

CHAPTER I

INTRODUCTION

1.1 General background of the study

Demography is the statistical and mathematical study of the size, composition and spatial distribution of human population and of change overtime. In this aspect through size, composition and spatial distribution of the five process of fertility, mortality, migration, marriage and social mobility (Bogus, 1969, cited in Harriet, 1997).

Among the process of population change, fertility is one which occupies a central position in the study of population for several reasons. Human fertility is responsible for biological replacement and for the maintenance of the human society (Bhende and Kanitkar, 1994).

According to the dictionary of demography (1985) live births is the complete expulsion or extraction from its mother of a product of conception irrespective of the duration of pregnancy, which after such separation breathes or shows any other evidence of life such as beating of heart, pulsation of the umbilical cord or definite movement of voluntary muscle, whether or not the umbilical cord has been cut or the placenta is attached, each product of such a birth is considered live birth.

Fertility behaviour is the process of giving birth that is interacted with the ambient environment and the environment is different in different societies besides, the degree of interaction of the environmental variables is different. Within the biological limits of human fertility, several social cultural, psychological as well as economic and political factors are found to operate and these are responsible for determining the levels and differentials of fertility (Bhende and Kanitkar, 1994).

The Total Fertility Rate (TFR) of Nepal in 2005 was recorded as 3.7 which is comparatively high to some of the neighbouring countries in Asia as 2.0 in Srilinka, 3.0 in Bangladesh, 3.0 in India and 1.6 in China (PRB, 2000), Crude birth rate (CBR of Nepal now in 2000 is recorded to be 31 per thousand

higher than in India 25, Bangladesh 27, Maldives 18, Srilanka 19, in the same period. The IMR in Nepal in 2000 is recorded to be 64 per thousand live more than of the Countries India 60 Bhutan 61, Maldives 18 and so on while compared (PRB, 2005).

Nepal is facing the problems of high fertility especially in different caste/ethnic groups characterized with distinct characteristic. The high fertility is also more pronounced in backward and depressed communities such as Kami, Damai, Sarki and Gaine the lower caste groups. These communities who are backward in the contest of economic, social, cultural, educational and all other conditions are known as Dalit community, who are supposed to be untouchable. Among the four varnas Brahman, Kshetry, Vaishya and Sudra, Sudras are those untouchable and backward people according to Hindu caste system. They are struggling against this caste/ethnic discrimination but their poor access in education and low economic status are some castes those adopt religious rituals exactly as adopted by other upper class castes and they are called "Dalits" in our country Sudras were thought to be untouchables and their work was limited to the sanitation, ploughing, doing leather works, making ornaments of precious metal, making dress and playing traditional musical instruments in rituals functions and ceremonies, now a days these sudras are known as Dalits. The dalit groups that are identified by Dalit Ayog (May 2002) are as follows:

Hill Dalits: Kami, Sarki, Damai, Lohar, Sunar, Badi, parki, Chunara, Kuche and Kadara,

Newar Dalit: Kusule, Kasai, chyame, pode, Dhaier (Dahal)

Terai Dalit: Tatma, Paswan, Dushad, Bastav, Mushahar, Khatway, Chamar, Dom, Lalknon, Badimar, Chidimar, Goti and Tamgar CBS, 2003, p.114.

1.2 Statement of the problem

Population growth has appeared as a threatening challenge the very development and prosperity of human race. It is definite that the population growth will continue in future due to high birth rate and low death rate.

Therefore, the world's main concern of the government has been to check rapidly increasing population growth and consequently there has been remarkable awareness of the implication of population change in process of national development.

The major cause of population growth is higher rate of fertility and declining rate of mortality rates. These types of characteristics create the problem of population growth. This also leads to face many problems in developing countries like Nepal i.e. low level of education, lack of health facilities, environmental degradation and its overall impact on development process, high dependency ratio, lack of food supplies, problems of unemployment etc.

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

In Nepal, people normally trend to marry in early ages. Some of them marry before teenage and most of them in the late teenage which results into a longer span of marital and child bearing period with substantially a higher fertility. Additionally prevailing high infant and child mortality, particularly in rural setting is further responsible to motivate the mother's to give more births. People prefer son because of their cultural rituals and religious belief. Another cause to do so is that the son would support the parents in their old age. They do not want to bear the risk of dying of their infants and children; other main factor responsible for high population growth is illiteracy. There are 47 percent literate people in Nepal and according to the research done over Dalits, there are 90 percent illiterate people and very heart rending scenario is that 90 percent of Dalit women are illiterate. 70 percent Dalits are deprived of education due to poverty. Among 10 percent literate Dalits only 27 percent have completed primary level 87 percent have secondary level 0.8 percent have S.L.C. and only 0.4 percent has gained higher education. Various

research works showed that the level of education and fertility were inversely related. Working status of people also affects fertility. Generally, high fertility is associated with occupation in primary, industries especially agriculture and mining while lower fertility is associated with professional and technical categories. Use of contraceptive device is expected to be inversely related with the level of fertility but it is affected by various socio- economic factors such as level of educational attainment, income and occupational characteristics of people. The persistent of high fertility in Nepal is mainly due to the lack of popular demand of family planning (Tuladhar, 1989).

The general direct observation of the specified group make by the researcher shows that the Dalits have higher fertility level while compared to other higher caste/ ethnic groups. This group is far behind in education, occupation and other sector of development (Biswakarma, 1998). Dalits are politically and socio- economically depressed and dominated ethnic group of Nepal. That is why this fertility condition depends on the socio- economic and demographic circumstance. The increasing number of their children is unknowingly being the over burden for them and worsening their economic status. However, they want to overcome their poverty problem producing more children as economic assets to earn more money by working. They feel stronger themselves by the large number in community. Until they do not know that they should reduce the number of children for social prosperity, they will have higher fertility level. So, how the higher fertility performance of Dalit community can be reduced is the main problem.

In "Kami, Damai, and Sarki communities generally the prevalence of fertility may be high because of their low age at marriage and with their socio- economic, cultural and religious reasons. Contraceptive prevalence may be low among these communities due to the lack of knowledge about contraceptive methods, being unemployed etc.

1.3 Objectives of the study

The ultimate objective of this study is to examine the fertility behaviour of Dalit people in relation to demographic and socio-economic variables. The

following immediate objectives are set in this research.

1. To know the socio- economic characteristics of Dalits of the study area.
2. To examine the fertility behaviour of Dalits community, (Kami, Damai, and Sarki).
3. To uncover the fertility differentials among users and non-users of family planning methods.
4. To study the relationship between the children ever born and specific socio- economic and demographic variables of Dalits in Parbatipur VDC ward No. 9 Manipur.

1.4 Significance of the study

The previous research reports show that lower the status of women higher the fertility level. Generally, Dalits are seen much lower status in the economic and academic field so it is need to study about the fertility behaviour of Dalits. This research tries to fulfil the gap between their own status and national status of women.

This research will be important source of information for concerned group of people, individuals and agencies like NGOs, INGOs policy makers and planners in demographic economic as well as academic field. The main purpose of this study is to find out the relation among various socio- economic and demographic aspect of fertility of Dalits community in selected area. This research will able to give support for other future demographic research. This study will give research output to the nation and particularly for that area. It is important, appropriate, timely specific group targeted so study is significant.

1.5 Limitations of the study

No Studies can be free from the limitation and this study is not an exception of this fact. So, it has some limitations, they are pre-assured and can be mentioned as follows:

1. This research is confined within the Dalit (Kami, Damai, and Sarki) community of Parbatipur VDC Ward No. 9 Manipur
2. The fertility as a whole of a society is determined by various factors but

only few variables like age at marriage, education, occupation, child loss and contraceptive use are examined in this study.

3. The study is based on the small sample size only of 127 eligible women.

1.6 Organization of the study

The study encompasses seven chapters. The first chapter deals with the general background of the study, statement of problem, objectives of the study, significant of the study, limitation of the study and organization of study. The second chapter deals with the theoretical basis, empirical literature, education and fertility, contraception use and fertility, conceptual framework of the study and hypothesis to be tested. The third chapter accommodates the background of the study questionnaire design, sources of data, data collection, data analysis and interpretation, validity and reliability, selection of the variables. The fourth chapter deals with demographic characteristics, caste, age sex composition and sex ratio, percentage distribution of the study population by marital status, age at marriage of currently married women, distribution of eligible women by age group, socio-economic characteristics, education, occupational status of the study population, availability of different facilities, age at first menstruation, housing status, occupational distribution of eligible women. the chapter five accommodates the distribution of the eligible women by their family planning methods, source of information on family planning methods, use of FP methods, ever use of contraception, current use of contraception, reason for using family planning methods, child loss experiences, desired number of additional children. Chapter six deals with the fertility level by demographic and socio- economic characteristics, and the last chapter seven deals with the summary, conclusion and recommendation.

