

CHAPTER - ONE

INTRODUCTION

1.1 General Background

Nepal is one of the least developed country, where as the rate of growth of population is high, due to high fertility rate 3.1/1000 women according to (NDHS, 2006). Infact, fertility is one of the major components of population change. Fertility is actual reproductive performance of women or group of women. It is a biological phenomenon. It differs from fecundity, which is the physiological capacity to produce children.

In Nepalese society, there is high fertility; children are symbol of well being both socially and economically. This is evident from the people saying, which may goes, your pregnancy fills the hills and mountain. Marriage is universal Phenomenon of society. Women who cannot produce son brings deteriorative situation in family.

According to 1911 census, the total population of Nepal was 5638749. In earlier censuses of Nepal, less that precise as compared to the successive censuses. Four subsequent censuses (1911, 1920, 1930, 1941,) had taken before the 1952/54 census which were known as head counts. The 1952/54 census was taken in two parts of the country in two different years, though it has been said the first systematic and scientific census. After 1961, census has been taken in every ten years. During the last 90 years, Nepal experienced many demographic changes. An increase of population more than four times has been taken place during a period of 90 years. In other words, on the average the population of Nepal grew at rate of 2.0 percent per annum during this 90 years period. In census period (1920-1930) population growth rate was - 0.07 percent. It was the most low Fertility rate Nepal has ever experienced. In 1941 population growth rate accounts for 1.16 percent. The highest growth rate Nepal ever experience

was in 1952/54 followed by 2.27 percent. Similarly, in 1991 it was 2.08 and in 2001, the population growth rate is 2.24 percent of Nepal. It indicates that the Fertility rate of Nepal is decreasing slowly day by day (CBS, 1995 and 2003).

The socio-cultural norms, which has son preference, low literacy rate of women, low social status of women, poor economic condition of women, less contraception use and high cost of bringing up of children explain high fertility in Nepal. According to Dahal (1989), a women in Nepal becomes a women merely when she performs her role as a mother, where as women's status is fully decision making in Tibetan - Burma groups. The level of their fertility is surprising much higher in compare to the Indo- Aryan groups Nepal. Women of indo-Aryan group has experienced a high level of Fertility 4.1 TFR (MOH, 2002). Even though government has made several efforts to reduce fertility since 1965, insignificance result are shown in the last of successive years.

Fertility behaviour refers to the child bearing performance of women of the Fertility behavior refers to the actual reproductive performance of a women. According to Bhende and Kantikar (1994), Fertility behavior is the process of giving birth which is interacted with the ambient environment and the environment is different societies. Besides the degree of interaction of the environmental variables which is different within the biological limits of human fertility, social, cultural, psychological as well as economic and political factors are found to be responsible for determining the level and differentials of fertility.

This topic is chosen because the Literature review regarding fertility behaviour of various indigenous community like Tamang it has seen that the women of such groups have seen the behind from mainstream of overall development which leads high level of fertility.

1.2 Statement of the Problem

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

There is high fertility rate in Nepal still. According to 2001 census, the total fertility rate (TFR) of Nepal in 2001 recorded as 4.6 per women's. according to the NDS, the total fertility rate (TFR) of Nepal in 2006 recorded as 3.1 per women. It indicated thatr consequently Nepal's population is increasing fast so that rapid population growth is bound to exact a strong pressure, which adversely affects the economic development of Nepal. Due to rapid growth population various socio-economic and demographic condition are being affected by it. The fertility increased due to low use of contraceptive limited access to contraceptive, device and lack of community participation, low motivation which may be effected by social, economic religious, biological behaviours and culture factors. There are all these factors must be control (reduce). The reeducation of fertility is possible through development of socio-economic status of people and effective implementation of family planning programme.

1.3 Objectives of the Study

The general objectives of this study is to assess the fertility behaviors of Tamang Community of Harnamadi VDC of Makawanpur District. The further purposes of this study are identification of causes high fertility rate on the community. The specific objectives of the study as follows.

- 1) To assess the demographic and socio-economic characteristics of Tamang community.

- 2) To examine the relationship between children ever born and some demographic and socio-economic variables.
- 3) To find out the family planning practice and knowledge and its effect on fertility among Tamang community.

1.4 Significance of the study

The main purpose of this study is to find out various socio-economic and demographic aspect of fertility behaviour of Tamang community in Harnamadi VDC. In Tamang community, fertility is high and most of the people are illiterate. So this study is important to know the fertility behaviour of Tamang community.

This study is mainly focused on the married women of age 15-49 years. But after married women are also taken as respondent because to find out the fertility change in previous and now.

1.5 Limitation of the Study.

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

1. This study will be limited to fertility behavior of indigenous community of 'Tamang' of Harnamadi VDC of Makawanpur district.
2. Demographic and socio-economic variables will be considered to explain the fertility behaviour in terms of CEB.
3. This study will be based on the sample population as group of women, specially the currently married women of age 15 - 49 years.

1.6 Organization of the Study

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

objectives of the study significance of the study, limitation of the study and organization of the study.

The second chapter deals with the literature review and conceptual framework for the study. The third chapter describes the methodology, it includes general background of study area, sample design, sources of data, questionnaire design, data processing and data analysis. The fourth chapter includes households characteristics of respondents. Characteristics of respondents are included in chapter five. Likewise, chapter six includes the fertility differential by socio-economic and demographic variables. Summary, conclusion and recommendations are included in the seventh chapter.

CHAPTER-TWO

LITERATURE REVIEW

Review of literature is an essential part of all studies. It is essential to understand what is already known about a topic. A review of the literature provides a foundation upon which base of new knowledge. Learning about what has already been done and problem will typically provide adequate justification of the need to conduct research in a particular area which also helps to formulate a theoretical framework.

Fertility is considered as a major component of population studies. It has significant role by bringing fluctuation in population size, structure, composition, change etc. Fertility behaviour varies from country to country. Furthermore, it varies in developed and developing countries. Anyway, many social scientists have tried to shape different models to explain the interrelationship between those variables that has consequences on the reproductive behaviour of women in society.

2.1 Theoretical Literature Review

Fertility is a major component of rapid growth of population. Demographer and social scientists are even today busy in such of systematic theory which would provide explanations for change in fertility level and differential in fertility and which would also serve as a basis for predicting future fertility trends.

The theory of demographic transition presented by Frank Notestien in 1945 described (advanced) the transition from high to low fertility representing shift from natural fertility to family limitation (Libesenstien, 1987: 96). The theory of demographic transition estimated a number of studies that analyzed the relationship between socio-economic development and fertility. In the countries of being popularized demographic transition, fertility decline was mainly due to declines in death rate and family limitation norms resulting the process of

modernization, which involves rising living standards of life, rising income, and media knowledge.

Kingsley David and Judith Blake explain the intermediate variables of fertility in 1956. The process of child bearing involves a series of physiological events. As the each process is biological, cultural and economic factors, these affect all the stage of child bearing. Davis and Blake listed eleven intermediate variables. They again categorized these eleven the intermediate variables into three groups.

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

Each of these intermediate variables can have either a positive or negative effects on Fertility. The fertility level in any society is determined by the combined effect of all these variables. All of these variables are presented in every society. Each can be operated to reduce or to enhance fertility.

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

Bongaarts (1983) has identified seven sets of proximate determinants variables that affect fertility. They are age at marriage, marital description, permanent sterility, duration of post partum infecundability, use and effectiveness of contraception, induced abortion and spontaneous intrauterine mortality.

J.C. Caldwell developed the theory of intergenerational wealth flow. He argues that societies can be classified according to their production system that

traditional family based on production with facilities of capital production with low fertility. In a society the fertility is high if children are economically beneficial to the parents, and low if children are not economically beneficial to the parents whether the children are economically beneficial to parents is determined by social conditions: mainly the direction of intergenerational flow of wealth (in terms of goods and services). This flow of wealth in all primitive and traditional societies has been from younger persons to the older persons. Children in such societies are economically assets to their parents and naturally more children mean more wealth leading the high fertility (Bhende et. al., 2002).

Ronald Freedman (1975) introduce two types of norms in his model namely norms about family and norms about intermediate variables generally operate together with effects of norms about family size and about intermediate variables. Varying life style related to position in a status, hierarchy influences norms about family size. Status indicators, such as education, occupation, income, wealth, power, prestige, caste and general class indicators may influence the desired number of children. Differences in life style may influences, norms about intermediate variables directly of though norms about family size. Social organization such as of family planning programme that has a goal to reduce fertility may influences the norms about family size or norms about intermediate variables and may control intermediate variables, for instance, use or non use of contraception. Social organization such as also family planning programmer may involve without explicit reference, either of norms or may influences the intermediate, which in turn affect fertility behaviour (Tuladhar, 1989).

