CHAPTER I

INTRODUCTION

1.1 General Background of the Study

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

Human fertility is a very complex process relating not only to biological components but also to social and economic components of the society (Dahal, 1992). The subject of human fertility covers a wide range of areas, reflecting the complexity of this aspect of human behaviour. It is influenced by a host of biological, sociological and economic factors (CBS, 1987:281).

Demographic situation is characterized as young population in Nepal. Population below 14 years has reached 39.4 percent in 2001 which was 42.4 percent in 1991. The economic active rate increased from 56.9 percent in 1991 to 63.4 percent in 2001. The present age structure suggests that a large share of resources have to be spent on basic facilities such as education, nutrition and health of young people just to maintain a status quo. It also suggests that because of young nature of Nepalese population, population momentum for Nepal is still very high, indicating that Nepal's population will continue to grow for quite some time even if the fertility were to reach replacement level today (NPR, 2002).

Nepal is facing the problems of high fertility especially in different cast/ethnic groups, characterized with distinct characteristics. The high

fertility is also more pronounced in backward and depressed communities such as Damai, Kami, Mushar and Khatbe, the lower caste group. Those communities who are backward in the context of economic, social, cultural, educational and all other conditions are known as Dalit community who are supposed to be untouchables. Among the total cast/ethnic group of Nepal, about 20 percent are within the Dalit community (Manab-Maryada, 1994:4)

Fertility is generally determined by the psychological factors and their interplay with social, cultural, economic and modernization factors also societies and population subgroups within society's categories by their socio-economic characteristics have different level of fertility. Much more fertility is determined by various socio-economic and demographic variables. Also caste ethnicity, religion, cultures, women's education, occupation, sex performance, use of devices, age at marriage etc. affect the fertility behaviour of any groups and community. Yadav community is educationally backward group and characterized by high fertility. In Yadav community early marriage is persistent. Mortality (Infant and child) rate is also higher in this community compared to other communities.

The Yadavs (also known as 'Ahirs' in western Nepal) to which Hindu deity Krishna is supposed to have belonged, profess the trace themselves as descendents of 'Yadu', a nomadic race, who made an early settlement in the neighbour hood of Mathura (now in Utter Pradesh, India) The origin of Yadavs king Ya-Yyati as expresses in Hindu religious and famous Granth Mahabharat owing to their supposed descent from Lord Krishna, they claim themselves to be Kshatriyas. The legend about Loric, an Ahir hero, also speaks of the glorious traditions of Yadavs. The traditional occupation of Yadavs is cattle keeping and milk selling (Hence, also called Gopalas, Gvalas, those who keep cows).

At the beginning of Christian era, the Yadavs (known as the Gopals followed by the Mahispals) were the kings of Nepal. It is also found in ancient Nepal but there were later expelled by Kirants as explained in the possession of Kathmandu valley (Vajracharya and Malla, 1985) and also the universal rulers of India for some time (Crooke, 1974).

Yadavs are mostly living in Madhesh and rest (Gvalas) are in Kathmandu valley. According to the 2001 census, Yadavs constitute 3.9 percent (895,423) of Nepal's total population. The Yadavas, like other caste's in Madhesh, use three tongues-Maithili. Most of them speak Maithili followed by Bhojpuri, Awadhi, Nepali and Hindi are mainly used by the educated as their lingua francs. Devanagari is common script for all these languages.

During pregnancy there are very few rituals observed in Yadavs community. Brides generally live at their parents home for better care. This community consists of various sub-castes like GOP, Morbaita, Goita, Roy, Adhikari, Das, Singh, Salahaita, Banrait, Kushiyat etc.

The Yadav is one of the disadvantaged groups in remote and backward areas in terms of politically, educationally and economically. There might have the demographic patterns different from other casts of Nepal. So, this study tries to examine the fertility behaviour and its socio-economic and demographic determinants/factors in this community. The area of study is Sanhaitha VDC of Siraha where Yadav are considerably large in population.

1.2 Statement of the Problem

In Nepal, people normally, tend to marry in early ages. Some of them marry before teenage and most of them in the late teenage which results in to a longer span of martial and childbearing period with substantially a higher fertility. Additionally, prevailing high infant and child mortality, particularly in rural settings in further responsible to

motivate the mothers to give more births. They do not want to bear the risk of dying of their infants and children.

The social structure of each society interrelated with specific population level. it is also closely related to environmental, technology and other materials factors which intervenes reproductive behaviour. Moreover there are significant caste differentials (Niraula and Shrestha, 1997). Also it is notable that the population of ethnic groups has shown considerable variables in demographic and socio-economic characteristics (Karki, 1995.)

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

In Yadav community 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 Yadavs because lack of knowledge about contraceptive use, while is also the factor prevailing high fertility. Likewise, employment also as equal as other variables. The majority of the women of this community engaged in household work. The main activity of Yadav community is farming and other wrestling game which is their traditional game.

There are several studies related to fertility behaviour in different caste but there is not study carried out on this Yadav community. So, this study mainly focuses on the effect of socio-economic and demographic factors on fertility behaviour among Yadav community.

1.3 Objective of the study

The ultimate objective of this study is to examine the fertility behaviour of Yadav community in relation to demographic and socio-economic variables. The following are the immediate objectives.

1. To identify demographic and socio-economic characteristics of Yadav Community
2. To examine the fertility behaviour of the Yadav Community.
3. To assess the fertility differential of Yadav by socio-economic and demographic variables.

1.4 Hypothesis

Economist have also developed models fertility which explaining parental attitudes and fertility behaviour. Leibenstein (1987) also painted out that with increase of per cap9ital income, the no of children for the representative family falls.

Nepal Family Health Survey (FHS) 1996 showed a strong relationship between education and fertility. Women with at least some secondary education have TFR of 2.5, women with primary education have TFR 3.8 women with no education have TFR 75.1 (MoH)

Nepal fertility and family and family planning survey shows a completed fertility of Nepalese women who get married at the age of less than 13 and mean number of CEB is 6.0 which women who get in the age of 25 years and above had 3.8 average number of CEB per women (MoH, 1987).

Adhikari (1992) found that 6the work status of women inversely related with mean number of CEB.

Chaudhary, et. al. (1976) demonstrated a positive relationship between the ever born and the no of children died (Cited in Adhikari, 1999).

On the basis of the above study, the hypothesis for the study has been done as follows:

1. There is an inverse relationship between age at marriage and fertility.
2. There is an inverse relationship between education attainment and fertility.
3. There is an inverse relationship between occupation and fertility.
4. There is positive relationship between child loss and fertility.
5. There is an inverse relationship between contraception use and fertility.

1.5 Limitation of the study

This study is based on the sample data collection from Sanhaitha VDC of Siraha district. So the finding may not be generalized for other groups of people and through out the country.

