CHAPTER – I

INTRODUCTION

1.1 Background

Fertility behaviour is the process of giving birth, which is interacted with the ambient environment and the environment is different in different societies within the biological limits of human fertility several social, cultural, psychological as well as economic and political factors, are found to operate and these are responsible for determining the levels and differentials of fertility (Bhende and Kanitkar, 2003)

Traditionally Nepalese society favors high fertility children are a symbol of well being both socially and economically. This is evident from the population saying which goes “may your progeny fill the hills and mountains” marriage is early and universal in Nepal. It is a disgraceful for a couple particularly the wife not to have children high fertility is desired because by producing children preferably sons, a woman raises her status in the family (CBS, 2000).

Fertility behaviour is affected by 'status of women' generally the status refers to women's overall position in society. The rights and obligations of women also indicate their social, economic and demographic behaviour, therefore, the status of women has been frequently considered as one of the influencing variables in the study of the fertility behaviour. The United Nations defined that the socio-economic status of women as labour, student, wife and mother. It also includes the empowerment and prestige connected with the women's right and duties. Women's status is related to the extent of women's command over the social and economic matters in household and extra household circumstances have great influence on human life (UN 1984:15).

Fertility has declined over the last decades for 5.1 children per women in 1991 to 4.6 children per women in 1996 and further to 4.1 in 2001. The increased use of contraceptives and also changed method mix favour of temporary method is largely responsible for this decline. Since, there exists a strong relationship between contraceptive use and fertility established relationship (Pathak, 2000).

Except some developed countries, population growth have posed a great challenge and consequently facing the problems of high population that might be barriers for the overall development of the countries. Nepal is not an exception of this the mortality is decreasing rapidly but fertility is not decreasing in same race as a result the population is increasing day by day. The population 18.5 million in 1991 has increased to 23.2 million in 2001 (CBS, 2002)

Marriage usually takes place at very early ages in Nepal some studies have demonstrated that an increase in female age at marriage contributes to reduction in fertility. This is also true in case of Nepal where the inverse relationship between age at marriage and facility has been observed (Chhetry, 1993).

Only the reduced level of infant and child mortality may be a strongly governing factor for fertility reduction in a largely uneducated agrarian society. Socio-economic and cultural mechanisms play their active roles to persist high fertility negative impact on both fertility and mortality Caldwell's proportion is that, children usually have a grater chances of survival when they are born to an uneducated mother in a highly educated mother in a largely uneducated society (Tuladhar, 1989).

Literacy is another important determining factor of fertility. Nepal's literacy rate is only 54.1 percent for both sexes, and only 42.8 percent female are literate which is very low. Occupation is also determining factor of fertility. Nepal is predominantly agricultural country where 66 percent of the total population engaged in agricultural activities (CBS, 2001). The infant mortality rate (IMR) of Nepal in 2001 was recorded to be 64.4 per thousand live birth (MOPE, 2003) more than of the neighboring countries as Bhutan 61, Maldives 17, Srilanka 13 and so on while compared (PRB, 2003).

Fertility rate in Nepal is one of the highest in Asia. In many developing countries high fertility is associated with the level of income, education, child survivors as cultural and religions factors. In addition family planning in general has an important role to play in reducing marital fertility (Dahal, 1989:73).

High economic value of children with socio-economic tradition favouring sons, low status of women in the society low literacy rate and low use of birth control measures as well as high infant mortality are some of the significant factors that contribute to

high demand for children and high fertility in the country. Therefore, generally a society takes a larges period of time to transfer from high fertility to low fertility (Das, 2000).

1.2 Statement of the Problem

Nepal is a poor developing country where many ethnic and minority groups are famous for there rich culture and traditions. Fertility culture differs by ethnic groups. Musahars are under the ethnic groups. They are socio-economically and politically depressed and dominated ethnic group of Nepal that is why their fertility condition has depended on their socio-economic and demographic circumstances.

In the case of Terai Dalits, Mushars are the marginalized caste. They normally tend to marry in early ages. Some of them marry before teenage and most of them in the late teenage which results into a larger span of marital and child bearing period with substantially a higher fertility. Additionally prevailing high infant and child mortality; Contraceptive prevalence method is also effective component of fertility behaviour. Due to low use and lack of knowledge about comparative method, this community has been seen higher level of fertility.

Low-socio-economic status of women in the society, high economic value of children, high infant mortality rates, low socio-economic tradition, favouring sons, low literacy rate of the women etc. are the some main factor that contributing high level of fertility. In Nepal as a whole and special community also and every stage of life irrespective of caste and ethnic group has strong cultural stress to cause high fertility also (Dahal, 1989).

The pattern of fertility among the sub group within the same religious community will also differ from each other. The lowest caste women (Kami, Damai, Musahar and Jhangad) showed higher fertility in each age group while compared to upper caste women (Brahman, Chhetri and Rajpat). The ethnic diversity also differs the fertility rate in society the minority group exhibits a high fertility rate in comparison to the majority group. Thus it is notable that the population of ethnic group has shown considerable variation in demographic and socio-economic characteristics (Karki, 1995).

Finally, there are several studies made in fertility behaviour with respect to different ethnic groups but none of the relating to the Musahar ethnic groups has been done till now. So it is being essential to focus on fertility behaviour among Mushar community. This study mainly contribute in the academic as well as policy level to address the population issue by ethnicity.

1.3 Objectives of the Study

The specific objectives of the study is to contributes the study on fertility behaviour among Musahar community in relation to the demographic and some specific socio-economic variables which would be significant at the policy making level.

The specific objectives of the research study are:

1. To find the socio-economic and demographic characteristics of the Musahar community
2. To examine the fertility behaviour of the Musahar community.
3. To uncover the family planning knowledge and practice among Musahar community.

1.4 Significance of the Study

The main purpose of the study is to find out the various socio-economic and demographic aspects of fertility prevailing in Musahar community. It is obvious that better understanding of fertility regulating behaviour is necessary in order to have control upon the fertility. The identification of the demographic and socio-economic characteristics of fertility differential among Musahar would help planner and policy makers.

There has been number of studies conducted on nationwide level and on the other ethnic groups like Limbu, Magar, Gurung, Tharu etc. the poor minorities are often left by the researcher while they might have a significant role in the overall fertility behaviour of the country. Among Dalits 'Musahar' is one of the Terai Dalit. They are impoverished and supposed to have less exposure to the modern world. They

inhabitant in rural village possessing the different level of norms and values which might have a impact on their fertility behaviour.

The identification of the demographic and socio-economic characteristics of fertility differential among Musahar community would assist to have distinct population policies. The research study well comprise the reasons for high fertility behaviour in this community which recent and concurrent references that will be most interesting and necessary for HMG, NGOS/INGOS as well as planners and policy makers for regulation of fertility behaviour in Nepalese back-ward Terai communities like Musahars.

1.5 Limitations of the Study

Studies can not be free from the limitation and this study is not an exception of this fact. So, there are some major limitations. They can be mentioned as follows:

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

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

3. The research is confined within the Musahar community of Agyauli, Kawasoti and Pithauli VDC of Nawalparasi district. So findings may not be generalized to other regional or national level.

1.6 Organization of the Study

This study is organized in to seven major chapters. The first chapter deals with the general background of the study, statement of the problem, objectives of the study, significance of the study and limitation of the study. The second chapter deals with the literature review and conceptual framework for the study. The third chapter describes the methodology sample design and questionnaire design, method of data collection, the fourth chapter deals with the background characteristic of the population. The fifth chapter deals with the analysis of study women's knowledge on family planning methods. Sources of information, use and nonuse of F.P. methods,

child loss experience and so on. Sixth chapter is devoted to the analysis of fertility with help of selected socio-economic and demographic variables by frequencies mean and cross tables and finally the summary conclusions, recommendation as well as some further research issues are presented in chapter seven.

CHAPTER – II

LITERATURE REVIEW

This chapter present review of literature developed in the context of fertility on the basis of the theories and principles regarding fertility found previously by scholars from both in and out of the country in different dates. It also gives list of the empirical literature and short briefing, finally a conceptually framework will be suggested as a guideline for the present study.

