

CHAPTE 1

INTRODUCTION

1.1: Background

Fertility is one of the major components of population change. It is the actual reproductive performance of women or group of women. It is a biological phenomenon. It differs from fecundity, which is the psychological capacity to produce children. Therefore, it is variable on nearly one group to another. Fertility, on the other hand, is the actual performance of births and it is variable from one individual to another and from one group to another.

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

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

The theories of demographic transition state that fertility is high in poor and traditional societies because of high mortality, lack of opportunities for individual, less advancement and higher economic value of children. These all change with modernization or urban industrialism in individuals, once their view points become

reoriented to change that have taken place, can make use of the new opportunities (Caldwell, 1982: 188).

Nepalese society favors high fertility; children are symbol of well being both socially and economically. This evident from the people saying, which may goes, your progeny fill the hill and mountains. Marriage is early and universal. It becomes of disagree to a women who can not produce son. Son becomes a symbol by which she can raise her status as womanhood. Furthermore, the women with sons avoid the chance of having a co-wife, makes herself socially eligible to inherit some property from the family and above all wins the support and affection from husband and other number of the family.

Nepal is one of the poor countries in the world where population growth rate is high compared to the other Asian countries. The social-cultural norms favoring sons, low literacy rate of women, poor economic condition, and low social status of women and cost of bringing up children are some of the leading factors, which are related to high fertility in Nepal. According to Dahal (1989), a woman in Nepal becomes a woman only when she performs her role as mother and her status in fully decision making is much higher in Tibeto-Burman groups, the level of their fertility is surprisingly much higher in comparison to the Indo-Aryan groups.

The age at marriage is one of the determinants of fertility. The increasing age at marries would have decreasing effect on the number of children even born, which ultimately decreased in fertility level by declining the number of young women exposed to pregnancy (CEB,1987: 124). The 1981 census concluded that by the time women reach the age of 20, half of them are married, and 86 percent of them are married by age 25 (Panta and Acharya, 1988:58)

Nepal has been experiencing high fertility compared to other country even in the south Asia. The dominant socio-cultural dogmas have always been socially and culturally pronatalist in Nepal. A large number of children are considered as a symbol of well being of the household and dynasty. In Nepali society, whether Hindu or Buddhist, the eldest son must perform the parent's funeral rituals and continue their family tradition (Pradhan, 1989).

According to census of 2001, the total population of Nepal is 2,32,51,423 which is growing at an annual rate of 2.24 percent which was 2.1 percent during the period 1981-1991. If this rate is continued, Nepal's population, which took 60 years to double for 5.6 million to 11.6 million between 1911 and 1971, will now take only a few years to do so.

The primary reason for rapid population growth is due to continuous decline in death rate on the one hand and nearly stable fertility on the other. The total fertility rate (TFR) of Nepal in 2001 was recorded as 4.1 Crude Birth Rate (CBR) of Nepal was 33 per thousand populations and of Contraceptive Prevalence rate (CPR) of Nepal is 39 percent. Occupation is another important determining factor in fertility. Nepal is predominantly agricultural country where 66 percent of the total populations are engaged in agriculture (census, 2001). Nepal's literacy rate is only 52.7 percent of the total and only 37.4 percent of women are literate. This lower literacy status also influences the higher fertility in Nepal. The higher experience of child loss increases the number of children ever born which causes high fertility. Similarly, the infant mortality rate (IMR) in Nepal is recorded as 64 per thousands live births in census 2001.

Increasing level of income of women is another factor determining the fertility in society. It depends on nature of work they do. Rural farm population is usually more fertility than the rural non –farm population. Generally, high fertility is associated with the women involved in agriculture and lower fertility is associated with the women involved in professional and technical categories regarding the deferential fertility by working level of both sexes indicate the fact that those male or female, who have actively participated in non-agriculture activities have lower fertility then who have engaged in agriculture (Tuladhar,1989).

Increased level of modernization results in a higher age at marriage and lower number of children ever born. A study revealed lower CEB (3.31) of respondent with electricity in their home in comparison to their counterpart (4.42) with no electricity. Likewise

CEB with radio (3.63) and CEB without radio (3.73), CEB with television (3.00) and without television is (3.79) (Acharya, 1996:56).

Female education is an important factor in determining reproductive behaviour. The total fertility rate for uneducated women is much higher. The fertility level is found decreasing with increasing education. Women with at least some secondary level education have a TFR with 2.5, women with primary level education have TFR 3.8 where as women with no education have TFR of 5.1 (MOH 1996).

There are few studies in caste/ ethnic fertility differentials and its socioeconomic impact in Nepal. The census of 1991 was the first to include caste/ethnicity as a variable. Nepal is a multi caste and multi-ethnic country, the contribution to the high level of national fertility rate made by the different caste/ethnic group needs to be addressed urgently.

In the global context, mortality is reduced in low level but fertility is different within developed and developing countries. TFR is high persistence in developing countries such as Niger 7.1, Sierra Leone 6.1, Ethiopia 5.4, Somalia 6.8, Malawi 6.3. Similarly, TFR in some developed countries have below replacement UK 1.8, Japan 1.3, Hong Kong 1.0, Switzerland 1.4 and Norway 1.9 (PRB, 2007).

In the context of Nepal, the TFR has declined from 5.6 in 1991 to 4.1 in 2001 (CBS, 2003:5). According to world population data sheet (PRB, 2007) The TFR of Nepal is 3.1 which is comparatively high among SAARC Region. The TFR of India is 2.0, Maldives 2.8, Sri lank 2.0, Bhutan 2.9. Even though government has made several efforts to reduce fertility since 1965, it is still high because Socioeconomic value children, Socioeconomic cultural norms favoring sons, low female literacy, high infant mortality rate(IMR).

1.2: Status of Fertility

The total FTR 6.3 per women in CBS census 1971, 4.5 World Data Sheed (PRB, 2003), 6.33 was during 1975-1976 (NFS, 1976, MOH). 6.27 per women during 1980-81 (NFFPS 1986, MOH). 5.105 during 1984-86 (NFFPS 1986, MOH). 4.805 during 1989-91 (NFFPS 1991, MOH). 4.64 during 1993-95 (NFFPS, 1996, MOH). 4.1 during 1998-2000 (NDHS, 2001, MOH). 3.1 during 2001-05 (NDHS, 2006, MOH).

In the context of Nepal, The TFR of urban and rural area is 2.1 and 3.3 in 2006, 2.1 and 4.4 in 2001, and 2.85 and 4.83 in 1996 respectively. The TFR per woman was 4.6 in 1996, 4.1 in 2001 and 3.1 in 2006 (NDHS 2006).

In the global context, TFR is different with in developing countries. The TFR of Indonesia is 2.6, India is 2.7, Bangladish is 3.0, Nepal is 3.1, Cambodia is 3.4, Philippine is 3.5, Ethiopia is 5.4 and Tanzania is 5.7(NDHS, 2006).

Nepal began setting fertility deduction target as early as 1965 but they were never met. During the third plan (1975-80) period, the target was to reduce the estimate CBR of 39.1 in 1967 to 38.1 in 1971. No such target was found for the fourth plan (1970-75) period throughout 13,200 married couples were to be supplied with family planning services. During the fifth plan (1975-80) periods, the estimated CBR of 40 was to be reached to 38 by 1980 (Joshi and David, 1983). For 1980 the official estimate of CBR was 42 per-thousand and the planning commission set the target of reducing the official figure to 40 per-thousand by the end of sixth plan (1980-85) period (NPC,1981). But the fertility and family planning survey of 1986 showed CBR of about 39 for 1986, which is a year later, then the target year (MOH, 1987). The seventh plan (1985-90) as usual planned to achieve TFR 4 children per-women by the end of the plan period (NPC, 1986-87). But the demographic information shows that Nepal's TFR was about 5 although not as high as 6 per women until early 1990s (MOH 1993).

The Eighth plan (1987-1996/97) set the target of reducing TFR from an estimated 5.8 per-women to 4.5 by 1996/97 (NPC, 1992). The family health survey 1996 showed TFR of 4.64 per- women. The ninth plan (1996/97-2001/02) aimed to reduce the fertility to 4.2 by the end of the plan period. Despite tumultuous political times during

the Ninth plan period and its consequences on the health service delivery the level of fertility was more than achieved as the NDHS 2001 showed TFR of 4.1 for three year period 1998-2000. In addition, the fertility level has apparently continued declining and by mid-2001 it is estimated to have declined to 3.8 per-thousand woman (CBS, 2003).

Although the fertility has begun to decline, last census (2001) data show Nepal's TFR of 3.8 children per-woman, which is by the world standard still high. The high fertility level in Nepal can be attributed to a number of contributing factors that continue to favor high fertility. They include early and universal marriage, desire for son for religious and economic reasons. The son is a base of economic gain and old age security; people also don't know use of contraception.

1.3: Statement of the problem

In Nepal, earlier decline of mortality and later decline in fertility have related in relatively high of natural growth of population. The mortality decline is relatively faster due to increased access and improved health services. This has been secular decline in mortality during the recent past, but the decline in fertility is slower than the mortality. Consequently, Nepal's population is increasing fast so that rapid population growth is bound to exact a strong pressure, which adversely affects the economic development of Nepal.

One of the important aspects of population study is the socioeconomic and demographic factor that influence fertility behaviour. Culturally and religiously, Nepalese society is pronatalist (Dahal, 1989). Marriage is almost universal in Nepalese society and there is a common observation that people marry at an early age, which leads to higher fertility. Additional, The experience of child mortality and infant mortality rate is higher which encourage Nepalese women to replace their own child loss.

Population is an issue of common concern, which can't be separated from the issue of socioeconomic development of any country. Large base number, a higher proportion of fertility age group and relatively fast rate of increase characterize Nepal's population.

According to the census of 2001, women of reproductive fertility age represented 25 percent of the total population. This age structure indicates that for a long period of time the fertility will remain high.

The economic status of Nepal is predominantly characterized by traditional agriculture and 38 percent people fall under the poverty line. It still persists children are not considered burden on the family but contribute to family income. Most currently married women have strong desire for sex preference that encourages large family size. Similarly, the education status is very low in Nepalese women especially in rural areas. They do not realize the need for birth control. As a result, the fertility rate has not come down.

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

Attitude towards family planning and birth control are equally important factor affecting fertility. But the contraceptive prevalence rate in Nepal is quite low and it has only a small impact on fertility reduction.

In this way, it can be said that high fertility rate is a serious problem of Nepal. The high fertility rate can't be reduced to a desirable level unless the effect and relation of socio-economic status of women and fertility are known in rural Nepal.

Tharu community is the one of the poorest ethnic groups within the inner Tarai Region and is also backward socially and economically. The main focus of this study is to examine the relationship between the socio-economic and demographic factor for fertility experience of Tharu community in Malakheti VDC, Kailali.

1.4. Objective of the Study

The general objective of the study is to unveil the fertility performance of Tharu women in Malakheti VDC of Kailali District in Nepal. The specific objectives are as follows:

-) To examine the fertility of Tharu women by social variable, especially by literacy and educational attainment.
-) To examine the fertility of Tharu women by economic variables especially by occupation, monthly income, size of landholding and household facilities such as owing radio electricity and TV.
-) To examine the fertility by demographic variables such as age at marriage, migration, child loss experience and desired family size.

1.5. Methodology

1.5.1 Sources of data

This study is fundamentally based on both primary and secondary data. The primary data were collected from the head of the family and the married women aged 15-49 years. Secondary data were taken from relevant works i.e. report, documents, record of VDC office and various governmental and non governmental publications.

1.5.2. Sample design

To select a reliable and representative sample of the population and household of the study area, first the size of population and households were identified according to the record of Malakheti Village Development Committee in 2005. On the basis of record prepared by VDC office in 2005, the Tharu households were identified to have a complete enumeration. This study is based on primary data collected with the help of structured questionnaire with complete enumeration of the households of their particular ethnic group of people in Malakheti VDC of Kailali District in Far Western Nepal. The total population of Tharus in this VDC was 1019 out of 199 households. The whole households (199) married women aged 15-49 years were interviewed for this purpose. If only one woman aged 15–49 was present during home visit she was entertained for the interview, and if there were two women meeting the criterion, the youngest one was considered for the interview.

Table 1 shows the total number of households scattered with in different wards and selected number of households

Table 1: Total and selected number of households with in different wards.

Sn.	Ward no.	Total households of Tharus	Selected households
1	1	12	12
2	2	70	70
3	3	10	10
4	4	35	35
5	5	7	7
6	6	15	15
7	7	5	5
8	8	15	15
9	9	30	30
Total		199	199

Source: VDC Office, 2005

1.5.3. The Questionnaire

To meet the objectives of study with considering limited time and sources, data were collected by preparing precise questionnaire schedule. In the field survey, Questionnaire was desired to obtain information on main target of the questions some supportive questions to demographic and socioeconomic information of the respondents were also administered.

The questionnaire schedule is divided into three sections. The first section is concentrated about household question (household characteristic) of the respondents, the second section is included about the fertility mortality with the data of birth and age at marriage of the respondents and last third section was about the desired family size of the respondents.

1.5.4. Statistical tools

Statistical tools are compulsory to analyze and to get finding of data. It helps to come up on conclusion. In this thesis, some statistical methods are used. Such tools are percentage, mean and mean children ever born. For the necessary tables, data were processed in Microsoft computer using Excel program.

1.6. Significance of the study

Since Nepal is a multi-ethnic, multi-lingual and multi-cultural country. high fertility rate and rapid population growth have been appearing as a population problem since past few decades. Despite the government efforts to reduce the fertility rate through the implementation of anti-natalist population policy programme, since 1965 there has not been substantial decline in the fertility in Nepal.

Human resource plays a vital role in the development of a county. Population of a country can be determined as perfect or balanced only if the country resources and power are utilized properly and if those resources and power are capable of handling of population in a good way.

Rapid population growth is the hindrance of development process of less development country like Nepal. It is necessary to better understanding differential of fertility to identify the group, area or section which may need special attentions with report to fertility control and other development programmes.

The question always arises that why fertility in Nepal has not been reduced and also what are their relationship with society. There has not been a micro level study about in yet. Therefore, this study is oriented towards investigating fertility behaviour of women.

There are quite few studies, which have analyzed the fertility of single ethnic community. This study gives the socio-economic and demographic characteristics of the currently married women age (15-49) of Tharu community residing in Kailali District for policy purpose only national level studies cannot reveal the fact of the different areas. So this study should help the policy maker and planner to derive some useful insights from the finding, which will be useful in formulating more effective and suitable policy, and it can help for further study and can give knowledge about fertility behaviour of indigenous community.

Since far western Tarai in Nepal is considered as one of the highest fertility areas, it is essential to conduct studies confined within certain local or regional level of far western Tarai. Therefore, this study is conducted in Kailali District that gives the socio-economic and demographic characteristics of inhabitant homogeneous women in this area. Such investigation of the relationship of fertility with selected demographic and socio-economic variable would be more significant for policy making and programme implementation.

1.7. Organization of the study

This study is divided into five chapters. The first chapter is introductory one, which includes background of the study, status of fertility, statement of the problems, objective, signification and limitation of the study and the methodology of the study where measuring tools for analysis are discussed. The second chapter deals with the conceptual framework including review of theoretical and empirical literature. The third chapter is the introduction of the study area and population. The fourth chapter is analysis of the fertility with the help of selected socioeconomic and demographic variables by frequency, mean and cross table. The fifth chapter include the major finding, conclusion and recommendation of the researcher.

