

CHAPTER - I

INTRODUCTION

1.1 General Background of the Study

Fertility behaviour is the process of giving birth, which is interacted with the ambient environment and the environment is different in different societies. Within 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, 1994).

Human fertility is a very complex process relating not only to biological components but also to the social and economic components of the society (Dahal, 1992). The subject of human fertility covers a wide range of areas, reflecting the complexity of this aspect of human behaviour. It is influenced by a host of biological, sociological and economic factors (CBS, 1978:281).

Demographic situation is characterized as young population in Nepal. Population below 15 years has reached 39.4 percent in 2001 which was 42.4 percent in 1991.

The economic active rate increased from 56.9 percent in 1991 to 63.4 percent in 2001. The percent age structure suggests that a large share of resources have to be spent on basic facilities such as education nutrition and health of young people just to maintain a status of women. It also suggests that because of young nature of Nepalese population, population will continue to grow for quite some time even if the fertility were to reach replacement level today (NPR, 2002).

Nepal is facing the problem of high fertility especially in different caste/ethnicity groups, characterized with distinct characteristics. The high fertility is also more pronounced in backward and depressed communities such as Damai, Kami and Sarki, the lower caste groups. Those communities who are backward in the context of economic, social cultural, education and all other conditions are known as Dalit community who are supposed to be untouchables.

Among the total caste/ethnic group of Nepal, about 20 percent are within the Dalit community (Mamab-Maryada, 1999:4). Fertility is generally determined by the psychological factors and their interplay with social, cultural, economic and modernization factors. Also societies and population subgroups within society's by their socio-economic characteristics have different level of fertility is determined by various socio-economic and demographic variables. Also caste, ethnicity, religion cultures, women's education, occupation sex performance, use of devices, age at marriage etc. affect the fertility behaviour of any groups and community. "BHUL" community is economically backward group. Early marriage is persistent. Mortality (infant and child) rate is higher in this community' compared to other communities.

The "BHUL" is one of the disadvantaged groups in terms of socially, culturally, politically and economically. Under the Hindu caste system, they are one of the untouchables, called "Dalits". They might have the demographic patterns different from other ethnic minorities of Nepal. So, this study tries to examine the fertility behaviour and its socio-economic and demographic determinants in this community. The area of study is Gokuleshwor VDC of Darchula district where "BHUL" are considerably large in population.

1.2 Statement of the Problem

In Nepal, people normally, tend to marry in early ages. Some of them marry before teenage and most of them in the late teenage which results into a longer span of marital and child bearing period with substantially a higher fertility. Additionally prevailing high infant and child mortality, particularly in rural settings is further responsible to motivate the mothers to give more births. They do not want to bear the risk of dying of their infants and children.

The social structure of each society is interrelated with specific population levels. It is also closely related to environmental, technology and other materials factors which intervenes reproductive behaviour, moreover there are significant caste differentials (Niraul and Shrestha, 1997). Also it is noticeable that the population of ethnic groups has shown considerable variables in demographic and socio-economic characteristics (Karki 1995). Low socio-economic status of women in the society, high economic value of children, high infant mortality rates, low literacy rate of the women etc. are some main factors that contribute to high level of fertility in Nepal. Besides these factors, the persistence of high fertility is also attributed to the lack of knowledge, attitude and practice to contraception methods in Nepal as a whole or they special community and also every stage of life irrespective of caste and ethnic groups of fertility (Dahal, 1989).

In "BHUL" community generally the prevalence of low age at marriage because of their socio-economic, cultural and religious reasons. Contraceptive prevalence may be low among BHUL because of the lack of knowledge about contraceptive use. The majority of the women of this community are engaged in household work. The main activity of "Bhul"

community is shoes making and other lather related works which is their traditional occupation. They have low level of income. Some of them are involved in agriculture, wages, labour as agriculture workers, domestic workers etc.

There are several studies related to fertility behaviour in different ethnic groups but there is no study carried out on this "BHUL" community. So this study mainly focuses on fertility behaviour among "BHUL" community.

1.3 Objectives of the study

The ultimate objectives of this study is to examine the fertility behaviour of BHUL community in relation to demographic and socio-economic variables. The following are the immediate objectives of this study.

1. To identify demographic and socio-economic characteristics of the BHUL Community.
2. To examine the fertility behaviour of the BHUL community.
3. To assess the fertility differential of Bhul's by socio-economic and demographic variables.

1.4 Hypothesis

This study will be based on the following hypothesis.

1. There is an inverse relationship between age at marriage and fertility.
2. There is an inverse relationship between education attainment and fertility.
3. There is an inverse relationship between occupation and fertility.
4. There is positive relationship between child loss and fertility.

5. There is an inverse relationship between contraception use and fertility.

1.5 Limitation of the Study

This study is based on the sample data collection from Gorkuleshwor VDC Darchula. So the finding may not be generalized for groups of other people and through out the country.

1. Only a limited demographic and socio-economic variables are considered to explain the fertility behaviour in terms of mean CEB.
2. The respondents of this study are only those who are ever married women of age between 15 to 49 years.

1.6 Significance of the Study

There were number of studies conducted at the National level and on the other ethnic groups. The poor ethnic minorities are often left by the researchers, while they might have a significant role in the overall fertility behaviour of the country. The "BHUL" of the Gorkuleshor VDC are impoverished and are supposed to have a less exposure to the modern world. However, they inhabit in a village near by the village of Brahmins, they possess the different level of norms and values which might have an impact on their fertility behaviour.

This study will be very important for the concerned people and agencies, NGOs/INGOs, planners and policy makers, for formulating plans and development activities related to fertility behaviour. Besides, this study will be more fruitful for future researchers, social workers and politicians of the country.

1.7 Organization of the Study

This study is organized into six major chapter. The first chapter deals with the general background of the study, statement of the problem, objectives of the study, significance of the study and limitation of the study. The second chapter deals with the literature review and conceptual framework for the study. The third chapter describes the methodology used for the study. It includes sources of data, sample design and questionnaire design, method of data collection. The fourth chapter deals with the background characteristics of the population.

The fifth chapter deals with the main analysis of the study. The sixth chapter deals with summary, conclusions and recommendations.

CHAPTER - II

LITERATURE REVIEW

Fertility is considered to be a major components of population change. Many scholars have devoted to examine the inter-relationship between fertility and socio-economic and other variables that have consequences on reproductive behaviour in society.

In this chapter an attempt has been made to review various literatures based on the theoretical as well as empirical studies on fertility behaviour.

