CHAPTER – I

INTRODUCTION

1.1 General Background

Fertility is one of the major components of population change. It differs from one group of population to another. This has a greater significance than mortality in most of the countries. Between these two components, mortality is comparatively low and stable in majority of the countries. The study of fertility is more complicated than mortality in the context of population change. This could be due to various factors including the fact that birth to women is a recurrent event unlike death. Various measure have been developed to get estimates of fertility controlling the extraneous factor that confound its interpretation (Shryock and Siegel, 1976).

Fertility is the childbearing performance of individuals, couples and group of women. It is contrasted with fecundity, which is the biological capacity to reproduce which may or may not be equal to fertility. Measures of fertility normally refer only to live birth (Pressat, 1985).

Fertility refers to the actual reproduction performance of an individual or couple. Today this world is facing the problem of high fertility rate contributing to the high population growth. According to the UNFPA report, the population of the world has reached 648 million on 11 July 2006. Demographically, we can classify world in two types namely developed and developing countries. Between them, developing countries are facing the problem of high population growth like in Nepal. The first census was taken in 1911 A.D. in Nepal. According to the first census of 1911, the total population of Nepal was 5638749. The earlier censuses of

Nepal (1911, 1920, 1930, 1942) were not in modern sense. In Nepal, ten censuses have been completed (1911 to 2001). During the last 90 years, Nepal experienced many demographic changes, the population of country increased about four times. The population of Nepal in 1911 increased to 2,31,51,423 in 2001. During the census period (1920-30), the population growth rate was –0.07 percent. In census years 1941, 1952/54, 1991 and 2001, the population growth rate was 1.16, 2.27, 2.1 and 2.25 percent respectively. According to the 10^{th} census report, TFR was 6.3 in 1981, 5.6 in 1991 and 4.1 in 2001 (CBS, 2003).

The TFR of Nepal is higher than in other countries, like Bangladesh (3.0), India (3.0), Sri Lanka (2.0), Japan (1.3), Sweden (1.7), Australia (1.8), USA (2.0) and Germany (1.3) (PRB, 2006), in 2001, CBR is 33.1 and CDR is 9.6 per 1000.

There are several factors, which are leading to increase fertility. These are: low educational status, low economic status, lack of awareness towards fertility, contraceptive users, religious superstition, child marriage, re-marriage, illegal abortion, contraceptive failure, unwanted pregnancy. Incase of high fertility rate, development facilities cannot reach easily to all people. In this situation the people are going to be poor. In the poor community the fertility rate is found high. In the process of development the higher level of occupation are associated with lower level of fertility (Tuladhar, 1997).

Nepal is a poor country. The large numbers of peoples are poor which directly affect fertility. Most of the peoples are illiterate in Nepal. It means the large number of peoples don't know the bad effect of high fertility. Fertility is also affected by religion. In Nepal, the large numbers of peoples follow Hinduism. This religion gives most priority to son.

According to this religion son is the only person who care in old age and perform ritual performance after death. So desire of a son is high in Nepal and its leads to high fertility.

Nepal is an agricultural based country the large number of people are involved in agriculture sector. This occupation encourages to have more children to meet the demand of labourers. They believe in more hands. So they want to produce more children in their family, which ultimately results in high fertility.

Health, family planning and educational variables are regarded as indicators of fertility and mortality behaviour. The number of social, economic and cultural factors may either encourage or discourage fertility.

Employment is one of the most important variables to have women's control over their own fertility. Employment is needed for all to fulfill our needs. If people cannot get employment opportunities, they are unable to get basic needs. In this situation they might want to have sexual intercourse with their life partner, which increase fertility.

Nepal is a multi caste ethnic country. Among them, Majhi is one of the major ethnic groups of Nepal. In ninth census, 60 ethnic groups were identified, among them Majhi is one of the major groups. In tenth census 2001, 102 ethnic groups were identified Majhi is in 42nd position. According to the tenth census, total population of Majhi is 72,614 (0.32 percent) where the number of male is 36367 and female is 36247 (CBS, 2001).

Most of the Majhi communities reside in rural areas of the Hill and Terai region of Nepal. They mainly depend upon agriculture, labour force,

army, business and foreign employment. They have low economic status and low educational enrollment. So high fertility behaviour is found in Majhi communities. In the Majhi community, the deep rooted natural and religious factors influence on fertility behaviour. Most of the Majhi populations are illiterate; they are not aware about the bad effect of rapid population growth. So this study has tried to find out the fertility situation of Majhi community in the study area.

1.2 Statement of the Problem

The high fertility rate is not the problem of a single country. Most of the developing countries are suffering from such type of problem. The total fertility rate (TFR) of Nepal was recorded as 4.1 per women (2001), which is comparatively higher than the other countries like Bangladesh (3.0), India (3.0), Sri Lanka (2.0), Japan (1.3), Sweden (1.7), Australia (1.8), USA (2.0) and Germany (1.3) (PRB, 2006). Crude birth rate (CBR) of Nepal is recorded 33.1 per 1000 population, which is higher than other neighboring countries. Nepal is an agriculture-based country; the large numbers of people are engaged in agriculture sector. According to the census 2001, the literacy rate is 53.7 percent in Nepal. Among total female population, only 42.5 percent females are literate. According to the tenth census report, the population of Majhi is in 42nd position in Nepal and is 0.32 percent of the total population. The lowest cast showed higher fertility in each age group while compared to upper caste women (Brahmin, Chhetri). The ethnic diversity also makes difference in the fertility rate in society. The minority group exhibits a high fertility rate in comparison to the majority groups Nepal is a multi ethnic, lingual and religious country. In reality some are very high socio-economic position and some are in low condition. The society can be divided in two caste

groups as upper and lower groups. Between lower and upper cast groups, lower cast group is going lower day by day. So they have high fertility behaviour than upper group. They have also low educational status and live in remote areas. Among them, Majhi community is one of the suffering ethnic group. The reason of high fertility rate in Nepal are low status of women, low educational status, high infant mortality, economic value of children, importance of son, traditional beliefs, child marriage system, high poverty, unequal distribution and low coverage of family planning programmes. There are several studies in fertility behaviour with respect to different ethnic groups. But a few studies only have been carried out especially in Majhi community. So it is essential to focus on fertility behaviour among Majhi community. This study mainly contributes in the academic as well as policy level to address the population issue by ethnicity.

This study aims at revealing the improvement in fertility behaviour in the community and their experience with the use of contraceptive methods. This study also tries to find out the fertility behaviour with socio-economic and demographic variables in the community.

1.3 Objectives of the Study

This study generally focuses on the causes and impact of high fertility in the study area. The general objective of the study is to assess the fertility behaviour of Majhi community. The specific objectives of this study are as follows:

- To determine the socio-economic characteristics of respondents in the study area.

- To find out the family planning knowledge practices and their effects on fertility among Majhi community in the study area.
- To identify the relationship between CEB and demographic and socio-economic characteristics.

1.4 Significance of the Study

This study is designed to examine the fertility behaviour of Majhi community in Karmaiya VDC (Sarlahi). The main purpose of this study is to find out the various socio-economic and demographic aspects of fertility in Majhi community. In this community fertility rate, poverty and illiteracy are high. So this study is important to know the fertility behaviour of Majhi community.

Fertility start from 15 years and end after 45 years among women. This period is mostly concerned with their fertility behaviour. So this study mainly focus on the ever-married women (15-49) years. The major significance of the study are as follows:

- This study will be useful for local level governmental/non-governmental organization as base line study in the field of fertility behaviour.
- This study helps the local people to understand the reason why the fertility rate is high in Majhi community.
- The result of the study will be helpful to women to control their fertility behaviour.
- This study also gives some recommendation for policy makers as well as programme planners to make plan and programmes for Majhi communities.

- This study will be useful as a guideline for further research in similar studies in Majhi community.

1.5 Limitation of the Study

It is difficult to cover all of the area of nation. So this study is limited to the following points.

- This study is limited to the ever-married women aged (15-49) of Majhi community of Karmaiya VDC.
- This study is only based on fertility behaviour of Majhi community of Karmaiya VDC.
- This study is based on the general socio-economic study of the study population and married women.
- This study is based on some selected variables to describe the status of women and its relationship with fertility.

1.6 Organization of the Study

This study is organized into seven chapters. The first chapter covers the introduction, which includes background, statement of the problem, objectives, significance, limitations and organization of the study.

The second chapter covers the literature review, which includes theoretical and empirical literature and conceptual framework.

