupied least percent i.e. 3.31 percent and 4.13 percent respectively.

4.2.2 Age at Marriage of Respondents

In the context of Nepal, marriage is universal and almost takes place at early age. In the study Tamang community, lower age at marriage is less in practices but found high fertility. That scenario is the differences with other ethnic groups of Nepal. The distribution of women by age at marriage is presented in Table 4.2.2.

Table 4.2.2: Distribution of Respondents by Age at Marriages

Age at marriage	Number	Percentage
Below 16	17	14.05
16	12	9.92
17	16	13.22
18	34	28.11
19	16	13.22
20	13	10.74
21+	13	10.74
Total	121	100

Source: Field Survey, 2008

According to table 4.2.2, the highest proportions of respondent were found married at the age of 18 years that is 28.11 percent. In the second highest proportion of respondent were found married at the age below the 16 years. 13.22 percent women were married at age 16 years and 19years respectively. The least proportions of women were married at age of 16 years that is 9.92 percent.

4.2.3 Educational Status of Respondents

Education plays a main role to decrease fertility behavior of couple and to increase the women's status in society. Educated couple discussed about contraception, reproductive and sexual health, number of children etc. Educated wife and mother play an important role in family. The distribution of eligible respondents by educational status is given in table 4.2.3.

Table 4.2.3: Educational Status of the Respondent

Educational status	Number	Percentage
Literate	52	42.98
Illiterate	69	57.02
Total	121	100

Educational status

Non-formal	5	9.62
Primary	37	71.15
Lower secondary	6	11.54
secondary	1	1.92
SLC+	3	5.77
Total	52	100

Source: Field survey, 2008

Among total respondents 42.98 percent literate and 57.02 percent were illiterate. Among the literate 9.62 percent had non-formal education and 5.77 percent had SLC and above level of education. Most of respondents had primary level of education that is 71.15 percent. Respondent's school dropout rate in primary level was very high, so that proportion of respondent's in higher level of education was found very poor.

4.2.4 Occupational Status of the Respondents and Husband

Occupational status is one of the important determinants of fertility whish is one of the factor determining the fertility behavior. In the study area higher proportion of respondents and their husband's were found engaged in agriculture and labor.

33

Table 4.2.4: Occupational Status of the Respondents and Their Husband

Occupational status	Respondent number	Percentage	Husband number	Percentage
Agriculture	91	75.20	29	23.97
Labor	27	22.31	52	42.98
Service	1	0.83	21	17.36
International employment	0	0	12	9.92
Student	1	0.83	2	1.65
Business	1	0.83	5	4.13
Others	0	0	4	3.13
Total	121	100	121	100

Source: Field survey, 2008

Table 4.2.4 shows that 75.20 percent respondent were engaged in agriculture, 22.31 percent engaged in labor and 0.83 percentage engaged in services, student and business respectively. Out of 121 husbands, 42.98 percent were engaged in labor, 23.97 percent were engaged in agriculture, 17.36 percent engaged in services and 9.92 percent engaged in international employment. Only 1.65 percent husband engaged in studying. Other sectors includes: disable, not- working persons etc. which occupied 3.13 percent.

4.2.5 Knowledge and Use of Contraception

Knowledge and use of contraception is directly related to the fertility performance. Uses of contraceptive method are the indicator of family planning and play a vital role to decrease the number of children ever born. Almost respondents had knowledge about at least one contraceptive method founded by field survey.

Table-4.2.5 Distribution of Respondents by Use and Nonuse of Contraception

Contraception	Number	Percentage
Ever users	104	85.95
Non-users	17	14.05
Total	121	100

Source: **F**ield survey, 2008

Table 4.2.5 shows that 85.95 percent respondent had ever used at least one contraceptive methods. Only 14.05 percent respondents did not use any method but they had knowledge about contraceptive method.

4.2.6 Ever Used Contraception Method

Table 4.2.6: Distribution of respondents by ever used of contraception method

Contraception Method	Respondent Number	Percentage
Norplant	11	7.80
IUD	10	7.09
Pills	17	12.06
Males Sterilization	10	7.09
Female Sterilization	21	14.89
Dipo	54	38.30
Condom	18	12.77
Total	141	100

Source: Field survey, 2008

Within the ever user of contraceptive method, Dipo had occupied 38.30 percent following by female sterilization i.e. 14.89 percent. Only 7.09 percent of male sterilization indicating female's involvement is higher in using the family planning method. Norplant (7.80%) and IUD (7.08%) user proportion was less compare to Dipo (38.30%), Pills (12.06%) and Condom (12.77%).

