CHAPTER I
INTRODUCTION

1.1 General Background of the Study

Demography is the statistical and mathematical study of the size, composition and spatial distribution of human population and of change overtime. In this aspect through the operation of the five process of fertility, mortality, migration, marriage and social mobility.

Among the process of population change, fertility is one which occupies a central position in the study of population for several reasons.

Fertility as per the Standard English demographic usage refers to the actual reproductive performance and measured n live births of a women, couple or population. According to the Dictionary of Demography (1985), live birth is the complete expulsion or retraction from its mother of a product of conception that is irrespective of the duration of pregnancy. After such separation breathes of shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord and definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached each product of such a birth is considered as live born.

Fertility behavior is the process of giving birth. Which is interacted with the ambient environment and the environment is different in different societies. With in the biological limits of human fertility several social, cultural, psychological as well as economic and political factors are found to operate and these are responsible for determining the levels and differentials of fertility (Bhende and Kanitkar, 1994).

Human fertility is a very complex process relation not only to biological components but also to social and economic components of the society, (Dahal, 1992). The subject of human fertility covers a wide range of areas, reflection the complexity of this aspect of human behavior. It is influenced by the last of biological, sociological and economic factors.

According to the census of 2001, the population of Nepal is 2,31,51,423 which is growing at an annual rate of 2.24 percent that was 2.1 percent during the period 1981-1991. if this rate is continued Nepal's population, which took 60 years to double for 5.6 million to 11.6 million between 1911 and 1971.

The primary reason for rapid population growth is due to continues decline in death rate on the one hand and nearly stable fertility on the other. The total fertility rate of Nepal in 2006 was recorded as 3.1 crude birth rate of Nepal was 33 per thousand populations and of Contraceptive Prevalence Rate (CPR) is 48 percent. Occupation is another important determining factor of fertility. Nepal is predominately agricultural country where 66 percent of the total populations are engaged in agriculture (NDHS2006). Nepal's literacy rate is only 63.2 percent of the total and only 37.4 percent of women are literate. This lower literacy status also influences the higher fertility in Nepal. The higher experience of child loss increases the number of children ever born which causes higher fertility. Similarly, the infant mortality rate (IMR) in Nepal is recorded as 64per thousand live births in census 2001.

Nepal is facing the problems of high fertility especially in different caste/ethnic groups characterized with distinct characteristics. The high fertility is also more pronounced in backward depressed communities such as Kami , Damai, Sarki and Gaine the lower cast group. These communities who are backward in the context of economic, social, cultural, educational and all other conditions are known as Dalit community, who are supposed to be untouchable. Among the four Varnas Brahaman, Kshetry, Vaishya and Sudra, Sudras are those untouchable and backward people according to Hindu caste system. They are struggling against this caste/ethic discriminations but their poor access in education and low economic status are the main hindrances in their development. In the main branch of Sudra, there are some castes those adopt religious rituals exactly as adopted by other upper class castes and they are called Dalit in our country. Sutras were thought to be untouchables and their work was limited to the sanitation, ploughing, doing leather works, making ornaments of precious

metals, making dress and playing traditional musical instruments in ritual functions and ceremonies, now a days these Sudras are known as Dalit.

Socio-economically, religiously, culturally and politically other castes and ethnic groups dominate Dalit. The discrimination is gradually decreasing along with the development of the country and expansion of the education. The Dalit groups as identified by the Dalit Ayog (may 2002) as follows:

- Hill Dalit:- Kami, Sarki, Damai, Lohar, Sunar, Gaine, Badi, Chunara, Kuche and Kadara.
- Newar Dalit:-Kusuke, Kasai, Chyame, Pode, Dhaier (Dyahla)
- Terai Dalit:- Tatma, Paswan, Dusgad, Batar, Mushahar, Khatway, Chamar, Dom, Halkhor, Badimar, Gothi, Jhangar and Chidimar.

Among the total caste/ethnic group of Nepal about 20 percent are with in the Dalit community (Manab-Maryada, 1999:4) though governmental data sources show only 12.22 percent. According to the census 2001, there are altogether 173401 populations of (Dalit/ unidentified Dalit). Among them Kami constitutes 3.94 percent, Damai constitute 1.72 percent, Sarki constitutes 1.40 percent and Gaine constitute 0.03 percent. Among the Dalit castes, Kami, Damai, Sarki have the larger number than other in Nepal.

Kami, Damai, Sarki and Gaine are the disadbantahed in terms of socially, culturally politically, and economically under the Hindu caste system, they are untouchable called "Dalit" today. There night 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 those communities in the study area Barsish VDC (word no. 6 and 7) Bajura.

1.2 Statement of the problem

Population growth has appeared as a threatening challenge the very development and prosperity of human race. It is definite that the population growth will continue in future due to high birth rate and low death rate.

Therefore the world's main concern of the government has been remarkable awareness of the implications of population change in the process of national development.

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

In Nepal, people normally tend too many 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 setting is further responsible to motivate the mother's to give mote births. People prefer son because of their cultural rituals and religious belief. Another cause to do so is that the son would support the patents in their old age. They do not want to bear the risk of dying of their infants and children: other main factor responsible for high population growth is illiteracy. There are 47 percent literate people in Nepal and according to the research done over Dalit, there are 90 percent illiterate people and very heart rending scenario is that 96 percent of Dalit women are illiterate. 70 percent Dalits are deprived of education due to poverty. Among 10 percent literate Dalits only 27 percent have completed primary level 87 percent have secondary level, 0.8 percent only has S.L.C. and only 0.4 percent has gained higher education. (Dalit than). Various research works showed that the level of education and fertility were inversely related (Amine and Faraqee, 1980). For example Nepal Fertility Survey (NFS) showed that the mean number among literate women was 2.3 compared to 3.3 among illiterate women.

The social structure of each society inter-related with specific population levels. It is also closely related to environmental, technology and other material factors which intervenes reproductive behavior. Moreover there are significant

caste differentials (Niralwa and Shrestha 1997). Also it is notable that the population of ethnic groups has shown considerable variables in demographic and socio- economic characteristics (Karki, 1995).

Low socio- economic statuses of women, in the society, high economic tradition favouring sons, low literacy rate of the women etc. are the some main factors that contribute to high level of fertility in Nepal. Beside the persistent of high fertility is also attributed to the lack of knowledge, attitude and practice towards contraception methods. In Nepal as a whole and special community and also every stage of life, irrespective of caste and ethnic groups had strong cultural stress to cause high fertility (Dahal, 1998).

The pattern of fertility among the subgroup with in the some religious community will also differ from each other. The lowest caste women (Kami, Damai, and Sarki) showed higher fertility in each age group while compared to upper caste women (Brahman, Chettry and Rajput).

The general direct observed of the specified group made by the researcher shows that the Dalits have higher fertility level while compared to other higher caste/ethnic groups. This group is far behind in education, occupation and other sector of development (Biswakarma, 1998). Dalits are politically and socio-economically depressed and dominated ethnic group of Nepal. That is why this fertility condition depends on this socio-economic and demographic circumstance. The increasing number of their children is unknowingly being the over burden for them and worsening their economic status. However, they want to overcome their poverty problem producing mere children as economic assets to earn more money by working. They feel stronger those selves by the large number in community. Until they do not know that they should reduce the number of children for social prosperity, they will have higher fertility level. So, how the higher fertility performance of Dalit community cab be reduced is the main problem.

In "Kami, Damai, and Sarki communities generally the prevalence of fertility may be high because of their low age at marriage and with their socio-economic, cultural and religious reasons. Contraceptive prevalence may be low among these communities due to the lack of knowledge about contraceptive methods, being unemployed etc. there are few research works related with particular ethnic groups like Dalits in Nepal. This study is to fulfill the lack of demographic research in Dalit community at micro level study.

1.3 Objective of the Study

The ultimate objective of this study is to examine the fertility behaviors of Dalit people in relation to demographic and socio-economic variables. The fallowing immediate objectives are set in this research:

(1) To study the demographic and socio-economic characteristics of Dalit community.

(2) To uncover the fertility differentials among users and non users of family planning methods.

(3) To study the relationship between the children ever born and specific socio-economic and demographic variables of Dalits in Barhbis V.D.C. ward no. 6 and 7.

Beside this purpose of the study of this group is to expose them in front of the different scholars' with the general demographic characteristics.

1.4 Significance of the Study

There have been a number of studies conducted at the National Level and on the other ethnic groups like Tamang, Gurung, Newar and son for the poor ethnic minorities are often left by the researchers, where they might have a significant role in the overall fertility behavior of the country. The Dalit of Barhbis V.D.C. is impoverished and is supposed to have a less exposure to the modern world. However they inhabit with other caste/ethnic groups posses the different level of norms and values which might have and impact on their fertility behaviors.