The third chapter is concerned with the methodology of the study, which includes framework of the study, sample design, questionnaire design, source of data and data tabulation and analysis.

The fourth chapter provides the characteristics of the study population, which includes socio-economic and demographic characteristics of the population in the study area.

The fifth chapter contains the core part of the analysis of study. This chapter deals with the analysis of study. Women's characteristics such as age distribution, age at first menstruation, age at first marriage, age at birth, number of children, ideal number of son and daughter, family planning knowledge and use and their relationship with CEB.

The six chapter contains relation of CEB with different variables are presented.

The seven chapter covers the summary, conclusions and recommendations of the study.

CAHPTER - II

LITERATURE REVIEW

This chapter attempt to review some relevant past studies of fertility behaviour. It is divided into two parts, first one is theoretical and another is empirical. The chapter further represents the conceptual framework for the study on the basis of findings in literature review. This conceptual framework determines the boundaries and criteria of the study.

2.1 Theoretical Literature

There are various theoretical and empirical literature in the study of fertility. Fertility is determined by different physiological factors and their interplay with social, economic, and cultural factors.

(Rijal and Shrestha, 1989) has said that fertility behaviour of any groups and community is affected by caste, ethnicity, religion, cultures, women's education, occupation, sex performance, use of contraceptives and age at marriage. In the case of those variables, Brahman, Chhetri and Newar have lower fertility levels than other ethnic groups.

In the context of fertility behaviour, Bongaarts (1983) has indicated seven sets of variables, which affect fertility. These are age at marriage, marital disruption on site of permanent sterility, duration of post partum infecundability, use and effectiveness of contraception, induced abortion and spontaneous intrauterine mortality. He attributed variations in TFR to four determinants, which are proportion married, prevalence of contraception, post partum infecundability and abortion. Frank Notestaine (1946) has summarized the various steps of fertility and mortality in demographic transition theory. This theory explains from the state of high fertility and mortality to a state of low fertility and low mortality with the

improved social, economic and demographic status of every country. This transition theory is generally based on European countries and some other developed countries. According to Frank Notestaine (1945) in a traditional society fertility and mortality levels are high which can fall down rapidly because of economic and social status change including rising level of living standard, better nutrition, education and control of different types of diseases emphasized by Notestaine in his fertility theory.

Davis and Blake (1956) developed an analytical framework for the comparative sociology in fertility. They defined a set of eleven variables that they called "intermediate variables". This framework provides a classification of the intermediate variables which any social factor influences the level of fertility. These are intercourse conception and gestation variables. On the basis of this classification of variables, Davis and Blake then proceeded to examine how some types and elements of social organization enhance social fertility. The intermediate variables are viewed being directly related to specific aspects of the social and economic structure as income, education of wife, occupation of husband, area of residence and some summary index of overall social and economic status or indirectly related to social and economic status or social norms or standards of behaviour, regarding family size and the intermediate variables themselves.

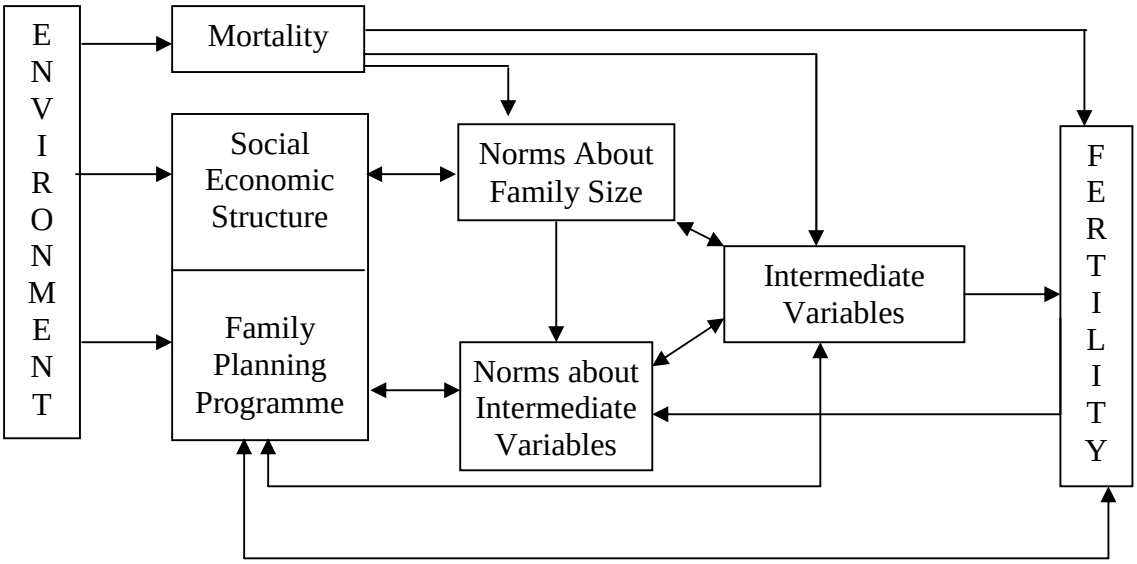
In a sociological framework for the study of fertility presented by Freedman, he argued that the intermediate variables proposed by Davis and Blake are not always used to limit fertility and often their effect on fertility is an unintended result of cultural patterns in 1982, Ronald Freedman developed a model for the sociological framework of fertility in this model he introduced two types of norms about fertility. These

norms are as norms about family size and norms about intermediate variables. Family planning programme is considered as one of the social programme that has a goal to reduce fertility that may influence the norms about family size and norms about intermediate variables, which in turn affect fertility behaviour. (Tuladhar 1989, 43-44)

The theory of diffusion explains how the concept of birth control spread all over the world. According to this theory fertility has been declining, attitude and practices conductive to diminishing fertility have been adopted first by the better educated, wealthy and high social status groups of the city population and transferred in duration of time to intermediate and lower status groups and to the rural areas.

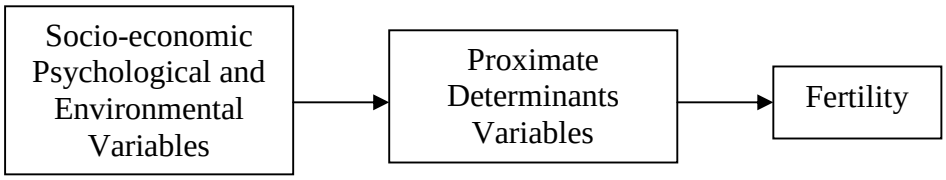
The theory of diffusion of cultural pointed out that the decline in birth rate in western countries was due to change on values and attitudes towards reproduction, resulting in the deliberate use of methods of birth control. This included contraception, abortion and voluntary abstinence (Bhande and Kanitkar, 1996-24). Bhende and Kanitkar have shown a framework of fertility in their book "Principle of Population Studies" in fertility chapter. This framework has been shown below.

Figure 2.1: Sociological Framework of Fertility



Source: Freedman, 1982, P. 279

Figure 2.2: Proximate Determinant Framework



Source: ROSS John, 1982, P. 276

Dahal (1992) analyzed the determining factors of high fertility and found that Nepalese society, such as high economic and social values of children low education and social status of women, poor health and insufficient nutritional food, inaccessibility of quality of family planning and its unmet demand are determining factor of high fertility in Nepal.

Tuladhar (1989) examined the persistence of high fertility in Nepal using data from Nepal fertility survey 1976. He found that higher infant mortality levels, joint family system, early marriage system, low education status, low working status of women are main contributing factors of high fertility in Nepal.

2.2 Empirical Literature

This part present the review of empirical literature related to fertility and other socio-economic and demographic variables studied in Nepal and other countries. The main factor of population increase is low level of mortality and high level of fertility rate. This type of demographic status in Nepal gives the Nepalese population growth rate 2.25% annually (2001 census report). Some of the variables regarding the determinants of fertility are selected and presented below.

2.2.1 Education and Fertility

In the context of fertility, education plays a vital role. Education and fertility have close relationship between them. It is directly related to determine fertility behaviour of human being. Education and fertility are related. Increase in education level decrease fertility rate and decrease in education level increase fertility among the women with elementary level of education than graduate in U.S.A (UN, 1973).

Education has been considered as a catalytic agent to reduce fertility in Nepal. Educated women are more aware of the issue of quality of children than non-educated (Rijal and Shrestha, 1989). In Nepal, the average number of CEB is 1.9 for literate women specially for primary education and 1.5. For graduate which is lower than literate with CEB 2.8 (CBS, 1991) ICPD 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 education of women and girls contributes to women's empowerment, to postponement of marriage and to reduction in family size (UN, 1994). In Nepalese context, where many women are out of education facility, women who have no education have 3.5 CEB, primary education 2.4 and secondary have 2.1

only. CEB of a woman whose husband is illiterate is 3.6, with primary education 3.1 and secondary 2.7 (Acharya 2000).