1. Only a limited demographic and socio-economic variable is the considered to explain the fertility behaviour in terms to CEB (fertility) because other characteristics like TFR are applicable but difficult to analyze the data.
2. The respondents of this study are only those who are ever married women of age between 15 -49 years.

1.6 Significance of the Study

There have been a number of studies conducted at the National level and on the other caste like Tamang, Gurung, Newar, Mushar, Khatbe etc. The Yadav communities are often left by the researchers,

while they might have a significant role in the overall fertility behaviour of the country. The Yadav of the Sanhaitha VDC are improverished and are supposed to have a less exposure to the modern world. They poses the different level of norms and values which might have an effect on their fertility behaviour.

This study will be very important even for the concerned people and agencies NGOS/INGOs, planner and policy makers, for formulating plans for the development activities related to fertility behaviour. Besides, this study will be more fruitful for future researchers, social workers and politicians of the country.

1.7 Organization of the Study

This study is organized into seven major chapters. The first chapter deals with the general background of the study, statement of the problem, objectives of the study, significance of the study and limitation of the study. The second chapter deals with the literature review and conceptual framework for the study. The third chapter describes the methodology used for the study. It includes sources of data, samples design validity, reliability and nature of data. The fourth chapter deals with the socio-economic and demographic characteristics of the population. The fifth chapter deals with the main analysis of the study. The sixth chapter deals with statistical analysis to assess the degree and direction of the relation of fertility to various socio-economic demographic and family planning variables. And at last, chapter seven presents the summary, conclusion and recommendations.

CHAPTER II

LITERATURE REVIEW

2.1 Theoretical Literature Review

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 sill 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 which is based on western experiences is demographic transition theory. It summaries 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.

Esterlin (1975 has developed a generalized model for fertility decision according to which a woman varies her childbearing in order to optimize her household's utility. Her decision is affected by demand of children, supply of children and cost of fertility regulation, Nag (1978) postulate a set up 8 variables under Eastern line framework which are labour value of children, children value as old age security, economic cost of children infant and child mortality, age at marriage and proportion never married post partum sexual abstinence and incidence of

widowhood or widower, infucundity due to breast feeding, malnutrition, disease, physical, physic and monetary cost (NAG, 1978).

The threshold hypothesis developed by United Natin (UN) in the year 1963 indicates that there is an inter relationship between fertility rate and the general socio-economic development of a society. According to this hypothesis a decrease in fertility begins after a society has reached a certain level of social and economic development (UN, 1973)

The direct determinants of fertility, identified by Bonbgarts (1983) called proximate determinants of fertility which are biological and behaviour factors through which social-economic are environmental variables affect fertility. He has identified seven set up proximate determining variables of fertility as age at marriage and marital distribution, unset up fertility or menopause, post partum infecundability or postpartum amemorrhoea, fecundability or frequency of intercourse, use and effectiveness of contraceptive, spontaneous intrauterine mortality and induced abortion.

Davis and Blake (1956) originally identified a set of 11 variables as intermediate variables framework. These variables are biological in nature. They are affected by social, cultural, economic factors. Davies and Blake further categorized these eleven intermediate variables into three groups as follows:

1. Factors affecting exposure to Intercourse (intercourse variables)
2. Factors affecting exposure to conception (conception variables) and
3. Factors affecting gestation and successful parturition (gestation variables)

Ronald Freedman (1975) formulated a framework which deals with a normative approach. He suggested that intermediated variables are not always used to limit fertility and often their effect on fertility is an unintended result of culture of patterns. he introduced two types of norms of cultural patterns namely norms about family size and norms about intermediate variables (Tuladhar, 1989).

Tuladhar (1989), examined the persistence of high fertility in Nepal using data from Nepal fertility, 1970. He found that higher mortality level, specially of infants, joint family system, early and universal marriage system, low education attainment, working status specially of women are the main contributing factors of higher fertility in Nepal.

Economists have also developed models of fertility while explaining parental attitudes and fertility behaviour. Leibenstein (1987) also pointed out that with the increase of per capital income, the number of high children for the representative family falls.

Confronted with the beginning of widespread rapid population growth in developing countries during 1930's and 1940's demographers such as Kingsley Davis, Warren Thomspson, Frank Lorimar and Frank W. Notestein naturally identified the causes of faster growth as improvement in mortality (Dyson and Murphy, 1985). In these early days, there was no evidence to suggest that there had been any rse in fertility, where there was reason for thinking that death rates had declined (Davis 945). Stable birth rate was consistent with the main descriptive and theoretical statement contained in the early writings on demographic transition theory, which these scholars were key formulators (Dyson and Morphy, 1985).

2.2 Empirical Literature Review

Low level of death and high level of fertility rate is the main factor of population increase in most of the les 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.

Education and fertility

The level of fertility declines with increase in educational level of females. The same applies for literacy status. Higher the level of female literacy in a community, the lower will be the fertility. This also implies that the level of fertility should be lower for the literate females compared to the illiterate females (CBS, 1995).

The relationship between education and fertility is more pronounced in less developed countries than in developed countries. A study conducted showed high fertility among the woman with elementary level of education than graduate in USA (UN 1973: 98). The relationship between education and fertility is two way traffic in which more in education but educational enchantments eventually help fertility decline.

Nepal family health survey (FHS)1996 showed a strong relationship between education and fertility. Women with at least some secondary education have a TFR of 2.5 women with primary education have TFR 3.8 whereas women with no education have TFR of 5.1 (MOH, 196).

According to the Demographic and Health Survey 2001, there is a strong association between fertility and education with the TFR declining as the level of education increased. The TFR of woman with no education

(4.8) is more than double that of women with at least an SLC level of education (2.1) (NDHS, 2002).

Education has been considered as a catalytic agent to reduce fertility in Nepal. Educated woman are more aware of the issue of quality of children than non-educated (Risal and Shrestha, 1989).

There is a week inverse relationship between respondents education and polygynous the proportion of married women in a polygynous union is 5 percent among uneducated women compared with 3 percent among women who had at least SLC level of education. The corresponding data for man is 4 percent and 1 percent respectively. This indicates that as the level of schooling increase both women and man are less likely to be in a polygynous union. The desire to limit childbearing is more apparent at higher level of education than at lower levels. As 68 percent of women with no education want no more children, compared to 59 percent of women with at least an SLC. And among the more educated (NDHS, 2002).

According to the NDHS survey 2002, the total mean (CEB) among women with secondary level of education is 3.7 compared to those with no education is 5.6.

World Bank Survey 1984 of 3000 households randomly selected from three district of Kerala state showed that the average number of CEB was lower for better education than for illiterate that is 2.1 for women with ten or more years of schooling and 4.5 for women with no schooling. This survey also showed that average completed fertility of the highly educated women (4.4) was less than that their counter parts with no schooling (5.8) by 1.4 children (World Bank, 1991). Nepal fertility and health survey indicated that wives educational status was more instrumental in reducing fertility than the husband.

