SOCIO-ECONOMIC AND DEMOGRAPHIC EFFECTS ON FERTILITY
(A Case Study of Pakuwa VDC, Parbat)

CHAPTER I

INTRODUCTION

1.1 General Background:

Fertility refers to the actual reproductive performance of an individual, a couple, a group or a population, which is determined by social, cultural, psychological as well as economic factors. The birth of a child is basically a biological phenomenona; childbearing in any society occurs in a social setup and is, therefore, affected by the social structure as well as societal customs, values of childbearing. For example, an understanding of social norms and customs concerning the sexual behaviour of men and women is relevant in the study of fertility, for conception results from the sexual act. As value system usually demand that reproduction should take place within wedlock, the social norms and custom regarding marriage in any society also affect societal reproduction. The biological limits imposed on childbearing by such factors as age and sex can be easily recognized. Only women can conceive and give birth to children, and that, too, within certain age limits i.e. 15-49 years of age. A woman becomes biologically fecund with the onset of menstruation. Her capacity to bear children comes to an end with the onset of menopause, i.e. when menstruation ceases. (Bhende and Kanitkar, 2003:246-247).

Theoretically, during the physiologically limited childbearing period, a woman would get 37 children, if she gave birth to one child every ten months over a period of 31 years. Even if she gave birth to a child every 15 months throughout her reproductive period, she would produce a total of 25 children (Bhende and Kanitkar, 2003:248).

Differences in the fertility of specific population groups arise mainly from three sources, viz. differences in the number of child which couples in various population groups want, differences in their knowledge, attitude and practice of fertility control which enable them to obtain these desires and difference due to the demographic characteristic of each population group. The cultural differences in fertility is concerned with the examination of factors called intermediate variables by Davis and Blake (1995), through which cultural conditions can affect fertility (Karki Y.B, 2003:45).

Nepal is predominantly agricultural country situated in south Asian region with 26.22 to 30.24 latitude and 80.4 to 88.12-east longitude as a landlocked Himalayan country. It is also an agricultural society where people are encouraged to have more children to meet the demand of labour force for agricultural activities when ultimately results high fertility (Pant and Acharya, 1988-58-64).

Traditionally, Nepalese society favours high fertility. Children are a symbol of well being both socially and economically. This is evident from the popular saying, which goes "May your progeny fill the hills and mountains". Marriage is early and Universal.

It is a disgrace for a couple, particularly the wife not to have children. High fertility is desired because by producing children, preferably sons, women raise her status in the family .She avoids the chance of having a co-wife and makes herself socially eligible to inherit some properly from the family.

The people of Nepal are caught up on economic hardships due to the depletion of natural resources base. This was realized in early 1970s (Blaikie, et al, 1980) and in 1979. Those families who had good land are now only moderately well off. Inheritance customs continually divide large estates between several sons; thus more sons mean less land for each. Many villagers, therefore, linked the poverty of the people large family size (Karki, 1982). Apparently the poverty level has not changed since then rather it appears that it has even become worse as the proportion of people living under the poverty line has risen from 37 percent in 1984/85 to 42 percent in 1996 (Karki, 2000). However, 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, March 2003).

In Nepal, though there are more than 100 ethnic/caste groups with distinct language and culture, these diverse ethnic/caste groups can be arranged into five broad cultural groups: (i) Hindu groups, (ii) the Newar, (iii) the Janajati or nationalities, (iv) Muslim and (v) other (CBS, 2003).

In the context of Parbat district, there are more than 20 ethnic/caste groups with their different characteristics, Among them Bahun (38.48%), Chhetri (16.01%), Mager (10.72%), Kami (7.49%), Damai (6.55%), Gurung (5.09%) in 1^{st}, 2^{nd}, 3^{rd}, 4^{th}, 5^{th} and 6^{th} position respectively (CBS, 2003).

With reference to study area i.e. Pakuwa VDC of Parbat district has been undertaken to analyze the socio-economic and demographic effects on fertility behaviour. There are more than 11 ethnic/caste groups having their different socio-economic and demographic characteristics, these diverse ethnic/caste groups can be arranged into 3 broad cultural groups: High caste (Brahmin, Chhetri and Thakuri), Dalits (Damai, Kami and Sarki) and Janajati (Magar, Gurung, Gharti and Thakali) (Village Profile, 2061).

1.2 Statement of the Problem:

Inter-relationship between socio-economic variables affecting fertility behaviour: in the discussion on differential fertility only one variable at a time has been taken into consideration with a view to explaining the differences in fertility among sub-groups in any population. It must, however, be recognized that all these variables are closely interrelated (Bhende and Kanitkar; 2003:321).

One of the important aspects of population study is the socio-economic and demographic factor that influences fertility behaviour. Culturally and religiously, Nepalese society is pronatalist (Dahal, 1988/89). Marriage is almost universal in Nepalese society and there is common observation that people marry at an early age, which leads to higher fertility. Similarly, the experience of infant and child mortality rate is higher which encourages Nepalese women to replace the own child loss.

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 survival and cultural and religious factors. In addition family planning in general has an important role to play in reducing marital fertility (UNFPA, 1989:73).

The population of Nepal was 1,15,55,983, 1,50,22,839, 1,84,91,097 and 2,31,51,423 in 1971, 1981, 1991 and 2001 respectively (CBS, 2003). If we are unable to care it's management it might be problematic in coming future because of limited resources. Hence, the population should be managed for social and economic prosperity and development.

The TFR of Nepal was 5.6 in 1991 and 4.1 in 2001 and 3.1 in 2006 (NDHS). This decline in TFR could be attributed to the rising level of education, social status, empowerment of female and contraceptives prevalence. However, TFR was 4.5 in 2003 and 3.1 in 2007 (PRB), which is comparatively higher than other Asian countries.

Knowledge, attitude and practice (KAP) towards family is very high. More than 90 percent of all women and men know of both female and male sterilization, the pill, injectables and male condoms. Knowledge of traditional methods is lower- only 48 percent of all women and 76 percent of all men know at any traditional method. But the contraceptive prevalence rate (CPR) in Nepal is quite low 39 percent in 2001 and 48 percent in 2006 (NDHS).

Nepal is also a country with fairly high adolescent fertility rates. Adolescent and youth constitute a large section of the population in Nepal. They are the population at a special stage in and are generally neglected. Overall discussion lead to the conclusion that for overall development of these people, there is a need of universal education imported quality of life, equitable opportunities, access to health care, confidential counseling and information services are the major causes of high adolescent fertility rates in Nepal (CBS, 2003,Vol.II: 351).

The economic of Nepal is predominantly agriculture base (65%) and 31 percent fall under poverty line (2003/04). It is believed that children are god gifted and are not considered burden on the family but contribute to family income. Similarly, the educational status is very low in Nepalese women (42.8) especially in rural areas (39.6) (CBS, 2002, National Report Vol.II: 136). They do not realize the need for birth control, birth spacing. As a result, the fertility rate has not comedown.

This study basically based on Pakuwa VDC, Parbat where most of the people are engaged in agricultural sectors. This study reveals the fertility behaviour and use of family planning methods in this VDC. It also attempts to analyze socio-economic and demographic effects on the fertility behaviour.

1.3 Objectives of the study:

This study will attempt to seek the following objectives:

1. To determine the socio- economic and demographic characteristic in the study area.
2. To examine knowledge, attitude and practice of family planning methods.
3. To observe the effects of some socio-economic and demographic variables on fertility.

1.4 Significance of the Study:

With reference to Nepal, very few studies have been carried out about different socio-economic and demographic variables affecting the fertility, especially in economically backward ethnic/caste groups and locality. Prosperity of a country depends upon the development of each social setting and every unit within country. This fact becomes even more important in country like Nepal, which is in habited with a great variation in level of education, economic status, ethnicity and so on. So studies on various socio- economic and demographic factors in such type of localities and social settings no doubt, will be very helpful to find those factors which play vital role in enhancing fertility in different localities and certainly, major findings of this study will be very useful in suggesting the guidelines to NGOs, INGOs and even to the government in setting population polices and programmes. This study mainly focuses on ever-married women of reproductive ages. This study also provides some recommendations for policymakers and planners in different level of a country. It may be useful for social workers and related organizations that are engaged in different sectors to improve quality of life of people of different castes/ethnics groups of this VDC. Moreover, such study itself may be useful to researcher and help to local people to develop the awareness about their socio- economic and demographic condition.

1.5 Limitations of study:

The level of fertility of any place is influenced by various factors like, psychological, biological, political, social economic, demographic, geographical and so on. Those factors cannot be isolated in the study of fertility differentials. Nevertheless, due to the different problems such as lack of time, cost, and budget this study is limited to some of the socio- economic and demographic factors.

Limitations of this study are given as follows:

1. This study is based on fertility behaviour of Pakuwa VDC, Parbat. So, the major findings may not be applicable as an indicator of other groups of social setting and part of country as well as whole nation.
2. This study is based on some selected variables to examine the status of women and it's relationship with fertility.
3. The respondents of this study are taken as ever married women of reproductive ages i.e. 15-49 years.
4. This study has a small sample size, which is not representative of the large population and only the limited method is used.

1.6 Organization of the study:

This study is divided into six chapters with different topics. The first chapter covers the introduction, which includes background to the study, statement of the problem, objectives of the study, significance of the study and limitation of the study. The second chapter includes review of literature i.e. theoretical and empirical. Similarly, the third chapter concerns with the methodology of the study, which includes of the study area, the research design, questionnaires design, tools used for data collection procedure of data collection and framework for the study. Chapter four describes and introduces the different socio-economic and demographic characteristics of the study population. In the same way, chapter five relates fertility with the analysis of women's characteristics such as age distribution, age at first marriage, number of children, ideal number of son and daughter, knowledge, attitude and practice of family planning method and relationship of women' CEB with socio-economic variables. Finally, the sixth chapter includes the summary, conclusion, policy recommendations and so on.

CHAPTER II

REVIEW OF LITERATURE:

Fertility refers to the number of live births women have. It differs from fecundity, which refers to the physiological capability of women to reproduce. Fertility is directly determined by a number of factors that, in turn, are affected by a great many social, cultural, economic, health, and other environmental factors (UN, 2005).

The study of fertility occupies a central position in the study of population for several reasons. Human population is responsible for biological replacement and for the maintenance of human society. The growth of the population of the world depends entirely on human fertility. The excessive replacement of human numbers can also create several social and political problems for a country. The process of replacement of a group through fertility is a complicated process. Within the biological limits of human fertility, several social, cultural, psychological, as well as economic and political factors are found to operate, and these factors are responsible for determining the levels and differentials of fertility (Asha A Bhende and Tara Kanitkar). In this chapter, various literature based on theoretical as well as empirical studies on fertility behaviour have been reviewed which help to formulate a conceptual framework of fertility of population under study.

2.1 Theoretical Literature Review:

Fertility is the childbearing performance of individuals, couples, groups of population, (Pressat, 1985,81). Fertility performance is biological restricted to the women, normally of 15-45/49 years of age group. Therefore almost all fertility measures are also conventionally related to women. Different socio-economic and cultural variables are employed to explain the prevailing level of fertility in societies. Davis and Blake (social structure and fertility on 1956) proposed eleven variables to which they called:"Intermediate Variables ". Among them six variables affecting to sexual intercourse (Intercourse Variables), three factors affecting exposure to conception (Conception Variables) and remaining two factors affecting gestation and successful parturation (Gestation Variables).

It should be noted that any social or cultural factor, which affects fertility, must do so through and only through one or more if the "Intermediate Variables". Each of these eleven intermediate variables can have either a positive or negative effect on fertility. For instance, if in a society a significant proportion of couples successfully practice contraception, it has a minus value with respect to the variable, and if the practice of contraception is absent in a society, this variable has a plus value. The fertility level in any society is determined by the combined effect of all the eleven variables. All of these variables are present in every society –each one operates to reduce or to enhance fertility if abortion is not practiced, the fertility value of variables 11 is plus (Bhende and Kanitkar, 2004).

According to "Demographic Transition" theory, fertility and mortality transition from high to low, in the countries of Europe, North America and Australia occurred when the use of contraception become widespread under the influence of such factor as growing individualism and rising level of aspiration developed in urban industrial living that emerged with process of socio-economic development of the country (UN, 1973: 65). Frank W. Notestein presented the theory of demographic transition in 1945 and explained that all the societies move from a traditional agrarian based economic system with quite high level of mortality and fertility to an industrialized modern society with quite level of fertility (UN 1973:59).

According to Richard A Easterlin, a comprehensive framework incorporating the main concept of demography, sociology and other sciences would be useful to analyse human fertility behaviour in a systematic manner. Such a framework, it's thought should be relevant to present and past fertility behaviour in a large number of societies and he had proposed a framework in which an attempt has been made to combine sociology and economics of human fertility.

As parents are more concerned about the number of grown up living children rather than the number of births, the principal dependent variable in Easterlin's theory is the total number of surviving children. It also assumed that both spouses would live throughout the reproductive span of the wife.

The determinants of fertility operate through one or more of the following:

- The Demand for Children (cd)
- Potential Output of Children (cn): supply of children
- The Cost of Fertility Regulation:

A Path Model of Fertility Determinants

Based on Easterlin's Synthesis Framework

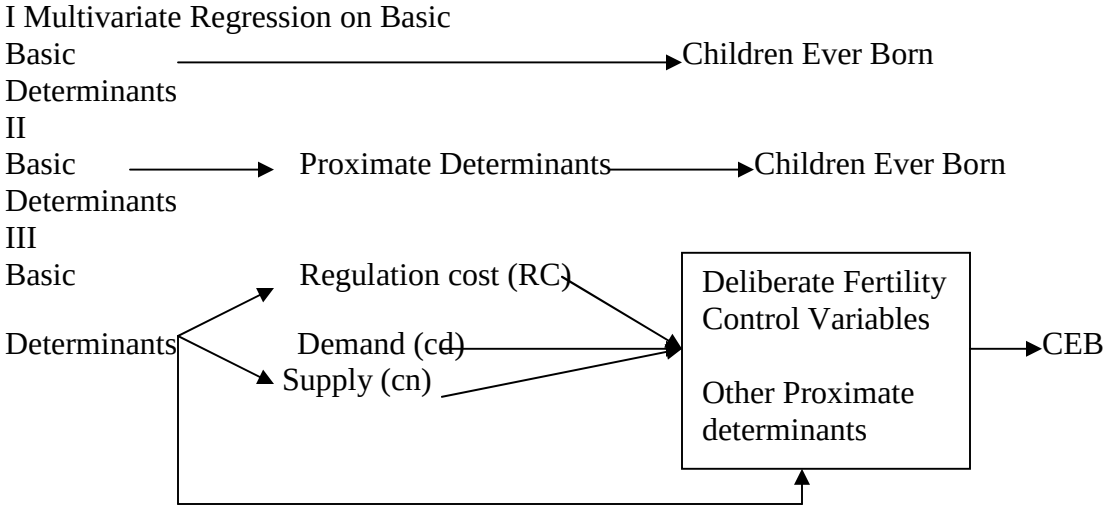


Fig: Socio-Economic Development and fertility Evolving Approaches

Source: Richard A Easterlin "Modernization and Fertility: A Critical Appraisal in RA Bulatalo and RD. Lee (Eds), Determinants of fertility in Developing Countries, Vol. 2, New Work: Academic Press, 1983, PP562-586.