4.2.7 Current Used Contraception Method

Growing awareness about contraceptive method increases its user. In the study, Dipo became the famous within women which occupied 33.06 percent and than non-user occupied second position i.e.19.83 percent. In the case of permanent method, male sterilization (8.26%) and female sterilization (17.36%) occupied (25.62%). Norplant (4.96%), IUD (4.13% and Condom (4.13%) user occupied less proportion.

Table 4.2.7: Distribution of Respondents by Current used of Contraception Method

Contraception method	Respondents	
	Number	Percentage
Norplant	6	4.96
IUD	5	4.13
Pills	9	7.44
Males Sterilization	10	8.26
Female Sterilization	21	17.36
Dipo	40	33.06
Condom	5	4.13
Total	121	100

Source: Field survey, 2008

4.2.8 Source of Contraception Method

Easy availability and accessibility of contraceptive method increases the proportion of users. The sources of contraceptive method play role to increase or decrease user.

Tables 4.2.8: Distribution of Respondents by Sources of Contraception Method

Sources of Method	Cases	Percentage
Hospital	28	26.92
Health post	54	51.92
Clinic	8	7.70
Others	14	13.46
total	104	

Source: Field survey, 2008

Table 4.2.8 shows that in the first position, 51.92 percent user get services from health post and in second 26.92 percent get services from clinic and13.46 percent get services from health workers, MCHW, social organizations, donor agencies, social workers, etc.

4.2.9 Age at First Menstruation

Women can bear children after the menstruation, so age at first menstruation of women is one of major determinants of fertility. Early age menstruation increases the chance of more number of children, increasing the spanning the child bearing period

Table 4.2.9: Distribution of respondents by age at first menstruation

Age of first menstruation	Respondents	
	Number	Percentage
Below 14	26	21.49
14	33	27.27
15	35	28.93
16	10	8.26
17	16	13.22
18	0	0
19+	1	0.83
Total	121	100

Source: Field survey, 2008

Table 4.2.9 show that out of 121 respondents 28.93 percent had age at first menstruation at age 15 years following by 27.27 percent at age 14 years.21.49 percent had menstruated at age below the 14 years and only 0.83 percent had menstruated at age 19 years and above.

CHAPTER-FIVE

FERTILITY OF CURRENTLY MARRIED WOMEN BY SOCIAL-ECONOMIC AND DEMOGRAPHIC VARIBLES.

5.1 Mean CEB by Age Group of Respondents

In this is chapter fertility behavior of currently married Tamang women aged 15-49 by some selected socio-economic and demographic variables are analyzed. Number of children born (CEB) of women in reproductive age is one of the best indicators for fertility, which is taken depended variables. It is measured in terms of means numbers of children ever born with various socio-economic and demographic characteristics.

Table 5.1: Distribution of Mean CEB by Age of Respondents

Age Group	Mean CEB	Cases	Percentage
15-19	0.80	5	4.13
20-24	1.65	20	16.53
25-29	2.14	35	28.93
30-34	3.14	27	22.31
35-39	3.37	19	15.70
40-44	3.88	11	9.09
45-49	5.00	4	3.31
Total	2.73	121	100.00

Source: Field survey, 2008

The mean number of children ever born (CEB) is varies by the age women. Number of CEB is depending upon the age of mother. There is positive association with longer span of reproductive age of women and number of children ever born.

The mean number of CEB of study was found 2.73 which were slightly higher than mean (2.7) of total Nepalese currently married women ages 15-49 years. Mean number of CEB of women in age group 15-19 years is 0.80. There is continuous increased in mean number of CEB of women in every age group from 15-19 (0.80) to 45-49 (5.00) years. The mean CEB increases until the ends of reproductive age. It

shows that when age of married women increases the mean numbers of CEB also increase.

5.2   Mean CEB by Age at Marriage

Higher age at marriage of women is associated negatively with the mean number of CEB.

Table 5.2: Distribution of Mean CEB by age at marriage

Age at marriage	Mean CEB	cases	Percentage
Below 16	3.71	17	14.05
16	3.58	12	9.92
17	2.56	16	13.22
18	2.56	34	28.11
19	2.63	16	13.22
20	2.54	13	10.74
21+	1.62	13	10.74
Total	2.73	121	100

Source: Field survey, 2008

Table 5.2 shows that highest mean number of CEB (3.71) was found among those women who married below 16 year and lowest mean number of CEB 1.62 was found at age at marriage 21 years above. From the above table, mean number of CEB has decreased with increase in age at marriage.

