

Socio-Economic Status and Fertility Behavior among Tamang Women in Bhaktapur

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Abstract

This study "Socio-Economic Status and Fertility Behavior among Tamang Women in Bhaktapur District" was carried out with the main objective of to identify the socio-economic status and fertility behavior among the Tamang women in the study area. The study included 169 married Tamang women of reproductive age group selected from census method. By conducting this research, it is concluded that most of the women get married at the age of 15-20 years. Which was 48.5 percent of the total in the same way education, economic status, religion, occupation and family income were the dominant socio-economic factors of affecting the fertility behavior.

Out of 169 respondents in the study area, 69.82 percent respondents were literate, and 30.17 percent of the population was illiterate. Out of 169 respondents 60 percent were engaged in the agriculture sector, followed by 25 percent of hose hold workers. Most of the respondents were using family planning methods for limiting birth. From the viewpoint of effects of socio-economic variables on fertility behavior, medium income group was 66.27 percent, low-income 19.52 percent and high income was 14.20 percent. In the education field, illiterate 30.17 percent, secondary level 79.66 percent and higher-level 20.33 percent. In occupation involved in agriculture was 60.35 percent, household chose 24.85 percent, business 16.05 percent and other 4.73 percent. Similarly, this study had found that the total number of respondents with their average CEB was 2.52 per family. +

High fertility culture was shown by these people. Lower fertility, behavior was associated with literacy and having higher age at marriage. It is argued that fertility remains high due to high child mortality. High fertility has ensured high dependency and family burden. Similarly, the current skewed distribution of population towards the younger ages would result in a high fertility level in the years to come.

Introduction

Background of the Study

Nepal is a country inhabited by multi-linguistic multi-religious and multiethnic groups. It has been a diversity of caste and ethnic groups over the years. These groups have shown the process of cultural assimilation and living peacefully in ethnic harmony. Hindu, Buddhist, Islam, Kirat and Christian are the religious groups of Nepal. The indigenous ethnic population of Nepal, and its socio-economic cultural identity has influenced in several sectors of development indices. Among them, the health and population sector especially the fertility behavior and socio-economic condition must be well acquainted with the key concept of fertility and socio-economic conditions (Shrestha, 2016).

Marriage is social and legal union through which one man and one woman are committed for life- long marital relationship. It is also considered a private matter and can be considered a human right issue. But it is sensitive from a demographic point of view because early marriage can contribute to high fertility level. In developed countries, the population growth rate is approaching zero percentage due to falling of fertility level to the replacement level. However, the developing countries like Nepal, the female fertility rate is rapidly increasing, and growth levels are reaching high. When the age at marriage is high then the fertility rate will be low. The legal provision of marriage for male is at the age of 20 and the female is also at 20 years without parental permission (<http://www.cwin.org.np.resource/issue.childmarriage.htm> Retrieved on 21-7 -2017)

Never less the early marriage is very common in use to prevent premarital sex, parent are willing to marry their children at in early age. Which is one of the most sensitive issues in Nepal where virginity is given a highly social value, so female is bound to be married in younger age. Nepal has patriarchal society and female virginity is valued high, which is prerequisite for teenage marriage in Nepalese society. This is one of the reasons for teenage marriage in Nepal. (<http://www.cwin.org.np.resource/issue.childmarriage.htm> Retrieved on 21-7-2017)

Adolescent is the transitional period of physical and psychological development between childhood and maturing. They are the formative years when the maximum amount of physical, psychological and behavioral changes take place. Therefore, the future of teenagers depends upon how their growth and development took place (WHO 2001, as cited in Pandey, 2010).

Fertility is affected by various socio-economic factors like education, age at marriage, duration of marriage, income, use of contraceptives, ethnicity, tradition and beliefs and mortality rate. Nepal, fertility levels is high due to high economic value of children, high infant mortality rate socio-economic traditions favoring sons, low socio-economic status of women in the society and low literacy rate. Moreover, they are early and child marriage system, traditional type of occupation and joint family system are also responsible for high fertility (Adhikari, 2012).

