# FERTILITY BEHAVIOUR AMONG EVER MARRIED WOMEN AT AGE 15-49 YEARS OF KUMAL COMMUNITY

### (A Case Study Of Bharatpur Municipality - 11 Chitwan District)

**By**

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## RECOMMENDATION

The dissertation work entitled "Fertility Behaviour among Ever Married Women at Age 15-49 Years of Kumal Community" by Laxmi Marahatta is prepared under my supervision for the partial fulfillment of the requirements for the degree of Master of Arts in Population Studies. To the best of my knowledge, the study is original and primary database. I recommend it for evaluation to the dissertation committee.

February, 2009

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## LETTER OF APPROVAL

This dissertation work entitled "Fertility Behaviour among Ever Married Women at Age 15-49 Years of Kumal Community" by Laxmi Marahatta has been accepted as partial fulfillment of the requirement for the master degree  in arts in population studies.

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# ABSTRACT

The study on "Fertility Behaviour among Ever Married Women at Age 15-49 Years of Kumal Community" had been carried out using primary data obtained from 100 respondents for ever married women age 15-49 years in this study the relation between fertility and demographic variables.

Among the total respondents women 61.0 percent are literate and 39.0 percent is illiterate similarly among the total respondent women 54.0 percent is engaged in agriculture sector. 12.0 percent is landless and 88.0 percent has ownership of land. Out of the total ever married respondents 45.0 percent is married in the highest CEB (5.9) is found among the respondent who have given first birth at age 15-16 years. In the age group of 17-19 years in the study, the analysis of demographic factors shows that the age of women and duration of married age are positively associated with fertility where aged marriage is seen negatively associated with fertility. Similarly, childless experience is positively related with fertility.

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# ABBREVIATIONS

| | | |
|---|---|---|
| CBR | - | Crude Birth Rate |
| CBS | - | Central Bureau of Statistics |
| CDPS | - | Central Department of Population Studies |
| CEB | - | Child Ever Born |
| FP | - | Family Planning |
| HHS | - | Households |
| IEC | - | Information Education and Communication |
| IMR | - | Infant Morality Rate |
| INGO | - | International Non- governmental Organization |
| M. A | - | Master of Arts |
| MOH | - | Ministry of Health |
| MOPE | - | Ministry of Population and Environment |
| MPHBS | - | Multipurpose Household Budget Survey |
| NDHS | - | Nepal Demographic Health Survey |
| NFHS | - | Nepal Family Health Survey |
| NGO | - | Non- Governmental Organization |
| NPC | - | National Planning Commission |
| NRB | - | Nepal Rastra Bank |
| PL | - | Primary Level |
| PRB | - | Population Reference Bureau |
| SLC | - | School Leaving Certificate |
| TFR | - | Total Fertility Rate |
| IMFR | - | Total Marital Fertility Rate |
| TU | - | Tribhuvan University |

UN        -        United Nation

UNEPA        -        United Nation Population Fund

# CHAPTER - I

# INTRODUCTION

## 1.1 General Background

Fertility is one of the most important factors of the population change. It is biologically restricted to the women who are 15-49 year or age. Fertility differs from one group of women to another. There are many factors for affecting the level of fertility in the communities such as economic, social, cultural and others. High fertility is associated with developing countries and low fertility is associated with developed countries. If directly affects the structure and growth rate of population human fertility as one of the major components of population growth which becomes an interesting topic in population studies only after malthus. How ever, even until the second world the approach to the study of human fertility was mainly mathematical oriented. The social, psychological, cultural, economic and political factors, determinants or the levels and differentials of fertility were not accorded a proper important.

It is only after the second world war when North American experienced a "baby bomb" human fertility has been occupying accentual position in popn studies for several regions. Human fertility is responsible for biological replacement and for the maintains of the human society. The growth of the population of the world depends entirely on human fertility, (Bhende and Kanitkar, 2003: 241-288).

Nepal population reached 23 million with an annual average growth rate of 2.3 percent during the last decade 1991-2001. (CBS, 2003-38). Fertility has declared over the last decade from 5.1 children per women in 1991 to 4.6 children per women in 1996 and further to 4.1 in 2001 (Pathak, 2002:136). But it is still very high as compared to some of the neighboring countries in Asia such as Bangladesh (3.0), India (3.0), China (1.6), Japan (1.3) and Srilanka (2.0) (PRB, 2005).

Nepal is predominantly an agricultural society, where people are encouraged to have more children to mean the domain of the labour force for agricultural activities which ultimately results high fertility (Panth and Acharya, 1988:58-64).

According to latest census of 2001, the population of Nepal was 2,31,51,423 as of June 2001. The average annual growth rate of population during the last decade (1991-2001) was 2.3 percent. The census also revealed that the sex ratio as male per 100 female was 99.8 in other worlds 50.0 percent was male where the females comprised of 50 percent of the total population (MOPE, 2004: 1-18)

The study area, Bharalpur-11 lies in the Terai region of Nepal. It is nearest of the east-west highway. It is 4hr journey by bus from Kathmandu, situated on the Bank of Narayani river, near Narayangadh. A well facilitated municipality Bharatpur-11.

## 1.2    Statement of the Problem

Population of the Nepal has been increasing rapidly since the last few year due to high fertility and decaling morality, morality rate has declined in Nepal due to improved wealth facilities and technological diffusion fertility rate has remained high due to low level of education, occupation income. Low rate of contraception, universal marriage, early age at marriage and child loss experience etc. Unless the social economic factors responsibility for demand for children are targeted but it is hard to reduce the prevailing fertility rate substantive decline in fertility level of Nepalese society has not observed despite the government's efforts to reduce it through the implementation of family planning programme since the national third five year plan in 1965 (NPC, 2002).

A number of fertility encouraging factor are operating in different social sector of the country. Among these the most noted are low socio-economic status and religious norms.

The high fertility in Nepal can be attributed to a number of contributing factors that continue to favour high fertility include early universal marriage desire for sons for both religious perform vitals and economics reason intermediate economic gains and old age security (Karki 1982). Beside various religious while do no prohibit the use of contraception may give a disposition to high fertility. Many also had the belief that is situation where life offers little but hardship to the majority. Sexual pleasure and the children can bring are one of the few sources of satisfaction (Karki, 2003:51).

Status of women's health in Nepal is very poor. The percentage of women who had a live birth in the five years preceding the survey and whose last birth was protected against neonatal tetanus. Nearly four out of five mothers (78 percent) with a birth in the five years preceding the survey where protected against neonatal tetanus. However, less than two –thirds (63 percent) of pregnant women received two or more retinues injections during their last pregnancy. (NDHS 2006:137)

Education and mean number of CEB are found negatively associated, literate women are found with low number of CEB than the illiterate. The women engaged in farming have experienced high CEB than engaged in on farming have experienced high CEB than engaged in on farming activities (Bastakoti, 1999). In some countries the data may indicated that a simple contraceptive distribution programme by itself is likely to be successful in reducing fertility. Some countries the data may indicate that a simple comparative distribution programme by itself is likely to be successful in reducing fertility. Some countries data show the educational status of women is determining the level of fertility.

A few about fertility behavior in Kumal community among ever married women at age is 15-49 years. For selected areas and for some communities have been done by some researcher. This place has the different religion and cultural group of people. The study is based on primary data source collected

from the ever married women age 15-49 years of Bharatpur municipality eleven of Chitwan district is to be district and important study.

## 1.3    Objective of the Study

The main specific objectives of this study are:-

1) To examine the demographic characteristics of Kumal community ward no. 11 Bharatpur municipality.

2) To find out the socio-economic characteristics and its relationship with fertility.

3) To examine the effect of fertility behaviour.

## 1.4    Significant of the Study

The main purpose of the study is to find out the  socio-economic characteristic and its relationship with fertility in Bharatpur-11. It is obvious that better understanding of the fertility regulating behaviors is necessary in order to have control upon the fertility which will lead to improve the study of socio-economic conditions.

In Nepal, very few studies have been carried out which attempt to study the socio-economic and demographic variables and their effects on fertility especially in economically backward communities. The prosperity of a country depends slowly upon the development like Nepal which is inhabited mostly by such communities. So, studies encompassing various socio-economic and demographic factors and their relation on fertility in such communities, no doubt play a very important role. Certainly, the finding will be very useful in providing the guidelines to NGO's and over to the government in programmes for the community like Kumal.

## 1.5    Limitation of the Study

This studies based on only Kumal community Bhatatpur-11 Chitwan. So, it may be representing of the Kumal communities of Nepal only. Only

selected demographic and social-economic variables are considered under the constraints of limited time and resources.

## 1.6    Organization of the Report

The report is divided into six chapters. Introductory chapter includes statement of the problems, significance objectives and limitation. The second chapter literature Review, which includes theoretical literature and empirical literature.