Literacy rate is increasing day by day in Nepal. According to 10th census report total literacy rate is 53.7 percent. 10th census report has showed male literacy rate 65% and female 42.5%. This data shows the great difference between male and female literacy rate. Social status of women in society is low which restricts their mobility out side home and encourage the system of early marriage. The education status of women is more catalytic in reducing fertility than that of husband (Dahal, 1999).

2.2.2 Occupation and Fertility

Occupational status poses indirect relationship with fertility. It is one of the determining factors of fertility. Increasing occupational opportunities in the country give individuals to go outside home, which help to reduce the level of fertility (Dahal, 1993:85). The level of fertility is observed in 1961 for professional and technical workers, administrative and clerical workers (1.6) CEB compared to sales (2.4), farmer (2.7) production and labour (2.3) and other occupation (2.1) CEB (CBS, 1995:79)

The employment might signal increased resources and status of women. The key to whether female employment affect demographic change lies in whether work translates into increase in power for women. In most countries of the world, women who work for cash have fewer children than those who don't work for cash.

In the context of Nepal, the non-agricultural work has increased in all sectors. Nepal is an agricultural based country. Nepalese female are still concentrated in agricultural sector than male. About 48 percent of female are working as agricultural labourers and 73 percent of economically active women are engaged in agricultural (Acharya 2003:237). In the

rural area, women are working on their farm or work as agricultural or wages labourers (Dahal, 1992:5).

In order to reduce poverty in Nepal, it is highly important to effectively implement fertility reduction programmes. Various studies show that since 1970, developing countries with lower fertility have slower population growth with higher productivity more savings and more productive investment. Economic growth, investment in health, education and gender equality, family planning programmes and population assistance were responsible for almost one third of the global decline in fertility from 1972 to 1994. These social investment attack poverty directly and empower individual specially women. (CBS, 2003).

2.2.3 Age at Marriage and Fertility

Age at marriage is also one of the determinants of fertility. There is inverse relationship between age at marriage and fertility in Nepal. In the context of Nepal, age at marriage is found to be lower than developed countries with 15.4 years for females and 19.5 years females in 1991 (MOPE, 2000). In Nepalese society is the sexual function is allowed before marriage. Nature has given a lot of sexual capacity for every male and female. So, they want to fulfill sexual desire but our society does not allow such type of function. So, marriage is very essential in our society.

The values of SMAM have increased by three years for males and four years for females since 1961. In 2001 the values are 23 years for males and 20 years females. These data show a definite decline in male females difference in SMAM from 4 years during the early 3 decades (1961-1991) to 3 years during the immediate last 4 decades (1961-2001) (CBS 2003).

A study shows that women marrying at 20 and 24 ages have similarly fertility; if the marriage age reached 35 or over would there would be a significant reduction of fertility. This type of delayed marriage is one of the most important ways to reduce high fertility in Nepal (Karki, 2003).

The number of CEB is affected by the socio-economic condition of the people in the country. The empirical studies have shown that number of CEB and poverty are positively associated like Nepal. The maternity health and family planning are interrelated and they have an impact on quality of population. The mean number of CEB per women (15-49) years is estimated to be 2.4 (NLSS 2003/04). As expected this increases with age group of women. Rural areas have more children per woman than urban areas. The estimated TFR is 4.1 per woman in 2001. Census report 2001 shows TFR to range from 3.7 to 3.9 (CBS, NLSS, 2003/04).

Marriage is one of the proximate determinants of fertility, and others are contraception, abortion and breast feeding/(Bongaarts and Potter, 1983). According to Acharya the mean age at marriage is 13.4 years for the women with 5 children ever born. The correlation between age at marriage and child ever born was found to be -0.4172 in a study in Hill village of western Nepal. According to 10th census report 2001, 94 percent of the women and 81 percent of the men were married before they reached the age of thirty; nearly 2 percent of the 10-14 years girls and 33 percent of (15-19) girls were already married (Acharya, 2003: 222). According to 10th census report male and female age at marriage are 21.9 and 19.5 years.

Age at marriage must be high because it helps to reduce fertility, which help to control population growth of the countries. Early marriage increase fertility rate, which is popular in Nepal. So, Nepalese population is increasing rapidly day by day and in this situation-delayed marriage

must be emphasized in the context of Nepal. Therefore the examination of fertility by age at marriage provides much clear ways to arrest problem of high fertility to Nepal.

2.2.4 Infant and Child Mortality and Fertility

Morality and fertility have strong relationship between them. Mortality is that component which helps to reduce population. Poor health facility, low nutrional food, more children are causes of dying and the risk of dying is still aggregated if they are born to very younger older mother short interval and with many children (cited in pant 1999). Higher IMR and CMR had to higher fertility rate. Women whose experience of no child loss has 2.5, with one child loss 4.3 and those with two or more child loss 6.5 CEB. Therefore women with higher loss experience have higher CEB (Acharya, 2000).

Adhikari clearified in different points of high IMR and CMR in 1996. According to Adhikari the poor level of social and economic development is the most important factor for high level of infant mortality and fertility. Poor health facilities services, lack of nutritional food, sanitation of the reproductive aged women impair the personal health of mother and children in Nepal (New Era, 1986). A close relationship is found between IMR and CEB. Knowndel (1997) exhibited a strong correlation between level of infant mortality and fertility from data of nineteenth century of Germany. According to (NFHS, 1996) there is a close relationship between survivorship of previous child and birth interval (NFHS, 1991) Reproductive performance is affected by the experience of child loss which affect the number of CEB (Adhikari, 1996).

Fertility and infant mortality have interdependent relationship between them which suggest that reduction in IMR and CMR will trigger a subsequent decline in fertility; it has also found that lower IMR motivates couples to produce less number of children (Karki, 2003).

According to tenth census report 2001, child mortality rate is 91.2 per 1000 children or 91.2 will die before they reach the age of 5 years and infant mortality rate is 64.4 per 1000 live births (Karki, 2003).

2.2.5 Family Planning and Fertility

Family planning is one of the most important way to population control of the country. It helps to control fertility. In Nepal, Family planning programme is not successful than other developing and developed countries. There are many causes available in Nepalese society which obstacle to have effective of family planning programme. These causes are social, economic, cultural, psychological and other variables which affect the demand for children. Knowledge of contraceptive methods is presented for ever married and currently married women and men by specific methods finding from the 2001 NDHS shows that knowledge of at least one modern methods of family planning is nearly universal in Nepal with little difference between women and men. The most widely known modern contraceptives methods among both ever married and currently married women are female sterilization 99 percent, male sterilization 98 percent, injectables 97 percent, the pills 93 percent and condoms 91 percent. 54 percent of currently married women and 69 percent of currently married men used a method in the past in the past and 50 percent of currently married women and 63 percent of currently married men have used a modern method. Among currently married women the most commonly used modern methods were injectables 21 percent, female sterilization 15 percent, pills and condoms percent each

and male sterilization 7 percent. Among currently married men use of condoms 35 percent was highest followed by injectables 22 percent, female sterilization 17 percent and pills 14 percent.

The 2001 NDHS 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 use of modern methods from 26 percent in the 1996 NFHS (Pradhanet.al, 1997)

There are substantial difference in the use contraceptive methods among sub group of currently married women and men. Women in urban areas are more likely to use a family planning than rural areas. Urban women are likely to be educated than rural women. The CPR for any methods is 62 percent in urban areas compared with 37 percent in rural areas. The difference is largely due to more women in the urban areas using modern contraception 56 percent than in the rural areas 33 percent. In the public sector, 27 percent of users obtained their contraceptives methods from government sub-health post and 26 percent from mobile camps. In the most commonly used source providing contraceptive methods to 6 percent of all users of modern methods.

In 1998, K.C. reported that only 38.4 percent of women with 4 living children had used contraception and 40.5 percent of women with 3 and more living sons. It shows that women who have few sons do not use contraceptive device and women who have more living sons use contraceptive. In the context of Nepal, 34 percent of reproductive women with five children use contraception in 1996 (Acharya, 1999).