Caldwell (1976) advanced "Intergeneration Wealth flow" theory of fertility decline. This theory shows how fertility is affected as economics from Peasant agriculture to modern ones. He argues that societies can be classified according to their production system that traditional family based production with high fertility. In many society, the fertility is high if children are economically beneficial to parents, and low if children are not economically beneficial to parents is determined by social condition, mainly the direction of the intergenerational flow of wealth, children on such societies are economic assets to their parents and naturally more children mean more wealth leading to high fertility. On the other hand the net flow of wealth reverses and children become an economic burden and so the fertility will decline (Caldwell, 1976, 321-366).

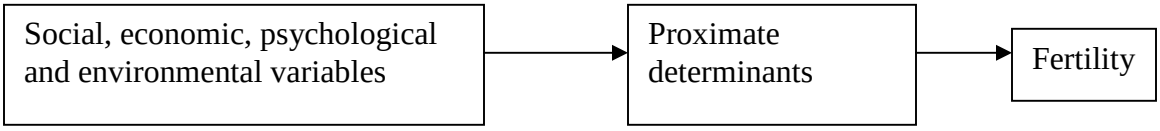
Limit of production	Types of Family	Net wealth flow	Mechanism	Fertility
Household	Extendedkin groups	Children to parents	Security prestige	High
Household market	Extended kin groups	Children to parents	Security prestige	High
Market	Nuclear	Parents to children	Education opportunities foregone	Low

The Threshold Hypothesis: The United Nations has attempted to study the relationship between the level of fertility (with the gross production rates as an indicators of fertility) and various indicators of the level of socio-economic development. This study was based on the data collected from various countries having different levels of the gross reproduction rate. The following twelve indicators of socio-economic development were used

1 Per capita income
2 Energy consumption
3 Degree of urbanization
4 Non agricultural activities
5 Hospital bed
6 Life expectancy
7 Infant mortality rate
8 Proportion of women married in the (15-19) age group
9 Female literacy rate
10 Newspaper circulations
11Radio receiver
12 Cinema attendances

These findings of the UNs are consistent with the threshold hypothesis, which dwells on the role of social and economic development in bringing about the transition from high to low fertility.

Johan Bongaarts (1960s): analysed the relationship between socio-economic factors and fertility. Davis and Blake and other scholars already recognized a theoretical or conceptual relationship between these variables. Bongaarts purposed a model for analysis of fertility, which he named "Proximate Determinants Model". He defined (Robort Potter also) " the proximate determinants of fertility are the biological and behavioural factors through which social, economic and environmental variables affect fertility" They called proximate as they are the nearest to the event of fertility.



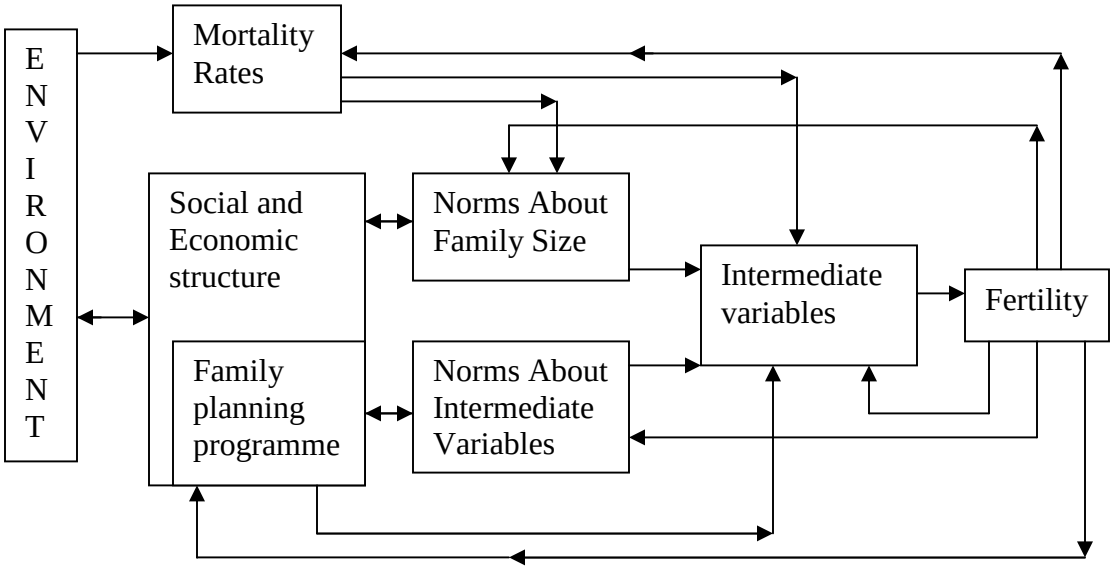
Source: ROSS, 1982:276

In 1975, Bongaarts analyzed how the sciences had achieved lower fertility than that of natural fertility. He examined the several factors, which are responsible to make lower then natural fertility, and arrived at a conclusion that there are four proximate variables (Marriage, Contraception, Infecundability and Abortion) that affect the fertility levels (Bhende and Kanitkar, 2003,261.)

Proximate Determinants	Sensitive of fertility to the determinants	Variability among population	Overall rating
1 Marriage (cohabitation and marriage disruption)	High	High	High
2 One set of permanent sterility	Medium	Low	Low
3 The duration of postpartum in fecundability	Medium	High	High
4 Fecundability	Medium	Medium	Medium
5 Use of contraception	High	High	High
6 Spontaneous intrauterine mortality	Low	Low	Low
7 Induced abortion	Medium	High	High

Freedman introduced two types of norms in his model namely, norms about intermediate variables and family size: In every society, there are some norms and customs relating to intermediate variables as well as family size. Many of these practices and customs are so thoroughly rooted in social values and norms that they are generally not even perceived rationally, but are followed blindly. He formulated framework for the study of fertility as follows:

Fig. Sociological Framework



Source: Bhende and Kanitkar, 2004:260

Becker put forward his economic theory of fertility. This theory is the micro consumption theory of fertility, which explained that fertility behaviour is the result of household choices of fertility were made in the same manner as in the case of the purchase of the durable goods. A couple's decision to have an additional child depends on the balance of its preferences, the constraints of its income and cost of the child. It is advocated that if knowledge of birth controls were wide spread, fertility would be directly related to income of the parents (Becker, 1960:209-231).

We have no single theory of fertility determination: Socio-cultural, economic and demographic characteristics of the people affect the fertility of country. So, we have to understand the importance of causal links between the socio-economic and demographic variables and their relationships with fertility (Aryal, R.H. 1997).

In underdeveloped societies, the major variables namely age at entry into the sexual union, age at marriage, permanent celibacy, contraception and sterilization have the highest value, which affect directly to keep the level of fertility (Tuladhar, 1989).

Fertility in a country many greatly influence the pattern of social and economic development. The rapid increase in population as a result of high fertility, and decling mortality can do much to aggravate the development process. The control of fertility is thus recognized as one of the main factors in the acceleration of socio-economic development. Age at marriage, place of residence, education, ecological belts, social values and norms etc. are associated with this persistently high fertility in Nepal (NPC, 1998).

2.2 Empirical Literature Review:

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

2.2.1 Age at Marriage and Fertility:

The pattern of age at marriage differs from one place to another or society to another society. Fertility is directly affected by change in age and marriage in the spacing of birth. In the ancient societies, the age at marriage was generally very low and child bearing was encouraged. Most of the developing countries of Africa, Asia and Latin America have had relatively lower level of female singulate mean age at marriage (SMAM).

Marriage is almost ceremonial. It is also religious. Every religion has given high value to marriage. Therefore, marriage is supposed to be an institution. Marriage changes the power structure of the household. Also, it changes the role of people in that household. Persons are given due respect, responsibility and different identify after their marriage. In many communities, women have an improved status after their marriage.

Prevalence is the existence of something. The prevalence of marriage is also calculated to know how many people do marry by the age of 50. Out of the total population at the exact age of 50 if 95 percent and over are found to be ever married, the population is considered as intermediate marriage prevalence population. Similarly, if the population less than 90 percent at the same is found to be ever married it is considered as low marriage prevalence population. Similarly, the age at marriage less than 20 are considered as early, 21 to 23 as intermediate and 24 and over as late.

Fig. Prevalence and Timing of Marriage

Prevalence	Percentage of population married at the age of 50	Timing of age at marriage	Age
High	95 and over	Early	Less than 20
Intermediate	90 to 95	Intermediate	20-23
Low	Less than 90	Late	24-28 (or more)

Source: UN, 1880, Pattern of first marriage: Timing and Prevalence (New work: UN)

Marriage is an universal and takes places at very early in Nepal. Increase in female age at marriage contributes to reduction the fertility. According to civil court of Nepal, the minimum age at marriage is set 18 for female and 21 for male without parental consent, and 16 for female and 18 for male with parent consent, even though, the early is very practice in Nepal. According to UNICEF, 7 percent of marriage takes place at age below 15 while 52.2 percent represent marriage among young people 16 years (UNICEF.2001).

In Nepal, 42 percent of Nepalese women aged (15-49) are married below the age of 20, and 80 percent (CBS, 2001) below the age of 25 (Phuyal, K.P. 2005: 116).

However, the age at marriage in Nepal has increased over the years. According to 2001-population census of Nepal the female singulate mean age at marriage has increased from 15.4 years in 1961 to 16.8 in 1971, 17.2 in 1981, 18.1 in 1991 and 19.5 in 2001. Where, singulate mean age at marriage for male has increased 19.5 to 20.8 in 1971, 20.7 in 1981, 21.4 in 1991 and 22.9 in 2001. The singulate mean age at marriage varies by rural/ urban residence, ecological region (CBS, 1968, 1975, 1984 and 2002 National Report).

Increase age at marriage will have the decreasing effect on the number of CEB by limiting the no of younger women who are exposed to pregnancy (CBS, 1987:124). The no of CEB tends to decrease with the increasing in age at marriage (Pant and Acharya 1988:58).

The report from different sources found that fertility seemed to be decling over 10 years period from TFR 5.1 (MOH, 1993) in 1991 to 4.6 (MOH, New Era and Macro International 1997), in 1993- 95, 4.1 (MOH, New Era and ORC Macro 2002), in 1998-2000 and 3.8 (Karki, 2001), in 2001 (Karki 2003: 37-48). This decreased in fertility rate is the cause of increasing age at marriage and rising of family planning methods use over the years

The depressing effect of increasing age at marriage on fertility points out the nuptiality is an important determinant of fertility, particularly in a society where most of the births take place within marriage (CBS, 2003 Vol. I: 308).

2.2.2 Current Age and Fertility:

The rate of childbearing starts from zero at about age 15, it rises to a peak in the 20's and then tapers off to zero again at about age 49. The age pattern of fertility varies from population to population and in any one population varies from time depending on marriage habits, incidents of sterility, practice of family planning and other factors (CBS, 2003).

According to Dahal (1994), about 10 percent of all births take place in the age group 15-18 years and it is equal to that of age group of 40-49 years. It implies that most of the births (80%) occur at the age group if 20- 39 years (Dahal, 1992).

The mean no of CEB for all women age 15-19 is 0.18, which means that on average women age 15-19 have had 0.18 births, while currently married women age (15-19) have 0.46 births on average. All owing for child mortality, women age 15-19 have an average, 0.16 living children, while currently married women have an average of 0.41 living children. It shows that early childbearing is still in Nepal, 16 percent of total women age (15-19) have already at least on birth (Pathak, R.S., 2005).

The TFR for Nepalese women was 3.9 births per women. However, TFR was observed for urban areas 2.8 and rural areas 4.4 (MOH, 2002). The age pattern of fertility indicated that Nepalese women have high fertility in the early stage of childbearing period. Observing the current ASFR, a women in Nepal would give two third of her lifetime births by the age of 30 years. The ASFR are consistently lower in urban areas than rural areas (MOH, 1996).

2.2.3 Age at First Birth, Interval and Fertility:

Age, at the onset of childbearing is an important demographic indicator, since early childbearing adversely affects the mother and child. The proportion of women who become mother before the age of 20 is a measure of the magnitude of adolescent fertility (NDHS, 2001:63).

The interval between births in Nepal is relatively long- 33.6 months. Twenty two percent of non first births occur, within two years of a previous birth, one in three occur between 24 and 35 months later and over four in ten (44% occur least three years after a previous births (NDHS, 2006, key findings: 4).

2.2.4 Infant and Child Mortality Experience and Fertility:

It is found that there is a strong relationship between fertility level and probability of surviving of children. Typically, infant and young children have a high risk of dying if they ate born to very early age, if they are born in short interval, if their mother have already had many children. Therefore, it has been argued that high infant and child mortality is a cause of high fertility in societies because there is always need of new child to compensate or replace (MOH, 1996:3).

Specially, Infant mortality is higher in developing rather than developed countries. For instant: - IMR for Namibia (55 per 1000 live births), Iraq (94 per 1000), Afghanistan (1666) and Nepal (51). Similarly for developed countries: Iceland (2.4), Norway (3.2) and Singapore (2.6) (World Population Datasheet, 2007).

Similarly, the level of fertility is higher in developing countries (such as Namibia (3.6), Iraq (4.9), Afghanistan (6.8) and Nepal (3.1)) than developed countries (Sweden 1.9, UK1.8, Singapore 1.3).

The interdependent relationship between fertility and infant mortality suggests that the reduction of infant and child mortality will trigger a subsequent decline in fertility (Regmi, 1994). It has found that lower IMR motives couples to produce less number of children (CBS, 2003:60).

With reference to Nepal, Infant mortality is 48 deaths per 1000 live births and under five mortality rate is 61. This means that about one in every 16 children born in Nepal dies before reaching age five (NDHS, 2006).

2.2.5 Family Planning and Fertility:

Family planning refers to the conscious effort of couples to regulate the number and spacing of births through artificial and natural methods of contraception. Family planning connotes conception control to avoid pregnancy and abortion, but it also includes efforts of couples to induce pregnancy (Population Handbook: 58).

Various studies in the past have shown that use of contraception has a strong negative association with fertility. It is accepted that contraceptives was principal variable responsible for the shift of high fertility to low fertility during the late 18^{th} century in many countries (UN, 1973). Similarly, contraceptive use was considered as one of the four most important proximate determinant of aggregate level of fertility (Bongaarts and Potter, 1983).

With reference to Nepal, knowledge of family planning is very high. More than 90 percent of all women and men know of both female and male sterilization, the pill, injectables and male condoms. Knowledge of traditional methods is lower- only 48 percent of all women and 76 percent of all men know of any traditional method.

Almost half of currently married women are using a method of contraception. The majority of these women (44%) are using a modern method. The most popular modern methods are female sterilization (18%) and injectables (10%). (NDHS, 2006)

The electronic media, such as radio and television are important means of communicating, massage about family planning. Information on the level of exposure such medias are important for programme managers and planner to target population for information, education and communication (IEC) campaigns effectively (Pathak, R.S., 2005:7).

Similarly, literacy is one of the determining factors for increasing use of contraception. Widespread illiteracy prohibits women from the access to information, education and communication materials. The ICPD equal participation of both men and women in decision-making related to no of children. Even though, the literacy of women is more catalytic to prolong the spacing and reducing fertility, the literacy of husband is equally important (Acharya, 1999:44).