Islam and Khan (1995) applying path analysis to data from 1989 Bangladesh Fertility Survey found that female age at marriage has a significant and direct negative influences on fertility. Thus rising the female age at marriage by employment a minimum age at marriage is likely to lower fertility. Duration of breast feeding is also found to have a significant and direct negative effect on fertility.

Female employment and education may introduce to conflicts between children rearing and other activities including work and by increasing the opportunity costs of children, exert a negative influence on fertility. Reduction in the costs of fertility regulation may facilitate achievements of fertility levels that are consistent with security target. An increase in opportunity costs will make children a more expensive form of insurance, but in the absence of change that affects the need for insurance or the availability of alternative forms of insurance is unlikely to reduce fertility to response (Cain, 1984).

2.2 Empirical Literature

2.2.1 Value of Children and Fertility

Children economic benefits and security is the main cause of high fertility in developing countries. Children provide of benefits of the household in several sectors such as cooking, from care of sibling and from sharing of incomes, and age security for the parents including economic support physical care and psychological security. Large family value is the other cause for the high fertility behaviour in less developed countries. Economic consideration is significant in large families and creating pressures to stop having children, (a.s cited in Wagle, 2001).

2.2.2 Education and Fertility

Education is one of the important indicators of social development as well as it is directly related to determine fertility behaviour of human being. High level of literacy is considered to be important factor in the process of modernization. We are seeing that the relation of these two variables is inversely proportional it means increase in education level decreases the fertility rate and decrease in educational level, increases the fertility rate. A study showed high fertility among the women with elementary level of education then graduate in USA (UN, 1973).

The total literacy rate rose from 13.9 percent in 1971 to 39.6 percent in 1991. The male literacy rate increased from 23.6 percent in 1971 to 54.5 percent in

1991 and female literacy rate increased from 3.9 percent in 1971 to 52.0 percent in 1991 (CBS, pp. 377-378). Similarly, the total literacy reached 54.1 percent in 2001 census. The male literacy rate reached 65.5 percent and female literacy rate is 42.8 percent (2001, Census). Singh (1986) showed that the husband education has 20 percent effect on fertility while mother's education has more than double effects than father's education on fertility. Education has vital role to reduce human fertility.

In Nepal, twenty differences could be observed in the literacy among male and female. The main reason for female literacy is social prejudices against female education, restriction on mobility of female, low social status to the female and low participation of female in formal education.

Family Health Survey 1996 explained a strong relationship between education and fertility. Women with at least some secondary education have total fertility rate of 2.5, which is almost half the rate among the women with no education with total fertility rate of 5.1 whereas women with primary education have total fertility rate 3.9 per women (MOH, 1996). These data clearly indicate that the highest total fertility rate is observed the women with no education. This survey also indicates that wife's education status was more powerful in reducing fertility than husband.

2.2.3 Occupation, Income and Fertility

Female in different occupation is found to have different fertility level. The employment of women outside the home reduce the level of fertility behaviour.

The relationship between occupational status and number of CEB is inverse. 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), farmers 2.7, production and labour 2.3 and other occupation (2.1) (CBS, 1995;79).

'One study of 60 development countries found women working outside tends to have fewer children than those working in fields and plantation. The world fertility survey showed women who work in modern sector such as teacher, nurse, administrative workers marry in an average 2.4 years later than

women who work in domestic and agriculture sector. Employment for modern sector tends to have lower fertility rate (World Bank, 1992). Women with husband in white color occupation tended to have lower fertility. The level of fertility of working status of mother in urban and rural areas was found lower than that of non-working mother. The evidence linking women employment with lower fertility and mortality is contradictory.

Risal and Shrestha (1998) indicated that female mean age at marriage was 20.2 years for administrative workers and 17.9 years for the women working in farm and agriculture. Nepal is developing country where women are deprived from various opportunities. Women have lack of job opportunities outside the house. Therefore, the level of fertility is also high in Nepal. Poverty is one major factor for increasing fertility level.

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 and slower population growth have seen higher productivity, more savings and more productive investment. They have registered faster economic growth, investments in health and education and gender equality are vital to this effect. Family planning programmes and population assistance were responsible for almost one-third of the global decline in investment attack poverty directly and empower individual especially, women, they enable choice (CBS, 2003).

2.2.4 Lack of Communication between spouse on family on size and fertility

The lack of communication between husband and wife is regarded as one of the response for not using contraception in Latin America and in Asian societies (Tuladhar, 1989; 210). The majority of currently married women in Nepal reported that they never discussed about family size with their husband. The proportion of women who have had communication with their spouses was higher among the younger and the educating than among the older and uneducated women (Tuladhar, 1989:212 as cited in wagle, 2001).

2.2.5 Age at Marriage and Fertility

Age at marriage is also determinant of fertility. There is inverse relation between age at marriage and fertility, i.e. higher the age at marriage lower will be fertility. Many studies have supported this argument. In Nepal age at marriage is found to be lower for females (15.4 year) and 19.5 years for males in 1991 (MOPE, 2004). Nepalese society does not allow the sexual union of unmarried people. So marriage is considered as social ceremony in our society. Tuladhar (1989) using the data of Nepal Fertility Survey 1976 found that mean number of CEB decline with increase in age at marriage. He also found that there is strong negative relationship between age at marriage and fertility.

Women who have started cohabitation at the earlier age had CEB of 3.7 whereas the women cohabitated in 15-17 years had 2.3 and 18 years and later had 2.9 (Acharya, 1996). The value of singulate mean age at marriage (SMAM) have increased by 3 years for males and 4 years for female since 1961 and these are in 2001 about 23 for males and 20 years for females. Data shows 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 four decades (1961-2001, CBS, 2003).

The number of children ever born affects the socio-economic condition of the people in the country. Empirical studies have shown that number of children ever born and poverty are positively associated (especially in developing countries like Nepal). The maternity health and family planning are interrelated and they together have an impact on the quality of population. The mean number of CEB per women (15-49 years) is estimated to be 2.4 according to NLSS 2003/04. As expected, this increases with age group of women. Rural areas have more children per women relatively to urban areas. TFR for Nepal is estimated at 3.4, urban areas have a much lower rate of 3.8. The 2001 census estimates to overall TFR range from 3.7 to 3.9 (CBS, 2003).

As the literacy rate is low in Nepal, age at marriage makes a great difference in governing fertility. Some studies on population have indicated that

increase in female age at marriage contributes to a significant reduction in fertility in any traditional society and Nepal is no exception to this.

2.2.6 Child Survival and Fertility

There is strong relationship between fertility and survival of children. Young children have higher risk of dying if they are born to very younger or older mother, and if their mother already had many children. Therefore, it has been argued that high infant and child mortality is a cause of high fertility in many societies, because there is always a need of new child to compensate for the lost one.

Women with higher child loss experience had higher CEB. Women with an experience of no child loss had 2.5, those with one child loss had 4.3 those with two or more child loss had CEB 6.5. A steep increase in CEB for cases of two or more daughters or sons dead is evident. So women with higher child loss experience had higher CEB (Acharya, 2000).

The complex association between infant and child mortality and reproductive had long been recognized in demographic literature and research as involving a two-way processions. High infant and child mortality has implication for the level of fertility in all societies. In other direction high levels of fertility contribute, once again through biological as well as social process, to maintaining high levels of infant and child mortality (UN, 1975 as cited in Wagle, 2001).

According to Adhikari (1996), in Nepalese perspective, the poor level of socio-economic development is the most catalyzing factor for high level of infant and child mortality and fertility, poor health facilities, lack of knowledge on personal hygiene and sanitation of the reproductive age group women and deficiencies of caloric intake, portentous, diet and micro nutrients impairs the personal health of mothers and children in Nepal.

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

The current estimate of child mortality in Nepal is 28.6 indicating that of the 100 babies surviving to age one, 28.6 percent die before they reach the age of five. In a likewise manner under 5 mortality is 91.2 indicating that of the 1000 children born today 91.2 will die before they reach the age of 5 and infant mortality (IMR) is estimate 64.4 per 1000 live births (Karki, 2003).