1.8. Limitation of the Study

-) This study is limited only to Tharu community of Malakheti VDC of Kailali District
-) The finding of this study can not be generalized for total Nepal; however, it provides a glimpse of the fertility behaviour of Tharu women.
-) The respondents of this study are limited to the currently married women aged (15-49); however, even the other members of the household make the fertility decision. And that part of the human behaviour is not included in this study.
-) Only some limited socio-economic and demographic variable are recognized for the analysis of fertility behaviour of respondents.

CHAPTER 2

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

This chapter reviews some theories related to fertility. Fertility is one of the basic determinants of population as well as a positive force in population dynamics. There are numerous theories related to fertility but only some theories related to the study are reviewed to establish coherence between theoretical development and approach of this with reference to Nepali society.

2.1: Theoretical Literature

In middle of twentieth century, the theory of demographic transition of fertility and mortality in the countries of Northern Europe. The theory advocates the transition from high fertility and mortality along with the socio-economic development of society. This theory was based on the experience of fertility decline after decline in mortality with advancement of industrialization and urbanization in the west. In 1945, Notestein stated that at pre-industrial society high fertility was required to balance high mortality rate, otherwise, the averages of mortality would have led to population decline and extinction. When the process of modernization had brought the death rates fell down, which results the decline in fertility. Urban industrial society as the crucible of demographic transition theory that is the development of technology lies at the root of matter(Caldwell,1977:30-33).

The frame work presented by Davis and Blake (1956), is focused on the industrial mechanism in society and lists eleven intermediate variable through which any factor such as biological, social, psychological or cultural must operate upon individuals fertility (Tuladhar,1989:39).

The proposed eleven “intermediate Variables” are centered on intercourse, conception and gestation. These eleven variables effect positively or negatively the fertility of individuals in a society. In an under developed society, our of the eleven intermediate variable, i.e., age of entry into sexual unions, permanent celibacy, contraception and

sterilization, have high value which tend to keep fertility high. Three of the intermediate variable time between unstable unions, post-widowhood celibacy and foetal mortality from voluntary causes, may have high or low values; and variables such as voluntary abstinence and foetal involuntary mortality usually have low values. The remaining Three variable, involuntary abstinence, frequency of coitus and involuntary abstinence, frequency of coitus and involuntary sterility are left as intermediate (Tuladher, 1989:39-41).

In the study of fertility, individual factors such as income, education, social and economic status, occupation, urbanization, sanitation and utilization of the health care services are well established important determinants. The influences of economics factor on fertility at the macro level are frequently examined by using per capita gross domestic product or national income as the measure of development(Pant and Acharya, 1998).

Bongaarts (1983) showed the four principles proximate determinants of fertility namely proportion of married women, post-partum infecundability, induce abortion and prevalence of contraceptive use Bongaarts clamed that 96 percent of fertility could be explained by these four factor. In typical traditional society where fertility, the principle role is generally is played by former two determinants and in non traditional or modern society, where fertility is found in transition it is highly affected by later two determinants.

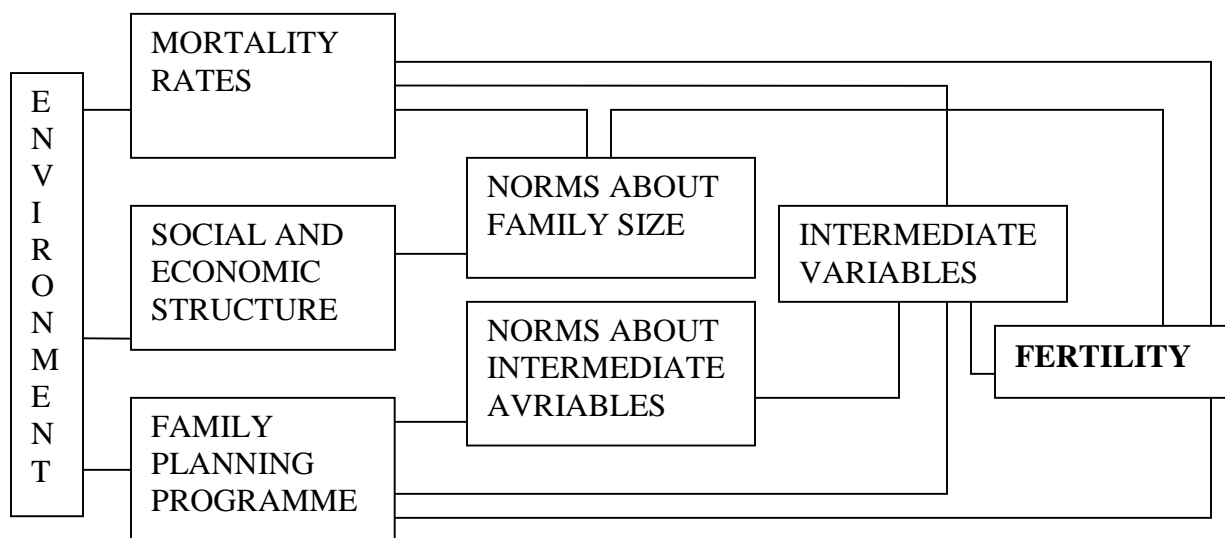
In the framework for the study of fertility presented by Freedman (1975), he argued that the intermediate variables proposed by Davis and Blake are not always used to limit fertility and often their effect on fertility is an unintended result of cultural pattern. Freedman introduced two types of norms in his model, namely norms about family size and norms about intermediate variables. Varying life style related to position in a status hierarchy influence norms about family size. Status indicator such as education, occupation, income, wealth, power, prestige, caste and general class indicators may influence the desired number of children; difference in life style may influence norms

about intermediate variables directly or through norms about family size. Social organization such as family planning program that has a goal to reduce fertility may influence the norms about family size or norms about intermediate variables, which in turn affect fertility behaviour. Figure 1 shows the influence of environment factors, social and economics structure on fertility via, series of intermediates variables (Tuladhar, 1989: 43-44).

Recognizing the fact of differential fertility prevalence in societies, in 1971, Kirk argued for a concentration on cultural factors. He advocated for cultural regions, such as Latin America, East and South East Asia, northern countries, African Countries; to define more homogenous region where there might be a better change identifying the types of development required before fertility decline will occur (Tuladhar, 1989:39). This approach sufficed the ground for the requirement of researcher on different communities to know the fertility prevalence in them and coping their reproductive needs accordingly.

Davis (1957) explored factors that kept underdeveloped are as at high fertility level even though many countries have experienced a sharp decline in mortality. He hypothesis that industrial factor was responsible for the high fertility in the developing world (Tuladhar, 1989:37). In 1960 Backer studies concentration on the three variables viz. number of children, quality of children and family income. He arrived at slightly different types of conclusion that the families with higher income want more children than families with lower income (Leibenstein, 1971:41). In 1975 Freedman related fertility to environment, mortality, social and economic variables and the people's choices regarding the intermediate variables. His frame work is considered one of the pragmatic frame works in fertility theories. That identifies the interrelationship between social, economic other demographic variables and fertility.

Figure 1: Freedman Framework (1975) for his study of fertility



Source : Freedman, 1975

Leibenstein (1975) has presented a new explanation of the decline in fertility accompanied by economic development. He (1957) suggested that direct and indirect cost of children are not sufficient between family size and income level (Tualdhar, 1989:45).

In 1995, Esterlin proposed a generalized model for fertility decision, according to which a woman varies her child bearing in order to optimize her husband utility. Her decisions are affected by income, price and cost of regulation on fertility required examination of the net effects via the proximate variables directly. The theory regarding migrant fertility assumes that migrants earn more in cities than in their rural place of origin. The high income is supposed to raise the living standard and increase the cost of the child bearing which result in decline in fertility. In addition, migrant are expected to adapt and became more like native city dwellers. Urban born woman generally have fewer children than rural born woman, thus migrant fertility is expected to fall approaching urban fertility level (Sally, 1982:248-251).

The biological theory developed by Spencer state that as the complexity of life increase, a reduction in fecundity takes place and that is why fertility is low in industrial societies

as compared to rural societies (Ghosh, 1985:79). Another biological theory, known as the “Cyclical theory was put forward by Carrado Gini. This theory state that, population tends to follow an evolution which is similar to that of life cycle of the individual passing through the successive stage of development maturation and involution (Bhende and Kanitkar, 1994: 109).

The theory of social-capillarity presented by Arsene Dumont emphasized the fact that human violation has played an important role in fertility decline. This theory id based on the physical law of nature “The force of capillarity”. It concludes that the lower fertility is associated with higher socio-economic development (Ghosh , 1985:79).

The theory of diffusion or cultural lag explains how the concept of birth control spread all over the world. According to this theory in countries where fertility has been declining. Attitudes and practices conducive to diminishing fertility have been adopted first by the better education, weather, and high social status group of the city population and transferred in duration of time to intermediate and lower status group and to the rural. Once again, cultural lag theory has been referred to very recently by John Knodel who, after examining the age patterns of fertility in Asia, arrives at the conclusion that the modern fertility transition appears to have resulted from innovation as well as adjustment (Bhende and Kanitkar, 1994: 271-273).

Decline the birth rates in developed countries have been explained in the theory of change and response propounded by Kingsley Davis in 1963. The theory further state that even before the secular decline of birth rates in industrialized countries, mortality rates had started declining as a result of which the rates of nature increase had gone up. According to Caldwell, who developed the theory which has come to be known as the “Theory of intergeneration wealth flow”, fertility behaviour in any type of society at the level of development is rational. In a society the fertility is higher if children are economically useful to parent, and low if children are economically not benefited to the parents (Bhende and Kanitar, 1994:280-280).

The United Nations has attempted to study the relationship between the level of fertility and various indicators of the socio-economic development, which is known as the “Threshold hypothesis of fertility decline”. This hypothesis was drawn from the analysis of the data collected from various countries. The following socio-economic indicators were considered as the background variables of this hypothesis; per capita income, energy consumption; degree of urbanization; population of economically active males employed in non-agriculture activities; life expectancy infant mortality rates; proportion of married rate; proportion of married women 15- 19 age groups; female literacy rate; newspaper circulation per thousand population; radio receiving sets per thousand population; and cinema attendance (Bhende,1994:282-283). It was observed that the average value of each of these indicators of the high fertility countries differed widely from that of low fertility countries. According to this hypothesis, the developing countries with high fertility also experience the lower standard of economic and social conditions. Although ‘threshold hypothesis’ has initiated the much discussed in the field of population studies and its role in socio-economic development in fertility reduction, the main argument of several social thinkers and demographers that unless a minimum level of social and economic development is achieved, there can not be any reduction on fertility.

Backer’s theory is based in conventional economic theory of consumer behaviour. According to this theory, parents compare the utility of children with that derived from other goods; if knowledge of birth control methods was universal fertility would be positively associated with income. Because, according to him, higher income groups can afford more children, i.e. the income effect is positive. However, the price effect is negative because high income groups who could afford more children very frequently have fewer children because higher income families want higher quality children who, in turn, are more expensive (Leibenstein, 1947:88).

In the context of Nepalese society, regarding fertility, it officially mentions that a developing nation is not subject to war, famines and mass movement of people across the political boundaries, natural calamities etc, the population size can be expected to

grow steadily. The introduction of modern medicine and the onset of modernization and socio-economic development, be it at a slow pace, can contribute to mortality decline and sometimes even to fertility increase in the absence or near absence of birth control practices. Such a demographic process can only contribute to fast population growth. Nepalese society is neither totally traditional nor completely modern, it is in transition period.

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

Adolescent fertility is a major social and health concern. Teenage mothers are more likely to suffer from several complications during pregnancy and childbirth, which can be detrimental to the health and survival of both mother and child. Over all 21 percent of adolescent women age 15-19 are already mothers or are pregnant with their first children. In Nepal 23 percent of rural adolescents have begun childbearing compared with only 13 percent of urban adolescents. Only 17 percent of adolescents living in the hills have begun childbearing compared with 20 percent in the mountains and 26 percent in the Terai area. Regionally the highest level of adolescent childbearing is observed in the central development region 24 percent while the lowest is found in the western development region 16 percent. The proportion of adolescents who have begun

childbearing decline with increasing education, from 32 percent among those with no education to 8 percent among with SLC and high level of education (NDHS,2001)

Nepalese couples begun to control their fertility in the 1970s without access to modern method of contraception. However, the data to provide clues as two factor that may have been to importance. First, among older women the very long intervals between marriage and the birth of the first child in Nepal most originate in low coital frequency within marriage. Recent evidence of low coital frequency in early marriage exists for some groups of the population. Rindfuss and Morgan (1983) have observed that, as marriages move away from the most traditional form of arranged marriage towards one where the women has greater individual choice of partner, the level of coital frequency increase. Similar developments may explain the decrease the length of the union to first birth interval in Nepal. Second, in 1976 while women who wanted another child breastfed their babies for 28 months on average, other women breastfed for 40 months (Smith and Ferry, 1984). This differential is accounted for only to a small extent by the differing parity distributions for two groups of women. It appears that extended breastfeeding was being used to try to avoid conception. This fact probably reveals more about the strength of women's motivation to avoid child bearing than about how they did so but it could have had some impact on fertility (Acharya, 2001).

2.2: Empirical findings

It has already been mentioned that fertility is a very complex phenomenon which affected by a number of demographic and socio-economic factors. With reference to these, some finding of empirical research works on fertility have been reviewed in this section.

2.2.1. Education and Fertility

Education attainment especially of women is one of the indicator of modernization and the status of women in society. The level of fertility declines with increase in educational level of females. The same applies for literacy in a community the lower will be the fertility. In Nepal the average number of CEB is lower for literate (1.9) than for illiterate women (2.8) in 1991 (Gharty Chhetry, 1995: 61-83).

Karki (1982) using data from same rural and urban areas found a negative correlation between education and fertility. Nepal fertility Survey data (1976) Pant and Acharya (1988:56) shows that the mean number of children even born among illiterate woman was 2.3 compare to 3.3 among illiterate woman. In Nepal, a vast difference could be observed in the literacy rate among male and female. The main reason for female literacy rate are social prejudice against female education, restriction on mobility of females, low social status granted to the female the system of early marriage and low participation of female in formal education.

Heer (1987:60) found an inverse relationship between the education attainment of all women age 34-44 years and number of even born children for US in 1960 (cited in Pandit 1994). Singha (1986:108) showed that the husband's education has 20% effect on fertility while mother's education has more than double effects than father's education of fertility. Education had played main role to reduce the human fertility. World Bank (1984) found that in poorer countries women with a few years of primary schooling have slightly higher fertility than these women with no education at all, especially in rural areas.

Sapkota (1993), concluded that higher level of education helps to reduce fertility directly and indirectly. Education up to secondary level was found significant impact with to reduce fertility irrespective of ethnic groups. The CEB of illiterate woman was reported as 3.97, 2.92 for literacy and primary level 2.14 for secondary level and 1.30 for higher level.

The 1974 census of Bangladesh reported that women with no schooling had on an average 3.9 live birth for those with primary education 3.4 live birth and 2.6 for those with secondary and higher education. The Bangladesh fertility survey (1975) reported that women with no schooling had on the average 4.2 live birth those with primary education 3.4 live birth, and those secondary or higher education 2.4 live births (Alauddin and Faruquee 1983).