5.3   Mean CEB by Child Loss Experience of Women

Child loss experience is one of the determining factors for fertility. If there is high child mortality, women would likely to give relatively more births to replace her dead child. So Childs mortality would promote to would to produce more children.

Table 5.3: Distribution of Mean CEB by Child Loss Experience

Child loss	Mean CEB	cases	percentage	difference
0	2.39	97	80.17	-
1	4.00	22	18.18	1.61
2	5.00	2	1.65	1.00
3 +	-	-	-	-

Source: Field survey, 2008

The mean CEB was 2.39 to women who had not experienced any child loss. The mean CEB was 4.00 for women who had lost one child it was found 1.61 mean CEB differences from "0" child loss experienced. The highest mean CEB was 5.00, found for women who had lost two children and it was 1 mean CEB difference from 1 child loss experienced. More than two child lost experienced in the study was not found.

5.4   Desired Number of Children and Mean CEB

Desired number of children affects fertility behavior of women. High desired number of children led high number of children.

Table 5.4: Distribution of Mean CEB by Desired Number of Children

Desired number	Mean CEB	Cases	Percentage
1	1	1	0.83
2	2.14	76	62.81
3	3.53	32	26.45
4	4.5	10	3.26
5	4.5	2	1.65
Total	2.73	121	100

Source: Field survey, 2008

Table 5.4 shows that 62.81 percent women want 2 children whose mean number of CE B was 2.14 and 26.45 percent women want 3 children whose mean number of CEB was 3.53. Those who desired 4 & 5 numbers of children had mean

number of CEB was 4.5. Those who desired one child had mean number of CEB 1, which occupied only one case. Very few had desired to bear only one child. There is positive relationship between the desire number of children and fertility behavior.

5.5 Mean CEB by Types of User

Mean number of CEB and use of contraceptive method had direct relationship.

Table 5.5: Distribution of Use of Contraception Method

Contraception method user/non-user	Mean CEB	Cases	Precent
User	2.63	104	85.98
Non-user	3.29	17	14.05
Total	121	121	100

Source: Field survey, 2008

Table 5.5 show that 2.63 mean number of CEB who used the contraceptive method and non-user of contraceptive method had 3.39 mean number of CEB. Contraceptive method user had fewer numbers of children compare to non-user of contraceptive method. In study community, more contraceptive users were found, indicating positive message for reducing fertility.

5.6 Mean CEB by Types of Contraceptive Method

Number of children ever born varies in user with the types of used contraceptive method.

Table 5.6: Distribution of Types Contraception Methods

Method Used	Mean CEB	Cases	Percentage
Temporary	2.37	73	70.19
Permanent	3.00	31	29.81
Total	2.59	104	100

Source: Field survey, 2008

41

Among the users of contraceptive method, 70.19 percent used temporary method whose mean CEB was 2.37 29.81 percent users used permanent method whose mean CEB was 3.00. Higher mean CEB was found among respondents using permanent method than temporary method of contraceptive.

5.7 Mean CEB by Economic Decision

Fertility is associated with decision power in household, especially for decision power of respondent. Out of 121 respondent 45.45 percent of husband decided in economic matter where 22.31 percent household both husband and wife decided on the economic matter and 18.13 percent father/mother in law,11.57 percent respondents ownself and 2.48 percent others took decision on economic sector.

Table 5.7: Distribution of Mean CEB by Economic Decision

Decision	Mean CEB	Cases	Percentage
Husband	2.82	55	45.45
Wife	2.29	14	11.57
Both	2.74	27	22.31
Father/mother in law	2.86	22	18.13
Others	3.00	3	2.48
Total	2.73	121	100

Source: Field survey, 2008

The highest mean CEB 3.00 was found in others decision and lowest mean CEB 2.29 was found in respondent's oneself decision. And 2.86 mean CEB with father/ mother in law and 2.82 mean CEB with husband's decision in economic sector of husband. It was found that where women decision making power is high, there is low mean CEB.

5.8 Mean CEB by Literacy Status of Respondents

In the present world education status of women plays a vital role to decrease the number of children. Educated women's socio-economic status is found better than

non-educated women. It has been widely accepted that education has a strong direct and indirect impact on fertility behavior.