The Tamang are one of the largest tribal groups in Nepal. They are a sub-group of the kirant people. The Tamang live mainly in eastern Nepal between the Arun River and the border of the Skim district in India. They speak a dialect of kirant, which is a Tibeto Burman language. The origin of the Tamang is uncertain, but they are clearly of Mongolian descent. In the later part of the 1700s, Nepal was formed by uniting various ethnic groups and principalities under a high cast Hindu dynasty. This conquest resulted in ethnic a cultural split with the Tamang. The Tamangs are known as des Tamang (Ten Tamang), even though there are thirteen sub-groups. Legend says that five of the groups come from Banaras, India and the other eight form Lhasa, Tibet. There is no social discrimination among the Tamang sub-groups, although there are a few different clans and sections ([https:// joshuaproject.net](https://joshuaproject.net) 26, 12, 2017).

Statement of the Problem

Nepal is a country having a rapid growth of population. As a result of this, various socio-economic impacts on fertility behavior. Low socio-economic status of women in the society, high economic value of children, traditional son favoring attitudes and practices are some of the major factors contributing high fertility level in Nepal. Besides low use of contraceptive device and lack of community, participation low motivation to people is also the cause of high fertility in Nepal. Fertility behavior is a complex phenomenon, which may be affected by social, economic, religious, biological and cultural factors (Bista, 2015).

Tamang community is one of the different and poor ethnic groups within the Hilly region. Hilly region is geographically, socially and economically backward. They are suffering from different kinds of problems. Because of the socially, geographically and economically poor condition of the Tamang ethnic groups, they are experiencing high fertility. There are several reasons which are provoking women to bear more children. The main socio-economic factors such as low education status, occupational status, health status and cultural aspect as well as demographic factors such as age at marriage, child loss experience, age at first birth, knowledge about family planning are closely related with fertility behavior of the study area. This study is stated as "socio-economic status of the Tamang women and their fertility behavior in Bhaktapur.

Objective of the Study

The specific objectives of this study were: To find out the socio-economic status of married Tamang women in study area and to identify the fertility behavior of the respondents in the study area.

Operational Definition of the Key Terms

- Age at marriage:** The age at which a female marriage and inter reproductive period of life.
- Early Marriage:** It is a marriage who is not actually reaching a period of marriage.
- Fertility Behavior:** Is refers to the actual performance of birth achieved by married couple and its related behavior.
- Fertility:** Actual reproductive performance/ number of births giving by women of childbearing period.
- Tamang:** Tamang is the one ethic group which has typical of a country or culture or that very different form modern western society or culture.
- Socio-economic status:** Sociological and economical combined status for measuring a person's status or level.

Review of the Literature

Theoretical Literature

Fertility is one of the major determining factors of population change and it varies with changes of socio-economic demographic and cultural conditions. In many industrialized

countries and some developing countries, average fertility is now well below the two-child average. Eventually, Demographers are social scientists from less developed countries have recently shown interest in studying age at of fertility countries where contraception is not widely practiced. Fertility refers to the psychological capability of women to reproduce a few factors. Which in turn are affected by a greater number of social, cultural, economic, health and other environmental factors directly determine fertility. Fertility is affected by cultural, economic and health factor (PRB, 2005)

Notestetin (1952) carried out a study on "The economic problem of population change". He has asserted that fertility and mortality took place in conjunction with development in the west. The important factors that are believed as cause in reduction in fertility were growing awareness of modern techniques through population education, improved health and the appearance of alternative to early marriage as means of fulfillment and prestige for women (as cited in Gyanwali, 2015).

Davis and Blacke (1956) developed an analytical framework for the comparative's ecology of fertility in which they defined a set of eleven variables that they called the "intermediate variable". This framework provides classification of the intermediate variables through which any social factors influencing the level of fertility must operate. The proposed eleven "intermediate variables" are centered on intercourse, conception and gestation. They argued that the analytical framework attempts to establish fertility decline thresholds should concentrate on cultural factors or cultural religion such as Latin America, East and Southeast Asia, African countries and so no. To define more homogeneous regions where there might be a better chance of identifying level of development is required before fertility declines within which it occurs (as cited in Tuladhar, 1989).

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

UN (1973) human fertility indicated the actual reproduction performance of women or group of women. It is a complex process, which is responsible for biological maintenance of society. But there are several social, culture, psychological, economic and political factors to determine fertility. These factors are responsible for determining the level and differential of fertility.