Chapter three about the methodology. where selection of the study area, selection of the respondents, sources of data, research tools, method of data collection, conceptual frame work and data processing and analysis.

Chapter four describe socio-economic and demographic characteristics of respondents. The fifth chapter analysis of the fertility by socio-economic and demographic variable. And the last sixth chapter deals with summary, conclusion, policy recommendations and possible of future research.

# CHAPTER - II

# LITERATURE REVIEW

## 2.1 Theoretical Literature Review

Fertility is the childbearing capacity of individuals' couples or group of population. It is one of the demographic processes which determine the structure distribution and growth of any population. Fertility is one of the major components of population change particularly in especially developing countries. It the world is not able to manage for the fertility. It might be the great problem for the world because productivity can't increase as the incensement of population and at that time. People will be distressed with and socio-economic and other variables with directly or indirectly affects on fertility, variable literatures based on theoretical fertility have been reviewed which help to formulate a conceptual framework of fertility of population under study.

The study of human fertility occupies a central position in social science research many scholars have considered fertility as a major component for the rapid growth of population, especially in developing countries. Thus, researchers have developed lime to identity the inter-relationship between fertility and different variables. Demographers and social scientists are even today, busy in search of a systematic theory which would provide explanations of changes in fertility levels and differentials in fertility which would also serve as a basis for predicting future fertility trends. This gap in the knowledge of demographic phenomena continues despite the efforts made by several social scientists to propound various theories of fertility (Bhende and Kanitkar, 2002: 1-26)

According to demographic transition theory fertility and mortality transition from high to low, in the countries of Europe, North America and Australia occurred when the use contraception become wide spread under the influence of such factors as growing individualism and rising level of aspiration developed in

urban industrial living that emerged with Process of socio-economic development of the country (UN, 1973:65).

Davis and Blake proposed eleven variables which they defined as 'Intermediate variables' six among them are affecting sexual intercourse three affecting conception and remaining to affecting gestation and parturition. They concluded that and social or cultural factor which affects fertility must do so through and only through one or more these intermediate variables (Davis and Blacke, 1956:211-235).

John Bongaarts and Robert Potter designated the intermediate variables proposed by Davis and Blake as proximate determinant of fertility. Consisting seven variable, marriage and martial disruption use and effectiveness of contraception, induced abortion post partum ameroherea, spontaneous intrauterine morality, frequency of intercourse of fecundibility, menopause or premanent celibacy. They also raised the age at marriage and martial description postpartum, infeundability. Menopause or permanent celibacy. They also raised the age at marriage and marital disruption age at marriage and martial disruption postpartum, infeundability, contraception and induced abortion affects fertility directly.

The following simple diagram summarizes the relationship among the determinants of fertility.

**Figure: 2.1 Proximate determinants framework for the study of fertility.**
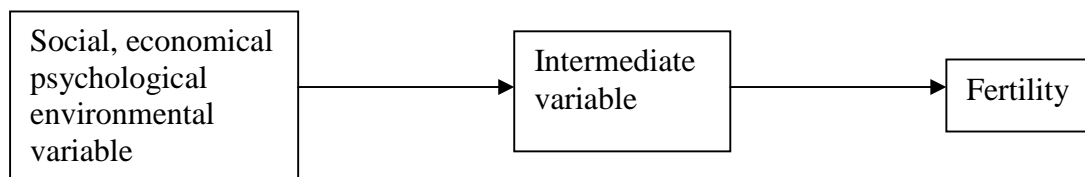


(Source: Bongaarts and Potter 1985, 180)

Easterlin developed a generalized model regarding determinants of fertility and concluded that fertility decisions are made by women in the society, which are affected by three variables viz(i) income to the extent that children increase household income (ii) price of child bearing and rearing, and (iii) cost of regulation (Easterlin, 1976:112).

Demand theory is also an important factor for determining the fertility. According to this theory, fertility is determined by current family size, the spouse's desired family size and cost of living. If the cost additional children rises and income and wealth remain constant, then the remember of children desired declines similarly, if the cost of additional children remains constant ans income increases, then the desired number of children increases (Kourtsoyianic, 1979:25-32)

Leibenstein criticized Broker's theory primarily on social cultural and economic groups. According to him it is also necessary to take account of the socio-cultural process and influences which are the consequences of consumption based on social status considerations that are critical to the explanation of the utility cost of children. He has argued that the household would want to have i-th children as the utility of the i-th children (Ui) is greater then the utility cost of children (UCi) (Leibenstein, 1975:6).

Tuladhar examined the persistence of high fertility in Nepal using data from Nepal fertility survey, 1976. He observed that higher moraity level. specially that of infants, joint family system, early and universal marriage system. Low education attainment, working status especially that of women are the main contributing factors of high fertility in Nepal (Tuladhar, 1989:26).

We have no single theory of fertility determination socio-cultural economic and demographic characteristics of the people affect the fertility level of country according to different explanation of fertility decline so we should understand the importance of casual links between the socio-economic and demographic variables and their relationship with fertility (Aryal 1997; 26)

The theory of diffusion or cultural lag explains how the concept of birth control spread all over the world. According to this theory, in countries where fertility has been declining attitudes and practices conductive to diminishing infertility have been adopted first by the better education wealth and high social status groups of the city population and transferred in duration of time of intermediate and lower status groups and to the rural areas. Once again cultural lag theory has been referred to very recently by John Knodel who after examining the age patterns of fertility in Asia arrives at the conclusion that the modern fertility transition appears to have resulted from innovation as well as adjustment. The framework of fertility presented below (Bhende and Kanitkar, 2002:260).

**Figure 2:2 Sociological frameworks for study of fertility**
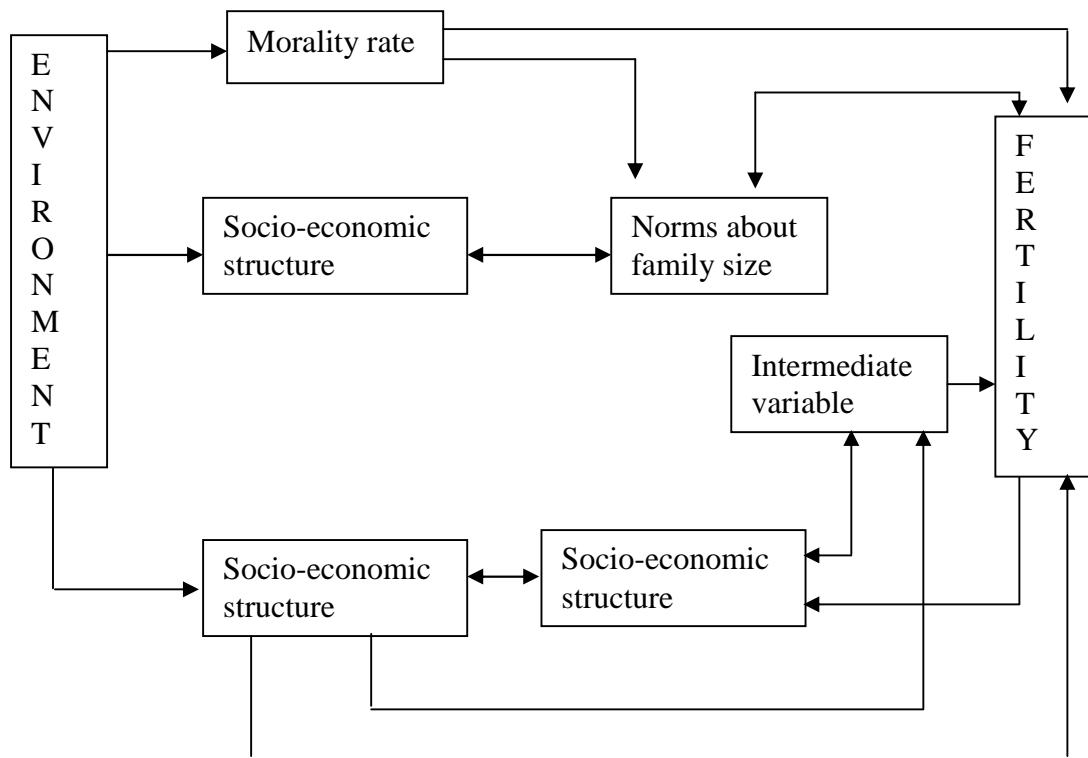


In the Nepalese society high economic and social values of children, low nutritional food intake, inaccessibility of quality family planning and its unmet demands are the determining factors of high fertility. Fertility is affected by some proximate determinants are also affected by social economic, psychological are environmental variables. Demery (1972) has summarized it very succinctly "In traditional societies both the fertility and morality are high and in modern society both the fertility and morality are low. In between there is a demographic transition" (MOPE, 2001:3)

## 2.2    Empirical Literature

Many empirical investigations have been conducted to examine the relationship between fertility and socio-economic variables in Nepal. A brief summary of the findings of some of the selected studies are presented below.