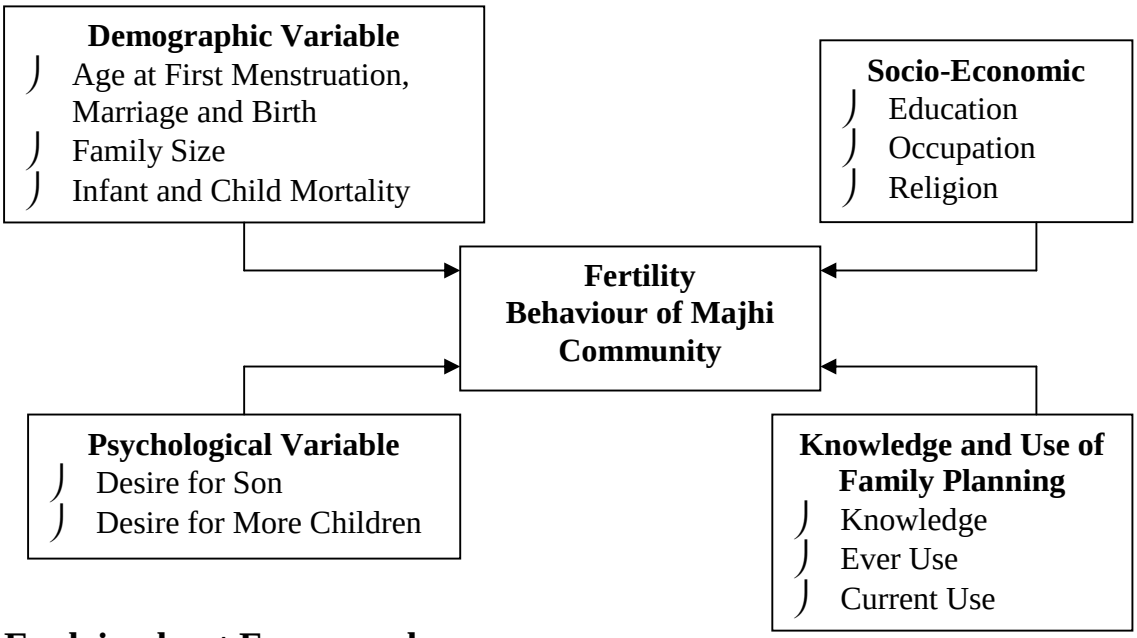
In Nepal, different sectors are working to reduce fertility rate. These sectors are HMG, NGOS and INGOS which are trying to reduce fertility by launching family planning programme and increasing the percent of

contraceptive users but they are not get successful because there are several obstacles in Nepalese society. These are social, economic, cultural psychological and other. So, fertility rate is also high in Nepal.

2.3 Conceptual Framework

The above reviewed literature provides important basis for the establishment of relationship between variables and fertility. This literature review suggests that socio-economic, demographic and psychological variables are important for determining the fertility behaviour of woman. The basis of literature review the conceptual framework is formulate to show how the variables affect children ever born to ever marriage women of reproduction age.

Figure 2.3: Conceptual Framework



Explain about Framework:

This figure shows the conceptual framework of the study. In this framework four variables are given as demographic, socio-economic, psychological and other. These are related with fertility behaviour. These are the determining factors of fertility behaviour of women which affect children ever born to ever marriage women of reproduction age.

CHAPTER - III
METHODOLOGY

3.1 Framework for the Study

This study is based on "Fertility Behaviour Of Majhi Community of Karmaiya VDC. For this study mainly three types of variables are used namely Socio-economic, demographic and Psychological. These variables are important for determining the fertility behaviour of woman. This framework is formulated to show how the variable affects children ever born to ever married women of reproductive age.

a. Independent Variables

i. Demographic Variables

- ❖ Age at marriage.
- ❖ Family Size

ii. Socio-Economic Variables

- ❖ Education
- ❖ Occupation
- ❖ Religion

iv. Family Planning

- ❖ Current Use.

b. Dependent Variables

i. Children ever born

3.2 Source of Data

There are mainly two sources of data collection, one is primary and other is secondary. In this study primary source is used for data collection. The data are collected from the field survey by interview method. The secondary data are also used to ascend and enhance the study, which are collected from other publications.

3.3 Sample Design

The sample survey was designed for the population of Majhi community only which was selected in Karmaiya VDC of Sarlahi district. According to 2001 census report, there are 60 households of Majhi community in Karmaiya VDC. All of them are selected. Only ever married women of ages 15-49 years in every household were selected as respondents.

3.4 Questionnaire Design

The questionnaire was designed to obtain information on demographic and socio-economic information age, sex, education, occupation, martial status, family planning and relationship with head of household to each member of the household.

- A questionnaire was used as a major tool for primary data collection. There were two types of questionnaire used namely household questionnaire and individual questionnaire. The household questionnaire asked to the head of the household and individual questionnaire was asked to married women of reproductive (15- 49) years of age.

3.5 Methods of Data Collection

The questionnaire was originally drafted in English and then translated into Nepali. The questionnaires were asked to the respondents by visiting door to door to collect information. Before starting the interview, researcher introduced himself to the respondents and explained the purpose of study. Researcher had collected necessary information by talking in a friendly manner on the basis of questionnaire.

3.6 Data Tabulation and Analysis

The information was collected from the field survey, which was analyzed by constructing necessary tables. For this, the collected data were tabulated in terms of charts, percentages, ratios, mean tables and frequency distribution.

CHAPTER – IV

SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE STUDY AREA

In this chapter, characteristics of the households are described. The main theme of the study is to relate the socio-economic and demographic characteristics with women's fertility behaviour. Family status also determines the women's status, which ultimately determines the fertility and family planning status of women. In this section selection of the study area and introduction of the study area are also described.

4.1 Selection of the Study Area

In this study, Karmaiya VDC of Sarlahi district is selected as a study area. In this VDC five wards are chosen where selected cast is living. These wards are 3,4,5,7 and 8.

4.2 Introduction of the Study Area

Karmaiya VDC is in Sarlahi district. This district lies in central Development Region and Janakpur Zone. According to geographical division of Nepal, this VDC is situated in Terai region. Similarly, according to the political division, it is situated in constituency number five of Sarlahi district. This VDC has more facilities than other neighboring VDC. The main highway of Nepal, is known as Mahendra highway which cross the Karmaiya VDC. Fertile land, education, health facilities, transport, irrigation, communication, water-supply and electricity facilities are available in this VDC.

4.3 Demographic Characteristics

Fertility is a demographic variable. The large number of family members in a household creates more problems in the family. In this situation women are unable to achieve different facilities in the family, which affect fertility. This section, deals with households characteristics such as household size, economic status of the household, facilities, religion etc.

4.3.1 Age–Sex Composition

Age and sex composition are demographic factors which ma y or may not equal. The study area's and National wise age-sex composition has given in table 4.1.

Table 4.1: Percentage Distribution of Household Population by Age-Sex Composition in the Study Area

Age – Sex Composition of Study Area							2001 (Age – Sex Composition of Nepal)	
Male			Female					
Age - Group	No.	%	No.	%	Total	%	Male	Female
0 – 4	31	16.0	40	18.5	71	17.3	12.3	11.9
5 – 9	42	21.6	48	22.2	90	22.0	14.4	13.9
10 – 14	32	16.5	46	21.3	78	19.1	13.5	12.7
15 – 19	15	7.1	19	8.8	34	8.3	10.4	10.6
20 – 24	13	6.7	9	4.2	22	5.4	8.3	9.4
25 – 29	8	4.1	10	4.6	18	4.4	7.2	7.9
30 – 34	18	9.3	21	9.7	39	9.5	6.4	6.7
35 – 39	10	5.2	10	4.6	20	4.9	5.7	5.8
40 – 44	15	6.7	6	2.8	19	4.6	4.8	4.8
45 – 49	5	2.6	2	0.9	7	1.7	4.1	4.0
50 – 54	4	2.1	2	0.9	6	1.5	3.5	3.3
55 – 59	-	-	2	0.9	2	0.5	2.8	2.5
60 – 64	2	1.0	1	0.5	3	0.7	2.3	2.3
65 +	1	0.5	-	-	1	0.24	4.2	4.2
Total	194	100.0	216	100.0	410	100.0	100.0	100.0

Source: Field survey 2006 and CBS 2001

Table 4.1 shows the age-sex composition of the study area. The age, sex composition of the study area is compared with national age-sex composition. Above data show that age-sex composition of the nation and the study area have similarity.

4.3.2 Family Size

Family size refers to the numbers of family members in household. We can classify family in to two types as nuclear and joint family. Between them, the concept of nuclear family is increasing day by day in modern society.

