

CHAPTER ONE

INTRODUCTION

1.1 General Background

Fertility is one of the major component of population change which is known as child bearing process. It is biological phenomenon, which determined by the biological and physical factor and their interplay with social, cultural, economic and modernization factors. Actually fertility plays vital role to increase population size or structure. Fertility has not inversely relationship with mortality because fertility can be high if mortality was high. In 1981 the fertility rate of Nepal was high including all developing countries after than the fertility rate decreased slowly. The population growth of Nepal was 2.25 from 1991 to 2001. The NDHS 2006 recorded 3.1 TFR. In some developed countries total fertility Rate (TFR) is found replaced level such as French, Slovakia, Moldova, Sanmarino and Solvenia there are less than 1.5 births per women at reproductive ages (Acharya, 2007). Therefore these countries have adopted pro-natalist population policies. High fertility rate creates many problems, Such as unemployment, poverty and imbalance in environment

Fertility is the child bearing performance of individual's couples, group or population. It is contrasted with fecundity, the theoretical capacity to reproduce which may or may not lead to fertility. Some times the term natality is used to refer to the most general analysis of childbearing through this usage is becoming less common and term fertility is commonly used to cover all aspect of reproduction. Measure of fertility normally refers only to live birth.

Nepal has experiencing a high level of fertility that has 3.1 TFR (NDH.S, 2006). The government has made several efforts to reduce fertility since 1965, high economic value of children, socio-economic cultural norms favouring sons. Low female's literacy in Nepal beside this persistence or high fertility of Nepal is also attributed to lake of knowledge about and access to contraceptive five particularly reliable methods. (Tuladhar, 1989).

Health, family planning and education institution are regards as mediator of fertility and mortality behaviour. Hence, the relationship between fertility and mortality behaviour seen in the wider context in which main social factors taken into account at both the individual and social levels which have an impact on child survival and fertility relationship (UN, 1994).

1.2 Statement of the Problem

All under developed countries of the world are facing the problem of rapid population growth. It is due to high fertility which is major constraint to development for developing countries. It creates many problem i.e. low level of living standard unemployment, migration, education and socio-economic problems.

The fertility of Nepal is declining but can be considered high due to the universal marriage, early age at marriage, son preference, demand of children for social, economic and cultural belief. More than 86 percent people are living in rural areas in Nepal (CBS, 2001). They do not understand easily the impact of population growth. They do not understand easily the impact of population growth. They think "Child is gifted by god" higher fertility indicates larger family size. They are

failure to provide good education, health and other fundamental needs because of their low income.

Nepal is a multi-ethnic nation with diverse languages, religious and cultures. People of different caste and ethnicity are lived in Nepal. The fertility is difference among these castes and ethnicity. Nepal adopted third development plan in 1970. This plan was mainly focused on family planning for reducing birth rate. The Nepalese government had adopted anti-natalist policy for reducing birth rate in fourth plan 1970-75, although the fertility rate is still high of Janasati communities. Among them Limbu is a backward caste lives in the eastern part of Nepal. The fertility rate of Limbu community is more high than national level. The CEB of Limbu community in Maharanijhoda V.D.C. is 4.05 (mishra m 2002). The main cause of prevailing high fertility in Limbu community is almost universal marriage system. It is an indigenous and traditional characterized with more traditional value which encourages higher number of children. Use of family planning method is very important for reducing the fertility. Contraceptive prevalence rate is very low in Nepal (CBS 1995) and even low in Limbu community to compare the national level. Lower motivation, people limited assesses to contraceptive devices, and lack of community participation contributed to lower use of contraception among Limbu couple.

The study area Maharani Village Development Committee in Jhapa district, where different communities of people having different socio-economic and demographic characteristics are residing. But, only Limbu community has been taken for this study. In general education, occupation, age at marriage, childloss experience, level of income and use of contraception are supposed to be confident as the determining factors of children ever born. Therefore, this study aim to high light the

contribution of these factors in lowering the number of children ever born.

Research Questions

- What are the demographics and socio-economic characteristic of Limbu community ?
- What are the relationship between CEB and some demographic and socio- economic characteristics ?

1.3 Objectives of the Study

The general objective of the study is to asses the fertility behaviour of Limbu community in Jhapa district. The specific objectives of the study are as follows:

1. To identify the demographics and socio-economic characteristic of Limbu community.
2. To examine the relationship between CEB and some demographic and socio- economic characteristics.

1.4 Significance of the Study

This study is concentrated to the place where the majority of Limbus are residing so the findings of this study can be applied to them. This study is significantly important since the study of fertility behaviour has not been proceeded so far. Despite the resource and time constraint, the study has become so desirous that population education providers would significantly benefited from this study.

This will be very important for the concerned people and agencies, NGO/INGO, planner and policy maker, for future researchers both foreign and natives social workers and politicians of the country in relation to their interest such as demographic and national integration. Hence study is timely and appropriate.

1.5 Limitations of the Study

No study can be free from the limitations and this study is not an expectation of this fact. So, this study has the following limitations.

-) This study is limited to fertility behaviour of Limbu community only, not other caste in Maharajijhoda V.D.C., Ward No. 1 and 9, Jhapa district.
-) Limited socio-economic and demographic variables are considered to explain the fertility behaviour in the terms of CEB.
-) The study is limited to socio-economic study of the population and age group of people especially to currently married women of age 15-49 years.
-) Psychological, emotional and cultural factor one not include for the assessment of fertility behaviour.

1.6 Organization of the Study

This study is organized into seven chapters. The first chapter deals with general background of the study, objectives, significant of the study, limitations of the study and organization of the study The second chapter deals with the literature reviews and conceptual framework for the study. The third chapter describes the methodology. It includes introduction of

the study area, sample design. Source of data, questionnaire design and procedure of data analysis. The fourth chapter deals with socio- economic and demographic characteristics of the population and respondents. The fifth chapter deals with analysis of fertility of currently married women by socio- economic and demographic variable. The last chapter presents the summary, conclusion and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Literature Review

Fertility is major component of rapid population growth of Population. Demographer and social scientists are even today busy in research of systematic theory which would provide explanations for change in fertility level and differential in fertility. Even fertility determined by different psychiological factor and their interplay with social cultural economic and modernization factors.

The theory of demographic transition presented by frank Noteston in 1945 described the transition from high to low fertility representing a shift from natural fertility to family limitation. (Loiberstion, 1987:96). The theories of demographic transition stimulated a number of studies that analyzed the relationship between socio- economic development and fertility. In the countries of being popularized demographic transition, fertility decaling was mainly due to declines in death rate and family limitation norm resulting the process modernization, which involves rising living standards of life, rising income, rising education and advance in sanitation and media knowledge (UN, 1973:59).

Davis and Black in 1956 focused in the industrial mechanism in society and listed 11 intermediate variables which are related to phenomena of fertility. These intermediate variables are centred around intercourses, conception and gestation. As the each process is biological cultural and economic factors, these affect all the stage of childbearing. These eleventh intermediate variables are categorized in to three groups.

- i. Factors affecting exposure to intercourse (intercourse variables)
- ii. Factor affecting exposure to conception (conception variables)
- iii. Factor affecting gestation and successful parturition (gestation variables)

Each of those intermediate variables can have either a positive or a negative effect on fertility. The fertility level in any society is determined by the combined effect of all these variables. All of the variables are presented in every society. Each can be operated to reduce or enhance fertility (Bhende and Kantikar 2004).