### 2.2.1   Education and Fertility

Education is one of the most important variables to determine fertility. The relationship between education and fertility is more pronounced is less developed countries then in developed countries a study should high fertility among the women with alimentary level of education then graduate in USA (UN 1973:98). There is inverse relationship between education and fertility education can affect fertility directly and its relation is two way traffic. In which high fertility countries have to invest more in education but education enhancement eventually help to literate women especially for primary education and 1.5 for graduate which is lower than illiterate with CBS 2.8 (CBS 1991).

Negative relationship between women's education and fertility have also been established by the NFHS 1991 survey confirming the relationship that the total marital fertility rate (TMFR) among women with no education (6.2). A difference of 2 children indicate that there exists a significant differential in fertility and education. (NFHS 1991: 58, cited in CBS, 1995: 78)

### 2.2.2 Occupation and Fertility

Women with male in white colour occupation tended to lower fertility, in Bangladesh. Similarly fertility level of working mothers was found lower then non-working mothers. Aludhin and Soccer (1991) found the positive relationship between income generating and status of women with fertility level.

The country Nepal consists predominantly of farmers who are supposed to be economically active, population. In the total population 59.61 percent has actively involved in agriculture. The proportion of females engaged in agriculture occupation is higher then that of males. In the remaining category of occupation, however, the proportion of males is higher then that of female (CBS; 2003: 360).

### 2.2.3 Income and Fertility

It is found that women of low and poor group tend to have more children because of two reasons: firstly more infant die, so these women have shorter location and non-ovulation period before becoming fecund again, secondary, they want more children to replace the loss; so they continue to bear children up to late age. In the context of Nepal, In nominal terms, average household income grew by more than 80 percent from 1995/96 to 2003/04. During the same period, per capita income incased from Rs 7,690 to Rs 15,162 eight-year growth rate for the poorest twenty percent of population is 98 percent while that for the richest 20 percent of population is 110 percent. Other significant change in the past eight years is the composition of income sources; the share of form income in total income has declined from 61 percent to 48 percent while that of non-farm income increased from 22 to 28 percent and of other sources including remittances increased from 16 to 25 percent. (NLSS 2003/04: 29)

### 2.2.4  Age at Marriage and Fertility

Nepali society does not allow sexual union of unmarried people. Therefore marriage is the most essential events conception outside marriage is not accepted by the society. Family formation process starts after the marriage religious better and practices in Nepal provoke individuals to many early. They marriage plays the vital role for the low fertility of an individual as well as social level.The report from Nepal family health survey (NFHS, 1996) found that fertility is decline over the past five years from TFR 5.1 in 1991 to 4.1 in 2001. This decrease in fertility rate is due to increase in age at marriage and rising contraceptive use over the past 25 years (MOH 1996:52).

### 2.2.5 Age at First Birth and Fertility

The onset of childbearing at an early age has a major effect on the health of both mother and child. It also lengthens the reproductive period, thereby increasing the level of fertility. Childbearing begins early in Nepal. The median age at first birth is 19.6 years for the younger cohort (age 25-29) of women for whom median age can be computed and varies between 19.9 and 20.1 years among the older cohorts. Almost one-quarter of Nepalese women have given birth before reaching age 18, while over half have had a birth by age 20. The median age at first birth is bout 20 years across all age cohorts, indicting virtually no change in the age at first birth. Half of the women have given birth by age 20 and almost 90 percent have given birth by age 25. (NDHS 2006:72).

### 2.2.6 Use of Contraception and Fertility

There has been a noticeable decline (22 percent) in unmet need for family planning over the past ten years, with unmet need falling form 31 percent in 1996 to 28 percent in 2001and 25 percent in 2006. Correspondingly, there has been an increase in met need over the same period from 29 percent in 1996 to 48 percent in 2006, resulting in a 39 percent increase in the demand satisfied during the last ten years. Unmet need decrees with age, with the need for spacing higher among younger then older women, and the need for limiting increasing to peak among women age 35-39 and then falling thereafter. One in four rural women has an unmet need compared with are in five urban women. However, three-fourths of urban women's needs are met, compared with less than two-thirds of rural women's needs. Unmet need for family planning is lower among women in the terai then among women in the other ecological zones. Similar patterns were found in the 1996 NFHS and 2001 NDHS. Unmet issued is lowest in the far-western region (no percent) and highest in the western region (32 percent). Forty-one percent of women living in the eastern mountain sub-region have an unmet need for eastern mountain need for family planning, compared with 14 percent of women living in the far-western terai sub-region. (MoH 2006)

### 2.2.7   Child Loss Experience and Fertility

The close relationship between infant mortality and number of CEB has been observed. The study concluded the existence of strong child replacement effect on CEB in Nepal (New Era, 1986:90). The mean number of CEB for all age is 3.2 and the mean number of surviving children for all age is 2.5 experiencing a loss of about of children. Various studies conclude that child loss experience motivates women to give more births. The women who have no experience of dead children derive 2.03 mean number of children. While the number of children (Bhandari, 2001:15-16).

Women with higher child loss experience have higher CEB. Women with no child have 2.5, those with one child loss have 4.3 and those with two on more child dead have CEB of 6.5 (Acharya, 2000:27). Nearly 99 percent of infant deaths world wide occur in less developed countries. Death per every second is 1.3 is less developed countries compared to 0.4 in more developed countries (PRB, 2002).

# CHAPTER III

# METHODOLOGY OF THE STUDY

## 3.1    Study Area

The study was conducted at Bharatpur municipality 11 of Chitwan District. The target population is Kumal community which is in near the Bank of Narayani river.

According to 2001 cencus the total population of Bharatpur-11 19600. Among them, Kumal are 6155, Gurung are 4320, Dalit are 1450, Chhatri and Briman are 6500 and other 1175. So various cost and ethnic group of people live in this ward. Among the Kumal total population, 3158 are female and 2997 are male, but 3.16 percent are our sample poplation.

## 3.2    Selection of the Respondents

The study was carried out in Bharatpur-11. The Kumal community live only in Bhozed tole, Naurange tole, and Pokhari tole. Data was collected by the snowball sampling method. Data was collected, take 100 respondence and collect the information about fertility behaviour among ever married women at age 15-49 years of Kumal community.

## 3.3    Source of Data

Primary as well as secondary data have been used in this report. Primary data collected from field survey and secondary taken from previous studies. Published and unpublished documents like CBS, 2003 NDHS 2006 etc.

## 3.4  Research Tools

The questionnaires are main tools to collect information from the field. The questionnaires are only focuses on individual schedules, Women's literacy status, educational attainment, occupation, annual income. The questionnaire is asked to eligible women aged 15 to 49 years to collect information on age at marriage, number of CEB, number of children dead, income age at first birth and knowledge and use of family planning methods.

## 3.5 Method of Data Collection

This study is based on primary data collection from Kumal community of Bharatpur-11. Data is collect from the field survey by interview using structured questionnaire.

## 3.6  Conceptual Framework

The following conceptual framework is use in this study. The frame work suggests that socio-economic, demographic and background variables are independent variables which affect dependent variable, the number of children ever born.

Dependent and independent variables are shown in the conceptual framework. Independent variables are categorized as socio-economic variables demographic variables and background variable. There are five variables in socio-economic variable such as education, occupation, income, use of contraception and loss experience also ideographic variables. There three variables such as age at marriage, age and age at first birth and in back ground variable, religion are considered.