Age at Marriage and Fertility

Age at marriage in most of the societies is the beginning a woman's exposure to the risk of child bearing. Age at marriage is a main determinant of the duration and tempo of fertility in a population. Consequently age at marriage and proportion of women never married are important proximate determinants of fertility (Bogart's and Potter, 1983).

The Nepalese society is characterized by early and nearly universal marriage. Marriage usually takes place early and by the age of 30 almost every woman is already married. Early and universal marriage practice in Nepal result in long-term social and economic consequences including higher fertility. If a mother gets pregnant during her early teens then the health of both the mother and child is adversely affected (NPR, 2002).

The increase in age at marriage has a negative effect on fertility for two basic reasons. First, women who marry later have a shorter reproductive life span and second, the factors that affect the age at marriage also affect the desired family size norms thereby reducing fertility. For example, if a woman marries later because she is studying then her fertility will also be lower as her desired family size is smaller (MOPE, 2002).

Higher the age at marriage lower the level of fertility. Nepal fertility and family planning survey shows a completed fertility of Nepalese women who get married at the age of less than 13 had mean number of CEB is 6.0 which women who get in the age of 25 years and above had 3.8 average number of CEB per women (MOH, 1987) (SMAM) singular mean age at marriage for Nepalese women is 19.9 in 2001. Where was 18.1 in 1991 (NDHS, 2001, New Era).

Early and universal marriage prevails through as developing country like Nepal. Even legally accepted age at marriage for boy and

girls is only 18 and 16 years respectively, early marriage has been practiced in Nepalese society due to different socio-culture norms and values. Higher age at marriage is found in Mongoloid group 17-25 years and lower is found in Brahmans 13-15 years in 1981. It shows that age at marriage is strongly determinant of the number of CEB. As the age at marriage increase, the number of CEB decreases (Dahal, 1992).

Increases age at marriage will have a depressing effect on the number of younger women who are exposed to pregnancy (CBS, 1987: 124). There are three nuptial factors for affecting fertility; which are the policy implications for planners: delayed marriage, decreased incidence of widowehood, among women of reproductive capability and positive association between age at marriage and complete fertility for women less than 10 years (Tuladhar, 1989: 87). Singulate mean age at marriage for Nepalese women is 18.1 years in 1991, which were 17.2 in 1971 (CBS 1995: 81). The average age at marriage for female increased over 20 years duration (Acharya, L.B. 1993: 78).

Because of low rate of literacy, it has influenced on age at marriage that differ in determining fertility in Nepal. BY some studies it is indicated that female age at marriage contributes to significant reduction in fertility in any traditional society.

Occupation and Fertility

Occupation of the husband has been widely recognized as one of the influencing factor on fertility. High fertility has been associated with agricultural and mining and low 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 behaviour. The world fertility survey showed women who do modern types of works marry at average 2.4 year later

than who domestic working and agricultural 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 farm fish 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, that is a 1.6 (CBS, 1995). The CBS information emphasized that there is a remarkable difference between white colour and blue colour occupation groups of woman.

Adhikari, (1992) found that the work status of women inversely related with mean number of CEB.

In Nepal husbands status of work plays an important role of declining fertility level for example, women whose husband were engaged in farm occupation had higher fertility 3.27 men CEB that of non-farmer 3.19 mean CEB for women (Neupane, 1997).

Occupation is one of the catalytic socio-economic factors that identify subgroups with district level of fertility. While observing the fertility in terms of CEB of difference groups of people i.e. Not working, agricultural and household and non-agricultural according to BDCS, 1996 Nepal, the CEB for not working was 3.2, 3.3 for agricultural and household and 2.9 for non-agricultural (Acharya, 2002: 29).

Tuladhar (1984) also supports these arguments that working women have slightly higher mean number of children compared to those not working.

Contraceptive Use and Fertility

Various studies have been shown use of contraception has a strong negative association with fertility. Contraception use is the principal variables responsible for the shift of fertility form 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 know 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).

The NDNS 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 NFHS.

There has been a five-fold increase in the percentage of currently married women, who have heard about modern methods of contraception in the last 20 years (from 21 percent in 1976 to nearly 100 percent in 2001).

This high level of knowledge is a result of the successful dissemination of family planning message (MOH, 2002).

The total demand for family planning has been increase over the years. In 1991 it was 51 percent, which increased to 67 percent in 2001. In a like-wise there has been a nearly 72 percent increase in CPR during these 10 years. Because of the increase in CPR over the years the proportion of unmet need has decreased during the period 1996 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 large number of

couples and even where they exist 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 26 percent in 1986 (Neupane, 1997).

Mortality and Fertility

There is a deep relationship between the survival of the children and fertility. due to the birth of children to very younger or older women or due to the poor health facilities, the risk of dying is still found in the case that if their mother already had many children or born in the short interval. This highly loss of children or infant lead to high fertility in order to compensate for the decreased number of children (Pant, 1996: 1).

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

Choudhary, et al. 1976) demonstrated a positive relationship between the number of children ever born and the number of children died (Cited in Adhikari, 1999).

Knoded (1977) exhibited a strong correlation between level of infant mortality and fertility form the data of the nineteenth century Germany. Among the pre-industrial European population, as similar as

the present population of Nepal, an infant death typically related to shorting the time taken until the next birth.

Therefore, the interdependent relationship between fertility and infant mortality suggest that a reduction in infant child mortality will trigger a subsequent decline in fertility. It has also been found that a lower IMR motives couples to produce fewer children (MOPE, 2002).

2.3 Conceptual Framework

Davis and Blake (1956) framework is one of the well known frameworks which is focused on the institutional mechanisms in society and listed eleven intermediate variables. These variables operate upon individual fertility between the factors biological, social psychological or cultural (Cited in Aryal, 1997).