2.2.7 Cultural, Religious values and Fertility

Different fertility can be observed in the different cultural and religious societies. So, fertility is directly affected by various cultural and religious norms and values. Nepal is a country with multi-lingual, multi-religious and multi-ethnic society. By culture and religion, Nepali society is pro-natalist (Dahal, 1987). A major cultural component of Nepal women is child bearer. A women becomes real women only when she performs her role as mother and her status is fully validated after the successful birth of many children especially sons and childlessness is a course (Dahal, 1987). Nepalese couples are lengthening their fertility until the birth of son; it means the birth of son is compulsory in the family. There is performed different behaviour towards son and daughter by family by which fertility level becomes high. Even if a married women can't give birth of son, then husband does next marriage because of getting birth of son. It means fertility of Nepalese women is powerfully guided by various types of Nepalese cultural and religious norms and values. Total marital fertility rate (TMFR) has observed different among different caste and ethnic groups.

2.2.8 Contraceptive use and Fertility

The prevalence of contraceptive has been one of the major determinants in any society. It is widely believed that family planning awareness helps to control population growth in the country. The practice of family planning began in Nepal in the late 1950's through non-governmental sector. Government supported family planning services started as early as in 1968. The retention rate is low and contraceptives are not generally used, if all, until after three or more birth (Dahal, 1987). Tuladhar also 1989 noted that cumulative fertility of family planning uses is higher than that of non-users.

Nepal Living Standard Survey (NLSS II) estimates 71 percent of women aged 15-49 years are knowledgeable about at least one of the family planning methods, 46 percent have ever used it and 38 percent are currently using some form of family planning methods. The contraceptive prevalence rate is higher in urban areas as compared to rural areas. Current use rate of family planning is higher among women aged 35-39 years. This is higher among those from richer households. Information, Education and Communication (IEC) is the most common medium of information about family planning. The majority of women, 38 percent reported radio as the source of information about family planning methods, followed by friends/relatives (24%), Television (7%) and Newspaper/poster (3%). In response to the question asked to women aged 15-49 years on the type of family planning methods currently using either by them or by their husbands, 33 percent reported laparoscopy/Minilap, 20 percent vasectomy, 39 percent other temporary methods and only 8 percent condom.

Dahal (1989) found a close relationship between use of family planning services and desired family size in Nepal is 3.4 to 4 surviving children with at least 2 living sons. Until and unless their desired family size is reduced the use of family planning services would not increase. Other important reason for low uses of contraception is KAP (Knowledge, attitude and practice) gap.

HMG, NGOs and INGOs are trying to reduce fertility by launching family planning programmes and increasing the percent of contraceptives users but they can't get success for it because there are different social, economic psychological, cultural and other causes towards it. So, fertility level is also high in developing countries like Nepal.

2.2.9 Fertility Study in Nepal

In Nepal, fertility study was started from Demographic Sample Survey (DSS) in 1974. After that in every 5 years of interval, sample survey is conducted in Nepal. The main Demographic Sample Surveys conducted in Nepal as follow:

Nepal fertility survey (NFS), 1976 was carried out during period April-June in 1976 in joint collaboration with World Fertility Survey (WFS) and Ministry of Health. The main objectives of NFS were to provide data estimate the level of fertility for the country as a whole and to provide data to evaluate progress of national family planning programmes. The NFS 1976 reported the mean number of CEB among married women and reported the total marital fertility rate is 7 for hill and mountain and 6.8 for terai.

Contraceptive Prevalence Survey (CPS) 1981 was conducted by the joint collaboration of FP/MCH and Westing house Health System, USA. The main objective of this survey was to determine the level of contraceptive use in the country. The CPS was reported the total fertility rate (TFR) 5.09 for currently married women and mean number of children ever born was 3.2 for currently married women (MOH, 1996).

Nepal Fertility and Family Planning Survey Report (NFFS), 1986 was the third national demographic survey carried out by the Nepal Family Planning and Maternal Child Health Project. The survey provided data to measure changes in levels, trends and patterns in Nepalese demography during the decade (1976-86). The mean number of children ever born for all women was reported to be 3.3. The total fertility rate (TFR) as per the NFFS 1986 is 6.02 where as total marital fertility rate (TMFR) was found to be 4.98 (MOH, 1987).

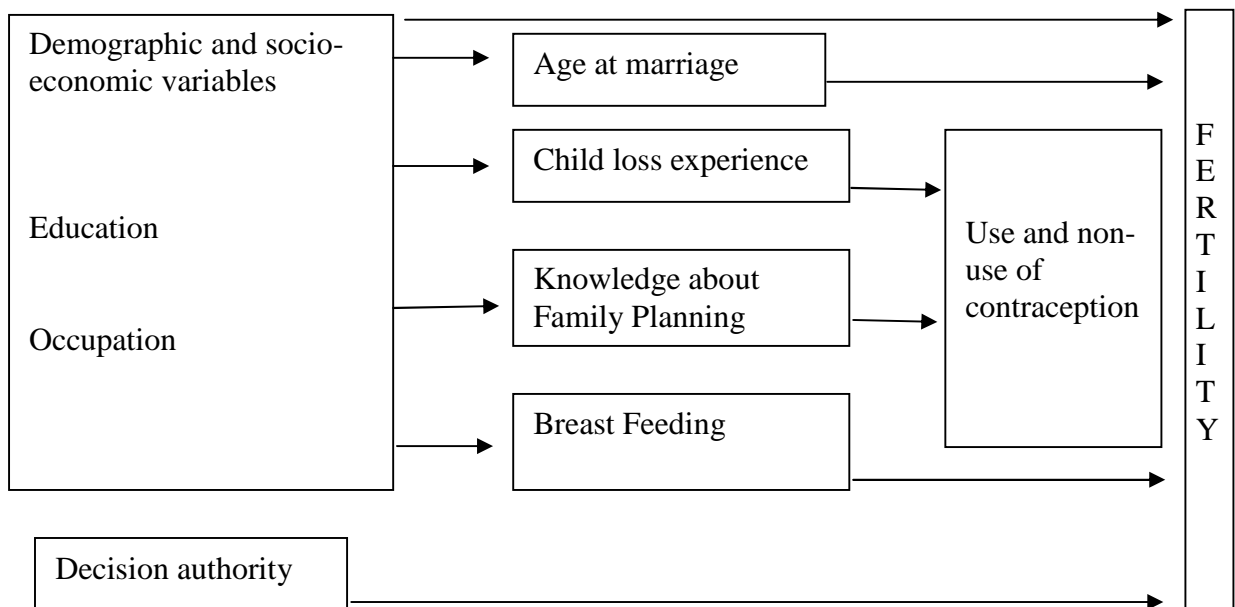
Nepal fertility Family Planning and Health Survey (NFHS), 1991 is the largest of all national survey conducted to date under the ages of planning, research and evaluation section of FP/MCH division. This survey was conducted to update information on fertility, family planning infant and child mortality. The NFHS 1991 report showed a total fertility rate (TFR) of 5.1 and total marital fertility rate (TMFR) of 6.1. Similarly, the overall mean number of children ever born is 3.5 for currently married women and 2.8 for all women (MOH, 1991).

Nepal Family Health Survey (NFHS) 1996 is the fifth in a series of demographic survey. It was conducted under the ages of the Family Health Division of Ministry of Health (MOH, 1996).

Survey report indicated that fertility in Nepal has declined steadily from over 6 births per women in the mid 1970's to 4.6 births per women during the period (1994-96). The total fertility rate (TFR) for urban Nepal was 2.9 births per women, which is about one childless than the rural Nepal.

2.3 Conceptual Framework

This study is concerned about fertility behaviour among the indigenous women of Tamang community of Harnamadi VDC of Makawanpur district. In this study researcher has considered the following conceptual framework for studying the fertility behaviour of Tamang community of Harnamadi VDC.



In this study, educational and occupational status of the respondents do determine the age of marriage, child loss experience, knowledge about family planning and practice of breast-feeding. Because the education of women is directly associated with the age at marriage and their knowledge affect on family planning. Occupational status of the respondents the household generally reflects the improved condition regarding age at marriage, knowledge about family planning, child loss and breastfeeding practice, which are affect on fertility behaviour.

CHAPTER-THREE

METHODOLOGY

3.1 General Background of the Study Area

This study is conducted in Harnamadi Village Development Committee of Makawanpur District. This district lies in central development region and VDC lies in central part of Makawanpur district.

3.2 Sample Design

This study is carried out in Tamang Community of Harnamadi VDC Makawanpur. According to 2001 census there are 550 women of age group (15-49). Among them 109 women were taken as sample, which is 20 percent of married women of reproductive age group. A stratified random sampling was employed to select respondents. From each ward 12 respondents were taken except ward no. 2. In ward no. 2, 13 respondents were taken because this ward includes more number of married women aged 15-49 years.

