

CHAPTER - ONE

INTRODUCTION

1.1 General Background of the Study

Fertility is one of the component of population dynamics that determine the size and structure of the population of a country. Fertility is the ultimate behavior is the process of giving births, which is interacted with the ambient environment and environment is within the biological limits of human psychological as well as economic and political factors are found to operate determining the levels and differentials of fertility (Bhende and Kanitkar,1994).

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

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

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

Nepal is one of the poor countries in the world where population growth rate is high compare to other Asian countries. The socio-cultural norms favoring sons, low literacy rate of women, poor economic condition and

low social status of women and cost of bringing up children are some of the leading factors which are related to high fertility in Nepal. According to Dahal (1989), a woman in Nepal becomes a woman only when she performs her role as mother and her status in fully decision making is much higher in Tibet; Barman groups, the level of their fertility is surprisingly much higher in compare to the Indo- Aryan groups.

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

Among the total caste\ ethnic group of Nepal, about 20 percent are with the Dalit community (Mamab- Maryad, 1991:4). Fertility is generally determined by the psychological factors and their interplay with social, cultural, economics and modernization factors. Also society's by their socio- economic characteristics have different level of fertility is determined by religion culture, women's education, occupation sex performance, use of devices, age at marriage etc. affect the fertility behavior of any groups and community.

The dominate socio-cultural domes have been socially and culturally pro-natalist in Nepal. A large number of children are considered as a symbol of well being. The root cause of prevailing high fertility in Nepal is of almost universal marriage and demand for children in economic, social and cultural lives (W B, 1992).

As caste\ ethnicity is determinant of the way of life of most Nepalese (Niraula and Shrestha, 199:13). The difference among caste\ ethnicity and community groups are rooted in their cultural background, social relations

and family systems and are reflected in religion, occupation, age at marriage and reproductive behaviour. It is argued that apart from prices and incomes considerable differences in fertility are influenced by religious and linguistic boundaries, across cultures and across societies at different levels of development (Lee and Bulatao, 1983).

The status of women in Nepal is very poor and low status of women leads to high fertility. According to Dahal (1989) a woman in Nepal becomes a woman only when she performs her status fully validated only after the birth of many children especially sons. Though the decision-making is much higher in Tibeto- Burman groups the level of fertility is surprisingly much higher as compare to the Indo- Aryan groups.

The causes of determining the level of fertility and contraceptive use are difficult to ascertain. Use of family planning method is very important for reducing the fertility. Prevalence rate is very low in Nepal compare to south Asian countries.

1.2 Statement of the Problem

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

Religious communities are distinct in any society. The main causes of prevailing high fertility in Tamang are almost universal marriage and their demand for children in social and cultural lives. Tamang form Tibeto-Burman speaking community and having cross-cousin marriage system (Dahal, 19989). Higher fertility is found in this community compared to other cast and ethnicity group of Nepal. For example in 1996, total

fertility rate for Brahmin has 5.67, Chettry has 6.67, Newar has 4.89, and Tamang has 7.03 (Niraula and Shrestha 1997: 13-14).

Nepal is facing rapid population growth due to several reasons. One is high fertility. Use of family planning method is very important for reducing the fertility. On the other hand, the fertility behaviour of married women is affected by several socio- economic factors. Decline in the fertility requires improvement in quality of life of people through increasing level of income and education as well as improvement in the working status. The persistence of high fertility in Nepal due to lack of popular demand of family planning which depends more on the socio- economic and cultural environment (Tuladher, 1989).

1.3 Objectives of the Study

The general objective of this study is to find out fertility behaviour of Tamang women.

The specific objectives of the study area as follows:-

1. To identify the socio-economic and demographic characteristics of Tamang women of Nijgadh VDC.
2. To examine the relationship between children ever born and some socio-economic and demographic variables of the age group 15-49 years.
3. To describe the status of their knowledge and uses of family planning.

1.4 Hypothesis

This study will be based on the following hypothesis.

1. This study is limited to fertility behaviour of Tamang women of Nijgadh VDC of Bara District.
2. There is an inverse relationship between age at marriage and fertility.
3. There is a positive relationship between education and fertility.
4. There is an inverse relationship between occupation and fertility.
5. There is an inverse relationship between contraception use and fertility.

1.5 Limitation of the Study

Every study has its own limitations due to limited time, place and problem of economic facilities. This study is based on the sample data collection from Nijgadh VDC Bara. This study has also limitations which are as follows:-

1. This study is limited demographic and socio- economic variables are considered to explain the fertility behaviour in terms of mean CEB.
2. The respondents of the study area only those who are ever married women of age between 15 to 49 years.
3. The respondents of the study area Knowledge and uses of contraception.

1.6 Significance of the Study

There are number of studies conducted at the National Level and of the other ethnic groups. The poor ethnic minorities are often left by the researchers, while they might have significant role in the overall fertility behaviour of the country. The “Tamang women of the Nijgadh VDC “are impoverished and supposed to have less exposure to the modern World. However, they inhabit in a village near by the village of Brahimins, they possess the different levels of norms and values which might have an impact on their fertility behaviour.

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

1.7 Organization of the Study

This Study is organized into six chapters. The first chapter discusses the background of the study, statement of the problem, objectives of the study, hypothesis, limitations of the study, significance of the study. Second Chapter presents the survey of pertinent literature in which various books, articles and reports to the study. The third chapter forwards the methodology. It includes sources of data, sample design and question designs, methods of data collection. The fourth chapter deals with socio-economic and demographic variables of the population. The fifth chapter deals with the main analysis of the study and the six chapter deals with summary, conclusions and recommendations.

CHAPTER - TWO

REVIEW OF RELATED LITERATURE

The model of Easterlin (1976) about fertility is related to the economic cost benefit analysis of the children. It uses natural fertility, desired fertility and optional fertility. Natural fertility is that number of birth of a family that is entirely depending on health and sexual behaviour of family members. The number of children are as desired by a couple in which cost of fertility remains zero is the desired fertility. The optional fertility is the result of maximization of utility with budget remaining (Easterlin, 1976).

2.1 Theoretical Literature

The Demographic Transition Theory

Several theories to explain the differentials of fertility. The demographic theory by Donaldson (1991) it is mentioned that the idea that fertility is controlled living standard defined in economic; if not socio- economic terms can be found in the western literature as early as found in the eighteenth century. In the early 1730's Richard cotillions produced important economic treaties. He wrote that man often refrain from marrying when they cannot anticipate being able to support the expected offspring at their established standard of living. He didn't mention control of fertility with in marriage given his garish heritage. His words give insight into the garish and European solution of delayed marriage or celibacy under conditions where there is little control of fertility.

It is frequently argued that high infant and child mortality causes high fertility. The first is labeled to the physiological effect related to the face of the infant born at the onset of the interval on circumstances where mother typically nurses the newborn children. It has been proved that location in habits conception through prolonging postpartum amenorrhea

(Knowdel, 1978). An infant death by prematurely interrupting location allows ovulation to resume sooner and in the absence of contraception results in an earlier subsequent pregnancy. The second way is tabled to the child releasing these who die young until that reach some number of surviving progeny, they consider sufficient (Park et al, 1973).

Bhende and Kantikar (2002) quite differently argues that through the birth of a child is basically a biological phenomenon, childbearing in any society occurs in social set up and is, therefore affected by the social structure as well as social customs, values and norms related to various aspects of childbearing. For instance, an understanding of social norms and customs concerning the sexual behaviour of man and women is relevant in the study of fertility, for example conception results from the sexual act. As values systems usually demand that reproduction should take place within wedlock, the social norms and customs regarding marriage in any society also effect social reproduction. The point to note is that, within the physiological limits set for human reproduction by nature, a number of social, cultural and psychological factors influence the levels of and different in fertility of any society.