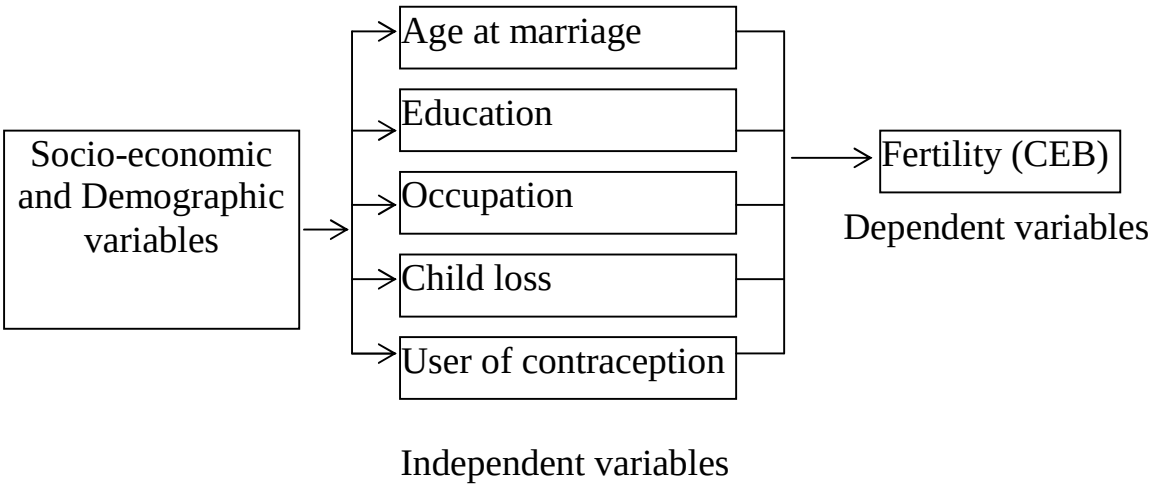
Ronald Freeman (1975) has developed a conceptual framework for the study of fertility. Freedman's model for the sociological analysis of fertility levels, envisages environmental factors and social and economic structure impinging on fertility via a series of intermediate variables.

Proposed Conceptual Framework

The proposed research framework set out in figure consider that the age at marriage, education, occupation, child loss experience are the independent variables and they combinely determine the level of fertility. Hence, fertility becomes the dependent variable.

On the basis of literate review of fertility behaviour, the following conceptual framework is proposed.

Figure 1: Fertility behaviour



Source: 1. Principle of demography – Asha Bhende & Tara Kantikar

3. Effect of Differential age at measurable on number of children ever born (1994), Bidhan Acharya.

CHAPTER-III

METHODOLOGY OF THE STUDY

3.1 Background of the Study Area

Nepal is the country of multi-lingual, multi-religious and multi-ethnic society. According to census 2001, the total population of Nepal is 23,151,423 and annual growth rate 2.25 percent with total fertility rate of 4.2 per woman. Out of 101 casts identified Yadav constitute 3.94 percent and 895,423 in number. They are 473,421 males and 422001 females respectively.

Siraha district is in Sagarmatha zone, which is in Eastern Developemnt Region of Nepal. It's headquarter is Siraha. Its borders are the Dhanusha, Janakpur zone, in west, India (Bihar) in south, Saptari district in the east and Udayapur in north. Total area of Siraha district is 1188 square km. Siraha district has 107 VDC and two municipalities. The total population of Siraha district is 572,399. Sanhaitha VDC is one of the 107 VDCs of Siraha district. Its borders are Itatar VDC in the east, Lagadi Gadhiyani and India (Bihar) in South, Laxminiya VDC in west, Hakapara and Krishnapur VDC in north.

According to the census 2001 total population of Sanhaitha VDC of Siraha District is 5,119 with male 2656 and female 2463. Among them the population of Yadav is more in comparison of other castes.

The study area is chosen as Sanhaitha VDC of Siraha District of eastern development region, where densely populated homogeneous group of 'Yadav' inhabitants. Mushar, Khatbe, Muslin, Dom, Chamar, Kalal, Hajam, Barahi, Malah (Majhi), Koiri, Sonar, Dusadh are different caste/ethnic group of people residing the study area. Yadav is one of the largest caste and they mainly depend on farming and their mother tongue

is Maithali. Wrestling is their traditional game. Although some NGOs are lunching many programmes on fertility behaviour of other caste, research of specific caste of Yadav's fertility has not been done yet at the Sanhaitha VDC of Siraha District.

3.2 Methodology

There are 856 households in Sanhaita VDC., The total population of the VDC are 5119 with 2656 male and 2463 female. Yadavs are in major number in each ward. To cover the whole VDC, odd numbered (1, 3, 5, 7 & 9) wards are selected for the survey. Only 30 households are considered from the above explained wards for 150 respondents and the repetition was not made.

3.3 Simple Design

First the researcher counted the total household of Yadav community of Sanhaitha VDC of Siraha district from bureau of statistical (DBS) records. Out of the total study population 150 eligible women were selected from 150 households using purposive sampling method. The respondents taken for the study are currently married women of aged 15-49 years. This study is based on field survey in order to fulfill the specific objectives of the study. The studies based on both primary and secondary data but the analysis mainly depends upon the primary data, which was collected by administering the survey questionnaire. The research is the effect of socio-economic and demographic factors on fertility behaviour among Yadav women. Fertility behaviour is examined by the number of CEB by correlating with age at marriage, education, occupation, child loss experience and use of contraception.

3.4 Sources of Data

The study is based on primary data collected form the field survey. The respondents were ever married women aged 15-49. Structure and

semi-structure questionnaire were used for the collecting information about fertility behaviour of Yadav community using interview method of each of the selected ever married women age 15-49 years.

3.5 Questionnaire Design

Two types of questionnaire were 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 factors/characteristics of each household. The objective of the household questionnaire was also to identify the eligible respondents for individual interviews.

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

3.6 Data Collection

Researchers along with other helpers who are the student of the population studies in Surya Narayan Satya Narayan Morbaita Yadav Multiple Campus, Siraha, were involved in the field survey. The enumerators were trained by the researcher before going to the data collection and gather the necessary information. The questionnaire filled out was edited, checked and recorded before they were entered into the computer.

3.7 Data Analysis and Interpretation

Data were entered in the software program MS-Excel and SPSS Software program was handled to process the data. Cross tabulation, Frequency tables and correlation analysis were used to examine the relationship between dependent and independent variables.

3.8 Validity and Reliability

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

- Questionnaire was asked in simple Nepali language.
- A close report was developed with the respondents during the interview which encouraged the respondents to help the researcher actively by providing the necessary information.
- Researchers himself completed all forms and checked and rechecked. If any information is missing or doubtful, a revision was made for completion.
- Editing of the entered data was done very carefully for entering and maintains the data accuracy.

3.9 Selection of the Variables

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

A. Demographic variables:
i. Age at marriage ii. Child loss
B. Socio-Economic variables:
i. Education iv. Occupation
C. Family planning variables:
i. Use and non-use of contraception

CHAPTER-IV
DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS

4.1 Background Characteristics of Population

It is important to understand clearly the overall background situation of the population as well as respondents being considered in the study. Background situation includes socio-economic and demographic characteristics.

4.1.1 Age-Sex Structure

The age structure of the household is presented in table one.

Table 1: Age-sex distribution and sex ratio of the study population, 2003

Age group	Population				
	Male	Female	Total		Sex ratio
	N	N	N	%	
10-14	34	29	63	8.32	117.2
15-19	26	34	60	7.92	76.4
20-24	28	31	59	7.79	90.3
25-29	32	35	67	8.85	80.6
30-34	25	30	55	7.21	83.3
35-39	32	23	55	7.26	139.1
40-44	26	20	46	6.07	130
45-49	16	17	33	4.35	94
50-54	22	12	34	4.49	356
55-59	7	14	21	2.77	50
60+	8	3	11	1.45	266
Total	256	248	504	100.0	103.2

Source: Field survey.