Joshi (2003) studied on "Fertility behaviour among the Maharjan Women" and the conclusion shows that there is still present the priority of male children over female ones. The level of education is low in the community and education effects on fertility behaviour which lead high fertility.

The relationship between fertility and the educational attained of the wife has been negative in the since that the higher the educational level the lower the family size (Bhende, 1998).

According to the Demographic and Health Survey 2001, there is a strong association between fertility and education with the TFR of women with no education on 4.8 is more than double that of women at lest an SLC level of education 2.1 (NDHS, 2002).

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

The age group between 15-49 years the fertility rate of 4.8 of women without education, 3.2 with primary education, 2.3 with secondary education and 2.1 with SLC and above (NDHS, 2001).

According to the NDHS 2001, there is strong association between fertility and education. The women who have no education have 4.8 TFR where as women with primary 3.2 women with secondary education have 2.3 and women with SLC and above education have 2.1(MOH, New Era, 2001).

In general, fertility is inversely related to education. Both the survey (2001 and 2006 is 4.8 and 3.9 respectively) showed that the TFR of a woman with no education had highest fertility. Between 2001 and 2006 surveys, fertility declined among women in every education levels. The fertility gaps between women with no schooling (4.8 in 2001 and 3.9 in 2006) and those with primary (3.2 in 2001 and 2.8 in 2006) or secondary(2.3 in 2001 and 2.3 in 2006) education is narrowed between 2001 and 2006. However, women with SLC and above continue to have a TFR that is less than half that of women with no education. Compared to the 2001 survey data, the 2006 data showed

an increase in fertility among women age 15-19 with primary or no education where as fertility decreased among educated women (NDHS 2006).

21 percent of male and 34 percent female had no education (NDHS 2001). 10 percent male and 16 percent female had no education (NDHS 2006).

53 percent women age 15-49 have never been to school, 12 percent have primary education, only 5 percent have completed primary. 21 percent have only some secondary education and less than 10 percent have completed secondary or higher level of education. Women who are older and reside in rural areas are more likely to have no education. More than half of women in Nepal (55 percent) are illiterate (NDHS 2006)

Almost one half of women and one quarter of men in Nepal have never attended school, they have higher mean CEB. Only 12 percent of male and 5 percent of female have finished secondary of higher level of education (NDHS 2006).

2.2.2. Age at marriage and Fertility

Marriage is a social instruction binding a man and women to fulfil their sexual urge, which has a close relationship in the process of procreation. Marriage is one of the four main proximate determinants of fertility; the other three being contraception, abortion and breast-feeding (Bongaarts and Pottar, 1983). Nepalese society does not allow sexual union of unmarried people. Family formation process starts after the marriage. Religious beliefs and practices in Nepal Provoke individual to marry in early age. Age at marriage increased from 16.7 years to 18.1 years for women and 20.8 years to 21.4 years for men during the 1961 to 1991 (Acharya, 1993: 74-79) however, the another survey observed a lower age at marriage for female places relatively at early ages of life in Nepal. The mean age at marriage of Tharu women was found to be very low (16.5) (Gautam, 2000 pp 40).

Acharya at entry into sexual union is one of the important determinants of fertility. And female age at marriage in Nepal is very low. The 1981 census concluded that by the time women reach the age 20, half of Nepalese women are married, and 86% of them are married by age 25 (Pant and Acharya,1988:58). Increasing age at marriage will have a depressing effect on the number of children even born by limiting the number of younger women who are exposed to pregnancy (CEB,1987:124). The number of

children even born (CEB) tends to decrease with the increase in age at marriage (Cited in Pant and Acharya, 1988:58).

In 1986 Emily observed 4.8 mean CEB for those who marry before the age of 20 and 2.3 mean CEB for those whose marriage age is above that 25 years (das,1988: 16). Tualdhar (1989:29) examined the persistence of high fertility in Nepal by using the data from NFS 1976 and contraceptive prevalence survey 1981. he observed the inverse relationship between fertility and age at marriage, that is higher the age at marriage lower the fertility and vice versa. In this study he found that women at the age 19 and 2.8 for 20 years age and above.

The decline in CBR in Sri-lanka from 38.7 per 1000 population in 1953 to 27 in 1982 is attributed for changing age at marriage (Dangalle, 1989: 303-304). Late marriage in China contribute about 0.8 birth to the reduction of fertility decline the period 1970-1980 (Tuna: 1989:92).

Mulmi (1989) found that early marriage is one of the remarkable factor leading to high fertility and rapid population growth. Mean CEB to females with age at marriage less than 14 years was 5.5 and lowest mean CEB for 2.7 was representing the women with the age at marriage 25-29 (Mulmi, 1987:100-103).

In a study conducted in Maharastra, India, UN found the women with eight or more years of education were marrying almost four years later than the illiterate in rural Maharastra. The effect of middle and secondary school education is to reduce 2 and 0.2 births respectively, almost entirely as a result of later age at marriage from the obtained result UN conducted that, the most of observed differential in fertility by education result from delayed married (UN,1993:38-39).

In relation to fertility behaviour, Dhungana (2000) in his study primely concerns that there is positive correlation between CEB and age at marriage.

A study claims that women marrying between 20 and 24 have similar fertility to that of those marrying before age 20. Only if the marriage age reached 25 or above would

there is a significant reduction of fertility. Perhaps this is one of the reason for persistent of fertility in Nepal.

Simirly, Rijal (2004) has studies "Fertility behaviour in rural areas" the highest mean CEB was found for those who married at lower age.

Fertility differentials among subgroups are clearly influences by differences in the average age at marriage. The urban rural difference in age at marriage is just over one year. However, this difference is more pronounced among younger than older women. Urban women age 20-24 get married on average 2.4 years later than rural women in the same age group. Women from the Tarai region marry earlier than women from the hill and mountain regions and far western region has earliest age at married 15.2 years while the eastern region has the latest 17.3 years. Education has strong influence on the age at marriage. The median age at marriage among women with no formal education is 16 years compared with 19.8 years among with some secondary education (NFHS, 1996).

The median age at first married among Nepalese woman is 17.2 years. Men get married more than three years later at 20.2 years. 60 percent of women are married by age 18. Women and men living in urban areas and those with higher levels of education marry later than their rural and less education educated counterparts. Child bearing in Nepal starts at a median age of 19.9 years. Almost one quarter of women have their first birth by age 18. Women who have completed secondary level or higher begin child bearing more than 3 years later than women with no education (NDHS 2006).

2.2.3 Occupation and Fertility

Occupation is indirectly affecting fertility working status of women is considered one of the fertility determination factor. Adhikari (1992) found that the working status of women is inversely related with mean number of CEB. The Nepalese economy is characterised by a dominant agriculture sector. A large proportion of the country's labour force is involved in agriculture. While very small proportion is in non-agriculture sector. Most of the females are in the unproductive sector (KC 1997 XVII). Fertility level is found differed by working status and type and hours of work. In the

USA, rural farm population are usually more fertile than rural non-farm for both the white and non white American women in the labour force (Calrk, 1977:166). According to the data of Bangladesh fertility Survey, 1978, women with husbands in white colour occupation tended to have lower fertility. Similarly the level of fertility of working mothers in urban and rural areas was found lower than that of non-working mothers. Aladdin and Sorcar (1981) found the relationship between income generating activities and status of women with fertility level (cited in Alaudhin and Faruqee, 1983).

UN (1987) found that in every region women with an occupation in modern sector of economy had the smallest number of CEB than women involved in traditional sector of economy. Those who had never worked have on an average are likely to have slightly fewer children than women in traditional occupation, but more children than women involved in any of the other occupation group. In Asian and Oceanic countries, the difference means CEB was found to be 2.2 children between women who worked and who did not. The difference in mean CEB between who had ever worked since marriage and those who had never worked varied by only 0.8 child in Columbia and Panama, 0.3 child in Indonesia, 0.2 child in Sri Lanka (UN, 1981:25).

Dahal (1993), found 3.66 mean CEB for women engaged in services, 4.0 for women engaged in industries had 2.0 for those women engaged in study activity. Acharya (1994) found that education attainment off farm occupation as well as exposure to modernization result is fertility decline. He observed 1.4 and 2.7 more children even born to illiterate woman compared to literate and completing ten years of schooling women. He also found highest mean CEB (4.2) to cottage industrial worker men and women as a wage labour.

The relation between population and employment is crucial in Nepal. Largely, our in a case of service disguised underemployment. The contribution of additional labour force to GDP grow has been insignificant. The extend of present under employment may, further aggrative, if increasing labour force participation is centered around agriculture. The expansion is disguised unemployment in Nepal is attributed to higher population growth. There is a strong negative coorelation in per capita income can lead,

simultaneously, to a decline in fertility increase in educational enrollment and increase in life expectancy rate (Dahal, 1990).

The work status of employment of woman determines the level of fertility behavior. According to World Fertility Survey, women who work in nurse or administrative sector marry on average 24 years later than those who work in domestic and agriculture sector.

Similarly, Rijal (2004) has studied "Fertility behavior in rural areas" daily wages women have higher mean number of CEB than agriculture women.

The majority of Nepalese women and men work in the agriculture sector. More women than men (90 percent and 64 percent respectively) are involved in it, they have higher CEB. 71 percent of employed women are not paid for their work, compared to 43 percent of men. Only 15 percent of employed women received cash or kind compared to 42 percent of men (NDHS 2006).

2.2.4: Child loss Experience and Fertility

Numerous studies have demonstrated a strong relationship between mother's patterns of fertility and the chance of her survival of children. Typically, infant and young children have a higher risk of dying if they are born to very younger or older mother, if they are born after short interval or if their mothers have already had many children. Therefore, it has been argued that high infant and child mortality is a cause of high fertility in many societies, because there is always a need of new child to compensate.

In 1992, by using NFFPS data of 1986 Acharya studied fertility behaviour of Nepalese women with survival status of first two children by grouping current age of women below age 35 and above 35. He found that women, who had experience child, death had given more birth than women had no child loss experience or both older and younger groups. All women whether they were younger or older, educated or uneducated, living in urban areas or in rural areas, working outside the home or not working, all with child loss experience in each category had produced more children than their counterparts. He arrived at the conclusion that mother's education had strongest negative

association with childhood mortality and strong positive association with level of fertility. He also found that number of additional children required was higher for Non-Hindu than for Hindus.

Adhikari (1992) found a positive relationship between infant mortality and fertility. The mean number of CEB by age and marital duration mother was found invariable higher to those women with child loss experience compared to women without such experience. It is frequently argued that high infant and child mortality. Experience of individual couple might affect fertility (Adhikari, 1996:20).

Gubhaju (1991) conducted that irrespective of the length of preceding birth interval, the probability of a child dying during infancy is considerably higher among the mothers who previous child had dies than those whose previous child alive. Similarly, applying the NFFS,1986 data, (Gubhaju,1990), found out that demographic factor, i.e., previous birth interval and survival of preceding child followed by maternal age and birth order still predominate as determinants of infant mortality in Nepal as whole (Adhikari,1996 19-20).

Infant mortality rate is higher in most developing countries like Pakistan (1994), Bangladesh (101), India (84), Mozambique (170), Zimbabwe (61) and Nepal (98), where as the fertility rates are also higher in these countries. The total fertility rate estimated were 6.3 in Pakistan, 4.8 in Bangladesh,4.0 in India,5.5 in Zimbabwe,6.5 in Mozambique and 5.6 in Nepal in 1991 (UNICEF ,1993; NFHS,1991).

The interval between births in Nepal is relatively low (33.6 months). 24 percent of non first birth occur within 2 years of a previous birth, one in three occur between 24 and 35 months later and over 4 to 10 (44 percent) occur at least 3 years after a previous birth. Doctor recommends that births should be spaced by at least 2 years (NDHS-2006).

2.2.5 Household Income and Fertility

The economic gains from reducing fertility have been positive demonstrated in several studies. Most of poorest people more children who provide more working hand to the family and contribute to household income. Most of the poor families also have a

monthly income below poverty line. Therefore, poor people tend to support high fertility many times higher than the rich people.

Mandebaum (1979) shows that women of lower and poorer group tend to bear more children, because of two reasons; firstly, more children die in infancy and so these women have shorter lactation and non ovulation period before becoming fecund again and secondly, they need more children to replace the loss, so they continue to bear children up to late age. In the context of Nepal, The multipurpose household budget survey (MPHBS) conducted in 1984-8 found 43% of the urban population and 41.4% at the national level fell below the poverty line. Moreover, this survey shows that the range of family size of Nepalese. Poor people were 96.33 to 7.14 and household monthly income Rs. 497 to Rs. 1131 (Expressed in 1988-89) (NBR,1989).

The statement in subsistence agriculture societies main source of income is land a large majority of land of landowners in the village cultivate land themselves (owner operations).Therefore, there family labour requirement in order to produced on the farm they own fertility will be greater than the less landless. A case study observed that who have rented in land women have higher mean CEB (3.6) than landless who have not rented in land women had mean (3.1) (Niraula,1988).

The relation between population growth and domestic saving is inverse. Higher population growth will lead to lower domestic saving and hence lower capital investment and this would, in turn, led to a reduction to total production (GDP). Coal and Hoover use a more realistic long run growth model where growth in output depend net only on the amount of capital but also only on the size of the labour force. The state through the growth in total output is higher under higher fertility growth in per capita income is higher under fertility (Dahal 1990).

According to NDHS, Income level is categories into five groups. They are lowest, second, middle, fourth and highest. The women who earn lowest level of income have 4.7 mean CEB and highest level of income group have 1.9 mean CEB. The mean CEB of second, middle and fourth level of income group have 3.6, 3.1 and 2.7 mean CEB respectively (NDHS 2006).

2.2.6 Media and Fertility

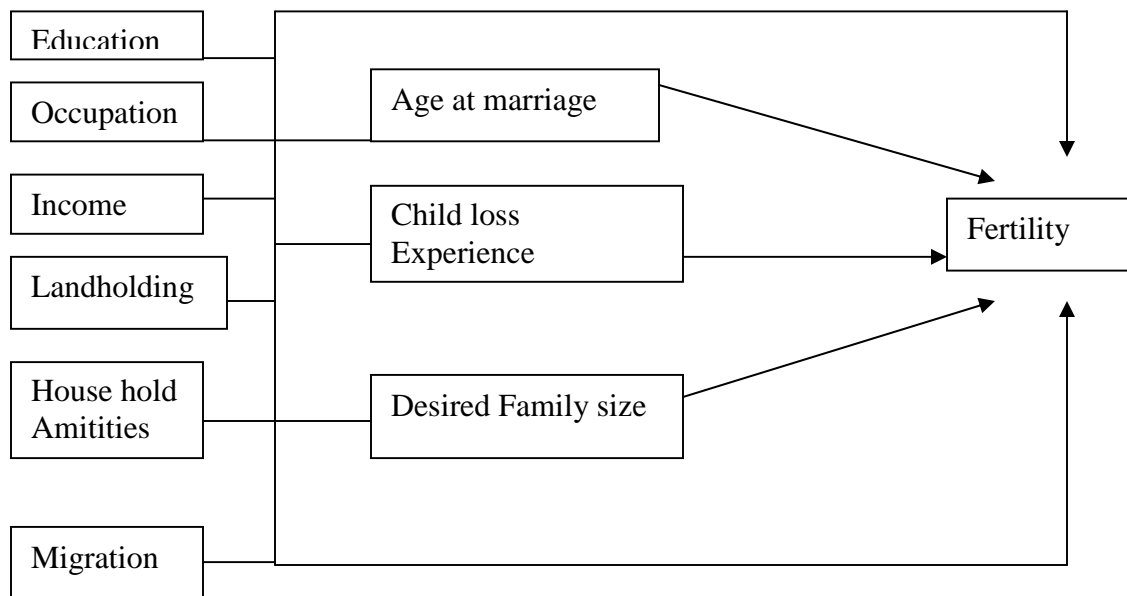
8 percent of women and 22 percent of men are exposed to radio, TV and newspaper and 30 percent of women and 17 percent of men are not exposed to any of the three media (NDHS 2006).