3.3 Sources of Data

The study is based on primary data generated from the field survey. The respondents are married women of reproductive age of 15-49 years. Structured and semi-structured questionnaire are used for collecting information about fertility behaviour of indigenous Tamang community using direct interview method with each of the selected married women aged 15-49 years.

3.4 Questionnaire Design

The questionnaire was divided into two parts. They were 1) household questionnaire and II) individual questionnaire

The household questionnaire was employed to collect information on socio-economic and demographic measures of each members of the household. The information collected was as follows:

-) Age
-) Sex
-) Relationship with the head of household
-) Literacy
-) Level of the education
-) Marital status
-) Occupation

The main purpose of this part is to identify the eligible women for interview.

The individual questionnaire was employed to all ever-married women aged of 15-49 years. Information was generated on educational background of both husband and wife, types of occupation, age at marriage, marital status, knowledge and use of family planning.

3.5 Data Processing

Questionnaires were filled and carefully checked after getting the information from respondents. The data were carefully edited and processed with the help of computer using database, SPSS programs.

3.6 Data Analysis

The data collected through individual interview are presented in appropriate tables. They are analyzed and tabulated according to the objectives of the study. The data are analyzed based on frequency and percentages. The nature of data later may determine the method of data analysis using software program for social science (SPSS).

CHAPTER-FOUR

SOCIO-ECONOMIC CHARACTERISTICS OF THE HOUSEHOLD

In this chapter, background characteristic of the household and study women are described the main theme of this study is to relate the socio-economic and demographic characteristics with women's fertility condition. Family status also determines the status of women which ultimately determines the fertility, family planning status of women. That's why, household information is also collected and analyzed in order to relate with the women's fertility and family planning.

4.1 Household Characteristics

In fact, fertility is a demographic matter. The large number of family members in a household creates more problems in the family. Because more number of members need more things in social and economic sectors. This hinders the women to achieve the meaning of life and she may have to involve in rearing and bearing of children and doing household chores. This sectors deals with household characteristics such as household size, economic status of the household, facilities, religion etc.

4.1.1 Sex Composition of Household Members

Sex composition of population puts important role in the study of population dynamics. Sex simply refers to different objects namely male and female of and living beings. Both have themselves importance and with the absence of one, the life of human beings become meaningless as well as it is impossible to move the whole nature without any object. Therefore, demographic studies always centred on sex composition of population. The following table gives the information on sex composition of the household members in study area.

Table No. 1 Percentage distribution of household member by sex

Sex of the total population	Number	Percentage
Male	262	47.8
Female	286	52.2
Total	548	100.0

Source: Field Survey, 2007.

Above table shows that more than fifty percent (52.2%) are female and less about 48 % are males in the respondent's household. It clearly shows that there are higher number of female than the males in the households.

4.1.2 Age Structure of Household Members

Age structure of population is an important factor in demography. Completed years of living beings refers to age. It is necessary to know age structure of people of households. Fertility is affected by age structure of women. The following table no 2 provides the information about age structure of household member in study area.

Table No. 2 Percentage distribution of household member by their age and sex

Age group	Sex of the total Population				Sex Ratio	Total	
	Male		Female			No.	%
	N	%	N	%			
0-4	24	9.2	24	8.4	100.0	48	8.8
5-9	27	10.3	24	8.4	112.5	51	9.3
10-14	22	8.4	25	8.7	88.0	47	8.6
15-19-	21	8.0	32	11.2	65.0	53	9.7
20-24	48	18.3	63	22.0	76.0	111	20.3
25-29	14	13.0	32	11.2	106.3	66	12.0
30-34	10	3.8	12	4.2	83.3	22	4.0
35-39	10	3.8	13	4.5	76.9	23	4.2
40-44	14	5.5	28	9.8	50.0	42	7.7
45-49	16	6.1	15	5.2	106.7	31	5.7
50-54	9	3.4	2	0.7	450.0	11	2.0
55-59	9	3.4	2	0.7	450.0	11	2.0
60+	16	6.9	14	4.9	125.0	32	5.8
Total	262	100.00	286	100.00	91.6	548	100.00

Source: Field Survey, 2007.

Above table shows that majority of family members i.e. (20.3%) are in age group 20-24 years. Similarly, 12 percent are in age group 25-29. Nearly 0.4 percent are in age group 50-60 years. Likewise, 8.8 percent in age group 0-4 years. According to sex, 20's age group has higher number of people in both sexes. It

clears that majority of people are in 20's age group in this study area. Table no 2 also shows that sex ratio of household member, in age group 5-9, 25-29, 45-49, 50-59 and rest 60 and above have lower as compared to other age group. It should be taken into consideration there is neither high nor low sex ratio in age group 0-4 i.e. 100.

4.1.3 Marital Status of Household Member

Marriage is a social phenomenon in which two different sexes bonded each other and live their life together. Marriage can't put far from the study of demography. In other words, demographic studies has put greater attention on the study of marital status of people. Early age marriage determines the high level of fertility and vice-versa.

Table No. 3 Percentage distribution of household member by marital status

Marital Status	Number	Percentage
Single	318	70.8
Married	131	29.2
Total	449	100.00

Source: Field Survey, 2007.

The above table shows the marital status of the household member. The total population was 449; where the single number of population were 318 (70.8%) and the married number of population were 131(29.2%). The table clearly showed that only 71 percent of household are single i.e. unmarried.

4.1.4 Household members by educational level

Those people are literate who can read and write. The literacy status of people determines the standard of life of people. Various studies related to fertility show that educated people have lower fertility than uneducated. It is necessary to study the literacy status of people with reference to Nepal where such status is still in critical phase until the time of 21th century. The literacy rate of Nepal is very low compared to other country of world.

Table No. 4 Percentage distribution of household members by literacy status.

Literacy Status	Number	Percentage
Literacy	206	41
Illiterate	295	59
Total	501	100.0

Source: Field survey, 2007:

The above table shows that out of total population 41 percent are literate and 59 percent are illiterate.

Table No. 5 Percentage distribution of the household by the level of education status

Level of Education	Number	Percentage
No. Schooling	190	37.9
Primary	148	29.5
Lower Secondary	75	15.0
Secondary	21	4.2
SLC Passed	38	7.6
Intermediate	23	4.6
Bachelor and above	6	1.2
Total	501	100.00

Source: Field Survey, 2007.

Similarly, according to educational status, highest percentage (37.9%) were not attending schooling and the primary levels of education attained by (28.5%). Similarly, the lower secondary attainment were (15.0%), secondary (4.2%), SLC passed (7.6%), Intermediate (4.6%) and Bachelor and above (1.2%). We can see that from the table the highest number of the persons are uneducated.

4.1.5 Occupational status of household members

The level of occupation lies in the economic characteristics of people. Fertility behaviour directly affects by level of occupation. It is generally said that those women have lower fertility who have higher level of occupation.

Occupation status is another factor, which reflects the socio-economic status of person and fertility.

Table No. 6 Percentage distribution of the household by occupational status

Occupation Status	Number	Percentage
Services	20	4.0
Business	65	13.0
Daily Wage	73	14.6
Foreign Employed	1	0.2
Household Work	24	4.8
Agriculture	318	63.5
Total	501	100.00

Source: Field Survey, 2007.

Most of the household populations are engaged in agricultural activities. In similar way, 14.6 percents are engaged in daily wages, 13.0 percent are

engaged in services. Others are considered as business, foreign complied and household work.

4.2 Socio-economic characteristics of respondents

In this sub-topic, respondents' socio-economic characteristics are described with the help of following sub-topics.

4.2.1 Religion

Nepal is a country with multi-religious people. At National level, Hindu accounts for 80% in census 2001. The proportion of Hindu population is in decreasing order. Different beliefs directly or indirectly influence the fertility and knowledge to the individuals. In this study also the respondents were also asked their religious status. The responses are tabulated in table 7.

Table No. 7 Percentage distribution of household members by religion

Religion	Number	Percentage
Hindu	21	19.3
Buddhist	88	80.3
Total	109	100.0

Source: Field Survey, 2007.

It is clear from the above table 7 that most of the respondents are Buddhist accounted for (80.3%), and the Hindu accounts for (19.3%).

4.2.2 Economic Status

In some cases, economic status is considered as determinants of the fertility. It plays a vital role in fertility behaviour. In Tamang community, the study found that higher economic status household have few children who have lower economic status. But in few cases higher economic status household have more member children. It is negligible. In this section, status of occupation, income, land holding status and domestic animals are described based on the respondent's responses.