The age-sex composition of a population is the most important factor for studying fertility. This study included a sample population of 757 populations form 150 households. Out of the total population 49.1

percent were males and 50.8 percent were females. Among those 263 females were eligible respondens of reproductive aged 15-49 years.

The highest proportion of population were found in age group 0-4 (16.2%) and 5-9 (17.1%). This indicates that there exists higher proportion of population in the lower age group resulting higher fertility. The lower proportion of the population in older ages shows the low life expectancy. The data also shows the sex ratio, the number of males per 100 females was 96.6.

4.1.2 Educational Status of the Study Population

Education is an important variable in accounting for demographic behaviour and it is one of the social characteristics of persons covered in the study. Educational status will be useful in analysis relating education to change fertility. Therefore, it is important to know the educational status of the study area. Only education of the respondents and their husbands is considered here.

Table 2: Distributions of the population by education status by sex

Educational status	Population by sex in percentage					
	Male		Female		Total	%
	No.	%	No.	%		
Literate	73	48.6	52	34.6	125	41.6
Illiterate	77	51.3	98	65.3	175	58.3
Total	150	100.0	150	100.0	300	
Educational attainment						
Primary	32	43.9	33	63.4	65	52
Lower secondary	11	15	5	9.6	16	12.8
Secondary	9	12.3	7	13.4	16	12.8
SLC and above	21	28.7	0	19.2	31	24.8
Non-formal Education	-	-	-	-	-	-
Total	73	100.0	52	100.0	125	100.0

Source: Field survey.

Table 2 shows that the literate population out of respondents and her guardian is 48.6 percent. This indicates the majority of population are illiterate (58.3%). If we see sex wise percentage of males who are literate is much higher than females.

Among the literate population overwhelming majority (52%) is accounted for primary level education, which is higher for females (63.2%) than that of males (43.8%). About 12.8 percent have lower secondary education. But the percentage of males is 15 which is only 9.6 percent for female. The decreasing percentage of literate for secondary levels dominating by females that means only 12.3 percent males were at higher secondary level. The twenty eight four decimal eight (24.8%) of population have gained SLC and higher education.

This table shows that there are low female literacy rate than male literacy rate and low school enrollment of girls than boys, which leads higher fertility.

4.1.3 Marital Status of the Study Population

Marriage is a social phenomenon and universal in Nepalese society. It is most important factor in population dynamics as it affects fertility tremendously. The table 3 provides the information on marital status of the study population.

Table 3: Marital status of the study population by sex (10 years & above)

Marital status	Population in percentage		Percentage
	Male (%)	Female (%)	
Unmarried	38.6 (99)	36.2 (90)	37.5 (189)
Married	61.32 (157)	63.7 (158)	77.7 (315)
Total	100.0 (256)	100.0 (248)	100.0 (504)

Source: Field survey.

Among the total 256 male 38.6 percent were unmarried and 61.32 percent were married. The table also shows that female 37.5 percent were unmarried and 63.7 percent were married.

4.1.4 Occupational Status of the Study Population

Information on occupational patterns are the special importance in the statistical framework of main power planning which is an integral part of socio-economic development. Regarding the occupational status of Yadav, 6 different categories employed.

Table 4: Distribution of study population by occupation

Occupation status	Population			
	Male	Female	Total	
	Number	Number	Number	Percent
Agriculture + Household work	109	198	307	60.87
Service	42	9	51	10.11
Business	20	12	32	6.34
Daily wage	18	24	42	8.33
Foreign employment	56	0	56	11.11
Student	11	5	16	30.10
Total	256	248	504	

Source: Field survey.

According to the table 4, out of the total, 504 persons were asked about their occupations that were within the age group 10 years and above. About 60.7 percent of the people recorded their main occupation as agriculture and more percent to be engaged in this occupation females were reported is higher (198) than males (109). Likewise, 18.33 percent of the total economically active population reported their occupation as

daily wages worker. Business holder were (6.34%) among which males are 20 and females are negligible 12 in number 30.17% were student.

4.2 Background Characteristics of Respondents

To analyze the fertility behaviour of the respondents, economic and demographic factors/characteristics of the respondents are better to be dealt. Among various background variables, demographic and socio-economic factors/characteristics are analysed in this section.

I. Distribution of respondents by age group

The main objective of this study was to collect information of the study area on fertility behaviour among the Yadav's in the reproductive ages (15-49 years). The age distribution of the respondents is presented below.

Table 5: Distribution of respondents by age group

Age group	Eligible women	
	Number	Percentage
15-19	12	8
20-24	30	20
25-29	42	28
30-34	20	13.33
35-39	21	14
40-44	10	6.66
45-49	15	10
Total	150	100

Source Field survey.

The table shows that more than 69 percent women are currently married who are within the age of 34 years. Of the currently married, only 30 percent are found to be at age of 35 and above within the

reproductive span. The majority of the currently married women were found in the group 25-29 (28%) followed by the age group 20-24 (20%) gradually decreasing order in succeeding age group up to 10 percent for 45-49 years of age.

2. Age at Marriage and Currently Married Women

In Nepal marriage takes place at an early age and it is almost universal. Early and universal marriage practice leads to long term social and economic consequences including higher fertility. Early marriage is insisted due to cultural believe.

Of the total currently married woman has started form the age <10 years and has ended at the 24 years in the study population. Out of the total currently married woman, 12.60 percent of them married at the age of 10 and less than 10 and 26 percent at the age 10-13. This pattern is followed by the age 14 (22.66). The currently married woman by age at marriage has shown that very few women have married in the age <10 years and higher the age at marriage in the age group 10-13 years.

To make easy for the analysis, the distribution of women by age at marriage has been classified by age group which has given below:

Table 6: Percentage distribution of respondents by age at marriage

Age at marriage	Eligible women	
	Number	Percent
<10	19	12.66
10-13	39	26
14-15	34	22.6
16-17	30	20
18+	28	18.66
Total	150	100.0

Source: Field survey.

Table 6 shows that 26 percent of the women married at age 10-13 years which is the highest percentage among the women. But it goes down 18.66 percent at the age group 18 and above. Only 12.66 percent respondents were married at 10 years and below 10 years. It shows nearly child marriage in Yadav community.

3. Family planning characteristics

Family planning behaviour plays the vital role in fertility behaviour. Knowledge and practice of family planning methods changes the existing trend of fertility in any population. One of the main objectives of this study is to collect the information about family planning behaviour of Yadav couples. Characteristics of family planning method of respondents are discussed below.