2.1 Theoretical Literature

Demographic tradition theory states that fertility is high in poor, traditional societies because of high mortality, lack of opportunities for individuals, less advancement and higher economic value of children. These all changes with modernization or urban industrialism and individuals, once their view points become reoriented use of the new opportunities (Caldwell, 1977, Cited in Das, 2000).

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

Davis and Blake (1956) proposed that any cultural or structural factors affect fertility through eleven intermediate variables centering an intercourse, conception and gestation. Each of the 11 variable affect positively or negatively the fertility of an individual in a society. In an underdeveloped society like Nepal four of the 11 variables i.e. age of entry in to sexual unions, permanent celibacy, contraception and sterilization have high value (Tuladhar, 1989:40).

According top John Bongaarts (1983), the proximate determinants of fertility are the biological and behavioural factors through which social, economic, psychological and environmental variables affect fertility. Bongaarts has identified seven sets of proximate determining variables for fertility: age at marriage and marital disruption,

on set of permanent sterility, duration of post partum infecundability, fecundability use and effectiveness of contraception, spontaneous intrauterine mortality and induced abortion. Later he proposed only four proximate variables that directly affect in determining the fertility level. They are proportion married contraception, postpartum infecundability and abortion. These four proximate determinants are man determinants to reduce the fertility in Nepal (MOPE, 2000:27).

Tuladhar (1989) examined that persistence of high fertility in Nepal using data from Nepal fertility survey, 1976 and found that higher mortality levels. Specially of infants joints family system early and universal marriage system low education attainment working status specially of women are the main contribution factors of high fertility in Nepal. In underdeveloped societies, the major variable namely age at entry into sexual union or age at marriage, permanent celibacy, contraception and sterilization have highest value which effect directly to keep the level of fertility (Tuladhar, 1989).

Easterlin (1976) developed a generalized model regarding determinant of fertility and concluded that fertility decision are made by women in the society which are affected by there variables viz. (i) Income-to the extent that children increase household income large families are favored otherwise small. (ii) Price-more is the price of child bearing and rearing fewer will be the number of children wanted and vice-versa and (iii) Cost of regulation-more is the cost required to regulate the number of children, more will be the number of children and vice-versa (Easterlin, 1976).

Demand theory is also an important factor for determining the fertility. According to this theory, fertility is determined by current family size, the spouses desired family size, cost of living. If the cost of additional children rises and income and wealth remains constant then the number of children desired decline. Similarly if the cost of additional children remains constant and income increases then the desired number of children increases (Koustsoyiannic, 1979).

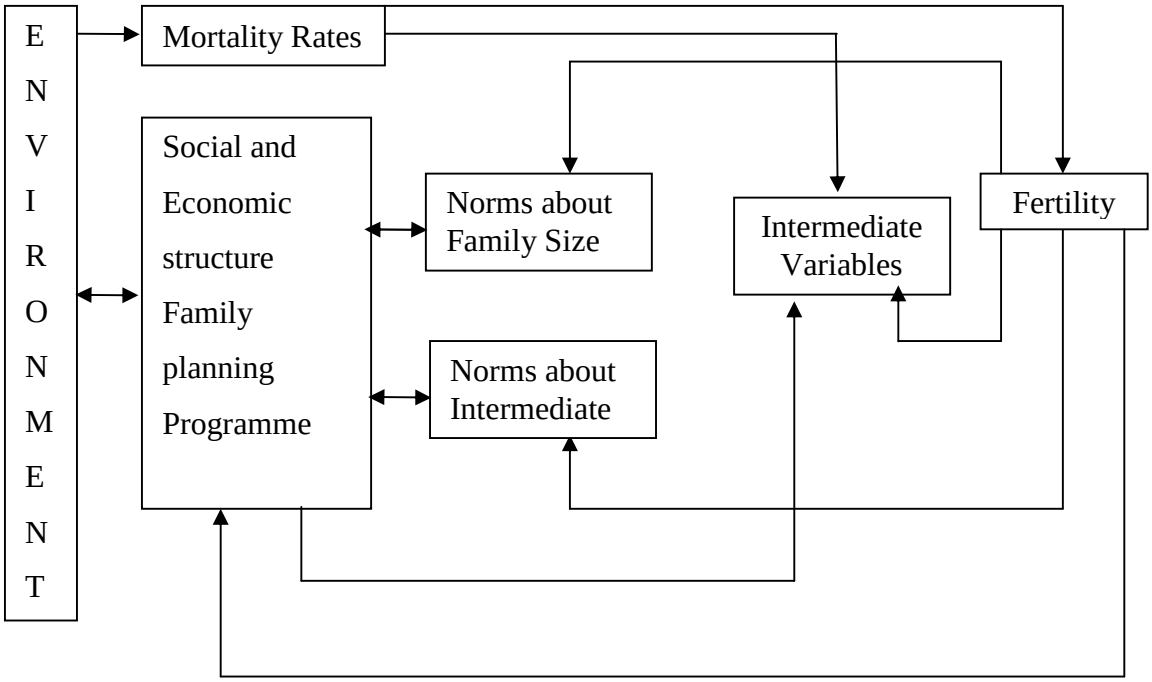
Caldwell (1993) developed a theory, known as "Theory of intergenerational wealth flow" explaining fertility behaviour in any type of society at any level of the development is rational. In a society the fertility is high if children are economically useful to parents and low if children are economically not beneficial to the parents.

We had 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 causal links between the socio-economic and demographic variables and their relationship with fertility (Aryal, 1997).

Dahal (1989) claims that cultural pro-natalist Nepal society, high economic and social value of children low education and social status of women, poor health and insufficient nutritional intake, in accessibility of family planning and its unmet demand are the determining factors of high fertility in Nepal.

Ronald freedman (1982) developed a model for the sociological framework of fertility. This model is also based on Davis and Back-freedman has envisaged environmental factors and socio-economy structure impinging on fertility through a series of intermediate variable. They introduced two types of norms about family size and norms about intermediate variable. The norms which are influenced by socio-economic condition and varying life style related to position in a status hierarchy in norms about family size and other some status indicator such as education. Occupation, income, wealth, power prestige, caste and there are also general class indicators the may jointly influenced the desired number of children. People have different life style and may influence norms about intermediated variable directly or through norms about family size. Family planning programme is considered as one of the social programme that has goal to reduced fertility that may influence the norms about intermediate variables, which in turn affect fertility behaviour (Tuladhar 1989, 43-44).

Figure 2.1: Social Framework for Study of Fertility



Source: Freedman, 1982, P. 279.

Generally fertility determined by the psychological factors and their interplay with social cultural economic and modernization factors also societies and population sub groups within societies categories by their socio-economic characteristics have different level of fertility. Much more fertility is determined by various socio-economic and demographic variables also cast/ethnicity, religion, cultures, women's education, occupation sex performance, use of devices, age at marriage affect fertility behaviour of any group and community (Risal and Shrestha, 1989).

2.2 Empirical Literature Review

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 the Nepal Demographic Health Survey (NDHS), 2001, there is strong association between fertility and education the women who have no educated have

TFR 4.8 whereas women with primary 3.2, women with secondary educator have 2.3 and women with SLC and above educatio9n have 2.1 (MOH, New ERA and ORG Marco, 2002).

This indicates that the level of schooling determines the women's fertility. There is a weak inverse relationship between respondents' education and polygamy. The proportion of married women in a ploygynous union is 5 percent among uneducated women compared with 3 percent among women who have a least SLC level of education. The corresponding data for men is 4 percent and 1 percent respectively. This indicated that as the level of schooling increases, both women and men are less like to be in a polygynous union. The desire to limit child bearing is more apparent at higher levels as 68 percent of women with no education want more children compared with 59 percent of women with at least SLC (MOH et al; 2002). In the study of 3000 household randomly selected from three district of Kerela state shows that the average number of CEB was lower for better education than for illiterates i.e. 2.2 for women with three or more years of schooling and 4.5 for women with no schooling. That survey also showed that average completed fertility of the highly educated women 4.4 was less than that these counter parts with no schooling (8) by 1.4 children (World Bank, 1991).

2.2.2 Occupation and Fertility

Increasing occupational opportunities for individuals outside home reduces level of fertility (Dahal, 1993:85). In developed countries occupation, especially that of husband is used as an indicator of socio-economic status and differential fertility is studied according to the occupation of the husband. Studies conducted in Europe around 1970 indicated that the wives of farmers and farm workers recorded non-agricultural occupations (Bhende and Kanitlar, 2002).