According to John Bongaarts, the proximate determinants of fertility are the biological and behavioural factors through which social, economic, psychological and environment variables affect fertility. Bongaarts (1983) has identified seven sets of proximate determining variables affecting fertility which are age at marriage and marital disruption, onset of permanent sterility, duration of postpartum infecundability, fecundability, use and effectiveness of contraception, spontaneous intrauterine mortality and induced abortion. Later he proposed only four proximate variables that affect directly in determining the fertility levels. They are proportion married, contraception, postpartum infecundability and abortion. These four proximate determinants are main determinants to reduce the fertility in Nepal (MOPE, 2000:27).

Malthus (1766-1834) attempted to investigate, what the natural increase in population would be, if left unchecked and the rate at which the means of subsistence could be increased. On the basis of these two questions, he framed two of his basic propositions that population tends

to double itself every twenty five years , thus increasing in a geometrical ratio, while even under the most favourable conditions, agricultural produce increase each twenty-five years only by an equal quantity thus increasing only in an arithmetical ratio. He concludes: "Taking the whole earth- the human species would increase as the numbers 1, 2, 4, 8, 16, 32, 64, 128, 256 and the subsistence as numbers 1, 2, 3, 4, 5, 6, 7, 8, 9. In two centuries, the population would be to the means of subsistence as 256 to 9"

Malthus recognized that powerful checks where constantly in operation to obstruct population growth and classified them under two heading. "The first of these checks may, with propriety, be called *preventive check* to population, and the absolute necessity of their operation in the case supposed is as certain and obvious as that man can not live without food". Malthus included *moral restraint* and vice as voluntary checks based on man's reasoning faculties. While further elaborating on these two preventive checks, Malthus described *moral restraints* as "Abstinence from marriage, either for a time or permanently, from prudential consideration, with a strictly moral conduct towards the sex a in the interval. And this is the only mode of keeping population on a level with the means of subsistence which is perfectly consistent with virtue and happiness". (Bhende and Kantikar, 2004).

The threshold hypothesis developed by United National (UN) in the year 1963 indicates that there is a interrelationship between fertility rate and the general socio-economic development of the society. According to the hypothesis, decreases in fertility after a society have reached a certain level of social and economic development (UN, 1973).

The threshold hypothesis of fertility has identified the 12 factors responsible for explaining the fertility. They included Per- capita income, Energy consumption, Urbanization, Non agricultural activities, Hospital bed, Life expectancy at birth, Infant Mortality, Early marriage, News paper circulation, Radio receiver, and Cinema attendance.

Easterlin (1983) analyzed human fertility behaviour in systematic manner, which states that parents are more concerned about the number of living children rather than number of birth. According to him fertility is the functional outcomes between supply of potential output (i.e. c_n) and demand for surviving children (i.e. c_d) which together determined by motivation of fertility regulation (i.e. r_c) if the potential output of children is smaller than demand ($c_n < c_d$) there is no desire to limit fertility. Such a situation of "excess demand" means to increase fertility. On the other hand if the potential out put of surviving children is greater than demand for surviving children (ie. $C_n > c_d$) this could be considered as a situation of" excess supply." In this situation, parents would be faced with the prospect of having unwanted children. He concluded that motivation attitudes and access are the three important factors influencing adoption of fertility control (Bhende and Kantikar, 2004)

J.C. Caldwell developed the theory of intergeneration wealth flow. He argues that societies can be classified according to their production system that traditional family based on production with high facilities and capital production with low fertility. In a society the fertility is high if children are economically beneficial to the parents, and low, if children are not economically beneficial to the parents. Whether the children are economically beneficial to parents is determined by social conditions mainly the direction of intergenerational flow of wealth (in terms of good

and service) This flow of wealth in all primitive and traditional societies has been from younger persons to the older person. Children in such societies are economically assets to their parents and naturally more children mean more wealth leading the high fertility. (Bhende and Kantikar, 2004).

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

Dahal (1992) analyzed the determining factors of high fertility and found that in Nepali society high economic and social value of children, low education and social status of women, poor wealth and insufficient nutritional intake, inaccessibility of quality family planning and its unmet demand are the determining factor of high fertility of Nepal. Communication between husband and wife regarded as one of the responses for not using contraception in Latin America and Asian societies (Tuladhar, 1789:210). The majority of currently married women in Nepal reported that they never discussed about family size with their husband. The proportion of women who have had communication with their spouses was higher among the younger and the educating than among the older and uneducated women (Tuladhar, 1989:212).

2.2 Empirical Literature

The main factor of population increase in most of the developing countries like Nepal is low level of mortality rate and high level of

fertility rate. Different number of studies in fertility which attempt to summarize the studies regarding the determinants of fertility are selected and presented below.

According to world population data sheet 2005, Most of the underdeveloped countries, where educational attainment is very low have exhibited higher level of fertility, such as Niger (8.0), Mali (7.1), Uganda (6.9) Burundi (6.8), Afghanistan (6.8) and East-Timor (6.4) children per women. Most of the high fertility countries are situated in Africa and Asia. On the opposite, most of the developed countries, where literacy rate is very high labour (80 percent) and total fertility rate has been shown vary low, such as Slovakia (1.2), Moldova (1.2), San Marino (1.2), Slovenia (1.2) children per women. Similarly, From east Asia, South Korea (1.2) and Taiwan (1.2) children per women are also included in this category.

In the context of Nepal, before the establishment of democracy 2007, the literacy rate was very low as 2 percent. It was the very poor situation of the educational attainment establishment of democracy the literacy rate has gone up. At the period of 2011, the literacy rate was 4.4 percent and total fertility rate was very high around 6 children per women. At the end of the eight five year plan, thee literary rate reached around 48 percent and TER fall down to 4.8 children per women. According to census 2001, literacy rate has gone up steadily and reached to 54 percent for population 6 years and above result TFR decreased at 4.1 children per women at the end of her reproductive age 15-49 years.

2.2.1 Education and fertility

Education is directly determine fertility behaviour of human being.

We are seeing that the relation of these two variables is inversely proportion it means increase in educational levels decrease in fertility rate and vice-versa. A study showed high fertility among the women with elementary level of education than graduate in USA (UN, 1973).

Education has been considered as catalytic agent to reduce fertility in Nepal. Educated women are more aware of the issue of quality of children than non- educated (Risal and Shrestha 1989) In Nepal the average number of CEB is 1.9 for literate women especially for Primary education and 1.5 for graduate which is lower than illiterate with CEB 2.8 (CBS, 1991).

ICPD in its chapter eleven reveals that the education is a key variable in sustainable development Education help to reduce fertility, morbidity and mortality. The increase in education of women and girls contribute to women's empowerment to postponement of marriage and to reduction in the family size (UN 1994). In Nepal level of fertility is inversely related to women's educational attainment; decreasing rapidly from 3.9 births among women with no education to 1.8 birth among women who have SLC and higher leave of education (NDHS, 2006).

2.2.2 Occupation and Fertility

Female in different occupation is found to have different fertility level. The employment of women outside the home reduces the level of fertility behaviour. In every region women with occupation in modern sector of economy had smallest member of children ever born than women involved in traditional sector of economy . Those who had never worked had an average likely to have more children than women in any of the occupational group. In oceanic countries the difference in mean

CEB was found to be 2.2 children between women who work and who did not (UN, 1987).