CHAPTER II

LITERATURE REVIEW

2.1 Theoretical basis

Most of the developing countries are experiencing high fertility and low mortality resulting rapid population growth. Nepal is also one of the least developed countries where the birth rate is still high and death rate is low leading to the formation of various obstacles and social development.

There are various theoretical literatures regarding the study on fertility. The early writers concerned that there exists a trend of having fewer children in higher societies. Later the demographic transition theory and other social biological theories also supported such views. The theory that is based on western experiences is demographic transition theory. It summarizes the historical shift of birth and death rate. The transformation of population from a state of high fertility and mortality to a state of low fertility and low mortality is demographic transition. The fertility decline has observed with advancement, industrialization and urbanization of the western countries.

The direct determinants of fertility identified Bongaards' (1983) called proximate determinants of fertility which are biological and behaviour factors through which socio- economic and environmental variables affect fertility. He has identified seven set up proximate determining variables of fertility as age at marriage and marital distribution, unmet fertility or unmet need, post partum amenorrhea or post partum fecundability, frequency or intercourse, use and effectiveness of contraception, spontaneous intrauterine mortality and induced abortion.

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

(Tuladhar, 1989:40).

In 1956 Davis and Blake presented a framework, which is focused on the industrial mechanism in society enlisting eleven intermediate variables through which any factors such as biological, social, psychological, or cultural must operate upon individual fertility (Tuladhar, 1989: 39).

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

Caldwell (1976) advanced the wealth flow theory of fertility decline. He argued that society can be classified according to their production system that traditional family based production with high fertility and capital production with low fertility. In any society, the fertility is high if children are economically beneficial to the parents, and low if children are economically beneficial to parents, whether the children are economically beneficial to parents is determined by social condition, mainly the direction of intergenerational flow of wealth (in terms of good and services). This flow of wealth in all primitive and traditional societies has been from younger persons to the older persons, i.e. form the younger generation to the older generation. In other words, children in such societies are economic assets to their parents and naturally

more children mean more wealth, leading to high fertility. (Caldwell, 1976).

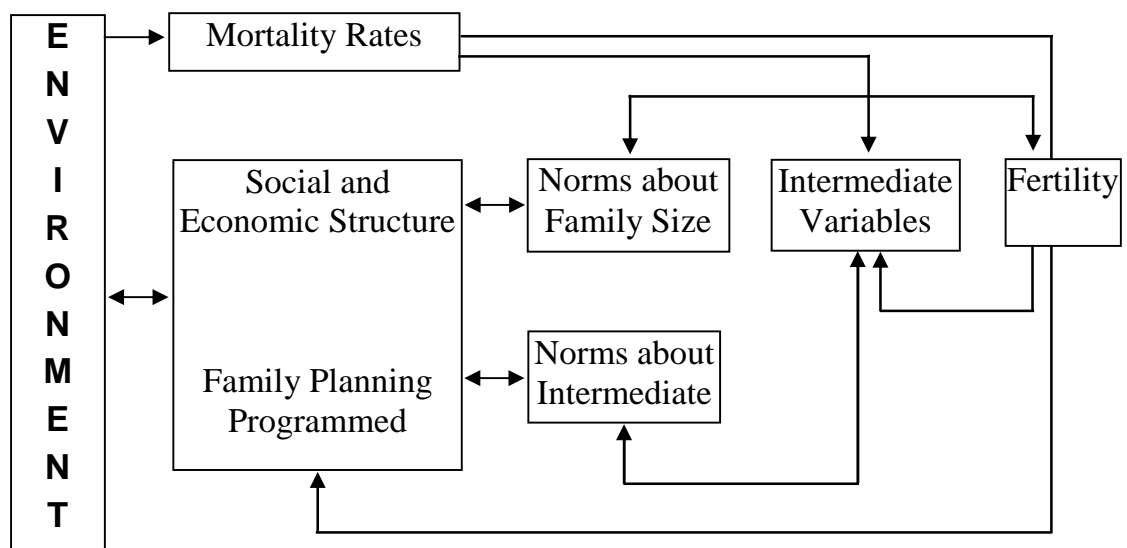
Harvey Leibenstein (1972:458) argues that part of the change in fertility is accounted for by the direct chores of the population in the process of determining the number of children they desire. These in turn depend on an assessment of the benefits in terms of utility and or satisfaction that are attributed to children during significant marginal controllable situations (Population Encyclopedia, 1982).

The theory of demography transition is based on the actual demographic experience of western countries. They have moved form a condition of high mortality and high fertility with consequent slow growth of population to conditions of mortality and low fertility, once again leading to a slow growth of population (Bhende and Kanitkar 2001: 75).

Sociological framework for study of fertility

Easterlin (1978) postulated a set of eight variables under "Easterlin Framework", which are: value of children, age at marriage, proportion of never married, incidence of widowhood or widower, infecundity due to breast feeding malnutrition, disease physical and monetary cost and economic cost of children.

Sociological framework of fertility



Source: Freedman 1982, p. 279.

2.2 Empirical literature

Low level of death and high-level fertility rate is the main factor of population increase in most of the less developed countries like Nepal. So a critical assessment of fertility level and trend are recognized in Nepal for which several studies on fertility behaviour and trend has been carried on and has to be carried on. Based on various national surveys and case studies, there is a number of studies in fertility which attempt to summarize the studies regarding the determinants of fertility.

2.2.1 Education and fertility

Education is one of the most important determination factors on fertility. Inverse relationship between the educational attainment of couples and fertility has been observed. Education may affect fertility directly or indirectly like by rising the age at marriage. Educational attainment may be taken as an indicator of the modernization of the society as well as the scale for measuring the status of the women in the society. The higher the level of female literacy in a community, lower the fertility and vice-versa.

International Conference on Population and Development (ICPD) Cairo, 1994: in its chapter eleven reveals that the education is a key variable in sustainable development. Education helps to reduce fertility, morbidity and mortality. The increase in the education of women and girls contributes to women's empowerment, to postponement of marriage and to reduction in family size (UN, 1996).

As stated in NDHS 2001, women with no education have TFR of 4.8 children while those with primary education have TFR of 3.2 children, with some secondary have TFR of 2.3 children, and with SLC and above the TFR is 2.1 children (NDHS, 2001). And also in NDHS 2006, women with no education have TFR of 3.9 children while those with primary education have TFR of 2.8 children with some secondary have TFR of 2.3 children and with SLC and above the TFR is 1.8 children (NDHS, 2006).

2.2.2 Age at marriage and fertility

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

There are three nuptial factors for affection fertility, which are policy implications for planners: delayed marriage, decreased incidence of widowhood, among women of reproductive capability and positive association between ages at marriage and complete fertility for women less than 10 years (Tuladhar,1989:87).

Even though, legal age at marriage for boys and girls both are 20 years early marriage still has been practiced in Nepalese society due to be lower for females was 15.4 years and 19.5 years for males in 1996. It increased 18.1 years for females and 21.4 years for males in 1991. Also, 22.9 years for males and 19.5 year for females (NDHS 2006). It shows that age at marriage is increasing for both sexes in Nepal.

Mulmi (1989) found that early marriage is one of the remarkable factors leading to high fertility and rapid population growth. Mean CEB to females with age at marriage less than 14 years was 5.5 and the lowest mean CEB for 2.7 was representing the women with age at marriage 25-29 years. Singulate mean age at marriage for Nepalese women is 18.1 years in 1991, which were 17.2 in 1971 (CBS 1995:81).

A study claims that women carrying between 20 and 24 have similar fertility to that of those marrying before age 20, only if the marriage age reached 25 years or over would there be a significant reduction of fertility. Perhaps this is one of the reasons for persistent high fertility in Nepal (CBS, 2003).

The average age at first marriage in Japan was already rising in the pre- war period. This delayed marriage has had an important effect in limiting the population growth (APPC, 1992): Early marriage produces more children by at

least three important demographic reasons. If women marry young,

1. They are likely to have sexual intercourse frequently through out their most fecund years.
2. They begin having sexual intercourse at an early age and thus live throughout a longer period of exposure to conception.
3. The short the interval before the next generation.

2.2.3 Occupation and fertility

The well-known idea is that socio-economic development is the best contraception, the main resistance of high fertility. The idea about the socio-economic development is some what is given by the occupation.

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

The employment of women outside of the home or in the farm reduced the level of fertility behavior. The world fertility survey showed women who do modern types of works, marry on average 2.4 years later than whom on domestic working and agriculture workers, which is very remarkable to reduce the fertility level (Kattel, 2001).

Female in different occupations are found to have different fertility levels. The mean number of CEB per ever married women is highest for the form this workers and sales workers which is 2.7 but the lowest fertility is observed among, the professional, administrative and clerical workers with 1.1 less than farm workers 1.6 (CBS, 1995). The CBS information emphasized that there is a remarkable difference between white colour and blue colour occupation groups of women.