Table-5.8 Distribution of Mean CEB and Literacy Status of Respondents

Educational status	Mean CEB	Cases	Percentage
Literate	2.08	52	42.98
Illiterate	3.22	69	57.02
Total	2.73	121	100

Educational attainment

Non-formal	2.4	5	9.62
Primary	2.32	37	71.15
Lower secondary	2.33	6	11.54
Secondary	2.00	1	1.94
SLC +	-	3	5.77
Total	2.08	52	100

Source: Field survey, 2008

Table 5.8 shows that 57.02 percent were illiterate and 42.98 percent respondents were literate whose mean CEB was 3.22 and 2.08 respectively. Out of the total respondents, 9.62 percent women had non-formal education and their mean CEB was 2.4 which was highest among the level of education where as 5.77 percent women had completed SLC and above level of education had mean CEB "0". 1.94 percent women had secondary level education whose mean CEB was 2.00. in the community, increase in level of education of women decrease in mean CEB. There is inverse relationship between level of education and mean CEB of women lower educational status of women is the main cause of high fertility in this community

5.9   Mean CEB by Literacy Status of Husband

Educated husband are aware about small family size, proper use of contraceptive and care of children health. Educated husband are more aware about their children education and future carrier. Educational status of husband plays an important role to the decreasing fertility.

Table 5.9: Distribution of Mean CEB and Literacy Status Husband

Educational status	Mean CEB	Cases	Percentage
Literate	2.48	94	77.69
Illiterate	3.59	27	22.31
Total	2.73	121	100

Educational attainment

Non-formal	2.38	8	8.51
Primary	2.67	45	47.87
Lower secondary	2.50	18	19.15
Secondary	2.71	14	14.89
SLC +	1.22	9	9.58
Total	2.48	94	100

Source: Field survey, 2008

According to table 5.9, 22.31 percent illiterate husband had mean CEB 3.59 where as in the case of literate husband mean CEB was found in those with SLC and above level of education that is 1.22. Mean CEB of husband were 2.48,   2.67, and 2.50 for whose educational levels were non-formal, primary and secondary respectively. Higher percentage (47.87%) of husband was found in primary education. If has increasing level of husband's education. But in the study community, it was found some fluctuation.

5.10 Men CEB by Occupational Status of Women

Occupation effects indirectly in the fertility behavior of women. Occupation status of women determines the level of fertility. In general, women who worked in labor and agriculture need more manpower to maintain their work and to maintain their sustainability in daily needs, leads to high number of children. Women who involves in modern occupation maintain better life, which helps to raise their income and education, helping to reduce fertility.

Table 5.10: Distribution of Mean CEB by Occupational Status of Respondents

Occupational status	Mean CEB	Cases	Percentage
Agriculture	2.70	91	75.20
Labor	3.04	27	22.31
Services	-	1	0.83
Foreign employment	-	-	-
Student	-	1	0.83
Business	2.00	1	0.83
Total	2.73	121	100

Source: Field survey, 2008

Most of the respondents (75.20%) were engaged in agriculture and their mean CEB was 2.70. 22.31 percent women were involved in labor, whose mean CEB was found the highest i.e. 3.04. women who engaged in service, student and business had lowest mean CEB i.e. 0.83.

In the study community, women who involved in labor and agriculture had higher mean CEB than those involved in service, business and student.

5.11 Mean CEB by Occupational Status of Husband

Husband's occupation had effect on fertility behavior. If husband engaged in modern occupation had fertility but if husband engaged in traditional work had higher fertility.

Table 5.11: Distribution of Mean CEB by Occupational Status of Husband

Occupational status	Mean CEB	Cases	Percentage
Agriculture	2.93	29	23.97
Labor	3.10	48	39.67
Services	1.9	21	17.36
International employment	2.75	12	9.92
Student	-	2	1.65
Business	2.2	5	4.13
Others	3.00	4	3.13
Total	2.73	121	100

Source: Field survey, 2008

The highest mean CEB 3.10 was observed for those women whose husbands were engaged in labor sector. Only 23.97 percent male engaged in agriculture sector and their women's men CEB was observed 2.93. The least mean CEB 1.9 was observed for those women whose husbands were engaged in services sector. Mean CEB of women was found varied depending upon their husband occupation in the study.

5.12 Mean CEB by Duration of Breastfeeding

Breastfeeding and child bearing performance is biological factor. Breastfeeding is one of the determinants of fertility. If duration of breasting is lengthening the period of postpartum amenorrhea which expanded the birth interval. There is inverse relationship between duration of breastfeeding and fertility.