With reference to Nepal, absence of interpersonal communication on family planning can be an impediment to its use. Men's attitudes can Impact women's use of family planning. More than half of currently married women have never discussed family planning with their husbands. There has been little change in the extent of interpersonal communication over last five years (NDHS, Key Finding: 2006).

2.2.6 Education and Fertility:

Education is one of the most important determinants of fertility. It is found that there is inverse association between fertility and education especially the women. Total fertility

rate has been reducing with the increment of literacy rate in Nepal. The total literacy rate was raised from 23.3 percent in1981 to 39.6 percent in1991 and 54.1 percent in 2001 (Manandhar T.B; 2003:249). But total fertility rate (TFR) was decreased such as 6.4 in 1981 (Karki, 2003: 43), 5.1 in 1991 (MOH, 1993), 3.8 in 2001 (Karki, 2003: 43 and 3.1 in 2006 (NDHS, 2006).

The total fertility rate of women with primary and secondary education status was 2.5, which is less than half of the rate for women with no education. TFR of women with SLC and above was 5.1 in 1994-1996. Similarly, in 1998-2000 TFR was 2.1, which is also less than half of the rate for women no education (4.8) (MOH, 1997, 2002).

Nepal Fertility Survey (NFS) 1976 has shown that the mean number of CEB among literate women was lower 2.3 by almost one child compared to that among illiterate women (3.3). Women with literate husband were also found to have fewer children ever born than illiterate husbands (MOH, 1978).

Nepal Family Health Survey (1996) showed that women with at least secondary education have TFR of 2.5, which is less than half of the rate among the women with no education with TFR of 5. Similarly, women with primary education have TFR 3.8 per women (MOH, 1996). Therefore, education is considered as a catalytic agent to reduce fertility in Nepal. Educated women are found more aware of the issue of quality of children than uneducated (Risa and Shrestha, 1989:22-70).

Literacy level of Nepal has increased significantly, particularly during the last two decades. Male literacy among 6 and above age group has reached 65 percent in 2001 from 34 percent in 1981. Similarly, female literacy rate among the same age group has more than trebled from 12 percent in 1981 to 42.5 percent in 2001. Nevertheless in literacy and education gender disparities are decreasing slowly (CBS, 2003:227).

According to NDHS, 2006, almost one-half of women and one quarter of men in Nepal have never attended school. Only 12 percent of males and 5 percent of females have finished secondary or higher level of schooling. 32 percent of male household members and 60 percent of female's household members had no education.

2.2.7 Occupation and Fertility:

Occupation is one of the socio-economic characteristics that identify subgroups with distinct level of fertility, profession being the lowest fertility group and farmers and other farm workers with those of unemployed and underemployed are at the other extreme of range (UN, 1981).

According to Pradhan, husbands' status of work plays an important role for reducing the level of fertility. For instance women whose husbands were engaged in farm occupation has higher fertility with 2.27 mean CEB than that of non farmers with 3.19 for women (Pradhan, 1989:115).

With reference to Nepal, where majority of the people has involved in the agriculture and domestic works. In the year 1991 economically active population involved in agriculture and forestry was 81.2, whereas the female population involved in same occupation in the same year was 90.5. In 2001 census, it reached 65.7 and 72.8 respectively. In those years the TFR was found 5.12 (MOH, 1993) and 3.8 (Karki, 2001) respectively.

According to 2001 census, women constitute more than 43 percent in the labour force, 73 percent in agriculture and 27 percent in non-agriculture sectors. Women's proportion has increased almost in all occupations to same extent. But, their greater concentration in agriculture is also visible. A positive trend is visible in their empowerment as reflected in the increasing proportion among female professionals, technicians, administrative and management (CBS, 2003:223).

2.2.8 Income and Fertility:

It is shown that women of lower and poorer groups trend to bear more children because of two reasons: firstly, more children die infancy and so these women have shorter lactation and non ovulation period before becoming found again and secondly, they need mire children to replace the lose, so they continue to bear children up to late age. It is the context of Nepal, the multipurpose household budget survey (MPHBS, 1988-89) and found 43.1 percent of the rural population and 41.4 percent at the national level fell below the poverty line. Moreover, this survey shows that the range of family size of Nepalese poor people were 6.33 to 7.14 percent and households monthly income Rs. 497 to 1131 (NRB, 1989).

The economic gains play positive role in reducing fertility in several ways. People having strong economic position think their future position, and invest in education and industrial sectors. So,they do not think for many children. On the other hand, most of the poorest working hand to family and contribute to household income and age security.

2.2.9 Social-Cultural Norms and Valueds Towards Kids and Fertility:

Dahal (1990) argued that if a woman gives birth the daughter only, the husband might marry with another to get a son. In other words, the status of women valid and accepted fully by the family, when she produces a male child (Mabuhang, 1994:43).

Karki (1998) examined the sex preference and the specific value of sons and daughters to parents in Nepal using urban and rural data in 1979. Ideal family size among all parents was an average 3 children with 2 sons and 1 daughter. This preferred sex composition was reported by about 90% of all respondents among these who reported that were currently using contraceptives. The mean number of living son was higher than mean number of living daughters for all respondents (Karki, 1989).

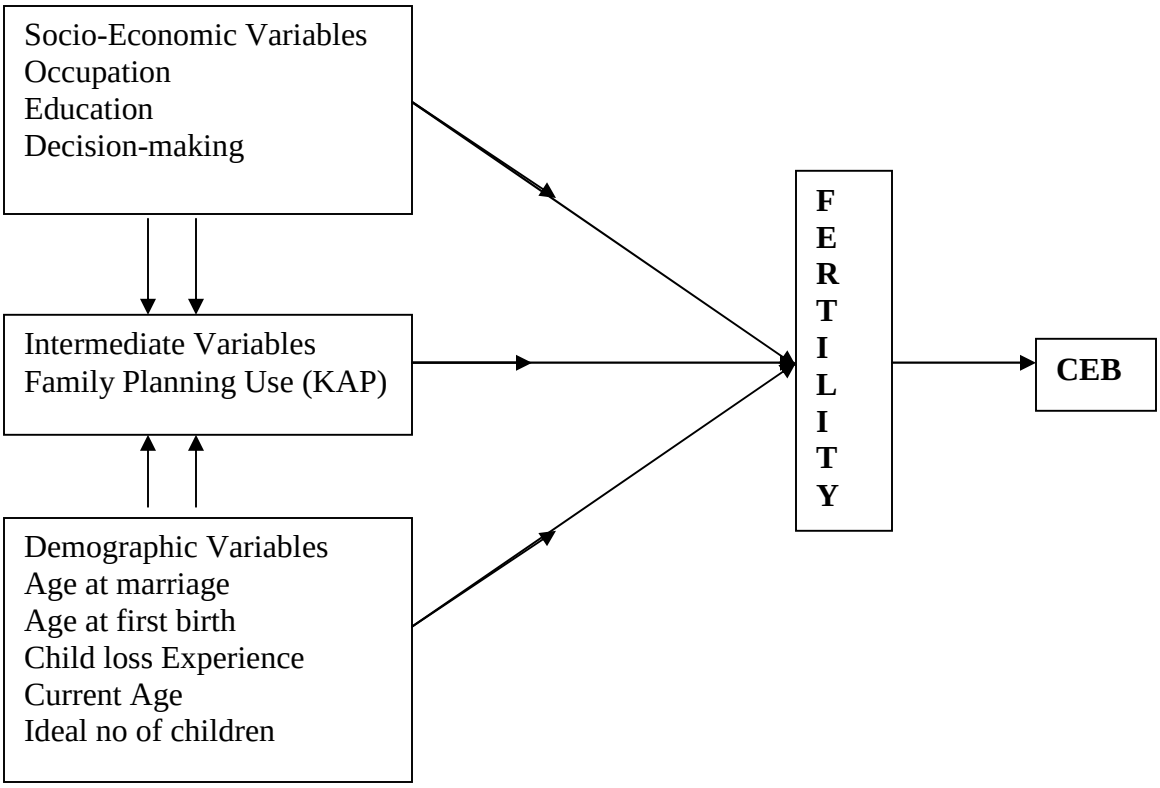
Sons are more preferred than daughters by Nepalese parents mainly for social economic and religious reasons as opposed to economics reasons reported elsewhere in many

developing societies. In the main hope of son, bearing of many female children can be seen in rural area even today in Nepal. Need of son after death of parents is another social practice mainly in Hindu religion, emphasizes the more males than females.

2.3 Conceptual Framework:

The study of socio-economic determinants of fertility is justified by the previous discussion of various literatures. However, the study has been trying to present the effect of variables with fertility.

Figure: Conceptual Framework for the Relationship between Variables and Fertility:



CHAPTER III

METHODOLOGY

3.1 Selection of the Study Area:

In this study, Parbat district is selected as study area. Parbat district is situated in Western Development Region and Dhaulagiri Zone. Parbat district occupies an area from 28^0 00' 19" to 28^0 23' 59" north latitude and 83^0 33' 40" to 83^0 49' 30" east longitude with elevation ranging from 520 meters to 3300 meters and climatic conditions vary by attitude. The total land area of the district is 536.86 square kilometers. According to 2001 Census, the population of Parbat district is 1,57,783, which contains 72,875 males and 84,868 females. For the administrative purpose there are two constitutional election areas and 55 village development committees..

Pakuwa VDC is one of them which occupies an area from 28^0 12' 28"- 28^0 14' 57" north latitude and 83^0 42' 40"- 83^0 44' 51" east longitude with elevation ranging from 760 meters to1520meters. The total land area of this VDC is 617.36 Hectors. According to 2001 Census, the total population of Pakuwa is just 2,448 which contains 1,173 males and 1,275 females and increased to 3,024 in 2061(village profile). The 2001 Census listed 12 diverse ethnic/ caste groups, each with its own distinct language and culture. The percentage breakdown by size of some of these major groups are as: Brahamin, Chhetri and Thakuri (66%), Dalits (28%) and Janajatis (5%). This VDC is situated in Eastern part the district which is surrounded by Arthar and Ramja Deurali VDCs in the East, Chuwa and Tilahar in the West, Tilahar and Chitre in the North and Thulipokhari, Pipaltari and Khulalakuri in the south.

Specifically, this study is limited in ward numbers 7, 8 and 9. There are 39, 49 and 47 households in each ward respectively. Among those households, 30 HHs from 7, 30 HHs from 8 and 30 HHs from ward number 9 are selected purposively. In these, three wards, 939 people have been residing and only 651 people have been included in the sample frame. So, data are collected from 111 women of reproductive aged 15-49 years.

3.2 Study Design:

The design of the study is basically non- experimental as it is suitable for collecting descriptive information as well as for doing small case studies (Andrew Fisher, et, al., 1983) To examine the fertility differentials, the number of children ever born (CEB) is associated with their socio- economic and demographic variables: such as current age of women, age at marriage, age at first birth, child loss experience, level of education, social values and norms towards kids, occupation as well as level of income and expenditure and knowledge, attitude and practice of family planning methods.

3.3 Source of Data:

There are two types of data collection: one is primary and next is secondary. This study is based on primary data, which are collected from different wards such as 7, 8 and 9 of Pakuwa VDC, Parbat. This study covers only 90 households, selected on the basis of purposive sampling method from these wards inhabitant because of the heterogeneous caste/ethnicity. Each member of the family under sample households were enumerated with required socio- economic and demographic information either from the head of the households or any other knowledgeable member. And finally, from each sample households, all the ever-married women aged 15-49 years are selected for the interview of individual questionnaire. Some of the secondary data are also used to ascent and enhance the study. The secondary data are colleted from CBS, 2003, district and village profile, 2061.

3.4 Questionnaire Design:

The design of questionnaire for this study is based on socio-economic and demographic factors which directly or indirectly affects the fertility behaviour. Specifically, two types of questionnaires viz. households and individual questionnaires have been designed on the basis of objectives of the study. The household questionnaire has incorporated the listing of family members and their relations to household head along with other socio-economic and demographic background of the family. The purpose of this part of the questionnaire is to identify the eligible women for interview and obtain necessary information of their household's socio-economic and demographic status.

The individual questionnaire deals with the eligible women's socio-economic and demographic characteristics such as education, occupation, income, age at marriage, age at first birth, number of children dead, knowledge, attitude and practice of family planning, desired family size as well as no of children ever born (CEB).

To achieve the objectives of the study, information about the households are collected from the household head as far as possible and for the information about fertility behaviour, ever married women of reproductive ages 15-49 years have been taken as respondents.

3.5 Data Collection:

The study is based on primary data and these data have been collected from the field survey of Pakuwa VDC by interview method. In this, survey two types of closed questionnaires i.e. household and individual questionnaires have been used. For the high relevance of the information, household and individual questionnaires have been asked to the household head and ever married women of reproductive age (15-49) years respectively.

During the process of data collection, researcher himself was engaged. For the purpose of quality of the research one experienced local person as interviewer was also involved. Before involving the field, some sort of orientation was given to the interviewer to fill up the questionnaires and about possible answer. For the quality control not more than 10 questionnaires were filled up in a day.

3.6 Data Tabulation and Analysis:

After collection of data, data processing is done for drawing out meaningful results. The researcher gets raw data from the field so it needs to be analyzed to get fruitful results. The collected data are analyzed by using the methods such as frequency distribution, cross tabulation, average and percentage distribution. To present the result in more simple way different cohort has been presented where necessary.

CHAPTER IV

SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS

General background of the study area and the characteristics of the households and women of the reproductive ages are described in this chapter. The main theme of this study is to relate the socio-economic and demographic characteristic of women's fertility conditions. Family status determines the status of women, which ultimately determines the fertility. This chapter attempts to deal with different types of socio-economic and demographic condition of the study population, which may influence the level of fertility.

4.1 Demographic Characteristics of the Study Population

4.1.1 Age–Sex Structure:

The age and sex composition of a population is important in demographic analysis for various reasons. Age-sex structure is the product of past trends in fertility, mortality migration and influences in turn the current levels of birth, death, and migration rates. Moreover, the age-sex composition of a population has significant implication for the reproductive potential, manpower, supply, school attendance, household formation, child-mother health care and family planning service delivery, ageing etc. In this study, 90 HHs are taken as a sample size. Age and sex composition of this VDC under study are presented in the table 4.1.1.

Table 4.1.1: Distribution of the Study Population by Age and Sex

Age group	Male		Female		Total		Sex ratio M/F*100	*Sex ratio 2001
	Number	Per-centage	Number	Per-centage	Number	Per-centage		
0-4	25	3.8	31	4.8	56	8.6	80.6	103
5-9	28	4.3	33	5.2	61	9.3	84.8	103
10-14	24	3.7	28	4.3	52	8.0	85.7	106
15-19	38	5.8	21	3.2	59	9.1	180.9	99
20-24	38	5.8	43	6.6	81	12.4	88.3	88
25-29	30	4.6	41	6.2	71	10.9	73.1	91
30-34	25	3.8	30	4.6	55	8.4	83.3	95
35-39	27	4.1	23	3.5	50	7.7	117.3	99
40-44	20	3.1	22	3.4	42	6.5	90.9	99
45-49	15	2.3	19	2.9	34	5.2	78.9	104
50-54	13	2.0	18	2.8	31	4.8	72.2	105
55-59	9	1.3	7	1.1	16	2.5	128.5	112
60-64	12	1.8.	9	1.3	21	3.2	133.3	101
65+	14	2.1	8	1.2	22	3.4	175.0	-
Total	318	48.5	333	51.5	651	100	95.5	99.8

*CBS, 2003:P60 Source: Field Survey, 2008

Table 4.1.1 shows that the distribution of population by age and sex. The highest proportion of population is found in the age group20-24 (12.4%) and lowest in the age group 55-59 (2.5%). The relatively lower proportion of population (8.6%) in the initial age group 0-4 than that of age group 5-9 and 10-14 years of age, which may be the result of decreasing fertility and mortality. Such type of decreasing fertility trend in the number of births might have occurred due to increment the trend of educational attainment, economic status, empowerment of women in different sectors etc. Similarly, means of communication have been played the great role to enhance the awareness of people about family planning and public health

It is observed that the sex ratios of the study population by conventional 5 years age group. The highest sex ratio is observed in the age group 15-19 (180.9) and lowest in the age group 50-54 (72.2). The high sex ratios indicate that most of the time females in the study area are more in number than males while low sex ratio might be because of males used to go abroad for seeking job opportunities due to the political instability, miss reporting of age and females lived in this study area. However, the overall sex ratio of the study area is found lower (95.5) than that of national figure (99.8) and higher than district sex ratio (86).