In Nepal husband status of work plays an important role for declining fertility level. For example, women whose husband was engaged in farm occupation had higher fertility 3.27 mean CEB than that of non-farmer 3.19 mean CEB for

women (Neupane, 1997).

2.2.4 Infant and child mortality and fertility

Fertility decline is most affected by mortality decline, broad social and economic development and family planning programs (Freedman, 1995). High fertility is a fundamental adjustment to high mortality and that high mortality and that high fertility is necessary for group survival when mortality is high (Bhende and Kanitkar, 1994).

Lower the chances of survival of children the higher will be the level of fertility. Where the incidence of infants and child mortality is high, parents will incline to produce more children than necessary to ensure survival of at least a few into adulthood. In this connection, it is highly hypothesized that higher the infant and child mortality rate of a state, the higher will be the fertility of the state (UN, 1996).

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

In the context of Nepal, infant mortality is 147 per 1000 in 1981, 97.0 in 1991, 64.4 in 2001 and 48 in 2006, this is decline trend. So, it will be help the fertility decline (NDHS, 2006).

2.2.5 Contraception use and fertility

Various studies have been shown that use of contraception has strong negative association with fertility. Contraception use is the principal variables

responsible for the shift of fertility from high to low fertility.

Fertility and Health survey 1996 reported that about 28 percent of both ever married and currently married women of age group 15-19 knew at least one method of family planning. Among them 38 percent of currently married women have been reported to be ever user of contraception and 35 percent are using the modern method, (Kattel, 2001) and CPR 48.0 percent in 2006 (NDHS, 2006).

The NDHS 2002 indicates that 39 percent of currently married women are using a method of family planning. The 35 percent who are using modern contraceptives represents a dramatic increase in the 1996, NDHS.

In response to the question asked to women age 15-19 years on the type of family planning method currently using either by them or by their husband 33 percent report laparoscopy/minilap, 20 percent vasectomy, 39 percent other temporary methods include pills, Depo-provera, IUD, Norplant, Diaphragm, Foam/ jelly/ cream etc and only eight percent condom (CBS, 2003/04). The percentage of currently married women age 15-19 years currently using method any method 48 percent, any modern method 44 percent, female sterilization 18 percent, indictable 10 percent, male sterilization 6 percent, male condom 5 percent, and pills 4 percent, (NDHS, 2006).

The total demand for family planning has been increase over the year. In 1991 it was 52 percent which is increased to 67 percent in 2001. Likewise there has been nearly 15 percent in CPR during these 10 years. Because of the increase in CPR over thee years the proportion of unmet need has decreased during the period 1966 and 2001 (MOH, 2002).

There are several reasons for the low of retention of family planning method in Nepal. Method is not available to a larger number of couples and even where they exists family planning workers has not been affective in motivating couples to use contraceptives. The practices of family planning are culturally on contraception (Subedi, 1996).

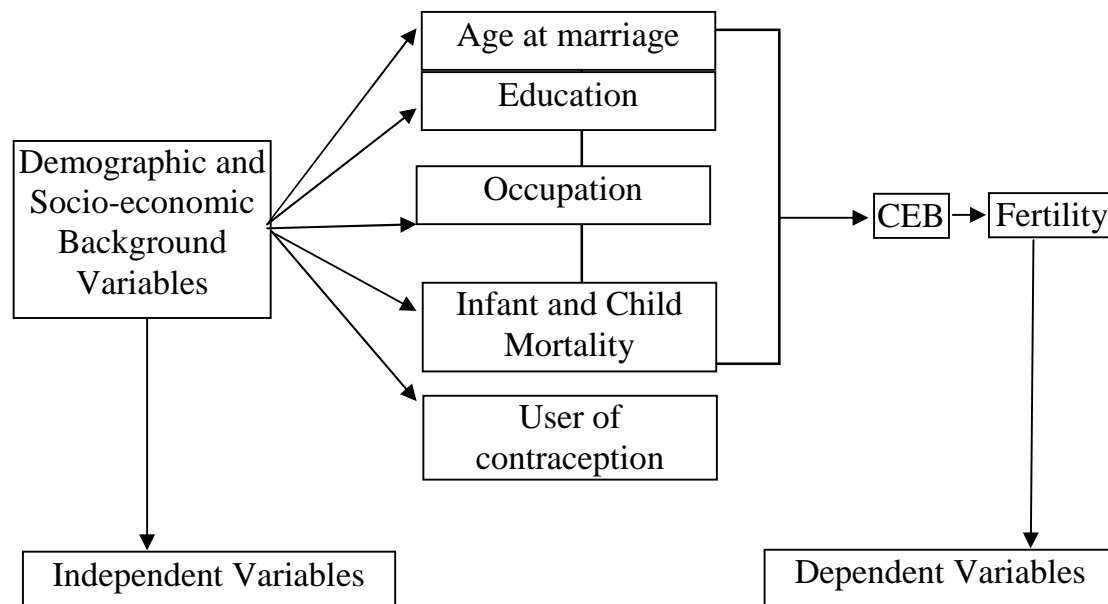
Several studies showed that there is an inverse relationship between increase

in contraception use and fertility. For example, in Bangladesh, the declining trend in fertility was attributed to an increase in contraceptive use where contraceptive prevalence rate increased from 8.5 percent in 1975 to 20 percent in 1986 (Neupane, 1997).

2.3 Proposed conceptual framework

This framework shows the relationship of socio-economic and demographic with fertility. In this analysis all socio-economic and demographic variables are considered as determinant of status of Dalit women are independent variable and only the fertility is considered as dependent variable. The fertility behavior is affected by demographic and socio-economic variables. The age at marriage, infant and child mortality as well as use of contraception experience of Dalit women in Nepal.

On the basis of literature review of fertility behaviors, following conceptual framework is proposed.



2.4 Hypotheses to be tested

1. There is an inverse relationship between age at marriage and fertility.
2. There is an inverse relationship between educational attainment and fertility.

3. There is an inverse relationship between occupation and fertility.
4. There is positive relationship between infant and child mortality.
5. There is an inverse relationship between contraceptive use and fertility.

CHAPTER III

BACKGROUND OF THE STUDY AREA AND METHODOLOGY

3.1 Background of the study area

The study area is chosen Parbatipur VDC, Ward No. 9, Manipur of Chitwan district of central development region of Nepal. The information is taken about the selected variables of socio economic and demographic variables. This VDC is chosen as study area because significant number of Dalits namely Damai, Kami and Sarki are residing there. There were 127 household and 127 eligible women to administer the questionnaire relating to fertility. However the number of household and number of eligible women is equal that does not mean the household has an eligible women some household had more than one eligible women and some has known.

3.2 Questionnaire design

Two types of questionnaire are used based on the objectives of this study. They are:

- a. Household questionnaire
- b. Individual questionnaire

The household questionnaire was used to list family members and their relations to the head of household and other socio-economic and demographic characteristics of each household. The objective of the household questionnaire was also to identify the eligible respondents for individual interview.

The individual questionnaire was used to gather information from ever married aged (15-49) years from the householder under study. The information was focused on household information age at marriage, educational attainment, knowledge and use of family planning, marital status and CEB to find out the family behavior of Dalit community people.

3.3 Sources of data

For this study, primary data is collected from field survey by using interview method. The interview method is applied by direct interview with respectable head of the household for household information. The individual informations,

which are related with demographic data, are collected from the interview with respondents on the basis of structured questionnaire schedule using quantitative technique and census enumeration system.

Moreover the secondary data is used to know historical background of them and the secondary data are used from the population monograph of Nepal and other available sources.

3.4 Data collection

Researcher herself is involved in data collection. In the process of visit, at first the purpose of visit is told to the head of household as well as other members of that house. Then the eligible respondents were selected and the household questionnaire is asked to the head of household and the individual questionnaire is asked only to currently married women.

3.5 Data analysis and interpretation

After selection of data, those collected information processed, analyzed and presented in different table. Then data are entered into the software programmed, SPSS (Statistical Package for Social Science) and dBASE to handle and process the data and get desired output. Cross tabulation, frequency distribution.

3.6 Validity and reliability

Validity and reliability of this research study cannot be claimed in absolute terms of mathematical precision. To minimize possible error like under, over counting and misreporting by respondents, certain measurements are employed.

- Questionnaire is asked in simple nepali language.
- A close relation is developed with the respondents during the interview which is encouraging the respondents to help me actively by providing the necessary information.
- Researcher oneself complete all forms and check and recheck. If any information is found missing and doubtful, a revision is made for completion.
- Editing for the entered data is done very carefully for entering and

maintaining the data accuracy.