Table 5.12: Distribution of CEB by Duration of Breastfeeding

Duration of Breasting	Mean CEB	Cases	Percentage
0-12 month	3.00	13	10.74
13-29 month	3.11	38	31.40
30 + month	2.70	64	52.89
Non of them	-	6	4.96
Total	2.73	121	100

Source: Field survey, 2008

Table 5.12 shows that most of the women (52.89%) had breastfed their child more than 30 month whose mean CEB2.70 was observed as the least. The higher mean CEB 3.11 was observed in women who breastfed their 13-29 month. Only 10.74 percent women breastfed their children 0-12 month, had mean CEB3.00. From the above table lower CEB was observed for those who had breastfed for longer duration.

5.13 Mean CEB by Decision in Use of Contraceptive

Contraceptive methods are main instrument to reduce fertility level. Decision taken in use of contraceptive methods play a important role to determine the level of fertility behavior. The study also wants to seek role of women's decision power in use

of contraceptive method because they bears all risk of child bearing. Women's decision in using contraceptive method is an important method is an important factor for reducing the number of children.

Table 5.13: Distribution of mean CEB by decision in use of contraception methods

Decision	Mean CEB	Cases	Percentage
Husband	2.83	24	23.08
Wife	2.34	29	27.88
Both	2.74	47	45.88
Other	2.75	4	3.85
Total	2.65	104	100

Source: Field survey, 2008

Table 5.13 shows that 45.19 percent took combined decision in use of contraceptive methods whose mean CEB 2.74 was observed. 23.08 percent male decided in the use of contraceptive methods whose mean CEB 2.83 observed highest in the study. 27.88 percent female decided use of contraceptive methods oneself whose mean CEB2.34 was observed least in the study. In the study area, role of women in the use of contraceptive methods has in increasing trends whish is the good indicator to decrease high fertility.

5.14 Mean CEB by Persons Taking Decision on Number of Children

The decision of number of children is another variable that effect indirectly in fertility behavior of fertility of women. The decision of women on the number of their children had direct impact for reducing the number of children.

Table 5.14: Distribution of mean CEB by decision on number of children

Decision	Men CEB	Cases	Percentage
Husband	2.89	28	23.14
Wife	2.44	18	14.88
Both	2.8	61	50.41
Others	3.09	11	9.09
No answer	-	3	2.48
Total	2.73	121	100

Source: Field survey, 2008

In the most of cases, both husband and wife (50.41%) had taken the decision on the number of children whose mean CEB 2.80 was observed. The highest mean CEB 3.09 was observed of those women whose number of children was decided by others (family members, relatives, friends etc.). The lowest mean CEB 2.44 was observed in those women who decided the number of children oneself. In the study, 23.14 percent male decided the number of children whose mean CEB 2.89 was observed and 2.48 percent women not answered. From the above table, mean CEB was lowest in the case of decision taken by women but their proportion was found poor (14.88%).

CHAPTER-SIX
SUMMARY, CONCLUSION AND RECOMMENDATION

6.1   Summary

This study was analyzed basic on the socio-economic and demographic variables of Tamang community of Balthali VDC based on primary data. The research work was studied fertility behavior in terms of CEB with respect to the different demographic & socio-economic variable in order to determine the extent of variation in CEB of currently married women aged 15 to 49 years.

Frequency mean and cross tables were presented to describe socio-economic factors influencing fertility. Information was collected from 113 household from wards 1, 4,5,6,7 and 9 purposively by visiting door to door. 121 respondents were chosen purposively.

In the study of 113 household, 685 populations were found in which 346 were males and 339 were females. All of them were Buddhists and their mother tongue was Tamang. The sex ratio o the study population was 102.06. Average family size was found as 6.06 per household. Child dependency ratio was found 67.02, old dependency ratio was 15.16 and total dependency ratio was 82.12. That means very high proportion of population in non-working age. out of total population, 46% population were under the age of 20 years which indicates higher proportion of population in lower age group resulted from higher fertility and potentiality of higher fertility in four.

Out of 601 population aged 6 years and above, only 8.99% attained SLC and 11.80% attained secondary level education. Male educational enrolments were found higher in every level of education than females, except in non-formal education. 59.23 percent population as literate and 40.77 percept is illiterate. Male literacy rate was 69.57 percent where as females literacy rate was 49.01 percent.

Most of the people were engaged in agriculture (37.50%) and labor (18.47%). Students proportion (28.92%) is also high. 54.38 percent females engaged in agriculture and labor fund less in modern sector.