Kingsley Davis and Judith Blake explain the intermediate variables in 1956. The process of childbearing involves a series of physiological events. As the each process is biological, cultural and economic factors, these affect all the stage of childbearing. Davis and Blake listed eleven intermediate variables. They again categorized these eleventh intermediate variables into three groups:-

1. Factors affecting exposure to intercourse (intercourse variables).
2. Factor affecting exposure to conception (conception variables).
3. Factor affecting gestation and successful parturition (gestation variables)

Each of these intermediate variables can have either a positive or negative effects on fertility. The fertility level in any society is determined by the

combined effect of all these variables. All of these variables are presented in every society. Each can be operated to reduce to enhance fertility.

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 the society. According to the hypothesis, decreases in fertility begin after the society has reached a certain level of social and economic development (UN, 1973).

Arsene Dumont (1956) wrote that a column of liquid should be thin in so a family must be small in order to rise above in the social scale. These motivation factors operating at the individual and social lively are important for explaining reproductive behaviour (Bhende and Kanitkar 1996: 34).

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

Nag (1978) postulated a set up eight variables under Easterlin framework which are:-

- I. Labor value of children.
- II. Children value as old as society.
- III. Infant and child mortality.
- IV. Age at marriage.
- V. Proportion of never married.
- VI. Incidence of widowhood and widower.
- VII. Infecundity due to breastfeeding, malnutrition, disease physique, psyche and monetary cost.
- VIII. Economic cost of children.

The threshold hypothesis developed by united Nation in the year 1963 indicated that there is an interrelationship between level of fertility rate and general socio- economic development of a society. According to this

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

Bongaarts and Potters (1983) pointed out that the proximate determinants of fertility are biological and behaviour factors through which social, economic psychological and environmental variables affect fertility. Bongaarts and potter have identified seven proximate determining variables of fertility:-

- I. Marriage
- II. Contraception
- III. Induced abortion
- IV. Post- partum infecundability
- V. Spontaneous intrauterine mortalities.
- VI. Waiting time to conception.
- VII. Permant sterility.

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

- I. Age at marriage
- II. Post- partum infecundability.
- III. Use of contraception
- IV. Induced abortion

In 1960 Blake studies three variables number of children, quality of children and family income, came to be conclusion that, although one would expect that facilities with higher income want more children then facilities with lower income, later end of with more- children because the lack of contraceptive knowledge and have lower quality children (Lebenstein, 1979).

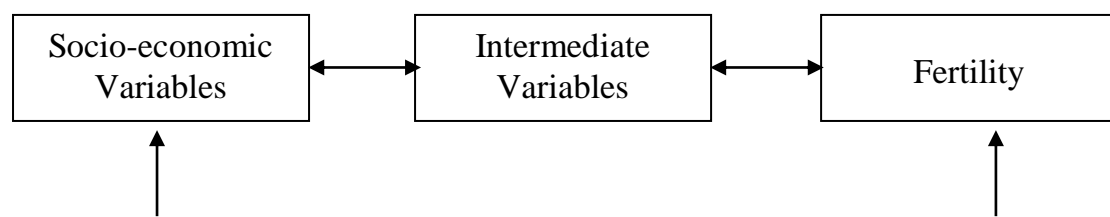
Islam and Khan (1995) applying path analysis to data from 1989 Bangladesh fertility survey found that female age at marriage has a significant direct negative influence on fertility. Thus, rising the female

age at marriage by implementing a minimum age at marriage is likely to lower fertility. Duration of breastfeeding is also found to have a significant direct negative effect on fertility.

Dahal (1993) quotes that the government of Nepal has already adopted to a number of population policies to curb fertility. These include a wide spectrum of family planning programs, changes in the law to increase the age at marriage and the introduction of a number of important fertility regulating measures, such as employment for women, free education for primary school children and improving health conditions to reduce infant and maternal mortality rates. Despite all these good efforts, these conventional measures are not effective enough in reducing the fertility rate in Nepal. In other words, a number of widely held theories of fertility change are insufficient to explain the forces of fertility change in Nepal. Alternative approaches consist of better ways of understanding the patterns of mutuality family planning and family and kinship structure of the traditional Nepali society. All of these factors are deeply embedded in the cultural values of people and affect fertility behavior.

Davis and Blake's intermediate variables framework of fertility change consists of all variables relating to reproductive process of mankind, (UN, 1973: 78) on the basis of these explanations on fertility variation with respect to socio-economic and intermediate variables, we can conceptualize the framework as given below.

Framework of socio-economic and Intermediate Variables.



Source: Bhenda and Kanitkar

According to this hypothesis socio-economic change have an effect on fertility through the intermediate variables (proximate determinants). his

type of relationship between fertility and socio- economic changes indirect relationship of fertility change with change in socio-economic variables.

2.2 Empirical Literature

2.2.1 Education and Fertility

There is inter- relationship between education and fertility, education has been considered a catalytic agent to reduce fertility in Nepal. Educated women are more aware of the issue of quality of children than the non-educated (Rishal and Shrestha 1989).

According to Nepal demographic health survey 2001, there is strong association between fertility and education have TFR 4.8 where as women with primary 3.2, women with secondary education have 2.3 and women with SLC and above education have 2.1 (MOH, New ERA and Cacro, International, 2001).

This indicates that the level of schooling determines the women fertility. There is a weak inverse relationship between respondent's education and polygamy. The proportion of married women in a polygynous union is 5 percent among uneducated women who have at least SLC level of education. The corresponding data for mean is 4 percent and 1 percent respectively. This indicated that as the level of schooling increases both women and men are less like to be in a polygynous union. The desire to limit childbearing is more apparent at higher levels as 68 percent of women with no education want more children compared with 59 percent of women with at least SLC (NDHS 2001:11) World Bank 1984: 3000 household randomly selected from three districts of Kerala state shown that the average number of CEB was lower for better education than for illiterates i.e. 2.1. For women with three or more yrs of schooling and 4.5 for women with no schooling .That survey also showed that average completed fertility of the highly educated women 4.4 was less than that these counter parts with no schooling (8) by 1.4 children (WB, 1991).

2.2.2 Age at Marriage and Fertility

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

SMAM using never married population by sex. The SMAM for males has steadily increased from 19.5 years in 1961 to 22.9 in 2001 and the corresponding figures for females were 15.4 and 19.5. The male and female gap in SMAM was 4.1 years in 1961, which has declined to 3.4 by 2001. A study claims that women marrying between 20 and 24 have similar fertility that of those marrying before age 20. Only if the marriage age reached 25 or over would there is a significant reduction of fertility. Perhaps this is one of the reason for persistent of fertility in Nepal (Karki, 2003:52).

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

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

2.2.3 Occupation and Fertility

Occupation is one of the socio-economic factors that identify sub-groups with destined level of fertility. When differential by occupations are

considered, the mean number of CEB per ever married women is the highest for farm and sales workers (2.7).

Similarly, the lowest fertility is observed among the professional administrative and electrical workers (1.6). This means that the fertility level of white colour female workers is lower than that of other groups (CBS1995:78). The work status of employment of women determines the level of fertility behavior. According to World Fertility Survey, women who work in Nurse or administrative sector marry at average 24 years later than those who work in domestic and agricultural sectors.

2.2.4 Use of Contraception and Fertility

The prevalence of contraception has been one of the major determinants in any society. The practice of family planning began in Nepal in the late 1950's through non-governmental sector. Government supported family planning services started as early as in 1968. The retention rate is low and contraceptives are not generally used, if all, until after three or more birth (Dahal,1987). Tuladhar also (1989) noted the cumulative fertility of family planning users is higher than that non-users.

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

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

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

women with fewer numbers of sons or not sons do not use contraception. The pitiable situation in Nepal is that only 34 percent of reproductive women with 5 children had used contraception in 1996 (Acharya, 1999:5). According to Fertility planning and Health Survey 1991, 93 percent married women of age 15-49 years knew at least one method of family planning methods. The demand for contraceptive was 50.5percent but the rate of current users was seen low.

2.2.5 Infant and Child Mortality and Fertility.

According to NHFS 1991, higher CEB to the younger women at age 30 was seen. The reproductive performance is affected by the experience of child loss which affects the number of Children Ever Born (Adhikari, 1996, 7-8).