3.7 Selection of variables

In the study number of CEB of women within the reproductive age is considered as dependent variable. The independent variables constitute:

- 1) Demographic variables
 - i) Age at marriage
 - ii) child loss
- 2) Socio-economic variables
 - i) Education
 - ii) occupation
- 3) Family Planning Variables
 - i) Use and non use of contraception

CHAPTER IV

BACKGROUND CHARACTERISTICS OF THE STUDY POPULATION

In order to investigate the behaviour aspect of a reproductive age group of women, this study is important for the background characteristics of the population. The background characteristics may be divided into two categories such as demographic and socio- economic.

4.1 Demographic characteristics

It consist caste; age sex composition and sex ratio, marital status, age at marriage, distribution of eligible women by age group and age at first menstruation are included in the demographic characteristics.

4.1.1 Caste

Nepal is a multi-cultural, multi-caste, multi-religious and multi-lingual country. There are various caste and religious groups. The distribution of Kami, Damai and Sarki are presented in Table 4.1.

Table 4.1: Distribution of respondents by caste

Caste	Number	Percentage
Kami	82	64.6
Damai	11	8.7
Sarki	34	26.8
Total	127	100.0

Source: Field Survey, 2008.

As indicated by the table 4.1, highest proportion of the respondents is from Kami community which is accounted for 64.6 percent and is followed by Sarki community (26.8%) and the lowest proportion of the respondents is from Damai community (8.7%).

4.1.2 Age sex composition and sex ratio

Table 4.2: Distribution of population by age, sex and sex ratio

Age Group	Sex				Total		Sex Ratio
	Male		Female		No.	%	
	No.	%	No.	%			
0-14	90	24.5	145	30.5	235	27.9	62.0
15-64	253	68.9	317	66.6	570	67.6	79.8
65+	24	6.5	14	2.9	38	4.5	171.4
Total	367	100.0	476	100.0	843	100.0	77.1

Source: Field Survey, 2008.

In 127 households, the total population is found to be 843. Out of them, males accounted for (43.5%) and females accounted for (56.5%).

The highest proportion of population is found to be in age group 15-64 (67.6%) and the lowest proportion of population is found to be in age group 65 and above (4.5%).

The proportion of male and females are not equal in each age groups and the percentage of both males and females is irregular in every age group. The highest proportion of percentage in both male and female is in the 15-64 age groups. In the same way, the lowest proportion of age group is in the age group 65 and above years.

The sex ratio, the number of males for 100 females is 77.1. This is lower than the national level of 100.31 in 2006. Sex ratio is higher in 65 and above age group (171.4) than the other age groups.

4.1.3 Percentage distribution of study population by marital status

Marital status is a demographic characteristic of population. It involves biological, social, economic, legal and religious aspects. It is most important factor in population dynamics as it affects fertility tremendously. This sub section provides the information on marital status of the study population.

Table 4.3: Percentage distribution of study population by marital status

Marital Status	Sex				Total	
	Male		Female		No.	%
	No.	%	No.	%		
Unmarried	147	42.0	197	43.6	344	42.9
Married	202	57.7	244	54.0	446	55.6
Widow	1	0.3	7	1.5	8	1.0
Separated	-	-	4	0.9	4	0.5
Total	350	100.0	452	100.0	802	100.0

Source: Field Survey, 2008.

From the above Table, out of the total population, 802 are categorized in different marital status groups. Married population accounts for the highest percentage (55.6%) followed by unmarried (42.9%). We also can see that unmarried females (43.6%) are more than males (42.0%) but married males are more (57.7%) than females (54.0%). Widowed are accounted (1.0%) while separated cases are found (0.5%) lower than the widowed. Similarly, widowed percentage is higher (8.0%) in females than male (0.3%).

4.1.4 Age at marriage of currently married women

Below Table 4.4 shows that the highest proportion of the respondents are from the below age 20 years which is accounted 86.6 percent and 20 and above years are 13.4 percent.

Table 4.4: Distribution of currently married women by age at marriage

Age	Number	Percent
Below age 20	110	86.6
20 and above	17	13.4
Total	127	100.0

Source: Field Survey, 2008.

4.1.5 Distribution of eligible women by age group

The main objective of this study is to collect information of the study area on fertility behaviour among the Dalit community in the reproductive ages (15-49)

years. The age distribution of the respondents is presented below in Table 4.5.

Table 4.5: Distribution of eligible women by age group

Age group	Number	percent
15-19	13	10.2
20-24	16	12.6
25-29	17	13.4
30-34	9	7.1
35-39	21	16.5
40-44	21	16.5
45-49	30	23.6
Total	127	100.0

Source: Field Survey, 2008.

Table 4.5 shows that with regards to the eligible respondent distribution with five year age group. The majority of currently married women was found in the age group 45-49(23.6%) followed by the age group 40-44 and 35-39(16.5%) years and only 7.1 percent for 30-34 years of age groups.

4.1.6 Age at first menstruation

Age at first menstruation may not have significant impact on fertility in Nepal because in our country sexual contact and bearing of child mainly occurs only after marriage. But age at first menstruation may determine the marriage of a girl because there is still a social value that if a girl is married before the onset of menstruation, they will reach to heaven. A question on first menstruation was included in the questionnaire and asked to the respondents, and the result is tabulated in Table 4.6.

Table 4.6: Distribution of respondents by age at first menstruation

Age	Number	Percent
Below 15 yrs.	83	65.4
15 and above	44	34.6
Total	127	100.0

Source: Field Survey, 2008.

Table shows that higher proportion (65.4%) of the respondents age at menstruation are on the below age of 15 years. And that of 15 years and above are only 34.6 percent.

4.2 Socio-economic characteristics

The socio-economic characteristics of the study population include the education, occupation of the population, availability of different facilities, housing status and occupational distribution of eligible women.

4.2.1 Education

Education is an important variable in accounting for demographic behaviour and because education is one of the social characteristics of persons covered in the study. Education statistics will be useful in analysis relating education to change in fertility. The illiteracy and educational status of the respondents are presented in Table 4.7.

Table 4.7: Distribution of the population by education

Literacy	Sex				Total	
	Male		Female		No.	%
	No.	%	No.	%		
Yes	304	86.9	360	79.6	664	82.8
No	46	13.1	92	20.4	138	17.2
Total	350	100.0	452	100.0	802	100.0

Source: Field Survey, 2008.

The above statistics shows the higher percentage of literacy (82.8%) than illiterate (17.2%) in both sexes combine.

Similarly, the proportion of primary, secondary and above secondary is given in the Table 4.8.

Table 4.8: Distribution of the population by grade

Class	Sex				Total	
	Male		Female		No.	%
	No.	%	No.	%		
1-4	196	64.5	286	79.4	482	72.6
5-9	77	25.3	55	15.3	132	19.9
10 and above	31	10.2	19	5.3	50	7.5
Total	304	100.0	360	100.0	664	100.0

Source: Field Survey, 2008.

Above Table reveals that the higher proportion is found in the class 1-4 (72.6%) which seems higher in female (79.4%) than the male (64.5%). Similarly, literacy status in the class 5-9 is higher (19.9%) than in the class 10 and above (7.5%). So, we can see that literacy status in the class group 1-4 is highest among the three class groups.

4.2.2 Occupational status of the study population

Table 4.9: Distribution of the population by occupational status

Occupation	Sex				Total	
	Male		Female		No.	%
	No.	%	No.	%		
Agriculture	132	37.7	17	3.8	149	18.6
Cottage industry	1	0.3	-	-	1	0.1
Services	41	11.7	11	2.4	52	6.5
Business	11	3.1	5	1.1	16	2.0
Daily wage(agriculture)	12	3.4	10	2.2	22	2.7
Daily wages(non-agriculture)	3	0.9	-	-	03	0.4
Housewives/housekeeping	5	1.4	206	45.6	211	26.3
Doing nothing	31	8.9	24	5.3	55	6.9
Students	114	32.6	179	39.6	293	36.5
Total	350	100.0	452	100.0	802	100.0

Source: Field Survey, 2008.

From the displayed Table, all age groups are included, as there is high proportion in the students (36.5%) than the other higher proportion was

housewives/housekeeping (26.3%). The lowest proportion was 1 in cottage industry. Otherwise, the other lowest proportion was in daily wage (non agriculture) 0.4 percent.

We can see that, the higher female proportion were housewives/housekeeping (45.6%) and also students were high (39.6%). The lower proportion of female was cottage industry and daily wage (non agriculture) has not any female, and also business has lower proportion (1.1%). The female service were only 11(2.4%) that is lower than males (11.7%).

Similarly, the male were higher proportion in the agriculture (37.7%) and followed by the same way students were (32.6%). The male were engaged highly in the agricultural sector. So, cottage industries were lower proportion (0.3%) for males.

Here the occupational status of the study population was excluded the 0-4 years age groups.

4.2.3 Availability of different facilities

Availability of different facilities is also one of the economic indicators of the household. The access of information media provides knowledge on the advantage and disadvantage having more children and they may change attitude. Therefore, the respondents were asked about the household facility. The responses are tabulated in Table 4.10.