4.2.2.1 Living Status

Living status is another determinants of fertility. Those people have low level of fertility whose living condition is standard and in other parts it just seems to be opposite.

Respondents were asked whether they are living currently in their own house or not, the responses are tabulated in table 8.

Table no. 8 Percentage distribution of household by living status

Living Status	Households	Percentage
Own House	108	99.1
Other's House	1	0.9
Total	109	100.00

Source: Field Survey, 2007.

The table 8 shows that majority of the household (99.1%) have their own house and the rest (0.9%) have no house at all.

4.2.2.2 Types of House

There is no standard definition of residential house, ownership of house and its types in the country. Definition used in surveys that collect information on it is not uniform and it causes problems in comparing data obtained from different sources. According to census 1991 and 2001, house refers to a structure of where household is using it as a shelter and which is closed or surrounded by walls or curtains made of any types of materials such as mud, wood planks, bricks, stone, concrete etc. In population census, houses are divided into four categories on the basis of types of construction materials used in walls and roof of the residential house. These categories are: pakki (permanent), ardha pakki (semi-permanent), kachhi (temporary) and others. Pakki houses refers to that with both walls and roof made of permanent construction materials like cement, bonded brick, concrete, stone, slate, tile, galvanized, sheet etc. Ardha pakki house belongs to the category where either the wall or the roof is constructed with permanent materials and the other is constructed with materials. In kachhi house, non-durable materials like wooden flakes, bamboo, straw/ thaten, mud, unbaked

bricks etc. are mainly used in both walls and roof. Other category of house includes a very temporary types of residential unit that is made with non-durable materials. The situation of house in study area is presented as follow.

Table No. 9 Percentage distribution of respondents by type of house

Type of House	Number	Percentage
Pakki	14	12.8
Ardha-Pakki	64	58.7
Kacchi	31	28.4
Total	109	100.00

Source: Field Survey, 2007.

Table 8 shows that most of the respondents house is semi-pakki, which is accounted for (58.7%), (28.4%) house is Kacchi and rest (12.8%) have Pakki house. This shows that they have lower family status.

4.2.2.3 Land Holding Status

In order to check the economic status, respondents were asked several questions among which the land holding status was also asked to them. The responses are presented in table 10.

Table No. 10 Percentage distribution of households by land holding status

Land Holding Status	Number	Percentage
Holding Land	-	-
Yes	106	97.2
No.	3	2.8
Total	109	100
Land Size (in Katha)		
2-5 Katha	6	5.7
6-10 Kath	25	23.6
11-20 Katha	35	33.0
21-30 Katha	28	26.4
31-40 Katha	5	4.7
41-50 Katha	7	6.6
Total	106	100.00

Source: Field Survey, 2007

Being an agricultural society most of the respondents are found to be holding land more or less. The table 10 is clearly shows that 97.2 percent of the

respondents are holding land whereas the rest 2.8 percent of them have no land at all.

Accordingly, among the respondents who have land were further asked about the size of land they are holding in 33.0% of them are found holding (11-20) Katha of land followed by accounting (23.6%), (41-50) Katha accounting (6.6%), (2-5) Katha accounting (5.7%). The least proportion of the respondents (4.7%) who have land is holding 31-40 katha of land.

4.2.2.4 Domestic Animals

Having domestic animals is also a source of household income. Some families who have less land may sustain themselves by selling domestic animals. In order to know their economic status and source of income, respondents were asked about the domestic animals and number of domestic animals that they had at the time of survey. The responses are tabulated in table 11.

Table No. 11 Percentage distribution of household by domestic animals

Status of Domestic Animals	No. of Households	Percent
Yes	103	94.5
No.	6	5.5
Total	109	100.00
If, yes how many		
Buffaloes	48	46.6
Cows	33	32.0
Oxes	2	1.9
Goats	20	19.4
Total	103	100.00

Source: Field Survey, 2007.

From the table 11, it shows that 94.5 percent of the have raised domestic animals but the rest 5.5 percent have no domestic animals at all. Among the households where the domestic animals were raised were further asked about the domestic types and number of animals. About forty seven percent of them have buffaloes, about 32.0 percent have cows, 1.9 percent have oxes and 19.4 percent have goats. This shows that the study population is fully depend on agriculture.

4.2.2.5 Household Facilities

Households facilities also indicate the economic status of the family. Economically well-off family may be better off in other aspects too. Respondents were asked about the availability of some important media and facilities in their home. The responses are tabulated in table 12.

Table No. 12 Percent distribution of the respondents by household facility

Facility	No. of Households	Percentage
Electricity	21	19.3
Radio	19	17.4
Television	2	1.8
All	64	58.7
No facility at all	5	4.6
Total	109	100.00

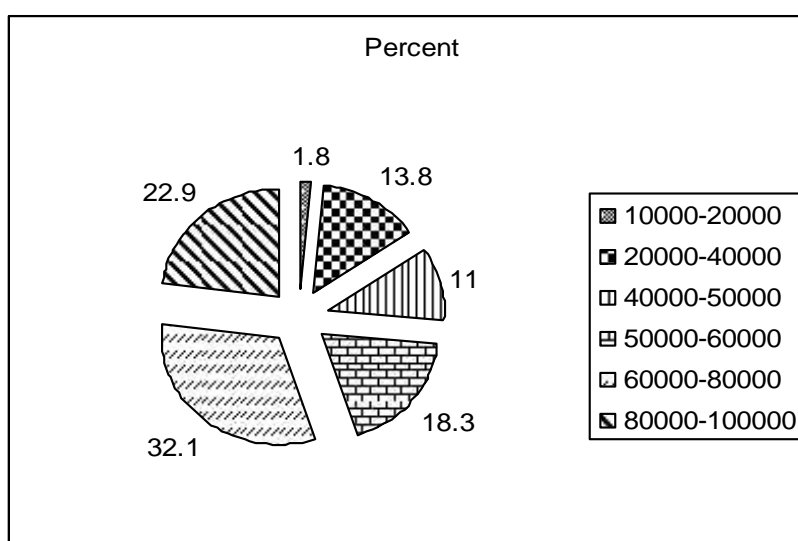
Source: Field Survey, 2007.

Table 12 indicates that majority of the households have all facility which is accounted for 58.7 percent followed by electricity 19.3 percent, 17.4 percent have Radio facility, 1.8 percent have television and 4.6 have no any facility.

4.2.2.6 Household by Annual Income

In order to know the economic status of household, household head or respondents were asked about their household income. As far as possible researcher has tried to collect the data on income in the respondents household which is presented in pie-chart.

Figure no. 1 Percentage distribution of household by annual income



4.3 Access to Drinking water and Sanitation

Public health is directly related to drinking water and sanitation. It means that health depends on clean water and good sanitation. It is proved that more than 60 percent diseases carried by improper water all over the world especially in developing countries. Thousands of children die each year due to diarrhea, dysentery, cholera etc. These are mainly due to consumption of contaminated water. Because of high infant mortality in the community, women may give birth to more children thinking if one dies other would live. Respondents were also asked the source of drinking water that they are using. The responses are tabulated in table 13.

Table No. 13 Percentage distribution of the household by source of drinking water.

Source	No. of Households	Percentage
Stream	17	15.6
Piped Water	77	70.6
Well	15	13.8
Total	109	100.00

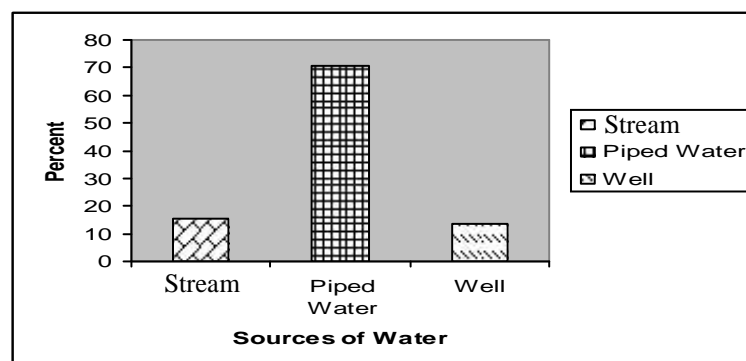
Source: Field Survey, 2007.

It can be seen from the table 13 that most of the households are using piped water the proportion using piped water is accounted for (70.6%) and (15.6%) each of the households are using stream and (13.8%) of the households are using well. This shows that the drinking water status of the study household is good.

Note: Well refers to rounding deep area by which water is pullout.