Listening to the radio and watching television can be powerful tools not only to create awareness about new technology but also stimulate the desire for information and behaviour change. Families who have own a radio or TV are more likely to have greater expose to health education, massage related to management of comment, childhood diseases, infant feeding practices, family planning and the importance of vaccinating youth children (Trend report NDHS 2006 No.5 p17).

2.3: Framework for the study

The conceived framework for the study advocates that education, occupation, income, landholding, household amenities and migration status of the respondents do determine the age at marriage, desired family size and child loss experience of women in Nepal. Because the education status of women is directly associated with the age at marriage and their knowledge affects on the desired family size as well as the child loss experience. Similarly, the occupation, income, landholding, and household amenities all reflect the overall economic condition of the household. It is also obvious that higher economic status of a household generally reflects the improved condition regarding age at marriage, desired family size, and even less prevalence of child loss in the communities. Also, the migration status of respondents determines their selectivity of place of residence and this ultimately affects the selected intermediate variable namely age at marriage, child loss experience and desired family size affects the fertility status of the Tharu women in Kailali District of Nepal.

Figure.2 Framework for the Study



CHAPTER-3

INTRODUCTION TO STUDY AREA

3.1 Introduction to Study Area

3.1.1 Location

Kailali district lies in far western development region. This district is linked with Bardiya in the East, Kanchanpur in the West, Doti, Daduldhura and Surkhet in the North and India border in the South. Its area is 3,235 sq km. There are 42 VDCs and 2 municipalities i.e. Dhangadhi and Tikapur, 5 Election constituencies

Among 42 VDCs, Malakheti VDC is one of them. Malakheti VDC is lies in foothill of chure parbat (Godavary). This VDC is linked with Geta VDC in the South, Godavary VDC in the North, Sripur VDC in the East and Gulariya VDC(Kanchanpur District) in the West. There are 9 wards, 2,535 household and 15,611 populations in this VDC. Out of total, there are 7854 male and 7757 female.

3.2. Resource and land

The main resources of this VDC are land, water and forest. There is no existent of minerals resources in this VDC. There are Godavary and Manahara rivers. These rivers are famous for irrigation and religious purpose.

The soil of Malakheti VDC is very fertile. The people of this VDC are motivated towards cash crops like sugarcane and vegetable. The main crops of this VDC are paddy, wheat, maize, barley and pulses.

The northern part of this VDC is covered by forest. Sal, Sheshau and Khayar are the famous wood of this VDC, which are very useful for construction work.

3.3. Transportation and Communication

These services are also available in this VDC. Around 2 km of the southern part of the village is attached with East West highway (Mahendra Rajmarg). Around 5 km of the middle part of this VDC is also attached with Dhangadhi Daduldhura highway (Bhim Datta Rajmarg.). This highway passes through this VDC. Apart from these Highways, there are many gravelled and non gravelled road also. Most part of this VDC is facilitated by electricity and some part is facilitated by telephone services.

3.4. Education

There are 6 government schools. Among them 2 are primary schools, 2 are lower secondary, 1 is secondary school and 1 is higher secondary school. Beside these, there are 5 private boarding schools also. Among these 5 private schools, 2 are secondary level, 1 is primary level and 2 are Lower secondary level.

3.5. Climate

The climate of this village is very hot in summer and very cold in winter. The maximum and minimum temperature of this village is 25C to 45C The sun doesn't appear for many days in winter season due to moist. The average rainfall is 95ml

3.2. Population

Nepal is a multi-linguistic, multi religious and multi ethnic country. Tharu community is one of them. The total number of Tharus are 15,33,879, which is 6.75% of total population of the country. According to the census 2001, Tharu community has occupied fourth position.

Tharus are found mostly on the foothill of *chure* and *siwalik*, the whole region is known as terai and inner-terai. Especially, they are the inhabitants of Western terai region, ie Banke, Bardiya, Kailali, Dang and Kanchanpur. Physically, especially in facial features, The Tharus look like Mongolian. They speak Aryan language. In ancient time, Tharu may have accepted Buddhism but later they were influenced by Hinduism. During the 13th century when Buddhism faded away from North India, the Tharu might have gradually adopted Hinduism.

There is not concrete or definite proof about the origination of Tharu in Nepal. Recently, many scholars – Dorn P. Rajaure (1977), Majumdar (1944), HMG Nepal (1973), Bista D.B. (1977), Regmi D. R (1978), have shown their origination, according to them.

-) The Tharu came from the Thar desert of Rajasthan in India and hence name Tharu.
-) They are people from the Terai region and hence, the name Tharu.
-) They fled from “Chittaud” (a principality of Rajputs) in India to protect themselves from Muslim invasion. Descendants of these Rajputs women (it was

mainly the women who fled to the forested areas for refuge) were called “Chitauni Tharu”, and are what we know today as the Tharu people.

) Some scholars have maintained the Tharus relation with the Shakya dynasty among the Newar of Nepal.

) Lineage have also been noted with the Kirats of Bengal in India.

The point of origin for the Tharus was 'Korbang' of Dang. The word 'Tharu' might have been originated from the area of residence. In this regard, they must have migrated to Korbang from the Thar region of India. The Tharus were afraid of the attack by the Muslim invaders in India and moved to the forest with the women and relatives of Moghul king. Later on, they were married to each other and their generation became the Tharus (Janawali, 1999).

According to the National census 2001, the total population of Kailali District is 6,16,697. Among them, 2,69,521 are Tharus, which comes 43.70% of the total population of Kailali District. Out of the total population of Tharus, 1,37,054 are male and 1,32,467 are female.

The main food of these people is rice, bread and *jaad* (wine). Sometime they take wild fruits, meat of *musa* (rat), birds, pig, hen, fish and crabs. The main dresses of men are shirt and *Langauti* (dhoti) and women's are blouse and *Lehenga*. Their main occupation is agriculture and festival is *Maghi*, which falls on the 1st of Marg. They are famous for *Sakaya Naach*, *Mayur Naach* and *Mungrawa Naach* (a group dance with a wooden log).

Tharu marriages are monogamous and patriarchal. More marriages are early, are arranged by the parents of the couple concerned and are always within the tribes. The marriage partner can be anybody within the tribes except member of the same exogamous gotra unit. There are small region variations in the basic marriage patterns. Among people of modest means there is also the practice of exchange marriage. The families concerned decide to exchange brides for their sons. By doing this, both families can cut down the cost of gift, present, dowries and other expenditure. The girls are usually older than the boy. Sometime a girl of 15 or 16 years of age is given to the boy of 7 or 8 years of age.

Tharu, in general, practice their own tribal religion which consists of worshipping a number of spirits, ghost (bhutuwa) and some Hindu deities which have been incorporated. As in most part of the Terai the Tharu villages also have a village shrine of barham in the center of their village. But the villages of Dang-Deukhuri and Kailali-Kanchanpur call their village shrine bhuinhar instate of barham. Bhuinhar consist of several wooden carved boards erected on the ground near a tree, whereas barham is a small mud platform. People worship and make offering in the shrine when inhabitant of the village fall ill. Both kinds of shrine are worshipped in March and in august. All the villagers combine to contribute food and cash to purchase a chicken, a goat, or a pig as a sacrifice for such occasions. They also worship Shankar, Parvati, Durga Devi, Satya Narayan and other deities.

Tharu were associated with Lord Buddha. Similarly, they were closely associated with Ramchandra. Even today, the prefix 'Ram' is added to their manes such as Kalu Ram, Mani Ram, Dhani Ram etc. (Janawali, 1999)

When somebody dies they bury the death body. All the Tharu villages in the west Terai have a common burial ground outside the village. They dig a hole a few feet deep in the ground and spread a piece of white cloth at the bottom before they lower the dead body and cover it with another piece of white cotton cloth and earth.

During death mourning is observed for three, five, seven, or as long as, but not more than, eleven days by the survivors of the family, according to their convenience. The mourning abstain from vegetable oil, turmeric, meat and fish. On the last day of mourning the family gives a feast of boiled rice and *dal* to all the relatives and neighbors.

The joint family system is usual in the Tharu communities. In the joint family the father has full authority over all members of the family. The same principle is applies among the women of the family. The mother has the highest in order of precedence. In a family where there are several brothers with their wives, the family organizations of household duties become complicated. The eldest brother's wife becomes the virtual commander of the household under the supreme authority of the mother, who hardly interfere unless a serious deadlock rises. The eldest brother's wife gives tasks to all the women of the

family. Nowadays, there are enormous examples of separated and nuclear families. They are poorly educated. The women of Tharu community have no permission to go to school. As a result, they are backward in education. Only few of them have access to education above the primary level.

Tharus live in one storey hut with bamboo or wooden walls and thatched roofs and are well keeping their houses exceptionally clean in spite of the primitive structure of their buildings. The walls of wood or bamboo lattice-work are plastered with mud and cow dung both inside and outside. As such they are very ill-protected against fire and burglary.

The main occupation of this community is agriculture and animal husbandry. They have grown up rice wheat and maize as main crops. Due to low income, their life status is very poor.

3.2.1. Age Distribution

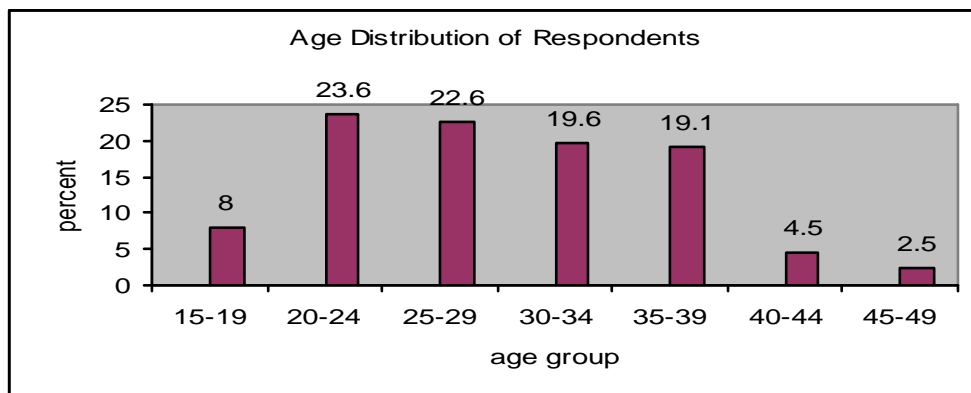
From the below table No.2 the majority of currently married respondents' women are found in the age group 20-24 is 23.6 percent. The lowest majority of currently married respondents' women are found in the age group 45-49 is 2.5 percent. 22.6 percent currently married respondents' women are found in the age group 25-29. Followed by 30-34 has 19.6 percent, 35-39 has 19.1 percent and 40-44 4.5 percent. The decreasing trend of currently married women is demographically obvious with decrease age except in the age group 15-19. The largest share was represented by two age groups 20-24 and 25-29. These two groups share 46.20 percent in the total which is most fertile.

Table 2: Age and Percentage Distribution of respondents

Age group	Cases	Percent
15-19	16	8.0
20-24	47	23.6
25-29	45	22.6
30-34	39	19.6
35-39	38	19.1
40-44	9	4.5
45-49	5	2.5
Total	199	100.0

Source: Field survey 2005

Figure 3: Distribution of Respondents by age



3.2.2. Literacy and Education

3.2.2.1 Literacy

Out of total (199) respondents, 143 are illiterate. They represent 71.9 percent. The literate percent of the Tharu women in Malakheti VDC is only 56 which come 28.1 percent. The notable fact is that most of the Tharu women are illiterate. A study made on the Tharu of Bardiya District of Nepal by Damodar Janawali (1999) has also proved this fact. The illiterate percent by him was 82.46 in this community.

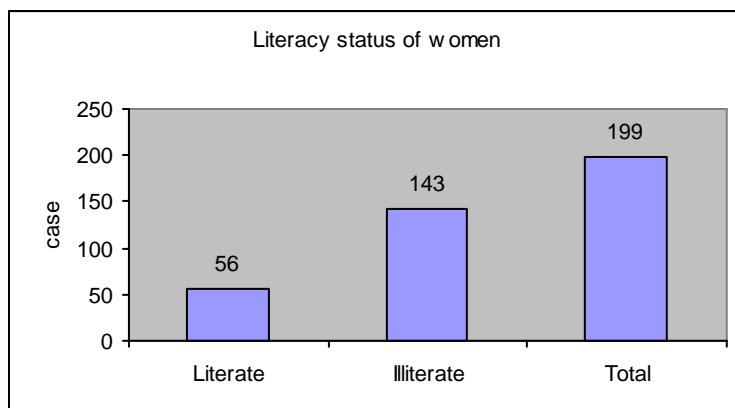
The table 3 shows the highest literacy 75 percent has been found in the age group 15-19. Among that group 25 percent were illiterate. The lower literacy has been found 10.5 percent in the age group 35-39. Cent percent illiteracy has been found in the age group 40-44 and 45-49. Among the total respondents of 199, 28.1 percent were literate and 71.9 percent were illiterate. In the study area, the number of illiterate ones were more than the literate ones, which shows in the below.

Table 3 : Literacy Status of the Currently Married women.

Age group	Literate		Illiterate		Total	
	Cases	Percent	Cases	Percent	Cases	Percent
15-19	12	75.0	4	25.0	16	100.0
20-24	22	46.8	25	53.2	47	100.0
25-29	13	28.9	32	71.1	45	100.0
30-34	5	12.8	34	87.2	39	100.0
35-39	4	10.5	34	89.5	38	100.0
40-44		0.0	9	100.0	9	100.0
45-49		0.0	5	100.0	5	100.0
Total	56	28.1	143	71.9	199	100.0

Source: Field survey 2005

Figure 4. Distribution of Respondents by Literacy status of women.



3.3.2.2 Education Status

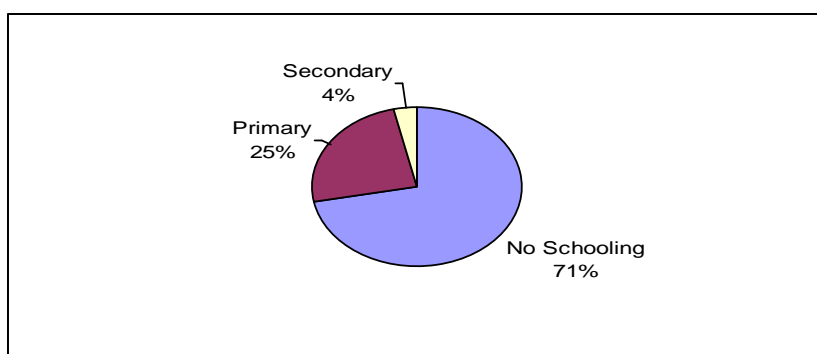
The table 4 shows that out of total, 143 women are illiterate. They represent 71.9 percent. Only 56 Tharu women of Malakheti VDC are literate, which is 28.10 percent. Regarding education attainment, it is obvious that 24.6 and 3.5 percent respondents were in primary and secondary education respectively of the total literate respondents.