Nepal is agriculture based country; large proportion of the country's labour force is involved in agriculture while very small proportion is in non agriculture sector. Most of the female are in unproductive sector. In Nepal 90 percent of the economically active female population engaged in agriculture, whereas less than one percent of them work as professional and technical sectors and generally lower level and low paid job (Risal and Shrestha, 1989: 56).

2.2.3 Age at Marriage and Fertility

Age at marriage is also one of the determinants of fertility. There is also inverse relationship between age at marriage and fertility in Nepal. In Nepal, age at marriage of male is 22.9 where as 19.5 for female (CBS, 2001) . Nepalese society does not allowed the sexual union of unmarried people. So marriage is the most essential in our society. Nepal is a country with multi- lingual, multi-religions and multi- ethnic society so CEB are different to their age, religion and age at marriage.

Women who have started cohabitation at the earlier ages had 3.7 CEB where as the women cohabitation in 15.17 years had 2.3 CEB (Acharya, 1996). The value of singulate mean age at marriage have increased by 3 years for male and 4 year for females since 1961 and these are in 2001 about 23 for males and 20 years for female data shows that of definitely decline in male and female difference in SMAM from 4 years during the early 3 decades (1961-1991) to 3 years during the immediate last four decades (CBS, 2003).

The number of child ever born affects the socio- economic condition of the people in the country. Empirical studies have shown that number of children ever born and poverty are positively associated (Especially in developing countries like Nepal). The maternity health and family planning are interrelated and they together have an impact on the quality of the population. The mean number of CEB per women (15-49 years) is estimated 2.4.

2.2.4 Cultural, Religions value and fertility

Different fertility can be observed in the different cultural and religious societies. By cultural and religion Nepali society is pro-natalist (Dahal, 1987) . A major cultural component of Nepali women is child bearer. A women becomes real women, when she performs her role as mother and her status is fully validated after the successful birth of many children especially sons and childless is a curse (Dahal, 1987). Total marital fertility has observed different among different caste and ethnicity group. For example total marital fertility rate (TMFR) for Brahmin was 5.67, for Chhetri was 6.07, for Newar was 4.89 and for Tamang was 7.5 (Niraula and Shrestha, 1997:24).

2.2.5 Contraceptive Use and Fertility

Nearly two thirds of women do not intend to use contraception in the future because of fertility related reasons. Most of these women (38 percent) report themselves to be sub fecund or in fecund. Twelve percent of women do no intend to use because of opposition to use, with most of them citing religious opposition as a reason for non-use. Eighteen percent of women cited method related reason for non use, the most important of these being fear of side effects (10 percent). Women age 15-29 are most

likely to cite opposition to use (57 percent) with religious opposition being the primary reason (44 percent). Nineteen percent of young women also mentioned method related reasons, primary fear of side effects (13 percent) as a major reason for non-use in the future. On the other hand, 72 percent of women age 30-49 cited fertility related reason for non-use in the future, with 42 percent reporting themselves as sub-fecund or infecund. (NDHS 2006)

It is widely believed that family planning awareness help to control population growth in the country . Nepal living standard survey (NLSS II) estimates 71 percent of women aged 15-49 year are knowledgeable about at least one of the family planning method ,46 percent have ever used it and 30 percent are currently using some form of planning method (pill,IUD,Injectable and condom) As one would expect, the proportion of women's knowledge at least one of the family planning methods is higher in urban areas (91%) than in rural areas (74%) . Such knowledge is likely to be higher among younger cohorts, than other cohort. The current use rate of family planning is higher among women aged 35-39 years (NLSS,2003/04)..

The majority of women (68 percent) and men (75 percent) age 15-49 have heard a family planning message recently on the radio. Whereas only 49 percent of women and 48 percent of men have heard family planning message on television. Fifteen percent of women and 38 percent of men have heard about family planning in the newspaper or magazine forty percent of women and 75 percent of men have been a family planning message on a poster or billboard, and 6 percent of women and 14 percent of men have been exposed to family planning messages at a street drama. One fourth of women and one-tenth of men have not been

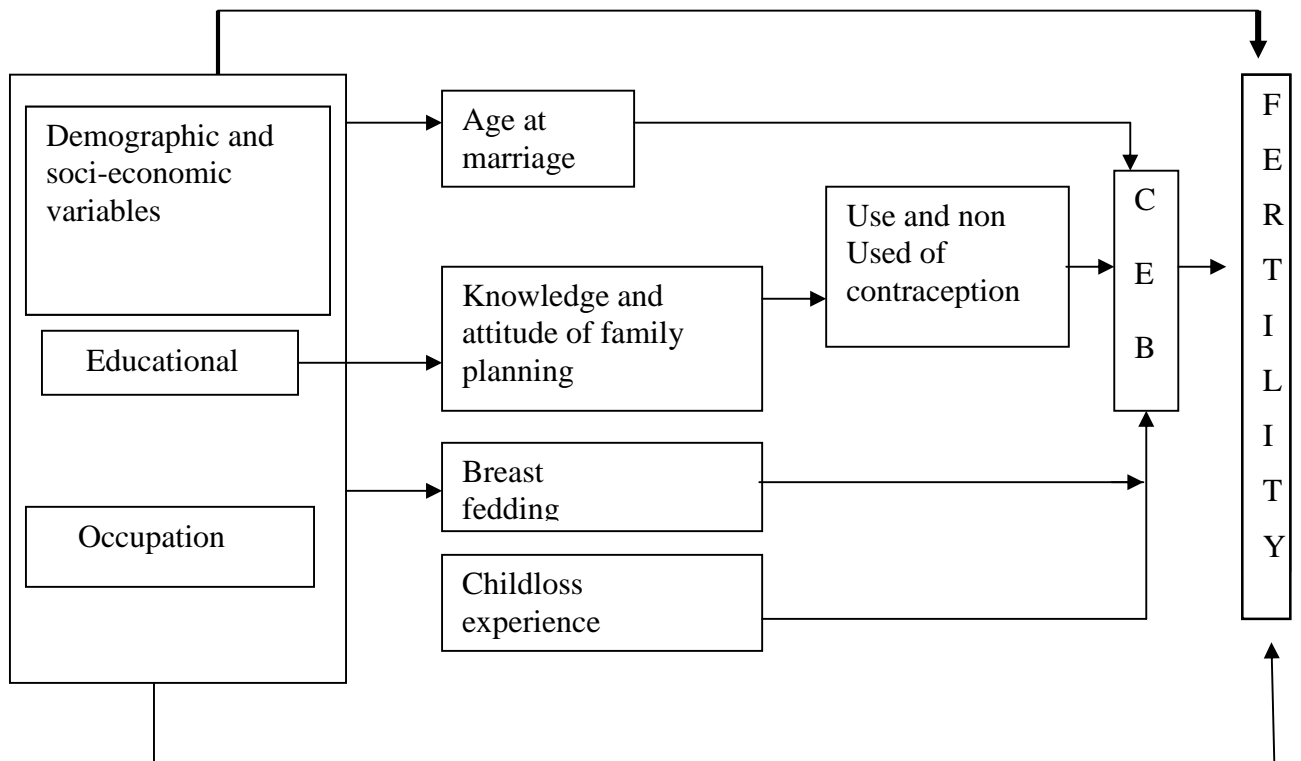
exposed to family planning messages in any of the specified media sources.(NDHS, 2006)

Nepal is a multi-cultural, multi lingual, multi religious, Multit caste country. The 2001 census identified 103 ethnic groups and sub groups of population. So there are many backward caste and ethnic group. Among there Limbu is also a kind of indigenous people of Nepal. Limbu is one of the mongolion group of people and it is a branch of kirati of Nepal. Specially, this cast live in the eastern hill region of Nepal i.e taplejung, panchthar, tehrathum and dhankuta districts. They have there own culture, religion and mother tongue. The population of the Limbus,accourding to the census of 2001 is 1.6 percent of the national population. Among various caste groups Limbu is one community which is very backward and traditional community. More than 50 percent people of this community belong to below poverty line and they are landless. Limbu constitutes many sub group communities. They have one culture and religious ceremonies. Traditional occupation of Limbu community is agriculture. Total population of Limbu community is 359,379 out of the total population 23151423 (CBS, 2001) .