Occupation of the husband has been widely recognized as one to the influencing factor of fertility. Relation high fertility has been associated with agriculture and mining lower rate of fertility has been associated with professional classes in urban industrial country (UN, 1973).

Adhikari (1992), Risal and Shrestha (1989) have found that the work status of women was inversely related with mean number of CEB. Occupation also increase mean age

at marriage and mean age at marriage is one of the determinants of fertility behaviour. As Risal and Shrestha (1989_ found that the means age at marriage is 20.2 years for administrative worker and 17.1 years for the women who work in farm and agriculture.

Census, 1991 emphasized that there s quite difference between white colour and blue colour occupation group of women, the mean CEB of ever married is highest for the farm/fish workers and sales workers which is 2.7 but the lowest fertility is observed among the professional administrative and clerical works with 1.1, less than farm workers i.e. 1.6 (CBS, 1995).

While observing the fertility in terms of CEB of different group of people i.e. not working, agricultural and non-agricultural and housewives according to birth, death and contraceptive survey (BDCS, 1996), the CEB for agricultural working was 3.2, 3.3 for agricultural and household and 2.9 for non-agriculture (Acharya, 2000:29).

2.2.3 Economic Status and Fertility

In three rounds of the National Sample Survey (1959-60, 1960-61 and 1961-62) the fertility and family planning study conducted in Greates Bombay (1966) and in the studies of fertility differentials in India conducted by the registrars general the traditional inverse relationship between economic status and fertility has been observed. It is declared that as per capita monthly household expenditure increases, the fertility rate goes down (Bhende Kanitkas 2001).

Apparently the poverty level has not changed since then rather it appears that it has even become worse as the proportion of people loving under the poverty line has risen from 37 percent in 1984/85 to 42 percent in 1996 (Karki, 2000). His majesty government (HMG) of Nepal has set the target of reducing the proportion population under the poverty line to 30 percent by the end of the 10^{th} plan, i.e., by mid 2007 (NPC, 2003).

In order to reduce poverty in Nepal it is highly important to effectively implement fertility reduction programs. Studies show that since 1970, developing countries with lower fertility and slower population growth have been higher productively more saving and more productive investment. They have registered faster economic growth.

Investments in health and education and gender equality are vital to this effect. Family planning programmes and population assistance were responsible for almost one third of the global decline in fertility from 1972 to 11994. These social investments attack poverty directly and empower individuals especially women they enable choice (UNFPA, 2002).

2.2.4 Age at Marriage and Fertility

There is negative relationship between age at marriage and fertility of women, higher the age at marriage lower the fertility lower the age at marriage higher the fertility. Marriage usually takes place at very early age in various religious groups like Muslim and Hindus. Various studies have shown that increase in age at marriage helps to reduce the fertility (1995:76).

There are three nuptial factors for affection fertility, which are the policy implications for planners: delayed marriage, decreased incidence of widowhood among women of reproductive capability and positive annunciation between ages at marriage and compete fertility for women less than 10 years (Tuladhar, 11989:87).

Even though legal age at marriage for boys and girls is 18 years and 16 years respectively, early marriage still has been practiced in Nepalese society due to be lower for females was 15.4 years and 19.5 years for males in 1996. it increase 18.1 years for females and 21.4 years for males in 1991 (MOPE, 2000). It shows that age at marriage is increasing for both sexes in Nepal.

Despite the trend towards later age at marriage, child bearing begins early for many Nepalese women are four women age 15-19 is already a mother or pregnant with her first child with teenage child bearing more common among rural women (24%) than urban women (20%). Nearly in the Terai has began child bearing compared with one in five living in the mountains and 17 percent living in the Hills. Regionally, the highest level of adolescent child bearing is observed in the central development region while the lowest is found in western region (NFHS, 1996). The age at marriage as reported by VDC survey in 1996 is 16.8 in Nepal (KC etal, 1997:39).

A study claims that women marrying between 20 and 24 have similar fertility to that of those marrying before age 20, only if the marriage age reached 25 years or over

would there be a significant reduction of fertility (Das, 1969). Perhaps that is one of the reasons for persistent high fertility in nepal (CBS, 2003).

2.2.5 Use of Contraception and Fertility

There is an inverse relationship between use of contraceptive methods and fertility. Many programmers 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 38.6 percent. There is close relationship between the use of contraceptive method and its knowledge attitude and practice (KAP).

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

2.2.6 Infant and Child Mortality and Fertility

Choudhary, etal, (1976) demonstrated a positive relationship between the number of children ever born and number of children died (cited in Adhikari 1999). The interdependent relationship between fertility and infant mortality suggests that a reduction in infant child motility will trigger a subsequent decline in fertility (Regmi, 1994 Cited in Regmi and Dangol, 2003). It has also found that lower IMR motivates couple to reduce less number of children.

According to NFHS 1991, higher CEB to the younger women than age 30 was seen. The contraceptive performance in affected by the experience of child loss which affects the numbers of children even born (Adhikari, 1996; P 7 and 8) According to Acharya, 2000), women with higher child loss experiences had higher CEB. Women with no child loss had 2.5 in contrast to those with one child loss had 4.3 and those

with two or more child loss had CEB 6.5. A steep increase in CEB for case of two or more daughters or sons dead is evident.

New Era (1986:90) found that a strong relationship between infant and child mortality and number of CEB. The study concluded the existence of strong child replacement effect in Nepal. High fertility is a fundamental adjustment to high mortality and that high fertility is necessary for group survival when mortality is high (Bhende and Kamithas 1994). Fertility decline is most affected by mortality decline, bread social and economic development and family planning programs (Freedman, 1995).

After the ICPD Cairo, 1994 health programs are focused on the issues related reproductive health of women. The ultimate goal of the reproductive health is to improve the health status of mothers and a newborn child so that maternal and infant mortality and morbidity can be reduced one of the pronounced demographic effects of reduced child mortality is the reduction on fertility (Acharya 1998:29).