Table 4 : Distribution of respondents by Educational level and age group

Age group	No Schooling		Primary		Secondary		Total	Percent
	Cases	Percent	Cases	Percent	Cases	Percent		
15-19	4	25.0	10	62.5	2	12.5	16	100.0
20-24	25	53.2	19	40.4	3	6.4	47	100.0
25-29	32	71.1	12	26.7	1	2.2	45	100.0
30-34	34	87.2	4	10.3	1	2.56	39	100.0
35-39	34	89.5	4	10.5	-	-	38	100.0
40-44	9	100.0	-	0.0	-	-	9	100.0
45-49	5	100.0	-	0.0	-	-	5	100.0
Total	143	71.9	49	24.6	7	3.5	199	100.0

Source: Field survey 2005

Figure5: Distribution of Respondents by Educational level



3.2.3 Age at Marriage

Age at marriage is a very important variable affecting fertility in a society where marriage is universal. Age at marriage marks the beginning of social and biological entry of the women into the married life. Family formation process for a person is to get married ceremonially according to the rules and customs of the particular community.

The notable fact is that the mean age at marriage for each group is below 17 years. Thus, the concept of early marriage is strong in the Tharu society. A study made on the Tharu of Bardiya district of Nepal by Damodar Janawali (1999) has also proved this fact. The mean age at marriage as stated by him was 15.81 years in the Tharu community.

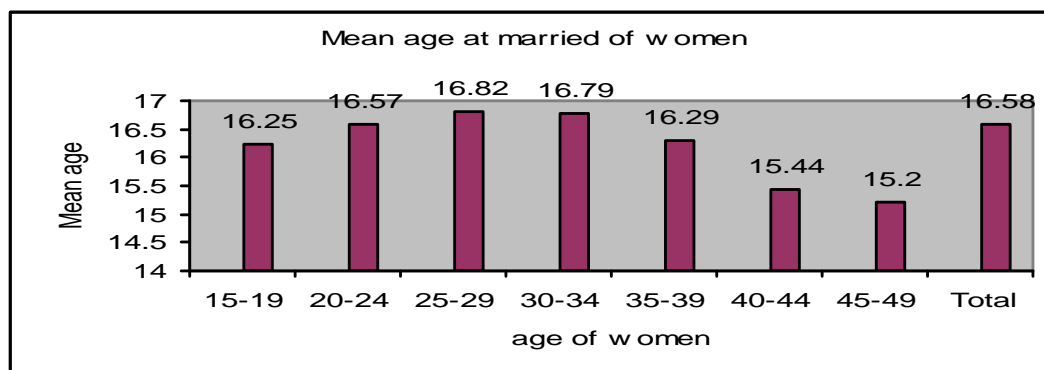
The table 5 show only a slightly fluctuation age at marriage of respondent was found. The mean age at marriage of 15-19 aged women is 16.25 are followed by 20-24 is 16.57, 25-29 is 16.82, 30-34 is 16.44, 35-39 is 16.29, 40-44 is 15.44 and 45-49 is 15.20. The lowest mean age at marriage (15.20) has been found in 45-49 age groups. The mean female age at marriage for the Tharu women is 16.58 years. The highest (16.82) mean age at marriage have been found the age group 25-29. The mean age at marriage of 15-49 aged women have been found 16.58 from below figure.

Table 5 : Mean age at marriage of the currently married women

Age group	Case	Mean age
15-19	16	16.25
20-24	47	16.57
25-29	45	16.82
30-34	39	16.79
35-39	38	16.29
40-44	9	15.44
45-49	5	15.20
Total	199	16.58

Source: Field survey 2005

Figure5 : Age at marriage of the currently married women



3.2.4 Occupation

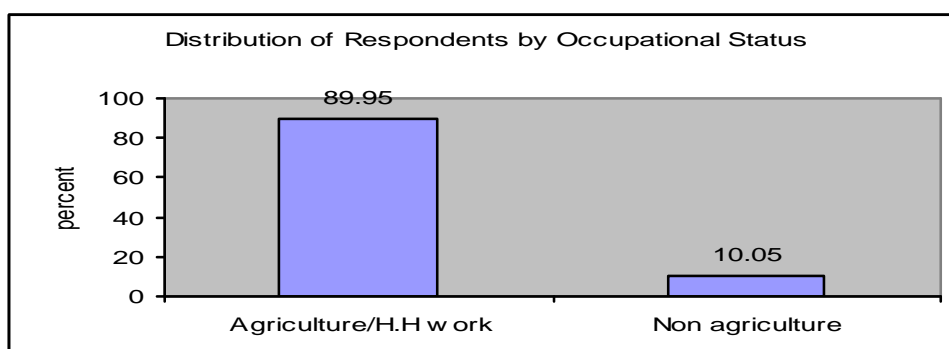
Most women in Nepal participate in household production and they contribute about 65 percent of labour time to household production (Pradhan, 1989). Conforming this fact an overwhelming majority 89.95 percent of women in study area were found working the agriculture / household work and only 10.05 percent women were found having their earning from daily wages and other.

Table6 : Distribution of Respondents by Occupational Status and Age Groups

Age group	Agriculture/H.H work		Non agriculture		total	
	Case	Percent	Case	Percent	Case	Percent
15-19	14	87.50	2	12.50	16	100
20-24	41	87.23	6	12.77	47	100
25-29	42	93.33	3	6.67	45	100
30-34	34	87.18	5	12.82	39	100
35-39	35	92.11	3	7.89	38	100
40-44	8	88.89	1	11.11	9	100
45-49	5	100.00	0	0.00	5	100
Total	179	89.95	20	10.05	199	100

Source: Field survey 2005

Figure6 : Distribution of Respondents by Occupational Status



3.2.5 Income of the household

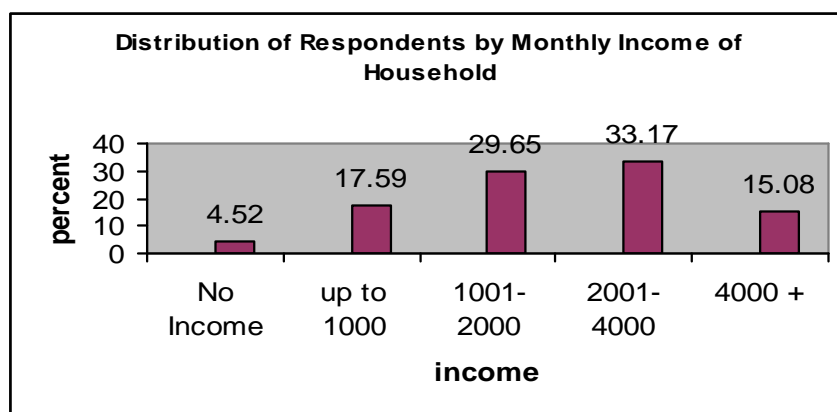
The table 7 shows that the majority of household (66) earn monthly income Rs.2001-4000 are followed by 35 household earns Rs. up to 1000, 30 household earns Rs. 4000 and above and only 9 household have been found no income.

Table 7 : Distribution of Respondents by Monthly Income of Household and Age Groups

Age group	No Income		up to 1000		1001-2000		2001-4000		4000 +	
	Case	Percent	Case	Percent	Case	Percent	Case	Percent	Case	Percent
15-19	1	6.25	2	12.50	4	25.00	6	37.50	3	18.75
20-24	1	2.13	3	6.38	12	25.53	25	53.19	6	12.77
25-29	2	4.44	5	11.11	16	35.56	16	35.56	6	13.33
30-34	2	5.13	9	23.08	14	35.90	8	20.51	6	15.38
35-39	3	7.89	11	28.95	9	23.68	9	23.68	6	15.79
40-44	-	-	5	55.56	2	22.22	1	11.11	1	11.11
45-49	-	-	-	-	2	40.00	1	20.00	2	40.00
Total	9	4.52	35	17.59	59	29.65	66	33.17	30	15.08

Source: Field survey 2005

Figure7: Distribution of respondents by monthly Income of Household



The Figure 8 shows that the majority of household (33.17 percent) earn monthly income Rs.2001-4000. 17.59 percent household earns Rs. up to 1000, 15.08 percent household earns Rs. 4000 and above and only 4.52 percent household have been found no income.

3.2.6 Land holding

The table 8 shows that the highest numbers of respondents (58) have land up to 5 kaththa. 41 respondents have 6-10 kaththa. 47 respondents have 11-20 Kaththa. 29 respondents have 21-40 Kaththa. 10 respondents have 41-60 Kaththa and 14

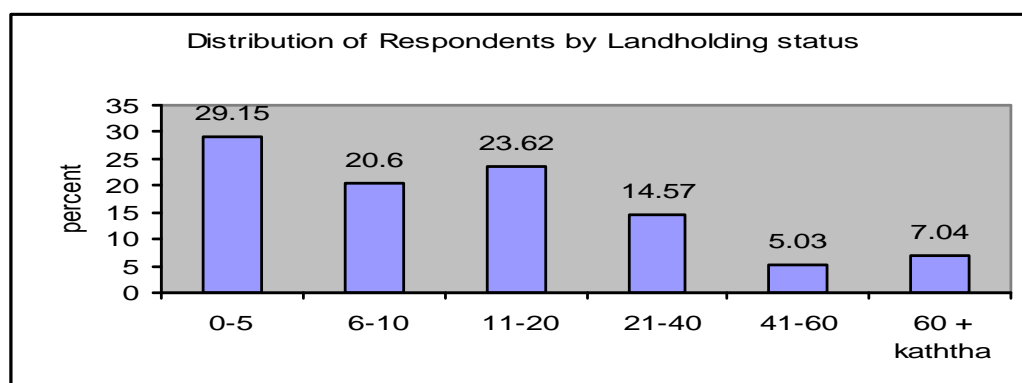
respondents have 60 and above Kaththa. The notable fact is that there was on landless respondents. Government had provided them land after *Kamaiya Mukti*.

Table 8: Distribution of respondents by landholding status and age groups

Age group	0-5		6-10		11-20		21-40		41-60		60 + kaththa	
	Case	%	Case	%	Case	%	Case	%	Case	%	Case	%
15-19	6	37.50	4	25.00	2	12.50	2	12.50	1	6.25	1	6.25
20-24	13	27.66	8	17.02	12	25.53	7	14.89	3	6.38	4	8.51
25-29	11	24.44	10	22.22	10	22.22	9	20.00	3	6.67	2	4.44
30-34	13	33.33	9	23.08	9	23.08	6	15.38		0.00	2	5.13
35-39	10	26.32	9	23.68	10	26.32	3	7.89	2	5.26	4	10.53
40-44	2	22.22	1	11.11	4	44.44	1	11.11	1	11.11	-	-
45-49	3	60.00	-	-	-	-	1	20.00	-	-	1	20.00
Total	58	29.15	41	20.60	47	23.62	29	14.57	10	5.03	14	7.04

Source: Field survey 2005

Figure 8 : Distribution of respondents by landholding status



The Figure 8 shows that the highest number of respondents (29.15 percent) have land up to 5 kaththa. 20.6 percent respondents have 6-10 kaththa. 23.62 percent, 14.57 percent and 5.03 percent of respondents have 10-20, 21-40 and 41-60 kaththa respectively. Only 7.04 percent respondents have above 60 kaththa.

3.2.7 Household amenities

Table 9 shows the socio economic characteristics of household are determined by various factors like availability of radio, electricity and TV owning. Regarding the amenities, only 18 household had TV because it is luxurious things for this community due to low income. But majority of household (110) were found electricity facilities

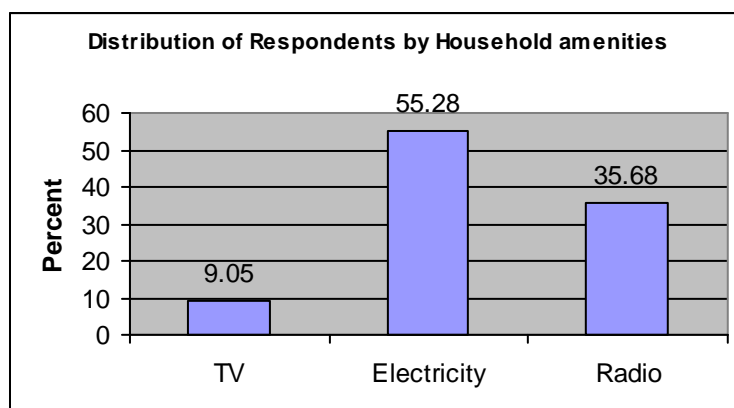
because most part of this VDC is facilitated by electricity and it is also cheaper fuel than other fuel like kerosene. Only 71 of household were having radio in their household.

Table9: Distribution of respondents by household amenities and age groups

Age group	TV		Electricity		Radio		Total	
	Case	%	Case	%	Case	%	Case	%
15-19			10	62.50	6	37.50	16	100.00
20-24	2	4.26	26	55.32	19	40.43	47	100.00
25-29	2	4.44	30	66.67	13	28.89	45	100.00
30-34	6	15.38	19	48.72	14	35.90	39	100.00
35-39	5	13.16	17	44.74	16	42.11	38	100.00
40-44	2	22.22	5	55.56	2	22.22	9	100.00
45-49	1	20.00	3	60.00	1	20.00	5	100.00
Total	18	9.05	110	55.28	71	35.68	199	100.00

Source: Field survey 2005

Figure 9 : Distribution of respondents by household amenities



Regarding the amenities, only 9.05 percent household had TV, But majority of household (55.28 percent) were found electricity facilities. Only 35.68 percent of household were having radio in their household.

3.2.8 Migration

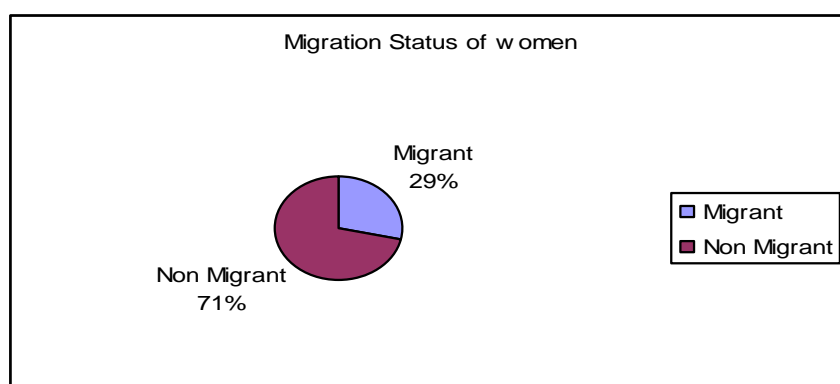
In Malakheti VDC, 57 respondents were found to be migrant and rest 142 were non migrant. The reason determining migration in the study area was marriage.