Stream refers to small part of river.

Figure No. 2 Percentage distribution of household by sources of drinking water



4.4 Toilet facility

The respondents were also asked about the toilet whether facility available their household. The responses are tabulated in table 14.

Table no. 14 Percent distribution of household by toilet facility

Toilet Facility	No. of Households	Percentage
Yes	69	63.3
No.	40	36.7
Total	109	100.00

Source: Field Survey, 2007.

It is clear from the table 14 that 63.3 percent of the households have toilet facilities and 36.7 percent have not available toilet facility. The above table shows that the toilet facility is poor at the study area.

CHAPTER-FIVE

CHARACTERISTICS OF THE RESPONDENTS

5.1 Age at First Menstruation

Age at first menstruation can also play an important role to determine the women's status in terms of fertility. If a girl gets first menstruation in earlier age, parents may be worried and they think about her marriage in such a country with deep-rooted traditional values exists. Respondents were asked about the age of their first menstruation which is presented in table 15.

Table No. 15 Percent distribution of the respondents by age at first menstruation

Age at First Menstruation	Respondents	Percentage
9-11	3	2.8
12-13	44	40.4
14-15	47	52.3
16-17	5	4.6
Total	109	100.00

Source: Field Survey, 2007.

Table 15 shows that all respondents got their first menstruation at the ages of between 9-11 years. Most of them got their first menstruation at 14-15 years which is accounted for 52.3 percent. Similarly, 40.4 percent of the women got their first menstruation at 12-13 years of their age, 4.6 percent of the women got their first menstruation at 16-17 years and 2.8 percent at 9-11 years of age.

5.2 Age at Marriage

Age at marriage is the important factor for determining the family planning and fertility. Nepalese society where marriage is thought to be universal. There is a great role of marriage to determine women's status because of fertility situation. It is almost universal that lower the age at marriage higher will be the number of children ever born. The women who tend to marry early in their reproductive ages are likely to bear more children than that of women who marry lately. In the study area, age at marriage of women is found to be at early

ages. It is a traditional belief to make girls married before the onset of first menstruation. Table 16 represents the age at marriage of the respondents.

Table No. 16 Percentage distribution of respondents by aged at first marriage

Age at first Marriage	Number	Percentage
10-14	3	2.8
15-19	95	87.2
20-24	9	8.3
25-29	2	1.8
Total	109	100.00

Source: Field Survey, 2007.

From the table 16, it is clearly to note that majority of the respondents were married at the age of 15-19 years which accounts 87.2 percent. The data is followed by 20 - 24 years 8.3 percent same as 10-14 years 2.8 percent and 1.8 percent each of the respondents were married above age 25 to 29 years. This shows that the respondents were married in their younger and immature ages.

5.3 Child Loss Experience

Loss of child has many 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 as well. If one couple frequently losses their children they tend to give birth to more children because they cannot be sure that all their children will survive. And if they tend to have more birth, they don't give importance about using family planning methods. Respondents were asked about the child loss experience, if yes then how many of them and they belong what sex. But the numbers by sex are very low that's why only the number of child loss are presented in the following table 17.

Table No. 17 Percentage distribution of respondents by child loss experience

Child loss Experience	Number	Percentage
Yes	51	46.8
No.	58	53.2
Total	109	100.0

Source : Field Survey, 2007.

Table 17 clearly shows that about 47 percent of the respondents have child loss experience while other 53.2 percent have no such experience at all. Similarly, half of the respondents who have lost child have one child 40.0 percent have lost 2 child and 10.0 percent have lost their children.

5.4 Knowledge of Family Planning methods

Knowledge of family planning is important especially to the married couples. Knowledge is the first step to decide for the use of family planning methods. NDHS, (1996) and NDHS, (2001) have found that knowledge of family planning method in Nepal is almost universal among women of reproductive age. The respondents were asked about whether they have heard of planning methods, the response are presented in table 18.

Table No. 18 Percentage distribution of respondents by knowledge of family planning

Heard of family planning	Number	Percentage
Yes	101	92.7
No.	8	7.3
Total	109	100.00

Source: Field Survey, 2007.

Table 18 shows that about 93 percent of the respondents have heard of family planning methods where as about 7 percent of the respondents have not heard anyone of the methods. It clearly that majority of respondents have knowledge of family planning in study area.

5.5 Heard of Methods

Among the respondents who had said to have heard any one of the FP methods were further asked about the methods they have heard. The result from the study population is presented in table 19.

Table No. 19 Percentage distribution of the respondents by used of family planning methods

Methods	Number	Percentage
Pills	7	6.9
Condom	17	16.8
Female Sterilization	9	8.9
Depo-Provera	72	71.3
Total	101	100.00

Source: Field Survey, 2007.

It is evident from the table 19 that majority of the women who have heard of FP methods have heard Depo-Provera which accounts 71.3 percent, followed by Condom 16.8 percent, female sterilization 8.9 percent and Pills 6.9 percent.

5.6 Source of Information on Family Planning

In Nepal, the easy access of source of information is radio for information of family planning. Because of the poor condition of the people, they cannot afford all the media sources. In the country side, radio is popular. Because of change of society and electricity facility in the village areas, there is expansion of other media also. Therefore respondents were asked about the media, through which they have heard about FP methods. The responses are tabulated in table 20.

Table No. 20 Percentage distribution of the respondents by source of information on family planning

Source of family planning	Number	Percentage
Relatives	30	29.7
Media	61	60.4
Husband	13	12.9
Self-know	2	2.0
Friends	1	1.0
Total	101	100.00

Source: Field Survey, 2007.

It is seen from the table 20 that majority of the respondents who have heard about FP methods from media which accounts 60.4 percent followed by

relatives 29.7 percent, husband 12.9 percent, self know 2.0 percent and 1.0 percent from friends.

This shows that media is the strongest media to disseminate the information about FP methods in the study area.

5.7 Ever use of Family Planning

Use of contraceptives is one of the most important 'proximate determinants' of fertility. Ever use of family planning also indicates their history of use of FP methods. It is generally assumed that use of FP methods, plays the principal role in transition to lower fertility. Thus use of family planning methods may have significant impact to manage the rapid growing population and environmental problems. Most of underdeveloped and developing countries are out of its proper use because of the tradition and low level of education about contraceptive methods. Among the Nepalese women however the contraceptive prevalence rate (CPR) is increasing each year, the CPR is still low and still there is high demand of FP methods. Respondents, in this study also, were asked about the use of FP methods. The responses are tabulated in table 21.

Table No. 21 Percentage distribution of respondents by ever use of family planning methods

Ever use of family planning methods	Number	Percentage
Yes	81	80.2
No.	20	19.8
Total	101	100.00
Methods Use		
Copper 'T'	9	11.1
Pills	36	44.4
Female Sterilization	14	17.3
Depo-Provera	23	28.4
Total	81	100.00

Source: Field Survey, 2007.

It is clear from the table 21 that the ever use of FP among the study women is high 80.2 percent. The women who have heard FP methods recorded that they have ever use methods of FP. Among the respondents who have ever used any

methods higher proportion have used pills accounting for 44.4 percent followed by depo-provera 28.4 percent and female sterilization 17.3 percent. The least proportion 11.1 percent of women is found to have ever used copper 'T'.

5.8 Causes of Not Using Family Planning Methods

In Nepal the condition of women is deplorable because of which they are compelled to accept what ever the family members want especially husband and mother-in-law. Because of low literacy status, social cultural and poor economic status they are ignorant and ever shy to use FP methods. In order to find out the obstacles using FP methods, among the respondents who had knowledge about FP and have not ever used any methods were asked why they didn't use any FP method. The result from the field is shown in table 22.

Table no. 22 Percentage distribution of the respondents by reason of not using family planning methods

Reason of not using family planning methods	Number	Percentage
Unknown	8	40.0
Cultural Values	11	55.0
Skin Effect	1	5.0
Total	20	100.00

Source: Field Survey, 2007.

Table 22 shows that majority 55.0 percent of the respondents attributed their cultural values and norms for not using of any methods of contraception. About 40.0 percent of the respondents don't know why they have not ever used any FP methods, and 5.0 percent of the respondents said that they have not used any methods because of their skin effect.

CHAPTER-SIX

FERTILITY DIFFERENTIAL BY SOCIO -ECONOMIC AND DEMOGRAPHIC VARIABLES

This chapter deals with fertility behaviour of married Tamang women aged 15-49 years by some selected socio-economic and demographic variables. Number of children ever born (CEB) to women in reproductive ages is one of the best indicators for fertility study, which is taken as dependent variables. It is measured in terms of mean number of children ever born with various socio-economic and demographic characteristics.