2.1 Theoretical Literature

Most of the developing countries are experiencing high fertility and low mortality resulting rapid population growth. Nepal is also one of the least developed countries where the birth rate is still high i.e. 33.1 and death rate is low i.e. 9.6 per thousand (CBS, 2004).

Demographers and social scientists are even today in search of a systematic theory which would provide explanation for change in fertility levels and differentials infertility and which would also serve as a basis for predicting future fertility trends. This gap in the knowledge of demographic phenomena continuous, despite the efforts made by several social scientists with various theories of fertility (Bhende and Kanitkar, 1996).

There is an extensive theoretical literature regarding the study on fertility.

The demographic theory, the most popular theory is defined in detail by Frank Notestein (1946). It summarized the historical shift of birth rate of high fertility and high mortality to the state of low fertility and low mortality. The fertility declines with the advancement of industrialization

and urbanization. This is generally based on European and some well developed countries.

Davis and Blake (1956) identified a set of work. They are affected by social, cultural, economic factors.

Davis and Blake further categorized these intermediate variables into three groups which are as follows;

1. Factors Affecting Exposure to Inter Course (Intercourse Variables).
2. Factors Affecting Exposure to Conception (Conception Variables).
3. Factor Affecting Gestation and Successful Parturition (Gestation Variables).

Arsene Dumont (1965) wrote that a column of liquid should be thin in order to rise with the force of capillarity, so a family must be small in order to rise above in the social scale. These motivation factors operating at the individual and social lively are important for explaining reproductive behaviour (Bhende and Kanitkar 1996: 314).

Esterline (1975) has developed a generalized model for fertility decision according to which a women varies her child bearing in order to optimize their household utility. The decision is affected by demand of children supply of children and cost of fertility regulation.

Nag (1978) postulated a set up eight variables under Esterline frame work which are:

1. Labour value of children.
2. Children's value as old as security.
3. Infant and child mortality.
4. Age at marriage

5. Proportion of never married.
6. Incidence of widowhood and widower,
7. Infecundity due to breast feeding, malnutrition, disease physical, psyche and monetary cost.
8. Economic cost of children.

The Threshold Hypothesis developed by United Nation in the year 1963 indicated that there is an interrelationship between level of fertility rate and general socio-economic development of a society. According to this hypothesis, fertility decrease after a society has reached a certain level of social and economic development (UN; 1973).

According to the theory of fertility differentials, diminishing fertility have been adopted first by the better educated wealthier and socially more favored groups of the city population and transmitted in the course of time to intermediate and lower status groups and to the rural areas (Bhende and Kanitkar, 1996: 315).

Bongaarts (1983) has identified seven proximate determining variables of fertility as:

1. Marriage
2. Contraception
3. Induced abortion
4. Post partum in-fecundability
5. Spontaneous intrauterine mortalities.
6. Waiting time to conception.
7. Permanent sterility.

Among many variables, John Bongaart and Potter (1983) identified four main proximate determinants, which directly or indirectly affect fertility behaviour area:

1. Age at marriage
2. Post partum in-fecundability
3. Use of contraception
4. Induced abortion

Freedman (1975) has developed a conceptual framework for the study of fertility in which he has envisaged environmental factors and socio-economic structure which impinge (affect) on fertility through a series of intermediate variable (e.g. age at marriage and practice of contraception).

Ronlde Freedman (1975) formulated a framework which deals with a normative approach. He suggested that intermediate variables are not always used to limit fertility. They are unintended result of cultural patterns. He introduced two type of norms of cultural pattern mainly norms about family size and norms about intermediate variable. Tuladhar, 1989, examined the persistence of high fertility in Nepal using data from Nepal fertility and family planning survey 1986. He found that higher mortality level specially of infant, joint family system, early and universal marriage system, low education attainment, working status of women are the main contributing factors of high fertility in Nepal.

Backer's theory is based on 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 methods are universal, fertility would be positively associated with income. According to this theory higher income group can afford more children i.e. the income effect is positive but price effect is negative because

higher income groups who could afford more children very frequently have fewer children because higher income families want are more expensive (Lebenstain; 1974: 88).

According to Lebenstein, three types of utilities are derived from two types of costs that are involved in having an additional child. The types of utilities are;

- i. The utility of the child as a consumption good.
- ii. The utility of a child as a productive unit and
- iii. The utility of a child as a source of security in the old age of the parents or even otherwise.

The two types of cost involved in having an additional child are;

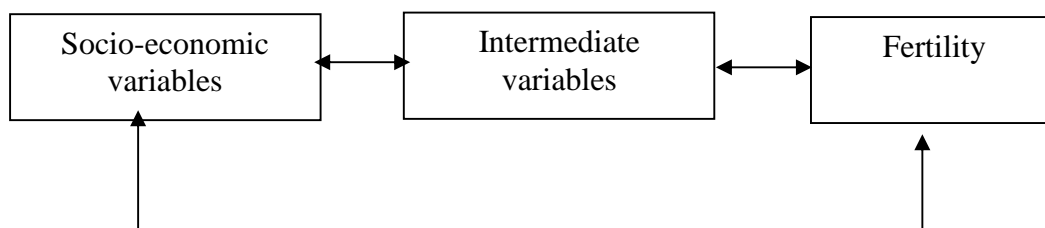
1. Direct cost in the seems of conventional current expenses of bringing up, a child, according to conventional standards until the child becomes self supporting.
2. Indirect cost which includes opportunities foregone due to the appearance of an additional child such as the mother's mobility to work, inability to purchase a television set or a motor car etc. (Bhende and Kanitkar 1996).

Caldwell (1993) developed a theory, known as 'theory of intergeneration of wealth flow' explaining fertility behaviour in any types of society at any level of the development. In a society, the fertility is high if children are economically beneficial to the parents.

Davis and Blak's intermediate variable framework of fertility change consists of all variables relating to reproductive process of mankind, (UN, 1973:78). On the basis of these explanations on fertility variation

with respect to socio-economic and intermediate variables, we can conceptualize the frame work as given below.

Framework of socio-economic and Intermediate variables.



(Source: Bhenda and Kanitkar)

According to this hypothesis socio-economic changes have an effect on fertility through the intermediate variables (Proximate determinants). This type of relationship between fertility and socio-economic changes indicates the existence of indirect relationship of fertility change with change in socio-economic variables.

2.2 Education and Fertility

There is inter relationship between education and 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 than the non educated (Rishal and Shrestha 1989).