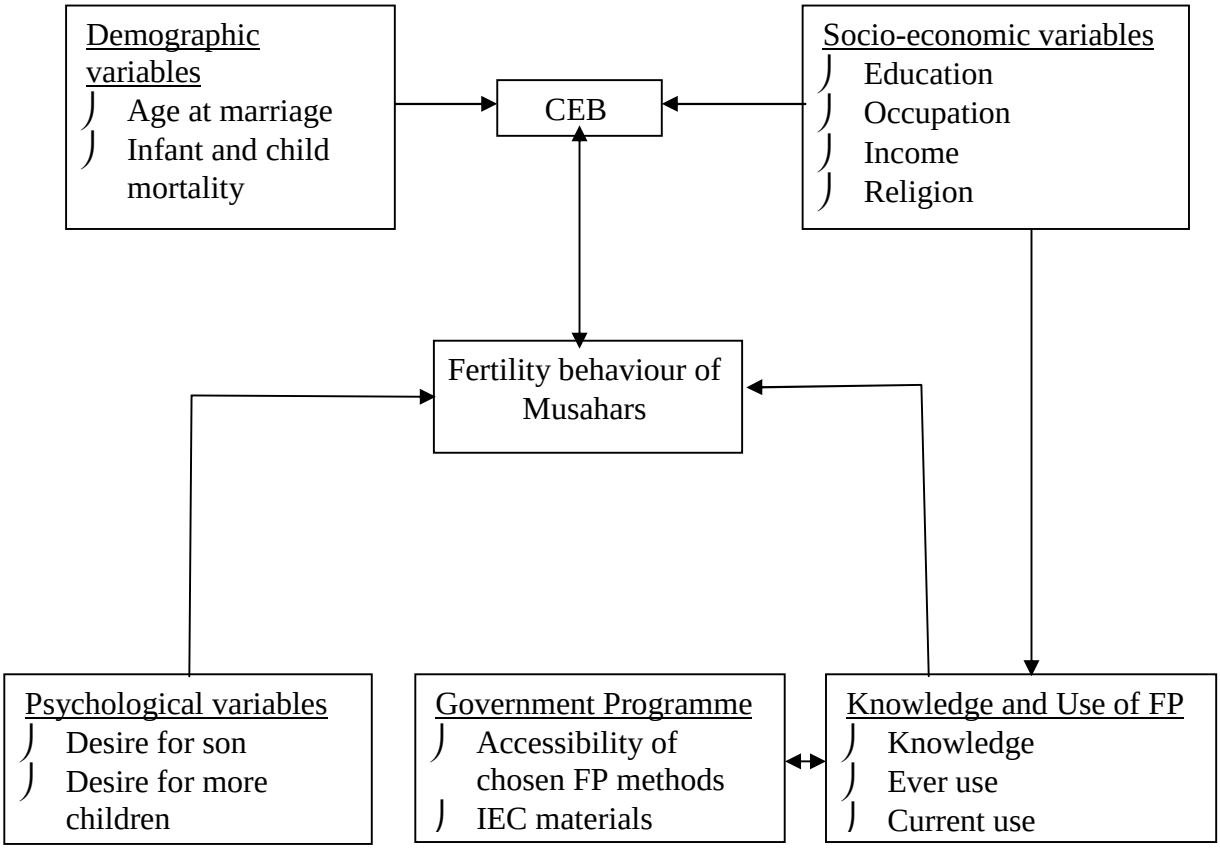
2.3 Proposed Conceptual Framework

This stud of fertility behaviour is very complex phenomenon. Which is justified by the proceeding discussion and also establishing the relationship among various conceptual framework with various socioeconomic and demographic variables for the study population.

The number of CEB to a particular women in the reproductive age is taken as dependent variable, which is one of the best indicator of fertility analysis of the study population.

The below proposed conceptual framework set out in figure considers that the age at marriage, education, occupation, economic status are the independent variables and they combinely determine the level of contraception. Here, the use of all they determine the fertility CEB. Hence fertility becomes the dependent variable.

Figure 2.2: Proposed Conceptual Framework



After the theoretical and empirical literature review it can be concluded that musahars fertility is closely associated with both the theoretically and empirical perspective. According to Caldwell's "theory of intergenerational wealth flow" fertility is high if children are economically useful to parents and low if children are economically not beneficial to the parents. The Musahar community is closely related with Caldwell's "theory of intergenerational welt flow" because Musahar children are economically useful to parents due to low socio-economic condition therefore Musahars fertility seem high. According to Tuladhar (1989) higher mortality levels especially of infants, joints family system, early and universal marriage system low education attainment, working status of women are the main contribution factors of high fertility in Nepal which is closely associated with Musahars community resulting high fertility.

Musahar's high fertility is also associated to empirical literature review. In Musahar community marriage usually takes place early. Therefore, early marriage practice in Musahar community results in long-term social and economic consequences including higher fertility. The level of education both men and women are very low most of the people of Musahar community engaged in agricultural sector as a wage labour as their main occupation. Women with higher child loss experience have higher CEB which seems in Musahar community and finally, contraceptive use is very low in Musahar community. These all variable are directly affecting the level of fertility of Musahar community.

CHAPTER – III

RESEARCH METHODOLOGY

3.1 Selection of the Study Area

Nawalparasi district is selected as the study are which lies in Lumbini zone of western development region. It occupies the 2162 square km. area and 147 percent of total land of Nepal. The district is divided into 73 VDC and one municipality. Among 73 VDC, Agyauli, Kawasoti and Pithauli are chosen for study.

According to the district development plan of Nawalparasi 2058, the total population of Nawalparasi is 5,62,088. Among them according to the Shahamati the total number of households of Mushahars are 602. The total number of population of Musharhar are 3857 among the 1864 are male and 1993 are female.

3.2 Sources of Data

This study was based on primary data collection. That was obtained through census basis from the selected VDC. The interview method is applied by direct interview with respectable head of household for household information and for individual information which related demographic data with respondents on the basis of structured questionnaire schedule using quantitative technique and The study is based on both primary and secondary data but the analysis is mainly depends upon the primary data.

3.3 Sampling Technique and Selection of Respondents

In the field survey, both household and individual questionnaire were used to collect information on the fertility behavior of Mushar community residing in the three VDCs. to select a reliable and representative sample of the population and households of the study area, first of all, the size of population and households was identified according to the record of three VDCs. It was found that there were 99 Mushar households in the three selected VDCs; while taking data from Aguauli among them 56 households were there and 61 respondents like thistly in Kawasoti 15 households and 18 respondents as well as in Pithauli there were 28 households and 30 respondents respectively. The sample survey was designed for the homogenous

population of Musahar community was carried out by collecting primary data by census method from sampled VDC Agyouli, Kawasoti and Pithauli of Nawalparasi district. There are 99 Musahar households in total according to three selected VDCs record.

The respondents taken for the study purpose have currently married women ages 15-49 years. Although there were more respondents in a household some where more than one respondent was taken from are household and some where only one respondents was taken from are household according to family remembers because eligible women (15-49) can represent that household. Altogether 447 population and 109 eligible women (15-49) years were recorded and 109 eligible women were interviewed face to face the question relating to fertility of 99 households.

3.4 Questionnaire

Two types of questionnaires household and individual were designed to obtain the information based on the objectives of the study. The questions used to collect the further information were completely based on the pre structured method. The household questionnaire was designed to collect about socio-economic status such as level of education, occupation, status of the family members, size of land, holding of household. Other facilities of household, demographic characteristics like age sex and marital status.

The individual questionnaire was asked only to all ever married women 15-49 years. The main purpose of individual questionnaire was to obtain the respondents characteristics such as completed age, education, fertility related question, use of contraception etc.

The questionnaire is constricted strongly focused on the information to meet the objective of the study.

The questions were written in simple English language but asked the questions translated in Nepali language for convenience to the respondents to check the consistency of the data; some cross questions were designed.

3.5 Data Collection Method

The researcher along with two men who were graduate student of population studies. The enumerators went to the study area for the purpose of data collection method. In the process of visit first the purpose of visit was told to head of the household as well as other members to that house then the eligible respondent were selected the household questionnaire was asked to the head of the household and the individuals questionnaire was asked only to currently married women.

3.6 Data Analysis

After collection data, those collected information processed, analysis and presented in different. Data were entered into the software programmes. SPSS (statistical package for social sciences) and process the data and get desired output frequency tables, cross table, mean table are used to examine the relationship between dependent and independent variables.

3.7 Selection of the Dependent and Independent Variables

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

CHAPTER – IV

ANALYSIS OF THE RESPONDENTS SOCIO-ECONOMIC BACKGROUND

This chapter analyses the background characteristics of the respondents which is related to overall household characteristics. Such background includes women's age, marital status, marital age, religion, caste as well as other economic variables. Family status also determines the status of women which ultimately determines the fertility family planning status of women.

4.1 Distribution of Eligible Women by Age Group

The statistics presented in the table below respondents the distribution of the eligible women/currently married women from whom the fertility behaviour of musahars has examined.

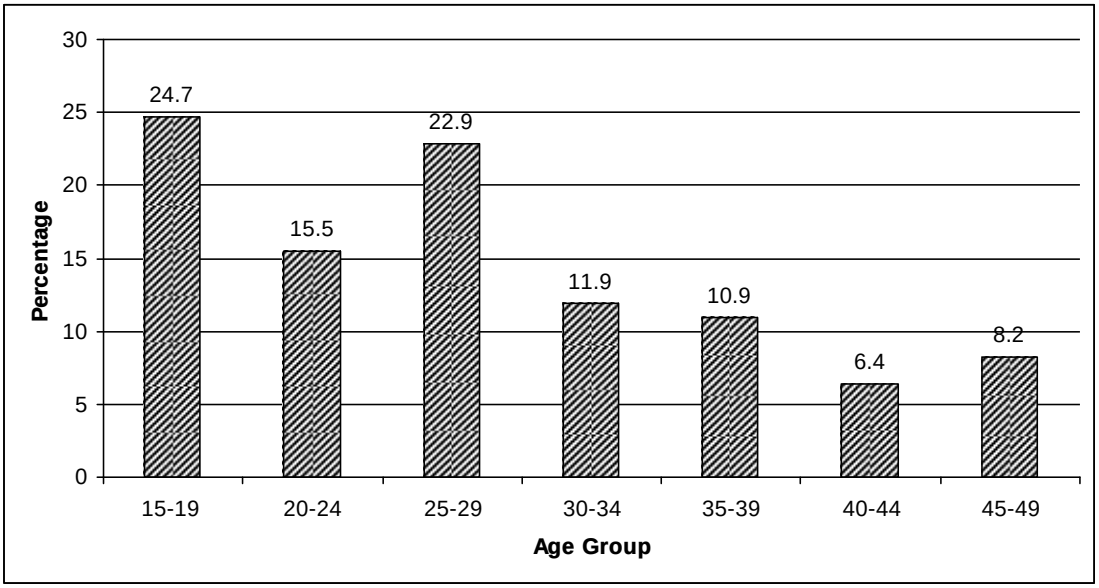
Table 4.1: Percentage Distribution of Eligible Women by Age Group

Age Group (in years)	Number	Percentage
15-19	27	24.7
20-24	17	15.5
25-29	25	22.9
30-34	13	11.9
35-39	11	10.9
40-44	7	6.4
45-49	9	8.2
Total	**109**	**100.0**

Source: Field Survey, 2008.