6.1 Mean CEB by Age of Women

The mean number of children ever born varies by the age of mother. As the age of married women increases, the mean number of children ever born (CEB) also increases. In other words there is positive association between longer span of the reproductive age group of women and number of children ever born. The information on mean CEB by age of women is given following table.

Table No. 23 Mean CEB by age of women

Age Group	Number	Percentage	Mean CEB
15-19	9	8.3	0.44
20-24	35	32.1	1.26
25-29	18	16.5	2.56
30-34	11	10.1	3.64
35-39	10	9.2	3.70
40-44	18	16.5	5.06
45-49	8	7.3	6.00
Total	109	100.00	2.84

Source: Field Survey, 2007.

From above table shows that as the increases of the age of women, children ever born (CEB) is also increase. The women in age group 15-19 have 0.44 mean numbers of children ever born (CEB) which has reached 6.00 mean CEB to age 45-49. The average CEB in study area was found 2.84. This table clearly depicts that the age and the mean CEB are positively associated. The mean CEB has increased until the ends of reproductive.

6.2 Mean CEB by Literacy Status of Respondents

Mean number of children ever born (CEB) is affected by literacy status of people. From various studies, it has seen that literate women have less number of mean CEB as compared to illiterate women. Furthermore, such type of fact was found in study area which is presented is the following table.

Table No. 24 Mean CEB by literacy status of respondents

Literacy Status	Number	Percent	Mean CEB
Literate	55	50.5	1.64
Illiterate	54	49.5	4.07
Total	109	100.00	2.84

Source: Field Survey, 2007.

Above table shows that among total respondents 50.0 percent are literate whose mean CEB is 1.64 and 49.5 percent are illiterate whose CEB is 1.07. From this, we can say that educated respondents have less number of CEB than uneducated in the study area. Therefore, mean CEB of women is directly affected by literacy status.

6.3 Mean CEB by Level of Education

Mean CEB is also affected by educational attainment of people . It is generally said that higher the level of education lower the mean CEB of women. Unfortunately, such hypothesis has failed in the study area. This means, higher level of educational attainment have the higher average number of CEB and vice-versa. The information about this fact is presented are follows:

Table No. 25 Mean CEB by level of education of respondents

Level of Education	Number	Percent	Mean CEB
Primary	26	47.3	1.54
Lower Secondary	10	18.2	1.50
Secondary	5	9.1	1.20
SLC	7	12.7	2.57
Intermediate	6	10.9	0.83
Bachelor and above	1	1.8	6.00
Total	55	100.00	1.64

Source: Field Survey, 2007.

Above table 25 shows that respondents who have got bachelor degree and above have high (6.00) CEB, as compared to other degree's respondents. It should be taken into consideration that only 0.83 mean CEB of that respondents who have got intermediate degree.

6.4 Mean CEB by Husband Occupation

Husband's occupation plays important role for determining the fertility behaviour of their women.

Mean children ever born (CEB) by husband occupation is given in the following table

Table No. 26 Mean CEB by husband occupation

Husband Occupation	Number	Percentage	Mean CEB
Business	36	61.5	2.00
Service	24	17.4	1.21
Daily Wages	21	13.8	2.95
Agriculture	61	7.3	3.49
Total	109	100.00	2.84

Source: Field Survey, 2007.

Above table clearly that majority of 61.5 percent respondents husband's occupation is business and their women's mean CEB is 2.00. Mean CEB is high 3.49 percent of that women whose husband's occupation is agriculture. Service sector engaged husband's wife are less CEB (i.e. 1.21). Therefore, husband's occupation also direct affect to the mean CEB of their women.

6.5 Mean CEB by Income Sources of Respondents

Average number of CEB is also affected by income sources of people. People are engaged in various types of income generating sector. But nature of income sources is different from which level of fertility is affected. The following table gives the information on average CEB of respondents by income sources in study area.

Table No. 27 Mean CEB by income sources of respondents

Sources of Income	No.	Percentage	Mean CEB
Agriculture	67	61.5	3.31
Service	19	17.4	1.21
Daily Wages	15	13.8	2.60
Business	8	7.3	3.25
Total	109	100.00	2.84

Source: Field Survey, 2007.

According to above table, it is known that average number of CEB was found 2.84 sources of income of respondents in study areas. Those respondents whose source of income is agriculture have higher (3.31) number of CEB and whose income source is service have low (1.21) mean number of CEB. It is said that there needs a large number of workers in the agriculture sector. In this regards, mean number of CEB seems to be high of those respondents whose income sources is agriculture.

6.6 Mean CEB by Age at Marriage

Age at marriage is major factor, which determines the fertility, Higher age at marriage of women is associated negatively with the mean number of CEB among the women of reproductive ages. Therefore, low mean number of CEB could be expected for those who have married relatively at higher age. Table 28 shows clear picture of age at marriage of women and mean number of CEB.

Table No. 28 Mean CEB by age at marriage of respondents

Age at Marriage	Number	Percentage	Mean CEB
10-14	3	2.8	3.61
15-19	95	87.2	2.96
20-24	9	8.3	1.56
25-29	2	1.8	2.00
Total	109	100.00	2.84

Source: Field Survey, 2007.

The mean CEB for those women who were married of the age between 10-14 years have been recorded as mean CEB 3.67, and mean CEB 2.96 recorded for those women who were married at the age of 15-19 years. Similarly, mean CEB

1.56 for those women who were married at age 20-24 and these women recorded mean CEB 1.8 were married at age 25-29 years.

The finding shows that although, 87.2 percent women have higher than 15-19 years of age at marriage, the average mean number of CEB is low with 2.96 as compared to women whose age at marriage is 10-14 years.

6.7 Mean CEB by Knowledge of Family Planning of Respondents

Family planning is a best way to limit the level of fertility. In other words, family planning is taken as key for limiting fertility. But family planning is not limiting tool of fertility itself. So knowledge of family planning method is important.

The relationship between knowledge of family planning and mean CEB of respondents in study area is given below:

Table No. 29 Mean CEB by knowledge of family planning

Knowledge of family planning	Number	Percentage	Mean CEB
Yes	101	92.7	2.64
No.	8	7.3	5.38
Total	109	100.00	2.84

Source: Field Survey, 2007.

Above table clearly shows that knowledge of family planning and mean CEB is negatively related. In study area majority of respondents 92.7 percent have reported knowledge of family planning whose mean number of CEB is 2.64, whereas rest 7.3 percent reported 'No' knowledge of family planning whose CEB is high (i.e. 5.38). Therefore those respondents have low number of CEB who reported 'Yes' knowledge of family planning as compared to 'No' response reported by respondents in study area.

6.8 Use of family planning and mean CEB

Mean number of CEB is also directly affected by use of family planning. In other worlds, there is negative relationship between, use of family planning and mean CEB. The following table is presented as information on use of family planning and mean CEB of respondents in study area.

Table No. 30 Use of family planning and mean CEB

Use of family planning	Number	Percent	Mean CEB
Yes	81	80.2	2.85
No.	20	19.8	1.80
Total	101	100.00	2.64

Source: Field Survey, 2007.

According to above table 30, it is clear that majority of respondents have reported use of family planning (i.e. 80.2%) and 19.8 percent are reported not using of family planning. It should be important to note that those respondents have high (2.85) average number of CEB who used family planning method rather than who don't use of family planning. In study area the relationship between use of family and average number of CEB is negatively related (Table: 30). Generally it is said that higher level of using FP, lower level the average CEB. But in study area seems to be just opposite.

CHAPTER-SEVEN

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

7.1 Summary

This study has analyzed basic demographic and socio-economic variables of Tamang Community in Harnamadi VDC based on primary data. The research work has studied fertility behaviour in terms of CEB with respect to the different demographic and socio-economic variable by married women aged 15 to 49 years. In this community, frequency mean and cross table are presented to describe socio-economic and demographic factors influencing fertility. The following presentation highlights the characteristics as obtained from collected data.

- ❖ Among the total population 47.8 percent are males and 52.2 percent are females.
- ❖ According to marital status 70.8 percent are single and 29.2 percent are married.
- ❖ According to education, level 29.5 percent have attained primary level of education and 1.2 percent are bachelor and above.
- ❖ In study area, higher 63.5 percent of respondents were found engaged in agriculture sector where as less number 0.2 percent were found in foreign employment.
- ❖ Among the total population of household, large percent 20.3 percent member in age 20-24 and less percent (2.0%) in age group 50-59 years. Similarly, sex ratio is high in age group 40-44 and low in 50-59 years age group.
- ❖ Among total population 80.3 percent are Buddhist and 19.3 percent are Hindus.
- ❖ According to living status, 99.1% people have own house and rest 0.9% are living in other house.