According to the Nepal demographic health survey 2001, there is strong association between fertility and education. The women who have no education have TFR 4.8 whereas women with primary 3.2, women with secondary education have 2.3 and women with SLC and above education have 2.1 (MOH, New ERA and Cacro Intrnational, 2001).

This indicates that the level of schooling determines the women's fertility. There is a weak inverse relationship between respondents education and

polygyny. The proportion of married women in a polygynous union is 5 percent among uneducated women compared with 3 percent among women who have at least SLC level of education. The corresponding data for men is 4 percent and 1 percent respectively. This indicated that as the level of schooling increases, both women and men are less likely to be in a polygynous union. The desire to limit child bearing is more apparent at higher levels as 68 percent of women with no education want more children compared with 59 percent of women with at least SLC (NDHS 2001:11). World Bank 1984; 3000 household randomly selected from three districts of Kerala state shown that the average number of CEB was lower for better education than for illiterates i.e. 2.1 for women with three or more years of schooling and 4.5 for women with no schooling. That survey also showed that average completed fertility of the highly educated women 4.4 was less than that these counterparts with no schooling (8) by 1.4 children (World Bank, 1991).

2.3 Age at Marriage and Fertility

Age at marriage is one of the major factors reflecting fertility change. Among ever married women the median age at first marriage has remained at 16 (Bhenda A. and T. Kamitkar). As age at first marriage data at the national level for males and female are not available the alternative to this is to estimate.

Singulate Mean Age at Marriage (SMAM) using never married population by sex. The SMAM for males has steadily increased from 19.5 years in 1961 to 22.9 in 2001 and the corresponding figures for females were 15.4 and 19.5. The male and female gap in SMAM was 4.1 years in 1961, which has declined to 3.4 by 2001 (Karki, 2003:52).

A study claims that women marrying between 20 and 24 have similar fertility to that of those marrying before age 20. Only if the marriage age reached 25 or over would there be a significant reduction of fertility. Perhaps this is one of the reasons for persistence of fertility in Nepal. (Karki 2003: 52).

Nepalese society does not allow the sexual union of unmarried people before marriage. Therefore, marriage is the most essential event in our society. Conception before marriage is not accepted. Family formation is started after marriage. Thus, the marriage is directly related to the low fertility of an individual as well as social level (Acharya, 1993:74).

There are three nuptial factors for affecting fertility which are the policy implication for planners. Delayed marriage decreases the incidence. Among women of reproductive capability, there is a positive association between age at marriage and completed fertility for women less than 10 years (Tuladhar 1989:87).

2.4 Occupation and Fertility

Occupation is one of the socio-economic factors that identifies subgroups with distinct levels of fertility. When differential by occupations are considered, the mean number of CEB per ever married woman is the highest for farm and sales workers (2.7).

Similarly, the lowest fertility is observed among the professional, administrative and clerical workers (1.6). This means that the fertility level of white colour female workers is lower than that of other groups (CBS, 1995:78).

The work status of employment of women determines the level of fertility behaviour. According to World Fertility Survey, women who work in

nurse or administrative sector marry on average 24 years later than those who work in domestic and agricultural sectors.

2.5 Use of Contraception and Fertility

There is an inverse relationship between use of contraceptive methods and fertility. Many programmes have been launched to reduce the fertility and increase the use of contraceptive by HMG, NGO, INGOs etc. It is not successful as expected in developing countries like Nepal due to various indirect factors i.e. social, economic, psychological, cultural and others.

According to NDHS 2001 the contraceptive prevalence rate of Nepal is 39.6 percent. There is close relationship between the use of contraceptive method and its Knowledge, Attitude and Practice (KAP).

The target of the tenth plan is to increase contraceptive prevalence rate from 39.3 percent to 47 percent. (Bista, 2003). CBS 1998, reported that only 38.4 percent of women with 4 living children have used contraception and 40.5 percent of women with 3 and more living sons.

This shows that the women with fewer number of sons or not sons do not use contraception. The pitiable situation in Nepal is that only 34 percent of reproductive women with 5 children had used contraception in 1996 (Acharya 1999:5).

According to Fertility Planning and Health Survey 1991, 93 percent married women of age 15-49 years knew at least one method of family planning methods. The demand for contraceptive was 50.5 percent but the rate of current user was seen low.

2.6 Infant and Child Mortality and Fertility

According to NFHS 1991, higher CEB to the younger women at age 30 was seen. The reproductive performance is affected by the experience of child loss which affects the number of children ever born CEB, (Adhikari, 1996, 7, 8). Gubhaju (1991), it has been found that irrespective of the length of preceding birth interval, the probability of children dying at infant period is considerably higher among mothers whose previous child has died than those whose previous child is alive. So, it is seen that there is a close relationship between number of CEB and infant mortality. According to Nepal Demographic Health Survey 2001, the CEB of currently married women aged 15-49 years was 2.79 while mean CEB was 3.9.

Therefore, the interdependent relationship between fertility and infant mortality suggests that a reduction in infant and child mortality will trigger a subsequent decline in fertility. It has also been found that a lower IMR motivates couples to produce fewer children (MOPE, 2002).

2.7 Sex Preference and Fertility

There is direct relationship between sex preference and fertility. Many research has shown that desire of son is the main cause of high fertility in Nepal.

Karki (1988), examined the sex performance and specific value of son daughter to parents in Nepal using urban and rural data in 1979. Ideal family size among all respondents was, on average three children with two sons and one daughter. This preferred sex composition was reported by about 90 percent of all respondents. Among those who reported that they were currently using contraceptive, the many number of living son