2.3 Conceptual Framework

The literature review provides sufficient backround to conceive a conceptual framework of the study by establishing relationship among various socio-economic and demographic variables responsible for variation in fertility of currently married Limbu, female in Maharanijhoda VDC. In order to void complexity only selected socio-economic variables (education occupation) and demographic variables (age at marriage, child loss experience and contraceptive) which have directly influence on fertility are considered in this study.

Figure 2.1: Conceptual Framework



The framework includes occupation and education as independent socio-economic variables and age at marriage, child loss experience and contraceptive prevalence as intermediate demographic variables which have direct or indirect influence on dependent variable as fertility.

CHAPTER THREE

METHODOLOGY

3.1 Introduction to the Study Area

The study area is selected as Maharanijhoda VDC, of Jhapa District in eastern part of Nepal. The VDC is located at about 40 km west from district headquarter, Bhadrapur Municipality. The boundary of this VDC is gauradaha VDC in the east, khobara in the West, Lakhanpur VDC in the north and Jurophani VDC in the South from Maharanijhoda V.DC.

There are different caste, ethnic and religious group of people having different socio- economic and demographic characteristics living in Maharanijhoda VDC. This study is conducted only among Limbu community which is back-ward in the socio- economic and demographic aspects. There are 97 household in Limbu people and 552 are total population in my study area.

3.2 Research Design

This study is descriptive as well as explanatory. Studies is mainly focused on fertility behaviour of currently married women aged 15-49 year in one life birth in Limbu community of Maharanijhoda VDC ward no 1, 9.

3.3 Sources of Data

This study is based on primary data generated from the field study. The respondents were currently married women of aged 15-49 years. Structured and semi-structured questionnaire were used for the collecting information about fertility behaviour of indigenous community using

interview method with each of the selected currently married women aged 15-49 years one life birth. Secondary data were also used for the study from different published and unpublished sources.

3.4 Sample Size and Sampling Procedure

This study covers the total household of Limbu community of Maharanijhoda VDC ward no. 1 and 9 on the basis of the records presented by VDC office (Village profile 2008), 320 household and 3212 population of Limbu Maharanijhoda VDC. Among them 97 household of Limbu community in ward no. 1 and 9 of Maharanijhoda VDC. It is based on census type survey. The study has enumerated and picked up the various information which is necessary of the whole household as the census of Limbu community.

3.5 Data Collection Method

Two types of questionnaire were used to get information. They were (i) Household questionnaire and (ii) individual questionnaire. The household questionnaires were used to collect the information on socio-economic and demographic measures of each member of the household. The main objective of the household questionnaire was to identify the eligible respondents for individual interview.

The individual questionnaire was use to collect the information from currently married women aged 15 to 49 year one life birth. Information was on age at marriage, child loss experience, educational background, knowledge of family planning, participation in decision making, and children ever born to find out fertility behaviour of women

3.6 Method of Data Analysis

At first, the collected data have been edited, tabulated and then analyzed using both quantitative and qualitative tools. Quantitative data have been tabulated and analyzed in terms of statistical tools like frequency table, mean table etc. are used in the analysis of primary data

CHAPTER FOUR

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS

4.1 Socio-economic Characteristics of Study Population

4.1.1 Setting of the Limbu Community

This study is focused on one of the indigenous tribal community, Limbu, residing in Maharanijhoda Village Development Committee. This VDC is in Jhapa district eastern Terai of Nepal. It is about 40 kms far (west) from the district headquarter, Chandragadhi. This VDC borders Gauradaha VDC in the east and Khobara VDC in the west, Lakhanpur V.D.C in the north and Juropani V.D.C. in the south..

4.1.2 Age-sex Structure of Study Population

Age structure provides the information of population in different age groups at particular period. Age structure of population is the important variable in study of population dynamic. The age-sex of composition of study population is presented in Table 4.1.

Table 4.1: Distribution of Study Population by Age-sex Composition

	Male		Female		Total		Sex Ratio at birth
	Number	Percent	Number	Percent	Number	Percent	Number
0-4	35	12.07	31	11.96	66	11.83	113.90
5-9	33	11.38	34	12.14	67	12.98	97.06
10-14	29	10.00	25	9.78	54	9.54	116.00
15-19	25	8.62	27	9.42	52	10.31	92.60
20-24	27	9.31	21	8.70	48	8.62	128.57
25-29	30	10.34	20	9.06	50	7.63	150.00
30-34	19	6.55	16	6.34	35	6.11	54.29
35-39	20	6.90	18	6.88	38	6.87	111.11
40-44	16	5.52	12	5.07	28	4.58	133.33
45-45	15	5.17	11	4.71	26	4.20	136.36
50-44	13	4.48	13	4.71	26	4.96	100.00
55-59	10	3.45	10	3.62	20	3.81	100.00
60+	18	6.21	24	7.61	42	9.16	75.00
Total	290	100.00	262	100.00	552	100.00	108.28

Source: Field Survey, 2009.

It is most important factor for studying fertility. The study covers 552 population from 97 households. Out of the total population, 52.54 percent are male and 47.46 percent are female. Table 4.1 shows that the highest proportion of population was found in age group 5-9 (12.14%). This indicates that higher proportion of population is in lower age group which is result of higher fertility. Similarly, lower proportion of population was found in age group 55-59 (3.62%) indicating low life expectancy at birth.

Hence, the sex ratio of Limbu population in study area is found 108.28 which higher than national level. This shows the female population is higher than male population.

4.1.3 Dependency Ratio

Dependency ratio is define as the number of persons who are supported by population of working ages. It is obtained as number of dependent population as percentage of population of working ages.

Table 4.2: Dependency Ratio of Study Population

Dependency	Dependency ratio	National level
Child dependency	57.89	72.7
Old dependency	13.00	12.0
Total dependency	70.89	84.7

Source: Field Survey, 2009.

Table 2 shows that child dependency ratio is found to be 57.89 and old age dependency ratio is 13.00. The total dependency ratio was 70.89. It means 71 person depend upon 100 persons of working ages. In 2001 census, total dependency ratio of Nepal was 84.7 per 100 persons of working ages (CBS, 2003).