| Independent Variable | | Dependent Variable |
|---|---|---|

```
┌──────────────────┐      ┌──────────────────────────┐
│ Socio-economic   │─────▶│ Education                │
│ variable         │      │                          │
└──────────────────┘      │ Occupation               │
                          │                          │        ┌──────────────┐
                          │ Income                   │        │ Number       │
                          │                          │───────▶│ of           │
                          │ Use of Contraception     │        │ Children     │
                          └──────────────────────────┘        │              │
                          ┌──────────────────────────┐        │ Ever         │
                          │ Age                      │        │              │
┌──────────────────┐      │                          │        │ Born         │
│ Demographic      │─────▶│ Age at marriage          │───────▶│              │
│ variable         │      │                          │        │              │
└──────────────────┘      │ Age at first birth       │        │              │
                          └──────────────────────────┘        │              │
┌──────────────────┐      ┌──────────────┐                    │              │
│ Background       │─────▶│ Religion     │───────────────────▶│              │
│ variable         │      └──────────────┘                    └──────────────┘
└──────────────────┘
```
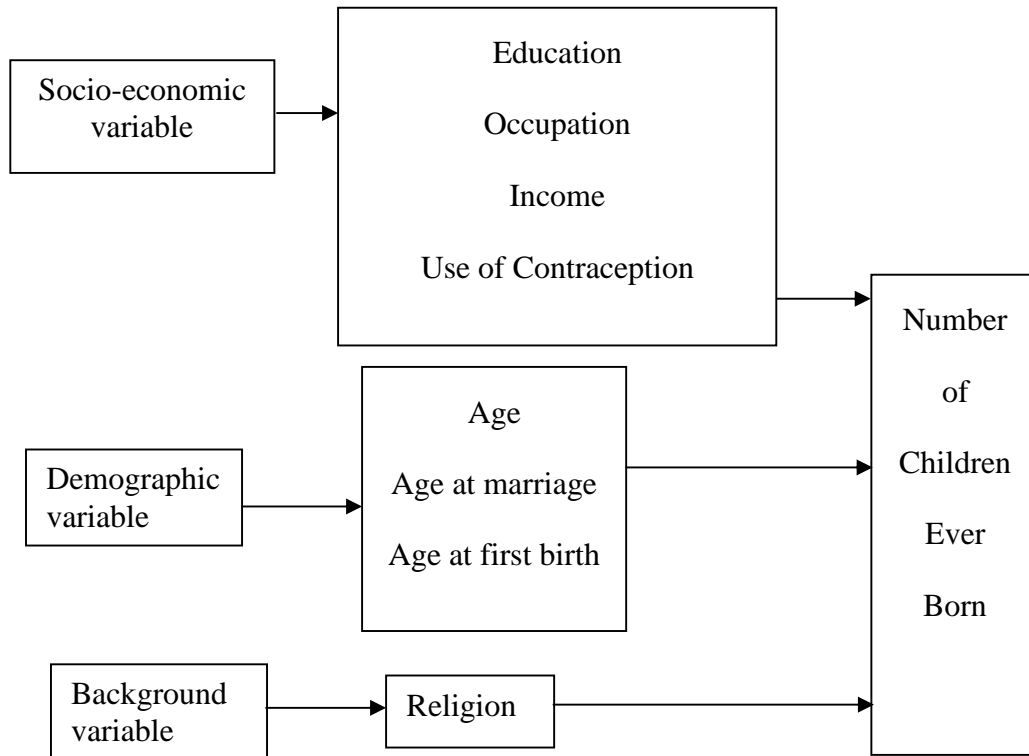
## 3.7 Data Processing and Analysis

In this study, data were presented and interpreted with the help of simple statistical tools, such as frequency distribution percentage, mean tables and cross tables, according to its necessary. SPSS software programme was used to manage the data and for tabulation purposes.

# CHAPTER IV

## SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENT

### 4.1    Background

The chapter describes the general demographic and socio-economic characteristics. Kumal people living in Bhavatpur Municipality, word no 11 representing socio-economics status affecting fertility among Kumal community.

### 4.2 Respondents by Age Group

Age is a very important factor in determining fertility which is directly related to reproductive age of women. Table 4.1 shows total respondents age classifieds by five year age group.

**Table 4.2: Distribution of Respondents (15-49 years) by 5 year Age Groups.**

| Age groups | Percent of the respondent | NDHS 2006, N = 10,793 |
|---|---|---|
| 15-19 | 9.0 | 12.6 |
| 20-24 | 13 .0 | 18.5 |
| 25-29 | 21 .0 | 16.4 |
| 30-34 | 10.0 | 12.4 |
| 35-39 | 16 .0 | 11.3 |
| 40-44 | 16.0 | 10.4 |
| 45-49 | 15.0 | 8.4 |
| Total | 100.0 | 100.0 |
| Number = 100 | | |

N = Women Respondents of NDHS 2006 Survey.

Source: NDHS, 2006

A total of 100 women were contacted during the study for interview. Data shows that maximum numbers of women (21.0 percent) are found in 25-

29 age group in comparison to 16.4 percent according to NDHS 2006. This is followed by age group 35-39 and 40-44 same (16.0 percent), and 15-49 age group, 20-24 age group, 30-34 age group15.0 percent, 13.0 percent and 10.0 percent respectively. Lowest numbers of women are seen in 15-19 age groups which is 9.0 percent of total women. The table 4.2 shows that out of total respondent 44.0 percent falls in the peak of their reproductive life 20-34 years of age. Difference the respondents according to the age in NDHS and field survey data, because of different study area of NDHS and field survey as well as small and big of the area.

## 4.3    Respondents by Religion

Religion is one of the important factors for determining fertility level. It also describes the socio economic background of the respondent.

**Distribution of the respondents by religion**

|  | Percentage |
|---|---|
| Hindu | 67.0 |
| Christians | 22.0 |
| Buddha | 10.0 |
| Islam | 1.0 |
| Total | 100.0 |
| Number = 100 | |

Source: Field survey, 2008

The table 4.3 shows the religious status where out of 100 women with age 15-49 years, 67.0 percent respondent women are found Hindu religion and 22.0 percent found Christian, 10.0 percent are Buddhist and 1.0 percent are Islam.

## 4.4 Respondents by Education Status

Educational status is directly related factor for determining fertility level. It depicts the socio-economic background of the respondent. It is essential to population in order to examine the factors determining fertility in any community.

**Table 4.4: Distribution of Respondents (15-49 years) by educational status**

| Educational status | Percent |
|---|---|
| Literate | 61.0 |
| Illiterate | 39.0 |
| Total | 100.0 |
| Educational attainment level of women | |
| | Percent |
| General | 37.7 |
| Primary | 14.8 |
| Lower Secondary | 24.7 |
| SLC | 14.8 |
| Certificate Level | 6.6 |
| Diploma Level | 1.6 |
| Total | 100.0 |
| Number = 100 | |

Source: Filed Survey: 2008

Table 4.4 shows the educational status of the respondents where out of 100 women with age 15-49 years, 61.0 respondents are found literate and only 39.0 respondents are illiterate. In the study area, minor of the respondents are unable to read and write. The factor may also have contributed fertility; fertility level is dependent on educational level. Moreover 37.7 percent women have attendant General Level and 24.7 percent women have attendant lower secondary level of the education. Similarly, 14.8 percent women have attendant Primary and same as SLC, 6.6 percent have attendant Certificate level and 1.6 percent women have attendant Diploma level of education.

## 4.5 Respondents by Occupational Status

Occupational status is another determinant of fertility; thus it is necessary of know the distribution of occupation of eligible women. It is show in table 4.5

**Table 4.5: Distribution of he respondents (15-49 years) by occupational status**

| Occupation | Percent |
|---|---|
| Agriculture | 53.0 |
| Wage worker | 11.0 |
| Service | 13.0 |
| Housewife | 17.0 |
| Foreign employment | 1.0 |
| Student | 5.0 |
| Total | 100.0 |
| Number = 100 | |

Source: Field survey: 2008

Table 4.5 show the occupational status of the respondents out of the total 53.0 percent respondents are employed in agricultural work representing highest percent, 11.0 percent respondents are employed in wage worker, 13.0 percent respondents are employed in service, 17.0 percent respondents are engaged in housewife, 1.0 percent respondent works in foreign employment and 5.0 percent respondents are participated in agriculture.

## 4.6 Respondents by Annual Income

Family and individual incomes in fulfilling the needs of the individual and family. Quality of life also depends upon the income of the people.

**Table 4.6: Distribution of Respondent (15-49 years) by annual incomes in Rs.**

| Annual incomes in Rs. | Percent | Mean Income |
|---|---|---|
| Below -1500 | 4.8 | 10870.59 |
| 1500-30.000 | 43.6 | 22558.82 |
| 30,000-45000 | 24.0 | 37526.32 |
| 45000+ | 10.3 | 87250.00 |
| Total | 100.0 | 30292.31 |
| Number = 78 | | |

(Note: 22 Respondents are not engaged in work for annual income (22.0 percent)

Source: Field survey 2008

Table 4.6 shows that the majority of women 43.6 percent respondents in the study area earn Rs. 15,000 to 30,000, followed by 24.4 percent respondents earn Rs. 30,000 to 45,000, 21.8 percent respondents earn below 15,000 and 10.3 percent respondents earn above Rs. 45,000. Mean income is 30,292.31 in each respondents.

## 4.7 Land Holding Status of Households

Land holding status also indicates the socio economic status of the household. Table 4.5 shows that 54.0 percent of respondents engage in agriculture out of them 12.0 percent respondents are landless. Those respondents who are only dependent on agriculture with landless due to the economic status, educational status and occupational status.