This study will be very important even for the concerned people and agencies NGOs/INGIOs, planner and policy makers, for formulating plans for the development activities related to fertility behavior. Besides, this study will be more fruitful for future researchers, social worker and politicians of the country leaders.

1.5 Limitation of the Study

This study is based on the sample data collected from Dalits in Barhbis V.D.C. ward no. 6 and 7 of Bajura District, so the finding may not be generalized for other groups of people and through out the country.

(1) This study has considered only the Dalits (Kami, Damai, Sarki and Gandarva) residing in Barhbis ward no. 6 and 7 of Bajura District.

(2) It may or may not be applicable to other ethnic communities of Nepal.

(3) The fertility as a whole of a society is determined by various factors. But only few variables like age at marriage, education, occupation, child loss experience and contraceptive use are examined in this study.

(4) The respondents of this study are only those who are ever married women of age between 15 to 49 years.

1.6 Organization of the Study

This study is organized in to six chapters. 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 validity, reliability and nature of data. The fourth chapter deals with the socio-economic and demographic characteristics of the sample population. The fifth chapter deals with the main analysis of the study. The sixth chapter deals with the presents the summary, conclusion and recommendation.

CHAPTER II
LITERATURE REVIEW

2.1 Theoretical Basis

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 and death rate is low, leading to the formation of various obstacles and social development

There are various theoretical literatures regarding the study on fertility. The early writers concerned that there exists a trend of having fewer children in higher societies, later demographic transition theory and other social, biological theories also supported such views. The theory which is based on western experiences in demographic transition theory. It summarizes the historical shift of birth and death rate. The transformation of population from a state of high fertility and mortality to a state of low fertility and low morality is demographic transition. The fertility decline has observed with advancement, industrialization and urbanization of the western countries.

Easterlin (1975) has developed a generalized model for fertility decision according to which a woman varies her childbearing in order to optimize her household's utility, the decision is affected by demand of children, supply of children and cost of fertility regulation. Nag (1978) postulate a set of 8 variables under Easterlin framework which are labour value of children, children value as well as age security, economic, cost of children, infant and child mortality, age at marriage and proportion of never married, postpartum, sexual abstinence and incidence of widowhood or widower, in fecundity due to breast feeding, malnutrition, disease, physical, and monetary cost (Nag, 1978).

The threshold hypothesis developed by United Nation (UN) in the year 1963 indicates that there is an interrelationship between fertility rate and the general socio-economic development of a society. According to this hypothesis

a decrease in fertility begins after a society has reached a certain level of social and economic development (UN, 1973).

The direct determinants of fertility identified Bongards' (1983) called proximate determinants of fertility which are biological and behaviour factors through which socio-economic are environmental variable affect fertility. He has identified seven set up proximate determining variables of fertility as age at marriage and martial distribution, unset up fertility or mono pause, post partum in fecundability or postpartum amenorrhoea, fecundability or frequency of inter course, use and effectiveness contraception, pontaneous intrauterine morality and induced abortion.

Davis and Blake (1956) originally identified a set of 11 variables as intermediate variables framework. These variables are biological in nature. They are affected by social, cultural, economic factors. Davis and Blake further categorized these eleven intermediate variables into three groups as follows:

1. Factors affecting exposure to intercourse (Intercourse Variables)
2. Factors affecting exposure to conception (Conception Variables) and
3. Factors affecting gestation and successful parturition (Gestation Variables)

Ronald Freedman (1982) formulated a framework which deals with a normative approach. He suggested that intermediate variables are not always used to limit fertility and often their effect on fertility is an unintended result of culture of patterns. He introduced two types of norms of cultural patterns namely norms about family size and norms about intermediate variables (Tuladhar, 1989).

Tuladhar (1989) examined the persistence of high fertility in Nepal using data from Nepal fertility, 1970, he found that higher mortality level specially of infants, joint family system, early and universal marriage system, low education attainment, working status specially of women are the main contributing factors of high fertility in Nepal.

Economists have also developed models of fertility while explaining parental attitudes and fertility behaviour Leibenstein (1987) also pointed out that with the increase of per capita income, the number of high children for the representative family falls.

Confronted with the beginning of wide spread rapid population growth in developing countries during 1930's and 1940's, demographers such as Kingsley Davis, Warren Thompson, Frand Lorimar and Frank W. Notestein naturally identified the causes of faster growth as improvement in mortality, (Dyson and Morphy, 1985). In these early days there was no evidence to suggest that there had been any rise in fertility, where there was reason for thinking that death rates had declined, Davis (1945). Stable birth rate was consistent with the main descriptive and theoretical statement contained in the early writings on demographic transition theory, where these scholars were key informants (Dyson and Morphy, 1985).

2.2 Empirical Literature Review

Low level of death and high level of fertility rate is the main factor of population increase in most of the less developed countries like Nepal. So, a critical assessment of fertility level and trend are recognized in Nepal for which several studies on fertility behaviour and trend has been carried on.

2.2.1 Education and Fertility

The level of fertility declines with increase in educational level of females. The same applies for literacy status, higher the level of female literacy in a community the lower will be the fertility. This also implies that the level of fertility should be lower for the literature females compared to the illiterate females (CBS, 1995).

The relationship between education and fertility is more pronounced in less development countries than in developed countries. A study conductged shows high fertility among the women with elementary level of education than

graduate in USA (UN 1973: 98). The relationship between education and fertility is two way traffic in which more in education but educational enchantments eventually help fertility decline. Nepal Family Health Survey (NFHS) 1996 showed a strong relationship between education and fertility. Women with at least some secondary education have a TFR with 2.5 women with primary education have TER 3.8 where as women with no education have TFR of 5.1 (MOH 1996).

According to the Demographic and Health Survey 2001, there is a strong association between fertility and education with the TFR of women with no education on (4.8) is more than double that of women with at least an S.L.C. level of education (2.1) NDHS, 2002). Education has been considered as a catalytic agent to reduce fertility in Nepal. Educated woman are more aware of the issue of quality of children than non educated (Risal and Shrestha, 1989). There is a weak inverse relationship between respondents education and polygamous the proportion of married women in a polygamous union is 5 percent among uneducated women compared with 3 percent among women who had at least S.L.C. level of education. The corresponding data for man is 4 percent and 1 percent respectively. This indicates that as the level of schooling increase both women and man are less likely to be in a polygamous union. The desire to limit child bearing is more apparent at higher level of education that at lower levels. As 68 percent of women with no education want to more children, compared to 59 percent of women with at least an S.L.C. and among the more educated (NDHS, 2002).

According to the NDHS survey 2003, the mean (CEB) among women with secondary level of education is 3.7 compared to those with no education 5.6.

World Bank Survey 1984 of 3000 households and only selected from three district of Kerala showed that the average number of CEB was lower for better educated than for illiterate that is 2.1 women with ten or more years of

schooling and 4.5 for women with no schooling. This survey also showed that average completed fertility of the highly educated women (4.4) was less than that their counter parts with no schooling (5.8) by 1.4 children (World Bank, 1992). Nepal fertility and Health Survey indicated that wives educational status was more instrumental in reducing fertility than the husband.

2.2.2 Age at Marriage and Fertility

Age at marriage in most of the societies is the beginning of a woman's exposure to the risk of child bearing. Age at marriage is a main determinant of the duration and tempo of fertility in a population. Consequently age at marriage and proportion of women never married are important proximate determinant of fertility (Bongart's and Potter, 1973).

The Nepalese society is characterized by early and nearly universal marriage. Marriage usually takes place early and by the age of 30 almost every women is married. Early and universal marriage practice in Nepal results in long-term social and economic consequences including higher fertility. If a mother gets pregnant during her early teens then the health of both the mother and child is adversely affected (NPR, 2002).

The increase in age at marriage has a negative impact on fertility for two basic reasons. First, women who marry later have a shorter reproductive lifespan and second, the factors that effect the age at marriage also affect the desired family size norms there by reducing fertility. For example if a women marries later because she is studying then her fertility will also be lower as her desired family size is smaller (MOPE, 2002)

Higher the age at marriage lower the level of fertility. Nepal fertility and family planning survey shows a completed fertility of Nepalese women who get married at the age of less than 13 had mean number of CEB is 6.0 with women who get in the age of 25 years and above had 3.8 average number of CEB per women (MOH, 1987) (SMAM). Singular mean age at marriage for

Nepalese women is 19.9 in 2001, where as 18.1 in 1991 (NDHS, 2002, New Era).