Table 4.10: Distribution of population by availability of different facilities

Facility	No. of Respondents	Percent
Radio	78	61.4
Television	21	16.5
Telephone	20	15.7
Others	8	6.3
Total	127	100.0

Source: Field Survey, 2008.

It is evident from the Table 4.10 that a vast majority of the respondents have

radio in their house which is accounted for 61.4 percent followed by television (16.5%) and telephone (15.7%). The lower proportion of the respondents is found having others 6.3 percent.

4.2.4. Housing status

Housing status may not be a good indicator to analyze the fertility but it can be generally observed that the fertility of the women who have their houses with good condition may be higher than the women who stay at slums and the houses with poor infrastructure.

Type of house represents the status of household especially economic status. Family having better economic status has also better social status. They may have better respect too. Therefore, the respondents were asked about the type of house they have. The responses are tabulated in Table 4.11.

Table 4.11: Distribution of population by housing status

Housing Status	Number	Percent
Pakkai	35	27.6
Semi-pakkai	64	50.4
Others	28	22.0
Total	127	100.0

Source: Field Survey, 2008.

Among the total respondents 50.4 percent have highest proportion in semi-pakkai and also (27.6%) respondents have pakki and the others (22.0%) have other types of household.

The household types and material of roof are other economic determinants of fertility. There were various options of roof. Among them, highest proportion is of Tin (55.1%) and followed by cement (24.4%) and the lower proportion is straw (20.5%) respectively.

4.2.5. Occupational distribution of eligible women

Female in different occupational are found to have different fertility. Occupation are found of the important determinants of fertility level of the

population has shown in Table 4.12.

Table 4.12: Occupational distribution of eligible women

Occupation	Number	Percent
Agriculture	10	7.9
Services	4	3.1
Household work	112	88.2
Daily workers	1	0.8
Total	127	100.0

Source: Field Survey, 2008.

The Table 4.12 shows the vast majority of occupations of eligible women are engaged at household work (88.2%). This is followed by agriculture (7.9%) and services (3.1%). Very few are found engaged as daily workers (0.8%).

CHAPTER V

KNOWLEDGE AND PRACTICE ON FAMILY PLANNING AND FERTILITY STATUS

This chapter presents the distribution of the eligible women (respondents) by their knowledge of family planning methods, source of information on family planning method, use of family planning methods, ever use of contraception, current use of contraception, reason for using family planning methods, child loss experience and desired number of additional children.

5.1 Knowledge on family planning methods

Knowledge plays an important role to use of family planning method. If people have proper knowledge about these methods, the chance of use will be higher. So, knowledge of methods helps to increase the motivation of using contraceptive method. Family planning helps women avoiding giving more births. Both male and female have equal responsibility to their family and household work, absence of any spouse in the family will be incomplete and both male and female are two wheels of life. But in real situation, it is not being so. Mostly males neglect about use of contraceptive, than there will be less chance of spreading sexually transmitted disease like HIV/AIDS, gonorrhoea, syphilis, genital warts, etc.

There is inverse relationship between contraception and fertility. It is widely believed that family planning awareness helps to control population growth or fertility. Respondents were asked about the knowledge on FP methods. The respondent's knowledge on family planning methods is presented in Table 5.1.

Table 5.1 below shows that the highest proportion 91.3 percent of respondents are knowledge about at least one method of family planning devices. About 8.7 percent of the respondents have not heard about any family method. This is shows that the respondents in the study area have very low level of knowledge.

Table 5.1: Distribution of respondents by knowledge of family planning by methods

Knowledge of family planning	Number	Percent
Yes	116	91.3
No	11	8.7
Total	127	100.0
Knowledge by methods		
Pills	44	38.0
IUD	6	5.1
Depo	22	18.9
Female sterilization	23	19.8
Male sterilization	4	3.4
Condom	10	8.6
Norplant	6	5.1
Kamal	1	0.8
Total	116	100.0

Source: Field Survey, 2008.

We can see from the Table 5.1 that the higher proportion of the respondent (38.0%) is heard about pills among the respondents who have heard about family planning methods. The following figure is for female sterilization and Depo- provera which are accounted for 19.8 and 18.9 percents respectively. Similarly about 8.6 percent of the respondents have heard said they have heard about condom. But the least proportion of the respondents are (0.8%) found having heard about kamal method.

5.2 Source of information FP methods

There are various sources from where the respondents can get the information on family planning methods. That's why it is experienced that when we ask them through which media they heard first about FP methods, they heard can say. The respondent heard of family planning method is

presented in Table 5.2.

Table 5.2: Distribution of respondents by source of information about FP methods

Source	Number	Percent
Radio	65	56.0
Television	6	5.1
Hospital	6	5.1
Relatives	2	1.7
Health post	7	6.0
Friends	28	24.1
Husbands	2	1.7
Total	116	100.0

Source: Field Survey, 2008.

At the time of field survey, various sources were categorized about the information of family planning method. In this case, the respondents had shown various sources from which they get the information. 56.0 percent of the respondents reported that they had heard about FP methods from radio which was followed by friends (24.1%), Health post (6.0%), Television (5.1%) and Hospital (5.1%) and the lowest proportion of sources was found as Relatives (1.7%) and Husbands (1.7%).

5.3 Use of FP methods

Use of contraceptives is one of the most important proximate determinants of level of fertility. It is generally assumed that it plays the principle role in transmission to lower fertility. Thus, use of family planning methods may have significant impact to manage the rapid growing population and environmental problems. Similarly, with the use of family planning devices a couple can avoid the unwanted births, can control high maternal mortality and morbidity, infant mortality and other sexual transmitted diseases like, HIV/AIDS, gonorrhoea, syphilis, etc.

5.3.1 Ever use of contraception

Fertility depends on the use of contraceptive. Everybody does use it. First they should hear about it and among the ever heard they may use it and control fertility. The respondents are asked about ever use of contraceptives the responses are tabulated in Table 5.3.

Table 5.3: Distribution of respondents by ever use and non use of family planning methods

Ever use of FP	Number	Percent
Yes	43	33.9
No	84	66.1
Total	127	100.0
Methods		
Pills	21	48.8
IUD	1	2.3
Depo	9	20.9
Male/Female sterilization	10	23.2
Norplant	2	4.6
Total	43	100.0

Source: Field Survey, 2008.

Table 5.3 clearly shows that the use of contraceptives among Dalit community in the study area is very low. In response to the question asked eligible women out of the total respondents 33.9 percent reported ever user and 66.1 percent non-user. More proportion of the respondents reported that they have ever used pills (48.8%) followed by female/male sterilization (23.3%) and depo (20.9%). Only about 0.8 percent of the respondents are found having ever use IUD.

5.3.2 Current use of contraception

Current use of contraception is known as the use of contraception at the time of survey. The pattern of current use of family planning methods also indicates the future prospectus of CEB. Respondents were asked whether

they are using any contraceptive method at the time of survey. The responses are tabulated in Table 5.4.

Table 5.4: Distribution of respondents by using current use of family planning methods

Current use of FP	Number	Percent
Yes	21	48.8
No	22	51.1
Total	43	100.0

Source: Field Survey 2008.

From the Table 5.4, it is clear that the current use of contraceptive is almost same among the study women. The current use of contraception is found at 21 persons (48.8%) and non user is 51.1 percent.

5.4 Reason for using FP methods

There are various reasons to use family planning methods. Birth interval, avoid pregnancy, low side effect and so on are some of the reasons in our society. Among the respondents who said current using any contraceptives were asked about the reason why they use any method of contraceptive. The responses are tabulated in Table 5.5

Table 5.5: Distribution of respondents by reason for using FP methods

Reason	Number	Percent
Birth interval	1	4.7
Avoid pregnancy	18	85.7
Don't want more children	2	9.5
Total	21	100.0

Source: Field Survey, 2008.

Table 5.5 shows that majority of the women (85.7%) who are currently using any contraceptives said that they want avoid pregnancy that's why they are currently using. About (9.5%) women they want to more children. The lowest proportion is birth interval 4.7 percent.

5.5 Child loss experience

Fertility is directly affected by death of children. There is positive relationship between fertility and child mortality, higher the child mortality higher the fertility, lower the child mortality lower the fertility of women. Because they think that some children will die or they become uncertain that their children will live longer. So, they think that they should bear the children more than they need. The distribution of respondents by death of children is given below in the Table 5.6

Table 5.6: Distribution of respondents by children dead

Have children dead	Number of respondents	Percent
Yes	33	28.4
No	83	71.5
Total	116	100.0

Source: Field Survey, 2008.

Table shows that respondents 71.5 percent respondents reported not having child less experience and 28.4 percent have such experience.