4.1.2 Dependency Ratio

The ratio of the economically dependent part of the population to the productive part, arbitrarily defined as the ratio of the elderly (ages 65 and older) plus the young (under age 15) to the population in the working ages (14-64). This measure is often used as an indicator of the economic burden the productive portion of a population must carry even though some persons defined as dependent are procedures and some persons in the productive age are economically dependent. The dependency ratio is sometimes divided into old-age dependency (the ratio of people ages 65 and older to those ages 14-64) and child dependency (the ratio of people under age 14 to those ages 14-64).

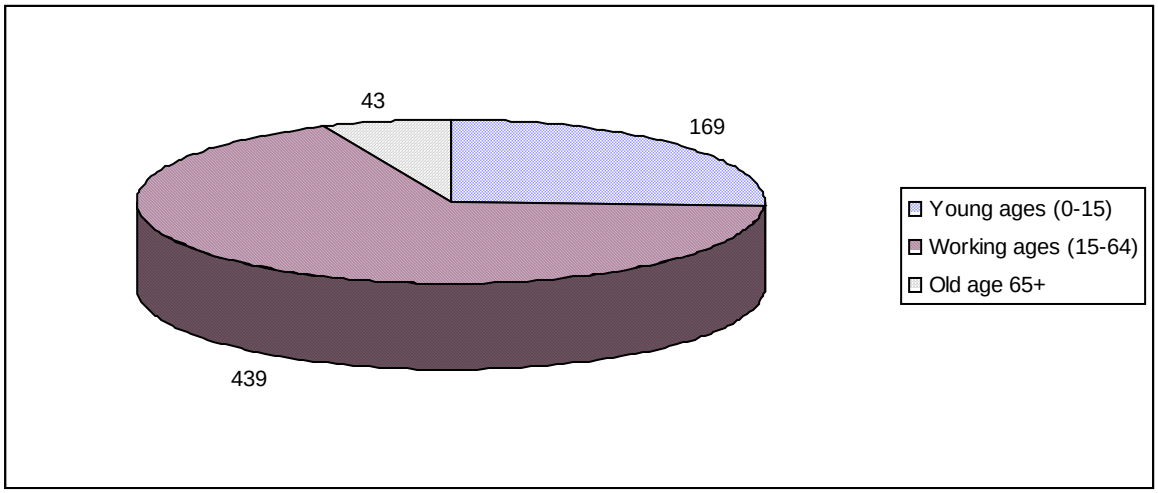
Table 4.1.2: Dependency Ratio of the VDC Under the Study Area

Population	Number.	Dependency ratio	*CBS 2001
Young ages (0-14)	169	38.5	70.1
Working ages (15-64)	439	-	-
Old age 65 and over	43	9.8	11.7
Total	651	48.3	81.8

Source: Field Survey, 2008

Table 4.1.2 shows that the young dependency ratio Is 38.5 in the study area, which is found to be lower than that of national census, figures. Similarly, old dependency ratio is 9.8 in the study area, which is also, lower than national figure of 2001 census. Both the young dependency ratio (38.5) and old dependency ratio (9.8) are found in the area seem to be lower in comparison to the respective ratios for total national population in 2001 i.e. 70.1 and 11.7 respectively.

Figure 4.1: Dependency Ratio of the VDC Under the Study Area



4.1.3 Households by Family Size

A household is often defined as one of more persons who occupy a single housing unit. Households consist of unrelated persons or persons related by birth, marriage, or adoption. In the context of modern society, the concept of nuclear family size has been increasing day by day, but in the study area different ethnic/caste groups have followed both type of families. The question was asked to the respondents to collect the data on family size in their household. The respondents are tabulated in following table according to their family size.

Table 4.1.3 Percentage Distribution of Household by Family Size in the Study Area

Number of family members in the households	Number of Households	Percentage
1-3	11	12.2
4-6	23	25.6
7-8	48	53.3
9-10	8	8.9
Total	90	100.0

Source: Field Survey, 2008

Table 4.1.3 shows that the percentage distribution of households by family size. 53.3 percent of the households have 6 to 8 members in their family followed by 4-6 members which is accounted for 25.6 percent In the study area, more number of households prefer joint family than that of nuclear family. The average family size of Pakuwa (VDC) is found 7.2, which is higher than national average 5.4 (2001).

4.1.4 Marital Status

The study of nuptiality deals with the frequency of marriage such as union between of opposite sexes which involves rights and obligations fixed by law and custom with the characteristics for person united in marriage and with the dissolutions of such unions.

Marriage is one of the major proximate determinants of fertility, the others being contraception, abortion and breast-feeding. Since, the birth outside the wedlock is less practiced in Nepal. So marriage plays vital role in determining the fertility because family function is started only after the marriage in a country like Nepal where births without marriage is illegal of socially unacceptable.

Table 4.1.4: Distribution of Study Population Aged 10 Years and Above by Their Marital Status in the Study Area.

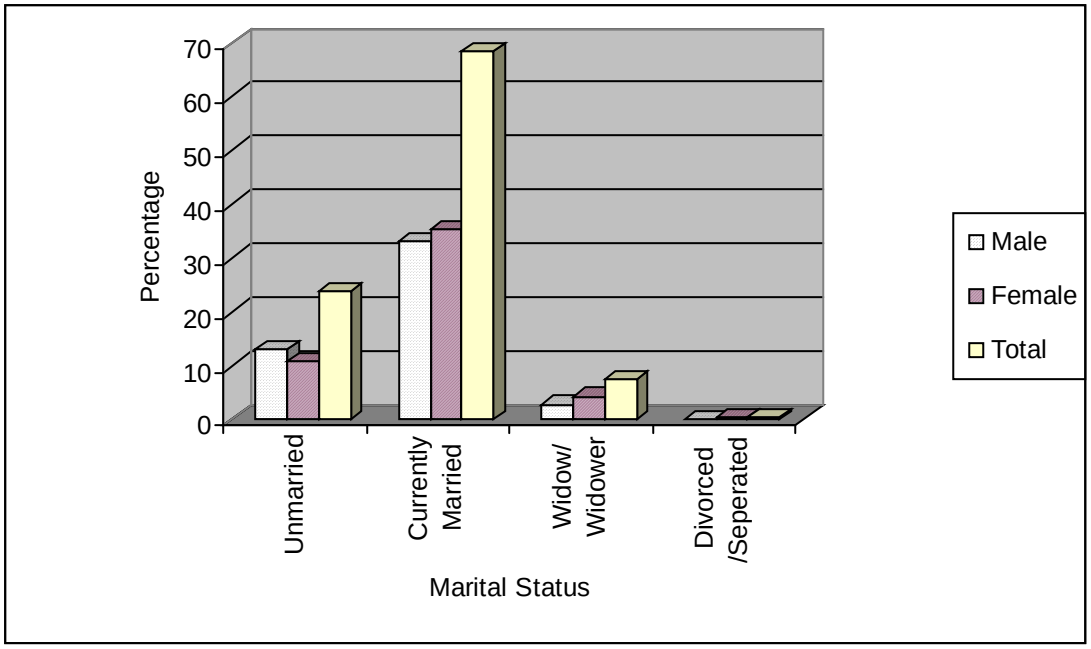
Marital Status	Male		Female		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Unmarried	73	13.7	62	11.6	135	25.3
Currently Married	173	32.4	186	34.8	359	67.2
Widow/Widower	15	2.8	23	4.3	38	7.1
Divorced/ Separated	-	-	2	0.4	2	0.4
Total	261	48.9	273	51.1	534	100.0

Source: Field Survey, 2008

Table 4.1.4 represents the marital status of the study population. The highest proportion (67.2) of the population under study age 10 years and above are currently married and 25.3 percent of them are unmarried. Out of 261 males of aged 10 years and above 13.7 percent are unmarried. But, out of 273 females aged 10 years and above 11.6 percent are unmarried and 34.8 percent are currently married. There is relatively higher proportion of currently married females (34.8%) than currently married males (32.4%) because females get marriage relatively earlier than male.

It is clear that only 7.1 percent (38) of the total populations are widowed. The proportion of this status for males is 2.8 percent (15) and for females is 4.3 percent (23). This difference in the widowed status between males and females may be the cause of remarriage trend of males than females. On the one hand, and the higher probability of surviving females than males may be the cause on the other hand. Similarly, relatively higher proportion of unmarried males than females reveals that more males marry than females in this VDC. The proportion of the separated/ divorced population is observed 0.4 percent i.e. females only.

Figure 4.2: Distribution of Study Population Aged 10 Years and Above by Their Marital Status in the Study Area



4.2 Socio-Economic Characteristics of the Study Population

4.2.1 Households by Religion

Nepal is a multi-ethnic nation with diverse languages, religions and cultural traditions. But most of the people are Hindus. In national level 80.6 percent people are Hindus (census, 2001). The percentage of Hindus population is gradually declining after the 1981 census and the proportion of Buddhist, Kirat, Islam and Christian are increasing after the 1981. About the religion, people may have different norms and belief, which directly will affect the fertility and knowledge attitude and practice of family planning.

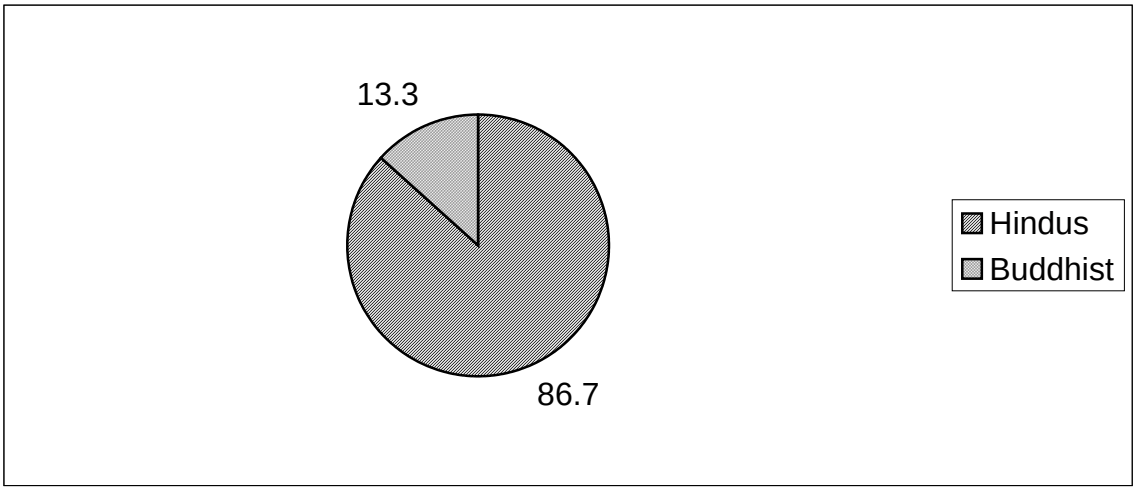
Table 4.2.1 Percentage Distribution of Household by Religion in the Study Area

Religion	Households	Percentage
Hindus	78	86.7
Buddhist	12	13.3
Total	90	100.0

Source: Field Survey, 2008

Table 4.2.1 shows that two types of religions can be seen in the study area. The proportion of Hindus is accounted for 86.7 percent, which is higher than national figure i.e. 80.6 percent, and only 13.3 percent of the respondents follow the Buddhist religion.

Figure 4.3: Percentage Distribution of Household by Religion in the Study Area



4.2.2 Household by Occupational Status

Table 4.2.2: Distribution of Population Aged 10 Years and Above by Occupational Status of Both Sexes in the Study Area

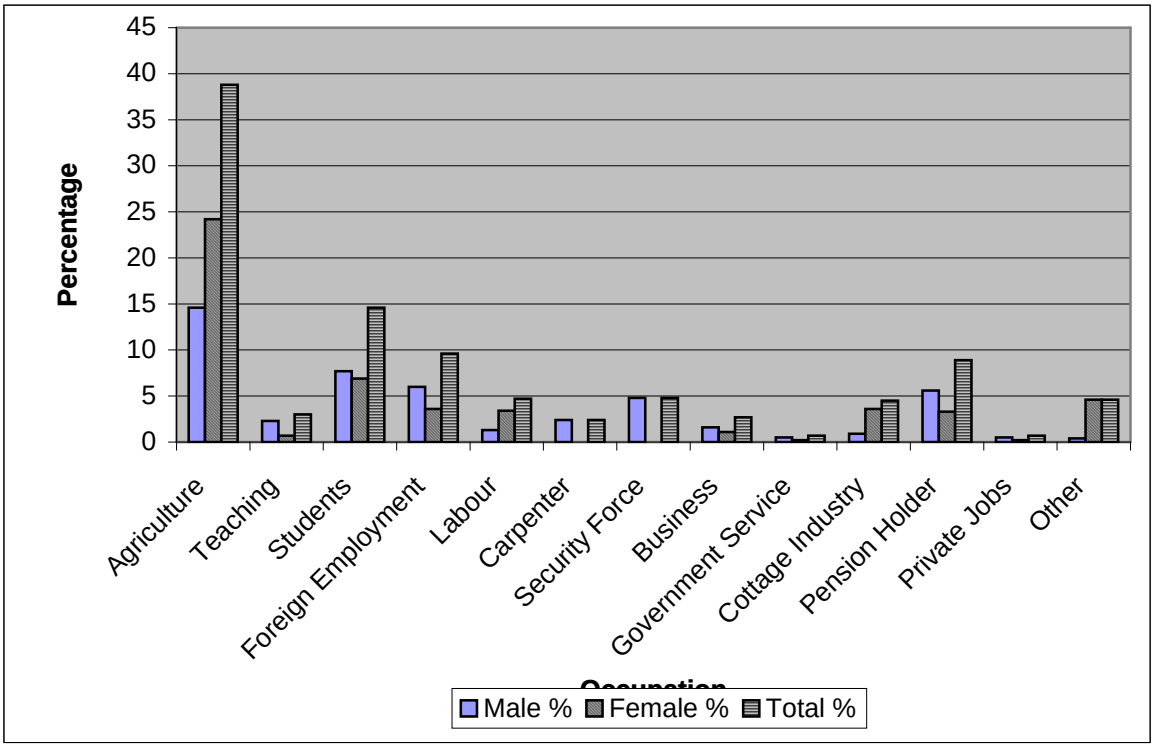
Occupation	Males		Females		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Agriculture	78	14.6	129	24.2	207	38.8
Teaching	12	2.3	4	0.7	16	3.0
Students	41	7.7	37	6.9	78	14.6
Foreign Employment	32	6.0	19	3.6	51	9.6
Labour	7	1.3	18	3.4	25	4.7
Carpenter	13	2.4	-	-	13	2.4
Security Force	26	4.8	-	-	26	4.8
Business	9	1.6	6	1.1	15	2.7
Government Service	3	0.5	1	0.2	4	0.7
Cottage Industry	5	0.9	19	3.6	24	4.5
Pension Holder	30	5.6	18	3.3	48	8.9
Private Jobs	3	0.5	1	0.2	4	0.7
Other	2	0.4	21	4.6	25	4.6
Total	261	48.8	273	51.2	534	100.0

Source: Field Survey, 2008

Table 4.2.2 shows that the highest (38.8%) proportion of population are involved in agricultural sector, followed by student. By gender perspective, highest proportion (24.2) of women are engaged in agricultural sectors. Similarly, the highest (7.7%) proportion of males are engaged in students, followed by foreign labour (i.e.6%). More number of

males (2.3 %) are engaged in teaching than the proportion of females (0.7 %). Specifically, more number of females are involved in non-technical sectors than males. The proportions of female pension holders are higher than males and female participation in carpenter and security force is nil.