Early and universal mean age prevails through as developing country like Nepal. Even legally accepted age at marriage for boy and girls is only 18 and 16 years respectively, early marriage has been practiced in Nepalese society due to different socio-cultural norms and values. Higher age at marriage is found in Mongoloid group 178-25 years and lower found in Brahmans 13-15 years in 1981. It shows that age at marriage is strongly determinant of the number of CEB. As the age at marriage increase, the number of CEB decreases (Dahal, 1993).

Increase age at marriage will have a depressing effect on the number of younger women who are exposed to pregnancy. There are three nuptial factors for affecting fertility, which are policy implications for planners: delayed marriage, decreased incidence of widowhood, among women of reproductive capability and positive association between age at marriage and complete fertility for women less than 10 years (Tuladhar, 1989: 87). Singulate mean age at marriage for Nepalese women is 181. years in 1991 which were 17.2 in 1971 (CEB, 1995: 81). Average age at marriage for female increased over 20 years duration (Acharya, L.B., 1993: 78).

Because of low rate of literacy, it has influenced on age at marriage that differs in determining fertility in Nepal. By some studies it is indicated that formal age at marriage contributes to significant reduction in fertility in any traditional society.

2.2.3 Occupation and Fertility

Occupation of the husband has been widely recognized as one of the influencing factor on fertility. High fertility as been associated with agricultural and mining and low fertility has been associated with professional classes in urban industrial country (UN, 1973).

The employment of women outside of the home or in the farm reduced the level of fertility behaviour. The world fertility survey showed women who do modern types of works, marry on average 2.4 years later than whom on domestic working and agricultural workers, which is very remarkable to reduce the fertility level (Kattel, 2001)

Female in different occupations are found to have different fertility levels. The mean number of CEB per ever married women is highest for the form this workers and sales workers which is 2.7 but the lowest fertility is observed among, the professional, administrative and clerical workers with 1.1 less than farm workers. 1.6 (CBS, 1995). The CBS information emphasized that there is a remarkable difference between white colour and blue colour occupation groups of women.

Adhikari, (1996) found that the work status of women inversely related with mean number of CEB.

In Nepal husband's status of work plays on important role for declining fertility level for example, women whose husband were engaged in farm occupation had higher fertility 3.27 mean CEB than that of non-farmer 3.19 mean CEB for women (Neupane, 1997).

Occupation one of the catalytic socio-economic factors the identify sub groups with district level of fertility while observing the fertility in farms of CEB of difference group of people i.e. not working, agricultural and household and non-agricultural according to BDCS 1996 Nepal, the CEB for not working was 3.2, 3.3 for agricultural and household and 2.9 for non-agricultural (Acharya, 2002: 29).

Tuladhar (1984) also supports these arguments that working women have slightly higher mean number of children compared to those not working.

2.2.4 Contraceptive Use and Fertility

Various studies have been shown that use of contraception has strong negative association with fertility. Contraception use is the principal variables responsible for the shift of fertility from high to low fertility.

Fertility and Health Survey 1996 reported that about 28 percent of both ever married and currently married women of age group 15-19 knew at least one method of family planning. Among them 38 percent of currently married women have been reported to be ever user of contraception and 35 percent are using the modern method (Kattel, 2001).

The NDHS 2002 indicates that 39 percent of currently married women are using a method of family planning. The 35 percent who are using modern contraceptives represents a dramatic increase in the 1996 NFHS.

There has been a five-fold increase in the percentage of currently married women, who have heard about modern methods of contraception in the last 20 years (from 21 percent in 1997 to nearly 100 percent in 2001). This high level of knowledge is a result of the successful dissemination of family planning message (MOH, 2002).

The total demand for family planning has been increase over the years. In 1991 it was 52 percent which increased to 67 percent in 2001. Likewise there has been nearly 72 percent increase in CPR during these 10 years. Because of the increase in CPR over the years the proportion of unmet need has decreased during the period 1996 and 2001 (MOH, 2002).

There are several reasons for the low of retention of family planning method in Nepal. Method is not available to a larger number of couples and even where they exist family planning workers has not been affective in motivating couples to use contraceptives. The practices of family planning are culturally on contraception (Subedi, 1996).

Several studies showed that there is an inverse relationship between increase in contraception use and fertility. For example, in Bangladesh, the declining trend in fertility was attributed to an increase in contraceptive use where contraceptive prevalence rate increased from 8.5 percent in 1975 to 26 percent I 1986 (Neupane, 1997).

2.2.5 Mortality and Fertility

There is a deep relationship between the survival of the children and fertility. Due to the birth of children to very younger or older women or due to poor health facilities, the risk of dying is still found in the case that if their mother already had many children or born in the short interval. This highly loss of children or infant lead to high fertility in order to compensate for the decreased number of children (Pant, 1996: 1).

Fertility decline is most affected by mortality decline, broad social and economic development and family planning programs (Freedman, 1995). High fertility is a fundamental adjustment of high mortality and that high fertility is necessary for group survival when mortality is high (Bhende and Kanitkar, 1994).

Chowdhury, et al. 1976 demonstrated a positive relationship between the number of children ever born and the number of children died. Knoded (1977) exhibited a strong correlation between level of infant mortality and fertility from the data of the nineteenth century Germany. Among the pre-industrial European population, as similar as the present population of Nepal, on infant death typically related to shorting the time taken until the next birth.

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

CHAPTER III
RESEARCH METHODOLOGY

Research methodology is a way to solve systematically about the research problems. It is a general plan of how the researcher is going about answering the research questions the researcher has set. It is also the chain process or method applied from data collection, processing and analysis to finding conclusions. This section deals with the methods employed while conducting the research study in order to achieve the research objectives.

3.1 Research Design

The study is based on exploratory research design that investigates the fertility behaviour of Dalit community. Moreover the study has find out the socio-economic status of Dalit community, users and non users of family planning methods of Dalit community. In this regard, it has an exploratory research.

Besides, the study make an attempt to describe the things related to fertility behaviour of Dalit community such as uses and non use of contraception parents condition, socio-economic status, occupation and interest in family planning methods, and the investigated of explored findings is described.

3.2 Source of Data

3.2.1 Primary Data

The primary data have been collected from the direct field visit (personal interview, household survey, observation and group discussion).

3.2.2 Secondary Data

Similarly, the secondary data was collected from the published or unpublished written documents, articles, Journals and related to the subject, concerned offices, village profile, and websites.

3.3 Sampling Procedure

The household of Dalit community in Barhbis V.D.C. ward no 6 and 7 of Bajura District was included in the study and the household data collection was based on every household enumerating system. To fulfill the objective of this study information are collected from Dalit married women of reproductive age and they were selected as simple random sampling among the eligible women and sample size was 20 percent. There were 130 households and 130 eligible women to administer the questionnaire relation to fertility. However the number of household and number of eligible women is equal that does not mean that ecery household has an eligible women some households had more than one eligible women and some has known.

3.4 Methods of Data Collection

The required information for this study is collect through direct interview with respondents by using well-prepared questionnaires. One hundred thirty individuals ask to obtained information. The researcher him self visit the study area and personally involved to fill up the individual questionnaires for all respondents. According to needs, the researcher used the other techniques such as interview schedule, observation.

3.4.1 Household Survey

Structured questionnaire has prepared to acquire the realistic and accurate data from house hold survey of Dalit community. Researcher himself conducted interview with household head as well as targeted women. A set of semi-structure of questionnaire was used for interview purpose.

3.6 Data Processing, Presentation and Analysis

After collection of data, editing, coding and analyzing was done for drawing out meaningful results. The researcher gets raw data from the field, so it needs to be analyzed to get fruitful results. The collected data are analyzed by using the methods such as frequency distribution, average and percentage distribution. The Collected data have been carefully edited, checked and coded before its entry in to the computer and tabulation.

CHAPTER IV

THE STUDY AREA AND STUDY POPULATION

4.1 Background of the Study Area

Nepal is the country of multi-lingual, multi-religious and multi-ethnic society. According to census 2001, the total population of Nepal 2,31,51,423 and annual growth rate 2.24 percent with total fertility rate 4.2 per women. Out of 101 casts Kami constitute 3.94 percent of 8,95,954 population. Sarki constitute 1.4 percent or 3,18,989 population and finally Gaine/Gandarva constitute 0.03 percent or 5,887 population.

The study area was chosen Barhbis VDC ward no. 6 and 7 of Bajura district was like in Seti zone of far western region of Nepal.

The political boundary is Achham district is in the east. Bajhang district is in the west & south and Humla district is in the northern part of the Bajura district. There are 27 VDCs like in Bajura district.

The study area is chosen as Barhbis VDC ward no. 6 & 7 in Bajura district. This VDC has 9 wards and the total household are 1356. Total population of this VDC is 5729, out of which male constitute 2752 and female constitute 2977 populations.