Majority of families in Majhi community are nuclear family but, a few families have joint family system. In modern society people are attracted towards in small family because they have known that small family is a way to get different opportunities easily than large family. Respondents were asked about the family size in their household. Responses are tabulated in table 4.2.

Table 4.2: Percentage Distribution of Households by Family Size in the Study Area

Number of Family Members in the Household	**Number of Household**	**Percentage**
Less than 4	5	8.3
4 – 6	29	48.3
7 – 9	22	36.7
10 and above	4	6.7
Total	60	100.0

Table 4.2 shows that most of the households have four to six members in their family, which is 48.3 percent of total households. Similarly, 36.7 percent of the households have 7–9 members, 8.3 percent of the

households have less than 4 members and 6.7 percent of the households are found having 10 and more members.

4.3.3 Sex Composition and Family Size

Sex composition is a demographic factor. In the context of Nepal, Female population is more than male population. In the study area, where is also more female population than male, which is tabulated 4.2.

Table 4.3: Percentage Distribution of Households by Sex Composition in the Study Area

Number of Household Member	Number of Households	Sex Composition			
		Male	Percentage	Female	Percentage
Less than 4	5	7	3.6	8	3.7
4 – 6	29	75	38.7	78	36.1
7 – 9	22	90	46.4	106	49.1
10 and above	4	22	11.3	24	11.1
Total	60	194	100.0	216	100.0

Table 4.3 shows that 5 households have less than 4 members with 3.6 percent male and 3.7 percent total female population. There are 29 households with 4–6 members, which consist of 38.7 percent male and 36.1 percent total female population. Similarly, 4 households have 10 and above members with 11.3 percent male and 11.1 percent female population.

4.4 Socio-Economic Characteristics of the Study Population

In this topic, socio-economic characteristics of households are included, religion, education, income, household facilities and landholding status.

4.4.1 Religion

Nepal is a small country. But it has multi religious people. Most of the people are Hindus in Nepal. According to tenth census report (2001) 80.6 percent people are Hindus, which is less than ninth census report (1991) report. It shows that Hindu populations are decreasing and other religious people have been raised as Boudha, Christian and Islam. According to religion people may have different beliefs, which directly or indirectly affect the fertility. In this study also the respondents were asked their religious status. The responses are tabulated below:

Table 4.4: Percentage Distribution of Households by Religion in the Study Area

Religion	Number of Households	Percentage
Hindu	47	78.0
Boudha	3	5.0
Christian	10	17.0
Total	60	100.0

Table 4.4 shows that most of the respondents are Hindu, which is accounted for 78 percent. Similarly 17 percent of the respondents are Christian and 5 percent of the respondents are Boudha in the study area.

4.4.2 Educational Status

Education is a basic requirements for enhancing social, economic and political development. It also affects fertility. In the study area, most of the peoples are illiterate which is accounted for 58.5 percent which leading to increase fertility in the study area. The respondents were asked about education. The responses are tabulated in table 4.5.

Table 4.5: Percentage Distribution of the 6 years and above population by Education in the Study Area

Educational Status	Male	Percentage	Female	Percentage
Literate	78	48.8	58	33.7
Illiterate	82	51.2	114	66.3
Total	160	100.0	172	100.0
Primary	60	76.9	46	79.3
L. Secondary	18	23.1	12	20.7
Total	78	100.0	58	100.0

This table shows that most of the peoples are illiterate in the study area. About 48.8 percent males and 33.7 percent females are literate and 51.2 percent males and 66.3 percent females are illiterate in the study area. Among the literate population of male, 76.9 percent have passed primary level and 23.1 percent have passed lower secondary level and 79.3 percent have passed primary and 20.7 percent have passed lower secondary level among female literate population.

4.4.3 Economic Status

Economic factor is considered as determinants of the fertility. It plays vital role in fertility behaviour. In Majhi community the researcher found

that high economic status household have few children and low economic status households have more children. In this section, status of occupation, income, house holding status and domestic animals are described based on the respondents responses.

4.4.3.1 Occupation

Occupation is an important part of socio-economic factor. It affects fertility behaviour. The researcher found that most of the respondents are engaged in labourforce sector. Secondly, farming and very few respondents are engaged in business. The respondents were asked about occupation. The responses are given in table 4.6.

Table 4.6: Percentage Distribution of the Populaiton above 10 Years by Occupation in the Study Area

Occupation	Number of Respondents	Percentage
Labourforce	138	55.4
Farming	110	44.2
Business	1	0.4
Total	249	100.0

This table shows that most of the respondents are engaged in labourforce, which is accounted for 55.4 percent. Likewise 42.2 percent of the respondents are engaged in farming and 0.4 percent of the respondents are engaged in business.

4.4.3.2 House Holding Status

House holding status shows the economic status of households. It is necessary to find out the house holding status of respondents. Were asked

about the type of households where they are living currently. The responses are tabulated in table 4.7.

Table 4.7: Percentage Distribution of Households by Type of House in the Study Area

Type of House	Number of Households	Percentage
Semi-pakki	38	63.0
Kachchi	22	37.0
Total	60	100.0

This table shows that most of the households are semi-pakki houses, which accounted for 63 percent. Similarly, 37 percent of the households are Kachchi houses. It shows that they have lower economic status.

4.4.3.3 Land Holding Status

Land holding status also shows the economic status of households. In order to check the respondents economic status were asked several questions about the landholding status. The responses are tabulated in table 4.8.

Table 4.8: Percentage Distribution of Households by Land Holding Status in the Study Area

Land Holding Status	Number of Households	Percentage
Yes	28	46.7
No	32	53.3
Total	60	100.0
Land size in (Kattha)		
Less than 5	1	3.6
5 – 7	1	3.6
8 – 10	13	46.4
11 – 13	4	14.3
14 - 16	7	25.0
17 and above	2	7.1
Total	28	100.0

Table 4.8 shows that most of the households have no land, which is accounted for 53.3 percent and only 46.7 percent households have land holding.

Among the respondents who have landholding 3.6 percent have less than 7 kattha, 46.4 percent of the households have 8-10, 14.3 percent of the households have 11-13 and 7.1 percent have 17 and above Kattha holding land.

4.4.3.4 Household by Domestic Animals

Domestic animals are also source of household income. In order to know their economic status and source of income were asked about the domestic animals and number of domestic animals that they had at the time of research. The responses are tabulated in table 4.9.

Table 4.9: Percentage Distribution of Households by Domestic Animals in the Study Area

Status of Domestic Animals	Number of Households	Percentage
Yes	58	96.7
No	2	3.3
Total	60	100.0
If Yes, how many?		
Goat	45	75.0
Buffaloes	31	51.7
Cock	11	18.3
Cows	8	13.3
Others	5	8.3

Note: The total is more than 58 because of multiple responses.

Table 4.9 shows that 96.7 percent of the households have domestic animals and 3.3 percent don't have domestic animals. Among the 96.7 percent of the households, 75 percent have goats, 51.7 percentage have buffaloes, 18.3 percent have cock, 13.3 percent have cows and 8.3 percent have other domestic animals.

4.4.3.5 Household Facilities

Household facilities also indicate the economic status of family. These families use different facilities who have well economic status were asked about the facilities in their home. The responses are tabulated in table 4.10.

Table 4.10: Percentage Distribution of the Respondents by Households facility in the Households Facility in the Study Area

Facilities	Number of Households	Percentage
Electricity	48	80.0
Radio	37	61.7
Television	14	33.3
No Facility at all	3	5.0

The total is more than 60 because of multiple responses.

Table 4.10 shows that most of the households have electricity, which is accounted for 80 percent. 61.7 percent household have radio and 33.3 percent have television 5 percent of the households don't have any facilities.

4.4.3.6 Household Income

In order to know the economic status of household, households head or respondents were asked about their household income. This is very difficult to find out actual income and expenditure because some want to underestimate their income. As far as possible researcher tried to collect data on income from respondents households which is given in table 4.11.

Table 4.11: Percentage Distribution of the Households by Monthly Income in the Study Area

Monthly Income	Number of Households	Percentage
Less than 1000	25	41.7
1000-1500	10	16.7
1501-2000	9	15.0
2001-2500	2	3.3
2501-3000	9	15.0
More than 3000	5	8.3
Total	60	100.00
Sufficient to Maintain for a month		
Yes	21	35
No	39	65
Total	60	100

Table 4.11 shows that most of the households have less monthly income which is accounted for 41.7 percent, 16.7 percent households have 1000-1500 monthly income. 8.3 percent households have more than Rs. 3000 monthly income.