4.1.4 Educational Status of Study Population

Education is the major component of the basic requirement for the social, political and economic development. Education plays vital role in the socio-economic status of community. Education status will be useful in an analysis relating to change in fertility. Therefore, it is important to know the educational status of people of the study area. The question about educational attainment was asked to the persons aged 5 years and above.

Table 4.3: Distribution of 5 years and above Population by Educational Status

Literacy status	Number	Percent
Literate	275	56.58
Illiterate	211	43.42
Total	486	100.00
Educational attainment		
Primary	147	53.45
Secondary	118	42.91
Higher	10	3.64
Total	275	100.00

Source: Field Survey, 2009.

According to table no. 4.3, it is known that more than half (56.58%) persons are literate and 43.42 percent are illiterate. Similarly, around 59 percent respondents have attained primary level of education, nearly 43 percent have attained secondary and only about 4 percent respondents have attained higher level of education. It means more respondents have attained primary level of education than other level of education. It indicates that the literacy rate of Limbu community is slowly increase, that helps to reduce birth rate of Limbu community.

4.1.5 Marital Status of Study Population

Marriage is the primary event in the process of family formation. Marital status of population affects the level of fertility, because the boys and girls are allowed to have children only after marriage in Nepalese society. The marital status of the study population aged 10 years and above is presented table 4.4.

Table 4.4: Distribution of Study Population Aged 10 Years and Above by Marital Status

Marital Status	Male	Percent	Female	Percent	Total	Percent
Unmarried	84	38.89	66	32.51	150	35.80
Married	126	58.33	126	62.07	252	60.14
Widow/Widower	6	2.78	11	5.42	17	4.06
Total	216	100.00	203	100.00	419	100.00

Source: Field Survey, 2009.

The table 4.4 shows that out of the total population, more than 60 percent are married and nearly 35.80 percent are single. The widow and widower population are 4.06 percent and no one is divorce or separate. The widow population is 5.42 percent and only 2.78 percent are widower. It indicates Limbu widower are remarried after death of his wife.

4.1.6 Occupation of the Study Population

Occupational status is an important determinant for fertility and contraceptive behaviour. The statistics of the occupational structure of any population is useful for farming and it is considered as an integral part of socio-economic development policy. The occupational status of Limbu population aged 10 years and above is presented in table 4.5.

Table 4.5: Distribution of Study Population by Occupation According Sex

Occupation	Male	Percent	Female	Percent	Total	Percent
Agriculture	117	5.21	89	47.84	206	49.16
Service	12	5.15	10	5.38	22	5.25
Daily wages	31	39.06	69	37.10	160	38.19
Business	13	5.58	18	9.68	31	7.40
Total	233	100.00	186	100.00	419	100.00

Source: Field Survey, 2009.

Table 4.5 shows that 49.16 percent of total population (10 year aged and above) reported their occupational as agriculture. After that 38.19 percent of Limbu population is reported daily wage labour. Daily wage labour means those people who are worked hole day for getting payment, specially in construction sectors. Around 7 percent Limbu people are engaged in business sectors. They sell vegetables and other things from their small shop and rest 5.25 percent are involved in service.

4.2 Background Characteristics of Respondents

Before analyzing the fertility behaviours of Limbu people, demographic and socio-economic characteristics of respondents are analyzed in this sub-section.

4.2.1 Age Composition

Age of women is very important factor in determining the fertility. If a girl married in early age, they have more children than other girls who are married in later ages. The age composition of the respondents are presented in Table 4.6.

Table 4.6: Distribution of Respondents by 5 Years Age Group

Age group	Number	Percent
15-19	9	8.57
20-24	18	17.14
25-29	21	20.00
30-34	26	24.76
35-39	15	14.29
40-44	11	10.48
45-49	5	4.76
Total	105	100.00

Source: Field Survey, 2009.

Table 4.6 shows that eligible women respondents are divided in the different 5 years age group. The highest percent (24.77%) of the eligible women are age group 30-34 and second highest percent (20.00%) is in age group 25-29. The least majority (4.76%) of eligible women seem in the age group 45-49. It indicates that most of eligible respondents are in 25 to 30 age group.

4.2.2 Age at Marriage of Respondents

In Nepal marriage takes place in early ages and it is almost universal. Universal marriage practices determine the fertility behaviours of women because the child bearing activities are legalized only after marriage in our country. In the context of Nepal, this phenomenon plays the active role that a girl has no culturally respect if she bears the baby before her marriage. Age at marriage was collected from different questions for the analysis. The age at marriage of respondents is present in Table 4.7.

Table 4.7: Distribution Age at Marriage by Respondents

Age at marriage	Number	Percent
Below 15	10	9.52
15-19	72	68.57
20+	23	21.91
Total	105	100.00

Source: Field Survey, 2009.

The table 4.7 shows that majority of respondents (9.52%) are married during below 15 years, 68.57 percent married during 15-19 year and rest 21.91 percent married 20+ year and above. It clarifies that there is still early age marriage in the study area which affects the fertility level of women.

4.2.3 Literacy Status of Respondents

Education is main factor affecting the fertility of women. Educated women may have awareness about the fertility and they can communicate easily with her husband about contraception and ideal number of children. Table 4.8 presents the eligible women by educational status.

Table 4.8: Distribution of Respondents by Literacy Status

Literacy status	Number	Percent
Literate	38	36.19
Illiterate	67	63.81
Total	105	100.00
Educational attainment		
Primary	30	78.95
Secondary	6	15.79
10+2 and above	2	5.26
Total	38	100.00

Source: Field Survey, 2009.

Table 4.8 shows that more than 36 percent of women are literate and nearly 64 percent are illiterate. Out of 38 literate women, 79 percent women have attained primary level education and 16 percent have

attained secondary level of education and 6 percent have passed 10+2 and above.

4.2.4 Religious Composition of Respondents

Nepal is a multi-religious country. Level of fertility is directly affected by religion. In study area, the status of respondents in terms of religion is given in table 4.9.

Table 4.9 : Distribution of Respondents by Religion

Religion	Number	Percent
Buddhist	95	90.48
Hindu	3	2.87
Christian	7	6.65
Total	105	100.00

Source: Field Survey, 2009.

Table 4.9 shows that out of total respondents, 90 percent respondents are Buddhist, 2.87 percent reported Hindu and rest 6.65 percent are Christian. It clarifies that majority of respondents in study area seen as followership of Hindu religion.

4.2.5 Occupation of Respondents

Occupation is major determining factor of economic status of people which directly affect fertility. Generally, it is said that higher level of occupation, lower level of fertility and vice-versa. The occupation status of respondents is presented table no. 4.11.

Table 4.11: Distribution of Respondents by Occupation

Occupation	Number	Percent
Agriculture	56	53.38
Service	5	3.81
Wage Labour	34	32.38
Business	11	10.48
Total	105	100.00

Source: Field Survey, 2009.

It is known that majority of respondents reported that their occupation is agriculture which accounts 53.33 percent, 3.81 percent service, 32.38 percent are wage labour and rest 10.48 percent respondents are engaged in business sectors in the study area.

4.2.6 Childloss Experience of Respondents

The childloss experience is one of the important factor which helps to determinant fertility. The childloss experience of study area is given in table 4.11.

Table 4.11: Distribution of Respondents by Childloss Experience

No. of child loss	Number	Percent
0	89	84.76
1	10	9.53
2	5	4.76
3	1	0.95
Total	105	100.00

Source: Field Survey, 2009.