The study area is ward no. 6 and 7 of Barhbis VDC of Brahman, Chhetry, Sherala, Kumal, Kami, Damai, Sunar are the different caste/ethnic groups residing in this area. But the study population is only Dalit (Kami, Damai, Sarki and Gaine). These groups are culturally neglected and isolated among other high caste people. The main occupation of Kami as ironsmiths. Some of them are Hali. Most of the Damai are in their traditional occupation (tailoring) and some of them are Hali. Sarki are mainly labours and Halis were some Gaine are still in their traditional occupation (playing Sarangi) and some of them depend upon fishing on Budhi Ganga to survive.

This study is strictly concentrated to Dalit community (Kami, Damai, Sarki and Gaine) of Barhbis VDC ward no. 6 and 7 because they have low economic status and large family size even though they are living in mixed ethnic/caste groups of other so called higher class. This study is concentrated to expose the hidden reasons of high fertility and low economic status of Dalit in this area.

4.2 The Study Population

In this specific area of Barhbis there are 468 households with total population 2083. Out of which male constitute 903 and female constitute 1280 population. Out of the total households, Kami constitute 48 households, Dami constitute 6 households, Sarki constitute 4 households and Gaine constitute 4 households. There are altogether 62 households of Dali in ward no. 6. Similarly in ward no. 7 there are 469 households with population 2226. Out of which male constitute 977 and female constitute 1239 population. Out of the total households, Kami constitute 19 households, Damai constitute 30 households, Sarki constitute 4 households and Gaine constitute 15 households. There are altogether 68 households of Dalit in ward no. 7

The total population of the study area is 650. Out of the total study population 130 eligible women were selected from 130 households using purposive sampling method. The respondents taken for the study are currently married women of aged 15-49 years. This study is based on field survey. The studies based on both primary and secondary data but the analysis depends upon the primary data, which was collected by administering the survey questionnaire. The research is on the socio-economic and demographic impact on fertility behaviour among Dalit community women. Fertility behaviour is examined by number of CEB by correlating with age at marriage education, occupation, child loss experience and use of contraception.

4.3 Characteristics of Study Population

It is important to understand clearly the overall background situation of the population as well as respondents being considered in the study. Background situation includes socio-economic and demographic characteristics.

4.4 Demographic and Socio-economic Characteristics

Age wise population distribution of Dalits in ward number 6 and 7 is presented in the following table:

Table 4.1: Distribution of Dalits in Ward Number 6 and 7 by Age Sex

Age group	Population						Sex Ratio
	Male	%	Female	%	Total	%	
0-4	47	14.5	49	15.0	96	14.7	95.9
5-9	49	15.1	50	15.3	99	15.2	98.0
10-14	52	16.0	46	14.1	98	15.0	113.0
15-19	39	12.0	38	11.9	77	11.8	102.6
20-24	31	9.5	31	9.5	62	9.5	100.0
25-29	27	8.3	29	8.9	56	8.6	93.0
30-34	26	8.0	28	8.6	54	8.3	92.9
35-39	16	4.9	18	5.5	34	5.4	88.9
40-44	18	5.5	12	3.7	30	4.6	150.0
45-49	8	2.9	6	1.8	14	2.1	75.0
50-54	6	1.8	8	2.4	14	2.1	75.0
55-59	3	0.9	5	1.5	8	1.2	60.0
60+	3	0.9	5	1.5	8	1.2	60.0
Total	324	100.0	326	100.0	650	100.0	99.4

Source: Field Survey, 2009.

The age sex combination of a population is the most important factor for studying the survey. This study included a sample population of 650 from 130 households. Out of the total population 49.8 percent were males and 50.1

percent were females. Among these 130 females were eligible respondents of reproductive aged 15-49 years.

The highest proportion of population were found in age group 5-9 (15.2%) and 10-14 (15.0%). The population at age group 0-4 (14.7%) also seems to be high. This indicates that there exists higher proportion of population in the lower age group resulting higher fertility. The lower proportion of the population in older age shows the low life expectancy at birth. This data also shows the sex ratio, the number of male per 100 female was 99.38

4.4.1 Age Wise Population Distribution of Dalits

Table 4.2: Distribution of Dalits in the Study Area by Caste and Sex

Community	Population Distribution									Total Population
	0-14			15-59			60+			
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
Kami	26 (7.7)	31 (9.2)	57 (17.0)	121 (36.1)	104 (31.3)	225 (67.1)	27 (8.0)	26 (7.7)	53 (15.8)	335 (51.5)
Damai	22 (12.2)	23 (12.7)	45 (25.0)	54 (30.0)	54 (30.0)	108 (60.0)	13 (7.2)	14 (7.7)	27 (15.0)	180 (27.7)
Sarki	5 (12.5)	7 (17.5)	12 (30.0)	10 (25.0)	10 (25.0)	20 (50.0)	5 (12.5)	3 (7.5)	8 (20.0)	40 (6.1)
Gaine	14 (14.7)	12 (12.6)	269 (27.4)	30 (31.6)	27 (28.4)	57 (60.0)	7 (7.36)	5 (5.2)	12 (12.6)	95 (14.6)
Total	67 (10.3)	73 (11.2)	140 (21.5)	215 (30.1)	195 (30.0)	410 (63.1)	52 (8.0)	48 (7.4)	100 (15.4)	650 (100.0)

Source: Field Survey, 2009.

** Number in brackets represents percentage of population.*

The table 4.2 shows that the highest proportion or Kami population were found in age group 15-59 (67.1) and the lowest proportion were found in age 60+ (15.8). Similarly, the highest proportion of Damai population were found

in age group 15-59 (60.0) and the lowest proportion were found in age 60+ (15.0). In the case of Sarki, the highest proportion of population were found in age group 15-59 (50.0) and the lowest proportion of population in the age above 60+ (20.0) and finally the highest proportion of Gaine population were found in the age group 15-59 (60.0) and the lowest in the age above 60+(12.6). This shows that the Dalit have the higher proportion of population in the reproductive age group, resulting higher fertility. The proportion of males and females are equal only in the age group 15-59 in the case of Damai and Sarki and in the other age group the proportion of male and female are slightly different in all communities.

4.4.2 Educational Status of the Study Population

Education is an important variable in accounting for demographic behaviour and it is one of the social characteristics of persons covered in the study. Educational status will be useful in analysis relating education to change fertility. Therefore, it is important to know the educational status of the study area.

Only the population aged 6 years and above were interviewed to obtain the educational status of the total study population by sex. Educational status is generally considered as associated with other variables as occupation and income.

Table 4.3: Distribution of Study Population Aged 6 Years and above by Literacy Status and Sex

Literacy Status	Population				Total
	Male	Literacy (%)	Female	Literacy (%)	
Literate	179	72.5	146	60.3	325(66.4)
Illiterate	68	27.5	96	39.7	164 (35.5)
Total	247	100.0	242	100.0	489

Source: Field Survey, 2009.

The table no 4.3 shows that the higher percentage of literacy (66.4%) than illiterate 35.5% in both sex combinable. The literacy rate of Dalits in Lamage seems to be higher than national level due to the educationally more developed area since long time. But if we see it sex wise male literacy percentage (72.5) is higher than female literacy percentage (60.3) or illiteracy of women is higher than males. Among the 650 population, excluding under 5 population, 489 people were asked about their literacy.

4.4.3 Literacy and Education by Caste Groups, Dalits

Table 4.4: Distribution of Population Aged 6 Years and Above by Educational Status in Different Communities

Comm-unity	Illiterate			Literate			Formal			Non-formal			Total
	M	F	T	M	F	T	M	F	T	M	F	T	
Kami	35 (13.6)	45 (17.5)	80 (31.1)	97 (37.7)	80 (31.1)	177 (68.9)	97 (37.7)	65 (25.3)	162 (63.0)	0	15 (5.8)	15 (5.8)	257
Damai	20 (14.8)	30 (22.2)	50 (37.0)	45 (33.3)	40 (29.6)	85 (62.9)	45 (33.3)	25 (18.5)	70 (58.9)	0	15 (11.1)	15 (11.1)	135
Sarki	4 (14.3)	6 (21.4)	10 (35.7)	11 (39.3)	7 (25.0)	18 (64.3)	11 (39.3)	7 (25.0)	18 (64.3)	0	0	0	28
Gaine	9 (13.0)	15 (21.7)	24 (34.8)	26 (37.7)	19 (42.2)	45 (65.2)	26 (37.7)	19 (27.5)	45 (65.2)	0	0	0	69
Total	68 (13.9)	101 (19.6)	164 (33.5)	179 (36.6)	146 (29.9)	325 (66.5)	179 (36.6)	116 (23.7)	295 (60.3)	0	30 (6.1)	30 (6.1)	486

Source: Field Survey, 2009.