5.6 Desired number of additional children

Desire for additional children is one of the factors to determine fertility. Additional child is desired due to many reasons i.e. son favoring culture, potentiality of child loss in future, economic support of children (they work as a labour), have not any children etc. Additional children also desired due to various other causes such as family pressure, religious belief and so on.

Below Table 5.7 shows that 116 respondents only 5.1 percent respondents reported of wish of daughter. Among them, 21.5 percent married women who want of son. The highest proportion 73.2 percent women do not want any children. And, reason for desire children is self interest highest proportion 20 person (64.5%) followed by religious belief 25.8 percent and family pressure are 9.6 percent.

Table 5.7: Distribution of mothers (respondents) by reason for desiring additional children

Desire for additional children	Number	Percent
Son	25	21.5
Daughter	6	5.1
Not any	85	73.2
Total	116	100.0
Reason for desire	Number	Percent
Family pressure	3	9.6
Self interest	20	64.5
Religious belief	8	25.8
Total	31	100.0

Source: Field Survey, 2008.

CHAPTER VI

FERTILITY LEVEL BY DEMOGRAPHIC AND SOCIO ECONOMIC CHARACTERISTICS

This chapter deals the analysis of fertility level with demographic and socio-economic characteristics of Dalit women. Fertility level of Dalit women is examined from the currently married women of 15 to 49 years with some selected demographic and socio-economic variables. Variation in, children ever born (CEB) is considered as the variation in fertility behaviour of Dalit women. Here, CEB is considered as the index of fertility analysis as other sample size for the proper analysis. Besides, CEB is the completed fertility of women up to the age at the time of survey and can be easily compared in terms of mean with various characteristics.

6.1 Mean CEB by currently married women

Women aged the age of mother, the CEB changes, so it can be said that age of mother is one of the determining factor of fertility levels. It is expected that as the mean number of children ever born (CEB) also increases since older women experience longer span of reproductive period than young ones.

Table 6.1: Mean CEB by age group of women

Age group	Number	Mean
15-19	7	1.57
20-24	12	2.33
25-29	17	1.82
30-34	9	1.56
35-39	21	3.05
40-44	20	3.00
45-49	30	3.57
Total	116	2.72

Source: Field Survey, 2008.

From the Table 6.1, the mean CEB of entire women of the study was found to be 2.72. Women who had completed age group 40-44 already had more than 3 children in an average. The lowest 1.56 and highest 3.57 mean number of CEB is found for the age group 30-34 and 45-49 respectively.

6.2 Mean CEB and literacy status of eligible women

When women become educated their view about family size, education changes way of thinking and in turns also affected fertility. Education status of women plays an important role in lowering fertility. Education influences the fertility in different way. It leads to awareness of birth control measures thus directly affects fertility. Education is considered as the best contraception. It is inversely associated with fertility. It has been widely accepted that education has a strong direct and indirect impact on the fertility behaviour. The mean number of CEB declines with increase in educational level of women.

Fertility behaviour in terms of CEB as explained by literacy status of eligible women has considered with literate and illiterate to distinguish categories. Mean CEB by literacy status of the study population is displayed below in Table 6.2.

Table 6.2: Mean CEB by literacy status of eligible women

Read and write	Number	Mean CEB
Yes	86	2.60
No	30	3.03
Total	116	2.72
Class(1-5)	52	2.46
Class(5-9)	9	2.22
SLC and above	2	2.00
Total	63	2.41

Source: Field Survey, 2008.

It is observed that variation in between the fertility levels of illiterate and

literate is significant and the result supports that the literate women have low fertility than illiterate. The mean CEB of literate women accounts for 2.60 and than of illiterate women are 3.30.

6.3 Mean CEB and age at marriage of women

Age at marriage is one of the major fertility explaining variables. Age at marriage is inversely correlated with mean number of CEB. Age at marriage directly affects the period of sexual union within the reproductive period like the study community where premarital stable sexual union is restricted. Sexual union is essential to give birth hence age at marriage affects the fertility. It is one of the factors that bring variations in mean CEB. The effects of age at marriage on fertility as expressed in terms of mean CEB in the study population is displayed below Table 6.3.

Table 6.3: Mean CEB by age at marriage of eligible women

Age at marriage	Number	Mean CEB
Below age 20	99	2.76
20 and above	17	2.47
Total	116	2.72

Source: Field Survey, 2008.

The negative relationship between age at marriage and fertility level has found except the women with below age of 20. Table 20 shows that the mean number of CEB 2.72. The age 20 and above is found that the mean CEB 2.47.

6.4 Mean CEB by occupation of women

Women hold the triple work responsibility of reproduction, house-holding and employment. Involvement in one of the above affects the involvement of others. Reproduction, one part of fertility behaviour, thus affected by the house-holding and employment both the terms are treated as occupation. One of the important determinants of fertility is the occupational status, which relates to fertility behaviour and contraceptive practices. The mean CEB by

occupation as reported by the respondents is shown in the Table 6.4.

Table 6.4: Mean CEB by eligible women's occupation

Occupation	Number	Mean CEB
Agriculture	10	1.80
Services	4	3.50
Household work	101	2.78
Daily workers	1	2.00
Total	116	2.72

Source: Field Survey, 2008.

Mean CEB of Women who reported themselves as house hold workers as their main occupation was found 2.78. They performed only double work responsibility, reproduction and house holding and socio-economic saved time probably concentrated a bit more towards the reproduction. Hence, they exhibited high fertility behaviour. Highest mean CEB is found in the service group but the conclusion could not be drawn due to the small number of sample i.e. only four. However, the mean CEB is found to be higher (2.00) of the daily workers women than the CEB (1.80) of women engaged in agriculture, even though we can conclude that the Dalit women's mean CEB is higher due to the mostly non-service and agriculture involvement.

6.5 Mean CEB by eligible women's husband's occupation

The involvement of women in any occupation plays some role to determine the fertility. Usually most of the women are engaged in agriculture; their household status is low in this community and cannot determine the number of desired children themselves. It is mostly determined by their husband and their occupational status is more important than their wife's. Hence, here we examine the mean CEB of women by their husband's occupation.

Table 6.5: Mean CEB by eligible women's husband occupation

Occupation	Number	Mean CEB
Agriculture	66	2.50
service	20	3.70
Business	9	2.78
Household work	7	2.29
Daily workers	5	2.00
Dependent	2	4.00
Total	109	2.73

Source: Field Survey, 2008.

According to the above Table 6.5 highest CEB (4.00) was observed for the women whose husbands were dependent. Similarly, those women whose husbands were service workers they had a lower CEB (3.70) than of business (2.78) workers. However both seem to be at higher level of mean CEB. The women whose husbands are engaged in daily workers sector they have lowest mean CEB of 2.00, about 1 child less than the others. Agriculture sector wife have higher CEB (2.50) than of the women's whose husbands are household workers (2.29).

CHAPTER VII

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter consists of core part of the thesis which presents the summary of the findings, conclusion and recommendations for policy making. There is close link between summary of the findings, conclusion and recommendations. Based on findings conclusions are drawn and according to conclusions recommendations are attempted in order to improve the women's status of the study area.

7.1 Summary of the findings

The following presentation highlights the characteristics as obtained from data collected.

7.1.1 Socio-economic characteristics

-) Higher proportion of the respondents is from Kami community which is accounted for 64.6 percent and is followed by Sarki (26.8%).
-) The majority of the respondents are reported Hindu religion which is accounted for 94.5 percent followed by Buddhist (5.5%).
-) The majority of the respondents are literate which is accounted for 82.8 percent and others 17.2 percent are illiterate.
-) About 36.5 percent of the respondents are engaged in student followed by housekeeping (26.3%).
-) About 50.4 percent of the respondents have semi-pakki house followed by pakki (27.6%).
-) Most of the respondents have own fixed toilet 89.0 percent and 11.0 percent have not any toilet.
-) Among the respondents most of the source of drinking water is tube well 93.7 percent followed by river/canal 4.7 percent.

-) Most of the respondents have electricity facility 116 people (95.9%) and followed by radio 94.2 percent.

7.1.2 Demographic characteristics

-) Among the 127 households, there are 843 persons. Out of them 43.53 percent are males and 56.46 percent are females. Among them 127 females are eligible for the interview.
-) Out of the total population 235 (27.9%) are aged 0-14 years 67.6 percent are age group 15-64 years and also 4.5 percent are 65 and above years.
-) Among the total population 344 persons (43.9%) are unmarried, 55.6 percent are married, 1.0 percent are widow and 0.5 percent are separated.
-) Among the eligible women (15-49) there is higher proportion in 45- 49 (23.6%).
-) Out of the eligible women 95 persons (74.8%) are native born and 32 persons (25.2%) are migrated.
-) Among the eligible women, 33 persons (26.0%) are age at menstruation is 14 years.
-) Out of the eligible women, there has age at marriage 110 person (86.6%) are married below age 20 years and (13.4%) 17 person are 20 and above years.
-) Among the eligible women there own occupation, 112 are engaged in household work and 1 person are engaged in daily workers.
-) Most of the eligible women's husband i.e. 69 persons (54.3%) are engaged in agriculture occupation.
-) Only 11 persons (8.7%) women did not give any birth and 116 (91.3%) women are give birth.