Freedman's (1975) argument is that the intermediate variables are not always used to limit fertility and often their effect on fertility is an unintended result of cultural paternal. Freedman introduced two types of norms in his model, namely, norms about family size and norm about intermediate variables. The intermediate variable norms about family size are influenced by varying lifestyle relate to position in a status of hierarchy. Status indicator, such as education, occupation. Income, wealth, power, prestige, caste and general class indicators may influence the desired number of children. Differences in lifestyle may influence norms about intermediate variables directly or through norms about the family size.

Easterlin (1976) developed a generalization model regarding determinant of fertility and concluded that fertility decision is made by women in society which are affected by these

variables viz. (i) Income to the extent that children increase household income large families are favorite otherwise small. (ii) Price more is the price of childbearing and rearing fewer will be the number of children wanted and vice-versa and (iii) Cost of regulation more is the cost required to regulate the number of children, more will be the number of children and vice-versa (as cited in Gyawali 2015).

Caldwell (1977) "in a society, the fertility is high if children are economically useful to parents ". Children, in all primitive societies, are economically backward. Their parents do not have sound economic back up. They have more children and naturally more children mean more wealth leading to high fertility (as cited in Gyawali, 2015).

Cohorence (1979) presented quite a systematic theoretical explanation of the education fertility relationship. This is an examination of the ways in which education affects fertility. Numerous studies are cited which indicate an inverse relationship between education and fertility i.e. increased education resulted in decreases fertility. Further studies have shown that the relationship is non-liner, however, fertility may, in fact, increase with increased education. The intervening variables-age at marriage, desired of family size and contraceptive knowledge through which education increase affects fertility are studied here positive association between fertility and education are shown to result mainly from the effect of education on the biological supply of children determined by health and effect of traditional sexual taboos. Inverses relationship between education and fertility are less likely to result in the last developed than natural area. In countries with increased education which higher literacy level is more likely to relate inversely with fertility than in less literate countries (as cited in Banjara, 2008).

Bongards and Robert (1993) had conducted a study on "Fertility biology and behavior". They had showed the four principles proximate determinants of fertility namely proportion of married women, post-partum in –fecundity, incline abortion and prevalence of contraceptive use. Bongards claimed that 96 percent of fertility the principal role is generally played by former two determinants and in nontraditional or modern society where fertility is found in transition it is highly affected by later two determinants (as cited in Gyawali, 2015).

UN (2012) development of economic and social affairs population division then, single universal factor affecting fertility. There are universal factors affecting fertility rate, regardless of race, religion and political context will prove and exhaustively studied group of factors have effect the population policy of all UN member nations. Female age at the marriage the younger the female literacy and education, the higher the rate of fertility and vice of versa. Female mortality, and education the lower the fertility rate. Female mortality, the higher rate of child death in childbirth and crude infant child death, the higher the TFR. Female economic participation, the greater the participation in any form of economic activity or capacity, the lower their fertility.

Research Methods and Procedures

Research Design

This study was based on descriptive research design with quantitative nature. It was intended to obtain information about socio-economic status and fertility behavior in Tamang women. The study included primary data and the explanation of the results was based on data. In this study, Bhaktapur District was selected. Married Tamang women of aged 15-49 years

were population of the study. There were 107 Tamang households in the study area. The total Tamang population of this area was 497 with 282 females. Out of total females, there were 169 currently married women of aged 15-49 years. In this study, all 169 married Tamang women were selected from the study area by using census method. The collected data were presented in the tables, charts, bar diagram and figures according to the purpose of the study. Mainly tables and charts were developed in percentage to describe data. The data analysis and interpretation were made by applying simple statistical tools. Finally, conclusions were drawn, and recommendations were made for further study.

Analysis and Interpretation of Results

Socio-economic Status of the Tamang Women

This section deals with the relationship between socio-economic status and fertility behavior. Respondents age, family types, Marriage, size of household and number of children emphasized under the grading of fertility. Occupation property and wage of people fall under the category of economics status. The rate of literacy and utilization of knowledge falls in educational characteristics. These all are interrelated or co-related with each other. Economic status is one of the most important components that determine family relations and are the close allies too. These all are interrelated or co-related with each other. Economic status is one of the most important components that determine family status and education as the indicator of civilization. Education is the only means of attaining social and economic development. Joint family and family size etc are the factors which affect the social status of the people and affect fertility behavior. As a result, in this thesis researcher has collected the primary data based on these above criteria and analyzed by relating with the fertility behavior in Tamang women of research area.