Table 4.1 shows that with regards to the eligible respondents distribution with five years age group. The majority of currently married women was found in the group 15-19 (24.7%) followed by the age group 25-29 (22.9%) years and only 6.4 percent for 40-44 years of age groups. More than 90 percent women who are currently married are within the age of 19 years only 10 percent are found to be at the are of 25 and above within reproductive span.

Figure 4.1: Percentage Distribution of Eligible Women by Age Group



4.2 Educational Status

Education plays vital role to determine fertility level and family size. It is an important variable for fertility behaviour. It always associates negatively to fertility and positively to contraceptive practices. Thus, it is important to assess the educational status of the respondent. The educational status of respondents is presented I n table 4.3.

Table 4.2: Percentage Distribution of Respondents by Educational Status

Educational Status	Number	Percentage
Illiterate	93	85.3
Literate	16	14.7
Total	109	100.0
Level of Education		
Non Formal education	3	3.5
Primary	10	11.8
Lower secondary	2	2.3
Secondary	1	1.7

Source: Field Survey, 2008.

Table 4.3 shows that, the literary status of the respondent's is very poor in study area. 85.5 percent respondents are illiterate and only 14.7 percent women are literate in that area.

Among all women, nearly 12 percent women have primary education followed by lower secondary level (21.35 percent), secondary level (1.17 percent). However some 3.52 percent women have non-formal education.

4.3 Occupational Status of Respondents

Occupation is one of the most important determinants for fertility. Occupation affects the fertility behaviour of couples. The study of the area occupational status as given in table 4.4.

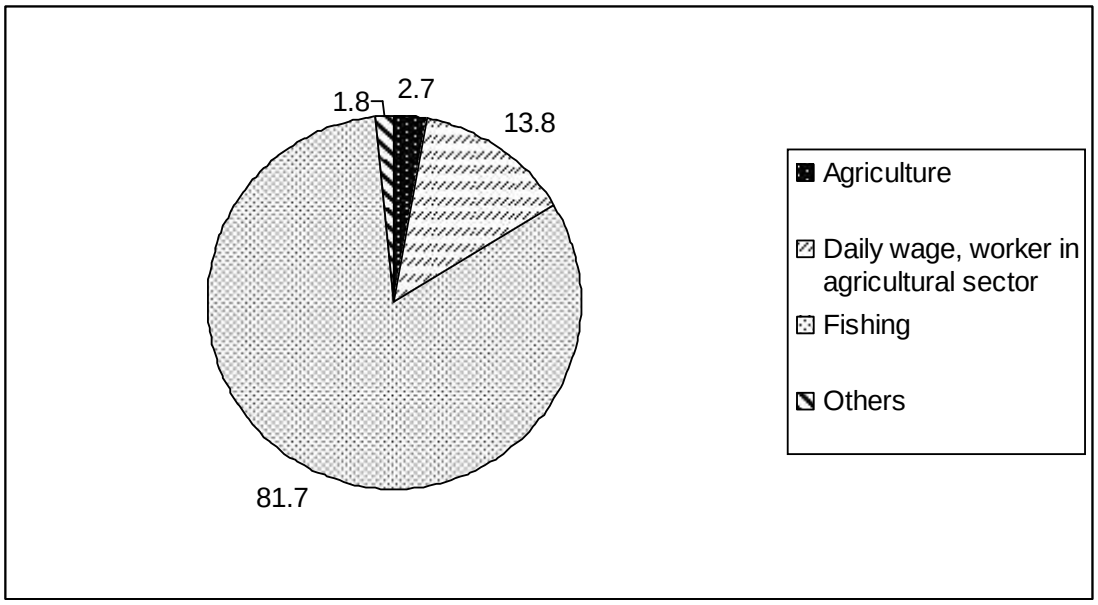
Table 4.3 Percentage Distribution of Respondents by Occupational Status

Occupation	Number	Percentage
Agriculture	3	2.7
Daily wage, worker in agricultural sector	15	13.8
Fishing	89	81.7
Others	2	1.8
Total	**109**	**100.0**

Source: Field Survey, 2008.

Table 4.4 clearly shows that 81.7 percent of the respondents are engaged in fishing followed by daily wage worker in agricultural sector according 13.8 percent of total population. Similarly 2-7 percent of the respondents are engaged in agriculture and 1.8 percent is found other occupations. According to this study nobody has engaged in governmental and non governmental services.

Figure 4.2: Percentage Distribution of the Respondents by Occupation



4.4 Household Income

Income is one of the important socio-economic variables of fertility behaviour. In this study income is defined measures the flow of resources in a household in the one month. Income status of respondents is given in table 4.5.

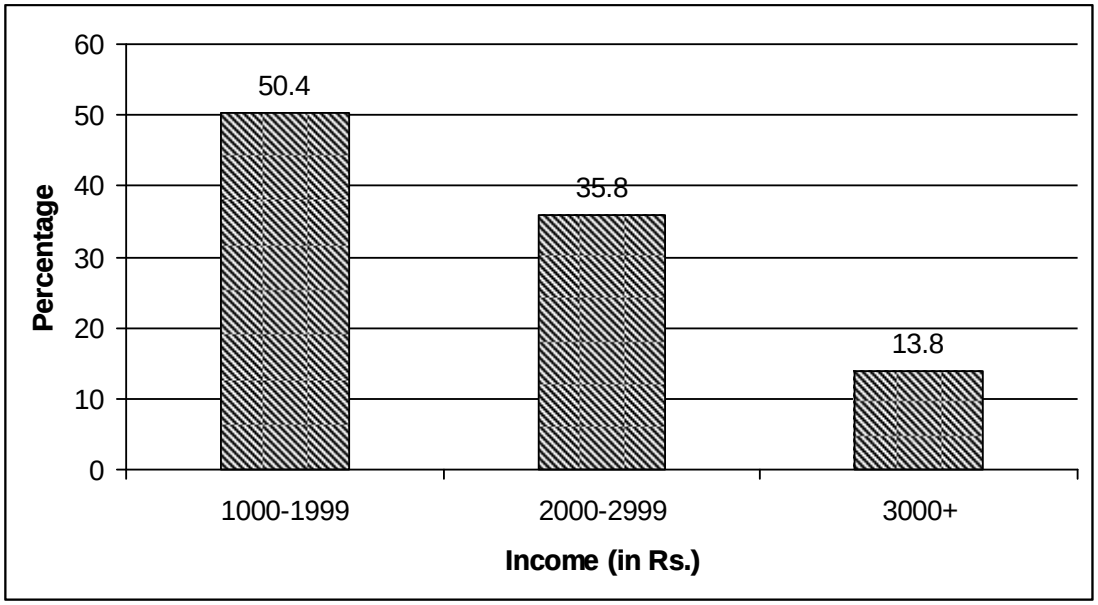
Table 4.4: Percentage Distribution of Respondents by Monthly Households Income

Monthly income	Number	Percentage
1000-1999	55	50.4
2000-2999	39	35.8
3000+	15	13.8
Total	**109**	**100.0**

Source: Field Survey, 2008.

The table 4.5 shows that, the highest 50.4 percent household had Rs. 1000-1999 income per-month. Followed by 35.8 percent household had Rs. 2000-2999 income per month. Likewise 13.8 percent household had Rs. 3000 and above income per month.