Gubhaju (1991), it has been found that irrespective of the length of preceding birth interval, the probability of children dying at infant period is considerably higher among mothers whose previous child has died than those whose previous child is alive. So, it is seen that there is a close relationship between fertility and infant mortality. According to Nepal Demographic Health Survey 2001, the CEB of currently married women aged 15-49 years was 2.79 while mean CEB was 3.9. Therefore, the independent relationship between fertility and infant mortality suggests that a reduction in infant and child mortality will trigger a subsequent decline in fertility. It has also been found that a lower IMR motives couples to produce fewer children (MOPE, 2004).

2.2.6 Sex Preference and Fertility

There is direct relationship between sex preference and fertility. Many researches have shown that desire of son is the main cause of high fertility in Nepal. Karki (1988), examined the sex preference and specific value of son, daughter to parents in Nepal using urban and rural data in 1979. Ideal family size among all respondent was on average three children with two sons and one daughter. The preferred sex composition was reported by about 90 percent of all respondents. Among those who reported that they were currently using contraceptive, the many number of living son was higher than the mean number of living daughter for all respondents. Most couple had at least one son and on the average three to four birth before adopting contraception. Sons are preferred to daughter by Nepalese parents mainly for socio- economic and religious reasons as reported elsewhere in many developed society. The finds indicate that the economic motivate for having both sons and daughters maybe weakening in Nepal, but preference for son does exist (Karki, 1988:27-28).

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

2.2.7 Cultural, Religious Value and Fertility

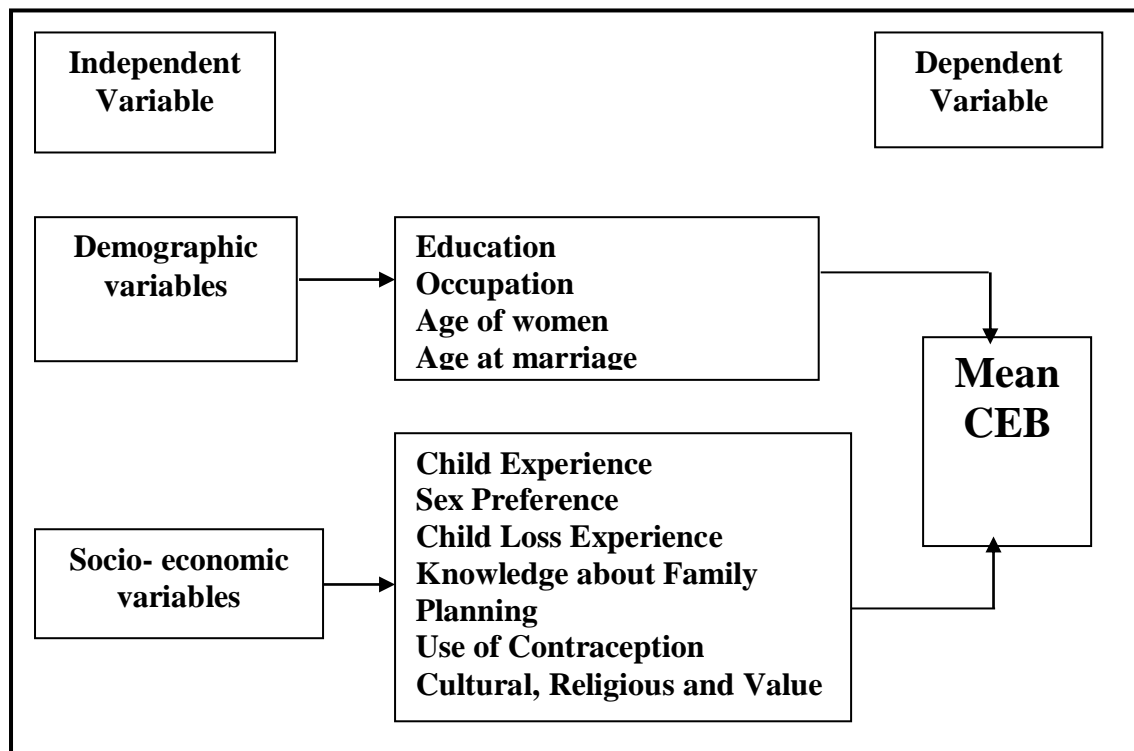
Different fertility can be observed in the different cultural and religious societies. By culture and religion Nepali society is pro-natalist. A major cultural component of Nepali women is child bearer. A woman becomes a real woman only when she performs her role as mother and her status is fully validated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

2.2.8 Lack of Communication between Husband and Wife on Family size and Fertility.

The lack of communication between husband and wife is regarded as one of the response for not using contraception in Latin America and Asian Societies. The majority of currently married women in Nepal reported that they never discussed about family size with their husband. The proportion of women who have had communication with their spouses was higher among younger and the educating than among the older and uneducated women (Tuladhar 1989:210& 12).

2.3 Conceptual Framework

This study is concerned about fertility behavior among Tamang women of Tamang community of Nijgadh VDC in Bara District. In this study, the researcher has considered the following conceptual framework for studying of the fertility behavior of Tamang women of Nijgadh VDC.



In this study, educational and occupational status of respondents to determine the age at marriage, child loss experience, sex preference and knowledge and uses of family planning method. Because the education is women is directly associated with the age at marriage and their knowledge and affect on family on family planning. Occupational status of respondents the household generally reflects the improved condition regarding age at marriage, child loss experience knowledge and uses of family planning which are affect on fertility behaviour. This conceptual frame work shows independent variables and the dependent variable i.e. number of mean CEB.

CHAPTER - THREE

RESEARCH METHODOLOGY

This Chapter deals with the techniques which are applied for the study. It describes selection of the study area, research design, sampling procedure, sources of data, questionnaire design and methods of data collection.

3.1 Selection of the Study Area

The study area is chosen Nijgadh VDC of Bara district. It is situated in central development region. Bara district is located between 26.51" to 26.22" north longitude and 84.51" to 85.16" east latitude. The forest area covers around 40 percent land of the district. The major hill peak in this district is Chure hill. The Nijgadh VDC is situated between Bakeya river and Bhamara river.

The VDC has the maximum temperature of 42°C with an average of 26°C to 37°C in summer and minimum of 0°C with an average temperature of 7 to 8°C in winter. The annual average rainfall is 1760.9 mm.

Similarly the people of different caste/ ethnic groups reside in this VDC.

Mainly with Tamang, Brahmin, Chhetri, Newer, Rai, Magar, Tharu , kami and Damai. The VDC is naturally beautiful.

3.2 Research Design

The design of study is basically non-experimental as it is suitable for collection descriptive information as well for doing small cases studies (Andrew Fisher, et. al. 1983). In this study to examine the fertility behaviours, demographic and socio-economic variables, age at marriage, knowledge and uses of contraceptive, child loss experience ,sex performance, education and occupation.

3.3 Sampling Procedure

In this VDC I study three wards 4,5 and 6. In this ward there are 298 Tamang household and total populations 622 (According to Nijgadh Magazine 2007) in the study area. According to random sampling method 75 household were selected in a sample of out of 298 household. The random was prepared to select the household number. According to the purpose of study .The respondent were married women age 15-49 years. Although there were more respondents household because one respondent can represent the socio- economic status of that household. The sample size is small due to limited time and other factors as well.

3.4 Sources of Data

In this study is based on primary data generated from field work using structure questionnaire from 75 sample households. Married women of reproductive age 15-49 years and their head of household are the main sources of data. Head of household are interviewed for household characteristics and women reproductive age are for individual characteristics and fertility practices and behaviour.

3.5 Questionnaire Design

Different questions are used to collect the information .There are two type of questionnaire were used in this study.

3.6 Individual Questionnaire

Individual questionnaire was asked to married women in reproductive age 15-49 years and individual questionnaire included age at marriage, educational background, occupational status, knowledge, attitude and practice of contraceptive and other fertility behaviour.

3.7 Method of Data Collection

The total numbers of 75 household were selected by random sampling method. Although the draft of the interview schedule is prepared in English but the translation was done in the simple Nepali language for the interview. The data collection was continued until all the sample households were interview.