4.1.1 Age Distribution of the Respondents

Age is a very important socio-economic characteristic which determines knowledge, attitude, behavior of and individual because of maturity. Is not only one characteristic which determines one's knowledge and behavior, it is determined by various socio- economic situations of the individual. Again, without maturity, change in knowledge attitude and behavior is not possible which have shown as flowing table.

Table 1

Distribution of the Respondents by Age

Age Structure (years)	No. of Respondents	Percent
15-19	15	08.87
20-24	34	20.11
25-29	40	23.66
30-34	26	15.38
35-39	24	14.20
40-44	18	10.65
45-49	12	07.10
Total	169	100

Table 1 shows that in the study area the highest proportion of respondents was in group 25-29 that was 23.66 percent, and the lowest proportion of respondents was in age group 45-49 that was 7.10 percents. Similarly in age group 15-19, 20-24, 30-34, 35-39, 40-44, the proportion of respondents was 8.87, 20.11, 15.38, 14.20, 10.65 and 7.10 Percent respectability.

Sub-group Ethnicity of the Respondents

Ethnicity is the most valuable component of population. It is classified by social rules and regulation. Nepal is a multi-cultural, multi-religious and multi-linguistic country. There are various castes and religious groups. Similarly in the study areas the researcher was taken Tamang caste only. Among the Tamang there are many sub castes as of respondents, like Neyong, Wanem and Thopra which are given in table 2 below.

Table 2

Sub-Group Ethnicity of the Respondents

Ethnicity	No. of Respondents	Percent
Neyong	100	59.17
Wanem	44	26.03
Thopra	25	14.79
Total	169	100

Table 2 shows that among the 169 respondents the highest 59.17 percent respondents were Neyong, 26.03 percent respondents were Women, and the lowest 14.79 percent respondents were Thopra.

Educational Status

Education is one of the most important factors which play a vital role in the development of all the societies. It is an important indicator of civilization of society. Those who can read and write are called literate is perhaps the most important single means of attaining social and economic development and for opening door of individual in innovative ideas and actions. Education directly affects variables like fertility, mortality, health condition, income, occupation, living standard and so on. Thus, it is necessary to know about the situation of education in society or community, which are illustrated in Table 3.

Table 3

Distribution of Educational Status of Respondent

Educational status	No. of Respondents	Percent
Illiterate	18	10.65
Informal÷ literate	28	16.56
Primary Level	56	33.13
Secondary Level	51	30.91
Intermediate	10	05.91
Bachelor÷ above	6	03.55
Total	169	100

The table 3 shows the primary level of education out of total respondents' 33.13 percent of women were observed as literate at the time of field Survey. Out of total respondents' 16.56 percent have completed Informal. Whereas 30.91 percent respondents have secondary, 10.65 percent have Illiterate, Intermediate completed respondents have been found 5.91 percent and Bachelor÷ above attainment were 3.55 percent only.

Education of their Husbands at Marriage

Education of the husband also plays an important role for determining fertility will be. It is because it takes a long time to attain high education, similarly, education plays vital role in changing attitude towards fertility behavior. Educated people know the disadvantages of early marriage and late marriage. Regarding the education of the husband at marriage. The respondents were asked to respond to the question on the education of their husbands. Their responses of them regarding this item are given in the table below.

Table 4

Distribution of Respondents by Education of the Husband at Marriage

Education	No. of Respondents	Percentage
Illiterate	12	07.10
Literate	39	23.07
S.L.C	53	31.36
Inter	41	24.26
Bachelor	21	12.42
Master	3	01.77
Total	169	100

The above table shows that 23.07 percent of the respondents’ husbands were literate during their marriage. However, only 7.10 percent of the respondents had illiterate husbands. Among the literates, only 31.36 percent had S.L.C. education, 24.26 percent of them had Inter level education, 12.42 percent of them had Bachelor level education and 1.77 percent had master level education.

It indicates that most of the boys before S.L.C level got married in the study area. So, one of the reasons for dropping out in the school might be marriage.