I. Contraception knowledge of the respondents

Every respondents was asked about the knowledge of family planning. The table 8 shows the information.

Table 7: Knowledge and practice of family planning method of the eligible women of the study area.

Knowledge of family planning method	Number	Percent
Pills	112	74.656
IUD	10	6.6
Depo	25	16.66
Female sterilization	120	81.33
Male sterilization	42	28
Condom	133	88.6
Norplant	5	3.3
Kamal Chakki	17	11.3
Withdrawal	2	1
Injectables	0	0

Source: Field survey.

Regarding the knowledge of the family planning method, the highest percent of respondents 88.6 percent had the some knowledge of condom. Female sterilization was the 2nd popular (81.33 percent. About 28 percent have knowledge of the male sterilizations. Among them (16.66%) respondents had the knowledge of Depo. For other family planning methods are less knowledge of the respondents.

Table 8: Practice of FP method of the eligible women of the study area

Practice of family planning methods	Cases	Percentage
A) Future intensive of family planning	75	50
B) Currently users of family planning	75	50
i) Depo-Provera	13	8.6
ii) Female sterilization	46	30.6
iii) Pills	4	2.6
iv) Condom	12	8

Source: Field survey.

Table 8 shows that 75 respondents will use family planning method that is 50 percent of the total women interviewed. Among the currently users 8.6 percent are using Depo-Provera and 30.6 percent using female sterilization 2.6 percent pills and 8 percent condom. It indicates that the current users like to use permanent method. They want to postpone child bearing unless their child grow up.

4. Age at First Menstruation

Age at first menstruation of the women is one of the major determinants of fertility. Menstruation in the early age indicates the maturation to reproduce child.

Table 9: Distribution of respondents by age of their first menstruation

Age of first menstruation	Number of respondents	Percent
Age < 13	69	46
Age (14-16)"	76	50.66
Age > 17	5	3.33
Total	150	100.0

Source: Field survey.

Table 9 shows that out of 150 eligible respondents, majority of the women's first menstruation were at age (14-16) years (50.66%), which are followed by those whose first menstruation was below 13 years (46%). Only 5 women had their first menstruation at age 17 and above. 4.22 Socio-Economic Characteristics of the Respondents

1. Educational status of the respondents

Educational status plays a vital role for determining fertility and family planning. It is associated negatively with fertility.

Table 10: Educational status of the eligible respondents

Educational status	Number	Percent
Illiterate	98	65.33
Literate	52	34.6
Total	150	100.0

Source: Field survey.

Among total respondents, only 34.6 percent are literate and the women 65.33 percent are illiterate. This shows the educational status of Yadav women is very low.

2. Occupational Distribution of Eligible Women

Females in different occupation are found to have different fertility. Occupation is one of the important determinants of fertility level of the population.

Table 11: Occupational distribution of women is given in the table

Occupation	Number	Percent
Agricultural + Household work	114	76
Service	11	7.33
Daily wage workers	25	16.66
Total	150	100.0

Source: Field survey.

The above table 11 shows that 76 percent of the women are engaged in agricultural sector and household work. This is followed by daily wage workers 16.66 percent. And only 17.33 percent are engaged in service. The table indicates that low status of female in the society.

CHAPTER V

FERTILITY DIFFERENTIALS BY DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS

This chapter deals with fertility level according to various demographic and socio-economic factors/characteristics of Yadav women. Fertility level of Yadav is examined on the basis of currently married women of 15 to 49 years with some selected demographic and socio-economic variables. Variation in children ever born is considered as the fertility differentials. 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. Therefore, CEB is used as fertility index.

5.1 Mean CEB by Current Age of Women

Children ever born to women in reproductive age are one of the best indicators for fertility behaviour. It is expected that as the age of married women increases, the mean number of CEB also increases. Since older women experience longer span of reproductive period than younger ones.

Table 12: Mean CEB by current age of women

Age group	Cases	No. of live birth	Mean CEB
15-19	12	15	1.25
20-24	37	71	1.91
25-29	38	84	2.21
30-34	14	33	2.35
35-39	23	61	2.65
40-44	11	44	4
45-49	15	66	4.4
Total	150	374	2.49

Source: Field survey.

From the table 12 the mean CEB of entire women of the study was found to be 2.49. The average CEB of age group 30-34 with 2.35. It reveals that childbearing is highly concentrated in the age 30-34. Women who had completed age group 40-44 already had more than 4 children in an average.

5.2 Mean CEB and Literacy Status of Eligible Women

Fertility behaviour in terms of CEB as explained, by literacy status is considered with literate and illiterate two distinguish categories. It has been widely accepted that education has a strong effect on the fertility behaviour. Mean CEB by literacy status of the study population is displayed in table 13.

Table 13: Mean CEB by literacy status of eligible women

Literacy status	No. of women /cases	No. of live birth	Mean CEB
Literate	51	116	2.27
Illiterate	99	258	2.606
Total	150	374	2.49

Source: Field survey.

It is observed that variation fertility level between illiterate and literate is significant and the result supports that the literate women have low fertility level than illiterate. The mean CEB of literate woman accounts for 2.27 and that of illiterate women is 2.60.

5.3 Mean CEB by Age at Marriage of Eligible Women

The data of the study area is given in the table 14 showing the variation in fertility by age at marriage.

Table 14: Mean CEB by age at marriage of eligible woman

Age at marriage	Number of cases	No of live birth	Mean CEB
10-12	37	133	3.59
13-15	44	90	2.04
16-18	40	77	1.925
19 and above	10	18	1.8
Total	131	318	2.42

Source: Field survey.

It was found that there is negative relationship between age at marriage and fertility. The table 14 shows that, the mean number of CEB is 3.59 for the women who married between ages 10-12. This was the highest mean CEB of study population. The mean CEB was found lowest 1.8 whose age at marriage was age group of 19 and above years. The respondents whose age at marriage was age group of 16-18 years, their mean CEB was 1.925 per woman. Thus this table provides that increasing age at marriage decrease the mean CEB of the eligible women. The respondents whose age at marriage less than 10 years were not included here.

5.4 Mean CEB by Occupation of Women

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 displayed in table 15.

Table 15: Mean CEB by eligible women's occupation

Occupation	Cases	No. of live birth	Mean
Agricultural + household work	114	292	2.56
Service	11	27	2.45
Daily wage workers	25	55	2.2
Total	150	374	2.44

Source: Field survey.

The mean CEB is found to be higher among those involved in agricultural and households workers (2.56) than those involved in daily job holder (2.27). The lowest mean CEB was found among those involved in daily wages worker which contradicts the facts (2.22%). It indicates that the Yadav women's mean CEB is higher due to the mostly non-service and agricultural involvement.