Table 4.11 shows that nearly 85 percent respondents have reported no childloss experience, 9.53 percent reported 1 childloss experience, 4.76 respondents reported 2 childloss experience and rest 0.95 respondents reported the 3 childloss experience in the study area.

4.2.7 Annual Income of Respondents

Income level has significant role in determining the life style of people which is directly related with fertility. High level income people have low leave of fertility. The income status of respondents which was observed in study area give as follows :

Table 4.12 : Distribution of Respondents by Annual Income

Annual Income	Number	Percent
1000-5000	11	10.48
5000-10,000	31	29.52
10,000-20,000	34	32.38
20,000-30,000	20	15.05
30,000 and above	9	8.57
Total	105	100.00

Source: Field Survey, 2009.

Table no. 4.12 shows that 32.38 percent respondents reported the level of annual income between 10,000-20,000, 29.52 percent reported 5,000-10,000, 15.05 percent reported. 20,000-30,000, 10.48 percent reported 1000-5000 and rest 8.57 percent reported 30,000 income respectively,

4.2.8 Source of Drinking Water of Respondents

One question was asked about source of drinking water to respondents in study area which information is presented as below:

Table 4.13: Distribution of Respondents by Source of Drinking Water

Source of Drinking Water	Number	Percent
Dug well	13	12.38
Tube well	95	87.62
Total	105	100.00

Source: Field Survey, 2009.

Table no. 4.13 shows that 87.62 percent respondents used drinking water from tube well and rest 12.38 percent respondents used drinking water from dug well. The above data shows most of the respondents use tube well water for drinking in the study area.

4.2.9 Means of Communication of Respondents

Communication is an important factor which plays a vital role for determining fertility behaviours of couples. The following table shows means of communication of respondents in the study area.

Table 4.14: Distribution of Respondents by Means of Communication

Means of Communication	Number	Percent
Radio	90	60.81
Television	45	30.41
Telephone	10	6.76
Computer	3	2.02

Source: Field Survey, 2009.

Table no. 4.14 shows that out of total respondents 60.81 have radio, 30.41 percent television, 6.78 percent telephone and rest 2.02 percent computer respectively of respondents in study area.

2.4.10 Knowledge and Use of Family Planning

One of the main objectives of the study is to collect the information about knowledge and use of family planning. Use of family planning and contraceptive devices determine the fertility behaviour of any community.

Table 4.15: Distribution of Respondents by Knowledge and Use of Family Planning

Knowledge of Family Planning	Number	Percent
Yes	67	63.81
No	38	36.19
Total	105	100.00
User and non-users		
Currently used	22	20.95
Ever used	45	42.86
Never used	38	36.19
Total	105	100.00

Source: Field Survey, 2009.

Table no. 4.15 shows that the maximum number of the respondents have not knowledge about the family planning which comprise 63.81 percent and only 36.19 percent respondents have knowledge about family planning. Among those who have knowledge of family planning 20.95 percent are currently used, 42.86 percent are ever used and 36.19 percent are never used of family planning method.

CHAPTER FIVE

FERTILITY BEHAVIOUR OF THE RESPONDENTS

The main objective of this chapter is to deal with various socio-economic and demographic factors that can effect the children ever born (CEB) such as current age of respondents, age at marriage, occupational status. Childloss experience, religious status, educational status, contraceptive use, age at marriage and breast feeding practice. Fertility is taken as dependent variable and measured by number of children a women already have which is called children ever born. So CEB is taken as catalytic indicator of fertility.

5.1 CEB by Age of Women

The number of mean CEB is shown by various age group of mother. It has positive association with longer span of reproductive age of women.

Table 5.1: Mean CEB by Age of Women

Age group	Mean CEB	Number	CEB National level
15-19	0.80	9	0.15
20-24	1.97	18	1.22
25-29	3.10	21	2.40
30-34	3.20	26	3.25
35-39	3.94	15	4.09
40-44	4.87	11	4.60
45-49	4.93	5	5.26
Total	3.25	105	2.44

Source: Field Survey, 2009.

Table 5.1 shows that the mean number of CEB of women is 3.25 whereas mean number of CEB of women in age group 15-19 is 2.07. Highest mean number of CEB is 4.93 in age group 45.49 years. The mean

number of CEB in age group 20.24 year is 1.97. It shows that when the age of married women increase than the mean number of CEB also increases in the study area. It means that there is positive relationship between age of women and mean number of CEB in study area.

5.2 Mean CEB by Age at Marriage

Marriage affect and determines the fertility. Low mean number of CEB could be expected for those who have married relatively at higher ages.

Table 5.2: Age at Marriage Mean CEB Number

Age group	Mean CEB	Number
Below 15	4.09	10
15-19	3.22	72
20+	2.44	23
Total	3.25	105

Source: Field Survey, 2009.

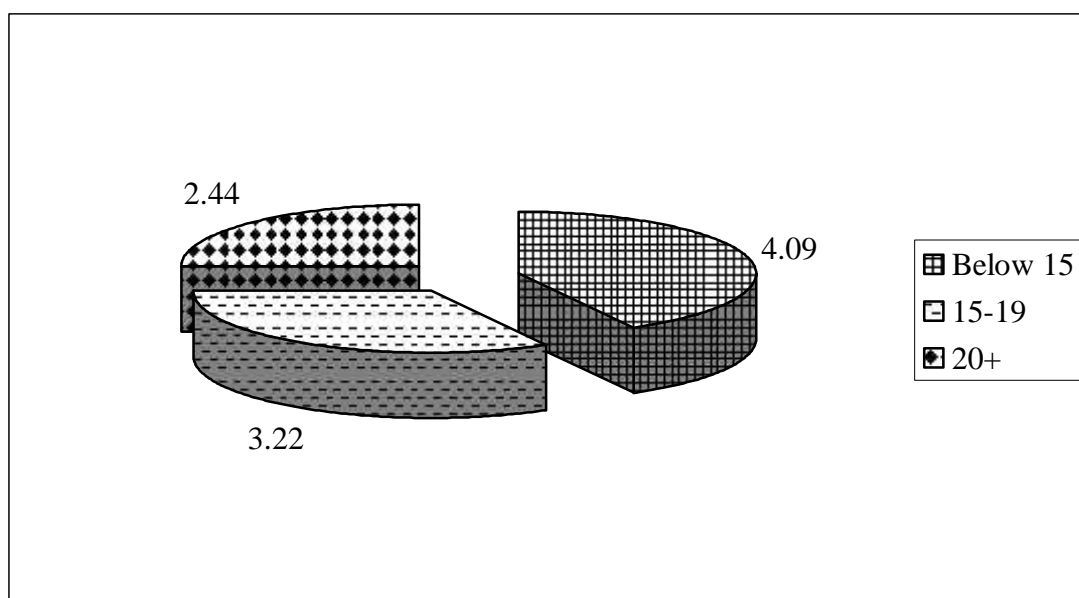


Table 5.2 shows that highest mean number of CEB (4.09) is found among those women who married below 15 year and lowest mean number of CEB (2.44) is found at age at marriage 20 and above years.

Table 5.2 shows that increase age at marriage of women decrease their mean number of CEB. There is inverse relationship between mean number of CEB and age at marriage of women in the study area.