Out of 536 eligible population57.65 percent are currently married and 36.38 percent are single. 4.66 percent are widow/er. Only 8.85 percent had no any modern facilities in household from out of 113 household. Only 20.35 percent had sufficient food from their own land. Most of house were used Tin as roof of house. Out of 113 household, 60.18 percent's main income source was from agriculture and wages.

Out of 121 eligible women, highest (28.93%& 22.32%) percent of women were found in age groups 25-29 and 30-34 years and lowest (3.31%) percent in age group 45-49 years.In the study area, 62.81percent eligible women married in age 18years and above ages. Out of them, 42.98 percent had illiterate and most of them (71.15%) in primary level.

85.95 percent respondents had used any one method in their life time. The temporary method Dipo was found famous with in user of women i.e. 38.20 percent used it. In the second female sterilization was found i.e. 14.89 percent. 33.06 percent women were currently using Dipo, 17.36 percent using female sterilization and 8.26 percent male using sterilization. Most of contraceptive method user (51.92%) got from hospital.Out of 121 respondents, 78.51 percent were found menstruated at above the age of 14 yeas. It is seen comparatively higher.

The mean CEB of 121 respondents were found 2.73. The mean number CEB was found increasing in every age group. Mean CEB was varied 0.80 in age group 15-19 to 5.00 in 45-49 age group. Mean number of CEB was decreased with increased in age at marriage. Highest mean CEB (3.77) was observed who married at age below 16 years. 3.58 mean CEB was observed who married at age 16 years. And the lowest mean CEB (1.62) was observed who married at age 21 years and above ages. Age at marriage and fertility has negative association.

Those women had lowest CEB (2.39) who had not lost any child and those had higher mean CEB i.e. 4.00 and 5.00 for those who had lost one and two children respectively. There is positive association between child loss experience and the mean number of CEB.

Greater the desired number of children had greater number of number of CEB. Those who had desired 4&5 number of children had mean CEB 4.5 but who desired

two children had mean number of CEB 2.14 There was positive relationship between desired number of children and fertility behavior.

Contraceptive method user had 2.63 and non-user had 3.29 mean number of CEB, indicating user had lower fertility performance. Out of them temporary contraceptive methods user had mean number of CEB 2.37 and permanent contraceptive user had 3.00 mean number of CEB was found. User had 2.63 mean number of CEB was lower than average 2.73. Decision on used of contraceptive method was taken by both (husband and wife) 45.19 percent had mean number of CEB was 2.74. Highest mean CEB 2.8 was found where husband decided on the used of contraceptive and lowest mean CEB 2.34 was found where women oneself took decision on contraceptive method. There was inverse relationship between mean CEB and used of contraceptive methods.

Economic decision is another factor which determines the fertility behavior. Lowest mean CEB 2.29 was observed where economic decision was taken by women oneself. Highest mean CEB 3.00 was observed where economic decision was taken by others. Mean CEB 2.82 was observed where husband decided on economic matter and mean CEB 2.74 was observed where both (Husband and Wife) were taken decision on the economic mater.

Literate respondent had mean CEB 2.08 and illiterate respondents had mean CEB 3.22. Lowest mean CEB 2.00 was observed where she obtained secondary level of education. Husband educations also affect the number of CEB. Those respondents had high mean CEB 3.59 whose husband was illiterate and mean CEB 2.48 for those women whose husband was literate. Mean CEB 1.22 was observed where their husband attained SLC and above educational level. Education and mean CEB had direct relationship.

Husband occupation and number of children had direct relationship. Women had low mean number CEB whose of husband was engaged in modern sector. Highest mean CEB 3.10 was observed whose husband were engaged in labor and lowest mean CEB 1.9 was observed whose husband were engaged in services.Women who breastfed for longer time (30 month and above) had lowest mean CEB 2.70 and who breastfed for short time (less than 30 month) had higher mean CEB more than 3.00.

Lowest mean CEB 2.44 was observed where women oneself decided the number of children. Mean CEB 2.8 was observed where both (Husband and Wife) taken decision on the number of children and mean CEB 2.89 was observed where decision was taken by others. The decision on the number of children affects the fertility behavior of women indirectly. Economic decision, desired no. of children, breast feeding practices, husband occupation, access of media will play important role (to reduce the no. of CEB in this community) in fertility behavior of women's of this community.

6.2   Conclusion

In the Balthali VDC, the Tamang community lives in rural parts of VDC and their economic condition is very poor lead low economic status where fertility performance is high.