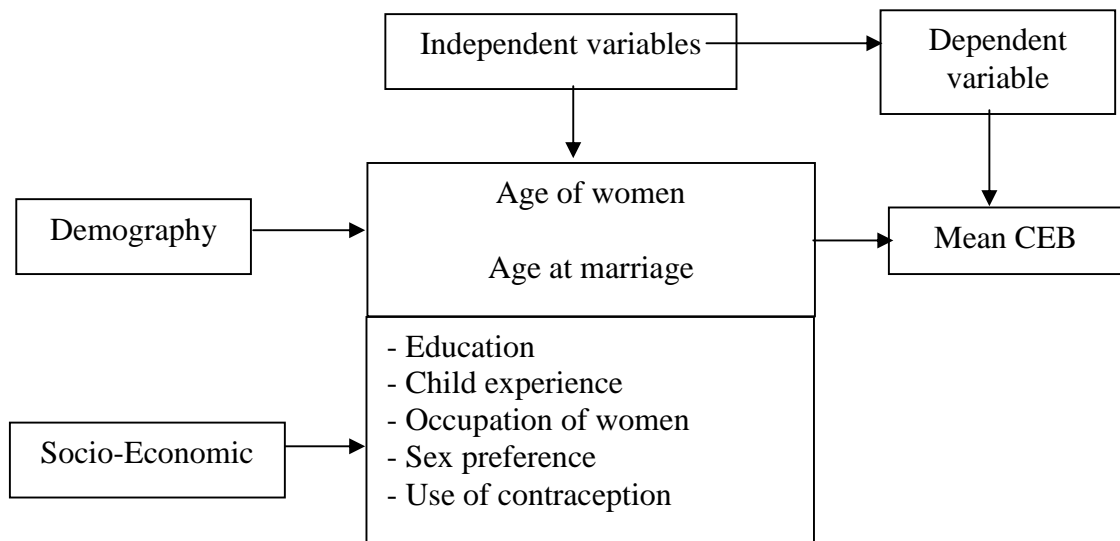
was higher than the mean number of living daughter for all respondents. Most couple had at least one son and on the average three to four births before adopting contraception. Sons are preferred to daughters by Nepalese parents mainly for socio-economic and religious reasons as reported elsewhere in many developed society. The findings indicate that the economic motive for having both sons and daughters may be weakening in Nepal, but preference for son does exist (Karki 1988).

Gurung (1992), examined the sex preference and its reasons among the Dhimal community using the primary data collected in 1991. He found that ideal family size among the Dhimal couples was three children with sex ratio of 1.45 and the wanted family size was four children with sex ratio of 1.32 by more than 90 percent of respondents preferred son in the family but with a desire to have at least one child of each sex. Sons are preferred by Dhimal couples mainly for socio-economic and the religious reason, i.e. practical help in household and family works. This includes that the tendency to have a large family have been changing despite the prevailing strong son preference in the community.

2.8 Conceptual Framework of the Study

This study has been composed using dependent and independent variables. The effect of independent variable (mean CEB) has been accounted in this study. The conceptual framework is conceived after the literature review.

Conceptual Framework of the Study Independent



This conceptual framework shows independent variables and the dependent variable i.e. no of . CEB.

CHAPTER - III

METHODOLOGY OF THE STUDY

3.1 Selection of the Study Area

The study area is chosen Gokuleshwor VDC of Darchula district. Darchula district is like in Mahakali zone of far western region of Nepal. Darchula district is located between $80^{\circ} 22'$ - $81^{\circ} 09'$ longitude and $29^{\circ} 36'$ - $30^{\circ} 15'$ latitude. It borders the peoples republic of China in Bajhang district in south and U.P . of republic of India in west with the total land area of 2322 square kilometers. The elevation of district is 518 meters to 71834 meters. The major Himalayan peaks in district Api Himal and Nampa Himal. The major rivers in this district are Mahakali, choulani, Tenkar, Numpa Kaligad etc. The climate is tropical. Sub-tropical. Cool Temperature. Mid temperature average is 18.6°c . The rainfall is average annual 1438.

This study is focused only the district of Darchula because this is the origin place of BHUL.

3.2 Research Design

The design of the study is basically non-experimental as it is suitable for collection descriptive information as well for doing small cases studies (Andrew Fisher, et al, 1983). To examine the fertility behaviours, the number of CEB is compared by demographic and socio-economic variables such as current age of women, age at marriage, use of contraceptive, child loss experience, sex preference, education and occupation.

3.3 Sample Design

Among the total 314 Bhul household and total population 535 (District Profile) in the study area. According to random sampling 72 household were selected in a sample out of 314 household. The random was prepared to select the household number. According to the purpose of study, the respondents were currently married women aged 15-49 years. Although there were more respondents in a household only one respondents (15-49) woman was taken from every household because one respondent can represent the socio-economic status of that household. The sample size is relatively small due to limited time and other factors as well.

3.4 Sources of Data

Mainly this study is based on primary data generated from field work using structured questionnaire from 72 sample households. Currently married women of reproductive age 15-49 years and their head of household are the main source of data. Head of households are interviewed for household characteristics and women in reproductive age are for individual characteristics and fertility practices and behaviour.

3.5 Questionnaire Design

The questionnaire was designed to obtain the information on various aspect of fertility behaviour. Three types of questionnaires were used in this study.

- i. Household Questionnaire
- ii. Individual questionnaire
- iii. Key information

The household questionnaire was administered to the head of the household about household characteristics. Individual questionnaire was asked to currently married women in reproductive age 15-49 years content in individual questionnaire included age at marriage, educational background, knowledge and use of contraceptive, antenatal and post natal care and other fertility behaviours.

Key information interviews were taken to response for special characteristics of their own ethnic group and policy to promote their ethnicity, their problems, culture, origin and other information which could not as be obtain from ordinary respondents.

3.6 Method of Data Collection

Among the total number of household 72 households were selected by random sampling method. The process of data collection was started in study area. Questionnaire was drafted in English and then translated into Nepali. First the purpose of study was told to respondents than eligible respondents were selected. Process of data collection was continued until all the sample household were interviewed.

3.7 Data Management

This study is based on primary data. So it is important to check the consistency and quality. The data are processed in computer soft were programme. Different statistical method and tools as frequency tables, cross tables, mean tables are used to examine the relationship between dependent and independent variables. The out comes are analyzed under the different topic of fertility behaviours.

3.8 Selection of the Dependent and Independent Variables

Number of CEB is taken as dependent variable which is one of the best indicators of fertility. The impact on the independent variable of current age, age at marriage, education, occupation, number of child loss, sex preference (son) is examined.

CHAPTER IV

BACKGROUND CHARACTERISTICS OF RESPONDENTS

Respondents characteristics are important in the analysis of fertility behaviour. Among various background of variables of socio-economic and demographic characteristic are analyzed in this section. Demographic characteristics include age of the respondents and socio-economic characteristics include education status, occupation status and use and non-use of family planning methods.

4.1 Age Composition of Respondents

The study is conducted to obtain reliable information to the study area of fertility behaviour Bhul community. It is directly related to the women of reproductive age (15-49) years. which is presented in table 4.1.

Table 4.1
Distribution of Respondents by Age Group

Age Group	Number	Percent
15-19	12	16.7
20-24	14	19.4
25-29	17	23.6
30-34	9	12.5
35-39	11	15.3
40-44	6	8.3
45-49	3	4.2
Total	72	100.0

Source: Field Survey, 2006.