Among 60 households, 35 percent household's monthly income is enough to maintain for a month but 65 percent household's income is not enough to maintain for a month. It shows that majority households have low monthly income in the study area.

4.4.3.7 Access to Drinking Water and Sanitary Facility

Drinking water and sanitation are related with our health. It means pure water and good sanitation are essential for our healthy life. It has been shown that 60 percent diseases are carried by polluted water. The large

numbers of children die each year due to diarrhea, dysentery, cholera, and diseases, which are water born diseases. Because of high infant mortality rate women may give birth to more children thinking if one dies other would live. Therefore, drinking water and sanitation affect fertility were asked about the sources of the drinking water. The responses are tabulated below.

Table 4.12: Percentage Distribution of the Households by Sources of Drinking Water in the Study Area

Sources	**Number of Households**	**Percentage**
Water tap	27	45.0
Well	25	41.6
River	4	6.7
Kuwa	4	6.7
Total	60	100.0

Table 4.12 shows that most of the households are using piped water, which is accounted for 45 percent. Similarly, 41.6 percent households are using well water and 6.7 percent households are using river. The same percentage are using and Kuwas water. It shows that the drinking water facility in the study household is good. The respondents were also asked about the toilet facility. The responses are given table 4.13.

Table 4.13: Percentage Distribution of the Households by Toilet Facility in the Study Area

Toilet Facility	Number of Households	Percentage
Yes	24	40.0
No	36	60.0
Total	60	100.0
If yes what type of?		
Khalde	10	41.7
Sulabh	14	58.3
Total	24	100.0

Table 4.13 shows that 40 percent households have toilet and 60 percent households don't have toilet. Among 24 households, 41.7 percent households have Khalde toilet and 58.3 percent household have Sulabh toilet. It shows that most of the households don't have toilet.

CHAPTER – V

CHARACTERISTICS OF THE RESPONDENTS

This chapter deals with demographic and socio-economic characteristics of the respondents. Demographic characteristics include the age group, age at menstruation, age at marriage, age at first birth etc. Fertility behaviour includes no. of children, no. of ideal children, knowledge and use of FP devices and relationship of CEB with different variables.

5.1 Age

Age of the respondent plays an important role in determining the fertility behaviour. Female of reproductive age (15-49) years can bear children. Table 5.1 shows the age distribution of respondents by 5 year age group.

Table 5.1: Percentage Distribution of the Respondents by Five Year Age Group in the Study Area

Age Group	Number of Respondents	Percentage
15-19	2	3.3
20-24	9	15.0
25-29	10	16.7
30-34	21	35.0
35-39	10	16.7
40-44	6	10.0
45-49	2	3.3
Total	60	100.0

Table 5.1 shows that 35 percent of the respondents are in 30-34 age group. 16.77 percent respondents are in 25-29 and 35-39 age group. The least number of respondents are in 15-19 and 45-49 age groups.

5.2 Age at First Menstruation

Age at first menstruation also plays an important role to determine the fertility. If a girl gets first menstruation in earlier age, parents may be worried and they think about her marriage. Respondents were asked about the age of their first menstruation that is tabulated in table 5.2.

Table 5.2: Percentage Distribution of Respondents by Age at Menstruation in the Study Area

Age at first Menstruation	Number of Respondents	Percentage
12	11	18.3
13	27	45.0
14	13	21.7
15	9	15.0
Total	60	100.0

This table shows that all of the respondents got their first menstruation at the ages 12-15. Most of them got their first menstruation at 13 years, which is accounted for 45 percent. Similarly 21.7 percent of the girls got their first menstruation at 14 years, 18.3 percent and 15 percent at 12 and 15 years respectively.

5.3 Age at Marriage

Marriage is an important factor of demography, which determine the fertility. It is generally true that lower the age at marriage higher the number of children are born. The women who tend to marry early in their reproductive ages are likely to bear more children than those with late marriage. In the study area, age at marriage of women is found to be at early ages. It may be because of the traditional belief towards to make

girls married before the onset of first menstruation. Respondents were asked about the age at marriage, which is given in table 5.3.

Table 5.3: Percentage Distribution of Respondents by Age at Marriage in the Study Area

Age at Marriage	Number of Respondents	Percentage
15	13	21.7
16	17	28.3
17	17	28.3
18	10	16.7
19	3	5.0
Total	60	100.00

Table 5.3 shows that most of the respondents are married at the age of 16 and 17 years, with 28.3 percent in both ages. Similarly, 21.7 percent respondents are married at the age of 15 years. 5 percent respondents are married at the age of 19 years. It is clear that all the respondents were married by 19 years of age.

5.4 Age at First Birth

Marriage only may not be a factor, which affects the life of women for example, a woman may marry in her younger age but she doesn't give birth to a child until 20 years of her age. She may be better than those women who marry at 18 years and bear a child in 19^{th} years. Therefore, the gap between marriage and first birth also affect the life of women. Respondents were asked about their age at first birth, which is tabulated in table 5.4.

Table 5.4: Percentage Distribution of Respondents by Age at First Birth in the Study Area

Age at First Birth	Number of Respondents	Percentage
15	3	5.0
16	5	8.3
17	14	23.3
18	21	35.0
19	8	13.3
20	8	13.3
21	1	1.7
Total	60	100.0

Table 5.4 shows that most of the respondents have given first birth at 18 years with 35 percent. About 23.3 percent respondents have given birth at 17 years, 13.3 percent respondents have given birth at 19 and 20 years and 1.7 percent respondents have given birth at 21 years. It shows that all of the respondents have given birth by 21 years.

5.5 Number of Children Ever Born

Number of live births are determined by the use and non-use of contraception and desire for children, which affect the life of women and determine their status. If women have already achieved the desired number of children they are likely to use permanent contraceptive devices and others who have not achieved the desired number of children are not likely to use contraceptive devices. In this condition they want to use birth-spacing method. The National CEB is still high in Nepal. In the study area also the women are found to have more children. The status of fertility among the study population is tabulated in table 5.5.

Table 5.5: Percentage Distribution of the Respondents by Number of Children Born Alive Till the Time of Survey

Number of Children	Number of Respondents	Percentage
1	0	0.0
2	7	11.7
3	12	20.0
4	13	21.7
5	17	28.3
6	8	13.3
7	2	3.3
8	1	1.7
Total	60	100.0

Table 5.5 shows that most of the respondents 28.3 percent have 5 children, 21.7 percent of respondents have 4 children, 20 percent of respondents have 3 children, 13.3 percent respondents have 6 children and 1.7 percent respondents have 8 children.

5.6 Child Loss Experience

Loss of child is also an effective factor of fertility. It effects in family and health of mother. Status of women also determines by her child loss experience, which determines the fertility behaviour of a couple. Every couple wants their children to live for a long time because they expect to live with their children in their ageing period. If one couple has a child loss, they tend to give birth to more children because they cannot be sure that all of their children will survive. So, they tend to give more children. They don't like to use family planning devices. Respondents were asked about child loss experience that is tabulated in table 5.6.

Table 5.6: Percentage Distribution of the Respondents by Child Loss Experience in the Study Area

Child Loss Experience	Number of Respondents	Percentage
Yes	14	23.3
No	46	76.7
Total	60	100
How many?		
1	11	78.6
2	3	21.4
Total	14	100

Table 5.6 shows that 23.3 percent respondents have child loss experience and 76.7 percent respondents don't have child loss experience.

Among 14 respondents with child loss experience about 78.6 percent respondents have lost one child and 21.4 percent respondents have lost two children.

5.7 Knowledge of FP Method

Family planning methods are the most important way to control population growth. Knowledge of FP method is important especially to the couples. But unfortunately few numbers of couples have knowledge of FP methods. The respondents were asked about knowledge of FP method, which is tabulated in table 5.7.

Table 5.7: Percentage Distribution of the Respondents by Knowledge of FP Methods and Currently Using in the Study Area

Knowledge of FP Methods	Number of Respondents	Percentage
Yes	45	75.0
No	15	25.0
Total	60	100.0
Currently Using Any		
Yes	38	84.4
No	7	15.6
Total	45	100.0
Which type of?		
Depo	24	63.2
Condom	4	10.5
IUD	1	2.6
Other	9	23.7
Total	38	100.0

Table 5.7 shows that 75 percent respondents have knowledge of FP methods and 25 percent respondents don't have knowledge about FP methods. A high percentage 84.4 percent respondents are currently using family planning methods. Among currently users 63.2 percent respondents have using depo-provera. Similarly, 23.7 percent have using other methods.