Figure 4.3: Distribution of the Households by Monthly Income



4.5 Age at First Marriage

Marriage is almost universal and it takes place early in Nepal, which leads to long term socio-economics consequences inclusion higher fertility from the field survey, They realized that early marriage resulted in more no. of children. The distribution of the respondents by age at first marriage is presented in the table 4.6

Table 4.5: Percentage Distribution of Currently Married Women by Age at First Marriage

Age at Marriage (in year)	Number	Percentage
<15 years	17	15.5
15-19 years	86	78.8
20-24 years	5	4.6
24+ years	1	0.9
Total	109	100.0

Source: Field, Survey, 2008.

From the table 4.6 it can be seen that majority of the respondents 78.8 percent have their first marriage at the age 15-19 years. About 16 percent of the respondents said that they married at ages <15 years. Similarly 4.6 percent have their first marriage at

the ages 20-24 years and only 0.9 percent said they had their first marriage above age 24 years.

4.6 Housing Status

From the field survey Musahars in the VDCs were found marginalized. We explained obviously this community situated on the bank of river and near the forest. The houses were found simple and unmanaged made by locally available materials like bamboo, hay, straw, rope, mud etc. The respondents were asked about the housing status and type of housed they have. The responses are tabulated in table 4.7.

Table 4.6: Percentage Distribution of the Respondents by Type of House

Housing status	**No. of Household**	**Percentage**
Own houses? Yes	99	90.8
Own homeless	10	9.18
Total	109	100.0
Types of house		
Pakki	-	-
Semipakki	-	-
Kachchi	109	100.0
Total	**109**	**100.0**

Source: Field Survey, 2008.

The above table shows that most of the respondents have lived in their own house which is accounted for 90.8 percent and the rest are studying in other's house. Similarly, all the respondents reported that they have Kachchi house.

CHAPTER – V

KNOWLEDGE AND PRACTICE ON FAMILY PLANNING AND FERTILITY STATUS

This chapter presents the distribution of the eligible women by their knowledge of family planning methods, the sources of information about the various methods of family planning and the sources of contraceptive supplies with regard to the attitude, this chapter deals with the attitude of women towards the use and non-use of family planning methods.

5.1 Knowledge of Family Planning Methods

The main objectives of this study are to access the level of family planning knowledge among the musahar women of study area. It determined the fertility behaviour of respondents of the study area. Nearly 88 percent of the respondents have knowledgeable about family planning methods but they couldn't use in their behave properly. The respondent's knowledge on family planning methods is presented in table 5.1.

Table 5.1: Percentage Distribution of Respondents by Knowledge and Methods of Family Planning

Knowledge of family planning	**Number**	**Percentage**
Yes	85	77.9
No	24	22.0
Total	**109**	**100.0**
Methods heard male/female sterilizations	72	92.3
Pills	15	19.2
Depo-Provera	29	37.1
Norplant	17	21.7
Condom	13	16.6

Source: Field Survey, 2008.

Note: The sum of percent below total row exceeds 100 because of multiple responses.

The table 5.1 presents that out of 109 respondents. Majority of respondents (77.9 percent) heard about the method of family planning and (22 percent) has never heard about the method and knowledge of family planning out of respondents, who had knowledge about family planning methods, the majority (92.3 percent) has heard about female sterilization method. The knowledge about pills and Depo-Provera had reported almost equal i.e. (19.2 percent) and (37.1 percent) respectively by the respondents, similarly about (21.7 percent) of the respondents said that they have heard about Norplant only (16.3 percent) respondent has heard and the knowledge of about condom. It seems the majority of respondents have heard at least any methods of family planning method.

5.2 Source of Information on Family Planning Methods

There are various sources from where the respondents known about family planning methods. The main sources are as shown below in the table 5.2.

Table 5.2: Percentage Distribution of Respondents by Sources of Information about FP Methods

Source	Number	Percentage
Relatives/friends	19	17.4
Radio	35	32.1
Husband	25	22.9
Village health worker	12	11
Health post	14	12.8
Others	4	3.7

Source: Field Survey, 2008.

Note: The numbers and percentage in the above table are the multiple responses.

Of the total respondents those who had heard about to were asked about sources of information. In this response radio (32.1 percent), as the main sources of information followed by husband (22.9 percent), relatives /friends (17.4 percent), Health post (12.8 percent), Village health worker (11 percent) and others (3.7 percent).

5.3 Use of Family Planning Methods

The use of the family planning method reduces the fertility. It can also manage the rapid growing population to increasing the birth space. In developed countries CPR level is higher than under developed and developing countries. It is because of lack of the knowledge of the contraceptive method educational attainment and low economic status. In Nepal the CPR level is 48 percent according to NDHS 2006. Among Nepalese women the use of CPR level increasing each years. In the study area the CPR level is given below in the table.

Table 5.3: Percentage Distribution of Respondents by Ever Use and Nonuse of Family Planning Methods

Family planning methods	Number	Percentage
Ever user	69	63.3
Ever non user	40	36.6
Total	**109**	**100.0**
Female sterilization	36	52.1
Pills	11	15.9
Depo-Provera	15	21.7
Condoms	7	10.1
Total	**69**	**100.0**

Source: Field Survey, 2008.

The table 5.3 shows that, out of total respondents (63.3 percent) reported ever used and (36.6 percent) never used. Among the ever users the majority of the respondents (52.1 percent) had used female sterilization. Followed by pills and Depo-Provera (15.9 percent) and (21.7 percent) respectively. Likewise, only (10.1 percent) respondents had use condom. It seems to be very low the attitude and practice of family planning in musahar community.

Table 5.4: Percentage Distribution of Respondents by Current Use of Family Planning Methods

Family planning method	Number	Percentage
Male/Female Sterilization	14	12.8
Depo-Provera	5	5.5
Condom	4	3.7
Pills	6	5.5
Total Current Users	**29**	**27.5**

Source: Field Survey, 2008.

From the table 5.4 it is clear that the current use of contraceptive is very low among the study women. The CPR is calculated as (27.5 percent). This is very lower than the national level CPR (39 percent) as calculated by Nepal Demographic and Health Survey (NDHS) in 2001. The highest percent among the current users has been occupied by male/female sterilization.

5.4 Reason for not Using Family Planning Methods

There are various reasons not to use family planning methods. Lack of knowledge, unavailability of choice method, social barrier and so on are some of the reasons in our society. Among the respondents who said not using any contraceptive were asked about the reason why they didn't use any method of contraceptive. The responses are tabulated in table 5.5.

Table 5.5: Percentage Distribution of Respondents by Reason for not Using FP Methods

Reason	Number	Percentage
Lack of knowledge	21	52.5
Fear of side effect	12	30
Cause of husband	4	10
Others	3	7.5
Total	**40**	**100.0**

Source: Field Survey, 2008.

The table 5.5 shows that out of 33 non users of family planning methods the highest 52.5 percent were found having reason lack of knowledge for not using any method of family planning, followed by fear of side effect 30 percent for the using any method. Likewise, 10 percent had mentioned that cause of husband and only 7.5 percent didn't mention any specific reason for not using any method of family planning methods.

CHAPTER – VI

FERTILITY LEVEL BY DEMOGRAPHIC AND SOCIO-ECONOMIC VARIABLES

The chapter deals with the analysis of fertility level with selected some demographic and socio-economic variables. Variation in CEB is considered as the variation in fertility behaviour of Musahar women with respect to other independent variables. CEB is one of the basic indicators for fertility of women up to the age at the time of survey and can be easily compared in terms of mean with various characteristics of Musahar women being studied.

6.1 Sex Preference and Mean CEB

Many researches have shown that desire of son is the main cause of high fertility in Nepal. Son is compulsory for Nepalese castes. It can be the some condition also in musahar community. There is direct relationship between sex preference and fertility. Mean CEB and Sex performance of the study area is presented in table 6.1.

Table 6.1: Distribution of Respondents According to Number of Mean CEB by Sex Preference

Preference	No. of Children	No. of Women	CEB
Son Preferred	196	98	2.0
Daughter Preferred	9	2	4.5
Both Preferred	24	9	2.6
Total	**229**	**109**	**2.1**

Source: Field Survey, 2008.