Table 4.1 shows that the highest percentage of respondents belongs to 25-29 years which account 23.6 percent followed by 20-24 years which account 19.4 percent and 16.7 percent are from (15-19) years. Similarly, 30-34 and 35-39 age group consist of 12.5 percent 15.3 percent respectively. About 8.3 percent and 4.2 percent are respectively age group 40-44 and 45-49 years.

4.2 Analysis of Age at Marriage

Marriage is the most important factor for fertility. Children are born after marriage. Marriage takes place at early age and it is also universal in Nepal. Due to the socio-culture belief, most of the Nepalese guardians are interested to marry their daughters and sons in early age. Early and universal marriage lead to high fertility in Nepal. The age at marriage of respondents of the study area is presented in Table 4.2.

Table 4.2
Distribution of Respondent by Age at Marriage

Age Group	Number	Percent
13-16	16	22.2
17-19	22	30.6
20-22	24	33.3
23-25	8	11.1
25+	2	2.8
Total	72	100.00

Source: Field Survey, 2006.

Table 4.2 shows that the highest percentage of female (33.3) are married at age group (19-20) years and 30.6 percent are married at age group (17-19) years. Similarly, 22.2, 11.11 and 2.8 percent females are married at age group (13-16), (23-25) and (25+) year respectively.

4.3 Educational Status of Respondent

Education plays a vital role to determine fertility and family planning. It always associates negatively to fertility and positively to contraceptive practices. The educational status of respondents is presented in table 4.3.

Table 4.3
Distribution of Respondents by Educational Status

Educational Status	Number	Percent
Illiterate	48	66.7
Literate	24	33.3
Total	72	100.0
Level of Education		
Non formal education	2	8.3
Primary	14	58.3
Lower Secondary	7	29.2
Secondary	1	4.2
Total	24	100.0

Source: Field Survey, 2006.

The table shows that 33.3 percent women are literate and 66.3 percent are illiterate in the study area. It means that large number of women are illiterate.

Among literate women, 58.3 percent women have a primary education followed by lower secondary level (29.2%), secondary level (4.2%). Similarly, 8.3 percent women have got non-formal education.

4.4 Educational Status of Respondent's Husband

The decision making on fertility depends on husbands in our country. The educational status of respondents husband is shown in table number 4.4

Table 4.4

Education status of Respondents Husband

Educational Status of Respondents Husbands	Number	Percent
Illiterate	42	58.3
Literate	30	41.7
Total	72	100.0
Level of Education		
Primary	20	47.6
Lower Secondary	16	38.1
Secondary	6	14.3
Total	42	100.0

Source: Field Survey, 2006.

The above table shows that 58.9 percent respondents husband are literate and 45.7 percent are illiterate. Among literate husbands, 47.6 percent have got primary education, 14.3 percent have got secondary education and 38.1 percent have got lower secondary education respectively.

4.5 Occupational Status of Respondents

Occupation is one of the important determinant for fertility. There is inverse relationship between modern sector occupation and fertility. Occupations are divided in two groups, they are agricultural and out side of agriculture. The occupational status of respondents are presented in table 4.5.

Table 4.5
Distribution of Respondents by Occupational Status

Occupation	Number	Percent
Farm (Housewife)	62	86.1
Daily wage	10	13.9
Total	72	100.0

Source: Field Survey, 2006.

According to above table large number of women are involved in agriculture which was 86.1 percent and 13.9 percent in daily wage. It shows, respondents non-farm occupational status is very low compared to farm (housewife).

4.6 Occupational Status of Respondent's Husband

Husband occupation plays a vital role to determine fertility level. If their husband are in non farm or modern sector of occupation than fertility will be low and vice versa. The occupational status of respondents husband is presented in table 4.6.

Table 4.6

Distribution of Respondents Husbands by Occupational Status

Occupation	Number	Percent
Agriculture	58	80.6
Business	4	5.5
Daily wage	10	13.9
Total	72	100.0

Source: Field Survey, 2006.

According to above table 80.6 percent respondents husbands are involved in agriculture whereas 5.5 percent are in business and 13.9 percent are involved in daily wage respectively.

4.7 Distribution of Respondents by Sex Preference

Sex preference is one of the main causes of high fertility in Nepal. Many researches have shown that Nepalese people have strong desire of son. They do not want to stop their fertility until they give birth one or two son. It is due to the social norms and values, old age security from son, funeral authority and other factor. There is positive relationship between preference of son and fertility. Distribution of respondents by sex preference is presented in table 4.7.

Table 4.7
Distribution of Respondents by Sex Preference

Preference	Number of Respondents	Percent
Son preferred	62	86.1
Daughter preferred	3	4.2
Both preferred	7	9.7
Total	72	100.0

Source: Field Survey, 2006.

This table shows that 86.1 percent women preferred son. According them, there should be at least one or two sons in their family. Out of total respondents 9.7 percent prefer any child and 4.2 percent respondents prefers daughter.

4.8 Distribution of Respondents by Decision Making on Fertility

Fertility is directly related with women although they have not decision on fertility. Nepal is a male dominated society so that the decision on fertility depends on male. Because of low social status of women low education and other socio-cultural cause women do not have their on decision on fertility or they depend on her husband and family. It has resulted high fertility rate in Nepal. Distribution of respondent by decision making of fertility of the study area is presented in Table 4.8.

Table 4.8
Distribution of Respondents by Decision marking on Fertility

Decision	Number	Percent
Husband	16	22.2
Wife	6	8.3
Both couple	48	66.7
Family	2	2.8
Total	72	100.0

Source: Field Survey, 2006.

According to this table, large number of women of the study area produce baby after discussing with their husband. It also shows that 66.7 percent women's decision on fertility depends on the advice of both couples. 22.2 percent women depends on her husband. Similarly 2.8 percent depend on her family where as only 8.3 percent women have their own decision on fertility.

4.9 Distribution of Respondents use of ANC and PNC

Antenatal care and postnatal care are important for fertility. Every pregnant women needs ANC and PNC for successfully giving birth. There is low probability of miscarriage, still birth, IMR, CDR and MMR who use ANC and PNC. If the probability of surviving children is high, than fertility will be low. If the fertility is low than the quality of life will be high. Distribution of respondents by ever use and non use of antenatal and postnatal care of the study area is presented in table 4.8

Table 4.9

Distribution of Respondents use of ANC and PNC

Use of ANC	Number	Percent
Use	22	30.6
Non Use	50	69.4
Total	72	100.0
Use of PNC		
Use	10	13.9
Non use	62	86.1
Total	72	100.0

* ANC = Ante-natal care, Source: Field Survey, 2006.