-) The highest proportion of ever heard of family planning 116 person (91.3%) and not heard of FP 11 person (8.7%).
-) Among the respondents who have heard about family planning 56.0 percent respondents reported that they have heard from radio followed by friends (24.1%).
-) More proportion of the respondents reported that they have ever used pills (48.8%) followed by female/ male sterilization (7.9%).
-) The women 21 persons (48.8%) are currently using family planning and 51.1 percent are not currently using.
-) Among the currently using FP obtain from hospital and health posts are 12 persons and FP centers are 5 persons.
-) Mean CEB of the respondents is found 2.72. There is the highest mean CEB 3.57 in the age group 45-49 years and lows mean CEB 1.56 in the age group 30-34 years.
-) The mean CEB of age at marriage for below age 20 is 2.69 and 20 and above age are 2.72.

7.2 Conclusions

Fertility of women is determined by the socio-economic condition of the women. In Nepal, caste system still determines various demographic and socio-economic variables. This is because the Dalit women were selected as study population for this study. It is inferable in Nepal that the women with so called lower caste have high fertility and low socio-economic condition. This is same for this study also. In this study, the fertility of women is found higher which is indicated by CEB 2.72 children per women. This may be because lower educational statuses in which about 76.4 percent women are found literate attended primary level and 11.8 percent have secondary education.

Talking about their occupation, over 88 percent of the women are engaged in household work similarly, knowledge and use of family planning methods are

also found very low. Among 91 percent of women have heard about family planning methods whereas national data indicates over 99 percent, the contraceptive prevalence rate is very low among the study women which was accounted for 33.9 percent. Ever use of contraceptive is also low.

7.3 Recommendations

On the basis of the above findings and conclusion the following recommendations are made. This study has found lower age at marriage associated with higher number of CEB. Therefore, there must be some social and legal attempts to rise the age at marriage.

In the study area, female respondent's education level is 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 women in child bearing aged should be launched.

Child loss experience has found the strongest relationship with mean CEB. Child loss promotes 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 lower fertility rate.

Knowledge and practice of family planning are dependent on the level of women's and men's education. In order to raise the knowledge and practice of contraceptives among currently married couple, formal education and non-formal educational programmes should be launched emphasizing and encouraging couples to use family planning methods.

The overall status i.e. educational status, occupational status and economic status are very low, so a special programmed is needed to raise the overall status of women.

The main reason for high fertility is the poverty. Therefore, there should be effective programmed to create employment opportunities self job beside household work and agriculture to improve the economic status of people.

7.4 Recommendations for future area research

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

-) This study covers only three castes of Dalit community that's why all other Dalit castes can be covered.
-) This study infers the fertility level of 127 women other studies can be done with more sample adopting other sampling methods.
-) There might be the similar fertility level between Dalits (lower caste) in the same area. Therefore, comparison study among Dalits and Non-Dalits can be done.
-) The difference between urban and rural Dalits can also be done.

REFERENCES CITED

- Ahcarya. L.B. 1998. "The Effect of Children in Infertility in Nepal", *Population Journal*, 1998 (Kathmandu: CDPS).
- Amin and Farauquee, 1980. "Fertility and its Regulation in Bangladesh", *World Bank Staff Working Paper*, No. 383 (Washington D.C. World Bank).
- APPC, 1992. *Country Statement of Japan*, The fourth Asian and Pacific Population Conference 19-27 August (Ali: APPC).
- Bhende, A. and Tara Kanitkar, 2001. *Principle of Population Studies*. (Delhi: Himalaya Publishing House).
- , 1994. *Principles of Population Studies* (Bombay: Himalaya Publishing House).
- Bishwakarma, P.L. 1998. *Utpidit Dalit Mukti Andolanko Sahi Disha, Samanta* (Kathmandu: Mukthi Samaj) 4 (4).
- Bongaarts, John and Robert G. porter, 1983. "Fertility, Biology and Behavior", *An Analysis of Proximate Determinants* (London: Academic press).
- Bouge, D.T., 1971. *Demographic Techniques of Fertility Analysis* (University of Chicago: community and family planning centre).
- Caldwell, John, 1976. *The Socio-economic Explanation of High Fertility, Changing African Family Project Series* (Canberra: The Australian National University).
- CBS, 1995. *Population Monograph of Nepal*. (Kathmandu: CBS).
- , 2003. *Population Monograph of Nepal*, Vol.1 P: 114 (Kathmandu: CBS).
- Dahal, Dilli R. 1989. "Demand Aspect of Fertility and Family Planning in Nepal" *South Asia Study on Population Programmed and Strategies* (Kathmandu: UNFPA), PP. 73-97.
- Devis, Kingsley and J. Blake, 1956. "Social Structure and Fertility: An analytical framework" *Economic Development and Social Change*, 4

- (3), 211-235.
- Freedman, R. 1982. "Fertility Decline Theories" in John A. Ross (ed), *International Encyclopaedia of Population* (New York: Free Press), PP 258-286.
- , 1995. *Programme on Population Research Report, No. 1* (Honolulu: The East-West Center).
- Harriet, B. presser, 1997. "Demography Feminism and The Science Policy Nexus", *Population and Development Review*, 23 (2): 295-331.
- Karki, Y.B. 2003. "Fertility Levels, Patterns and Trends in Nepal" *Population Monograph of Nepal* (CBS: 2003).
- Kattel, K.R. 2001. *Fertility Behaviour of Kumal Community, A case study in Charkartitha VDC, Lamjung: An Unpublished M.A. Dissertation* (Kathmandu: CDPS, T.U.).
- MoH, 2002. *Nepal Demographic and Health Survey* (Kathmandu: New Era).
- Mulmi, K.T. 1989. *A study on Urban Rural Fertility: A comparative Study of Pohara Gaun Panchayat: An Unpublished M.A. Dissertation* (Kathmandu: CDPS, TU).
- New ERA, 2006. *Nepal Demographic Health Survey 2006* (Kathmandu: MoH).
- Neupane, T.R. 1997. *Determinants of Fertility among Tharu Community in Saudiyar of Dang District: An Unpublished M.A. Dessertation* (Kathmandu: CDPS, T.U.).
- PRB, 2000. (Population Reference Bureau), *World Population Data Sheet*.
- , 2006, *world population data sheet* (Washington D. C. : PRB).
- Subedi, G. 1996. "The Cause of Unmet Need in Nepal" in BKKC (ed). *Population and Development in Nepal* Vol. 5:L45-48.
- Tuladhar, J.M. 1989. *The Persistence of High Fertility in Nepal*. (New Delhi: Inter India Publication).
- , 1989. "Discussion of Policy and Programme Issues", *South Asia Studies on Population Policies and Programmes in Nepal*. (Kathmandu: UNFPA).

United Nations (UN), 1973. *The Determinants and Consequences of Population Trends* (New York: Department of Economic and Social Affairs).

-----, 1996. *World Population 1996* (New York: Department of Economic and Social Information and Policy Analysis, Population Division).

APPENDIX

QUESTIONNAIRE

Tribhuvan University
Central Department of Population Studies
Kirtipur, Kathmandu

FERTILITY BEHAVIOUR OF DALIT COMMUNITIES IN NEPAL
(A Case Study of Manipur village of Parbatipur VDC-9, Chitwan)

QUESTIONNAIRE

SECTION I : BACKGROUND INFORMATION

A1. Household Number:

A2. Name of Household Head:

A3. Name of Respondent:

A4. Sex of the Respondent: Male.....1

Female.....2

A5. Caste: Kami.....1

Damai.....2

Sarki.....3

A6. Locality (*Tole*):

Date:

Section II : HOUSEHOLD SCHEDULE

SN	Name	Relationship to household head (see code)	Is this person male or female? (circle code)		How old is this person? (write completed age)	Aged 5 Years and Above Only		Can this person read and write in any language? (circle code)	What is the highest grade completed by this person? (see code)	What is the marital status of this person? (see code)	What is the principle occupation? (see code)	Circle number corresponding to the women aged 15-49 years
			Male	Female		Yes	No					
			201	202		203	204					
01		01	1	2		1	2					01
02			1	2		1	2					02
03			1	2		1	2					03
04			1	2		1	2					04
05			1	2		1	2					05
06			1	2		1	2					06
07			1	2		1	2					07
08			1	2		1	2					08
09			1	2		1	2					09
10			1	2		1	2					10
11			1	2		1	2					11
12			1	2		1	2					12
13			1	2		1	2					13
14			1	2		1	2					14
15			1	2		1	2					15
16			1	2		1	2					16
17			1	2		1	2					17
18			1	2		1	2					18