Universal marriage practices, poor education, lack of proper knowledge of use of contraceptive methods, low economic status are the main cause of high fertility in Tamang community. Late but universal marriage practiced was found in this community. Almost universal marriage was significantly correlated with higher number of CEB. And from study it was found that higher the age at marriage of women lower the number of CEB. Most of the women engaged in agriculture and labor work and very few in other sectors.

The proportion of women in the use of contraceptive methods was increasing. Decision in the number of children and in the economic matter women's role is increasing, reflecting lower number of CEB. Due to the fear of child loss, some of them desired large number of children. There was found positive relationship with higher child loss experienced and CEB.

The educational situation of this community was found poor. 57.02 percent of respondents were illiterate. In higher educational level female's enrollment was lower which causes the higher number of CEB. Low level of educational attainment in women's of Tamang, caused the higher number of CEB. The study was found that longer the duration of breastfeeding, lowers the fertility level of women.

There was negative association between contraceptive use and mean number of CEB. The numbers of contraceptive methods users are found increasing which consequently lower the fertility of women. Women's decision power in economy, husband occupation play role to cut off number of CEB.

6.3 Recommendations

- Government and social organization should implement several Programmers to educate women and their husband because education is prime factor in reducing fertility level by making conscious about small and happiest family.
- To cut down the child loss experiencing government and other organization should improve nutrition, sanitation, awareness of immunization, health facilities(both governments and privates) and establish maternal and child health care centre. Infant and child mortality should be reduced to reduce the fertility level.
- Information, Education and Community services and supply of family planning method should be expanded at grass root of this community.
- Government and society should create the employment opportunities in non-agricultural sectors especially for women's to reduce the fertility rate.

6.4 Future Research Issues

This study is done to examine the fertility behavior of Tamang community by analyzing different demographic and socio-economic variables (age, age at marriage, knowledge and use of contraceptive methods, child loss experience, education, occupation, decision power of women etc.). Other variables such as ecological, biological, psychological & cultural variables can be taken into consideration as future research issues. The study is based on homogeneous Tamang population in semi-developed area but other studies may be done in remote areas or in pure urban areas which may be different.

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APPENDIX

Fertility Behaviors of Tamang Community

District: Kavre, Balthali VDC   Respondent No:...........

Name of Village:……………….   Household No.:……..

Ward No.:……………..   Types of Family: Nuclear (   ) Joint (   )

Respondent's Name:………………………………………..

S.N	To be asked all the family members				To be asked for five years above			
	Name of Member (1)	Relation with Head of Household (2)	Sex (3)	Age (4)	Current Occupation (5)	Literacy (6)	Education Level (7)	Marital Status (8)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

Code will be:

Column 2:	Column 3:	Column 5:	Column 6:	Column 7:	Column 8:
Wife-1	Male-0	Agriculture-1	Literate-1	Primary-1	Married-1
Son-2	Female-1	Labor-2	Illiterate-2	Low. Sec-2	Unmarried-2
Daughter-3		Service-3		Secondary-3	Divorced-3
Daughter in Law-4		Int. Job-4		SLC & above-4	
					Widow/Widower-4
Grandson-5		Business-5			
					Separated-5
Granddaughter-6		Students-6			
Father-7		Others-7			
Mother-8					
Others-9					

Household Socio-economic Characteristics

9. What is your Religion?

   (a) Hindu ☐ (b) Buddhist ☐ (c) Christian ☐ (d) Others ☐

10. What is your mother tongue?

    Nepali ☐ Tamang ☐ Others ☐

11. If mother tongue is Tamang, Can you speak Nepali?

    Yes ☐   No ☐

12. What type of house your Family is using?

    (a) Cement/Brick ☐ (b) Stone/Mud ☐ (c) Bamboo/Grass ☐ (d) Others ☐

13. What material is used for roof of your house?

    (a) Tin ☐ (b) Brick (Tayal) ☐ (c) Grass and Straw ☐) (d) Others ☐

14. How much land do you have? ……………………

15. Are agricultural products sufficient for your family?

    Yes ☐ No ☐

16. What is the main source of Income?

    (a) Agriculture ☐ (b) Wages ☐ (c) Remittance ☐ (d) Service ☐

    (e) Business ☐ (f) Agriculture and wages ☐ (g) others ☐

17. Does your family have toilet facilities?

    Yes ☐ No ☐

18. What kind of toilet facilities do you have?

    (a) Traditional ☐ (b) Kachhi ☐ (c) Modern ☐ (d) Others ☐

19. Do you have following facilities at home?

    (a) Radio ☐ (b) TV ☐ (c) Electricity ☐ (d) Telephone ☐

20. What is your source of drinking water?

    (a) Pipe water ☐ (b) Well ☐ (c) Stream ☐ (d) Others ☐

21. What types of fuel used for cooking?

    (a) Wood ☐ (b) Kerosene ☐ (c) Heater ☐ (d) Gas ☐ (e) Others ☐

Individual Questionnaire (Only for married women of 15-49 years age group) Socio-economic and demographic information