* PNC = Postnatal Care

This table shows that only 30.5 percent women use antenatal care in study area, where as 69.4 percent do not use ante-natal care. The use of post natal care among women is lower than use of ANC. Only 13.9 percent of total women of study area use post natal care. It can be cause of lack of health facility, ignorance and careless of women, social status of women, family attitude towards pregnant women and lack of knowledge of antenatal care and post natal care and other reason.

4.10 Family Planning Characteristics

Family planning is another important factor to determine fertility. There is inverse relationship between family planning and fertility. Low use of contraceptive indicates high as an objectives in this study. So that the knowledge and use of family planning method of respondents is presented table 4.10.

Table 4.10
Knowledge and Use of Family Planning Methods of Respondents
in the Study Area

Family Planning Method	Knowledge of F.P Method				Use of F.P. Method			
	Yes	%	No	%	Yes	%	No	%
Females	50	69.4	22	30.5	4	5.6	68	94.4
Male Startlization	65	90.3	7	9.7	8	11.1	64	88.9
Depo	42	58.3	30	41.7	3	4.2	69	95.8
Condom	70	97.2	2	2.8	20	27.8	52	72.2
Pills	5	6.9	67	93.1	-	-	-	-
IUD	3	4.2	69	95.8	-	-	-	-
Norplant	2	2.8	70	97.2	-	-	-	-
Other	1	1.4	71	78.6	-	-	-	-
Un known/non	6	8.3	66	91.7	25	34.7	47	65.2

The table 4.10 shows that knowledge of female and male sterilization i.e. 69.4 percent and 9.3 percent respectively. In the total respondents 58.3 percent women have knowledge of Dipo. Similarly 97.2 percent have knowledge about condoms. But the knowledge of modern types of contraceptives is very low. About 8.3 percent respondents do not have any knowledge of contraceptives.

The table further shows that more than 65.3 percent were using permanent and temporary method of family planning at the time of survey. Among total respondents 4.2 percent women used Dipo. 11.1 percent female reported that their husband done male sterilization and 5.6 percent used female sterilization and 27.8 percent used condom, where as 34.7 percent respondents did not use any type of family planning method. Among the user is the higher percent because of accessible affordable no side effect and no doubt of failure.

CHAPTER -V

FERTILITY DIFFERENTIAL BY DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS AMONG BHUL

Number of children ever born (CEB) to women in reproductive age is one of the best indicator for fertility. Fertility of a women up to the age at marriage. It is measured in terms of means so that it could be compared between various characteristics. This chapter deals with fertility level according to various demographic and socio-economic characteristics of Bhul women. It is examined on the basis of currently married women of 15-19 years with some selected demographic and socio economic variables.

5.1 Mean CEB by Current Age

Age of women is an important factor to determine fertility and children ever born in reproductive age in one of the best indicator for fertility behaviour. Mean number of CEB is expected to increase with the increment age of women. Mean CEB by current age of women is presented in table number 5.1.

Table 5.1
Distribution of mean CEB by current age of Respondents

Age group	Number of women	No of children	Mean CEB
15-19	12	8	0.7
20-24	14	33	3.4
25-29	17	27	1.6
30-34	9	25	2.8
35-39	11	15	1.4
40-44	6	3	0.5
45-49	3	5	1.7
Total	72	116	1.6

Source: Field Survey, 2006.

According to this table, the mean CEB of total sample women of study area was 1.6. There is positive relation between age of women and number of children. The mean CEB is gradually increasing as age of women increasing. The table also explains that lowest level of CEB is found in age group 15-19 year i.e. 0.7 per women. It is gradually increasing with the increment of age. The highest level of CEB can be observed in age group (45-49) years i.e, 1. 7 per women.

While, comparing with NDHS, 2001, survey, the men CEB is gradually increasing with the increment of age. According to NDHS 2001, table 4.6 shows that the CEB of 15-19 age group of women was 0.2 while this survey shows 0.7. Similarly, NDHS shown the CEB of 25-29 years of women was 2.43 while this survey shown 1.6. Hence it is clearly shows, that the mean CEB is gradually increasing with the increment of age.

5.2 Mean CEB by Education Status of Women

It has been widely accepted that there is an inverse relationship between education status and mean CEB. The mean CEB by literacy status is presented in table 5.2.

Table 5.2
Mean CEB by Literacy Status

Literacy status	Number of women	No. of Children	Mean CEB
Illiterate	48	69	1.4
Literate	24	47	2.0
Total	72	116	1.6
Level of education			
Non formal	2	7	3.5
Primary	14	27	1.9
Lower Secondary	7	11	1.6
Secondary	1	2	2.0
Total	24	47	1.6

Source: Field Survey, 2006.

Table 5.2 shows that the literate women have low fertility than illiterate. The mean CEB of literate women accounts for 2.0 than that of illiterates women 1.4. Among literate respondents, mean no. of CEB is decreasing according to the level of education. The highest mean CEB is 2.0 who have got non-formal education. The women who have got primary and lower secondary education and secondary their mean CEB was 1.9, 1.6 and 2.0 respectively.

5.3 Mean CEB by Respondents Husband

Husbands education plays a vital role to determine fertility. Decision making on fertility depends on husband in our culture. It is expected that there is inverse relation between education of husband and fertility. Mean CEB by educational level of respondent's husband of the study area is presented in table 5.3.

Table 5.3
Mean CEB by Educational Level of Respondents Husbands

Literacy Status of Respondents	Number of Respondent's Husband	No. of children	Mean CEB
Literate	42	56	1.3
Illiterate	30	60	2.0
Total	72	116	1.6

The above table shows, if the respondents husbands are literate , their mean CEB i.e. 1.3 is low. If the respondents husbands are illiterate, their mean CEB is high i.e. 2. From this study, it is found that husbands' education is important factor to determine fertility.

5.4 Mean CEB by Age at Marriage

Age at marriage is also considered to be an important determinant of fertility. It is expected that if the age at marriage low, fertility will be high

and if the age at marriage is high, fertility will be low. Mean CEB and age at marriage of respondents of the study area is presented in Table 5.4

Table 5.4
Distribution of Respondent by Mean CEB and Age at Marriage

Age Group	Number of Women	No. of Children	Mean CEB
13-14	16	33	2.1
15-19	22	41	1.7
20-22	24	27	1.1
23-25	8	11	1.4
26+	2	4	2.0
Total	72	116	1.6

Source: Field Survey, 2006.