Figure 4.4: Distribution of Population Aged 10 Years and Above by Occupational Status of Both Sexes in the Study Area



4.2.3 Economic Status

In some cases, economic status is considered as determinant factor of fertility, which plays a vital role in determining fertility behaviour of any place. Economic status can be regarded as one of the important indicator of human development index (HDI), which determines the purchasing power of the people. Many studies have shown that there is negative association between economic status and fertility Many studies have shown that higher the income or economic status lower the fertility. Those person who have higher level of income, can invest much money for their children's education, health as well as for their quality of life, which directly or indirectly affect the fertility. In the same way, it is found that higher economic status of household have few children but in low economic status it is opposite. In the few cases high economic status households have more children buy that is negligible.

4.2.3.1 Distribution of Households by Landholding Status

The landholding status is one of the important indicators, which shows the socio-economic status of the households. In order to check the respondent's economic status, respondents were asked several questions among those the landholding status was also asked to them. The respondents are presented in the following table.

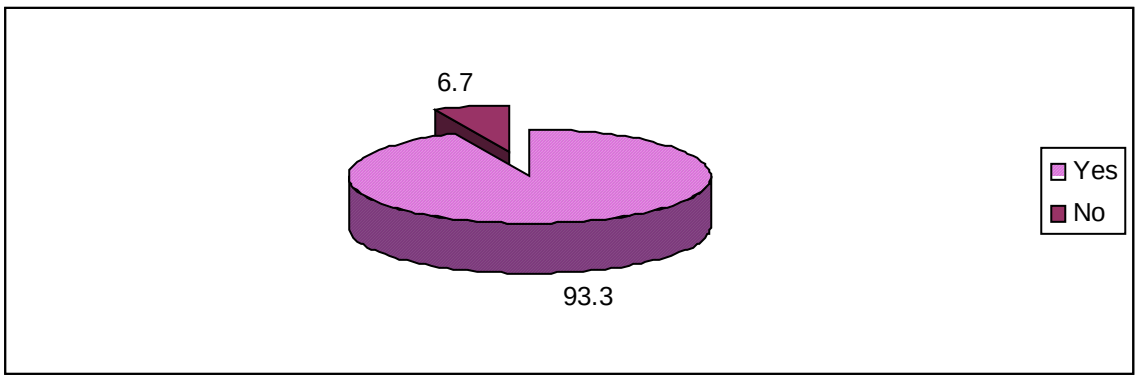
Table 4.2.3.1: Distribution of Households by Landholding Status in the Study Area

Landholding Status	Households	Percentage
Yes	84	93.3
No	6	6.7
Total	90	100.0
Land Size (in Ropani)		
Less than 2	7	8.3
2-4	9	10.7
5-8	15	17.9
9-14	17	20.2
15-20	10	11.9
21-25	12	14.3
25+	14	16.7
Total	84	100.0

Source: Field Survey, 2008

Table 4.2.3.1 represents the landholding status as well as land size in ropani. The percentage of the respondents (i.e. 93.3%) have their own land whereas (67%) of the respondents do not have their own land. Accordingly, among the respondents who have their own land were further asked about the size of land, they are holding. Nearly, 8.3 percent of them are found holding less than 2 ropani of land followed by 2-4 ropani accounting 10.7 percent, and the highest proportion of respondents (20.2%) are found holding 9 to 14 ropani of land.

Figure 4.5: Distribution of Households by Landholding Status in the Study Area



4.2.3.2 Distribution of Households by Cultivation of Other's Land

The households who have not their own land or less land, which is not sufficient to feed the family members for the period of one year, may have cultivated other's land to support the family. By considering the fact, the respondents were also asked about the land holding status. The responses of the respondents are presented in Table 4.3.3.2.

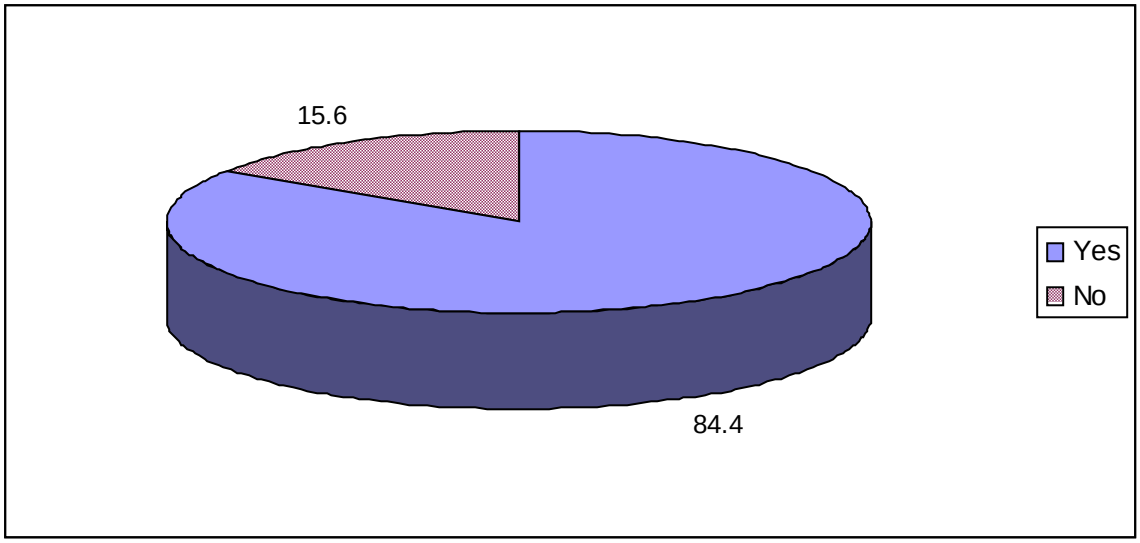
Table 4.2.3.2: Distribution of Households by Cultivation of Other's Land in the Study Area

Cultivating Other's Land	Households	Percentage
Yes	76	84.4
No	14	15.6
Total	90	100.0

Source: Field Survey, 2008

Table 4.2.3.2 shows that 84.4 percent of respondents have their own land for cultivation or they have not used the other's land and remaining 15.6 percent of the households are holding other's land for cultivation.

Figure 4.6: Distribution of Households by Cultivation of Other's Land in the Study Area



4.2.3.3 Distribution of Households by Domestic Animals

Having domestic animals can contribute to the household income. Some households, who have less land, sustained themselves by selling domestic animals and their products. In order to know their economic status and source of income, the respondents were asked about the domestic animals and number of domestic animals. The responses of the respondents are presented in Table 4.2.3.3.

Table 4.2.3.3: Percentage of Households by Domestic Animals in the Study Area

Status of Domestic Animals	Households	Percentage
Yes	86	95.6
No	4	4.4
Total	90	100.0
If, yes, how many		
Buffaloes	130 (82)	95.3
Cows /Oxen	140 (70)	81.4
Sheeps / Goats	318 (81)	94.2
Ducks /Hens	215 (60)	69.8

Source: Field Survey, 2008

It is notable from Table 4.2.3.3 that 95.3 percent of the respondent's households have raised domestic animals but the rest 4.4 percent have no domestic animals at all. Among the households where the domestic animals were raised, further questions were asked about the kinds of domestic animals and their number. Nearly, 95.3 percent of the respondents have keeping buffaloes, 81.4 percent have cows / oxen, 94.2 percent have sheep/ goats and 69.8 percent of the respondents have ducks/ hens.

4.2.4 Household by Educational Status

Education is one of the important basic need of a person, which plays the vital role for the dignity, and prosperity of a person, a community as well as a nation. It directly or indirectly affects the demographic and socio-economic variables. In fact, education is of the single indicator, which depicts the real image of various demographic and socio-economic variables of any community or nation.

Table 4.2.4: Distribution of Population Aged 6 Years and Above by Literacy and Level of Education and Sex in the Study Area

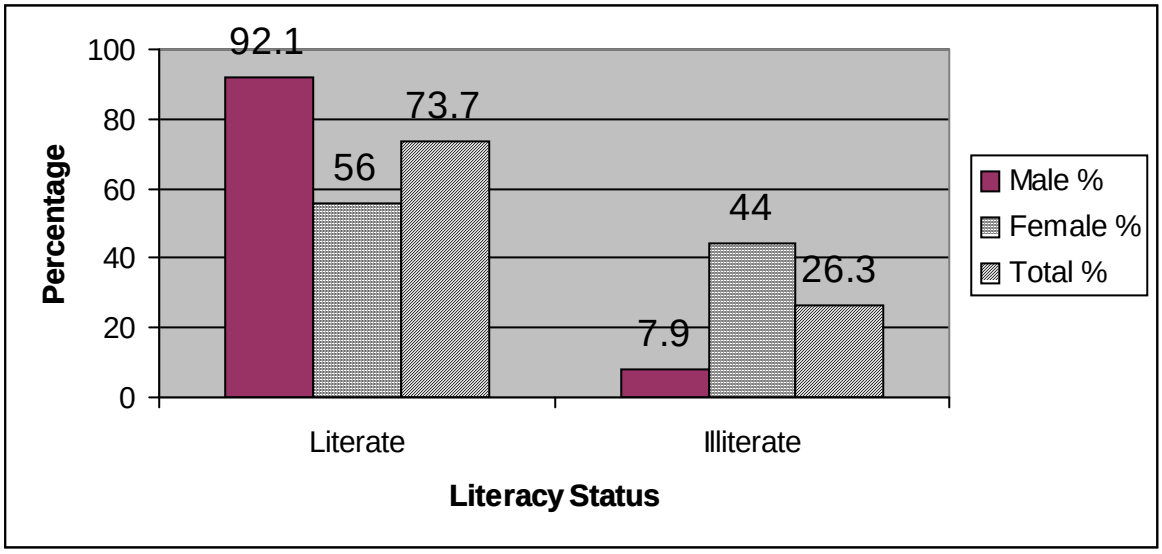
Literacy Status	Males		Females		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Literate	267	92.1	168	56.0	435	73.7
Illiterate	23	7.9	132	44.0	155	26.3
Total	290	100.0	300	100.0	590	100.0
Level of Education						
Pre-primary	61	21.0	22	7.3	83	14.1
Primary	73	25.2	49	16.3	122	20.7
Lower Secondary	32	11.0	31	10.3	63	10.7
Secondary	28	9.7	20	6.7	48	8.1
S.L.C.	41	14.1	29	9.7	70	11.7
Intermediate	19	6.6	11	3.7	30	5.1
Bachelor& above	13	4.5	6	2.0	19	3.2
Total	267	92.1	168	56.0	435	73.7

Source: Field Survey, 2008

Table 4.2.4 shows that the educational attainment of the study population aged 6 years and above by sex. Among the total population of 590, aged 6s years and above, 435 (73.7%) persons of both sexes are found to be literate and remaining 155 (26.3%) are illiterate. If we compare the educational attainment between males and females of this VDC, males proportion (92.1%) is higher than females (56.0%). In the same way, if we compare the educational attainment between males and females for educational level like primary, lower secondary, secondary, S.L.C etc. The highest proportion (20.7%) is found in primary, and in lowest proportion (3.2%) is found in bachelors level and above.

The relatively higher proportion of literate in primary level may be the cause of increasing enrollment to young children in schools influenced by government policy, especially after establishing democracy for providing free school education as well as textbooks. Similarly, the proportions of the students have declined in higher level, which may be the cause of dropout trends of students and economic problem of the family.

Figure 4.7: Distribution of Population Aged 6 Years and Above by Literacy and Level of Education and Sex in the Study Area



CHAPTER V

DIFFERENTIAL IN FERTILITY BY SELECTED SOCIO-ECONOMIC AND DEMOGRAPHIC VARIABLES

This chapter describes the demographic and socio-economic profile of respondents interviewed in this study. This study collected basic information on respondents ', age, level of education, marital status, religion, ethnicity, wealth status, knowledge and use of contraception. The number of children ever born (CEB) of ever married women of reproductive age (15-49 yrs) of this VDC under the study has been under taken as dependent variable to relate with fertility and demographic and socio-economic factors can be considered as independent variables.

5.1 Current Age of Women and Fertility

Age of women is one of the demographic factors, which influence on fertility. The general age pattern of fertility is that the level of current fertility increases to a certain age and then decreases. The results of the survey are presented in Table 5.1

Table 5.1: Mean CEB by Current Age of Ever Married Women in the Study Area and in NDHS, 2006

Age Groups	CHILDREN EVER BORN							Respondents	CEB	Mean CEB	NDHS, 2006
	0	1	2	3	4	5	6				
15-19	1	4	-	-	-	-	-	5	4	0.8	0.2
20-24	3	6	8	-	-	-	-	17	22	1.3	1.2
25-29	-	3	6	5	4	-	-	18	46	2.6	2.4
30-34	1	6	2	5	4	-	-	22	59	2.7	3.3
35-39	-	-	5	8	4	3	-	20	65	3.3	4.1
40-44	1	-	1	4	5	6	-	17	64	3.8	4.6
45-49	1	-	-	-	-	5	6	12	61	5.1	5.3
Total	7	19	22	23	17	17	6	111	321	2.9	2.4

Source: Field Survey, 2008

Table 5.1 shows that higher the age of respondents, higher the number of children ever born. It also indicates that the mean number of children ever born varies by age group of women. The highest CEB (5.1) is found in the age group 45-49 years of age. The average number of CEB in the study area is found to be 2.9 compared to 2.4 for Nepal reported by NDHS, 2006. The women of age group 45-49 are found to have about the same mean CEB as reported by NDHS, 2006.In this study area, only few proportion of women start bearing children before 20 years of age which might be done by the cause of increasing level of awareness, education, media and availability of contraception among new generations. Similarly, out of 111 respondents, seven respondents do not have any children ever born and six respondents have more than six children ever born.

5.2 Age at Marriage and Fertility

Marriage marks the point in a women's life when childbearing becomes socially acceptable. Age at first marriage has a major effect on childbearing because women who marry early have, on average, a longer period of exposure to the risk of becoming pregnant and a greater number of lifetime births. Information on age at marriage was obtained by asking respondents the month and year, or age at which they started living with their first husband or wife.