** Number in brackets represents percentage of population.*

* Formal represents literacy status of Primary, L. Secondary, Secondary, S.L.?C. and above

Among the Kami literates overwhelming majority (63.0) is accounted for formal educational level. Out of which 37.7 percent for male and 25.3 percent for female. But in non-formal education female has (5.8%) and none of them are male. Damai literate were found in formal educational level (58.9%), 33.3 percent of male and 18.5 percent for female. None of the male are in on-

formal education whereas (11.1%) of female are in the non-formal level. Similarly in the case of the Sarki (64.3%) are the total literate. Among them 39.3 percent for male and 25.0 percent for female. Finally among the Gaine 37.7 percent are male literate and 27.5 percent are female literate. Female literacy rate is lower than male literacy rate in all communities, which shows the lower educational status of women.

4.4.4 Martial Status of the Study Population

Marriage is a social phenomenon and universal in Nepalese society. It is most important factors in population dynamics as it affects fertility tremendously. The table 4 provides the information on martial status of the study population of aged 10 years and above by sex.

Table 4.5: Distribution of Study Population Aged 10 Years and above by Martial Status and Sex

Martial Status	Population in Percentage					
	Male	%	Female	%	Total	%
Literate	59	51.75	55	46.49	114	25.00
Illiterate	175	51.34	166	48.68	341	75.00
Total	234	51.42	221	48.59	455	100.00

Source: Field Survey, 2009.

From the table no 4.5 shows, out of the total population, 455 were at the aged 10 years and above. Among the total 234 male, 59 were unmarried and 175 were married. Similarly among 221 female 55 were unmarried and 166 were married. This clearly indicates that 25 percent of population is unmarried and 75 percent population is married.

4.4.5 Occupational Status of the Study Population

The statistics of the occupation structure of any population is useful for farming the manpower planning and is considered as on integral part of socio-economic development policy. In regarding the occupational status of Dalits 7

different categories were employed. The economically active population is specified only for the age group 10-64 years. Hence, in the occupational distribution the under 10 years and over 65 years population are excluded. The occupational composition of the sampled population together with economically in active group is shown in table below.

Table 4.6: Distribution of Study Population Aged 10 Years and above by Occupational Status in Different Communities

Community	Daily wage worker + agriculture + foreign employee			Ironsmith + Households works + Fishing + Tailoring			Total
	M	F	T	M	F	T	
Kami	66 (39.8)	49 (29.5)	115 (71.9)	45 (27.1)	0	45 (27.1)	160
Damai	30 (27.2)	30 (27.2)	60 (54.5)	30 (27.2)	20 (18.2)	50 (45.5)	110
Sarki	13 (46.2)	15 (53.6)	28 (100.0)	0	0	0	28
Gaine	0	32 (49.2)	32 (49.2)	28 (43.1)	5 (7.7)	33 (50.8)	65
Total	109 (30.0)	126 (34.7)	235 (61.9)	103 (28.4)	25 (6.9)	128 (35.3)	363

Source: Field Survey, 2009.

** Number in brackets represents percentage of population.*

Table 4.6 shows that out of the total active population 363, the highest proportion of population (71.9%) are engaged in agriculture, daily wage worker and foreign employee in the case of Kami. Only male Kami (27.1%) are involved in ironsmith, household works, fishing and tailoring, while 29.5 percent female Kami are involved only in agriculture. In the case of Damai 54.5 percent are engaged in agriculture, daily wage worker and foreign employee, which was followed by iron smith, household works, fishing and tailoring by (45.5%). None of the Sarki are involved in ironsmith, household works, fishing and tailoring, while all of them are involved in agriculture, daily

wage worker and foreign employee. Only female Gaine (49.2%) are involved in agriculture, daily wage worker and foreign employed. About 50 percent of Gaine are depend upon fishing to survive on Aadhi Khola.

Besides this, about 50 percent of male Damai are playing musical instruments like (Naumati and Panchaya baja) in the special occasion. Most of the Damai are in still tailoring and agriculture. Kami are as ironsmith as well as in agriculture. Due to the lack of own land of Sarkis they worked in their landlord as plougherman. Gaine are also playing Sarangi as their caste related occupation.

4.5 Background Characteristics of Respondents

To analyze the fertility behaviour of the respondents economic and demographic characteristics of the respondents are better to be idea. Among various background variables demographic and socio-economic characteristics are analyzed in this section.

4.5.1 Demographic Characteristics

Among demographic characteristics age of the respondents, age at marriage, use of family planning method and age of their first menstruation are assigned.

4.5.2 Distribution of Respondents by Age Group

The main objective of this study was to collect information of the study area on fertility behaviour among the Dalit community in the reproductive ages (15-49) years. The age distribution of the respondents is presented below:

Table 4.7: Distribution of Respondents by Age Group

Age Group	Eligible Women	
	Number	Percentage
15-19	21	16.15
20-24	30	23.07
25-29	36	27.07
30-34	18	13.84
35-39	15	11.53
40-44	6	4.61
45-49	4	3.07
Total	130	100.0

Source: Field Survey, 2009.

The table no. 4.7 shows that about 80 percent women are currently married who are with in the age of 34 years of the currently married women only 20 percent are found to be at the age of 35 and above with in the reproductive span. The majority of currently married women were found in the group 25-29 (27.07%) followed by the age group 20-24 (23.07%) gradually decreasing order in succeeding age group up to 3.07 percent for 45-49 years of age.

4.5.3 Age at Marriage and Currently Married Women

In Nepal marriage takes place at an early age and it is almost universal. Early and universal marriage practice leads to long term social and economic consequences including higher fertility. Early marriage is insisted due to cultural belief. Of the total currently married women has started from the age of 16 years and has ended at the 24 years in the study population.

Table 4. 8: Percentage Distributions of Respondents by Age at Marriage

Age Group	Eligible Women	
	Number	Percentage
15-17	18	13.84
18-20	50	38.46
21-23	40	30.77
24 and above	22	16.92
Total	130	100.0

Source: Field Survey, 2009.

The table no. 4.8 shows, Out of the total currently married woman, 39.3 percent of them married at the age below (17-19) and followed by the age group (20-22) 31 percent, the age group (23-24) 16 percent and at the age of 16 (13.97%). This shows that very few women have married above the age of 22 years and below the age of 17 years and higher the age at marriage at the age of 18 years. The mean age at marriage has found to be 19.5 years.

4.5.4 Family Planning Characteristics

Family planning behaviour plays the vital role in fertility behaviour knowledge and practice of family planning methods changes the existing trend of fertility in any population. One of the main objectives of this study is to collect the information about family planning behaviour of Dalit couples. Characteristics of family planning method of respondents are discussed below.

4.5.5 Contraception Knowledge of the Respondents

Every eligible women were asked about the knowledge of family planning. Either they or their husband have heard and used or not in shown in the table below.

Table 4.9: Number of Percent Distribution of Respondents by Knowledge of Family Planning Method

Have knowledge about FPM	Number	Percentage
Yes	95	73.1
No	45	34.6
Pills	14	10.7
Depo-Provera	11	8.1
Condom	15	11.5
Male/Female sterilization	55	42.4

Source: Field Survey, 2009.

Regarding the knowledge of the family planning method, 73.1% have some knowledge of pills, condom, Depo-Provera and male/female sterilization. 34.6% do not have any knowledge about those methods. The highest proportion of respondents have the knowledge of male/female sterilization (42.4%) which was followed by condom and pills 11.5% and 10.7% respectively. A very few of them have the knowledge of Depo-Provera.

Table 4.10: Distribution of Respondents by Ever Users and Non-Users of Family Planning Methods

Ever use and non-use	Number	Percentage
Ever non-users	50	52.6
Ever users	45	47.4
Total	95	100.0
Family planning methods	Number	Percent
Male/Female sterilization	22	48.8
Condom	8	17.7
Pills	9	20.0
Depo-Provera	6	13.0
Total	45	100.0

Source: Field Survey, 2009.

Table no. 4.10 shows that 47.4% of respondents are ever users and 52.6% are ever non-users. Among users 48.8% are the users of male/female sterilization, followed by pills 20%, condom 17.7% and Depo-Provera 13.3%. It indicates that the currently users don't like to use permanent method immediately. They want to postpone child bearing unless their child grow up. It also shows that very low practice of family planning methods among Dalits.

4.5.6 Age at First Menstruation

Age of first menstruation of the women is one of the major determinants of fertility. Menstruation in the early age indicates the maturation to reproduce child.

Table 4.11: Distribution of Respondents by Age of their First Menstruation

Age of first menstruation	Number of Respondents	Percent
Age < 13	60	46.15
Age (14-16)	66	50.77
Age > 17	4	3.08
Total	130	100.0

Source: Field Survey, 2009.