The table 5.4 shows that the highest mean number of CEB is 2.1 whose age at marriage is 13-14 and the lowest mean CEB is 1.1 whose age at marriage is 20-22. According to the increasing of age at marriage, mean number of CEB is also decreasing.

5.5 Mean CEB by Occupation of Respondents

One of the important determinants of fertility is the occupational status which relates to fertility behaviour. According to hypothesis, there is inverse relationship between modern sectors of occupation and fertility. The mean CEB by occupational status, reported by the respondents is presented in Table 5.5

Table 5.5
Mean CEB by Occupation

Occupation	No. of mean women	No. of Children	Mean CEB
House Wife	62	89	1.4
Daily wage	10	27	2.7
Total	72	116	1.6

Source: Field Survey, 2006.

The table 5.5 shows that women who are involved in dally wage occupation have higher CEB than other occupation. the mean CEB of housewife is 1.4 and the women who are involved in Daily wage have 2.7 CEB. From, this it is concluded that the women who are involved in modern sectors occupation have lower fertility than primitive occupation.

5.6 Mean CEB by Husband's Occupation

It is considered that the types of occupation of respondents husbands who are engaged in modern sector of occupation will have low CEB than traditional occupation. Types of respondents husbands occupation and their mean CEB is presented in table.

Table 5.6

Mean CEB of Respondents by Husband's Occupation

Occupation	No. of Women	No. of Children	Mean CEB
Agriculture	58	87	1.5
Daily wage	10	22	2.2
Business	4	7	1.8
Total	72	116	1.6

Source: Field Survey, 2006.

The table 5.6 shows that whose husbands are involved in agriculture the mean CEB is 1.5 and daily wages 2.2 have high CEB that other occupation. The women whose husbands are involved in daily wage and business have low CEB. It is 2.2 and 1.8 respectively. Therefore, the modern sectors of occupation have lower fertility than traditional occupation.

5.7 Mean CEB by Use and Non Use of Contraception

The prevalence of contraceptive has been identified as one of the principle determinants of fertility. The couples who are currently using contraceptives are expected to be negatively corrected with fertility. Mean CEB and use and non use of contraception of respondents is presented in table 5.7.

Table 5.7
Mean CEB and Use and Non Use of Contraception

Contraception	No. of Women	No. of Children	Men CEB
User	50	67	1.3
Non User	22	49	2.2
Total	72	116	1.6

Source: Field Survey, 2006.

The table 5.7 shows that the mean CEB is 1.3 among those couples who are using contraceptives whereas the mean CEB is 2.2 who are not currently using contraceptives. Therefore the result indicates that the contraceptive users have lower fertility than that of non-users.

5.7 Mean CEB and Sex Preference

There is direct relationship between sex preference and fertility. Many researches have shown that desire of son is the main cause of high fertility in Nepal. It can be the same condition also in BHUL community. Mean CEB and sex performance of the study area is presented in table 5.8.

Table 5.8
Mean CEB and Sex Preference

Preference	Number of Women	No. of Children	Mean CEB
Son preference	62	89	1.5
Daughter Preferred	3	9	3
Both Preferred (any)	7	10	2.6
Total	72	116	1.6

Source: Field Survey, 2006.

The table 5.8 shows that the women who preferred son have high CEB i.e. 1.5 compared to daughter preferred 3 and both preferred 2.6. It is the change of socio-cultural belief and old age security. Nepalese couples have strong desire of son. So that the total fertility rate is high in Nepal.

5.9 Mean CEB and Child Loss Experience

Children mortality is another determinants of fertility. People want to replace the lost child by giving mixed birth. There is positive relationship between child loss and fertility. Higher child loss promote women to reproduce more children. Mean CEB and child loss experience of the study area is presented in table 5.9

Table 5.9
Mean CEB and Child Loss Experiences

Position of Children	No. of Women	No. of Children	Mean CEB
Dead	15	32	2.1
Not Dead	57	84	1.5
Total	72	116	1.6

Source: Field Survey, 2006.

From the table 5.9, It is clear that the women who have the experience of child loss their mean CEB 2.1 is higher than the women who do not have any experience of child loss. They want to replace the child by giving next birth so that the mean CEB is higher than other.

CHAPTER - VI

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This study has been conducted to examine the fertility behaviour of BHUL community. It is based on primary data collection from field survey in January, 2006 in Gokuleshwar VDC of Darchula district. Out of the total study population 72 women of reproductive age were selected from 314 households. Households were selected by random sampling method. Household questionnaire, individual questionnaire and key information were asked to find out the fertility behaviour of BHUL community.

To fulfill the objective of this study, some selected demographic and socio-economic variables are taken as main influencing variables of fertility behaviour. Age at marriage, education, child loss experience, occupation of women, sex preference and use of contraception is taken as independent variables and mean CEB is taken as dependent variable.

6.1 Summary

- There were 314 households of Bhul community in the selected area; among them only 72 respondents were selected by using lottery method under the random sampling method.
- According to table 4.3, among the selected respondents only 66.7 percent were literate and other were illiterate.
- According to table 4.5, among total respondents only 86.1 percent women were involved in household occupation and 13.9 percent in daily wage.

- Table 4.7 represents 86.1 percent women wanted at least one son in their family.
- Table no. 4.9 shows that, out of total 72 respondents, 30.6 percent women used antenatal care and 13.9 percent women used postnatal care.
- According to table 5.1, mean CEB of respondents was found 1.6, the highest mean CEB was 3.36 in the age group 20-24 years and lowest mean CEB was 0.5 in the age group 40-44 years.
- While considering the mean CEB by age at marriage the highest mean CEB was 2.1 who married at the age 13-16 years in comparison to the respondents who married after 26 years and above, which was shown in table 5.4.
- According to table no. 5.5, the highest mean CEB was found 2.7 to respondents who are involved in daily wage occupation and lowest was in household wife 1.4.
- The respondents who used permanent and temporary method of contraception, their mean CEB was 1.3 whereas non users mean CEB was 2.2, i.e. shown in table 5.7.
- Table 5.8 clearly shows that respondents who have strong desire of son, their mean CEB was highest than others.
- Table no. 5.9 shows that the respondents who had child loss experience had higher mean CEB (2.1), compared to the respondents who did not have any experience of child loss (1.5).

- Out of 72 respondents 5.6 women and their husband where used permanent and temporary method of family planning, i.e. represented in table 4.10.

6.2 Conclusions

6.2.1 Age at Marriage and Fertility

The findings of the study shows that lower age at marriage is associated with high fertility. So that age at marriage must be increased to reduce fertility in BHUL community.