Table 6.1 show that the women who preferred son have low CEB i.e. 2.0 and compared to daughter preferred 4.5 and both 2.6. There is a higher number of women who wants to bearing son which numbers was 98 and they have 196 children. But there is a low number of women who wants to born daughter which number is 2 and there is little bit higher number of respondents who wants to bearing son and daughter both which number is 9. Thus we can say that, it is the change of socio-economic

belief and old age security. And it is also seen that Nepalese couples have strong desire of son. So that, the total fertility is high in Nepal.

6.2 Mean CEB and Child Loss Experience

The relationship between CEB and child loss experience is expected to be positive. Higher infant and child mortality is found to be associated with high fertility. Many couples motivate to give birth more children because they have not believed on their single son so mean CEB is affective by child loss experience.

Table 6.2: Mean CEB by Child Loss Experience of Women

Child loss experience	No. of children	No. of Women	CEB
No child loss	153	78	1.9
1 child loss	35	17	2.0
2 children loss	26	9	2.8
3+ children loss	15	5	3.0
Total	**229**	**109**	**2.1**

Source: Field Survey, 2008.

According to the study mean CEB to women is found 1.9 for those women with no child loss, which in creases to 2.0 with one child loss, 2.8 with two children loss and the highest mean CEB 3.0 is found for those women whose child loss have 3 and above.

6.3 Mean CEB and Occupation

Occupational status of women is also considered as one of the determinants of fertility. Occupational status of women is also negatively associated with the number of CEB. The mean CEB as reported by occupational status of respondent at the time of field survey is displayed below.

Table 6.3: Distribution of Currently Married Women (Respondents) by Number of Mean CEB and Occupation

Occupation	No. of Children	No. of Women	CEB
Fishing	169	89	1.9
Daily wages worker in agricultural sector	47	15	3.1
Agriculture	8	3	2.6
Others	5	2	2.5
Total	**229**	**109**	**2.1**

Source: Field Survey, 2008.

According to the study, mean number of CEB is highest for those women who are engaged in daily wages worker in agricultural sector (3.1 percent) followed by agriculture (2.6 percent) and others (2.5 percent). The lowest mean CEB (1.2 percent) found for those women who are fishing.

6.4 Mean CEB and Educational Status

Education is considered as the best contraception. It has been widely accepted that education has a strong impact on the fertility behaviour. It is inversely associated with fertility. Educated women play and important role in lowering fertility. Educated women also more aware of the issue of low family size than uneducated women. The mean number of CEB declines with increase in educational level of women.

Table 6.4: Distribution of Mean CEB by Literacy and Education

Literacy Status	No. of Children	No. of Women	CEB
Literate	28	16	1.7
Illiterate	201	93	2.2
Total	229	109	2.1
If literate Level of Education			
Non formal education	5	3	1.6
Primary	19	10	1.9
Lower secondary	3	2	1.5
Secondary	1	1	1.0
Total	**28**	**16**	**1.7**

Source: Field Survey, 2008.

The average mean CEB 2.2 for illiterate women is found to be higher compared to mean CEB 1.7 for literate women. Among literate, the respondents who had compled primary level education, their mean CEB was found 1.9, followed by non-formal education level 1.6, the women who have got lower secondary education and secondary education, their mean CEB is 1.5 and 1.0 respectively.

6.5 Mean CEB by Age at Marriage

Age at marriage is a major factor, which determines the fertility or CEB. Age at marriage and fertility are inversely related. Higher the age at marriage lower the fertility and lower the age at marriage higher the fertility. The effects of age at marriage on fertility as expressed in terms of mean CEB in the study population is displayed below.

Table 6.5: Mean CEB by Age at Marriage

Age at marriage	No. of Children	No. of Women	CEB
Below 15 years	39	17	2.3
15-19	175	86	2.0
20-24	143	5	2.6
25+	2	1	2.0
Total	**229**	**109**	**2.1**

Source: Field Survey, 2008.

Table 6.5 shows that the mean number of CEB 2.6 was found for the women who married between age 20-24 years followed by mean CEB 2.3, 2.0 and 2.0 for those women whose age at marriage is between, below 15 years, 15-19 and 25 and above years respectively.

6.6 Mean CEB by 5 Years Age Group of Women

Age of women is an important factor to determine fertility and children ever born in reproductive age in one of the best indicator for fertility behaviour. The number of mean CEB is shown by various age groups of mother it has positive association with longer span of the reproductive age of women. CEB is the average number of children

even born for the women at the time of survey. Mean CEB by current age of women is presented in Table 6.6.

Table 6.6: Mean CEB by Five Year Age Group of Women

Age Group	No. of Children	No. of Women	CEB
15-19	22	27	0.8
20-24	43	17	2.5
25-29	56	25	2.2
30-34	50	13	3.8
35-39	25	11	2.2
40-44	19	7	2.7
45-49	14	9	1.5
Total	**229**	**109**	**2.1**

Source: Field Survey, 2008.

According to this table the total mean CEB of women is found 2.1. There is positive relationship between age of women and number of children. This table is also explains that the lowest level of CEB which is in age group 15-19 years i.e. 0.8. The highest level of CEB is found for the women in the age group 30-34 years i.e. 3.8. The second lowest mean CEB is found for age group 45-49 years i.e. 1.5 followed by 2.2, 2.5, 2.2 and 2.7 for the age groups 25-29, 20-24, 25-29 and 40-44 years respectively.

6.7 Mean CEB by Use and Non Use of Contraception

The prevalence of contraceptive has been identified as one of the principle determinants of fertility. The couples who are currently using contraceptive are expected to be negatively corrected with fertility. Mean CEB and use and non use of contraception of respondents is presented in table 6.7.

Table 6.7: Distribution of Respondents According To Number Mean CEB by Use and Non Use of Contraception

Contraception	No. of Children	No. of Women	CEB
User	134	69	1.9
Non User	95	40	2.4
Total	**229**	**109**	**2.1**

Source: Field Survey, 2008.

Table 6.7 shows the women who used contraceptive tools have low CEB i.e. 1.9 and mean CEB is 2.4 for the respondents who do not used any types of contractive tool. It is proved that contraceptive user respondents of the study area have low mean CEB than non user respondents. Thus we can say that, it is also one cause of rapid population growth day by day in low caste community who have unknown with contraceptive.

CHAPTER – VII

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This is closing chapter of the present systematic study. It presents the summary of the study with its major findings. It also contains conclusions, recommendations for policy implications and research issues.

7.1 Summary

This study has been carried out examine the fertility behaviour of musahar community of Nepal. The research is based on primary data collected from field survey conducted in June 2008 in Agyauli, Kawasoti and Pithauli VDCs of Nawalparasi districts. To examine the differential in fertility some selected demographic and socio-economic variables has been considered. Such as age at marriage, child loss experience, education of women, occupation of women, use of contraception were taken as independent variables and mean CEB was taken as dependent variables. The main finding obtained by the analysis of data were as follows:

- Among 99 household there were 447 total people out of them 48.8 percent were males and 51.2 percent were females.
- Sex ratio was found 95.1 which is lower than the national level 99.8 (CBS, 2001).
- Literacy status of the study population was very low. It was 28.4 percent literate. More than 41.3 percent of the literate didn't cross primary level only 5.8 percent was found lower secondary.
- 73.1 percent women/respondents got married between the age 15-16 years.
- None of eligible women have passed secondary level. Most of the literates have only informal education, 41.3 percent eligible women had at lest primary education. Thus, musahar women possessed low educational status.
- Among the eligible women of age 15-4, majority of the respondents were in the age group 15-19, i.e. 0.8 percent.

- 81.7 percent of economically active population were involved in fishing. Likewise out of total eligible women 18.3 percent women were involved in agricultural activities as daily wages workers.

- Out of 99 household only 27.2 percent household had modern amenities i.e. 11.0 percent radio and 4.5 percent bicycle and 72.8 percent household did not have any kinds of modern amenities.

- Out of the total household 50.4 percent household had in care Rs 1000 to 1999 per months.

- 100 percent of the household had hand pipe for source of drinking water and 3.7 household had toilet facilities. So it seems sanitary facility is very low in this community.

- Out of 109 respondents 77.9 percent had heard about family planning method and 22.0 percent respondent did not have knowledge about any family planning method.

- Out of 69 women only 63.3 percent had found ever user i.e. at least once use one method of family planning and 36.7 percent respondents were ever non users. Among the respondents having knowledge, more had use any one of the method.