CHAPTER - FOUR

BASIC CHARACTERISTICS OF SAMPLE POPULATION

Respondent's characteristics are important in the analysis of fertility behaviour. Among various background of variables of socio-economic and demographic characteristics are analyzed in this section.

4.1 Religion of Respondents

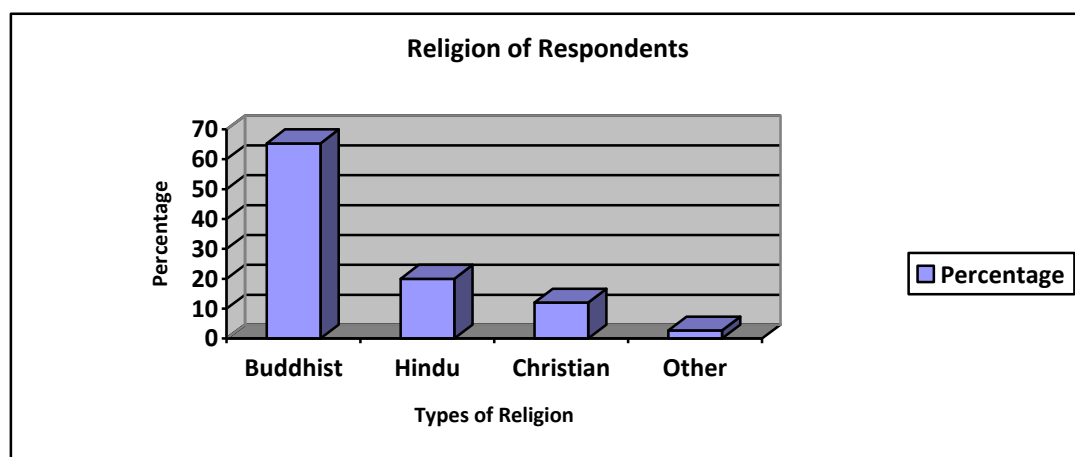
Nepal is multi religious country. Level of fertility is directly affected by religion. In this study area the status of respondents in terms of religions given below:-

Table 4.1: Religion of Respondents

Religion	Numbers	Percentage
Buddhist	49	65.3
Hindu	15	20.0
Christian	9	12.0
Other	2	2.7
Total	75	100.0

Source: Field Survey, 2008.

From Table 4.1, it is clear that out of total respondents 65.3 percent Buddhist and 20 percent Hindu. Similarly 12.0 percent Christian and 2.7 percent other.



4.2 Family Structure of Respondents

Family Structure plays a vital role determining the fertility behaviour. In this study area family structure below:

Table 4.2: Distribution of Respondents According to Family Structure

Family Structure	Numbers	Percentage
Joint	26	34.7
Nuclear	49	65.3
Total	75	100.0

Source: Field Survey, 2008.

From Table 4.2, it is clear that in the study area among the selected 75 respondents 65.3 percent were from nuclear and 34.7 percent were from joint family.

4.3 Age composition of Respondents

This study is based 15-49 years of reproductive age of women but for easy analysis the age group has been sub divided into 7 groups.

Table 4.3: Distribution of Respondents by Age Composition.

Age Group	Numbers	Percentage
15-19	13	17.3
20-24	16	21.4
25-29	14	18.7
30-34	10	13.3
35-39	10	13.3
40-44	8	10.7
45-49	4	5.3
Total	75	100.0

Source: Field Survey, 2008.

From Table 4.3, it is clear that the highest percentage of respondents belongs to 20-24 years which account 21.3 percent followed by 25-29 years which accounts 18.7 percent and 17.3 percent are from 15-19 years.

Similarly 30-34 and 35-39 age groups consist of 13.3 percent and 13.3 percent respectively. About 10.7 percent and 5.3 percent are respectively age group 40-44 and 45-49 years.

4.4 Analysis of Age at Marriage

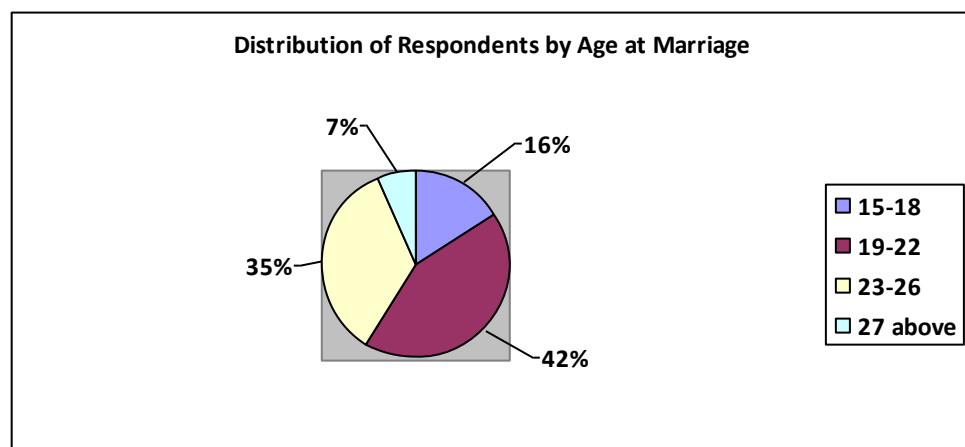
Marriage is the most important factors for fertility. Children are born after marriage. Marriage takes place at early age and it is also universal in Nepal. Due to the socio-cultural belief, most of the Nepalese guardians are interested to marry their daughters and sons in early age. Early and universal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

Table 4.4: Distribution of Respondent by Age at Marriage

Age group	Numbers	Percentage
15-18	12	16.0
19-22	32	42.7
23-26	26	34.7
27 above	5	6.6
Total	75	100.0

Source: Field Survey, 2008.

From Table 4.4, it is clear that the highest percentage of female 42.7 percent are married at age group (19-22) years and 34.7 percent are married at age group (23-26) years. Similarly 16.0 and 6.6 percent females are married at age group (15-18) and (27 above) year respectively.



4.5 Educational Status of Respondents

Education is one of the fundamental means for all alleviating poverty and bringing improvement in the standard of living through different socio-economic activities. Educational plays vital role to determine fertility and family planning. It always associates negatively to contraceptive practices. Literacy enhances access to information that may be necessary to conduct various essential activities in daily life and work.

Table 4.5: Distribution of Respondent by Educational Status

Educational Status	Numbers	Percentage
Illiterate	26	34.7
Literate	49	65.3
Total	75	100.0
Level of Education		
Non formal education	13	26.5
Primary	17	34.7
Secondary(S.L.C.)	11	22.5
Higher Secondary	6	12.2
Bachelor	2	4.1
Total	49	100.0

Source: Field Survey, 2008.

From Table 4.5, it is clear that 65.3 percent women are literate and 34.7 percent are illiterate in the study area.

Among literate women, 34.7 percent women have a primary education followed by secondary (S.L.C.) 22.5 percent, higher secondary levels 12.2 percent, Bachelor levels 4.1 percent. Similarly 26.5 percent women have got non-formal education.

4.6 Educational Status of Respondent's Husband

Husband Education plays vital role to determine fertility. The decision making on fertility depends on husbands in our country. Higher the husband literate rates higher the chances of low fertility. The educational status of respondent's husband of the study area is below.

Table 4.6: Educational status of Respondent's Husband

Educational status of Respondents husband	Numbers	Percentage
Illiterate	23	30.7
Literate	52	69.3
Total	75	100.0
Level of Education		
Non formal	9	17.3
Primary	15	28.9
Secondary(S.L.C.)	12	23.0
Higher Secondary	10	19.2
Bachelor Degree	4	7.7
Master Degree	2	3.9
Total	52	100.0

Source: Field Survey, 2008.

From Table 4.6, it is clear that 69.3 percent respondent's husbands are literate and 30.7 percent are illiterate. Among literate husbands, 17.3 percent have got non-formal education, 28.9 percent have got primary education and 23.0 percent have got higher secondary education. Similarly 7.7 percent have got Bachelor Degree and 3.9 percent have got Master Degree respectively.

4.7 Major Occupation Status of Respondents.

Occupation is one of the most important factors that affects on fertility. There is inverse relationship between occupation and fertility. Respondent's occupation is categorized in to five different groups.