**Table 4.7: Distribution of household of the study Population by land ownership**

| Land in katha and bigha | Percent |
|---|---|
| Land less | 12.0 |
| Below 10 katha | 53.0 |
| 10-19 katha | 20.0 |
| 1 bigha | 15.0 |
| Total | 100.0 |
| Number = 100 | |

Source: Field survey, 2008

From this study 12.0 percent house hold has land less, 53.0 percent household has below 10 katha where as 20.0 percent household has 10-19 katha and 15.0 percent household has1 bigha and above.

## 4.8    Maintain the Household Income Status

Maintains the household income is the one of the important indicates the socio-economic. It directly or indirectly affect in fertility level.

**Table 4.8: Distribution of Respondent by maintain the household income at per annual**

| Maintain the H.H. income | Percentage |
|---|---|
| Yes | 64.8 |
| No | 35.2 |
| Total | 100.0 |
| Number = 88 | |

Note: 12.0 Respondent have not land.

Source: Field survey 2008

Table 4.8 shows that 12.0 percent household no land and only 88 .0 percent has land. Among the land holder house hold, 57 household (64.8 percent) maintain the household income at per annual and 31 household (35.2 percent) not maintain the household income at per annual.

**4.9    Respondents by Age at Marriage**

Marriage usually takes place at early age and is almost universal in Nepal. This tendency is also seen in the study area due to socio-cultural and religious belief which ultimately results high level of fertility. Age at marriage is classified in to four major groups which are given below.

**Table No. 4.9: Distribution of Respondents (15-49 years) by Age at marriage**

| Age at marriage | Percent | Mean Age at Marriage |
|---|---|---|
| 10-14 | 14.0 | 13.64 |
| 15-16 | 26.0 | 15.62 |
| 17-19 | 45.0 | 17.78 |
| 20+ | 15.0 | 21.53 |
| Total | 100.0 | 17.20 |
| Number = 100 | | |

Source: Field survey 2008

Above table shows that 49.0 percent women marry between the age group 17-19 year and followed by 26.0 percent who are married between the age group 15-16 years. Similarly 15.0 percent are married above 20 years. In finally 85.0 percent are married before 20 years in the study area. The mean age at marriage 13.64 in the age group 10-14 years, in the same way the mean age at marriage 21.53 in the age group 20 year and above. The table clear that lower the age at marriage lower the mean age at marriage and higher the age at marriage mean age at marriage and higher the age at marriage.

**4.10 Respondents by Age at First Birth**

It is assumed that women who are involved in farm given birth at early age compared to those who are involved in service, business, study and other non agricultural activities. Table 4.10 shows age of first birth of respondents.

**Table 4.10: Distribution of Respondents (15-49 years) by age at first birth**

| Age at first birth | Percent | Mean age at childbirth |
|---|---|---|
| 15-16 | 18.1 | 15.73 |
| 17-19 | 45.8 | 18.18 |
| 20+ | 36.1 | 21.53 |
| Total | 100.0 | 18.95 |
| Number = 83 | | |

Note: 17 respondent women have not given any birth

Source: Field survey 2008

From the table 4.10, it is found that majority of respondents 45.8 percent has given first birth in the age group 17-19 years followed by 36.1 percent has given first birth in the age 20 years above, and 18.1 percent women have given first birth in age groupa15 to 16 years. The total means age at first birth. is 18.15. The mean age at first birth  is 15.73 in the age group 15-16 years similarly, the mean age at first birth 18.18 and 21.53, the age at first birth is 17-19 and 20 year and above respectively.

## 4.11   Respondent Women by Child Ever Born

Number of children ever born plays a vital role to increase population in the world and is shown as measure of fertility. Child loss experienced of the women have higher CEB than others.

**Table 4.11: Distribution of Respondents (15-49 years) by children Ever Born**

| Number of children bearing | Number of Respondents | Percent |
|---|---|---|
| 1-2 | 35 | 42.2 |
| 3-5 | 35 | 42.2 |
| 6+ | 13 | 15.7 |
| Total | 83 | 100.0 |
| Mean CEB =3.4 | | |

Source: Field survey 2008

Table 4.11 show that 42.2 percent respondents have 1-2 and same percent 3-5 childbearing, In the 15.7 percent respondents have 6 and above. Child bearing. The mean child ever born is 3.4

## 4.12 Source of Knowledge and Media of Family Planning Methods

Knowledge of family planning method is an essential factor in promoting family planning service. The prevalence of family planning method is associated negatively with fertility media is one of the most important factor for determining use or non use of family planning methods. It is presented below.

**Table 4.12: Distribution of Respondents (15-49 years) by knowledge and media of family planning method.**

| Knowledge of F.P. method | Percent Number =100 |
|---|---|
| Yes | 97.0 |
| No | 3.0 |
| Total | 100.0 |
| Media from where F.P. method is shown as: | |
| Media | Percent |
| Radio | 15.5 |
| Television | 39.2 |
| Newspaper | 6.2 |
| Friends | 10.3 |
| Family member | 1.0 |
| Health post | 29.9 |
| Total | 100.0 |
| Number = 97 | |

Source: Field survey 2008

Table 4.12 presents the knowledge and media of family planning method out of 100 respondents, 97.0 percent of the respondents are fount to have knowledge about family planning methods and only 3 presents or respondents are found not to have knowledge about family planning methods. Out of the 97 women, 39.2 percent are found to have knowledge about family planning methods from the television followed by 29.9 percent from health post. Likewise 15.5 percent, 10.3 percent, 6.2 percent and 1.0 percent women are found to have knowledge about family planning methods from radio, friends, Newspaper and family member respectively.

## 4.13 Respondents by Usage and Type of Family Planning Method

Kumal community does not like to use family planning methods. Especially few males use F.P. methods compared to females. They believe that family planning methods are against their religion and cultural faith. But they

have started using family planning methods lately. Use of family planning plays a vital role to control fertility. The use of family planning method is associated negatively with fertility. The uses and types of F.P. method are presented below.

**Table 4.13: Distribution of Respondents (15-49 years) by use and type of family planning methods.**

| Family planning method | Percent Number=100 |
|---|---|
| Ever-Used | 50.5 |
| Never-Used | 49.5 |
| Total | 100.0 |
| Type of F. P. methods | |
| Male sterilization | 18.4 |
| Female sterilization | 28.6 |
| Condom | 6.1 |
| Depo provera | 16.3 |
| Pills | 32.6 |
| Total | 100.0 |
| Number = 49 | |

Source: Field survey 2008

Table 4.13 presents information on usage of family planning methods among interviewed women having knowledge about F.P. methods. Table 4.13 shows that 50.5 percent respondents are using family planning methods. Among them 32.6 percent have used pills, 28.6 percent have used female sterilization, 18.4 have used male sterilization, 16.3 have used Depo- Orovera and 6.1 percent have used Condom. In totality most of the females have used family planning method more than males.

## 4.14 Reason for Using and Non-Using Of F. P. Methods

Reason for non using family planning methods are against their religion and cultural faiths. The percentage distribution of reasons for using and non-using of family planning methods are shown below.

**Table 4.14: Distribution of Respondents (15-49 years) by reason for using and non using of family planning methods.**

| Reason of use | Percent Number = 49 |
|---|---|
| Due to spacing birth | 18.4 |
| Delay the first birth | 32.6 |
| Control birth | 49.0 |
| Total | 100.0 |
| Reason of non use | |
| Due to health problem | 20.8 |
| Desire of sons | 8.4 |
| Desire of children | 58.3 |
| Disagree of husband | 10.4 |
| Living Separated | 2.1 |
| Total | 100.0 |
| Number = 48 | |

Source: Filed Survey: 2008

Table 4.14 shows that majority of respondents use family planning methods to control birth 49.0, percent followed by delay the first birth 32.6 percent and due to spacing birth 18.4 percent. Similarly majority women don't use family planning method as it is desire of children 58.3 percent followed by reason due to health problem 20.8 percent. 10.4 percent are not using family planning method due to disagree of husband and 8.4 percent don't use family planning methods due to desire of son.

# CHAPTER - V

# FERTILITY BY SOCIO-ECONOMIC AND DEMOGRAPHIC VARIABLES

This chapter presents the effect of different socio-economic and demographic factors on fertility which is measured by mean number of children ever born to women of CEB is one of the reliable indictors for fertility.