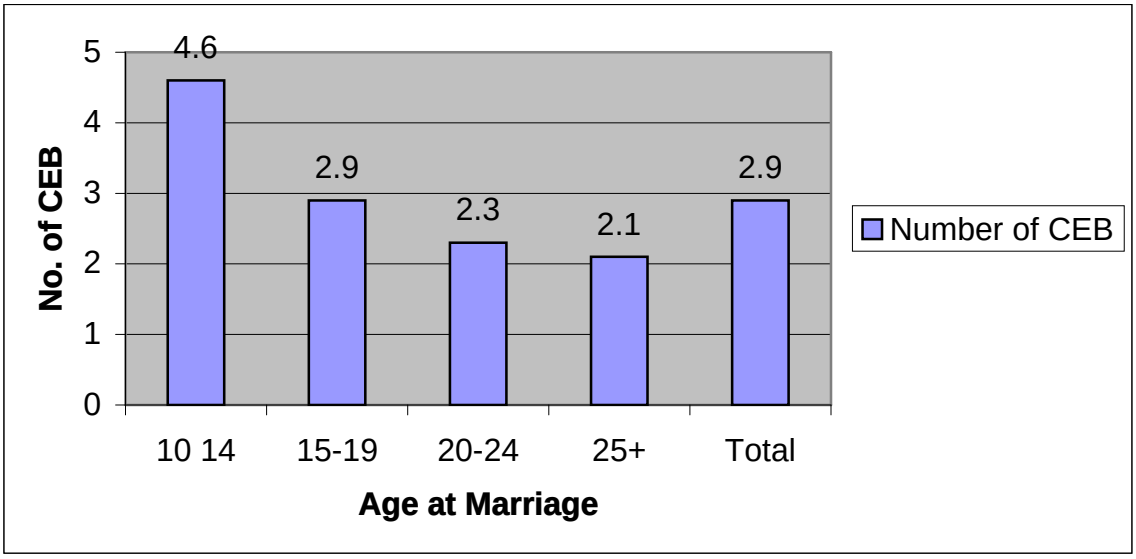
Table 5.2: Mean CEB of the Study Population by Age at Marriage

Age at Marriage	Respondents	Number of CEB	Mean CEB
10-14	13	61	4.6
15-19	58	169	2.9
20-24	31	72	2.3
25+	9	19	2.1
Total	111	321	2.9

Source: Field Survey, 2008

Table 5.2 represents the mean number of CEB by age at marriage. It is found that higher the age at marriage, lower the mean number of CEB. The highest mean number of children ever born 4.6 is observed for women who had married between 10-14 age group followed by 15-19 years (2.9). The mean number of children ever born 2.3 is observed for women who had married at the age of 20- 24 years. The children ever born is 2.1 observed for those women who had married at the time of 25 years of age and over.

Figure 5.1: Mean CEB of the Study Population by Age at Marriage



5.3 Age at First Birth and Fertility

The onset of childbearing at an early age has a major effect on the health of mother and child. It also lengthens the reproductive period, thereby increasing the level of fertility.

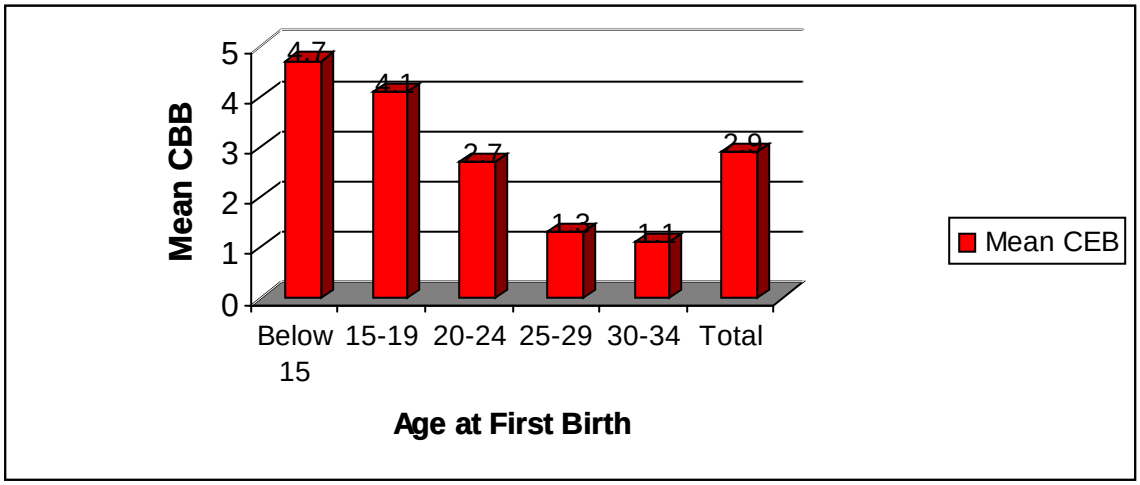
Table 5.3: Mean CEB by Age at First Birth of Ever Married Women of Reproductive Age in the Study Area

Age at 1st Birth	Respondents	Number of CEB	Mean CEB
Below 15	9	43	4.7
15-19	33	134	4.1
20-24	39	107	2.7
25-29	23	29	1.3
30-34	7	8	1.1
Total	111	321	2.9

Source: Field Survey, 2008

Table 5.3 indicates age at first birth of the respondents and their children born. Highest mean CEB (4.7) is observed for women who have given their first birth at age below 15 years followed by 4.1 at age group 15-19 years. Lowest mean CEB (1.1) is observed for women who have given first birth at age group 30-34 years.

Figure 5.2: Mean CEB by Age at First Birth of Ever Married Women of Reproductive Age in the Study Area



5.4 Child Loss Experience and Fertility

Status of women is also influenced by her child loss experience, which represents the fertility behaviour of a couple as well. The survival of infants and children depends in part on the demographic and biological characteristics of their mothers. Typically, the probability of dying in infancy is much greater among children born to mother who are

too young (under age 18) or too old (over age 34). It is common that women with higher child loss experience are compelled to give more births than they actually desire in comparison to their counterparts who have lower child loss experience.

Table 5.4: Mean Number of CEB of Ever Married Women by Child Loss Experience

CEB	Child Loss Experience					
	Are all of your children alive?				Total	
	Yes		No			
	Number	Percentage	Number	Percentage	Number	Percentage
1	7	100.0	-	-	7	100.0
2	14	100.0	-	-	14	100.0
3	47	92.2	4	7.8	51	100.0
4	21	91.3	2	8.7	23	100.0
5	9	75.0	3	25.0	12	100.0
6	3	75.0	1	25.0	4	100.0
Total	101	91.0	10	9.0	111	100.0

Source: Field Survey, 2008

Table 5.4 presents child loss experience of women in the study area. In which, 9 percent of the respondents have child loss experience while other 90.8 percent have no such experience. It shows the overall health scenario of the community. It also indicates the efficiency of related agencies of a country.

5.5 Ideal Number of Children and Fertility

The number of children desired by women, to some extent, is suggestive for actual reproductive performance during her lifetime. Information on fertility preferences can be useful in understanding future fertility patterns and demand for contraception. Data on fertility preferences are also used to construct measures of unmet need for contraception and of unwanted of mistimed births. Ideal numbers of children also help to access the overall attitude of women toward childbearing and general course of fertility.

Table 5.5: Percentage Distribution of the Respondent about the Desired Number of Children in the Study Area

Ideal Number of Children	Son		Daughter		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
0	-	-	4	3.6	-	-
1	71	64	93	83.8	2	1.8
2	29	26.1	10	9.0	85	76.6
3	7	6.3	-	-	13	11.7
4	4	3.6	4	3.6	11	9.9
Total	111	100.0	111	100.0	111	100.0

Source: Field Survey, 2008

Table 5.5 shows that the ideal number of children reported by the respondents. The majority of respondents want less than 2 children. Nearly, 76.6 percent of respondent's women want to have 2 children. 11.7 percent respondents want to have 3 children and remaining 9.9 percent women want to have more than 4 children. Only 1.8 percent of the respondents said one child as the ideal number.

5.6 Education and Fertility

Education is one of the most influential factors on individual' attitude, knowledge and behaviour in various facets of life. Not surprisingly, educational attainment in Nepal is very low among women, who are much more disadvantaged than men. Educational attainment is directly related to the socio-economic status of respondents. Literacy is widely acknowledged as benefiting the individual and society and is associated with number positive outcomes for health, nutrition, and the overall well being of both men and women. Many studies have shown that there is a negative relationship between education and fertility. Higher the educational attainment, lower the fertility and lower the educational attainment higher the fertility. Here, an attempt has been made to study the fertility differentials regarding the educational level of respondents

5.6.1 Education of Women and Fertility

One of the important indicators of fertility behaviour is the level of literacy and educational attainment of women. Education is an important variable affecting demographic behaviour. The level of education of female directly determines fertility behaviour, women with higher level of education is commonly expected to have lower number of CEB. The following table attempts to explore the role of women' education on fertility in this study area.

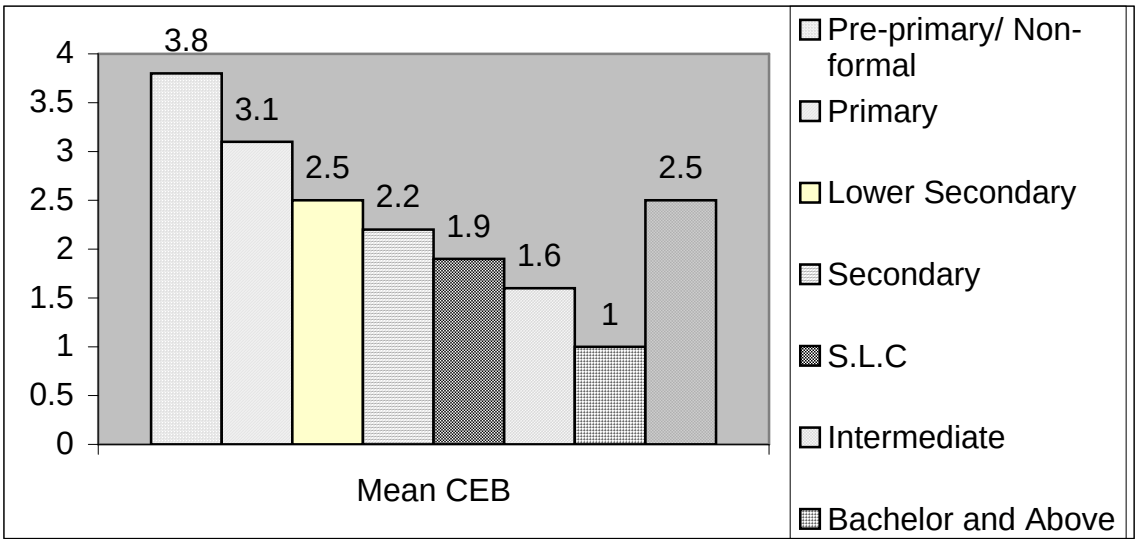
Table 5.6.1: Mean CEB by Educational Status of Ever Married Women of Reproductive Age in the Study Area

Education Status	Respondents	Number of CEB	Mean CEB
Literate	69	173	2.5
Illiterate	42	148	3.5
Total	111	321	2.9
Level of the Education			
Pre-primary/ Non-formal	9	31	3.4
Primary	16	50	3.1
Lower Secondary	11	28	2.5
Secondary	13	29	2.2
S.L.C	13	25	1.9
Intermediate	5	8	1.6
Bachelor and Above	2	2	1.0
Total	69	173	2.5

Source: Field Survey, 2008

Table 5.6.1 shows the literacy status and educational attainment of ever-married women of reproductive aged. The number of children ever born varies by educational status of women. The average number of CEB of literate women (2.5) is lower than that of the CEB of illiterate women (3.5). Similarly, the average number of CEB that can be decreased with the increment educational level of women. The mean CEB for those women who have got pre-primary education is 3.4, which is highest level of CEB among the different levels of educational attainment. The mean CEB is observed 1.6 and 1.0 for those women who have completed intermediate and bachelors level of education respectively.

Figure 5.3: Mean CEB by Educational Status of Ever Married Women of Reproductive Age in the Study Area



5.7 Decision Making and Fertility

Women's participation in the decision making process is an important indicator of their empowerment. In order to assess women's decision making autonomy, the2006 NDHS sought information on women's participation in four types of household decision: her own health care, making large household purchases, making household purchases for daily needs, and visits to family of relatives. A woman's desire and ability to control her fertility and her choice of contraceptive methods are in part affected by her status in the household and her own sense of empowerment. The ability of women to make decisions effectively has important implications for their fertility preferences and the practice of family planning. An increase in women's status and empowerment is recognized as important for efforts to reduce fertility through at least two main pathways: its negative association with desired family size and its positive association with women's ability to meet their own family size goals through the effective use of contraception to the decision making power of the household, the mean number of CEB is presented in table 5.7.

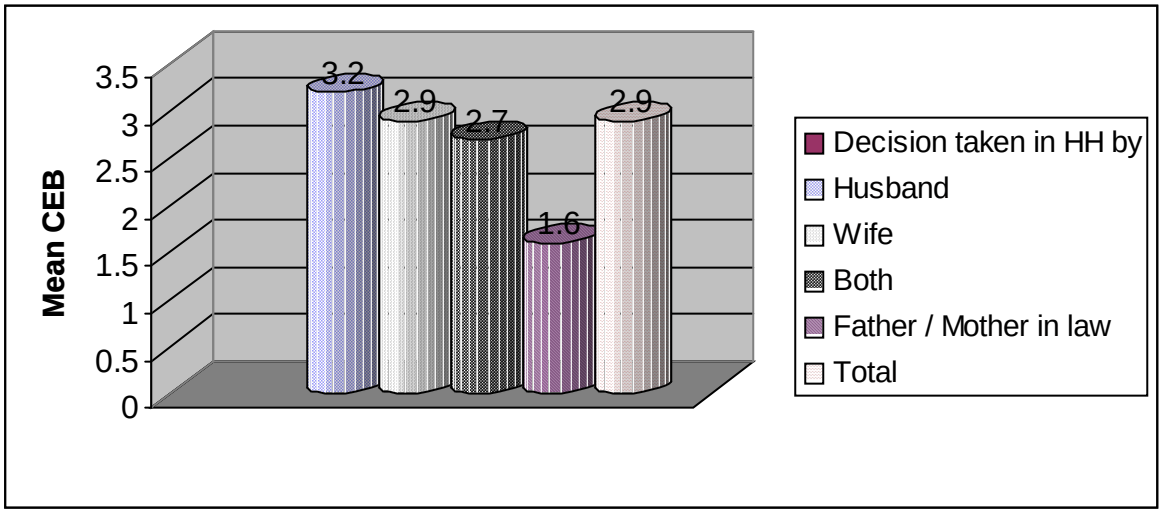
Table 5.7: Mean CEB by Division the Decision Making Group in the Study Area

Decision taken in HH by	Respondents	Number of CEB	Mean CEB
Husband	45	143	3.2
Wife	21	62	2.9
Both	40	108	2.7
Father / Mother in law	5	8	1.6
Total	111	321	2.9

Source: Field Survey, 2008

Table 5.7 indicates the average number of CEB by the decision making power of the household. The highest mean CEB is 3.2 in this group where husbands take decision on household sphere and lowest (1.6) is found for those households where father/ mother in laws take decision. The average CEB is 2.9 for those groups in which wives are involved to take decision in the household.