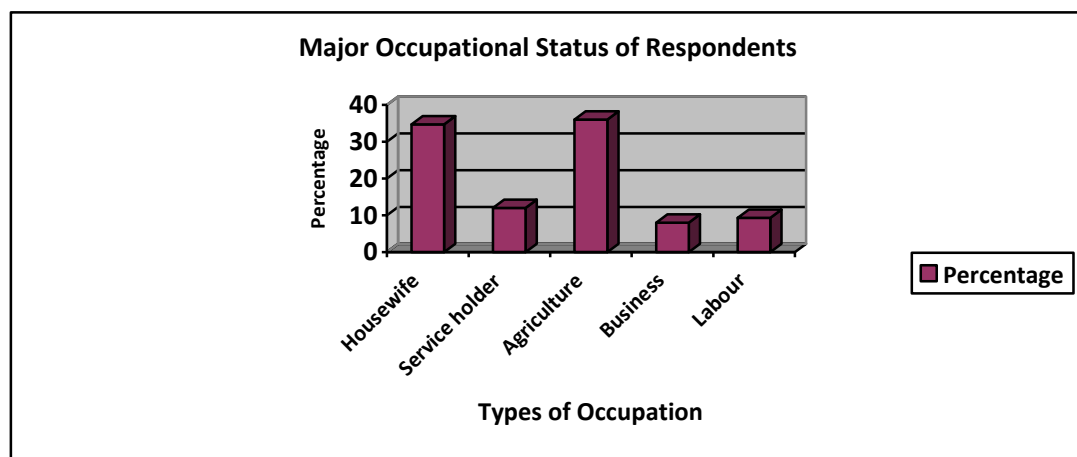
- a. Housewife
- b. Service holder
- c. Agriculture
- d. Business
- e. Labour

Table 4.7: Distribution of Major Occupation status of Respondents

Type of occupation	Numbers	Percentage
Housewife	26	34.7
Service holder	9	12.0
Agriculture	27	36.0
Business	6	8.0
Labour	7	9.3
Total	75	100.0

Source: Field Survey, 2008.

From Table 4.7, it is clear that most of the mothers 36.0 percent were in agriculture followed by 34.7 percent house wife. The mothers service holder 12.0 percent and labour 9.3 percent. The mothers were involved in business only 8.0 percent.



4.8 Major Occupational Status of Respondent's Husband

Occupational plays a vital role to determine fertility. If the husbands are involve in modern sector of occupation then fertility will be low. The occupational status of respondent's husband is presented in table 4.7.

Table 4.8: Distribution of Respondents husband by Major Occupational Status

Type of occupation	Numbers	Percentage
Agriculture	40	53.3
Service holder	14	18.7
Business	12	16.0
Labour	9	12.0
Total	75	100.0

Source: Field Survey, 2008.

From Table 4.8, it is clear that 53.3 percent of respondent's husbands were involved in agriculture and 18.7 percent respondent's husbands were involved in agriculture. Similarly 16.0 percent were involved in service holder and 12.0 percent were involved labour.

4.9 Distribution of Respondent's by Sex Preference

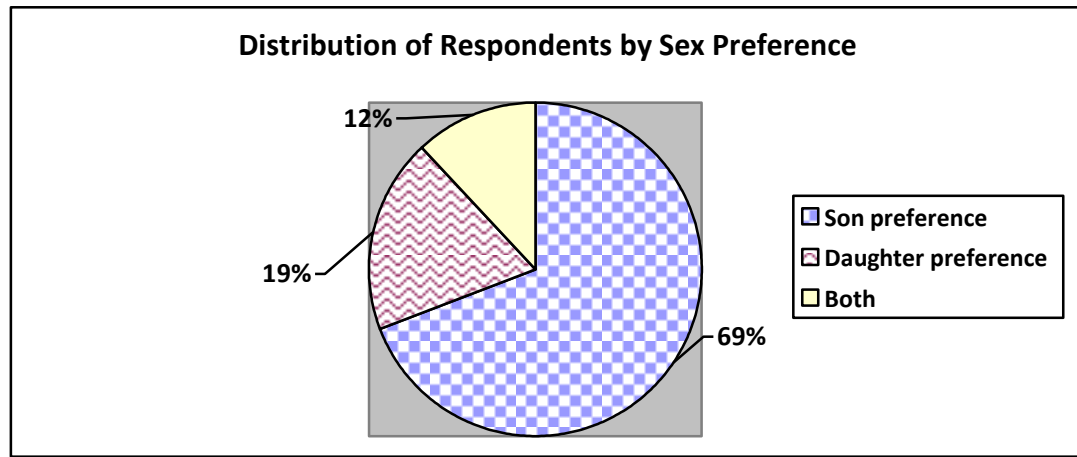
Many researches have shown that Nepalese people have strong desire of son. Sex preference one of the main causes of high fertility in Nepal. Nepalese do not want to stop their fertility until they give birth one or two son. There is positive relationship between son preference and fertility. It is due to the social norms and values, old age security from son, funeral authority and other factor. Distribution of respondents by sex preference is shown in table 4.9.

Table 4.9: Distribution of Respondents by sex preference

Preference	Numbers	Percentage
Son preference	52	69.3
Daughter preference	14	18.7
Both	9	12.0
Total	75	100.0

Source: Field Survey 2008.

From Table 4.9, it is clear that 69.3 percent women preferred son. According to them, there should be at least one or two sons in their family. Similarly 18.7 percent respondents preferred daughter and 12.0 percent respondents any child (son or daughter).



4.10 Distribution of Respondents by decision making on Fertility

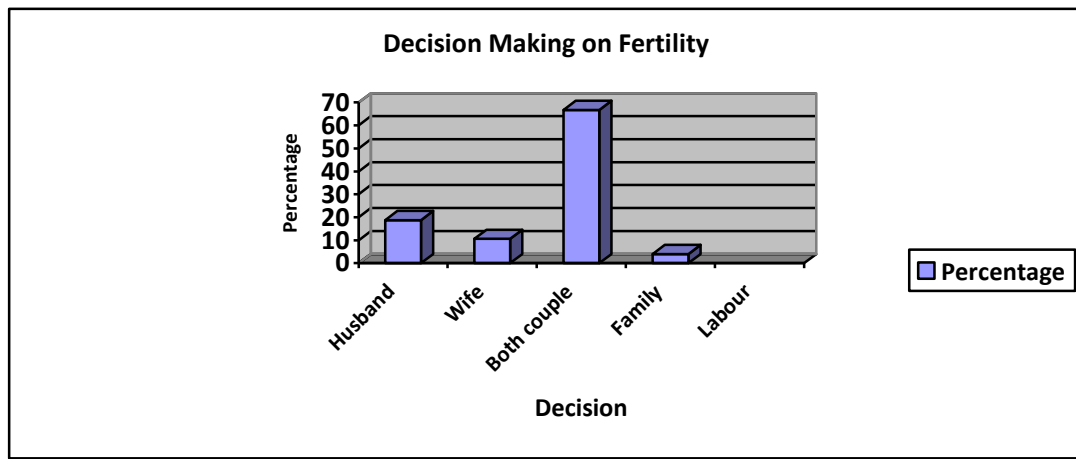
Nepal is a male dominated society so that the decision on fertility depends on male. Fertility is directly related with women although they have not decision on fertility. Half of the women low social status, low education and other socio-cultural norms and values are causes women do not have their one decision on fertility rate in Nepal. A respondent by decision making of fertility of the study area is presented in table 4.9.

Table4.10: Distribution of Respondents by decision making on fertility.

Decision	Numbers	Percentage
Husband	14	18.7
Wife	8	10.6
Both couple	50	66.7
Family	3	4.0
Total	75	100.0

Source: Field Survey, 2008.

From Table 4.10, it is clear to see that 66.7 percent respondent's decision on fertility depends on both couples. 18.7 percent respondents depend on her husband and 10.6 respondent's women have their own decision on fertility. Similarly 4.0 percent depends on her family. Large number of women study area product baby after discussion with their husband.