## 5.1 Mean CEB and Age of Respondents

Age of women reproductive is one of the demographic factors influencing fertility. It is expected that as the age of married women increase the men number of children ever born also increase. The results of the survey are presented in table 5.1

**Table 5.1: Mean number of CEB of the study population by Age of the Respondents.**

| Age group | Number | Total Birth | Mean CEB | Mean CEB NDHS 2006 |
|-----------|--------|-------------|----------|--------------------|
| 15-19 | 9 | - | - | 0.1 |
| 20-24 | 13 | 15 | 1.2 | 0.2 |
| 25-29 | 21 | 39 | 1.8 | 0.4 |
| 30-34 | 10 | 27 | 2.7 | 3.3 |
| 35-39 | 16 | 48 | 3.0 | 4.1 |
| 40-44 | 16 | 64 | 4.0 | 4.6 |
| 45-49 | 15 | 91 | 6.1 | 5.3 |
| Total | 100 | 284 | 2.8 | 2.4 |

Source: NDHS 2006 and field survey

Note:

The following procedure is applied to calculate CEB

CEB    = Ba/Wa

Where, Ba    = Total number of CEB by women in age group 'a'

Wa    = Total number of women in age group 'a'

CEB    = Children Ever Born

Table 5.1 shows that higher the age of respondent, higher the number of children ever born. It also shows that the mean number of children ever born varies by age of women. The highest CEB of 5.3 reported by women of the age group 45-49 years. The lowest CEB of 0.1 as reported by women of age group 15-19 .The average number of children veer born in the study area is found to be 2.8 compared to 2.4 for Nepal reported by NDHS 2006.The number of men CEB found to here about the same reported by NDHS 2006.

In fact, the completed family size is 6.1 according to this study compared to 5.3 according to NDHS, 2006 which indicates that the study population ahs a higher CEB than the corresponding national figure but in reverse pattern for all other age group.

**Figure No. 5.1 : Means CEB of Respondent with NDHS 2006**

Mean CEB of Respondent with NDHS, 2006
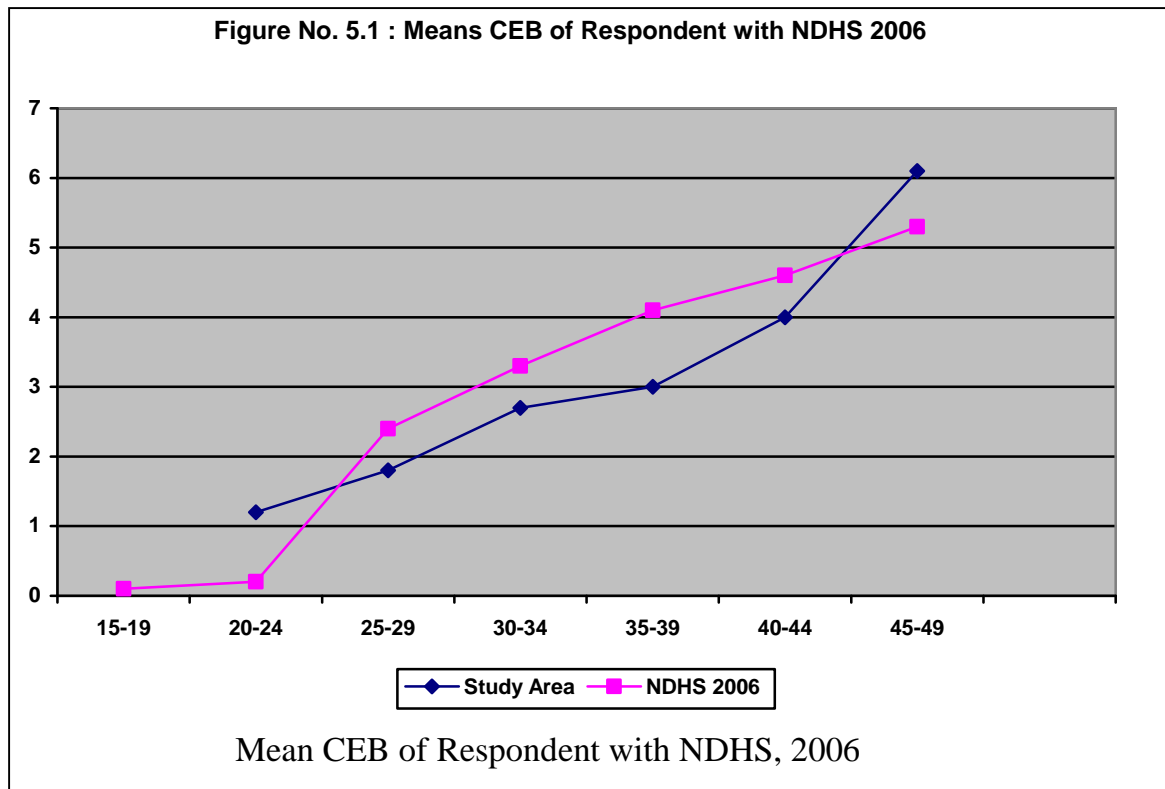
## 5.2 Age at Marriage and CEB

Age at marriage play a vital role in affecting fertility. Higher age at marriage is associated negatively with the woman number of CEB among the woman. Lower age at marriage is associated positively with the mean number of CEB among the woman. Age at marriage is shown in the table below.

**Table 5.2: Mean CEB of the study population by age at marriage**

| Age at marriage | Number | Total birth | Mean CEB |
|---|---|---|---|
| 10-14 | 14 | 85 | 6.1 |
| 15-16 | 26 | 88 | 3.3 |
| 17-19 | 45 | 86 | 1.9 |
| 20+ | 15 | 25 | 1.7 |
| Total | 100 | 284 | 2.8 |

Source: Field Survey

The 5.2 show the mean number of children ever born by age at marriage above the table shows that higher the age at marriage lower the mean number

of children ever born. The highest mean number of children ever born, 6.1 observed for women who are married between 10-14 age group followed by 15-16 years (3.3). The mean number of children ever born 1.9 is observed for women who were married at the age of 17-19 years. The children ever born is 1.7 observed for the age 10 years at marriage and above followed by mean age at marriage as 16 years in the study area.

## 5.3 Education and Mean CEB

Education of women is one of the main instruments for reducing fertility. Literatures have shown that educated women are more aware of the issue of their quality of children more than non-educated. Education has direct impact upon fertility which indirectly reduces the level of fertility.

**Table 5.3: Mean CEB of the study population by education**

| Education | Number | Total birth | Mean CEB |
|-----------|--------|-------------|----------|
| Literate | 61 | 103 | 1.7 |
| Illiterate | 39 | 181 | 4.6 |
| Total | 100 | 284 | 2.8 |

Source: Filed Survey: 2008

The table 5.3 shows that literate women have lower mean number of CEB more than illiterate women. The higher mean CEB 4.6 is observed among women with no education and the lower mean CEB 2.5 is observed among women who are educated.

## 5.4 Occupation and Mean CEB

Occupational status of women is one of the major indicators of fertility differentials. Occupation of women differs from one to another due to various

social and economic reasons. The results of this study survey are presented below.

**Table 5.4: Mean CEB of the study population by occupation**

| Occupation | Number | Total birth | Mean CEB |
|---|---|---|---|
| Agriculture | 54 | 196 | 3.6 |
| Wage worker | 12 | 33 | 2.7 |
| Service | 13 | 15 | 1.2 |
| House workers | 15 | 37 | 2.5 |
| Foreign employment | 1 | 1 | 1.0 |
| Student | 5 | 2 | 0.4 |
| Total | 100 | 284 | 2.8 |

Source: Filed Survey: 2008

Table 5.4 shows the occupation at status of the Respondents by children ever born. The highest mean CEB (3.6) is observed among women who are engaged in only agriculture followed by wage workers activities (2.7) the lowest mean CEB (0.4) is observed among women who are engaged in student and mean CEB 2.8 is observed among women who are engaged in agriculture activities.

## 5.5 Age at First Birth and Mean CEB

Age at first birth play vital role in affecting fertility. It is true that higher the age at first birth. Lower distribution of CEB by \age is shown in table 5.5

**Table 5.5 Mean CEB of the Study Population by Age First Birth**

| Age at first birth | Number | Total Birth | Mean CEB |
|---|---|---|---|
| Non having birth | 17 | 0 | 0.0 |
| 15-16 | 15 | 88 | 5.9 |
| 17-19 | 38 | 134 | 3.5 |

| | 30 | 62 | 2.0 |
|---|---|---|---|
| 20+ | | | |
| Total | 100 | 284 | 2.8 |

Source: Field survey 2008

Table 5.5 shows that age at first birth of the respondent and their children ever born. Highest mean CEB (5.9) is observed for woman who have given first birth at age 15-16 years. Mean CEB 2.0 is observed for women who have given first birth at age 20 years above and above total Mean CEB is 2.8.

## 5.6 Mean CEB and Child loss Experience

Child loss (infant child) is also an important factor which affecting fertility in developing countries people want to replace the dead childs by giving the next birth. So women with higher child loss experiences have higher CEB many studies indicate that their is a positives relationship between child mortality and fertility. In study area also the same relationship is found.