Figure 5.4: Mean CEB by Division the Decision Making Group in the Study Area



5.8 Occupation and Fertility

Occupation is the major factors that influence the economic status, the living standard and fertility behaviour. So, occupation of husbands and wives play an important role in determining the fertility differential. Generally, those persons with well-paid and non-agricultural occupations have lower level of fertility in comparison to those with low paid and agricultural occupation. Occupation of husband and wife, those who have involved in white colour jobs have a smaller number of children than those who are not involved.

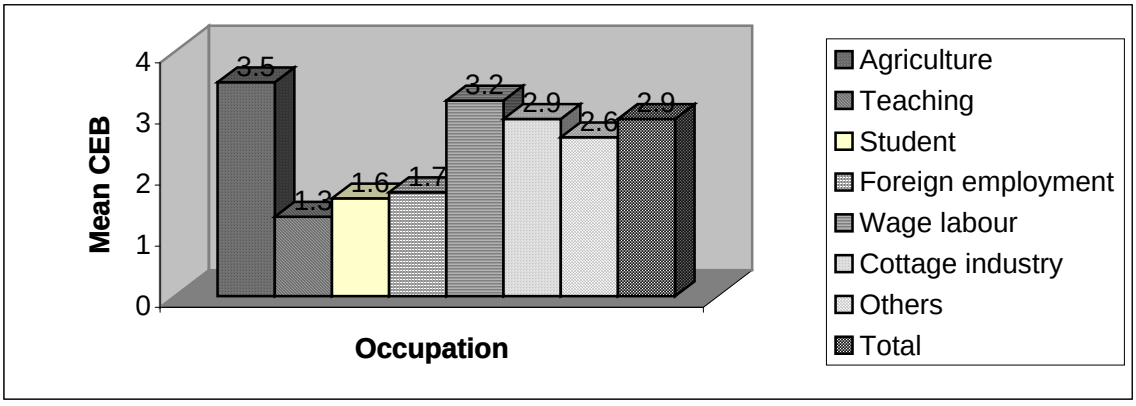
Table 5.8: Mean CEB of the Respondents by Occupation

Occupation	Respondents	Number of CEB	Mean CEB
Agriculture	51	178	3.5
Teaching	3	4	1.3
Student	14	22	1.6
Foreign employment	7	12	1.7
Wage labour	13	42	3.2
Cottage industry	10	29	2.9
Others	13	34	2.6
Total	111	321	2.9

Source: Field Survey, 2008

Table 5.8 shows the major occupation of the respondents. The highest mean CEB is 3.5 for those respondents who are engaged in agriculture followed by wage labour, which is accounted 3.2. Similarly, the lowest mean CEB is 1.3 for those women who are involved in teaching profession. It can be seen that from the table, respondent's women are involved in different sectors of occupation having their different number of children ever born.

Figure 5.5: Mean CEB of the Respondents by Occupation



5.9 Family Planning and Fertility

Family planning means to enable couples and individuals to decide freely and make responsible for the number and spacing of their children. Family planning programs play a key role in providing information and services that help people make informed reproductive rights and use contraception safely and effectively. Family planning is to make the family life happy through appropriate management of family size and mobilization of various sources. The greatest contribution of family planning program lies in avoiding unwanted pregnancies and thereby unplanned births and making sure that all births are planned.

5.9.1 Knowledge of Family Planning Methods

Knowledge of contraceptive methods is an important precursor to use. Findings from the 2006 NDHS show that knowledge of at least one modern method of family planning in Nepal is almost universal among both women and men. The most widely known modern contraceptive methods among women and men: injectable, female sterilization, condoms, male sterilization, and contraceptive pill. Similarly, in the study area, knowledge of family planning is also almost universal. In this study, knowledge of family planning has been examined by asking eligible women who have heard at least anyone family planning method and questions were asked about the ever and current use of family planning methods. And, if they are not using they were asked about the causes of not using. The following table represents the relationship between knowledge and practice.

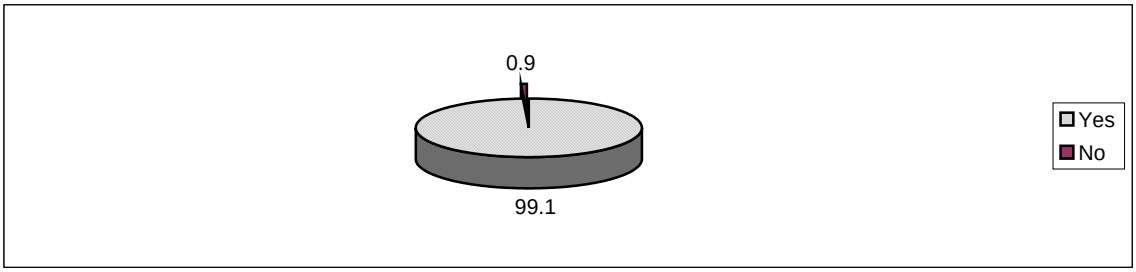
Table 5.9.1: Percentage Distribution of Respondents by Heard of PF Methods in the Study Area

Head of PF Planning	Respondents	Percentage
Yes	110	99.1
No	1	0.9
Total	111	100.0
Methods	Respondents	Percentage
Minilab	108	97.3
Vasectomy	106	95.5
Condom	109	98.2
Pill	103	92.8
IUD	93	83.8
Depo- Provera	90	81.8
Norplant	84	75.7
Natural Method	73	65.8
Others	12	10.8

Source: Field Survey, 2008

Table 5.9.1 indicates that that knowledge of family planning is nearly universal i.e. 99.1 percent. The majority of women have heard about Minilab (97.3%), Vasectomy (95.5%), Condom (98.2), Pills (92.8) and so on. Similarly, 65.8 percent women have heard about Natural Method and only 10.8 percent heard about any other methods.

Figure 5.6: Percentage of Respondents by Heard of PF Methods in the Study Area



5.9.2 Ever Use of Family Planning Methods

Data on ever use of contraception has special significance because it reveals the cumulative success of programs promoting the use of family planning among couples at any time, with no distinction between past and present use. In the 2006 NDHS, respondents who had heard of a method of family planning were asked if they had ever used a method. Ever use of contraception varies with women's age. The pattern of ever use is curvilinear, with use being lowest among women in the youngest age group (15-19), increasing with age, and reaching a plateau among in their thirties before declining thereafter. However, knowledge of family planning in Nepal is almost universal but contraceptive prevalence rate (48) (CPR) is still low. In this study, ever married women were asked about the ever use of family planning. The responses are presented as:

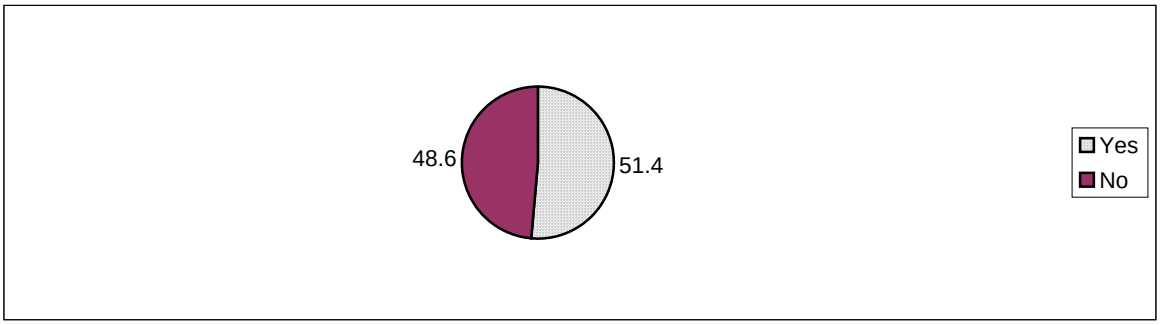
Table 5.9.2: Percentage Distribution of Respondents by Ever Use of FP Methods in the Study Area.

Ever Used of FP planning	Respondents	Number of CEB	Mean CEB	Percentage
Have you / your husband ever used any method?				
Yes	57	148	2.6	51.4
No	54	173	3.2	48.6
Total	111	321	2.9	100.0

Source: Field Survey, 2008

Table 5.9.2 shows the percentage of all ever-married women who have ever used family planning by any specific method. 51.4 percent of ever married have used any method of contraception and remaining 48.6 percent have not used any one method. The average CEB is found 2.6 among those women who have used any one method of contraception, which is lower than those women who have not used any method of contraception.

Figure 5.7: Percentage Distribution of Respondents by Ever Use of FP Methods in the Study Area.



5.9.3 Currently Use of Family Planning Method

Current use of contraception is defined as the proportion of women who reported the use of a family planning method at the time of interview. The level of currently use- usually calculated among currently married women- is the most used and valuable measure of the success of family planning programs. Contraception use varies by age. Use is lower in younger women among older women than among those at intermediate ages.

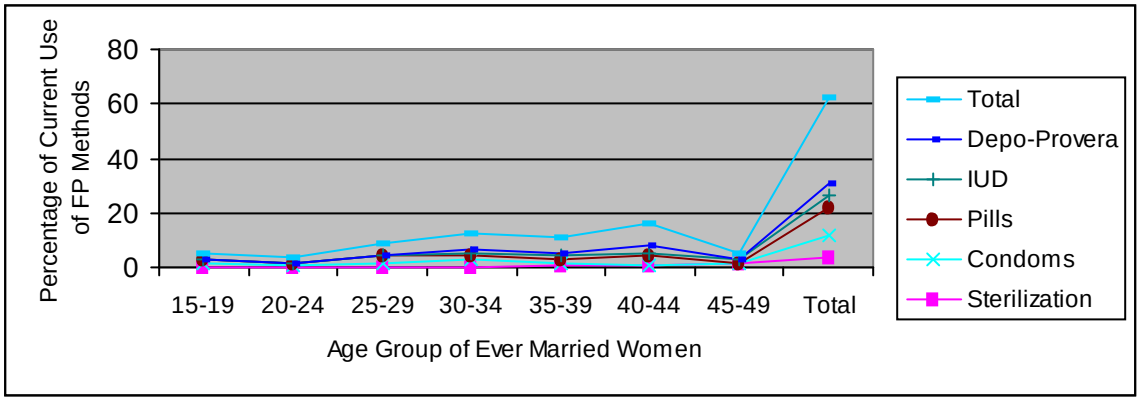
Table 5.9.3: Percentage Distribution of Respondents by Current Use of FP Methods

Current Use of FP Methods	Age Groups of Ever Married Women							Total Percentage
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Sterilization	-	-	-	-	1(0.9)	1(0.9)	2(1.8)	4(3.6)
Condoms	2(1.8)	1(0.9)	2(1.8)	3(2.7)	1(0.9)	-	-	9(8.1)
Pills	1(0.9)	1(0.9)	3(2.7)	2(1.8)	1(0.9)	4(3.6)	-	12(10.8)
IUD	-	-	-	1(0.9)	2(1.8)	1(0.9)	1(0.9)	5(4.5)
Depo-Provera	-	-	-	1(0.9)	1(0.9)	3(2.7)	-	5(4.5)
Total	3(2.7)	2(1.8)	5(4.5)	7(6.3)	6(5.4)	9(8.1)	3(2.7)	35(31.5)

Source: Field Survey, 2008

Table 5.9.3 shows that current use of family planning methods among ever married women of reproductive ages (15-49). Only 31.5 percent of respondents have been using any method of contraception. Similarly, current use of family planning method varies by age group of women. 2.7 percent respondents of age group 15-19 are using any method. Among different age groups the highest percent (8.1) belong to age group 40-44 where 3.6 percent women are currently using sterilization, 8.1 percent using condoms, 10.8 percent using pills and 4.5 percent women using IUD and Depo- Provera. In this study area, Pills and Condoms are more popular than others method of contraception. This figure of 31.5 percent seems to be lower than the national estimates of 48 percent as given by NDHS 2006.

Figure 5.8: Percentage Distribution of Respondents by Current Use of FP Methods



5.9.4 Cause of not Using FP Planning

An important indicator of the changing demand for family planning is the extent to which nonusers of contraception plan to use family planning in the future. An understanding of the reasons women gives for not using family planning method is critical to designing programs that could improve the quality of services. Table 5.9.4 shows the percentage distribution of ever married women who are not using a contraceptive methods who do not intend to use in the future by the main reasons for not intending to use. The responses of respondents are shown in table 5.9.4

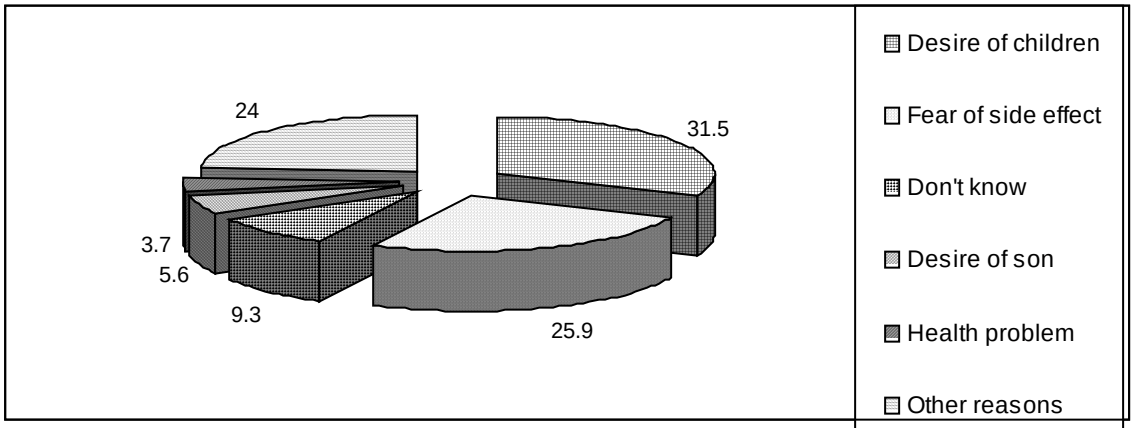
Table 5.9.4: Percentage Distribution of Respondents by Reason of Not Using FP Methods in the Study Area

Reason of not using FP methods	Respondents	Percentage
Desire of children	17	31.5
Fear of side effect	14	25.9
Don't know	5	9.3
Desire of son	3	5.6
Health problem	2	3.7
Other reasons	13	24.0
Total	54	100.0

Source: Field Survey, 2008

Table 5.9.4 shows that the percentage distribution of ever married women who are not using contraception by main reason for not intending to use. It can be seen that 31.5 percent respondents are not using contraception for desire of children. Similarly, 25.9 percent of respondents informed that they have not used any methods due to the fear of side effect and 24 percent of the respondents reported other reasons.

Figure 5.9: Percentage Distribution of Respondents by Reason of Not Using FP Methods in the Study Area



CHAPTER-VI

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter attempts to summarize the entire study and to draw some conclusions as well as recommendations for policy implication and research issues.

6.1 Summary

This study is based on primary data collected from 111 respondents of 90 households (17.2 %) out of the total 523 households belongs to Pakuwa VDC, Parbat. This study has examined the socio-economic and demographic characteristics and analyzed the effects of socio-economic and demographic variables on fertility. Specially, households and individuals questionnaires were used to obtain the information about the socio-economic and demographic effects on fertility behaviour. The households questionnaire were asked to the head of the household and individual questionnaire were asked to ever married women of reproductive aged (15-49) years under the study. The main findings of the study can be summarized under the study.