6.2.2 Education and Fertility

Education play's vital role for determining fertility. The level of education of respondents is very low in the study area. So, the level of education of women should be increased to reduce fertility. This study also shows that husband with illiteracy and lower level of education has highest CEB than others.

6.2.3 Use of Contraception and Fertility

Fertility level of women tends to decrease with increasing contraceptive practice. The women and her husband who use contraceptive their mean CEB is lower than non user in study area. So, it necessary to encourage them to use contraceptives.

6.2.4 Occupation and Fertility

The level of occupation plays an important role to reduce fertility. Modern sector of occupation of the study area have lower fertility than primitive occupation. Therefore, shift of occupation from agriculture to non-agriculture is effective to reduce fertility.

6.2.5 Desire of Son and Fertility

Preference of son is the main causes of high fertility. The women who have strong desire of son have more CEB than others in the study area. Therefore, the concept should be given that son and daughter are equal values.

6.2.6 Child Loss Experience and Fertility

High fertility is found in those mothers who have lost their children. They want to replace their dead children by next birth. The findings clearly shows that number of child loss experience is positively associated with the mean number of child ever born (CEB).

6.3 Recommendations

On the basis of the above findings and concluding, the following recommendation are made.

- * This study has found that female literacy rate is very low in study area. So to increase the literacy status of women, there must be some formal and non-formal educational programmes. Education should be free and compulsory for all women in child bearing ages.
- * Low age at marriage is associated with higher number of CEB. Therefore, there must be some social and legal attempts to raise the age at marriage.
- * People who are economically poor have higher fertility than their counterparts. Emphasis should be given to raise economic status of the people creating employment opportunities for ever - increasing labour force.

- * There should be positive awareness towards contraception motivation, IEC service and support of family planning method should be explained for increasing contraceptive prevalence rate.
- * The governmental and non governmental activities should be effective to change the prevalence of cultural norms and traditional values favoring son.
- * The effective programme should be launched for women in decision making on fertility.
- * Use of antenatal and postnatal care seems to be low; special programme should be lunched by government and non-governmental organizations for awareness towards ANC and PNC.
- * Free and mobile medical facilities should be effective to control infant and child mortality.
- * Special types of programmes should be lunched by the government to conserve the BHUL ethnic group.

6.4 Recommendation for Further Area of Research

This study has selected some independent socio-economic and demographic variables for the analysis of fertility in terms of CEB. The analysis on CEB has been performed by applying frequency cross tabulation. In this contex, it is necessary to study the fertility behaviour of Bhul population as well as the population of other castes.

In this study, it has been studied only about BHUL community of Gokuleshower VDC in Darchula district. Among the above independent variables, other variables like migration, attitude about the family formulation, newspaper reading ability, physiological variables, breast feeding can be included for more apper.

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QUESTIONNAIRE
FERTILITY Behaviour of BHUL Community
A case study of Gokuleshor VDC Darchula

Ward No:

Religion:

Household Background

S.N.	HH	RHH	Sex		Age	MS	I.	IL	OCC	EW
			M	F						
1										
2										
3										
4										
5										
6										
7										

Code for Sex, Education, Marital Status, Relation and Occupation are as:

Sex	MS	Education	Religion	Occupation
1. Male	1. Married	1. Class (1-5)	1. H. of HH.	Agriculture
2. Female	2. Unmarried 3. Window 4. Separated 5. Divorced	2. Class (6-8) 3. Class (9-10) 4. SLC + 5. Illiterate 6. Informal	2. Husband/Wife 3. Son/Daughter 4. Brother \Sister 5. Other	1. Daily wage Labour in Agricultural section 2. Daily wage labour in non agricultural sector 3. Service 4. Foreign Employment 5. Household Worker. 6. Others

Questions	Coding Categories
1. What is your religion ?	Hindu 1 Christian2 Others3
2. What is your major occupation of your family?	Agriculture1 Daily wage labour in Agricultural sector2 Daily wage labour in non agricultural sector3 Service4 Foreign Employment.5 Household Worker6 Others7
3. If agriculture, how much land does your household have?	Bigha1 Katha2 Dhoor3
4. What income of your household during the last year ?	Rs.
5. Is that thought to maintain your household ?	Yes1 No2

Individual Questionnaire (15-19 year women)

S.N.	Questions	Coding
12	In what month and year you born <	Month Year
13	Can you read and write ?	Yes1 No2
14	Have you even gone to school ?	Yes1 No2
15	If yes, what was the highest class passed ?	
16	Have you ever taken education ?	Yes1 No2
17	What is your Occupation?	Agriculture1 Wage labour2 Service3 Household work4
18.	What is your husband's Occuations ?	Agriculture1 Wage labour in agriculture sector2 Service3

		Household work4 Foreign employee5 Others6
19	How old were you at the time of your first marriage ?	Complete year
20	How old were you at the living together with your husband after first marriage ?	Complete year
21	How year you at the time of your first menstruation ?	Complete year
22	What is your marital status ?	Married1 Unmarried2 Window3 Separated4 Divorced5
23	Have you ever given any birth ?	Yes1 No2
24	How old were you when you gave first births ?	Complete year
26.	Have you any children who are living with you ?	Yes1 No2
27	Now, how many son are living with you ?	
28	Do you have any children not living with you ?	Yes1 No2
29	How many children do you have who are not living with you ?	
30	Have you given birth to any children, who were born alive but died after a while ?	Yes1 No2
31	How many boys have died ? How many girls have died ?	Died boys Died Girls
32	Total no. of children ever born ?	Son Daughter Total
33	Have you any interest to give birth additional children ?	Yes1 No2
34	If yes, what is the number of spring ?	Son1 Daughter2 Total3
35	Have you ever had a pregnancy that did not end in live birth ?	Yes1 No2
36	If yes, How many ?	No. of pregnancy losses
37	Are you Pregnant ?	Yes1

		No2
		Do not know3
38	What is the ideal number of children in your view ?	Son Daughter Total3
39	Have you heard of FP Method ?	Yes1 No2
40.	if yes, from where ?	Radio1 T.V.2 Husband3 Relatives/friends4 Nurse5 Village health workers.6 Others7
41	Which method have you heard of ?	Female sterilization1 Male sterilization2 Pills/Condom3 IUD4 Depo. provera6 Norplant7 Safeperod.8 Withdraw9 Others10
42	Have you ever used any method ?	Yes1 No2
43	If yes which method have you used ?	Name of method
44	Are you currentally using any method of contraception ?	Yes1 No2