5.8 Heard of FP Methods

Heard of FP methods is important in the use of FP devices. In the study area, different respondents have heard about different FP methods. The respondents were asked about heard of methods, which is given table 5.8.

Table 5.8: Percentage Distribution of the Respondents by Heard of FP Method in the Study Area

Methods	Number of Respondents	Percentage
Condom	37	82.2
Pills	12	26.7
Kamalchakki	4	8.9
I.U.D.	3	6.7
Depo-Provera	40	88.9
Other	29	64.5

The total is more than 60 because of multiple responses.

Table 5.8 shows that most of the respondents have heard Depo-Provera with 88.9 percent, 82.2 percent respondents have heard condom, 64.5 percent respondents have heard other devices and 6.7 percent respondents have heard I.U.D. The least proportion of the respondents have heard about I.U.D.

5.9 Source of Information on FP

In the context of Nepal, radio is the easy source of information. Because Nepalese people are poor they cannot afford other means of communication. So, radio is popular means of communication in Nepal. Nowadays, our society is changing and different facilities are developing in our society. Therefore, other expensive media are also used. Respondents were asked about the media through which they have heard about FP methods. The responses are given table 5.9.

Table 5.9: Percentage Distribution of the Respondents by Source of Information on FP in the Study Area

Sources of Information	Number of Respondents	Percentage
Radio	40	88.9
Health post	34	75.6
Friends	14	31.1
Television	13	28.9
Husband	5	11.1
Hospital	2	4.2

The total is more than 60 because of multiple responses.

Table 5.9 shows that most of the respondents have heard about FP methods from radio with 88.9 percent, 75.6 percent respondents have heard from health post, 31.1 percent from friends, 28.9 percent from television, 11.1 percent of the respondents have heard from husband and 4.5 percent of the respondents have heard from hospital.

5.10 Ever Use of FP

Use of contraceptives is one of the most important determinants level of fertility. Use of FP also indicates their historical use of FP method. It is generally assumed that use of FP methods plays principal role to lower fertility. Thus, family planning methods help to manage the rapid growth of population and environment problems. Most of the developing countries are out of its proper use because of the tradition and low level of education about contraceptive method. In Nepal, least number of women use contraceptive devices. It means CPR is low in Nepal. There is high-unmet demand of FP methods. Respondents were asked about the ever use of FP method. The responses are tabulated in table 5.10.

Table 5.10: Percentage Distribution of the Respondents by Ever Use of FP Methods in the Study Area

Ever use of FP Methods	Number of Respondents	Percentage
Yes	40	66.7
No	20	33.3
Total	60	100

Table 5.10 shows that 66.7 percent respondents have ever used methods of FP. And 33.3 percent respondents have not ever used methods of FP.

5.11 Ideal Number of Children

Fertility behaviour of women depends upon the number of children, which they want. In the study area, it is found that more women who want children. The ideal number of boy and girls children for them are same, the women who have more girls desire two or three sons. The women who have more sons desire daughters. The result of the findings about the desired children is tabulated in table 5.11.

Table 5.11: Percentage Distribution of the Respondents by the View on the Number of Children in the Study Area

Ideal Number of Children	Number of Respondents	Percentage
1	1	1.7
2	3	5.0
3	9	15.0
4	18	30.0
5	13	21.7
6	16	26.6
Total	60	100.0

Table 5.11 shows that most of the respondents desire 4 children with 30 percent, 26.6 percent of the respondent desire 6 children, 21.7 percent of the respondents desire 5 children. Similarly, 1.7, 5.0 and 15 percent of the respondents desire 1, 2, and 3 children respectively. It is clear that the large number of respondents desire 4 children, which is ideal number of children in their view.

5.12 Place of Delivery

In Nepal, where large number of pregnant women deliver at home. Hospital delivery is better than home delivery because there are various facilities are available. The respondents were asked about "place of delivery" which is given table 5.12.

Table 5.12: Percentage Distribution of the Respondents by Place of Delivery in the Study Area

Place of Delivery	Number of Respondents	Percentage
Home	48	80.0
Hospital	10	16.7
Health Post	2	3.3
Total	60	100.0

Table 5.12 shows that most of the women are found to have delivered their last children at home. Among the 60 respondents, 80 percent respondents said to have delivered their last child at home. 1.67 percent respondents have delivered in hospital and 3.3 percent of the respondents have given last birth in health post.

5.13 Prenatal Check-Up Status

Prenatal checkup is very important to make healthy pregnant and safe delivery. Most of the women marry and become pregnant before age of 20 years in Nepal. The younger ages are immature and unsuitable for marriage and become pregnant. Most of the pregnant women have not got prenatal checkup. It may cause fetal loss and malnutrition of mother and baby. Respondents were asked about prenatal checkup status. The responses are tabulated in table 5.13.

Table 5.13: Percentage Distribution of the Respondents by Status of Prenatal Check up in the Study Area

Prenatal Checkup Status	Number of Respondents	Percentage
Yes	36	60.0
No	24	40.0
Total	60	100.0
How many times?		
1	10	27.8
2	16	44.4
3	8	22.2
4	2	5.6
Total	36	100.0

Table 5.13 shows that 60 percent of the respondents have prenatal checkup during their pregnant period. About 40 percent of the respondents don't have prenatal checkup during their pregnant.

Among the 36 respondents, 27.8 percent of the respondents have one time prenatal check up. Most of the respondents have prenatal checkup two times during their pregnant period with 44.4 percent; 22.2 percent of the respondents have checkup three times and 5.6 percent have check up 4 times.

CHAPTER - VI

RELATIONSHIP OF CEB WITH DIFFERENT VARIABLES

Relationship with different socio-economic and demographic variables has been described in this section. A special emphasis is given to number of CEB. According to number of household members respondents education, occupation, age group, age at marriage and use and non-use of FP method, the relationship with CEB has been studied for each variables.

6.1 Age and CEB

Age is a determinant for CEB. All studies have shown that with the increase of respondents age, CEB increases. CEB is the average number of children ever born for the women at time of the survey. A relationship of CEB with the respondents age is tabulated in table 6.1.

Table 6.1: Percentage Distribution of CEB by Respondents Age Group in the Study Area

Age-group	Number of Respondents	CEB
15-19	2	-
20-24	9	3.4
25-29	10	4.1
30-34	21	4.3
25-39	10	5.0
40-44	6	5.8
45-49	2	4.5
Total	60	4.26

Table 6.1 clarifies that with the increasing age of the respondents, fertility has been increasing. The number of CEB is in increasing trend up to the age group 40-44 years, the decrease in trend in the age group 45-49 years might be due to some other reasons.

6.2 Family Size and CEB

Family size also plays a vital role in determining CEB of women. When the family size becomes higher the family may have low family status, which lead high CEB of woman. It means higher CEB makes the greater family size. A relationship of CEB with the respondents family size is given in table 6.2.

Table 6.2: Percentage Distribution of CEB by Respondents Family Size in the Study Area

Family Size	Number of Households	CEB
Less than 4	5	1.0
4-6	29	3.1
7-9	22	6.1
10 and above	4	6.8
Total	60	4.3

Table 6.2 shows that with the increase in family size; CEB of women has also increased. In a household where less than 4 members of family are there the women's fertility is found 1.00 with 10 and above members of family the woman is found to have 6.8 children on an average.

6.3 Education and CEB

In this study, literate were categorized as the persons who can write their name and read *Ka, Kha*, and illiterate were categorized as the respondents

who can not write their name and read *Ka, Kha*. A relationship with respondents with their education is tabulated in table 6.3.

Table 6.3: Percentage Distribution of CEB by Respondents Education in the Study Area

Education	Number of Respondents	CEB
Literate	22	3.6
Illiterate	38	4.6
Total	60	4.3
Primary	15	4.00
L. Secondary	7	2.70
Total	22	3.6

Table 6.3 shows that literate respondents have less number of children and CEB is observed as 3.60. But illiterate respondents have more children and CEB is observed as 4.60. It also clearifies higher the education level lower the number of children. The primary level passed respondents have more children than lower secondary.

6.4 Occupation and CEB

Occupation is an economic factor, which also determines the fertility behaviour of individual. People engaged in farming and labourforce have more fertility performance than other occupation. Education plays a vital role in determining occupation. It is observed that people with more education are engaged in service, business and less educated people are engaged in farming and labourforce occupation. Relationship with respondents with their occupation is tabulated in table 6.4.