In the 90 households, the total population is 651, out of them 318 (48.5%) are males and 333 (51.5%) are females. The sex ratio of the study population is 95.5 percent whereas district sex ratio is 86 percent. The highest sex ratio is 180.9 percent for age group 15-19 and lowest sex ratio is 72.2 percent for age group 50-54. The highest proportion of population is 12.4 percent for age group 20-24 and lowest proportion of population is 2.5 percent for age group 55-59 year of age (Table 4.1.1)

The total dependency ratio is 48.3 where child and old age dependency ratios are 38.5 and 9.8 respectively. (Table 4.1.2)

Out of 90 households, 12.2 percent of the households have 1-4 family members and 8.9 percent HHs have 8-10 family members in their household. The average family size is 7.2 whereas district family size is 4.8 (Table 4.1.3)

Out of the population 534, aged 10 years and above, 25.3 percent are unmarried, 67.2 percent are currently married, 7.1 percent are widow/widower and 0.4 percent are divorced/separated. (Table 4.1.4)

Out of 90 HHs, 86.7 percent HHs are Hindus and 13.3 percent are Budhist. (Table 4.2.1)

Agriculture is the main occupation of the study population. Out of the total population 534 aged 10 years and above, 38.8 percent are involved in agriculture, 14.6 percent are students, 9.6 percent are foreign labour and 8.9 percent are pension holders. (Table 4.2.2)

Out of 90 households, 93.3 percent HHs have their own land and 6.7 percent do not have their own land. Similarly, out of 93.3 percent, 8.3 percent of the HHs has less than 2 ropani and 16.7 percent have more then 25 ropani. (Table 4.2.3.1)

Out of 90 HHs, 76 HHs are cultivating other's land and 14 HHs are not cultivating. (Table 4.2.3.2)

Out of the 90 HHs, 86 HHs have domestic animals and 4 HHs do not have any kinds of domestic animals. (Table 4.2.3.3)

Out of the total population, aged 6 years and above, 73.7 percent are literate and 26.3 percent are illiterate. Among the literate population (73.7%), the highest proportion (20.7%) population have completed primary level of education while lowest 3.2 percent population have completed bachelor level of education and above. (Table 2.4)

Out of the 333 female population, only 111 ever married women of reproductive age (15-49) are included in this study .The mean children ever born is 2.9. (Table 5.1)

The mean CEB varies by age at marriage. The mean CEB is 4.6 for those women who are married between age 10 14 years and 2.1 for those women who had married after the age 25 years. Most of the respondents were married before age 20 years. (Table 5.2)

The mean CEB varies by age at first birth of their mother. The mean CEB is 4.7 who were born to women before 15 years of age. Similarly, the mean CEB is 1.1 for those children who were born to women of age group 30- 34. (Table 5.3)

Out of 111 respondents, 101 respondents do not have any child loss experience whereas 10 respondents have had three to six child loss experiences. (Table 5.4)

Out of the 111 respondents, 76.6 percent women want to have 2 children, 11.7 percent want 3 children and 9.9 percent women want to have more than 4 children. (Table 5.5)

The mean CEB is 2.5 for those respondents who are literate whereas 3.5 for those respondents who are illiterate. The mean CEB varies by educational status of respondents. The mean CEB is 1.0 for those women who have completed the higher level of education and 3.8 for those women who have got the pre-primary level of education. (Table 5.6)

The lowest mean CEB is 1.6 for those households where father and mother are participated to decide the household sphere and highest mean CEB is 3.2 for those HHs where only husband is responsible to decide household sphere. (Table 5.7)

Based on the occupational status of women, the mean CEB is 3.5 for those women who are engaged in agriculture sector, 1.3 for those women who are teachers and 2.6 for those women who are involved in other type of occupations. (Table 5.9.2)

Knowledge of family planning is almost universal but prevalence rate is still low. Only 31.5 percent respondents are currently using any means of family planning. (Table 5.9.3)

6.2 Conclusions

There is strong negative relationship between fertility and age at marriage. The major findings of this study show that higher the ages at marriage with lower the fertility and vice-versa.

The age at first birth is inversely related with fertility level. The differential of fertility level of this VDC indicates that decreasing level of fertility with the increment of age at first birth and vice-versa.

There is relationship between fertility and occupation. The mean number of children ever born varies by the occupational status of women. Fertility is higher for those women who are engaged in agricultural sector than women involved in non-agricultural sectors.

The mean CEB is higher for those women who have had child loss experience than that of women who do not have such experience.

The level of educational attainment is inversely related with the level of fertility behaviour and age at marriage and positive relationship between education and family planning. The mean CEB is higher for those women who have attained lower level of education than that of women who have completed higher level of education.

The ability of women to make decisions effectively has important implications for their fertility preferences and practice of family planning. The mean CEB varies by decision-making power of women in the household.

Knowledge of at least one modern method of family planning is almost universal. The popular methods of family planning are Minilab, Vasectomy, Condom, and Pills etc. But prevalence rate of family planning is still low.

6.3 Recommendations

Despite these limitations of this study, this analysis provides a useful contribution to all the persons at different levels. Overall discussions lead to the conclusion that for overall development of these people, there is a need of universal education, improved quality of life, equitable opportunities, access to health care, confidential counseling and information services.

To create a congenial socio-economic atmosphere for small families with only two children and to motivate the couples for small families by promoting general people's living standard.

Special emphasis should be stressed towards the enhancement of family and social status of women, skills development and increased employment opportunities for women, women literacy and girl's child education.

Government should promote much greater community participation in reproductive health services by decentralizing and promoting partnerships in cooperation with local NGOs and private health care providers.

Age at marriage is also still low, which automatically enhances the fertility level. So, to reduce the early marriage practice, government and other related agencies should implement effective programmes to change the prevalent cultural norms and traditional values towards early marriage. Information on the risk of low age at marriage, and the importance of the use of contraception to postpone first birth and birth interval is needed.

Most of the respondents are engaged in agricultural sector. So, government and related organization should launch policies and programme, which would make possible the people to shift from agricultural sector to non-agricultural sectors.

To reduce the infant, child and maternal mortality, awareness programs should be launched through different medias. Besides these programmes, the government should provide child and maternal health care facilities, immunization and medical facilities.

To improve socio-economic condition, the government and NGOs/ INGOs should be responsible to create jobs opportunities in the study area.

Knowledge about family planning is almost universal but contraceptive prevalence rate is still low due to the fear of side effects, traditional social values and son preference .So, awareness programmes and formal as well as informal education should be provided by the responsible agencies.

7.4 Recommendations for Future Study

This study has attempted to find out the different socio-economic and demographic effects on fertility behaviour of Pakuwa VDC, Parbat. Here demographic variables such as age at marriage, current age at first birth, child loss experience and socio-economic variables like literacy, educational attainment, occupation and other variables like cultural norms and (KAP) were also examined to know how they are related to fertility behaviour. Along with the above-mentioned variable one may take some other variables like value of children, religious belief and sex preference. This study examined mean CEB only by socio-economic and demographic variables. Other ecological, biological, physiological and religious variables can be taken for future research issue. The coverage of this study is small (i.e. ward no 7, 8 and9). This study is related not only to single community but also four major caste ethnic groups (Bhramin, Chhetri, Dalits and Janajatis) found in this VDC. This study is based on descriptive method. An analytical study is far better to reach the logical end. Therefore, on the basis of this dissertation future studies can be carried out.

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QUESTIONNAIRE
SOCIO-ECONOMIC AND DEMOGRAPHIC EFFECTS ON FERTILITY
(A Case Study of Pakuwa VDC, Parbat)
Central Department of Population Studies
Tribhuvan University
Kirtipur, Kathmandu

Date:

A. Household Questionnaire Schedule

Village…… Ward No…… District…….
Type of Household: Joint…… Nuclear……
Ethnicity…… Mother Tongue…….. Religion……

Households Records

S. N.	N.H.M. Started from H.H. Head	Relation to HH Head (02)	Sex (03)		Age (Completed) (04)	Literacy (05)		If Literate education level (06)	Marital status (07)	Occupation (08)	Eligible women (15-49)
			M	F		Lit.	Illit.				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Note: Ask for only aged 6 years and above for education and for age 10 years and above years for marital status and occupation.

Code:

Related to Q. 02
01. Household head
02. Wife (HH head)
03. Son/ Daughter
04. Daughter in law
05. Grand son/ Daughter
06. Father/ Mother
07. Father/ Mother in law
08. Brother and sister
09. Cousin/ Nephew
10. Others

Related to Q. 03
01. Male
02. Female

Related to Q. 05
01. Literate
02. Illiterate

Related to Q. 6
00. Non-formal education
01. Class 1 pass
02. Class 2 pass
03. Primary
04. Lower Secondary
05. Secondary
06. S.L.C
07. Certificate level
08. Diploma and above

Related to Q. 7
01. Single
02. Currently married
03. Widow widower
04. Divorced / Separated

Related to Q. 08
01. Agriculture
02. Teaching
03. Student
04. Foreign employment
05. Wage labour
06. Carpenter
07. Military force
08. Bussiness
09. Government service
10. Small cottage industry
11. Pension holder
12. Private jobs
13. Others

9. Do you have any land for agriculture?
   a) Yes…….01 b) No……..02
10. If yes, how much?
   a) Ropani……01 b) Aana……..02
   c) Hall……03 d) Mato/ Muri……04
11. Are you cultivating other's land?
   a) Yes…….01 b) No……..02 → **Q.13**
12. If yes, for how long time?
   a) Years…….
13. Are you giving your land to other for agriculture?
   a) Yes…….01 b) No……..02
14. If yes, how much?
   a) Ropani……01 b) Aana……..02
   c) Hall……03 d) Mato/ Muri……04
15. Do you have domestic animals?
   a) Yes…….01 b) No……..02 → Q.18
16. If yes, give their kinds and number.
   a) Buffaloes / He buffaloes…01 b) Cow/ Ox……..02
   c) Sheep/ Goat……..03 d) Duck / Hen…
   e) Others……05
17. Do you sell those domestic animals
   a) Yes…….01 b) No……..02
18. Do you have sufficient production of food for consuming in a year?
   a) Yes…….01 b) No……..02 → **Q.20**
19. If not, how much months will be sufficient
20. Can you maintain the household expenditure from your household's income?
   a) Yes…….01 b) No……..02

B. Individual Questionnaire

Only for ever married women of reproductive age (15-49 years)

Name of respondents: -

Caste: - Religion: -

1. How old are you?
   Completed years……..
2. In which month and year were you born? Years……01 month…….
3. Can you read and write?
   a) Yes…..01 b) No……..02
4. If yes from which programme did you learn?
   a) Non formal….00 b) Formal…01
5. If formal education programme, which class have you completed?
   Completed class…
6. Are you going to school?
   a) Yes……... 01 b) No…….02
7. Have you worked during the last 12 months?
   a) Yes……01 b) No…….02
8. If yes, how many months? Completed months….
9. How much income did you get? Rs…. Monthly. …Total….
10. What is your occupation?
    a) Agriculture…… 01 b) Teaching……02 c) Business……... 03
    d) Cottage industry …04 e) Students…… 05 f)Household workers….06
    g) Wage labour ……..07 h) Government services…08
11. Can your husband read and write?
    a) Yes……01 b) No…….02
12. If yes, which class have your husband completed? Completed class…
13. Have your husband worked during the last 12 months?
    a) Yes……01 b) No…….02
14. If yes, how many months? Months……..
15. How much income did your husband get? Rs…….Months……Total…….
16. What is your husband's occupation?
    a) Agriculture……01 b)Teaching……...02 c)Student……..03
    d) Foreign employment…….04 e) Wage labour……..05 f) Carpenter…..06
    g) Military force……07 h) Government service…0 i) Business……09
    j) Small cottage industry……10 k) Pension holder……..11
    l) Private jobs……12 m) Others……..13
17. How old were you at the time of marriage? Years…..
18. What is the ideal age of marriage for male and female?
    a) Male…..year b) Female…….year c) Don't know….
19. Have you given any birth?
    a) Yes……01 b) No…….02
20. If yes, how old were you at the time of first birth? Completed Year……..
21. What is the age of your first child? Completed year…….
22. How many children have you given birth?
    a) Son…….b) Daughter……c) Total……..

23. Are all of them died?
    a) Yes……01 b) No…….02
24. If not, how many of them died?
    a) Son……..b) Daughter……c) Total…….
25. When did you give last live birth?
    Years……..Months……
26. What is the age of your last child now?
    Completed years…….Date of births…….
27. Have you given any live birth during the past year?
    a) Yes……01 b) No…….02⟶ Q.30
28. If yes, what is sex of child?
    a) Males……01 b) Female……..02
29. What is the survival status of child?
    a) Alive…….01 b) b) Female……..02
30. Are you pregnant now?
    a) Yes……01 b) No…….02
31. Are you satisfied with the no of children?
    a) Yes……01 b) No…….02⟶ Q. 34
32. If not, how many and which sex do you prefer?
    a) Son……..b) Daughter…….c) Total…….
33. Why do you prefer additional children?
    a) Religious beliefs……01 b) As a source of income….02 c)Self interest……. 03
    d) Family pressure…….04 e) Fear of generation loss…05 f) Husband's desire…06
    g) Other……...07
34. What is the ideal no of children?
    a) Son…….b) Daughter…….c) Total…….
35. Have you heard of any family planning methods?
    a) Yes……01 b) No…….02
36. If yes, from which medium did you hear about F.P. methods?
    a) Radio…….01 b)Television……...02
    c)Newspaper…….02 d) Friend/ relatives..04 e) Self know……05
    f) Husband……06 g) Health worker……07 h) Others…….08
37. Which method have you heard about?
    a) Pills……01 b) Condom……02
    c)Male sterilization……03 d)Female sterilization……04
    e) Norplant…….05 f)IUD……07
    g)Natural method……..08 h) Others……..09
38. Have you/your husband ever used any family planning methods?
    a) Yes……01 b) No…….02⟶ Q. 42
39. If yes, which methods have you/your husband used?
    a) Pills……01 b) Condom……02
    c)Male sterilization……03 d)Female steralization……04
    e) Norplant…….05 f)IUD……..07
    g)Natural method……...08 h) Others……09
40. Are you or your husband using any family planning methods now?
    a) Yes……01 b) No…….02

41. If yes, which methods have you/your husband used?
    a) Pills…….01 b) Condom……..02
    c) Male sterilization……03 d) Female steralization……04
    e) Norplant…….05 f) IUD……..07
    g) Natural method……..08 h) Others……..09
42. If not, why?
    a) Due to the health problem……..01 b) Side effect…….02
    c) Religious belief……..03 d) Opposed for society and family……04
    e) Expensive……...05 f) Not available of FP services……..06
    g) Desire of son……..08 h) Don't know……09
    i) Others…….10
43. Do you have a desire of using family planning methods in future?
    a) Yes……01 b) No…….02
44. Mostly, who take the decision inside/out side the households spheres?
    a) Husband…….01 b) Self (wife)…….02
    c) Son/ daughter…….03 d) By both (husband and wife)….04
    e) Father / mother in law……05 f) Others….. ……. ……06

"Thank you"