Table no 4.11 shows out of 130 eligible respondents, majority of the women's first menstruation were at age (14-16) years (50.77%), which are followed by those whose first menstruation was below 13 years (46.15%). Only 3.08 percent women had their first menstruation at the age 17 and above.

4.6 Socio-economic Characteristics of the Respondents

4.6.1 Educational Status of the Respondent

Educational status plays a vital role for determining fertility and family planning. It is associated negatively with fertility. Table 12 shows the educational status of the eligible respondents.

Table 4.12: Educational Status of the Eligible Respondents

Educational Status	Number	Percentage
Illiterate	85	65.38
Literate	45	34.62
Total	130	100.00

Source: Field Survey, 2009.

Among the total respondents only 34.62 percent are literate and 65.38 are illiterate. This shows the educational status of Dalit women is very low.

4.6.2 Occupational Distribution of Eligible Women

Females in different occupation are found to have different fertility. Occupation is one of the important determinants of fertility level of the population. An eligible woman in different occupation has shown below:

Table 4.13: Occupational Distribution of Eligible Women

Occupation	Number	Percentage
Agriculture	99	76.15
Tailoring	8	6.15
Daily wage workers	20	15.38
Household work	3	2.30
Total	130	100.00

Source: Field Survey, 2009.

The table no 4.13 shows that 76.15 percent of the women are engaged in agriculture sector. This was followed by daily wage workers (15.38%). Only 6.15% are engaged in tailoring while (2.30%) very few are household workers. This table shows that no women are engaged in service which clearly indicates that low economic status of female in the society.

CHAPTER V

FERTILITY DIFFERENTIALS BY DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS

This chapter deals with fertility level according to various demographic and socio-economic characteristics of Dalit women. Fertility level of Dalit is examined on the basis of currently married women of 15 to 49 years with some selected demographic and socio-economic variables. Variation in Children Ever Born (CEB) is considered as the variation in fertility behaviour of Dalits women. Where CEB is considered as the index of fertility analysis as other indicators like ASFR and TFR required larger sample size for the proper analysis. Besides CEB is the competed fertility of women of to the age as the time of survey and can be easily compared in terms of mean with various characteristics.

5.1 Fertility by Age

According to the age of mother, the CEB changes, so it can be said that age of mother is one of the determining factor of fertility level. It is expected that as the age of married women increases, the mean number of Children Ever Born (CEB) also increases. Since older women experiences longer span or reproductive period than young ones.

Table 5.1: Mean CEB by Fertility

Age group	Respondents	Mean CEB	Std. Dev.
15-19	9	1.67	1.00
20-24	26	2.31	0.97
25-29	35	3.66	1.45
30-34	18	4.83	1.20
35-39	12	5.42	2.47
40-44	4	6.00	4.69
45-49	3	6.67	0.58
Total	110	3.73	2.07

Source: Field Survey, 2009.

From the table no 5.1 shows the mean CEB of entire women of the study was found to be 3.73. The average CEB of age group 30-34 with 4.83. It reveals that child bearing is highly concentrated in the age 30-34. Women who had completed age group 30-34 already had more than 4 children in an average. The standard deviation of the Children Ever Born (CEB) increased by 2.07 which represents the scatterness of the value of Children Ever Born. Also dispersion as major in terms of the standard deviation went on increasing as the age group went up which has shown homogeneity. The CEB is found increasing with respect to the increase in the age group.

5.2 Literacy Education and Fertility

When the women become educate their view about family size also changes shifting from high family size to low family size. Education changes way of thinking and it terms also affects fertility. Education status of women plays an important role in lowering fertility. Educational influences the fertility in different ways. It lives to awareness of birth control measure thus directly affect fertility. Education is considered as the best contraception. It is inversely associated with fertility. It has been widely accepted that education has a strong direct and indirect impact on the fertility behaviour. The mean number of CEB declines with increase in educational level of women.

Fertility behaviour in terms of CEB as explained by literacy status is considered with literate and illiterate two distinguish categories. Mean CEB by literacy status of the study. Population is displayed below:

Table 5.2: Mean DEB by Literacy Status of Eligible Women

Literacy Status	Respondents	Mean CEB	Std. Dev.
Illiterate	86	3.83	2.19
Literate	21	3.33	1.49
Total	107	3.73	2.07

Source: Field Survey, 2009.

It is observed that variation fertility level between illiterate and literate is significant and the result supports that the literate women have low fertility level than illiterate. The mean CEB of literate woman accounts for 3.33 and that of illiterate women is 3.73. The standard deviation with 1.49 for literate and 2.19 for illiterate indicates that CEB is more homogeneous among literate women.

5.3 Mean CEB by Age at Marriage of Eligible Women

The data of the study area is given in the table 14 showing the variation in fertility by age at marriage.

Table 5.3: Mean CEB by Age at Marriage of Eligible Women

Age at marriage	Respondents	Mean CEB
15-17	9	5.00
18-20	52	3.48
21-23	39	3.77
24	7	3.71
Total	107	3.73

Source: Field Survey, 2009.

The table 5.3 shows that there is negative relationship between age at marriage and fertility. The table 14 shows that, the mean number of CEB is 5.00 for the women who married between ages 15-17. This was the highest mean CEB of study population. The mean CEB was found lowest (3.48) where age at marriage was age group of 18-20 years. The respondents where age at marriage was age group of 21-23 years, their mean CEB was 2.77 per women, followed by age group of 24 years. Thus this table provides that increasing age at marriage decrease the mean CEB of the eligible women.

5.4 Occupation and Fertility

Women hold the triple work responsibility of reproduction, house-holding and employment. Involvement in one of the above affects the involvement of others. Reproduction, one part of fertility behaviour, thus affected by the house-holding and employment both the terms are treated as occupation. One of the important determinants of fertility is the occupational status, which relates to fertility behavour and contraceptive practices.

The mean CEB by occupation as reported by the respondents is shown below:

Table 5.4: Mean CEB of Eligible Women by Occupation

Occupation	Respondents	Mean CEB	Std. Dev.
Agriculture	89	3.64	1.84
Tailoring	4	2.75	1.71
Household Work	1	3.00	-
Daily wage workers	13	4.69	3.30
Total	107	3.73	2.07

Source: Field Survey, 2009.

The mean CEB is found to be higher among these involved in daily wage workers (4.69) than there involved in agriculture (3.64). They performed only double work responsibility reproduction and daily wages and so saved time probably concentrated a bit more towards the reproduction. Hence they exhibited high fertility behaviour. The lowest mean CEB was found among these involved in tailoring (2.75). It indicates that the Dalit women's mean CEB is higher due to the mostly non-service and agricultural involvement.

5.5 Fertility and Use or Non-use of Contraception

The prevalence of contraceptive has been identified as one of the principle determinants of fertility. Contraceptive method is to prevent women from fertilization and to stop giving birth or to increase the birth interval. Both

of these propose, help to plan a family by the means of birth control methods. Couple plan a family is such a way in which child gets maximum benefit from the parents. In this way, using birth control methods helps couples to achieve their desire family size by preventing unwanted births. It is expected to have low fertility level for those women who use family planning methods than those who don not.

Table 5.5: Mean CEB by Use and Non-use of Contraception

Method	Respondents	Mean CEB	Std. Dev.
Users	23	3.43	1.31
Non-users	64	3.77	2.15
Total	87	3.68	1.96

Source: Field Survey, 2009.

The variation in fertility behaviour of women of two categories user and non-user is significant with the difference of 0.84 in overall mean CEB (Table 16). The mean CEB is 3.43 among those whose who are contraceptive users, whereas it is 3.77 for those non-uses of family planning methods. The result clearly indicates that the fertility high among non-users of family planning.

5.6 Mean CEB and Children Dead

Among the several fertility determining factors, child mortality is one. People want to replace the dead child by giving next birth. The Dalit community is not in exception. Hence, there is positive relationship between child loss and fertility. Higher child loss promotes women to reproduce more children, therefore it is hypothesized that there is a positive relationship between child morality and fertility. The table 19 shows that the mean CEB by child loss experience of the women.

Table 5.6: Mean CEB by Children Dead

Experience of Child Loss	Respondents	Mean CEB	Std. Dev.
Have child loss experience	42	4.98	2.35
Non-experience	62	2.98	1.35
Total	104	3.78	2.07

Source: Field Survey, 2009.

From the table no 5.6, it is clear that mean CEB has been higher according to higher number of children dead. About 62 women had on experience of no child loss. They have very low mean CEB, 2.98. The woman who had experience of child loss, they have highest mean (4.98). This analysis proves that higher the child loss experience, the more the mean CEB.