Table 6.4: Percentage Distribution of CEB by Respondents Occupation in the Study Area

Occupation	Number of Respondents	CEB
Labourforce	33	4.1
Farming	26	4.6
Business	1	2.0
Total	60	4.3

Table 6.4 shows that women who are engaged in farming have more children and the CEB is observed as 4.6. Among the women who are engaged in business have less number of children and the CEB is observed as 2.0.

6.5 Age at Marriage and CEB

Age at marriage is also one of the affecting factors of determining CEB. It is fact that the women who marry in the earlier age have more children than the women who marry later ages. Because firstly those women who marry at early age are immature and don't know about the effect of early child bearing. Secondly, they use their most of the reproductive period. A relationship with age at marriage of the respondents with CEB has been established which is tabulated in table 6.5.

Table 6.5: Percentage Distribution of CEB by Respondents Age Group and Age at Marriage in the Study Area

Age at Marriage	Age Group							
	15-24		25-29		30-34		35 +	
	Number of Respondents	CEB	Number of Respondents	CEB	Number of Respondents	CEB	Number of Respondents	CEB
Below 16	2	3.0	1	4.0	6	5.0	4	5.0
16	5	2.8	5	4.2	5	5.7	2	6.0
17	2	3.0	4	4.0	5	4.2	6	5.0
18 +	2	2.0	-	-	5	4.0	6	4.3
Total	11	3.4	10	3.6	21	4.76	18	5.2

This table shows that early the age at marriage the respondents have more children. The respondents 15-24 age group who had married below 16 to 18 years have 3.0 CEB in contrast to 2.0 who had married age of 18 years and above. The same is true for other ages.

6.6 Use of FP and CEB

Family planning methods are used to control the births. It is common that the women who use family planning methods have less number of children and other women have large number of children. A relationship of CEB with women's use and non-use of FP method is tabulated in table 6.6.

Table 6.6: Percentage Distribution of CEB by Respondents Use and Non Use of FP in the Study Area

Use of FP	Number of Respondents	CEB
Yes	45	3.8
No	15	5.7
Total	60	4.3

Table 6.6 clearly shows that women who have ever used FP methods have less number of children (about 3.8) CEB but the women who have not used FP methods have more (5.7 CEB).

CHAPTER – VII

SUMMARY, CONCLUSION AND RECOMMENDATION

In this chapter, the core part of the study has given. This chapter presents the summary of the findings, conclusions and recommendation. Recommendations are given to improve the women's status of the study area.

7.1 Summary of the Findings

This study has been carried out to examine the fertility behaviour of Majhi community. The study areas is Karmaiya VDC of Sarlahi district. This area have several problems which are leading to increase fertility. These are mainly low educational and economic status, which affects other variables. The gerneral objective of this study is to find out the fertility behaviour of Majhi community. For this study, specific objectives are also formulated. Among them the socio economic characteristics of respondents are the studied. Relationship of variables like female education, occupation and age at marriage with fertility are studied. Karmaiya VDC of Sarlahi is selected as the study area. For this study all Majhi households are taken as sample. The questionnaires were asked to the respondents by visiting door to door to collect information.

- Most of the households have 4-6 members in the family, which is accounted 48.3 percent. (Table 4.2)
- Most of the respondents are Hindu, which is accounted for 78 percent. (Table 4.4)
- Most of the respondents are engaged in labour force which is accounted for 55 percent. (Table 4.6)

- Most of the respondents have semi Pakki houses, which is accounted for 63 percent. (Table 4.7)
- Among the respondents who have their own land, 46.7 percent are found holding land. Most of the households have no land holding, which is accounted for 53.3 percent and 46.4 percent households have 8-10 Kattha. (Table 4.8)
- Most of the respondent's households have domestic animals, which is accounted for 96.7 percent. Among them 75 percent have goats, 51.7 percent have buffaloes and 18.3 percent have cock. (Table 4.9)
- Most of the respondents have electricity facility, which is accounted for 80 percent and 61.7 percent respondents have radio facility. (Table 4.10)
- Most of the respondents have income less than 1000 per month, which is accounted for 41.7 percent. (Table 4.11)
- Most of the households are using piped water, which is accounted for 45 percent. (Table 4.12)
- Most of the household don't have toilet facility which is a accounted for 60 percent and only 40 percent have toilet. Among them 58.3 percent have Sulabh toilet. (Table 4.13)
- Most of the respondents are of 30-34 age group, which is accounted 35 percent. (Table 5.1)
- Most of the respondents got their first menstruation at 13 years, which is accounted for 45 percent. (Table 5.2)
- Most of the respondents were married at 16 and 17 years, which is accounted for 28.3 percent. (Table 5.3)
- Nearly 35 percent of the respondents have given births at 18 years. (Table 5.4)

- The proportion of women having 5 children is found among 28.3 percent and 21.7 percent respondents have 4 children. (Table 5.5)
- Among 60 respondents, about 23.3 percent of the respondents have child loss experience and most of the respondents don't have child loss experience, which is accounted for 76.7 percent. (Table 5.6)
- About 75 percent of the respondents have knowledge of FP methods. Among them 84.4 percent of the respondents are currently using FP methods. (Table 5.7)
- Majority of the women have heard of FP methods. They have heard Depo-Provera, which is accounted for 88.9 percent followed by condom 82.2 percent. (Table 5.8)
- Among the respondents who have heard about FP methods, 88.9 percent have heard from radio and 75.6 percent have heard through health post. (Table 5.9)
- Only 66.7 percent of the respondents who have heard FP methods recorded that they have ever used methods of FP. (Table 5.10)
- Most of the respondents want 4 children, which are accounted for 30 percent. About 26.6 percent of the of the respondents wants 6 children. (Table 5.11)
- 80 percent of the respondents have delivered at home. (Table 5.12)
- Most of the respondents have prenatal checkup during their pregnant, which is 60 percent. But 40 percent of the respondents have not prenatal check up during their pregnant period. (Table 5.13)
- It is observed that with the increase in age of the respondents fertility has been increased. (Table 6.1)
- In a household, where 10 and above members of are there, the women's CEB is found 6.75. (Table 6.2)

- ❖ It is observed that the literate respondents have less number of children and CEB is observed as 3.6 and illiterate respondents have more CEB 4.6. (Table 6.3)
- ❖ Women who engaged farming have more children and the CEB is observed 4.6. (Table 6.4)
- ❖ Early the age at marriage, higher the number of children is observed. (Table 6.5)
- ❖ Women who use family planning methods have less number of children and CEB is observed as 3.8. But non users 5.7 CEB is observed. (Table 6.6)

7.2 Conclusions

The study area is selected at Karmaiya VDC of Sarlahi. In this VDC total 60 households were chosen for the study. 60 respondents were interviewed. These respondents belonge to age group 15-49. Early age at marriage is most prevailing in the Majhi community. The study shows that most of the respondents are engaged in labour force sector and educational status of respondents is very low in the study area. Relationship between respondents education and knowledge of FP method is found significant. It also suggests that couple in the study area have achieved desired number of children.

Fertility is high in the study area because there are low level of education, farming and labourforce based occupation, low economic status of women and overall low status of women. The society in the study area is still backward. Still the CEB is high in the study area.

7.3 Recommendations

This study is related to fertility behaviour and the factors affecting to fertility. On the basis of the above findings and conclusions from the study the following recommendations can be made.

- ❖ According to this study, it is found that the literacy status of women is very low in the study area. It is clear that the female education has important role for development and population control. Therefore IEC programme should be launched in this community, especially targeting for women of the study area.
- ❖ Age at marriage is also low in this community, which automatically increase fertility. So it is necessary to reduce early marriage practice. For this the government and different agencies should launch effective programmes to change the cultural norms and traditional values towards early marriage.
- ❖ In this community, number of contraceptive users is also less. So fertility level is high in this study area. This may be due to lack of contraceptive knowledge, not easily availability of contraceptive methods fear of side effect and traditional values. In this situation to manage this problem, IEC and FP service should be expanded in order to increase prevalence of contraceptive users making contraception easily available to this community.
- ❖ In this community, most of the women are unemployed. Most of the women are engaged in labour force and farming sector which is one of the cause of high fertility of this community. Therefore employment opportunities on governmental and non-governmental organization should be adequate and reserved. It is necessary that to increase the income level, suitable training and vocational

education should be provided to such women so that they can improve their economic status.

- In the study area, there are deep rooted traditional values, cultural norms and low status of women, promoting to low age at marriage and increasing more children, which automatically lead to high fertility. Therefore effective programmes should be launched to control over them in this community.

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