4.11 Distribution of Respondents use of ANC and PNC.

ANC and PNC are important for fertility because of low probability of miscarriage, still birth, IMR, CDR and MMR. Who use ANC and PNC the probability of surviving children is higher than fertility will be low. Fertility is low than the quality of life.

Table 4.11: Distribution of Respondents use of ANC and PNC

Use of ANC	Numbers	Percentage
Use	26	34.7
Non Use	49	65.3
Total	75	100.0
Use of PNC		
Use	12	16.0
Non use	63	84.0
Total	75	100.0

Source: Field Survey, 2008.

From Table 4.11, it is clear that in the study area 34.7 percent women use antenatal care in the study area and 65.3 percent women do not use antenatal care. The use of Post natal care among women is lower than use of ANC. Only 16.0 percent of total women of study area use of postnatal care. It is cause is cause of lack of women education, family attitude towards pregnant women and lack of knowledge of antenatal and postnatal care etc.

4.12 Knowledge of Family Planning

Family planning is another to determine fertility. There is inverse relation relationship between family planning and fertility. High use of contraceptive there will be low fertility. Family planning or use of contraceptive is one of the most important “Proximate determinants” of level of fertility. The use of family planning may have significant impact to marriage rapid growing population and environment problems most of under developed and developing countries are out of its proper use because of the tradition and low level of education. Similarly with the use of contraceptives devices men can avoid the unwanted fertility, high IMR, MMR and morbidity and other sexual transmitted disease like HIV/AIDS, Gonorrhoea and Syphilis etc. In Nepal IMR is 79 per thousand according to 2058 census. Similarly, 539 mothers are dying every year per 1, 00,000 live birth due to contraception during pregnancy unsafe abortion and over bleeding etc. So that, to avoid above mention risk or hazardous symptoms of life should make accessibility availability and affordability of contraceptives the grass root level.

Table 4.12: Knowledge of F.P. methods of Respondents

Knowledge of F.P. Method	Numbers	Percentage
Yes	68	90.7
No	7	9.3
Total	75	100.0

Source: Field Survey 2008.

From Table 4.12, it is clear that 69.3 percent women have knowledge of family planning and 30.7 percent women have not knowledge of Family planning.

4.13 Knowledge of different types of Contraception of Respondents

There are different types of family planning method. In the study area knowledge of different types of family method of respondents is presented below.

Table: 4.13: Knowledge of different types of Contraceptive of Respondents

Types of F.P.	Yes	Percentage	No	Percentage
Female sterilization	68	90.7	7	9.3
Depo provra	62	82.7	13	17.3
Condom	71	94.7	4	5.3
Pills	50	66.7	25	33.3
IUD	18	24.0	57	76.0
Norplant	58	77.3	17	22.7
Other	9	12.0	66	88.0
Un known/Non	7	9.3	68	90.7

Source: Field Survey 2008.

From Table 4.13, it is clear that knowledge of female sterilization is 90.7 percent and condom is 94.7 percent. Similarly, in the total respondents 66.7 percent women have knowledge of Pills and 77.3 percent Norplant.

But the knowledge of modern types of contraceptives is very low. About 9.3 percent respondents do not have any knowledge of contraceptives.

4.14 Uses of family Planning Methods of Respondents

Use of family planning methods of peoples higher the chances of low fertility. There is inverse relationship between family planning method and fertility.

Table 4.14: Uses of Contraception Methods of Respondents

Contraceptive methods	Numbers	Percentage
Ever Users	52	69.3
Non users	23	30.7
Total	75	100.0
Pills	18	34.6
IUD	2	3.9
Depo Provera	20	38.4
Female Sterilization	4	7.7
Male Sterilization	2	3.9
Condom	6	11.5
Total	52	100.0

Source: Field Survey 2008.

From table 4.14, it is clear that 69.3 percent are using permanent and temporary methods of family planning at the time of survey and 30.7 percent respondent's none uses any family planning methods.

Percentage distribution of respondents who has reported as currently using contraception.

Contraceptive Methods	Numbers	Percentage
Depo Provera	15	37.5
Pills	12	30.0
Condom	8	20.0
Norplant	3	7.5
Male Sterilization	2	5.0
Total	40	100.0

Source: Field Survey 2008.

The above Table shows that the current use of contraception is very low among the study women. The CPR is calculated as 60 Percent. This can be compared with National level CPR (48 Percent) Demographic and Health Survey (NDHS) in 2006. The highest percent among the current uses has been occupied by depo provera and Pills.

CHAPTER - FIVE

FERTILITY DIFFERENTIAL BY DEMOGRAPHIC AND SOCIO –ECONOMIC CHARACTERISTICS AMONG TAMANG WOMEN

Number of children ever born (CEB) to women in reproductive age one of the best indicator for fertility. This chapter deals with fertility level according to various demographic and socio-economic characteristics of Tamang women. It is examined on the basis of ever married women of 15-49 years with some demographic and socio-economic variables.

5.1 Mean CEB by current Age of Women

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

Table 5.1: Distribution of Mean CEB by current age of Respondents

Age group	Number of women	Number of children	Mean CEB
15-19	13	7	0.5
20-24	16	24	1.5
25-29	14	22	1.6
30-34	10	18	1.8
35-39	10	20	2.0
40-44	8	17	2.1
45-49	4	10	2.5
Total	75	118	1.6

Source: Field Survey 2008.

From Table 5.1, it is clear that the mean CEB of total sample women of the study area was 1.6. There is positive relationship between age of women and number of children. The mean CEB it is gradually increasing as age of women increasing. The table shows that low level of CEB is

found in age-group 15-19 year i.e. 0.5 per women. The highest level of CEB can be observed in age group 45-49 years i.e. 2.5 per women.

While, compare with NDHS, 2001 survey, the mean CEB is gradually increasing with the increment of age. According to NDHS 2001, the table 4.6 shows that the CEB of 15-19 age groups of women was 0.2 while this shows 0.5. Similarly, NDHS shows the CEB of 25-29 years of women was 2.43 while this study shows that 1.6. Hence, it is clear shows that the mean CEB is highest with the increment age.

5.2 Mean CEB by Educational Status of Women

Women education plays a vital role in fertility. It has been widely accepted that there is positive relationship between educational status and mean CEB. The mean CEB by educational status is presented below.

Table 5.2: Mean CEB by Educational Status of Women

Educational Status	Number of women	Number of children	Mean CEB
Illiterate	26	50	2.0
Literate	49	68	1.3
Total	75	118	1.6
Level of education			
Non formal	13	28	2.1
Primary	17	21	1.2
Secondary(S.L.C.)	11	13	1.1
Higher Secondary	6	6	1.0
Bachelor Degree	1	-	0
Total	49	68	1.3

Source: Field Survey 2008.

From Table 5.2, it is clear that literate women have low fertility than illiterates. Mean number of CEB decrease according to the level of education. The highest Mean CEB is 2.1 who have got non formal

education. The women who have got primary, Lower Secondary and Secondary have the mean CEB 1.2, 1.1 and 1.0 respectively. Similarly, higher secondary and Bachelor Degree have their mean CEB as 0.6 and 0 respectively.

5.3 Mean CEB by Age at Marriage.

Age at marriage is another major factor for determining fertility. Nepali society does not accept conception before marriage. It is expected that if the age at marriage is low, fertility will be high and if age at marriage is high, fertility will be low. Mean CEB and age at marriage of respondents of the study area are as below.

Table 5.3: Distribution of respondent's by Mean CEB and Age at Marriage

Age group	Number of women	Number of children	Mean CEB
15-18	12	25	2.1
19-22	32	54	1.6
23-26	26	34	1.3
27 above	5	5	1.0
Total	75	118	1.6

Source: Field Study, 2008.

From Table 5.3, it is clear that the highest mean CEB is 2.1 whose age at marriage is 15-18 and lowest mean CEB is 1.0 whose age at marriage is 27years above. According to the table, as the age at marriage increases mean number of CEB decreases.

5.4 Mean CEB by Occupational status of Respondents.

Another socio-economic factor for determining fertility. The occupational status which relates to fertility behaviour. According to hypothesis, there is inverse relationship between modern sectors of occupation and fertility. The mean CEB by occupational status, reported by the below.