Table 10 : Distribution of respondents by migration status and age groups

Age group	Migrant		Non Migrant		Total	
	Case	Percent	Case	Percent	Case	Percent
15-19	2	12.50	14	87.50	16	100.00
20-24	7	14.89	40	85.11	47	100.00
25-29	10	22.22	35	77.78	45	100.00
30-34	13	33.33	26	66.67	39	100.00
35-39	18	47.37	20	52.63	38	100.00
40-44	4	44.44	5	55.56	9	100.00
45-49	3	60.00	2	40.00	5	100.00
Total	57	28.64	142	71.36	199	100.00

Source: Field survey 2005

Figure 10 : Distribution of respondents by migration status



CHAPTER IV

FERTILITY BEHAVIOUR OF THARU WOMEN

4.2: Social variables and fertility of women

4.2.1. Literacy and fertility

Education status of women plays a vital role for determining fertility and family. It has been widely accepted that education has a strong impact on fertility behavior. Education provides people a sense of good judgment and power to distinguish between good and evil. So it has greater signification for the study of fertility behavior of women.

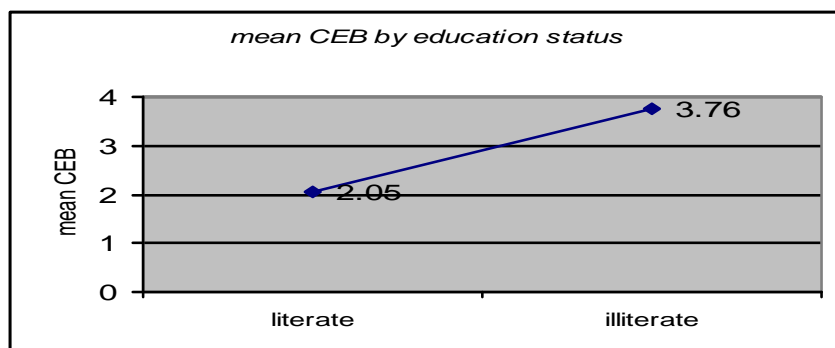
Table11 : Mean Children Ever Born by Age Groups and Literacy Status of women

Age group	Literate		Illiterate		Total	
	Cases	CEB	Case	CEB	Cases	CEB
15-19	12	1.00	4	2.00	16	1.25
20-24	22	1.50	25	2.52	47	2.04
25-29	13	2.92	32	2.97	45	2.96
30-34	5	3.40	34	3.97	39	3.90
35-39	4	3.75	34	4.38	38	4.32
40-44			9	5.78	9	5.78
45-49			5	7.00	5	7.00
Total	56	2.05	143	3.76	199	3.28

Source: Field Survey 2005

Table 10 shows higher the literacy status, lower is the fertility is evident in study area because every literate age group of women shows lower mean CEB than that of illiterate age group of women. Of the total women surveyed, only 56 were found as literate. The percent is very low. The mean CEB for these literate women is 2.05 and it is 3.76 for illiterate. According to the present study, the differences in the total No of CEB of the literate and illiterate women were found 1.71.

Figure 11 : Mean Children Ever Born by Education status



Women's literacy and fertility in this study area are found negatively related to each other. Literate women have lower CEB and Illiterate women have higher CEB.

4.2.2. Education Attainment and Fertility

Regarding education attainment, table 12 shows that the total 199 women sampled have reproduced 653 children in total. The mean CEB computed seems to be 3.28 per woman. Out of total, 143 women who were not attended in school have reproduced 544 children, which come 3.80 children per woman. 49 women have primary level education. They have reproduced 96 children and their mean CEB is 1.96. Rest 7 women have secondary level education. They have reproduced 12 children only and their mean CEB seems to be 1.71 per woman.

Table12 : Mean CEB by Age Groups and Education Status of women

Age group	No Schooling		Primary		Secondary		Total	
	Cases	CEB	Cases	CEB	Cases	CEB	Case	CEB
15-19	4	2.75	10	0.80	2	0.50	16	1.25
20-24	25	2.68	19	1.16	3	2.33	47	2.04
25-29	32	2.97	12	2.92	1	3.00	45	2.96
30-34	34	3.97	4	4.00	1	1.00	39	3.90
35-39	34	4.38	4	3.75			38	4.32
40-44	9	5.78					9	5.78
45-49	5	7.0					5	7.00
Total	143	3.80	49	1.96	7	1.71	199	3.28

Source: Field Survey 2005

Figure 12 : Mean Children Ever Born by Education Status of women

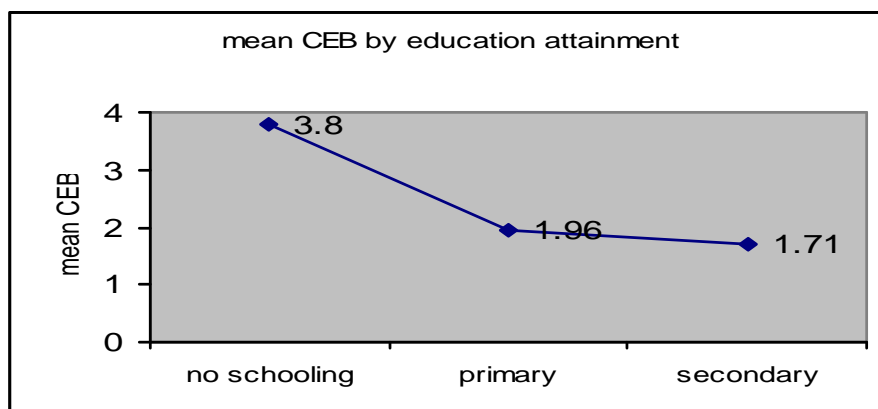


Figure 12 shows the higher mean CEB was found to the women with no schooling is 3.80 in the total. Mean CEB was found 1.96 in primary school level education. Mean CEB was found 1.71 in secondary level educations. Overall the total number of mean CEB was found decreasing with the increasing level of education. Among the literate women, as the education level increases CEB decreases and vice versa. There is inverse relation between education and fertility.

4.3: Economic variable and fertility

4.3.1. Occupation and Fertility

Parents' occupation, especially that of mother, has a significant effect on fertility. The participation of women in economic activities has been found to be an important factor having a direct effect on fertility. Generally women employed in activities outside home regard more children as burden.

Occupation status can effect in the differential of fertility behavior. In general, women work in agriculture where there is more manpower needed. So they want to produce more children, being in agriculture sector. Women participation in other activities may produce few children. So that differential occupation has differential fertility behavior

Table 13: Mean CEB by age and Occupational Status of Women

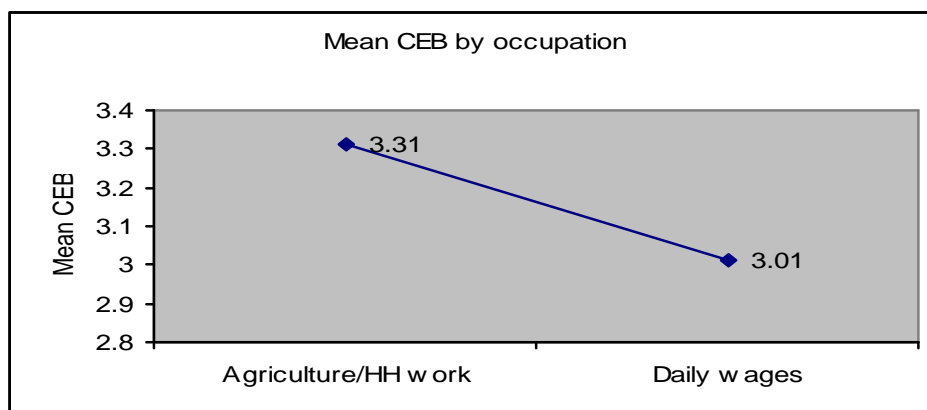
Age group	Agriculture/HH work		Daily wages		total	
	CEB	No of women	CEB	No of women	CEB	No of women
15-19	1.21	14	1.50	2	1.25	16
20-24	2.02	42	2.17	6	2.04	47
25-29	3.00	41	2.33	3	2.96	45
30-34	3.97	34	3.40	5	3.90	39
35-39	4.31	35	4.33	3	4.32	38
40-44	5.63	8	7.00	1	5.78	9
45-49	7.00	5	-	-	7.00	5
Total	3.31	179	3.00	20	3.28	199

Source: Field Survey 2005

The information given in table 13 shows that occupational status of women has affected fertility in the study area. Of the total women surveyed, most of them (179) 89.94 percent are engaged in agriculture and the remaining (20) 10.06 percent are in non

agricultural activities. The mean CEB of the women who are engaged in agriculture is 3.31 whereas it is 3.01 for those who are involved in non agriculture activities. The highest and the lowest mean CEB of the women who were engaged in agriculture and household were found 7.00 in the age group 45-49 and 1.21 in the age group 15-19 respectively and The highest and the lowest mean CEB of the women who were engaged in daily wages were found 7.00 in the age group 40-44 and 1.50 in the age group 15-19 respectively. The Mean CEB was found increasing with the increasing level of the age group of both

Figure13: Mean CEB by Occupational Status of Women



The figure 13 shows that occupation status of women and fertility in this area is found negatively related to each other. The women who are engaged in agriculture and household work have higher CEB than the women who are engaged in non agriculture / daily wages.

4.3.2. Income and Fertility

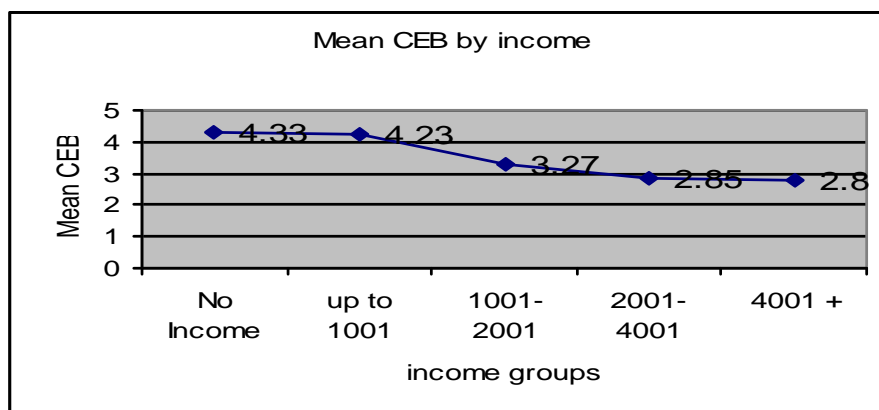
The mean CEB of the woman of Malakheti VDC was found decreasing with the increasing level of household income. The table shows that income level affects fertility behaviour of women. A majority of women in this study area are earning 2001-4000 income groups, which is 33 percent of total. 9 women have no income and their mean CEB is highest (4.33). The women without earning have 4.33 mean CEB and above 4000 income earning women have 2.80 mean CEB. The mean CEB of up to 1000 income, 1001-2000 income and 2001-4000 income groups have 4.23, 3.27 and 2.85 mean CEB respectively.

Table 14: Mean CEB by Income Status of women

Age group	No Income		up to 1000		1001-2000		2001-4000		4000 +	
	Case	CEB	Case	CEB	Case	CEB	Case	CEB	Case	CEB
15-19	1	2.00	2	1.00	4	1.25	6	1.33	3	1.00
20-24	1	2.00	3	1.67	12	2.17	25	2.12	6	1.67
25-29	2	3.50	5	2.60	16	2.88	16	3.06	6	3.00
30-34	2	5.00	9	4.78	14	4.00	8	3.25	6	2.83
35-39	3	6.00	11	4.73	9	3.78	9	4.44	6	3.00
40-44			5	6.60	2	5.00	1	5.00	1	4.00
45-49					2	8.00	1	7.00	2	6.00
Total	9	4.33	35	4.23	59	3.27	66	2.85	30	2.80

Source: Field Survey 2005

Figure14: Mean CEB by Income Status of women



Monthly income of household was found inverse relationship with fertility in this study area. The women who have low income have high mean CEB and higher incomes have lower Mean CEB. As the level of income increases mean CEB decreases. This figure 14 shows the inverse relationship between income and fertility.

4.3.3. Landholding and Fertility

Food sufficient of households from their own land has indirect effect on their fertility. In general, if the household does not have sufficient food from their own land, then people are compelled to engage in any type of activity. Their economic condition may be poor and pathetic. They don't have any mean of relax. They produce more children, which effect on fertility.

The decreasing mean CEB has been observed with the increasing level of landholding. The women having 0-5 kaththa of land had 3.66 CEB, 6-10 kaththa had 3.29 CEB, the

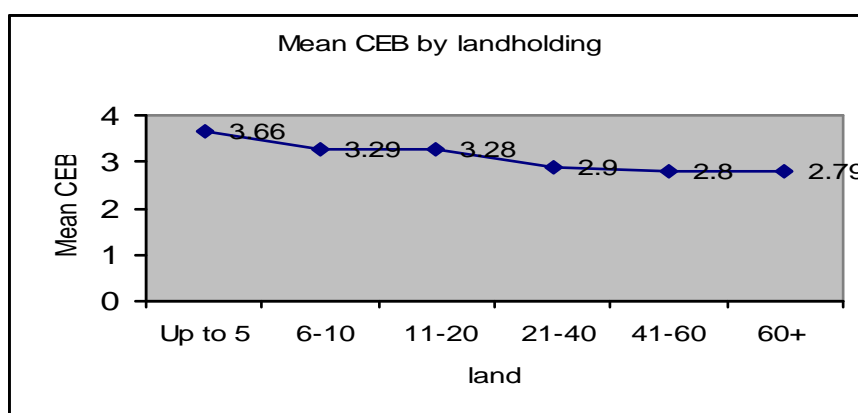
women having 11-20 kaththa of land had 3.28 CEB. having 21-40 kaththa, 41-60 kaththa and above 60 kaththa had 2.9,2.8 and2.79 CEB respectively.

Table 15: Mean CEB of Married Women by Landholding in Kaththa of the Household.

Age group	Up to 5		6-10		11-20		21-40		41-60		60+	
	Case	CEB	Case	CEB	Case	CEB	Case	CEB	Case	CEB	Case	CEB
15-19	6	1.33	4	1.5	2	1.00	2	1.00	1	1.00	1	1.00
20-24	13	2.23	8	2.5	12	1.75	7	2.00	3	2.00	4	1.50
25-29	11	3.55	10	2.8	10	3.00	9	2.44	3	3.00	2	2.50
30-34	13	4.54	9	4.11	9	3.67	6	3.00			2	2.50
35-39	10	4.40	9	4.44	10	3.90	3	6.00	2	4.00	4	3.75
40-44	2	5.00	1	4	4	7.25	1	5.00	1	4.00		
45-49	3	7.67					1	5.00			1	7.00
Total	58	3.66	41	3.29	47	3.28	29	2.90	10	2.80	14	2.79

Source: Field Survey 2005

Figure15: Mean CEB of Married Women by Landholding in Kaththa of the Household



This table 14 shows that as the land increases Mean CEB decreases and vice versa. So there is inverse relationship between landholding and fertility.

4.3.4 Radio Owing and Fertility

Household facilities are one of the important factors that indirectly affect fertility behavior of women. Among household facility radio, TV are related to IEC variable. Radio and TV broadcast the advertisement of family planning, the use of contraceptives' etc.

Access to information through the Medias is essential to increase people's knowledge and awareness of what is taking place around them which may eventually affect their perceptions and behavior.

It is obvious that out of total 199 currently married surveyed have reproduced 653 children in total. 128 women have reproduced 433 children who have no radio in their home and their mean CEB is 3.38. Only 71 women have radio. They have reproduced 220 children. The mean CEB computed seems to be 3.38 per children.