5.5 Mean CEB and Use and Non-Use of Contraception

The prevalence of contraceptive has been identified as one of the principle determinants of fertility. Contraceptive method is to prevent women from fertilization and to stop giving birth or to increase the birth interval. Both of these propose; help to plan a family by the means of birth control methods. Couple plan a family in such a way in which child gets maximum benefit from the parents. In this way, using birth control methods helps couples to achieve their desire family size by preventing unwanted births. It is expected to have low fertility level for those women who use family planning methods than those who do not.

Table 16: Mean CEB and use and non-use of contraceptive

Method	Number of cases	No. of live birth	Mean CEB
Users	75	159	2.12
Non-users	75	215	2.86
Total	150	374	2.49

Source: Field survey.

The variation in fertility behaviour of women of two categories user and non-user is significant with the difference of 0.71 in overall mean CEB (table 16). The mean CEB is 2.12 among those who are contraceptive users, whereas it is 2.86 for those non-users of family

planning method. The result clearly indicates that the fertility high among non-users of family planning.

5.6 Mean CEB and Children Dead

Among the several fertility determining factors, child mortality is one. People want to replace the dead child by giving next birth. The Yadav community is not in exception. Hence, there is positive relationship between child loss and fertility. Higher child loss promotes women to reproduce more children. The table 21 shows the mean CEB by child loss experience of the women.

Table 17: Mean CEB by children dead.

Position of children	Cases	No. of live birth	Mean CEB
Dead	35	149	4.25
Not dead	115	266	2.31
Total	150	415	2.76

Source: Field survey, 2006.

Form the table it is clear that mean CEB has been higher according to higher number of children dead. About 115 women had experience of no child loss. They have very low mean CEB, 2.31. The woman who had experience of child loss, they have higher mean CEB (4.25). This analysis proves that higher the child loss experience, the more the mean CEB.

CHAPTER VI

STATISTICAL ANALYSIS

6. Introduction

The previous chapter was the analysis of fertility behaviour among women with various socio-economic and demographic characteristics based on cross and mean tables. The present chapter deals with fertility behaviour using advanced statistical tools such as correlation analysis. Correlation analysis involves various methods and mechanics used for studying and measuring the extent of the relationship between variables. The study has used Karl Pearson's coefficient of correlation for multiple analysis.

6.1 Correlation Analysis

The measurement of degree of relationship between dependent and independent variables is used to examine fertility behaviour of Yadav. Following are the variables used to analyze for multiple correlation.

CEB – Children ever born

CL – Child loss

LSW – Literacy status of women

AAM – Age at marriage

OCC – Occupational eligible of women

EUC – Ever use of contraception.

The result of the correlation among variables for ever married women of reproductive of age (15-49 years) of the study population of the above mentioned are displayed in table 23.

Table 18: Correlation result for eligible women of reproductive age group

Variables	CEB	AAM	CL	LSW	OCCU	EUC
CEB	1.0					
AAM	-0.418	1.0				
CL	0.321	-0.292	1.0			
LSW	0.993	-0.232	0.217	1.0		
OCCU	0.921	-0.025	0.231	0.124	1.0	
EUC	-1	0.102	0.22	0.15	1.151	1.0

No. of cases = 150.

The proposed conceptual framework has been tested with the help of above correlation result under the following sub titles.

6.1.1 Age at Marriage (AAM) and Mean CEB

The negative value of correlation coefficient obtained to examine the relationship between at marriage and mean CEB. The level of significance is 0.05 and the value of correlation is –0.418. It implies that the higher age at marriage the lower the fertility level. But the relationship is week and statistically not significant.

6.1.2 Literacy Status of Mother of Mean CEB

The relationship between literacy and status of mothers in reproductive age (15-45 years) and mean CEB is found to be positive (0.993). It means that women with some education have lower the fertility behaviour as it is expressed in terms of mean CEB.

6.1.3 Occupation of Women and Mean CEB

The positive correlation between the occupational status of women and mean CEB is observed. Because most of the women engaged in agricultural and household workers. Similarly very few women were in

the non-agricultural. Socio-economically, women's occupation and fertility have positive correlation (0.921).

6.1.4 Child Loss Experience (CL) and Mean CEB

Interrelationship between child lose experience and fertility behaviour has been established. The present study found positive relationship between children dead and mean CEB. Among the considered variables, children dead variables had the biggest positive correlation with mean CEB. The correlation coefficient was 0.321 at 0.01 level of significance.

6.1.5 Ever Use of Contraceptive and Mean CEB

There should be the negative correlation between the ever use of contraception and mean CEB. Lower fertility behaviour has been found in the women who used the contraception. The correlation coefficient found here is -1. The result indicated that there was relationship between two variables.

CHAPTER VII

SUMMARY, CONCLUSION AND RECOMMENDATIONS

The study has been carried out to examine the fertility beahviour of Yadav community. This study is based on primary data collected form the field survey in Sanhaitha VDC of Siraha district. Out of the total study population, 150 women were selected form 150 household and the questions were asked which contained individual. They were designed to meet the objectives of the study.

A conceptual framework was designed to examine the variables obtained form the questionnaire so as to fulfill the previously set objectives.

Frequency and mean tables were presented to describe socio-economic factors influencing on fertility. Bi-variate analysis was employed to examine the fertility behaviour as explained in terms of CEB. Age at marriage, child loss experience, education of women, occupation of women, use of contraception were taken as independent variables and mean CEB was taken as dependent variable. The main findings obtained by the analysis of data collected form sample survey were as follows:

7.1 Major Findings

- Among 150 household, there were 757 persons out of them, 49.1 percent were males and 50.8 percent were females. Among them, 203 females were eligible for the interview.
- Out of 300 population eligible women including their husband, 41.6 percent were literate. Among literate 48.0 percent were males, and 34.65 percent were females.

- Among the total number of eligible women (150) only 34.6 percent were literate and 65.33 percent were illiterate.
- Among the total 256 male aged 10 year and above population, 157 (61.32%) were married and 99(38.6%) were unmarried. Similarly among females unmarried were 90 (36.2%) and married were 158 (63.7%).
- Among the eligible women of age 15-49, majority were in the age group 25-29 i.e. 28 percent and this percent is gradually decreasing in other succeeding age groups.
- There were 39 respondents who married at the age group 10-13 years, which is the highest number.
- Out of 150 respondents, there were 46 percent of respondents whose age of first menstruation was age (<13) and highest number is the age group 14-16 years.
- About 76 percent of economically active respondent were involved in agricultural and household workers either as agricultural self employee or agricultural employ.
- Out of 150 respondents 30.6 had used one method of family planning i.e. female sterilization and 50 never users.
- Mean CEB for a contraception method non-user was found to 2.86 per women and CEB for users was found to be 2.12 per women. The difference between CEB for non-users and users were found to be 0.74.
- Mean CEB of the respondents was found 2.49. There was the highest mean CEB in the age group 45-49 years and lowest mean CEB 1.91 in the age group 15-19 years.