**Table 5.6: Mean CEB of the study population by child loss experience**.

| Child mortality | Number | Number of children ever born | Mean CEB |
|---|---|---|---|
| 0 | 74 | 204 | 2.7 |
| 1 | 5 | 19 | 3.8 |
| 2 | 13 | 57 | 4.4 |
| 3 | 1 | 4 | 4.0 |
| Total | 83 | 284 | 3.4 |

Source: Field survey 2008

Above the table 5.6 shows that higher the child loss experience, higher the mean number of children ever born women who have not experienced child loss reported lowest mean children ever born of 2.7 CEB is 3.8 for those with one child loss experience, 4.4 for those with two child loss experience and 4.0 for those with three child loss experience. Thus, as expected higher the child loss experience higher the number of CEB is observed.

## 5.7 Mean CEB and Annual Income

Income is another importance factor in differential .According to NDHS 2006 higher the income lower the CEB but the literature is not use in this situation.

**Table 5.7 Mean CEB of the study population by annual income in Rs.**

| Lave of income | Case | Number of CEB | Mean CEB |
|---|---|---|---|
| Have no- involve income source* | 22 | 44 | 2.0 |
| Below 15000 | 17 | 42 | 2.5 |
| 15000-30,000 | 34 | 120 | 3.3 |
| 30,000-45000 | 19 | 54 | 2.8 |
| 45,000+ | 8 | 24 | 3.0 |
| Total | 100 | 284 | 2.8 |

Note: (*seventeen are housewife and five are students)
Source: Field survey 2008

Above the table shows that CEB is 2.0 for women who have no involvement in work duration, they are depend on their husbands. CEB is 2.5 for women who have bellows Rs. 15,000 income, mean CEB is 3.5 for women who have Rs. 15,000-30,000 income, CEB is 2.8 for women who have Rs. 30,000-45,000 income and lost CEB is 3.0 for women who have Rs.45000 above. In the finding the table show that income is high CEB is also high because of the direct effect of the culture. According to the Hindu religion to have a son is a necessity to light funeral fire at ones death and attain salivation in the next life not to have a child is kind of social degradation for a couple.

## 5.8    Mean CEB and Knowledge of Contraception

In this study, the knowledge of contraception was tested by asking whether they gave ever heard about family planning methods and a complementary question was also asked about the use of contraception. Table5.8 shows the relationship between knowledge and CEB to the eligible women.

**Table 5.8: Mean CEB of the study population by knowledge of contraception**.

| Knowledge of contraception | Number | Total birth | Mean CEB |
|---|---|---|---|
| Yes | 97 | 267 | 2.7 |
| No | 3 | 17 | 5.7 |
| Total | 100 | 284 | 2.8 |

Table 5.8 shows that the mean number of CEB lower of women who have knowledge of contraception then those who do not have knowledge of contraception. From the above table 5.8, the mean number of CEB for women with contraception knowledge is 2.7 which is lower then that for those without knowledge (5.7). There is 3.0 children much difference between them and mean CEB 2.8 is found for all respondents from the present study.

## 5.9    Mean CEB and Use and non-use of Contraception

Contraception is one of the most important factors to control the fertility. Inverse relationship between contraception and fertility is seen in the study area (Table 5.9)

**Table 5.9: Mean number of CEB of the study population by use of contraception.**

| Use of contraception | Number | Total birth | Mean CEB |
|---|---|---|---|
| No heard about F.P. | 3 | 17 | 5.7 |
| Non-User | 48 | 118 | 3.1 |
| User | 49 | 119 | 2.4 |
| Total | 100 | 284 | 2.8 |

Above the table 5.9 shows mean children ever born between users and non-users. The highest number of children ever born 5.7 is found for women who have not heard about family planning method. Number of mean CEB is 3.1 who have  not used contraceptive method. The lowest number of CEB is

found 2.4 for women who have used contraception method. In finally, in the study area found that woman wants to number of children who have not use to contractive method as a result Mean CEB is comparatively high.

## 5.10 Mean CEB and Desire of Additional Children

Desire of additional children is one of the important factor which affecting fertility in developing countries. In the study are found that women have desire of additional children who have few children then not desire of additional children which is shown in the table 5.10

**Table 5.10: Mean CEB of the study population desire of additional children**

| Desire of additional children | Number | Total birth | Mean |
|---|---|---|---|
| Yes | 44 | 59 | 1.3 |
| No | 57 | 225 | 4.0 |
| Total | 100 | 284 | 2.8 |

Source: Field Survey, 2008

Above the table shows that, the highest level of mean Child Ever Born 4.0 is found for women who have not desire of additional children. Children ever born is lower (1.3) then not desire of additional children women who have desire of additional children.

# CHAPTER VI

# SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter attempts to summarize whole study and draw some conclusion as well as recommendations for policy implication and research issues.

## 6.1 Summary of the Findings

This study covers 100 respondents of ever-married women age 15-49 years. There are 6,155 people in the study area. The study is conducted in Bharatpur Municipality -11 of Kumal community and is focused on ever married women of reproductive age 15-19 years. This study has examined the socio-economic and demographic characteristic of the ward of Kumal community and analyze two relationship between fertility (CEB) and socio economic, demographic variables. The present study is based on primary data collected from individual's types of questionnaires. This type of questions are asked to all 15-49 years ever married Kumal women.

The findings of the study are summarized as follows:

〕 Among the 100 respondent the maximum number of women (21.0 percent) are found in 25-29 age group which is higher then the national figure in compression 16.5 percent according to NDHS 2006(Table 4.1 and 4.2).

〕 Out of the total respondent 67.0 percent are Hindu, 22.0 percent are Christian, 10.0 percent are Buddhist and 1.0 percent are Islam (Table 4.3).

〕 Out of total (population), 61.0 percent are literate and 39.0 percent are illiterate (Table 4.4)

〕 Out of total respondent 54.0 percent are engaged in agriculture sector , followed by 15.0 percent house worker, 13.0 percent  service and 12.0 percent earned wage worker (Table 4.5).

⟩ Out of the total respondent 43.6 percent have annual income is Rs15000-30000, 2.4 percent have Rs. 30000-45000, 4.8 percent have below 15000 and only 10.3 percent respondent women age 15-49 years have 45000 above annual income (Table 4.6).

⟩ Out of the 100 respondent 12.0 percent are landless and 88.0 percent households are land holders (table 4.7).

⟩ Out of the 88 land holder respondents 64.8 percent maintains the house hold income per annual (Table 4.8).

⟩ Most of the respondents 45.0 percent are married in the age group 17-19 years, 26.0 percent of respondents are married in the age group 15-16 years, 14.0 percent of the respondents are marred in the age group 10-14 years and 15.0 percent respondents are married in the age above 20 years (Table 4.9).

⟩ Out of the total 83 respondents 45.8 percent has given first birth in the age group 17-19 years, 36.1 percent has given first birth in the age 20 years above and 18.1 percent have given first birth in the age group 15-16 years (Table 4.10).

⟩ Out of total 83 respondents, 24.1 percent have 2 CEB and 1.2 percent have 9 and 11 CEB in each (Table 4.11).

⟩ Out of total 100 respondents 97.0 percent has knowledge about F.P methods but 3.0 percent do not have knowledge. Among 97.0 percent respondents, 39.2 percent has heard about F.P methods from TV and 1.0 percent from family members (Table 4.12).

⟩ Out of the total 97 respondent 50.5 percent have ever used and 49.5 percent have naver used family planning method. Out of the 50.5 percent family planning method used 32.7 percent have use pills and 28.6 percent have used female sterilization. Table no.4.13 shows that most of the female have used F.P method more than male (Table 4.13).

⟩ Out of the total 49 respondents, 49.0 percent respondents have using Family Planning methods to control birth and 18.4 percent has used family

planning methods due to spacing birth. Similarly, out of 48 respondents who have not used of FP method, 58.3 percent have desire of children (Table 4.14).

⟩ Out of the total 83 respondents 66.3 percent are happy from their children birth but 33.7 percent are not happy from their children birth. Among 33.7 percent respondents who are not happy from their children, 57.1 percent have desire of children. Similarly 42.9 percent have desire of son (Table 5.1).

⟩ The mean CEB of 6.1 is highest for women whose age group is 10-14 years at the time of field survey. Similarly the mean CEB of 1.7 is found in the age group 20 year and above (Table 5.2).

⟩ The mean CEB is higher with illiterate respondents more than that of literate respondent. The figure shows that 4.6 CEB has illiterate respondents and 1.7 CEB has literate respondent (Table 5.3).

⟩ The mean CEB is found highest (3.6) for women who are engaged in agriculture and the mean CEB is found lowest (1.0) for women who have reported their occupation as foreign employment (Table 5.4).