Codes for question 03 (col. 3)		Codes for question 07 (col. 07)		Codes for question 08 (col. 08)		Codes for question 09 (col. 09)			
Head	01	Brother/Sister	08	Below grade 1	01	Unmarried	1	Agriculture	01
Husband/Wife	02	Nephew/Niece	09	Below 1 completed	02	Married	2	Cottage industry	02
Father/Mother	03	Other relative	10	Grade 2 completed	03	Widow	3	Service	03
Son/Daughter	04	Servant	11	Grade 9 completed	09	Divorced	4	Business	04
Daughter/Son-in-law	05	No relation	12	Completed S.L.C.	10	Separated	5	Daily wages (agriculture) ...	05
Grand Child	06			Intermediate	12	Not stated	9	Daily wages (non-agriculture) ..	06
Father/Mother in law ...	07			Bachelor or above	14			Housewives/Housekeeping .	07
				Don't know				Doing nothing	08
								Student	09
								Currently not working	10
								Other specify	11
								Don't know	

HOUSEHOLD QUESTIONNAIRE

S.N.	Questions	Response Categories	Code	Skip												
1	What types of house do you have?	Pakki	1													
		Semi-Pakki	2													
		Kachchi	3													
		Others														
2	What is the main type of materials used in the wall of this building?	Cement, stone, bricks	1													
		Tin	2													
		Wood (Including plywood)	3													
		Bamboo	4													
		Straw	5													
		Mud/Slate/Brick (unbaked)	6													
		Mud/Slate/Brick (baked)	7													
3	How much land does your family own?	Cultivate land	1													
		Others	2													
4	Is there a fixed latrine for the exclusive use of this household?	Yes	1													
		No	2	Q.6												
5	If yes, mention the main type of latrine used?	Flush system	1													
		Water flow	2													
		Closed pit	3													
		Open pit system	4													
		Others														
6	Have you owned or installed the following facilities in this dwelling? Electricity Bio-gas plant Telephone Radio Television	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	Yes	No	1	2	1	2	1	2	1	2	1	2		
Yes	No															
1	2															
1	2															
1	2															
1	2															
1	2															
7	What are the sources of cash income of your family?	No sources	1													
		Service	2													
		Business	3													
		Manual labour	4													
		Remittance	5													
		Pension	6													
		Sale of Agro-products	7													
8	For how many months in a year does the income from all sources support your family?	Number of months														

9	Do you owe any debt at present?	Yes	1	
		No	2	
10	Are you indebted due to economic insufficiency?	Yes	1	
		No	2	
11	If indebtedness is due to insufficiency, for how many years are you indebted to support your family?	Number of months ...		
12	What is the main source of drinking water?	Piped water	1	
		Tube well	2	
		Open well	3	
		Water fall	4	
		River/Canal	5	
		Lake/Pond	6	
		Others		

SECTION III : INDIVIDUAL QUESTIONNAIRE

(To be asked to Married Women Aged 15-49 Years)

A. Individual Status

S.N.	Questions	Response Categories	Code	Skip
13	What is your completed age?	Years ...		
14	What is your religion?	Hindu	1	
		Buddhist	2	
		Others		
15	Where is your birth place?	Migrated	1	Q17
		Native born	2	
16	Where were you born?	District.....		
17	Which of the following facility do you have in your family?	Radio	1	
		Television	2	
		Telephone	3	
		Others		
18	Which of the following facilities do you have in your village?	Road	1	
		Electricity	2	
		Post office	3	
		School	4	
		Others		

B. Educational Status

19	Can you read and write?	Yes	1	
		No	2	
20	Have you ever gone to school?	Yes	1	Q. 24
		No	2	
21	If yes, what is the highest class you have passed?	Class.....		

22	Are you now going to school/college?	Yes	1	Q. 24	
		No	2		
23	If no, why didn't you to continue your further study then?			
24	Can your parents read and write?	Father	Yes	1	
			No	2	
		Mother	Yes	1	
			No	2	
25	What is your father's main occupation?	Traditional occupation		1	
		Agriculture		2	
		Business		3	
		Service		4	
		Foreign Employment		5	
		Others			

C. Occupation

26	What is your occupation?	Agriculture	1	
		Service	2	
		Business	3	
		Household work	4	
		Daily workers	5	
		Pension	6	
		Dependent	7	
		Industries	8	
		Student	9	
		Others		
27	What is your husband's occupation?	Agriculture	1	
		Service	2	
		Business	3	
		Household work	4	
		Daily workers	5	
		Pension	6	
		Dependent	7	
		Industries	8	
		Student	9	
		Others		

D. Marital Status

28	What is your marital status?	Married	1	
		Unmarried	2	
		Widow	3	
		Divorced	4	
		Separated	5	

29	What was your age at first menstruation?	Years		
30	How old were you at the time of your marriage?	Years ...		
31	How old was your husband at the time of your marriage?	Years		
32	Who mainly decided about your marriage?	Love marriage	1	Next sec.
		Parents/guardians	2	
		Relatives	3	
33	Did they consulted before they decided your marriage?	Yes	1	
		No	2	

E. Fertility Behaviour

34	Have you given birth?	Yes	1	
		No	2	Q. 44
35	If yes, what was your age at first birth of your child?	Age		
36	How many children you have born?	Son		
		Daughter		
		Total		
37	How many children are living with you?	Son		
		Daughter		
38	How many children are not living with you?	Son		
		Daughter		
39	Have you any children dead after born alive?	Yes	1	
		No	2	Q. 41
40	If yes, how many children were died?	Son		
		Daughter		
		Total		
41	Did you give any birth during the last 12 months period?	Yes	1	
		No	2	
42	How many additional children you desire to have?	Son	1	
		Daughter	2	
		Not any	3	
43	Why do you demand for additional children?	Husband desire	1	
		Family pressure	2	
		Fear of generation loss	3	
		Self interest	4	
		Religious belief	5	
	Others			

F. Family Planning

44	Have you ever heard about family planning?	Yes	1	<i>End of interview</i>
		No	2	
45	If yes, from where?	Radio	1	
		Television	2	
		Hospital	3	
		Relatives	4	
		Health Post	5	
		Friends	6	
		Husband	7	
		Family Planning Centres	8	
		Others		
46	When did you know about family planning methods?	Before marriage	1	
		After marriage	2	
		No remembrance	3	
47	Which of the following method have you heard?	Pills	1	
		IUD	2	
		Depo	3	
		Female sterilization	4	
		Male sterilization	5	
		Condom	6	
		Norplant	7	
		Kamal	8	
		Withdrawal	9	
		Safe period	10	
		Injectable	11	
		Others		
48	Have you ever used any family planning method?	Yes	1	
		No	2	Q. 55
49	If yes, which method have you used?	Pills	1	
		IUD	2	
		Depo	3	
		Female sterilization	4	
		Male sterilization	5	
		Condom	6	
		Norplant	7	
		Kamal	8	
		Withdrawal	9	
		Safe period	10	
		Injection	11	
		Others		
50	Are you currently using any contraception method?	Yes	1	
		No	2	Q. 55

51	How long have you been using?	Years		
		Months.....		
52	Who encouraged you to use contraception?	Husband	1	
		Yourself	2	
		Friends	3	
		Health	4	
		Workers	5	
		Relatives	6	
		Others		
53	From where did you obtain this contraception devices?	Hospital	1	
		Health Post	2	
		Pharmacy	3	
		Family Planning Centres	4	
		Friends	5	
		Health Workers	6	
		Relatives	7	
		Others		
54	Why do you use this method?	Birth interval	1	
		Avoid pregnancy	2	
		Don't want more children	3	
		Easy to use and available	4	
		Low side effect	5	
		Others		
55	Have your husband ever used contraception?	Yes	1	
		No	2	Q. 57
56	If yes, which method?	Condom	1	
		Sterilization	2	
57	Have you ever gotten pregnancy while using a family planning method?	Yes	1	
		No	2	Q. 57
58	If yes, which method?	Pills	1	
		IUD	2	
		Depo	3	
		Female sterilization	4	
		Male sterilization	5	
		Condom	6	
		Norplant	7	
		Kamal	8	
		Withdrawal	9	
		Safe period	10	
		Injectable	11	
		Others		

59	If no, why?	Due to long distance	1	
		Don't know the place of availability	2	
		Due to afraid of losing health	3	
		Due to want another child	4	
		Due to side effect	5	
		Expensive	6	
		Husband disagree	7	
		Religion	8	
		Family decision	9	
		Others		
60	Is it easy to obtain contraceptive method?	Yes	1	
		No	2	
61	Do you want to use any method in future?	Yes	1	
		No	2	
62	If yes, what is that method?		

Thank You