CHAPTER VI

SUMMARY, CONCLUSION AND RECOMMENDATION

This study has been carried out to examine the fertilities behaviour of Dalit community of Nepal. This study is based on primary data collected from the field survey in April 2005 in Putalibazar Municipality. Out of the total study population, 130 women were selected from 130 households and the questions were asked which contained to meet the objectives of the study.

A conceptual framework was desired to examine the variables obtained from the questionnaire so as to fulfill the previously set objectives.

Frequency and mean tables were presented to describe socio-economic factors influencing on fertility. Bi-variable analyses were employed to examine the fertility behaviour as explained in terms of CEB. Age at marriage, child loss, and contraception were taken as dependent variable. The main findings obtained by the analysis of data collection from sample survey were as follows:

6.1 Major Findings

- Among 130 household, there were 650 persons out of then 50.15 percent were males and 49.85 percent were females. Among them 130 females were eligible for the interview.
- Out of the total population 489 are aged 6 years and above, among them 66.46 percent are literate and 35.54 percent are illiterate. Among literate, 55 percent were males and 45 percent were females.
- Among the total number of eligible women, only 34.62 percent were literate.
- Among the total 455 population aged 10 years and above, 234 were males and 221 were females. Among them 341(75%) are married and 114(25%) are unmarried. Among males 175(51.34%) were married and among female 166(48.68%) were married.

- Among the eligible women of age 15-49 majority were in the age group 15-34 and this is gradually decreasing in other succeeding age groups.
- There were 9 respondents who married at the age group (15-17) years. The highest number married respondents were in the age group (18-20) years that are 50.
- Out of 130 respondents there were 50.7 percent of respondents where age of first menstruation was age in between 14-16.
- Among 455 of economically active population (33.4%), 152 were involved in agricultural either as agricultural self employee or agricultural employ.
- Out of 130 respondents, 23 had at least once ever used one method of family planning and 80 never uses. Among the respondents having knowledge. Few respondents used any one of the method. But the status of current users is high i.e. 33.7 percent of the total 130 respondents.
- Mean CEB for a contraception method non-user was found to 3.77 per women and CEB for users was found to be 3.43 per women. The difference between CEB for non-user and users were found to be 0.34 per women.
- At the time of survey out of 130 respondents 107 respondents had children and 23 respondents had no children.
- Mean CEB of the respondents was found 3.73. There was the highest mean CEB 6.67 in the age group 45-49 years and lowest mean CEB 1.68 in the age group 15-19 years.
- While considering the mean CEB by age of marriage highest mean CEB was 5.00 who married at the age of 15-17 years in comparison to the respondents who married after 17 years.
- Variation in mean CEB (4.69) was significant in case of occupation for daily wage workers. The lowest mean CEB was found to be 2.75 per

women for those involved in tailoring. The difference with highest to lowest mean CEB was 1.94 per women.

- Variation in mean CEB by children loss experience was also significant. it was observed that lower mean CEB was found (2.98) among the women who had child dead and vice-versa.

6.2 Conclusion

- Education plays a vital role for determining fertility level but in the study area out of 650 sample population, 66.46 percent were literate and 35.54 percent were illiterate. While considering the education of the respondents 65.38 percent were illiterate and 34.62 percent were literate that resulted the high fertility. So level of education of the women of reproductively age should be increase to reduce fertility level.
- Age has stronger power for declining fertility levels. So the level of fertility depends on age. The mean CEB is varied by age of mother. The number of CEB is expected with the mother getting older. In this study the findings show positive relationship between age and mean CEB.
- The research study in relation to fertility and marriage come to end in the conclusion that lower age at marriage is associated with the cause of high fertility was significantly inverse correlated. So the findings enforce to rise the age at marriage for the reduction of fertility in the study area.
- Women with higher child loss experiences had higher CEB women with no children had lower CEB for cases of two or more daughters or sons dead is evident (Acharya, 2000).
- There is inverse relationship between contraception use and fertility level but in the study area there were low level of users of contraceptive method. It is necessary to encourage them to use contraceptive method.
- Higher level of occupation plays an important role to reduce fertility. Those women in unorganized sectors had relatively high level of fertility

as compared the women of working in organized/formal sector. Due to the maximum involvement of women in agricultural with low education level, labour value increased and that tended to high fertility.

- The study shows when women loose her child she will be motivated to replace her dead child. In this way higher child loss promotes women to reproduce more children. This study comes to the conclusion that the mortality rate of the children and infants should be reduced to reduce fertility rate as other previous studies.

6.3 Recommendations

On the basis of the above findings and conclusion the following recommendation are made. This study has found lower age at marriage associated with higher number of CEB. Therefore, there must be some social and legal attempts to rise the age at marriage.

In the study area, female respondent's education level was very low. So to increase the level of education and literacy status of women. The informal literacy class as well as free and compulsory education for all women in child bearing aged should be launched.

In the study area, the number of contraceptive users was very low due to many reasons but especially due to loosing health. For solution of this problem, motivation to use contraceptive against the concept related to losing of health and side effect, IFC service and quality family planning service should be expanded for increasing prevalence of contraception users.

Child loss experience has found the strongest relationship with mean CEB. Child loss promotes women to reproduce more children as a concept of replacement for their dead children. Hence, it is essential to reduce infant and child mortality to lower fertility rate. In conclusion it is to be said that fertility reduction programs must be targeted not only to reduce population size but also to improve the health status of women. The fruitful improvement will only be

possible if many development projects are launched in the society. Awareness programmes should be launched. This program removes the feeling of anxiety in the use of contraceptive and provides the benefits of health families in care and importance of education.

The use of temporary contraceptive method should be increase by lunching family planning programs extensively.

The main reason for high fertility is the poverty. Therefore there should be effective programme to create employment opportunities, self job beside agricultural to improve the economic status of the people.

6.4 Recommendation for Future Area of Research

This study has selected some independent socio-economic and demographic variables for the analysis fertility in terms of number of CEB. The analysis on CEB has been performed by applying frequency cross tabulation. In this context, it is needed to study the fertility behaviour deeply considering the cultural religion socio-economic background to go deeply for fertility behaviour of Dalit population as well as the population of other castes.

In this study it has been studied only about the Dalits community of Putalibazar Municipality. Along with the above independent variables other variables like migration, attitude about the family formulation, newspapers reading, ability of physiological variables, breast feeding can be included for more appropriate and sensitive estimation with more advances statistical total like path analysis. This type of study may produce different new results and that result can describe the fertility behaviour of the people of Nepal in various ways.

BIBLIOGRAPHY

Acharya, Bidhan, 2000, "Fertility Differentials in Nepal": An Analysis of some selected variables of BDC survey data, Bal Kumar KC (ed) *Population and Development in Nepal Vol. 7*, (Kathmandu : CDPS).

Acharya, L.B. 1999, "Nuptiality Levels and Trends in Nepal," in Bal Kumar KC (ed.). *Population and Development in Nepal Vol. 2*, (Kathmandu : CDPS).

Adhikari, K.P., 1996, "Child Loss Experience as a Response to High Fertility: An Observation from Nepal" in Bal Kumar K.C. (ed.) *Population and Development in Nepal*, (Kathmandu : CDPS).

Amin and Faruquee, 1980, "Fertility and its Regulation in Bangladesh," *Group of Nepal*, An Unpublished M.A. Dissertation (Kathmandu : CDPS).

Aryal, R.H., 1997, "Theoretical Explanation of Fertility Change," in Bal Kumar KC (ed.), *Nepal Population Journal*, Kathmandu.

Bhattarai, C.R., 1997, *Sex Preference and Family Planning in Nepal*, An Unpublished M.A. Dissertation Submitted to Central Department of Population Studies (Kathmandu : CDPS).

Bhende, A. and T. Kanitkar, 1994, *Principle of Population Studies*, (Bombay: Himalaya Publishing House).

Bishwakarma, P.L. 1998, *Utpidit Dalit Mukti Andolanko Sahi Disha, Samanta*, Kathmandu : Mukti Samaj).

Bogue, D.T., 1971, "Demographic Techniques of Fertility Analysis," (University of Chicago: Community and Family Planning Centre).

Bongart, John and Robert G. Potter, 1983, "Fertility, Biology and Behaviour," An Analysis of the Proximate Determinants, (New York: Academic Press).

Dahal, D.R., 1989, "Demand Aspect of Fertility and Family Planning in Nepal," *South Asia Study on Population Program and Strategies*, (Kathmandu : UNFPA).

Davi's Kingsely and J. Blake, 1956, "Social Structure and Fertility, an Analytical Framework", *Economic Development and Social Change*.

Dyson, Tim and Mike, 1985, "The Onset of Fertility Transition," *Population and Development Review*.

Easterlin, R., 1975, "An Economic Framework for Fertility Analysis," *Studies in Family Planning*.