⟩ The highest CEB (5.9) is found among respondents who have given first birth at age 15-16 years and mean CEB is lowest (2.0) for those who have given first birth at age 20 years and above (Table 5.5).

⟩ The mean CEB is found highest (3.5) in 15,000-30,000 annual income but the mean CEB is found lowest (2.0) who have no annual income (Table5.7).

⟩ The highest CEB (5.7) is found among those respondents who have no knowledge about contraception and the lowest CEB 2.7 is found among those who have knowledge about contraception (Table 5.8).

⟩ The highest CEB (5.7) is found those respondents who have not heard about F.P method and lowest CEB 2.4 is found for those who have house contraception. But 3.1 CEB is found who have non-use of contractive.

This table clears that respondents have low CEB who have use contractive, respondents have high CEB who have not use of contractive (Table5.9).

) The highest CEB (4.0) is found those respondents who have not desire of additional children but the lowest CEB (1.3) is found those respondents who have desire of additional children. (Table 5.10).

## 6.2 Conclusion

The lowest duration of marriage is seen playing a significant role in increasing the number of CEB from the present study. It is observed that low age at marriage result high CEB, also higher the age at marriage lower the fertility is observed. (Table 5.2)

) The education of women seems playing an important role in decreasing the mean number of CEB, In the study area, illiterate women having high CEB .occupation has also seen playing an important role for the reduction of fertility. Most of the women are engaged in agriculture and wage earner so they are found to have more children which have higher CEB than other occupation (Table 5.3 and 5.4).

) Age at first birth is another reason for the increase in fertility. Higher the age at first birth lower the CEB and lower the age at first birth higher the CEB, similarly, higher the income higher the CEB and lower the income lower the CEB in the case of culture in the study (Table 5.5 and 5.7).

) Child loss is an important indicator for the increase in the fertility. Child loss experience women have high mean CEB then those where no experience of child loss (Table 5.6).

) Knowledge and use of family planning methods especially female method are found high but use of family planning methods are very significant after the first birth. There is high level of contraceptive use to control birth. This indicates that couples tend to give first birth soon after marriage. This may be because of making the marriage life strong (Table 4.13, 4.14).

## 6.3 Recommendation

### 6.3.1 Policy Recommendation

Based on the finding and conclusion made in this study, following recommendations may be fruitful for the advancement in the respective issue.

- To reduce the fertility, early age at marriage of female should be discouraged. Incentive programme should be lunched to change in the attitude of society for decreasing age at marriage.

- To reduce the fertility, informal education and family planning related awareness creation progrmme should be given for married women.

- Most of the Kumal women are engaged in agriculture, out of them some are landless so they shift of agriculture to non agriculture occupation will be more effective to decline fertility.

- Awareness programme related to child and maternal health should be lunched to reduce infant and child mortality .Besides this progrmme; mass immunization, nutration child and maternal health care facilities, cheap medical facilities may help to reduce infant and child mortality.

- Since level of women's education seems effective in rising female age at marriage emphasis should be given on improving educational level of women by educating all girls of school going ages. For this, education for all girls should be made free and compulsory and they should be encouraged to improve the length of school years.

- To reduce fertility, there should be IEC service and availability of contraceptive method in order to increase prevalence of contraceptive use.

- To reduce fertility information about the family planning methods. (permanent and temporary), their effective and the impact on the mother health should be provided.

### 6.3.2 Recommendation for future research

This study examined the relationship by suing limited socio-economic and demographic variable i.e. education, occupation age of women, age at first birth level of income, age at marriage child mortality and knowledge of FP etc. And analyzed the fertility in term of mean CEB other socio-economic variables like cultural norms, value of children, religious belief and sex preference etc could also be used to examine the relationship in the future research.

Other demographic variable ecological, biological and psychological variable can be taken in to consideration as future researcher issues.

It is strange to 100 ever married women, hence future investigation needed in this data.

This study has been carried out only for quantitative data so that further study may be carried out in qualitative data process.

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# Tribhuvan University

## Central Department of Population Studies

## Kirtipur, Kathmandu

### ATTITUDE OF CHILD WATCH AND FERTILITY IN KUMAL COMMUNITY OF EVER MARRIED WOMEN AT AGE 15-49 YEARS

(A Case Study of Bharatpur Municipality - 11 Chitwan District)

## QUESTIONNAIRE

District:

Municipality:

Ward No.:

Name of women:

## Group 'A'

| S.N. | Question | Cording | Skip |
|------|----------|---------|------|
| 1. | What is your completed age? | ………………….. | |
| 2. | What is your religion? | 1) Hindu <br> 2) Buddha <br> 3) Christian <br> 4) Islam <br> 5) Others | |
| 3. | Can you read and write simple letters? | 1)Yes <br> 2) No ⟶ | 7 |
| 4. | Have you ever attained school? | 1)Yes ⟶ <br> 2) No | 6 |
| 5. | If you did not admit to school, how did you achieve education? | 1)Family member <br> 2)Informal education <br> 3)Others | |
| 6. | What is the highest grade your completed? | 1) General <br> 2) Primary <br> 3) Lower secondary <br> 4) SLC <br> 5) CL | |

| | | 6) DL<br>7) ML<br>8) Secondary | |
|---|---|---|---|
| 7. | What is your main occupation? | 1) Agricultural<br>2) Wage worker<br>3) Service<br>4) House workers<br>5) Foreign employment<br>6) Student<br>7) Others | |
| 8. | Had you been working during the past 12 months? | 1) Yes<br>2) No ————————————→ | 11 |
| 9. | How many month did you work? | 1) 1-3 month<br>2) 1-6 month<br>3) 6 month above | |
| 10. | How much in come did you get? | Rs. ………………. | |
| 11. | How much land is owned by your household? | 1) Bigha<br>2) Katha<br>3) Dhur<br>4) Land less ——————→ | 13 |
| 12. | Can you maintain the household income at per annual? | 1) Yes<br>2) No | |
| 13. | What was your age, at time of first marriage? | ………….. year | |
| 14. | Have you children? | 1) Yes<br>2) No | |
| 15. | Have you had any birth during the past year? | 1) Yes<br>2) No | |
| 16. | Are you pregnant now? | 1) Yes<br>2) No | |
| 17. | How many children do you think ideal for your family? | 1) No. of Son ……….<br>2) No. of Daughter ……..<br>3) Total …………. | |
| 18. | Do you have any desire of additional children? | 1) Yes<br>2) No | |
| **If do not birth children, go to group 'C'** | | | |
| **Only for child birth women<br>Group 'B'** | | | |

| 19. | What was your completed age when you gave birth first child? | ……………. year | |
|---|---|---|---|
| 20. | How many children have you given birth so far? | 1) No. of son .......... <br> 2) No. of daughter… <br> 3) Total ………… | |
| 21. | How many sons and daughters do you have alive now? | 1) No. of Son………… <br> 2) No of daughter…… | |
| 22. | Among your live birth did any children die? | 1) Yes <br> 2) No ⟶ | 24 |
| 23. | How many son and daughters have died? | 1) No of Sons……… <br> 2)No of daughters… | |
| **Group 'C'** | | | |
| 24. | Have you done abortion intentionally? | 1) Yes <br> 2) No | |
| 25. | Have you heard about the family planning? | 1) Yes <br> 2) No ⟶ | 32 |
| 26. | What is the first source of information about family planning method? | 1) Radio <br> 2) Television <br> 3) Newspaper <br> 4) Friends <br> 5) Family member <br> 6) Health Post <br> 7) Others | |
| 27. | Have you ever used any type of family planning method? | 1) Yes <br> 2) No ⟶ | 31 |
| 28. | What type of family planning method have you used? | A) Permanent <br> 1) Male sterilization <br> 2) Female sterilization <br> B) Temporary <br> 1) Condom <br> 2) Depo-Provera <br> 3) Pils <br> 4) Coperty <br> 5) Others | |
| 29. | In which time do you use? | 1) Before 1st birth <br> 2) After 1st birth <br> 3) In both time | |
| 30. | What is the main aim of using that method? | 1) Due to special birth <br> 2) Delay the 1st birth | |

| | | 3) Control birth | |
|---|---|---|---|
| | If asked the Q.N. 30, do not asked the Q.N. 31 | | |
| 31. | Why do not use the family planning method? | 1) Due to health problem<br>2) Due to social problem<br>3) Disagree of husband<br>4) Desire of son<br>5) Desire of children<br>6) Others | |
| 32. | In this time are you happy for your child birth? | 1) Yes ⟶<br>2) No | 34 |
| 33. | Why are not satisfied from your children? | 1) Desire of son<br>2) Desire of daughter<br>3) Desire of children | |
| 34. | What's your marital status? | 1) Married<br>2) Widower<br>3) Divorced<br>4) Separated | |