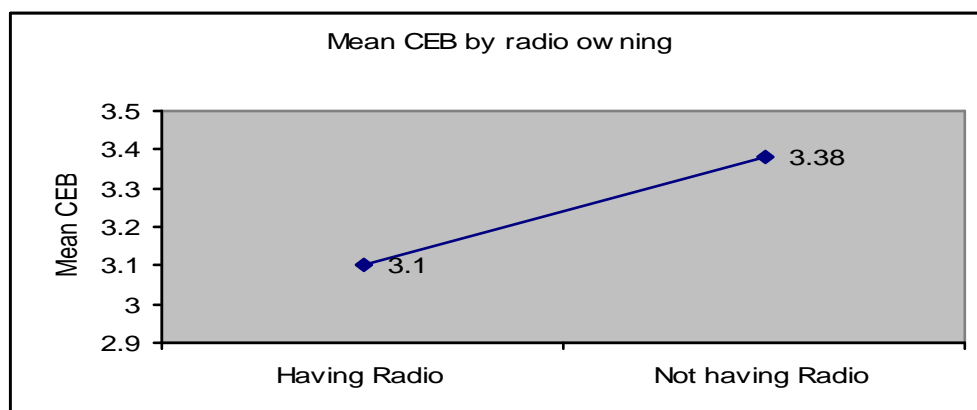
The mean CEB was found lower in every age group for the women having radio in their houses than that of women not having radio. The total no of CEB of the respondents having radio was found 3.10 and the respondent not having radio was 3.38.

Table16 : Mean CEB by Access to Radio Owning

Age group	Having Radio		Not having Radio	
	Case	CEB	Case	CEB
15-19	6	1.00	10	1.40
20-24	19	19.50	28	2.11
25-29	13	2.85	32	3.00
30-34	14	4.41	25	3.76
35-39	16	4.44	22	4.23
40-44	2	4.00	7	6.29
45-49	1	3.00	4	8.00
Total	71	3.10	128	3.38

Source: Field Survey 2005

Figure16: Mean CEB by Access to Radio Owning



4.3.5. Access to Electricity and Fertility

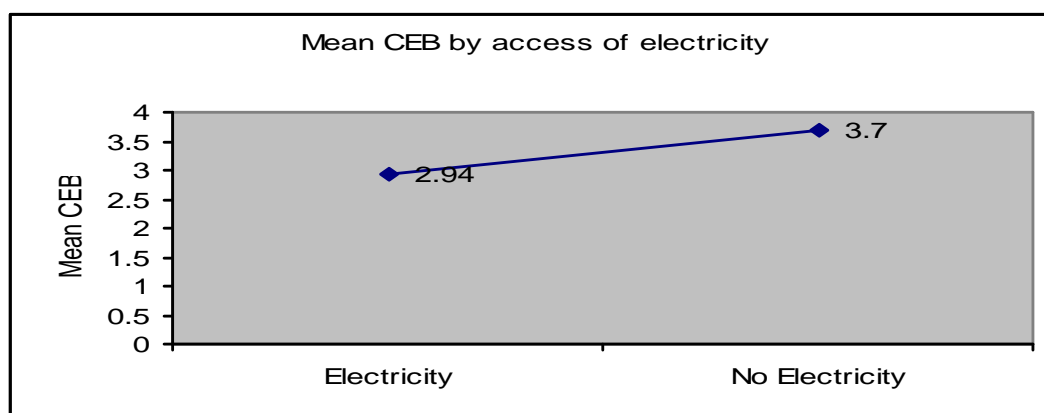
The women having electricity facility of their home have lowest CEB 2.94. In the study area, 110 respondents have electricity facility at their home and they have the lowest mean CEB 2.94. In contrast, who don not have electricity facility have the highest mean CEB 3.70.

Table 17: Mean CEB by Access to Electricity

Age group	Electricity		No Electricity	
	Case	CEB	Case	CEB
15-19	10	0.90	6	1.83
20-24	26	2.00	21	2.10
25-29	30	2.90	15	3.07
30-34	19	3.37	20	4.40
35-39	17	4.35	21	4.29
40-44	5	3.60	4	8.50
45-49	3	6.33	2	8.00
Total	110	2.94	89	3.70

Source: Field Survey 2005

Figure 17: Mean CEB by Access to Electricity



4.3.6. Television Owning and Fertility

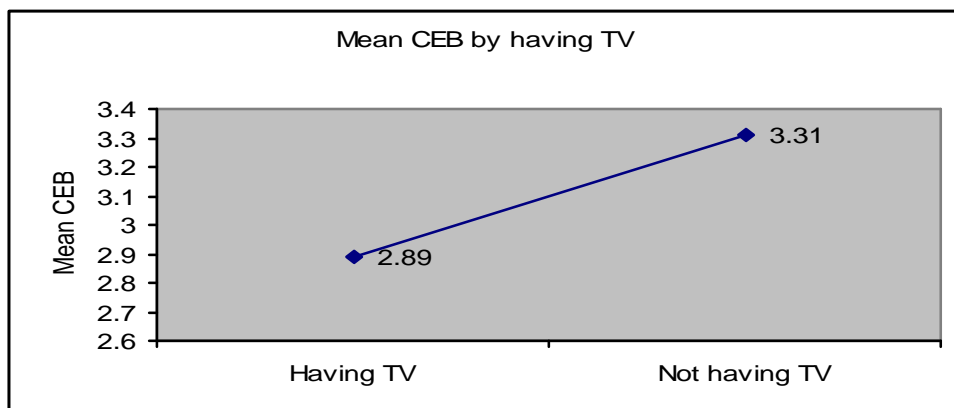
In the study area, very few 18 respondents were found with T.V at their houses and they have the lowest CEB of 2.89. The highest no of respondents were found not having T.V facility and they have the highest mean CEB 3.31.

Table 18 : Mean CEB by Television Owning

Age group	Having TV		Not having TV	
	Case	CEB	Case	CEB
15-19			16	1.25
20-24	2	1.50	45	2.07
25-29	2	2.50	43	2.98
30-34	6	2.83	33	4.09
35-39	5	3.60	33	4.42
40-44	2	3.00	7	6.57
45-49	1	3.00	4	8.00
Total	18	2.89	181	3.31

Source: Field Survey 2005

Figure18: Mean CEB by Television Owning



The above tables show that there is inverse relationship between household amenities and the fertility. The women who have Radio, Electricity and TV have lower Mean CEB than the women who do not have such facilities.

4.4 Demographic variable and fertility

4.4.1. Current age and fertility

The number of mean CEB is shown by various age of mother. It has positive association with longer span of the reproductive age of women.

The total 199 currently married women sampled have reproduced 655 children in total. The mean CEB computed seems to be 3.29 per women. Janawali, 1999 had recorded a mean CEB of 3.16 of the Tharu of Bardiya District in Nepal Tarai, which is higher than this District

The average CEB of women in study area was found to be 3.29. Increasing level of mean CEB could be found with the increasing level of age group of women, which normally fulfill the hypothesis. The mean CEB was found as 1.25 for age group 15-19, 2.04 for 20-24, 2.98 for age group 25-29, 3.92 for 30-34, 4.34 for 35-39, 5.78 for 40-44 and 7.00 for a group 45-49.

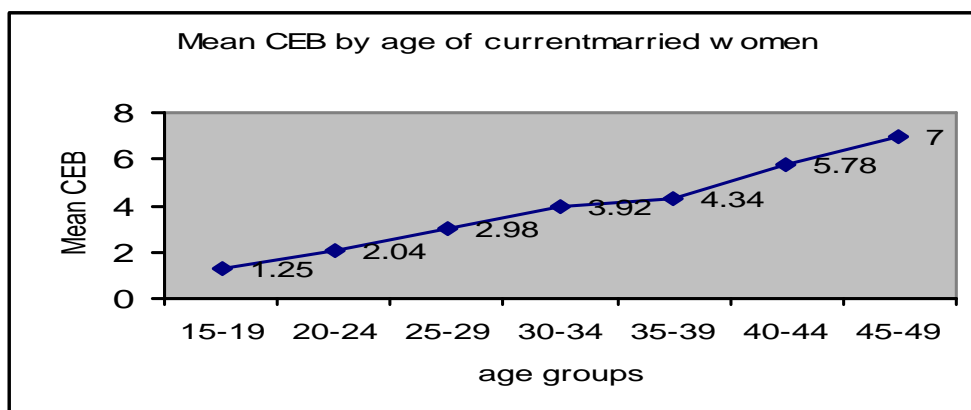
Table 19: Mean CEB by age of Currently Married Woman

Age group	CEB	No of women
15-19	1.25	16
20-24	2.04	47
25-29	2.98	45
30-34	3.92	39
35-39	4.34	38
40-44	5.78	9
45-49	7.00	5
Total	3.29	199

Source: Field Survey 2005

It is obvious that the largest share was represented by two age groups 20-24 and 25-29 together. These two groups share 46 percent in the total. These are the most fertile groups because major part of reproduction is completed during this period where early marriage system is prevalent.

Figure19: Mean CEB by age of Currently Married Woman



4.4.2. Age at Marriage and Fertility

Age at marriage affect and determines the fertility. Low mean number of CEB could be expected for those who have married at higher age. For the convenience of analysis, it has categorized into four groups. They are: (i). 14-15 (ii). 16-17 (iii) 18-19 (iv) 20 and above. Out of 199 respondents, 47 were married between the ages of 14-15, 100 were married between the ages of 16-17, and 46 were married between the ages of 18-19. Thus 193 of the women interviewed were married within the age of 20years. The remaining 6 were married at the age of 20 and above.

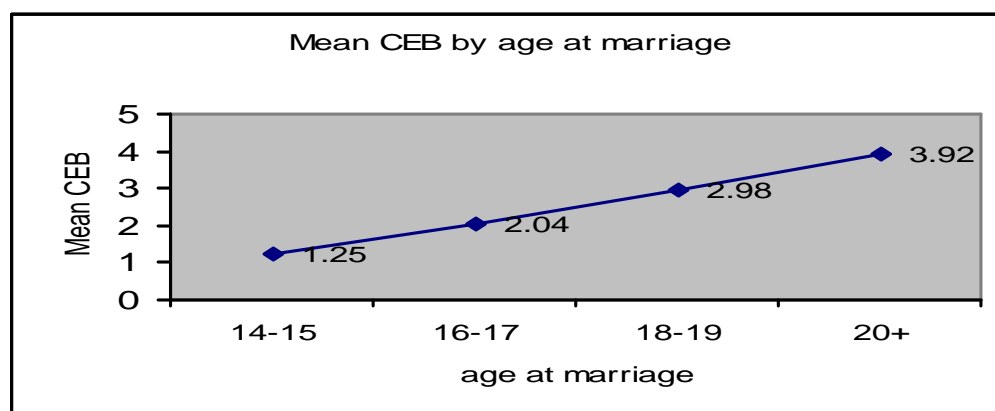
The mean CEB for those women who were married at 14-15 had been recorded was 3.81 and for those women who were married age 20 and above had mean CEB was 1.67. The mean CEB had been recorded 3.28 and 2.93 for those women who were married at 16-17 and 18-19 respectively. The decreasing level of mean CEB has been observed with increasing level of age at marriage in the study area. So there is inverse relationship between age at marriage and fertility.

Table20: Mean CEB Age Group and Age at Marriage of Women

Age group	14-15		16-17		18-19		20 +	
	CEB	Case	CEB	Case	CEB	Case	CEB	Case
15-19	2.00	6	1.00	8		2		
20-24	3.00	12	1.79	24	1.50	10	2.00	1
25-29	3.45	11	3.25	20	2.50	10	1.25	4
30-34	4.50	6	3.91	22	3.60	10	3.00	1
35-39	4.75	8	4.26	19	4.09	11		
40-44	6.50	2	6.00	5	4.50	2		
45-49	7.50	2	7.50	2	5.00	1		
Total	3.81	47	3.28	100	2.93	46	1.67	6

Source: Field Survey 2005

Figure 20: Mean CEB and Age at Marriage of Women



This figure 20 shows that there is positive relationship between age at marriage and fertility. As the age at marriage increases the mean CEB also increases

4.4.3. Child loss Experience and Fertility

The positive relationship exists between child loss and fertility. When women losses her child, she will be motivated to replace her dead child. It is hypothesized that there is positive relationship between child loss experience and fertility.

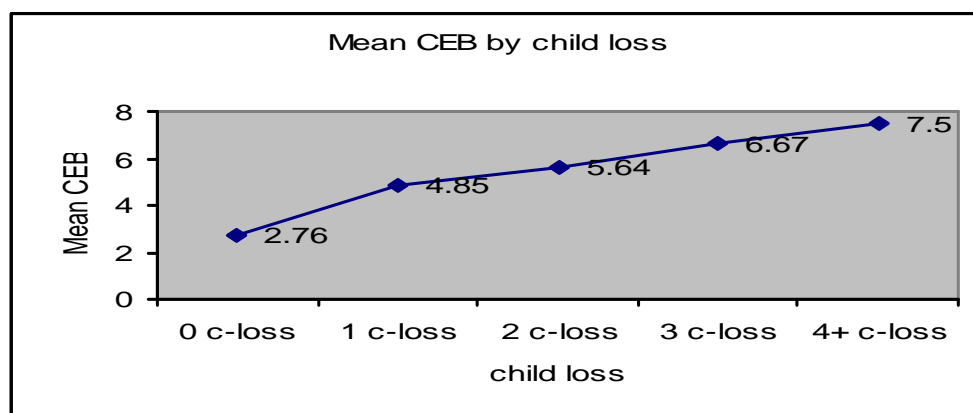
The women, who had not experienced child loss, reported the lowest mean CEB of 2.76. The increasing trend had been observed in total number of CEB with children death. For example the mean CEB was 4.85 for the woman who had experienced 1 child loss, followed by CEB of 2 child loss was 5.64, 3 child loss was 6.67 and 4 child loss was 7.50. Overall the study area reveals positive association between child loss experience and fertility.

Table 21: Mean CEB by Age Group and Child Loss Experience of Women

Age group	CEB by Child Loss									
	0 C-loss	CEB	1 C-loss	CEB	2 C-loss	CEB	3 C-loss	CEB	4+ C-loss	CEB
15-19	15	1.20	1	2.00	-	-	-	-	-	-
20-24	44	1.95	3	3.33	-	-	-	-	-	-
25-29	38	2.66	4	4.75	2	3.50	1	6.00	-	-
30-34	30	3.53	5	5.20	4	5.00			-	-
35-39	28	3.71	4	5.25	5	6.40	1	7.00	-	-
40-44	3	4.67	2	6.00	2	6.00	1	7.00	1	7.00
45-49	2	6.00	1	7.00	1	8.00	-	-	1	8.00
Total	160	2.76	20	4.85	14	5.64	3	6.67	2	7.50

Source: Field Survey 2005

Figure 21: Mean CEB by Child Loss Experience of Women



The data in table show that there is positive relationship between child loss and fertility. As the number of child loss increases the Mean CEB also increases. Because when women losses her child, she will be motivated to replace her death child.

4.4.4. Desired Family Size and Fertility

Desired numbers of children also affect fertility behavior. Increasing number of desired children leads to high number of actual children.

Parents' attitude also plays an important role in fertility pattern and behaviour. The attitude towards ideal and desired family size may differ from women to women or couple to couple.