- The highest majority 32.1 percent respondents were reported the source of knowledge about family planning method by their Radio and lowest 3.7 percent were found by others.

- Out of 36 ever non users of family planning methods the highest 52.7 percent were found having reason lack of knowledge for non using any method of family planning.

- Mean CEB is high 3.8 in age group 30-34 years.

- The mean CEB is high 2.6 of those respondents who had got marriage in age group 20-24 years.

- Illiterate women have high 2.2 mean CEB as compared to those respondents who are literate which mean CEB accounts 1.7.
- Mean CEB is high i.e. 3.1 of those respondents who are engaged in daily wage worker in agricultural sector.
- Mean CEB is reported high 2.4 from these respondents who are not using family planning.

7.2 Conclusions

The poor status of women leads to higher fertility in Nepal. In the study area, various types of factor as low age at marriage, son preference occupation, used and non-use of contraceptive, low level of education are major causes of high fertility in musahar community. The fertility behaviour of musahar women at Agyauli, Kawasoti and Pithauli VDC in Nawalparasi district following conclusions are given below.

- The system of early marriage is high in study area which is the main cause of high fertility in musahar community.
- The level of education of women is very low in these area while literate women are less than illiterate women.
- In Agyauli, Kawasoti and Pithauli VDCs, most of the women are backward in socially, economically, and demographically.
- Most of the musahar women are engaged in fishing but less women are participated in daily wage and agriculture.
- In the study area, the proportion of contraceptive user women is high than non-users women. They have curiosity on contraceptive devices but not sufficient knowledge about using method.
- In the study area most of the women have done female sterilization.
- The inverse relationship between contraceptive tools and fertility.

- Child loss experience has positive on member of children ever born. Increasing number of child mortality is strongly associated with increasing number of CEB.

- It has been seen that an increase of age of women, the mean CEB of women also increases.

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

- Mean CEB as been seen affected directly from status of occupation.

- In the study area respondents have high level of son preference than daughter preference. The women who have strong desire of son have more CEB than other in the study area.

7.3 Recommendations

Study indicates that the women in study area need a current change in socio-economic status in order to emancipate them with the burden of high fertility rate. Based on the findings of the study for their further improvement to reduce their fertility level determined by various factors the following points might be the milestone.

- In this study age at marriage is very low in this community is lead to higher fertility. Therefore different kind of effective programmes should be conducted for avoiding early marriage system.

- The literacy rate was found very low so the policy can format to raise their literacy rate.

- The Mushahar community were practicing high fertility rate so the policy must be format to decrease fertility and increasing awareness.

- The Musahar communities were found very poor and nobody have any skill, they only depend on fishing for livelihood. So the policy can format to give them skillful training to eradicate their poverty.

- Family planning programmes should increase in this area and it should play important role to encourage for using family planning method without any hesitation.

- Information, education and communication (IEC) materials should be accessible through primary health care centers to improve the level of contraceptive use and to counter the rumour messages.

- The overall status i.e. education status, occupational status and economic status are very low. So special programme is needed to raise the overall status of musahar women.

7.4 Further Research Issues

Few studies may cover all the issues related to the topic. This study because of its specific objectives can not cover all the issues related to fertility of women. This study studies fertility behaviour of musahar community among the musahar women of three VDCs for the detailed study about this issues further study can be done in the below mentioned issues.

- The present study has small sample size and the further research can be taken a large sample size adopting other sampling methods.

- The present study is fully descriptive so, it may not be represent the actual phenomena of fertility. Therefore, analytical study can do for the future research issue.

- The study has examined mean CEB by different independent socio-economic and demographic variable only. Other variables like ecological, biological, physiological, sex preference and cultural variables can be taken into consideration as future research issue.

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Fertility Behaviour of the Mushahar Community

A Case Study of Nwaslparasi

Questionnaire

Fertility Survey of Musahar Community for M.A. 2nd year Thesis by Central Department of Population Studies.

A. House hold Questionnaire

Introductory records:

Household no:

VDC:

Ward no:

Name of the household head:

Name of the respondent:

Caste: Religion:

Household Background

S.N.	NHH	RHH	SEX		AGE	MS	ED	OCC	EW
			M	F					
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

S.N. = Serial Number RHH= Relation to head of the household

ED = Education NHH = Name of the household

MS= Martial Status OCC= Occupation

EW = Eligible Women

Household Questionnaire

1. What is your major occupation of your family?
   a) Agriculture ( )
   b) Service ( )
   c) Daily wage labour in non-agriculture sectors ( )
   d) Others ( )
2. If agriculture how much land does your household have?
   a) Bigha ( ) b) Dhoor ( )
   c) Kattha ( )
3. If wage labour what is the monthly income of your household?
   Rs. .....
4. Does your household have following facilities?
   a) Radio ( ) b) Cycle ( ) c) T.V. ( )
   d) Electricity ( ) e) Others ( )
5. What is the main source of drinking water in your home?
   a) Well ( ) b) Tap ( )
   c) Tubewell( ) d) Others( )
6. Do you have toilet facility?
   a) Yes ( ) b) No ( )
7. If yes, what type of toilet facility does your household has?
   a) Traditional pit ( ) b) Bush/Field ( )
   c) Pit ( ) d) Others ( )

B. Individual Questionnaire

8. How old are you?
   .....
9. Can you read and write?
   a) Yes ( ) b) No ( ) If no skip 12
10. Have you ever gone to school?
    a) Yes ( ) b) No ( )
11. Have you read in information class?
    a) Yes ( ) b) No ( )
12. What is your level of education?

a) No Schooling ( ) b) Primary ( )

c) Lower Secondary ( ) d) Secondary ( )

13. What was your age at marriage?

..... years.

14. Now, what is your martial status?

a) Married ( ) b) Separated ( )

c) Widowed ( ) d) Others ( )

15. Have you given any birth?

a) Yes ( ) b) No ( ) If no skip to 21

16. What was your age at first birth?

.....age.

17. How many birth did you have?

a) Sons ( ) b) Daughters ( ) c) Total ( )

18. What is the age of your first child?

a) Years ( ) b) Month ( )

19. What is the age of your last children?

a) Years ( ) b) Month ( )

20. Are all the children you born alive till now?

a) Yes ( ) b) No ( ) If no skip to 22

21. Are you pregnant now?

a) Yes ( ) b) No ( ) c) Don't know ( )

22. If your pregnancy ever collapsed?

a) Yes ( ) b) No ( ) If no skip to 24

23. If you how many?

Number ( )

24. Have your any children died after the birth?

a) Yes ( ) b) No ( )

25. If yes how many?

a) Son ( ) b) Daughter ( ) c) Total ( )

26. How many children died before their age 1years?

a) Son ( ) b) Daughter c) Total ( )

27. How many children died before their age 1-5 years?

a) Son ( ) b) Daughter ( ) c) Total ( )

28. Have you heard of family planning method?

a) Yes ( ) b) No ( )

29. If yes from where?

a) Radio ( ) b) T.V. ( ) c) Husband ( )

d) Relatives/Friends ( ) e) Nurse ( )

f) Village health workers ( ) g) Others ( )

30. Which method have you heard?

a) Female sterilization ( ) b) Male sterilization ( )

c) Pills ( ) d) Condom ( ) e) IUD ( )

f) Depo-Provera ( ) g) Norplant ( ) h) Safe Period ( )

i) Withdraw ( ) j) Others ( )

31. What is the main cause of using family planning methods?

a) Birth interval ( ) b) Avoid pregnancy ( )

32. Have you ever use any method?

a) Yes ( ) b) No ( ) If no skip to 34

33. If yes, which method have you used?

a) Pills ( ) b) Depo-Provera ( )

c) IUD ( ) d) Norplant ( )

34. If no, why?

a) Lack of knowledge ( ) b) Lack of money ( )

c) Fear of side effect ( ) d) Others ( )

35. Are you currently using any methods of contraception?

a) Yes ( ) b) No ( ) If no skip to 37

36. If yes, which methods have you being using?

a) Norplant ( ) b) Pills ( ) c) Depo-Provera ( )

d) Male/Female Sterilization ( ) e) Kamal Chhaki ( ) f) Others ( )

37. Do you want to use any method in future?

a) Yes ( ) b) No ( )

THANK YOU