- The mean CEB of literate and illiterate women was found 2.27 and 2.606 respectively.
- While considering the mean CEB by age at married, highest mean CEB was 3.59 who married at the age 10-12 years in comparison to the respondents who married after 13 years.
- Variation in mean CEB was significant in case of occupation. The highest mean CEB was found to be 2.56 per women for agricultural and household workers. The mean CEB was found to be 2.45 per women for those involved in service. The difference with highest to lowest mean CEB was 0.30 per women.
- Variation in mean CEB by children loss experience was also significant. It was observed that mean CEB was found 4.25 among the women who had child loss and 2.31 who had no child loss.

7.2 Conclusion

- Education plays a vital role for determining fertility level but in the study area out of 300 (respondent and their husband) sample population, 41.6 percent were literate and 58.3 percent were illiterate. While, considering the education of the respondents 65.33 percent were illiterate and 34.6 percent were literate that resulted the high fertility. So level of education of the women of reproductive age should be increase to reduce fertility level.
- Age has stronger power for defining fertility levels. So the of fertility depends on age. The mean CEB is varied by age of mother. The number of CEB is expected with the mother getting older. In this study, the findings show positive relationship between age and mean CEB.

- The research study in relation to fertility and marriage come to end in the conclusion that lower age at marriage is associated with the cause of high fertility. The relationship between age at marriage and fertility was significantly inverse correlated. **According to NDHS 2001, mean CEB is the age group 15-19 and 20-24 are 0.46 and 1.60 respectively. But in the study area, in these age group, mean CBB were found 1.25 and 1.91 respectively.** So the findings in force to rise the age at marriage for the reduction of fertility in the study area.
- Women with higher childless experiences had higher CEB. Women with no childless had 2.31 and with child less had 4.25 .
- There is inverse relationship between contraceptive use and fertility level but in the study area there were high level of users of contraceptive method. It is necessary to encourage them to use contraceptive method further.
- Higher level of occupation plays an important role to reduce fertility. Those women in unorganized sectors had relatively high level of fertility as compared the women of working in organized/ formal sectors. About 60.7 percent are totally engaged in agricultural and household workers. And others are in service, household and daily wage workers. Due to maximum involvement in agricultural and household workers with low education level, labour value increased and that tended to high fertility.
- The study shows when women loses her child, she will be motivated to replace her dead child. In this way, higher child loss promotes women to reproduce more children. This study comes to the conclusion that the mortality rate of the children and infants

should be reduced to decrease fertility rate as other previous studies.

7.3 Recommendations

On the basis of the above findings and conclusion the following recommendation are made.

This study has found lower age at marriage associate with higher number of CEB. Therefore, there must be some social and legal attempts to raise the age at marriage.

In the study area, female respondent's education level was very low. So to increase the level of education and illiteracy status of women the informal literacy class as well as free and compulsory education for all women in child bearing aged should be lunched.

In the study area, number of contraceptive users was very high. for those who do not use contraceptive, we should motivate to use contraceptive against the concept related to losing of health and side effect, IEC service and quality family planning service should be expanded for increasing prevalence of contraceptive users.

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. In conclusion it is to be said that fertility reduction programmes must be targeted not only to reduce the population size but also to improve the health status of women. The fruitful improvement will only be possible if many development projects are launched in the society. Awareness programmes should be launched. This programme removes the feeling of anxiety in

the use of contraceptive and provides the benefits of health families income and importance of education.

The use of temporary contraceptive method should be increased by launching family planning programmes extensively.

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

7.4 Recommendation for Future Area of Research

This study has selected some independent socio-economic and demographic variables for the analysis fertility in terms of number of CEB. The analysis on CEB has been performed by applying frequency, cross tabulation and simple correlation analysis. In this context, it is needed to study the fertility behaviour deeply considering the cultural religion socio-economic background to go deeply for fertility behaviour of the Yadav population as well as the population of other caste.

In this study it has been studied only about the Yadav community of Sanhaitha VDC of Siraha district. Along with the above independent variable's other variables like migration, attitude about the family formulation, newspaper reading ability, physiological variables, breast-feeding can be included for more appropriate and sensitive estimation with more advanced statistical tools like path analysis. This type of study may produce different new results can results and probably that result can describe the fertility behaviour of the people of Nepal in various ways.

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APPENDIX

Tribhuvan University

Central Department of Population (CDPS)

Kirtipur, Kathmandu, Nepal

Format of Questionnaire:

Questionnaire currently married women aged from 15-49 study effect of socio-economic social and demographic factor on fertility behaviours of Yadav Community.

District: VDC: Ward No.:

Guardian:

Name of Respondent:

Religion: Mother Tongue:

Joint Family: Nuclear family:

1. Family Background:

I would like to ask some questions about your family members.

S.N.	Member of family	Relation with guardian	Gender		Age	Education	Marital status	Occupation	Eligible member for interview
			Male	Female					
1									
2									
3									
4									
5									
6									
7									
8									

2. Has any member died in your family in the period of one year?

Yes ⊥ No ⊥

3. If yes, could you tell me, gender, age, cause of death?

Cause of death: Age:

Female: Male:

4. How old are you?

Age …….

5. Are you married?

Yes ⊥ No ⊥

6. If yes, could you tell me age when you married?

Year……..

7. Did you get any child?

Yes ⊥ No ⊥

8. If yes, please tell me about your child:

S.N.	Living child		Died after birth		Living at other place		No. of born child
	Son	Daughter	Son	Daughter	Son	Daughter	
1							
2							

9. Have you got any child in the last 12 months?

Yes ⊥ No ⊥

10. did your any child die in the last 12 months?

Yes ⊥ No ⊥

Son ⊥ Daughter ⊥

11. What is your and your husband's main occupation?

Respondent	Respondent's husband
Agriculture	Agriculture
Others	Others

12. Can you read and write?

Yes ⊥ No ⊥

13. If yes, which class did you pass?

Literate Class

Years gone to school Level

14. How much does your husband earn from the below listed field/terms in one year?

Paddy: Trade:

Maize: Job:

Wheat: Wages:

Potato: Oilseeds:

Others:

15. Do you know about the family planning? If yes, about what?

Yes ⊥ No ⊥

Permanent Temporary

Which? …….Which?…….

16. Have you used any contraceptives?

Yes ⊥ No ⊥

17. If yes, please tell me name?

Name: …….

18. Are you now using nay contraceptives?

Yes No ⊥

19. If not, why?

a. Desire of other child …….
b. Not accessible…….
c. Fear of health damage…….
d. And other (specify)……

20. Will you use nay contraceptives method in near future?

Yes ⊥ No. ⊥

Which ?

21. If yes, please name out ?

Name……..

Researcher

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M.Ed. 2nd Year (Population)