5.3 Mean CEB by Educational Status

Education of women plays vital role for fertility decline. It has been accepted that education is negatively associated with the fertility. In general educated women not only marry late they are also more conscious about the advantages of small family size and use of contraceptives. Therefore education is negatively associated with number of CEB.

Table 5.3: Mean CEB by Educational Status

Literacy Status	Mean CEB	Number
Literate	2.53	38
Illiterate	3.97	67
Total	3.25	105
Educational attainment		
Primary	2.97	30
Secondary	2.63	6
Higher	1.99	2
Total	2.53	38

Source: Field Survey, 2009.

Table 5.3 shows that literate respondents have lower (2.53) mean CEB of those respondents who are illiterate (3.97) . Similarly, mean CEB is high (2.97) of those respondents who have attained in primary education and lowest in those respondents who attained in higher education. It means higher level education of respondents have lower level of mean CEB.

5.4 Men CEB by Occupation

There is inverse relationship between occupational status of parents

and number of CEB. In general, women work in agriculture were more man power is needed. So, they want to produce more children being in agriculture sector. Women participating in others activities may produce fewer children so that different occupation have different fertility behaviour.

Table 5.4: Mean CEB by Occupation

Occupation	Mean CEB	Number
Agriculture	4.07	56
Service	2.13	4
Wage labour	3.93	34
Business	2.88	11
Total	3.25	105

Source: Field Survey, 2009.

Table 5.4 shows that most of women are engaged in agriculture sector whose mean CEB is 4.07, 2.13 mean CEB of those women who are engaged in service, 3.92 mean CEB of those who engaged in wage labour and rest 2.88 mean CEB of those women who engaged in business sectors. In study area, women involved agriculture sector have higher mean CEB than those women who engaged in other sectors.

5.5 Mean CEB by Religions

Cultural and religious value is one of the effective factor of fertility behaviour. In this study, there were three religious groups. Hindu, Christian and Buddhist. So that religious status is categorized in three parts which is presented in table 5.5.

Table 5.5: Mean CEB by Religions

Religion	Mean CEB	Number
Buddhist	3.56	95
Hindu	2.97	3
Christian	3.22	7
Total	3.25	105

Source: Field Survey, 2009.

Table 5.5 shows that there is highest mean CEB of those respondents who are Buddhist, such as Christian and Hindu respondents have 3.22 and 2.97 mean CEB respectively. According to table no. 5.5, we can say that, Buddhist respondents have large number mean CEB and lowest in Hindu respondents in the study area.

5.6 Mean CEB by Childloss Experience

There is positive relationship between childloss experience and fertility because when women losses her child, she will be motivated to replace her dead child.

Table 5.6: Mean CEB by Childloss Experience

Childloss	Mean CEB	Number of women
0	2.70	89
1	3.02	10
2	3.17	5
3+	4.11	1
Total	3.25	105

Source: Field Survey, 2009.

Table 5.6 shows that women having no childloss experience have lower mean CEB (2.70) than those women who lost more than 3 children have highest number of mean CEB (4.11).

It is seen that if women have higher number of childloss, their mean number of CEB also increases. There is positive relationship between childloss experience and mean number of CEB of women because women want to replace the dead child by giving next birth.

5.7 Mean CEB by Knowledge of Family Planning

Family planning method is to prevent women from fertilization and stop giving birth or to increase birth interval. Using the birth control methods helps couple to manage the family size by preventing unwanted pregnancy. Family planning method directly affects fertility. The couple who knows the family planning method and using the method properly has lower fertility than non-users and those who have no knowledge about family planning method.

Table 5.7: Mean CEB by Use and Non-use of Family Planning Method

Knowledge of Family Planning	Mean CEB	Number
Yes	2.98	67
No	3.52	38
Total	3.25	105
User and non-users		
Ever used	22	2.99
Non-users currently used	45	2.97
Never used	38	3.52

Source: Field Survey, 2009.

Table 5.7 shows that out of 105 respondents, 63.8 percent have knowledge about family planning method, whose mean CEB was found to be 2.98. Similarly 38 (36.19%) respondents have no knowledge about it whose mean CEB was found to be 3.52. Among them who have knowledge about family planning method, 22 responded ever used of family planning methods whose mean CEB was 2.99 and 45 respondents are currently used of family planning method whose mean CEB was 2.97 and 38 respondents are never used of family planning method whose mean CEB was 3.52. The data reveals that the respondents who have knowledge use family planning method this mean number of CEB was found lower and who have no knowledge are non-users their mean CEB was higher.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary and Findings

This study has been carried out to examine the fertility behaviour of Limbu community of an indigenous group of Nepal. The research is based on primary data collected from the field survey. The study area is Maharanijhoda VDC of Jhapa district. This study was conducted only ward no. 1 and 9. The total Limbu household of this VDC 320 and total population is 3212 Among them number of Limbu household is 97 their total population is 552 in study area.

The total respondents of this survey are 105 reproductive age women which were taken using census method i.e. total Limbu households from this two wards are included for the study.

- 1 Among 97 households there were 552 population out of them 52.54 percent were male and 47.46 percent female.
- 2 Child dependency ratio was 57.89 percent and total dependency ratio was 13.00 percent of these community.
- 3 Out of the total population literacy is high (56.58%) as compared illiterate i.e. 43.42 percent. Similarly, 53.45 percent people have primary level education and 42.51 percent population have secondary level population where as 3.64 percent have higher level education.
- 4 Out of 419 population aged 10 year and above, 60.14 percent were married 35.80 percent were unmarried and 4.06 percent were

widow and widower.

- 5 Out of the 419 total population age 10 year and above, 49.16 percent were involved in a agricultural occupation, 38.19 percent were in daily wage labour, 7.40 percent were in business and rest 5.25 percent in service.
- 6 Among total 105 respondents majority (24.76%) respondents are in age group 30-34 year.
- 7 Among the 105 respondents 9.52 percent were married below 15 years of age and 4.77 percent married at above 21 years.
- 8 Educational status of respondents, 36.19 percent are literate where as 63.81 percent are illiterate likewise, 78.95 percent respondents have primary level of education, 15.79 percent respondents have secondary and rest 5.26 percent have higher level of education in study area.
- 9 Out of the total population 90.48 percent were Buddhist 6.65 were Christian and rest 2.87 percent respondents were Hindu in study area.
- 10 The percent of respondents is high (53.33%) who are engaged in agriculture sectors.
- 11 Majority (84.76%) respondents reported no child-loss experience.
- 12 Out of the total respondents 10.48 percent respondents have annual income between 1000-5000, 35.38 percent respondents between 10,000 - 20,000 and only 8.75 percent respondents have 30,000+.
- 13 Majority (87.62%) respondents use the tubewell water and rest 12.38 percent respondents were used dugwell water.

- 14 Among the total respondents 63.81 percent have found knowledge about family planning method.
- 15 The mean number of CEB of 105 respondents was found to be 3.25. The highest mean CEB (4.93) was found in the age group 45-49 and lowest 0.80 in the age group of 15-19 years.
- 16 The respondents who married at below 15 year have higher (4.89) mean number of CEB and who married at higher ages (above 21 years) have lower (2.09) mean number of CEB.
- 17 The mean CEB can be found high (4.07) of those women who engaged in agriculture sectors.
- 18 It was found that there is positive relationship between childloss experience and mean CEB. The respondents who lost more than 3 children have mean CEB 4.11 and those who was not lost child their mean CEB was found to be 2.70.
- 19 Out of the total respondents, Buddhist have highest mean CEB (3.56) than other religion.