Table 5.4: Mean CEB by Major Occupation of Respondents

Occupation	Number of women	Number of children	Mean CEB
House wife	26	42	1.6
Agriculture	27	45	1.6
Jobholder	9	11	1.2
Business	6	7	1.2
Labour	7	13	1.9
Total	75	118	1.6

Source: Field Study 2008.

From Table 5.4, it is clear that women in modern sectors job the mean CEB is lower then other occupation. According to the table, women's who are involved in house wife and agriculture the mean CEB 1.6 and 1.6 is same in the study area. Similarly women who are involved in job holder and business the mean CEB is the same in the study area and who are involved in labour the mean CEB is 1.9 it is high then other occupation.

5.5 Mean CEB by Husband Major Occupation

Respondent's husband occupation plays a vital role in fertility. Respondent's husbands who are engaged in modern sectors of occupation will have low CEB than traditional occupation. Respondents husband occupation and their mean CEB is presented in below.

Table 5.5: Mean CEB of Respondents by Husbands Major Occupation

Occupation	Number of women	Number of Children	Mean CEB
Agriculture	40	65	1.6
Service holder	14	18	1.2
Business	12	14	1.1
Labour	9	21	2.3
Total	75	118	1.6

Source: Field Study 2008.

From Table 5.5, it is clear that those husbands are involved in labour the mean CEB is 2.3 and agricultures 1.6 have high CEB than other occupation. The women whose husbands are involved in service holder and business the mean CEB is 1.2 and 1.1 respectively. Therefore, the modern sectors of occupation have lower fertility than traditional occupation.

5.6 Mean CEB and Sex Preference.

In Nepalese context there is direct relationship between sex preference and fertility. Many researches have shown that desire of son is the main causes of high fertility. The mean CEB and sex preference of the study area is below.

Table 5.6: Mean CEB and Sex Preference

Preference	Number of Women	Number of Children	Mean CEB
Son preferred	52	72	1.4
Daughter preferred	14	31	2.3
Any preferred	9	15	1.6
Total	75	118	1.6

Source: Field Survey 2008.

From Table 5.5, it is clear that the women who preferred son have 1.4, daughter preferred 2.3 and both preferred 1.6. Nepalese couples have desired of son so that total fertility rate is high in Nepal.

5.7 Mean CEB by Knowledge of contraceptive

The couples who are used in contraceptive so that the lower fertility than non-users couples. The couples who are using contraceptive are expected to be negatively corrected with fertility. The mean CEB and use and non use of contraception of respondents is below.

Table 5.7: Mean CEB by Knowledge of Contraception

Knowledge of contraception	No. of Women	No. of Children	Mean CEB
Users/Yes	52	67	1.3
Non-users/No	23	51	2.2
Total	75	118	1.6

Source: Field Survey 2008.

From the table 5.6 it is clear that the mean CEB is 2.2 are not using contraceptives where as the mean CEB 2.2 are not using contraceptives. Therefore the finally that the contraceptive users have lower fertility than that of non-users.

5.8 Mean CEB and child Loss Experience

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

Table 5.8 Mean CEB and Child Loss Experiences

Position of Children	No. of women	No. of Children	Mean CEB
Dead	14	30	2.1
Not Dead	61	88	1.4
Total	75	118	1.6

Source: Field Survey 2008.

From the Table 5.8, it is clear that the women who have the experience of child loss their mean CEB 2.1 is higher than the women who do not have any child loss experience of child loss. They want to replace the child by giving next birth so that the mean CEB is higher than other.

CHAPTER - SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This study has been conducted to examine the fertility behaviour of Tamang women. It is based on primary data collection from field survey in Nijgadh VDC of Bara District. Out of the total study population women of reproductive age (15- 49) were selected from 75 house hold. House holds were selected by random sampling method. House hold questionnaire and individual questionnaire were asked to find out the fertility behaviour of Tamang women. The data was collected with in one month.

To fulfill the objectives of this study, some selected demographic and socio-economic variables are taken as main influencing variables of fertility behaviour. Education, age at marriage, occupation, child loss experience, Sex preference knowledge and uses of contraception is taken as independent variables and dependent variables and mean CEB is taken as dependent variable.

6.1 Findings

After analyzing and interpreting above data the following major findings are drawn.

Socio – economic and Demographic Characteristics

1. According to Table 4.1, the majority of the respondents 65.3 percent are Buddhist followed by 20.0 percent Hindu and 12.0 percent Christian.
2. According to Table 4.2, the family structure majority of the respondents 65.3 percent were from single /nuclear family and rest of 34.7 percent were from joint / combined family.

3. According to the Table 4.3, reproductive age (15-19) the highest percentage 20-24 years were 21.3 percent, 25-29 years 18.7 percent, 30-34 years 16.0 percent, 15-19 years 14.7 percent, 35-39 years 13.3 percent 40-44 years 10.7 percent and 45-49 years 5.3 percent which is least number of ever married Tamang women .
4. According to the Table 4.4, the highest percent of female were married at age group 19-22 years and lowest percent of female were married at age group 27 years above.
5. According to the Table 4.5, the educational status of the selected respondents 34.7 percent were illiterate 65.3 were literate.
6. According to the Table 4.6, among the selected respondent's husband 69.3 percent were literate and other was illiterate.
7. According to the Table 4.7, the respondents of 34.7 percent women were involved housewife, 36.0 percent women involved in agriculture, 12.0 percent in job holder 8.0 percent were business and 9.3 percent were involved in labour. Higher the percentages of selected respondents are involved in housewife and agriculture.
8. According to the Table 4.8, most of the respondent's husbands were involved in agriculture. More than half of the selected respondents were involved in agriculture and other 18.7 percent were involved in service holder. Similarly 16.0 percent were involved in business and 12.0 percent were involved labour.
9. According to Table 4.9, 69.3 percent women wanted son, 18.7 percent daughter and 12.0 percent wanted any of them.
10. According to Table 4.10, the highest majority of decision making on fertility both couples was 66.7 percent.
11. According to the Table 4.11, 34.7 percent used ANC, 65.3 percent not used and 16.0 percent used PNC and 84.0 percent were not used.

12. According to the Table 4.14, among the selected respondents 69.3 percent were ever users contraception and 30.7 percent were non users contraception.

Mean CEB of Respondents

1. According to Table 5.1, the mean CEB of respondents was found 1.6. The highest mean CEB was 2.5 in age group 45-49 years and the lowest mean CEB was 0.5 in women age group 15-19 years.
2. According to Table 5.2, the mean CEB was illiterate in 2.0 and literate 1.3.
3. According to the Table 5.3, the mean CEB by at marriage the highest mean CEB was 2.1 who married at the age group 15-18 and lowest mean CEB was 1.0 who married at age group 27 years above.
4. According to Table 5.4, the highest mean CEB of respondents was labour in 1.9 and lowest mean CEB was jobholder and business women in 1.2.
5. According to Table 5.5, the highest mean CEB was daughter preferred 2.3 and son preferred was 1.4.
6. According to Table 5.6, the respondents who used permanent and temporary method of contraception their mean CEB was 1.3 where as non –users mean CEB was 2.2.

6.2 Conclusions

On the basis of above findings the following conclusions were drawn.

1. The findings of the study area shows that lower age at marriage.
2. The level of higher education level is very low in the study area. So that the level of highest education level should be increased to reduced fertility.

3. Who are involved in modern sectors of occupation of the study area have lower fertility than primitive occupation. Therefore, shift of occupation from agriculture to non-agriculture is effective to reduce fertility.
4. The women who use contraceptive their mean CEB is lower than non users in the study area. So, it is necessary to encourage them to use contraceptives.
5. Son preference is the main causes of high fertility. The women who have strong desire of son have more CEB than others in the study area. Therefore, the concept should be given that son and daughter are equal values.
6. High fertility is found in those mothers who have lost their children. They want to replace their dead children by next birth. The findings clearly show that number of child loss experience is positively associated with the mean number of children ever born.