Freedman, R., 1982, "Fertility Decline Theories," in John A. Ross (ed.), *International Encyclopaedia of Population* (New York : Free Press).

Freedman, R., 1995, *Programme on Population Research Report*, No. 1 (Honolulu: The East West Centre).

Karki, Y.B., 1995, "Organization, Design and Quality Aspects of the 1991 Population Census of Nepal," *Population Monograph of Nepal* 1995.

Kattel, K.R., 2001, *Fertility Behaviour of Kumal Community*, A Case Study in Charkatirtha VDC, Lamjung, An Unpublished M.A. Dissertation. (Kathmandu: CDPS, T.U.)

Knodel, J., 1997, "Family Limitation and the Fertility Transition: Evidence from the Age Patterns of Fertility in Europe and Asia," *Population Studies*.

Kourto-Soyinnic, A., 1979, "Theory of Demand," *Modern Microeconomics* (Ontario: University of Ottawa).

Leibensten, E., 1987, "Socio-economic Fertility Theories and their Relevant to Population Policy," in B.N. Ghosh. (ed) *Studies Population and Economic Development*, (New Delhi : Deep and Deep Publication).

Majupuria, Trilok C., 1998, *Modern Approach to Zoology,* (Jaladhar: Surya Publication, India).

MOH, 1993, *Nepal Fertility Family Planning and Health Survey, 1991*, Main Report, Kathmandu.

MOH, 1997, *Nepal Family Health Survey*, Kathmandu.

MOH, 2002, *Nepal Demographic and Health Survey*, (Kathmandu, New Era 2002).

MOPE, 2002, "Nepal Population Report," Kathmandu.

Nag, M., 1978, *Economic Value and Caste of Children in Relation to Human Fertility*.

Niraula, Bhanu B. and Devendra P. Shrestha, 1997, "Does Caste/Ethnicity Matter in Fertility Transition ? An Analysis of Nepalese Data," in Bal Kumar KC (ed.).

Population Reference Bureau, 2000, *World Population Data Sheet*, (Washington C.D., PRB).

Subedi, G., 1996, "The Cause of Unmet Need in Nepal," in Bal Kumar KC (ed), *Population and Development in Nepal*.

Tuladhar, J.M., 1989, "Discussion of Policy and Programme Issues," *South Asia Studies on Population Policies and Programmes in Nepal*, (Kathmandu : UNFPA).

United Nation (UN), 1991, *Population Research Leads*, United Nation Economic and Social Commission for Asia and the Pacific (ESCAP).

United Nations (UN), 1973, *Selected Factors Affecting Fertility Preference in Developing Counties*, (New York: Department of International Economic and Social Affairs).

United Nations (UN), *World Population Report, 1996*, (New York: Department of Economic and Social Information and Policies Analysis).

World Bank (WB), 1992, *World Development Report, 1993*, (New York: Oxford University Press).

Questionnaire for the data collection of Fertility Behaviour of Dalit Community
(A Case Study of Barbish VDC Ward No.6 and 7at Bajura District)

Household Questionnaire Design

Selected Household Number: .....

Name of the respondent:

Caste: ..... Sex : .....

VDC: ..... Ward No.: .....

Name of the village: ..... District: .....

Date of interview: ....

1. Household Background

S.N.	Name of the Family	RTHHH	Sex	Age	Ms	Ed	Occ.	EG
	1	2	3	4	5	6	7	8

RTHHH : Relation to the head of the household

Ed : Education

Ms : Martial Status

Occ. : Occupation

EG : Eligible women

Code for household questionnaire :

Relation to the Household Head	Sex	Martial Status	Education (Passed level)	Occupation
Household Head - 01	Male -01	Never Married -01	Illiterate - 00	Agriculture -01
Husband/Wife - 02	Female -02	C. Married -02	Grade 1 - 01	Service - 02
Son/Daughter - 03		Widow/Widower - 03	Grade 2 - 02	Business - 03
Brother Sister - 04		Divorced - 04	Grade 3 - 03 to 09	Household work - 04
Sister-in-law - 05		Separated - 05	S.L.C. - 10	Daily wage worker - 05
G. Son/Daughter - 06			P.C.L. (+2) - 11	Pension - 06
Father/Mother - 07			Bachelor - 12	Student - 07
Nephew/Niece - 08			Master & Above -13	Dependent - 08

Other - 09			Non-formal education -14	Don't know - 09

A. Individual Questionnaire

1. What is your completed age ?
   Years .....
2. What is your religion ?
   Hindu 1
   Buddhist 2
   Others (specify) 3
3. Where is your birth place ?
   Migrated 1
   Native born 2
4. Do your family have own land ?
   Yes 1
   No 2
5. Is the production from land is sufficient for your family ?
   Yes 1
   No 2
6. Which of the following facility do you have in your family ?
   Radio 1
   Television 2
   Telephone 3
   Others (specify) 4
7. Which of the following facilities do you have in your village ?
   Road 1
   Electricity 2
   Post office 3
   School 4
   Others (specify) 5
8. Types of house ?
   Pakki 1
   Semi-pakki 2
   Kachi 3
   Others (specify) 4

B. Educational Status

9. Have you ever gone to school ?
   Yes 1
   No 2
10. If yes, what is the highest class did you passed ?

.....

11. Are you now going to school/college ?
    Yes 1
    No 2
12. If why did not you to continue your further study then ?
    .....

C. Occupation

13. What is your occupation ?
    Agriculture 1
    Service 2
    Business 3
    Household work 4
    Daily wage workers 5
    Pension 6
    Dependent 7
    Industries 8
    Student 9
14. What is your husband occupation ?
    Agriculture 1
    Service 2
    Business 3
    Industries 4
    Daily wage workers 5
    Household work 6
15. How much is your households monthly money?
    Less than 1000 1
    1000 -2000 2
    2000-3000 3
    And above 4

D. Martial Status

16. What is your martial status ?
    Married 1
    Unmarried 2
    Widow 3
    Divorce 4
    Separated 5
17. What was your age at first menstruation ?
    Years .....
18. How old were you at the time of your marriage ?
    Years .....
19. How old were your husband at the time of marriage ?
    Years .....

E. Fertility Behaviour

20. Have you given any birth ?
    Yes 1
    No 2
21. If yes, what was your age at first birth of your child ?
    Age .....
22. Is your first child living now ?
    Yes 1
    No 2
23. What is the age of your first child ?
    Years .....
24. How many births did you have ?
    Son 1
    Daughter 2
    Total 3
25. How many children are living with you ?
    Son 1
    Daughter 2
    Total 3
26. How many children are living in other place ?
    Son 1
    Daughter 2
27. Have you any children been dead after born alive ?
    Yes 1
    No 2
28. If yes, how many children were died ?
    Son 1
    Daughter 2
    Total 3
29. Did you give any birth during the last 12 month period ?
    Yes 1
    No 2
30. So you have given ..... number of birth.
31. How many children have you desired ?
    Son 1
    Daughter 2
    Total 3
32. Have you demand more children ?
    Yes 1
    No 2
33. If yes, how many sons and daughter do you desire ?
    Son 1
    Daughter 2

34. Why do you demand for additional children ?
Husband desire 1
Family pressure 2
Fear of generation loss 3
Self interest 4
Religious believe 5
Others (specify) 6

35. Are you pregnant now ?
Yes 1
No 2
Don't know 3

36. Was your last birth planned ?
Yes 1
No 2

F. Family Planning

37. Have you ever heard about family planning ?
Yes 1
No 2

38. If yes, from where ?
Radio 1
Hospital 2
Relatives 3
Health post 4
Friends 5
Husband 6
Family planning centres 7
Others (specify) 8

39. When did you know about family planning methods ?
Before marriage 1
After marriage 2
No remember 3

40. Which of the following method have you heard ?
Pills 1
IUD 2
Depo 3
Female Sterilization 4
Male Sterilization 5
Condom 6
Norplant 7
Kamal 8
Withdrawl 9
Safe period 10
Injectable 11
Others (specify) 12

41. Have you ever used any family planning method ?
    Yes 1
    No 2
42. If yes, which method have you used ?
    Pills 1
    IUD 2
    Depo 3
    Female Sterilization 4
    Male Sterilization 5
    Condom 6
    Norplant 7
    Kamal 8
    Withdrawl 9
    Safe period 10
    Injection 11
    Others (specify) 12
43. From where did you obtained this contraception devices ?
    Hospital 1
    Health post 2
    Pharmacy 3
    Family planning Centres 4
    Friends 5
    Health workers 6
    Relatives 7
44. Why do you use this method ?
    Birth interval 1
    Avoid pregnancy 2
    Do not want more children 3
    Easy to use and available 4
    Low side effect others 5

The End