6.2 Conclusions

The study attempts to examine the fertility behaviour of Limbu women in Maharanijhoda VCD Jhapa. Women status indicators such as age at marriage, education, knowledge and used of contraception and childloss experience have been carried out to examine the relationship between the status of women and fertility behaviour in Maharanijhoda VDC Jhapa. In this study following conclusions are drawn.

- 1 There is inverse relation between mean numbers of CEB and literacy rate of respondents.

- 2 In this VDC the literary rat and level of education is poor.
- 3 The system of early marriage is high in study area.
- 4 Most of indigenous Limbu women were engaged in agriculture and daily labour sectors.
- 5 Annual income of respondents seem to be medium level.
- 6 The study shows that when women lost their child, they will be motivated to replace their dead children. In this situation higher childloss promotes women to reproduce more children.
- 7 There is inverse relationship between use of family planning methods and fertility behaviour.
- 8 It has been seen that an increase of age of women, the mean CEB of women also increases.
- 9 There is inverse relation between mean numbers of CEB and literacy rate of respondents.

6.3 Recommendations

- 1 Education is more important in every aspect of life for both male and female. So, government should implement several programs to educate both women and their husband.
- 2 Childloss experience has stronger relationship with mean number of CEB, so that fertility reduction programme must be target not only to reduce the population size but also improve health status of women with many developmental projects in the community, awareness programmes should be implemented.

- 3 Most of the women are engaged in agriculture and daily wage labour in the study area, therefore, there should be launched effective programmes to create employment opportunities for them by I/NGOs and GOs.
- 4 Low age at marriage ultimately leads high fertility. So, effective programmes should be launched to rise the status of women and avoid early marriage system in the study area.
- 5 Information, education and communication (IEC) programmes should be launched in the society to create awareness about women education, use family planning methods and contraception to reduce infant and child mortality by concerned authorities.

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QUESTIONNAIRE

Tribhuvan University

Central Department of Population Studies

Kirtipur, Kathmandu

Fertility Behaviour of limbu Community in Maharani Jhoda VDC in Jhapa District

Section A: General Information

1. Name of Respondents
2. Name of Household house
3. Caste
4. Religion.....

S.N.	5. Households resident	6. Relationship to head of households	7. Sex Male-1 Female 2	8. Age In year	9. Marital status	10 Age at marriage	11 Education	12. Occupation
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								

Codes for Q.N. 6

01 Head	06 Parent	11 Co-wife
02 Wife or husband	07 Parent in law	12 Other relative
03 Son or daughter	08 Brother or sister	13 Not related
04 Son in-law or Daughter in law	09 Brother in law or sister in law	14 Don't know
05 Grand child	10 Nephew, niece	

Codes for Q.N. 9

01 Unmarried	06 Married but not living together
02 Married	
03 Widow/Widower	
04 Separated	
05. Divorced	

Codes for Q.N. 11

01 Literate	06 S.L.C. pass	
02 Illiterate	07 I.A. pass	
03 Primary Education	08 B.A. pass	
04 L. Secondary	09 Above B.A.	
05. Secondary	10. Don't Know	

Codes for Q.N. 12

01 Agriculture	06 Pension
02 Service	07 Dependent
03 Business	08 Student
04 Household work	09 Foreign employee
05. Daily Wages Worker	10 Don't know

(13)	What is the main source of drinking water for members of your household ?	Piped water.....1 Dugwell.....2 Tube well.....3 Other.....96
(14)	What kind of toilet facilities does your household have ?	Flush toilet.....1 Ventilated toilet.....2 No facility.....3 Other.....96
(15)	Do you share this toilet facility with other household ?	Yes.....1 No.....2
(16)	Does your household have:	Yes No
	1. Electricity	Electricity.....1 2
	2. Computer	Computer..... 1 2
	3. Radio	Radio.....1 2
	4. Television	Television.....1 2
	5. Telephone	Telephone.....1 2
	6. Bicycle	Bicycle.....1 2
(17)	Does your family have any agricultural land ?	Yes.....1 No.....2
(18)	If yes, which types of land are using ?	Own.....1 Rented.....2 Other.....3
(19)	What is your family occupation ?	Agriculture.....1 Service.....2 Wage.....2 Other.....10
(20)	How long have you been living continuously in this place of residence ?	Year <input type="text"/> <input type="text"/> Always.....95

(21)	How much monthly income of your husband ?	Rs.....
(22)	In what month and year where you born ?	Month..... Don't know.....96 Year..... Don't know.....(96)
(23)	How old are you (complete age)
(24)	Have you going to school ?	Yes.....1 No.....2
(25)	Do you usually watch television?	Yes.....1 No.....2
(26)	If currently married, are you living with your husband ?	Yes.....1 No.....2
(27)	Does your husband have any other wife beside yourself ?	Yes.....1 No.....2
(28)	If yes, how many other wives does he have ?	Number..... Don't know.....96
(29)	First I would like to ask about all the births you have had during your life. Have your ever given a birth ?	Yes.....1 No.....2
(30)	Do you have any sons or daughters to whom you have give birth who are now living with her.	Yes.....1 No.....2
(31)	How many sons live with you ? and how many daughter live with you ?	Son at home <input type="text"/> <input type="text"/> Daughter at home <input type="text"/>
(32)	Do you have any son's or daughters to whom you have given with who are alive but don't live with you ?	Yes.....1 No.....2
(33)	Have you ever given birth to a boy or girl	Yes.....1

	who was born alive but later died ?	No.....2
(34)	How many pregnancies have you had that didn't end in a live birth ?	Pregnancy losses <input type="text"/>
(35)	Did you give any birth during the last twelve month period ?	Yes.....1 No.....2
(36)	If yes, how many sons and daughters gave you birth in the twelve month period ?	Son <input type="text"/> <input type="text"/> Daughter <input type="text"/> <input type="text"/>
(37)	Are you pregnant now ?	Yes.....1 No.....2
(38)	How many children, do you want to give a birth ?	Number.....
(39)	What is the ideal number of children in your views ?	Son.....1 Daughter.....2 Total.....3
(40)	Where do you give birth.	Home.....1 Health post.....2 Hospital.....3 Other place.....4
(41)	Have you heard any kind of family planning ?	Yes.....1 No.....2
(42)	If yes, which ways or method have you heard about ?	Female sterilization..1 Male sterilization.....2 Pill.....3 IUD.....4 Injectables.....5 Norplant.....6 Condom.....7

		Withdraw.....8
(43)	Have you or your husband ever used anything or tried in any, why to delay getting pregnant ?	Yes.....1 No.....2
(44)	Are you or your husband currently used any method to delay getting pregnant ?	You.....1 Husband.....2
(45)	If yes, any side effects of this method.	Yes.....1 No.....2
(46)	If yes are you treatment of side effect ?	Yes.....1 No.....2
(47)	Where do you get the family planning method ?	Hospital.....1 Pharmacy.....2 Health post.....3 Shop.....4 Friends.....5
(48)	How many children have you born when you first started going contraception .	Son <input type="text"/> <input type="text"/> Daughter <input type="text"/> <input type="text"/>