6.3 Recommendations

On the basis of the above findings and conclusion the following recommendations can be made.

1. Most of the women were not complete higher education, first of all women should be free and compulsory for all women in childbearing ages.
2. Low age at marriage is associated within higher number of CEB. Therefore, there must be some social and legal attempts to rise the age at marriage.
3. People who are economically poor have higher fertility than their counterparts. Emphasis should be given to raise economic status of the people creating employment opportunities for ever increasing labour force.

4. The effective programme should be launched for women in decision making on fertility.
5. Free medical facilities should be effective to control infant and child mortality.
6. Use of antenatal and postnatal care seems to be low; special programme should be launched by governmental non-governmental organizations for awareness towards ANC and PNC.
7. The governmental and non- governmental activities should be effective to change the prevalence of cultural norms and traditional values.
8. There should be positive awareness towards contraception motivation, IEC service and support of family planning method should be explained for increasing contraceptive prevalence rate.

REFERENCES

- Acharya, L.B.1993. "Nuptiality levels and Trends in Nepal: An analysis of some selected variables of BDs survey" in Bal Kumar K.C.(ed) *Population and Development in Nepal, Kathmandu;* CDPS, Vol.2 pp74-79.
- Acharya L.B.1999. "Knowledge of HIV /AIDs: A case of married females of age 15-19 in Nepal" in Bal Kumar K.C.(ed) *population and development in Nepal, Kathmandu : CDPS, vol.6 PP127-136.*
- Bhende, A and Tara Kanitkar 2002, *Principal of Population Studies (Mumbai: Himalaya publishing house)*
- Bongaat. J and Robert G. potter,1983. *Fertility, Biology and Behaviour: An analysis of the proximate determinants*,(New York : Academic press)
- Central Bureau of statistics (CBS) 1995."*Population Monograph of Nepal*" (Kathmandu CBS)
- Dahal, Maden k,1990. "Population and Development Issues in Nepalese perspectives" *The economic journal of Nepal*,vol-13 pp13-14.
- Dahal DilliRam, 1989. " The Demand Aspect of Fertility and family planning " *South Asia study on population policies and programme , Nepal* (Kathmandu: UNFPA), pp73-74.
- Dahal, DilliRam.1993. "Rethinking fertility Transition: Some Observation from Nepal" in Bal kumar K.C. (ed), *Population Dynamic in Nepal*,Vol.2(*Kathmandu:CDPs PP 49-56.*
- Donaldson, Loraine, 1991 *Fertility. Transition.* (London: TJ Press)
- Esterlin, R.1976. "The Economics and Sociology of Fertility" A synthesis, in Charles Tally (ed.), *Historical study of changing fertility (Princeton : Princeton University Press), PP. 57-133.*

- Gurung Y.B., 1992. *Sex preference and value of children, A study of Attitude and Practices of Shindu Community of Rajghat Village Morang and Unpublished M.A. Dissation, Submitted to CDPs ,T.U.*
- Islam, S.M., Shafiqul and Abdulla Khan,1995. "Influence of selected socio-economic and Demographic variables on fertility on Bangladesh." *Asia Pacific Population Journal*,10 (2) PP 51-64.
- Karki, Y.B., 2003. " Fertility Level Patterns and Trends in Nepal," in *Population Monograph of Nepal, (Kathmandu : CBS vol 2 37-42.*
- Lebestain, H. 1979. " Conceptional Framework for research or Relation between Socio- economic Development and Fertility Decline , Demographic Transition and Socio- economic Development ," No 65, (New York: United National publication), PP 31-37.
- Ministry of Health (MOH), 1993. *Nepal Fertility family planning and health status survey 1991.* (Kathmandu MOH)
- Ministry of Population and Environment (MOPE),2004. Nepal Population Report 2004. *(Kathmandu MOPE) Nepal .*
- Nag, M.1978. " Economic value and cost of children in Relation to human fertility, working paper No.36," (New York : The population council)
- Niraula B. Bhanu, Devendra P. shrestha, 1997. "Does caste/Ethnicity matter in fertility Transition? An analysis of Nepalese Data," *Nepal population journal*,Vol 6 No.5 pp13-24
- Park, etal, 1973. "The Effect of Infant Death in Subsequent fertility in Korea and The Role of Family Planning," *American Journal of Public Health.* PP 64-66.

- Risal, R. And A. Shrestha ,1989. *Fertility and its Proximate Determinants. South Asia, Study on Population Policies and Programme (Kathmandu : UNFPA) PP 22-27*
- Tuladhar, J.M. 1989. *The Persistence of High Fertility in Nepal*, New Delhi Inter India Publication.
- United Nation (UN), 1973. *The Determinants and Consequences of Population Trends*, New York Department of Economic and Social Affairs Vol.1.
- World Bank , 1992. *World Development Report 1992*, New York: Oxford University Press.

Fertility Behaviour of Tamang Women

(A case study of Nijgadh VDC, Bara District)

A. Socio- Economic and Demographic

1. Name of the Respondent

a. Age

2. Religion

a) Hindu b) Buddhist c) Christian d) Other

3. Educational Status of respondent

a) Illiterate b) Literate c) Primary d) Secondary

e) Higher Secondary f) Bachelor Degree g) Master

Degree

4. Types of family

a) Nuclear b) Joint

5. How many members are in your family?

a) Male b) Female

6. What is the main source of your family?

a) Agriculture b) Business c) Jobholder

d) Labour e) Other

7. Is that enough to maintain your household / family?

a) Yes b) No

8. 9 If, no how many months not enough in your family?

.....

B. Individual Questionnaire (Reproductive ages of 15-49years of Women)

9. How old are you? (Complete year)

.....

10. How old were you at the time of your marriage?

.....

11. Can you read and write?

a) Yes b) No

12. If yes, which level did you pass?

a) Non-formal b) Primary
c) Secondary d) Higher secondary
e) Bachelor Degree f) Master Degree

13. What is your occupation?

a) House wife b) Agriculture c) Job holder

d) Business e) Labour f) Others

14. What is your husband's occupation?

a) Agriculture b) Job holder /service c) Business

d) Labour e) Foreign Employment f) Other

15. Who gives the economic decision of your family?

a) Husband b) wife
c) Father mother d) Husband / Wife

16. How old was your husband at the time of marriage? (Complete year)

.....

17. Are you living with your husband?

a) Yes b) No

18. If no, what is your marital status?

a) Separated b) Divorced c) Window

Reproductive: Information

19. Are you pregnant now?

a) Yes b) No

20. What was your age at your first birth? (Complete Year)

.....

21. How many live births do you have?

a) Son b) Daughter c) Total

22. Have you any children died after live births?

a) Yes b) No

23. If yes, how many children died?

a) Son b) Daughter c) Total

24. What is the total number of children?

Total

25. In Which place did you born your children?

a) At home b) Health post c) Hospital

d) Cottage e) Other

26. In that period who did help you?

a) Husband b) Family members

c) Health workers d) Other

27. Are there any children are not living with you?

a) Yes b) No

28. If yes, how many children non living with you?

a) Son b) Daughter c) Total

29. In your view, what is the desired number of children?

a) Son b) Daughter c) Total

30. What do you want additional children?

a) Husband desired b) Self Interest

c) Family pressure d) Religious belief

e) Fear of generation less

31. Are your children attending school?

a) Yes b) No

32. Which types of school?

Son a) Boarding school

 b) Public School

Daughter a) Boarding school

 b) Public School

33. How much money do you invest on your children per months?

.....
.....

34. To whom you priorities your children?

a) More priority on Son

b) More priority on daughter

c) Equal priority

35. Who decide the no. of children?

42.If yes, which method you use?

Name of the method

43.Who takes decision for using contraception?

a) Husband b) Wife c) Husband and wife

44.What is the main reason for using F.P. method?

a) To make and promote better economic condition of family.

b) To make better health of child and mother.

c) To make happy family life.

d) To make social standard of family.

e) To make better education on children.

f) Don't know.

45.What is the main reason not ever used of F.P. method?

a) Health problem

b) Methods are not available.

c) Want more children.

d) Family disagreement,

f) Others.