- ❖ More than half percent (58.7%) have semi-pakki house structure and 12.8 percent have pakki.
- ❖ According to land status, 97.2 percent have reported own land and 2.8 percent reported not having own land.
- ❖ 11-20 kattha land reported by 33.0 percent and 31-40 kattha reported by 4.7 percent.
- ❖ Majority of people have reported own domestic animal i.e. 94.5 percent.
- ❖ According to household facilities, among reported facilities most of the people have all type of facility available whose percent are 58.7 percent. No facility available is 4.6 percent.
- ❖ Same as large number 32.1 percent reported as their annual income 60-80 thousand where as 1.8 percent reported under 20 thousand of annual income.
- ❖ Nearly, 71 percent use drinking water by piped line and other used other source.
- ❖ Among total number of household 52.3 percent reported whose, menstruation period as 14 to 13 years and 2.8 reported as their age 9-11 years.
- ❖ According to age at marriage. 87.2 percent reported their age at marriage in age group 15-19 and 1.8 reported at age 25-29 years.
- ❖ Most of the people have no experience of child loss i.e. 53.2 percent.
- ❖ Similarly 92.7 percent reported as knowledge of family planning. Those people have high 60.4 percent who had knowledge of family planning from media and 1.0 percent reported known by themselves.
- ❖ According to ever use of family planning 80.2 percent reported use of family planning. Among various method of family planning, most of the people use 44.4 percent pills. 55.0 percent reported cultural values as cause of not using family planning.

- ❖ Mean CEB was reported high (6.0) in age group 45-49 followed by below age group.
- ❖ Mean CEB by literacy status, literate reported 1.64 and illiterate reported 4.07 percent. Similarly, by level of education those respondents have reported high number of mean CEB (6.0) who have got bachelor and above degree.
- ❖ Mean CEB reported high of those respondents whose husband engaged in agriculture as compared to other sector engaged by sources of income highness (3.31) mean CEB reported whose sources of income is agriculture.
- ❖ Mean CEB by age at marriage is high (3.67) of those respondents who married in age 10-14 years and low in age group 20-24 years. Likewise mean CEB by knowledge of family planning is low (2.64) as compared to those respondents who have no knowledge of family planning.
- ❖ By use of family planning, those respondents have high (2.85) mean CEB who had used family planning method than those who had not used any method of family planning.

7.2 Conclusions

The status of women in Nepal is very poor and low status of women leads to high fertility. The various caste/ ethnicity community groups are rooted in their cultural background social relation and family system and are reflected, occupation, age at marriage and reproductive behaviour.

At Harnamadi VDC Makawanpur district most of Tamang women were backward from social, economic and educational facilities. In this VDC most of the women is in very difficult condition. The educational situation is not high who engaged in agriculture occupation. Likewise majority of female are married in early age group, then there is no doubt for increasing more number of CEB. Those respondents have less number of CEB who have knowledge of family planning rather than who have no knowledge of FP. It is important to note that

use of family planning and mean number of CEB are negatively related each other. From summary of finding those women reported high number of mean CEB who use any method of family planning than those who do not use of family planning methods.

7.3 Recommendations

Education is more important in the every aspects of life for both male and female. In study area educational condition is very poor. Female literacy rate is found very low to compare with male. Government should implement several programs to educate both women and their husband because the education is one of the major factors in reducing fertility. Higher level of education of women makes them conscious about small family size.

To achieve a lower level of fertility infant mortality rate should be reduced Child loss promotes women to reproduce more children she will motivate to replace her dead child. Therefore reducing of infant and child mortality is such higher important factor of decreasing fertility. Hence, government should improve nutrition, sanitation and establish maternal and child health's care center, maternal education, free mobile medical facilities, and awareness immunization.

Motivation Information, education and communication (IEC) services and supply of family planning method should be expanded for increasing prevalence of contraceptive use in Tamang Community.

Shifting of women from agriculture to non agriculture sector is likely to be negatively associated with fertility. Government should promote special seats for female employment and create job opportunities in non agriculture sectors.

7.4 Future research issues

This study had examined the impact on fertility by different socio-economic and demographic variable and analyzed in terms of mean number of CEB. Demographic and socio-economic variables have both direct and indirect effects on fertility. Demographic variables like age, age at Marriage, infant and child mortality and use of contraception have both direct and indirect effect on mean

number of CEB and socio-economic variables like education, and working status affects fertility through birth control variables. Fertility is also affected by different background variables like ecological, biological, physiological and culture variables.

This study is purely based on homogeneous Tamang population of Harnamadi VDC, but the studies in heterogeneity may be done in different parts of Nepal. Similar type of study can be carried out of other community by which might show rather more significant variation in CEB explained by inclusion of intermediate and fertility preference variables.

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TRIBHUVAN UNIVERSITY
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Questionnaire

1. Household questionnaire schedule

A. General information

Name of respondent _____

District: _____

VDC: _____ Selected Household

NO: _____

Ward NO. _____ Caste: _____

Name of the household head _____ Religion

B. Household record

S.No	Name of the members	Relation to household head	Sex	Age	Marital Status	Education attainment	Occupation	Eligible Women

Code for household questionnaire

Relation to the household head	Sex	Marital status	Educational status	Qualification	Occupation
Household head 1	Female 1	Single 1	Literate 1	No Schooling 0	Business 1
Husband/wife 2	Male 2	Married 2	Illiterate 2	Primary 1	Service 2
Son/daughter 3				Lower secondary 2	Daily wage 3
Brother/sister 4		Widow/er 3		Secondary 3	Pension 4
Grand son/daughter 5				S.L.C 4	Foreign employment 5
Mother/father 6				Intermediate 5	Household worker 6
Sister-in-law 7				Bachelor and above 6	Agriculture 7
Cousin/Nephew 8					
Other 9					

Individual questionnaire schedule

9. How old are you? (Completed year)

10. Can your husband read and write?

Yes [1] No [2]

11. what is your husband's occupation?

12. What is your income source?

Agriculture 1

Service 2

Wage 3

Other 4

13. What is your annual family income?

Rs._____.

14. Have your cultivated land?

Yes [1] No [2]

15. If yes, how many you have?

Bigha_____ Katha_____

16. Do you work other land as a Adhiya?

Yes [1] No [2]

17. Have you domestic animal?

Yes [1] No [2]

18. If yes,

Cow [1] Buffaloes [2] Bull [3] Other [4]

19. Have your own house?

Yes [1] No [2]

20. If yes, what types of house you have?

Pakki [1] Semi- pakki [2] Kacchi [3]

21. Does your household have following facilities?

Radio [1] Television [2] Electricity [3] All [4]

22. Do you have toilet facility?

Yes [1] No [2]

23. What is the main source of drinking water in your home?

Tubewell [1] Piped water [2] Cuwa [3]

24. How old were you at the time of year of first menstruation?

25. How old were you at you marriage?

26. How old were your husband at the time of marriage?

27. Have you ever given birth?

Yes [1] No [2]

28. How many sons and daughter live with you?

Sons [] daughter []

29. How many sons and daughter have died?

Sons [] daughter []

30. How many live birth do you have?

31. Have you had any pregnancy that did not result in live birth?

Yes [1] No [2]

32. Do you hear method of family planning?

Yes [1] No [2]

33. If yes, which way or methods do you have heard about?

Pills [1] Condom [2] Female sterilization [3] Others [4]

34. From which medium of you heard about family planning?

Relative [1] Media [2] Husband [3]self-know [4] Other [5]

35. Have you/your husband ever used any family planning method?

Yes [1] No [2]

36. If yes, what are the methods?

Pills [1] Condom [2] Female sterilization [3] Friends [4]

37. Reason for using?

Birth limit [1] Birth Spacing [2]

38. If not, the reason for not using?

Don't know [1] Cultural values [2]Side effect [3]

39. Are you/your husband currently using any family planning method?

Yes [1] No [2]

40. If yes, which methods you have been using?

Pills [1] Condom [2] Female sterilization [3] Others [4]

41. Why are you using this method?

Birth spacing [1]

Birth limit [2]

Don't know [3]

42. What is the reason for non using family planning method?

43. Are you still breast feeding?

Yes [1]

No [2]

44. How long time did you feed breast?

Year_____ Months _____ Day_____