The highest number of respondents (125) prefers 2 children having CEB of 2.57 in the study area. The mean CEB is found increasing as the increment of the desired family size. The women desiring 1 child reported 2.00 CEB, desiring 2 children have 2.57 CEB, likewise desiring 3 children reported 4.49 CEB and who desired 4 and above children in their family reported to have 5.00 mean CEB

Table 22: Mean CEB by Desired Family Size

Desired Family size	Mean CEB	No of women
1	2.00	2
2	2.57	125
3	4.49	65
4 +	5.00	7
Total	3.28	199

Source: Field Survey 2005

Figure23: Mean CEB by Desired Family Size

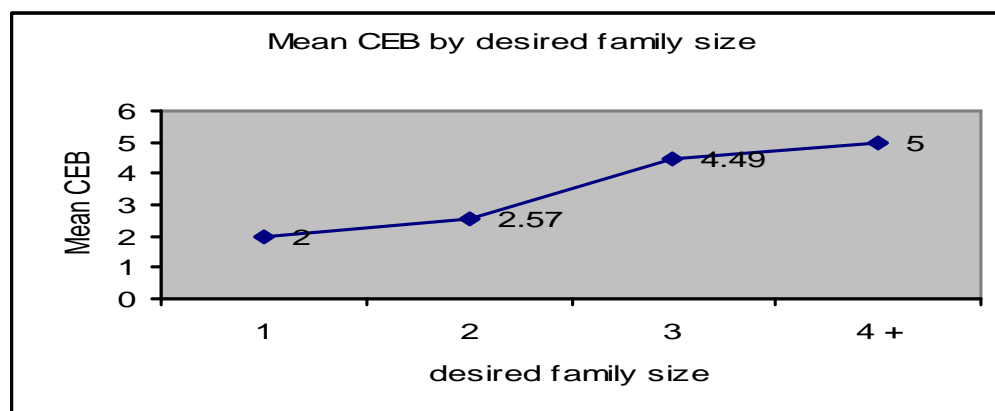


Table 21 shows that there is positive relationship between desired family size and fertility. The women who prefer one child have less Mean CEB than the women who prefer more than four children. As the number of desired family size increases mean CEB also increases.

4.4.5. Migration Status and Fertility

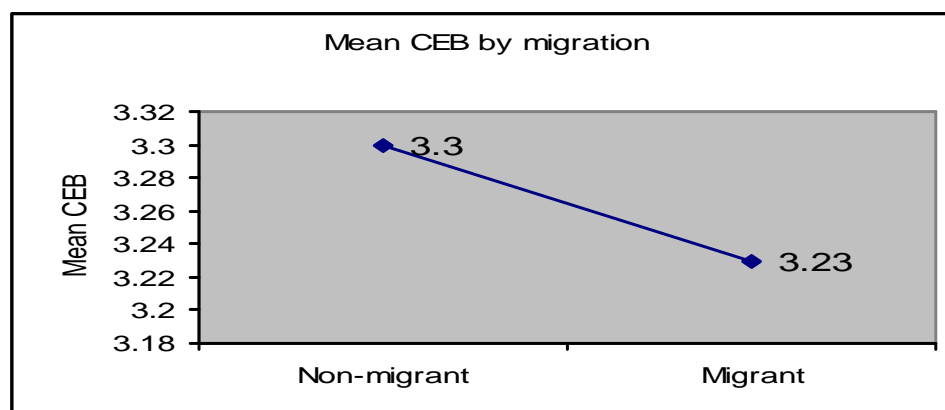
It is hypothesized that the migrant women have lower fertility than that of non-migrant women. Migrant women are expected to have slightly lower fertility than that of non-migrants women. Non migrants' women (142) have 3.30 Mean CEB Where as migrants (184)women have 2.23 Mean CEB which is only 0.07 difference.

Table 23: Mean CEB by Migration Status

Age group	Non migrant		Migrant		Total	
	CEB	Case	CEB	Case	CEB	Case
15-19	1.29	14	1.00	2	1.25	16
20-24	2.13	40	1.57	11	2.04	47
25-29	3.20	35	2.10	21	2.96	45
30-34	4.12	26	3.46	45	3.90	39
35-39	4.95	20	3.61	65	4.32	38
40-44	6.80	5	4.50	18	5.78	9
45-49	6.50	2	7.33	22	7.00	5
Total	3.30	142	3.23	184	3.28	199

Source: Field Survey 2005

Figure24: Mean CEB by Migration Status



CHAPTER 5

MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Major finding

This study analysis the fertility behaviour of Tharu women in Malakheti VDC of Kailali district. This study is based on primary data collected for 199 eligible respondents from 199 households. The Malakheti VDC in Kailali was purposively selected and all the Tharu households were completely enumerated with the help of structured questionnaires.

Some major findings of this study are:

- J This study included 199 respondents in different age groups. The majority of 47(23.6%) respondents were in the age group of 20-24 and the lowest 5(2.5%) respondents were in the age group 45-49.
- J Only 56 (28.1%) of the Tharu women were literate and the remaining 143 (71.9%) are illiterate. Among the literate 49 (24.6%) have primary level education and only 7 (3.5%) have secondary level education. Finding show younger women are more literate than older women in the sample.
- J The mean age at marriage for women was found to be very low (16.58) compared to the national female age at marriage (17.2).
- J The respondents of this area were largely 179 (89.95%) involved in agriculture and household and a small group was in daily wages sector 20 (10.05%).
- J Majority respondents 66 (33.17%) had monthly income of household as Rs. 2001-4000, Followed by Rs. 1001-2000 for 59 (29.65 %), up to 1000 for 35 (17.59 %) and 9 (4.52 %) respondents had on income sources.
- J The majority of the respondents had low level of landholding status. A total of 58 (29.15 %) of respondents had below than 5 kaththa land. Similarly, 41 (20.60 %) respondents had 5-10, 47 (23.62 %) respondents had 11-20, 29 (14.57 %) had

21-40, 10 (5.03 %) had 41-60 and finally 14 (7.04 %) respondents had 60 and more kaththa of land.

- J Only 71 (35.68 %) of the total respondents had radio, 110 (55.28 %) had used electricity, 18 (9.05 %) respondents had owned television.
- J Out of total 142 (71.36%) respondents were non migrants and rest 57 (28.64%) were migrants.
- J The Mean CEB is higher with illiterate respondents by 1.71 children than that of literate respondents. Similarly, the Mean CEB is 1.71 for respondents with secondary education. Followed by 1.96 for respondents with primary level and 3.80 for those who had no schooling at all.
- J The Mean CEB of the respondents in the agriculture was 3.31 and daily wages were 3.00.
- J The Mean CEB was higher for non income group respondents 4.33. the Mean CEB were 4.23 for the income group of Rs up to 1000, the CEB were 3.27 for the income group Rs. 1001-2000, 2.85 for income group Rs. 2001-4000 and 2.80 for income group Rs 4000 and above.
- J The Mean CEB was observed higher 3.66 for the respondents with lowest landholding in their family and 2.79 Mean CEB of the largest landholding.
- J The Informal Education and Communication (IEC) were found effective in determining CEB. The respondents, who had radio set in their household, had lower CEB 3.10 where as not having radio had 3.38 CEB.
- J The respondents with an access to electricity had lower CEB (2.94) whereas not access to electricity had higher CEB (3.70).
- J The respondents who had T.V have lower CEB (2.89).where as not having T.V had higher CEB (3.31).
- J On an average the mean CEB was 3.29 for currently married Tharu women in Malakheti VDC of Kailali district. It also observed that the respondents with lower age at marriage (14-15 Yrs) had higher CEB (3.81). While the highest age at marriage groups (20+) had the lower CEB (1.67).

- J The CEB was observed highest (7.50) for those, who had the experience of at least 4 children dead. In Contrast, the CEB was Lowest (2.76) for those who had no child loss experience.
- J The women who desire more than 4 children had more CEB (5.5). and the women who desired only one child had less CEB(2.2).
- J The CEB was 3.3. of non migrants and 3.23 for migrant respondents.

5.2. Conclusion

- J Level of education of women plays a vital role to reduce fertility. Tharu Women are more illiterate and those with literacy had also lower level of education attainment. This level of education should be increased to decrease higher fertility.
- J The lower mean age at marriage is associated with higher fertility. The age is directly related to time factor. It has strong power for defining as well as determining fertility level. So this study indicates that age at marriage must be increased to reduce fertility.
- J It has been clear that the mean CEB for the women engaged in except agriculture labor force and household works possess lower fertility. So the finding conclusion that shift of occupation of women from agriculture to non agriculture work is effective to reduce fertility level of women in this study area.
- J The women who have low income have high mean CEB and higher incomes have lower Mean CEB. But a majority of Tharu households had lower income level. Fertility can be reduced by providing income generation program in this area.

-) Household amenities indirectly affect fertility behavior of women. Among household facility radio, TV is related to IEC variable. Radio and TV broadcast the advertisement of family planning, the use of contraceptives' etc. Access to information through the media is essential to increase people's knowledge and awareness, which may eventually affect their perception and behaviour of fertility. Therefore, access to media is essential to reduce fertility.
-) Child loss promotes women to reproduce more children as a concept of replacement for their death children. Hence, it is essential to reduce to infant and child mortality to reduce fertility rate.

5.3. Recommendations

The following recommendations are made for both policy implication and future are of research.

5.3.1. Recommendations for Policy Implications.

-) A package of literacy and schemes for preventing dropouts from the school is necessary among Tharu women in kailali district to arrest the fertility prevailing among them. Access to radio, T.V and electricity was found to be effective to bring down fertility. Therefore, the mass media package is also to be used among these women.
-) The women reported age at marriage even lower than the legal provision. These early aged marriage women had higher CEB, and these women are also associated with higher child loss experiences. Therefore early marriage is found affecting in three ways the life such women such as high fertility, high children mortality and maternal mortality. Therefore legal and administrative and other measures are to be adapted to rise the Tharu women from the bondage of early marriage.

- J In the study area, female participation in the field of education was very low. So to increase the level of education and literacy status of women, the informal literacy class as well as free and compulsory education for all child bearing women should be lunched.
- J There are no varieties of occupation facilities for Tharu women. Varieties of occupation like knitting, swing and other income generation programs are to be provided them by GOs/ NGOs and INGOs at local level.
- J A majority of women have low income. Therefore income generating program are to be adopted for Tharu women. In order to lunch income generating programs for Tharu women the government and non government organization should provide loan and other necessary supports. Particularly, poultry farming, fisheries, animal husbandry occupations should be accessed for Tharu women's income generating source.
- J Household with access to amenities as Radio, Electricity and T.V showed a negative relationship with fertility. So, government and non governmental sector should be given a special offer to purchase these amenities' and should lunch IEC program.
- J Child loss compels women to reproduce more children as a concept of replacement for their dead children. Hence, it is essential to reduce infant and child mortality to reduce fertility rate. Therefore, integrated health package that covers maternal, child health and family planning counseling and services are to be offered to Tharu women. Different programmes and awareness campaign by the health technicians and volunteers of GOs/ NGOs/ INGOs should be run in the national and local level.

) In order to promote pre-primary education to children below 5 years. The government has introduced early childhood development (ECD) center under the preliminary child education but there is no ECD center in this community. Therefore, government should be established ECD center in this community.

5.3.2. Recommendations for Future Researcher

) This study covered Tharu community of Malakheti VDC in Kailali district only. Such indigenous Tharu communities are also found in Kanchanpur, Banke, Dang and Bardiya of Far and Mid Western Development Region, Nepal. In some aspect they are similar to each other and in some aspect they are different from each other. Therefore, a detail study on Tharu community with an appropriate and nationally representative sample is required.

) This study had an objective of fulfilling the required of a given curriculum, and had limited scope, areas, sources and time. Detailed and large scale research on Tharu people's reproductive choice with incorporation of more social, economic, psychological, cultural, and IEC related variables is essential to reveal their exact fertility performances.

THE QUESTIONNAIRE

SECTION 1

HOUSRHOLD CHARACTERISTICS

Q1. Household No.....

Q2. District.....

Q3.VDC.....

Q4.Name of Respondents

Q5.Caste

Q6.Religion

Q7. Age

1. Hindu 2. Buddhist 3. Other

Q8.Place of residence:

1. Non Migrant 2. Migrant

Q9.How many years have you lived in this place?

1. Years.....

Q10.Can you read, write and perform simple mathematic calculator?

1. Yes 2. No (go to Q.13)

Q11.Have you ever attended school?

1. Yes 2. No (go to Q.13)

Q12.Which level did you complete, if you have attained?

1. Primary Level 2. Secondary Level 3. Higher Level

Q13.what is your occupation?

1. Agriculture 2.Business 3.Service 4.Cottage Industry

5.Household Work 6.daily Labour 7.Other

Q14.Does your family have own land?

1. Yes 2. No (go to Q 16)

Q15.If you have, What is the area of total land?

1.Dhur..... 2.Kaththa..... 3.Bigha.....

Q16. Have you taken Land on hire or lease from other owners?

1. Yes 2. No (go to Q18)

Q17. If you have what will be it?

1. Dhur..... 2. Kaththa..... 3. Bigha.....

Q18. How much land do you grow from all land you cultivate?

1. Quntle..... 2. KG.....

Q19. Do you sell the crops in the market which you grew?

1. Yes 2. No (go to Q21)

Q20. If you sell it, how much it will be in Quntle?

.....

Q21. Do you have livestock at your home?

1. Yes 2. No (go to Q27)

Q22. If you have, what are those?

1. Cow/ Buffalo 2. Goat/Sheep 3. Hen/Duck 4. Other

Q23. Do you sell them in market?

1. Yes 2. No (go to Q25)

Q24. If you sell, how much will you earn in a year?

Rs.....

Q25. Do you sell Ghee and milk or not?

1. Yes 2. No (go to Q27)

Q26. If you sell how much will you earn in a year?

Rs.....

Q27. Is there a job holder in your family?

1. Yes 2. No (go to Q29)

Q28. If there, how much He/She earn in a month?

Rs.....

Q29. Are there any sources of income with out animal husbandry, agriculture and services?

1. Yes 2. No (go to Q31)

Q30. If there, How much will be earned in a month?

Rs.....

Q31. Total income (sum of Q.N 20,24,26,28and 30)

Rs.....

Q32. How much will you spend in a month as your family expenses?

Rs.....

Q33. Save (Subtract Q.N 31 and 32)

SECTION 2

REPRODUCTION

Q1. In what month and year where you born?

1. Month 2. Year 3. Don't know

Q2. How old are you?

Age.....

Q3. How old were you when you got first married?

Age.....

Q4. Have you ever given a live birth?(including those born alive but dies soon after)

1. Yes 2. No (go to Q30)

Q5. Have you given live birth within past 12 month?

1. Yes 2.No

Q6.Do you have any son or daughter to whom you have given birth and who are living with you?

1. Yes 2.No

Q7.How many son and daughter stay with you?

1.Son 2.Daughter

Q8.Have you ever given birth to son or daughter who are alive but donot live with you?

1. Yes 2. No (go to Q30)

Q9.How many son and daughter are alive but don't live with you?

1.Son 2.Daughter

Q10. Have you ever given birth to a son or daughter who are born alive but died later?

1. Yes 2. No (go to Q30)

Q11.How many son and daughter have die?

1.Son 2.Daughter

Q12. Total birth is (Sum of Q7,Q9and Q11)

SECTION 3

DESIRED FAMILY SIZE

Q1. How many children do you think to have your family?

Children number.....

Q2. How many sons and daughter do you think to have?

1.Son..... 2.Daughter.....

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