Age at Marriage

22. How old are you? …….

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

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

Marital Status:

25. Are you living with your husband?

    Yes ☐ No ☐

26. If not, what is your current marital status?

    Separated ☐ Divorced ☐ Widow ☐

Occupation Status:

27. What is your husband occupation? ………………….

28. What is your Occupation? ………………. ………

29. Can your husband read and write?

    Yes ☐ No ☐

30. If yes, what is the highest class of your husband completed? ……..

31. Who take the economic decision in your family?

    (a) Husband ☐ (b) Father/Mother in law ☐ (c) Self ☐ (d) Son ☐

    (e) Both (f) Others ☐

Fertility Information

32. Have you ever given birth?

    Yes ☐ no ☐

33. What was your age at your first birth?

    Age………..

34. How many live births did you have?

    ………Sons ……..Daughter & Total   CEB……..

35. How many son& daughters have live with you?

    Sons ☐ Daughter ☐

36. How many sons & daughter have died?

    Sons ☐ Daughter ☐

37. Total no of CEB?   ……….

38. Do you have any pregnancy   lost yet?

    Yes ☐ No ☐

39. If yes, how many such pregnancies you have lost?

    ………number

40. What are the causes of pregnancy lost?

    ………………………………………….

41. When you were pregnant for the last birth did you see any medical person?

    1.MCHW ☐   2. Nurse ☐   3. Doctors ☐   4. H.A. ☐   5.Others ☐

42. Where did you give last birth?

    1. House ☐   2. Health post ☐   3. Hospital ☐

    4.Clinic/nursinghome 5.Others ☐

43. What is your desire number of children?

Son ☐ Daughter ☐

44. If yes, what number of son or daughter?

Sons ☐ Daughter ☐

45. Do you want any more children?

Yes ☐ No ☐

46. If yes, what number of son or daughter?

No. of son=………..   No. of daughter=………..

47. If son prefers, why you prefers son?   …………………………..

Family Planning method/ Contraceptive

48. Have you heard about Family Planning method ?

Yes ☐   No ☐

49. If yes, which you know?

(a) Natural Method (b) Norplant ☐ (c) IVD ☐ (d) Pills ☐

(e) Male sterilization (f) Female Sterilization ☐ (g) Others ☐

(h) Dipo/Sangini ☐ (I) Condom ☐

50. From where do you hear?

(a) Radio ☐ (b) Health workers/Hospitals ☐ (c) Friends ☐

(d) Pump lets ☐   (e) Husband (f) T.V. (h) F.M.

51. From which F.M. you have heard?

…………………………………..

52. From which T.V. channel you have heard & see about family planning method.

………….

53. Have you & your husband ever use contraceptive method?

Yes ☐   No ☐

54. If yes, which method……………….

55. Reason for using method?

(a) To delay ☐   (b) TO stop pregnancy ☐   (c) Other ☐

56. If no, why didn't you and your husband using this method?

(a) Health problem ☐ (b) Not ☐ (c) Religious causes ☐

(d) Rejection of Household (e) Costly ☐ (f) Desire for son ☐

(g) No need ☐ (h) Desire for daughter ☐

57. Have you currently using any contraceptives?

Yes ☐ No ☐

58. If yes, what it is................

59. Why are you using? …………..

60. Are you breastfeeding your last child?

Yes☐   No☐

61. How long did you breastfeed to your last child?

(a) 1-12 months ☐ (b) 13-30 months ☐ (c) 30 & above ☐

62. From where you found these contraceptives?

(a) Hospitals ☐ (b) health post☐ (c) Clinics☐ ☐ (d) Other☐

63.   Who decide the no. of children?

(a) Husband ☐ (b) Oneself☐ (c) Mother/Father ☐ (d) Mother in Law ☐

(e) Both   (f) Other☐

64. If using contraception, who takes decision in using contraception?

(a) Husband ☐ (b) Own-self☐ (c) Both   (d) Others ☐

65.   Have your couple has any discussion about family planning method?

Yes☐ No ☐

66. If yes, how is your role?

(1) Passive learner (20) Equal participation (3) More active than husband