Occupational Status

Occupation is one the deterrent factors that determine the knowledge and fertility status because normally those people engaged in occupation were based on their educational and socio-economic background. Therefore, this determines the level of knowledge about occupation, economic status and so on.

Figure 1

Occupational Status

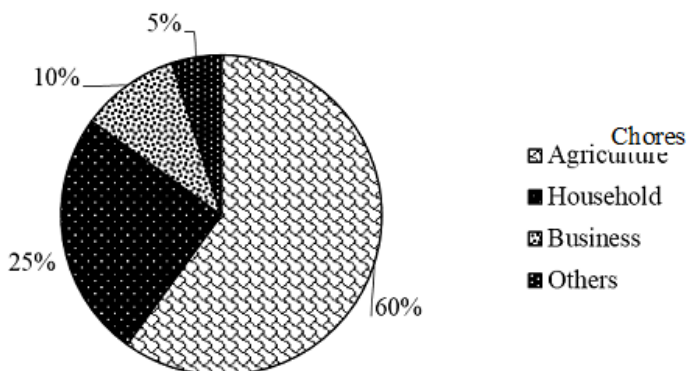


Figure 1 shows that most of the respondents were engaged in agriculture which is accounted for 60 percent likewise 25 percent of the respondents were engaged in household chores, similar, 10 percent following business and 5 percent were engaged in others occupation. Occupation has also a very close relation with fertility, and it is related to the fertility behavior. In the study area a higher proportion of the respondents found engaged in agriculture and the service sector.

Religion of the Respondents

Religion is one of the major determinants of fertility. In Kirat religious it is considered that a girl should marry before her first menarche. The parents think that "when a girl gets married at an early age their ambition is success or their duty is over". They think that the children are gift of God. In the study area, two types of religious group were found. They are Kirat and Christian. Kirat was dominating. The religious composition I given in table.

Table 5

Distribution of Age at Marriage by Religion

Religion	No. of Respondents	Percentage
Kirat	156	92.30
Christian	13	07.69
Total	169	100

Above table shows that of 169 respondents, table no .7 shows, 156 respondents were Kirat, and 13 respondents were Christian. This study concluded that Christian religion is less than Kirat.

It means that Kirat religion is abundant in the study area. In Kirat religion early marriage is given priory. Thus, religion is also playing a dominant role in early marriage in the study area.

Fertility Behavior of the Respondents

Fertility behaviors to the actual birth performance of a group of women or to the relative frequency with which the birth occurs in total population or in the population exposed to it. It is a result of fecundity or the physiological capacity to reproduce. Obviously, it is not possible to measure exactly the real capacity of women to produce offspring. However, it can be guessed only with the help of the maximum level of fertility ever observed in a no-contraceptive population. It represents the actual performance and should not be confused with the ability of capacity to reproduce, which is termed as fecundity.

The actual bearing of children by women is called fertility. In Nepal, the childbearing in the society is only possible after the marriage. Socio-economic status plays an important role in fertility. The lower the age of marriage, the higher will be the chances of getting more children, because their reproductive span increases. Fertility is also affected by the duration of time spent with husband and wife. Similarly, occupation of the husband, types of job, knowledge of family planning, practice of family planning, heart of family planning age at marriage, age of women of first child also tend to the fertility. The respondents of this study were also asked about fertility behavior. The responses on this concern are given in the table and figure below.

Mean CEB as Per Group of the Respondent

The age of a mother is an important factor of fertility. It is easily expected that the age of married women increases as of the CEB also increase. Since older women experiences have longer span of reproductive period than younger ones. The main CEB by the age of the women are displayed below given table.

Table 6
CEB by as per Age Group of Respondents

Age Group	No. of Women	No. of Birth	Mean CEB
15-19	15	55	3.66
20-24	40	157	3.92
25-29	34	69	2.02
30-34	26	58	2.23
35-39	24	42	1.57
40-44	18	25	1.38
45-49	12	20	1.66
Total	169	426	2.52

Table 6 shows that the mean number of children ever born 2.52 while the lowest CEB was 1.38 which was less than average mean CEB. The highest number CEB 3.92 was born by women of age group 20-24. It found that as the age increases the mean number of CEB also decreases. So, the figure indicated that there is negative relationship between age marriage of women and CEB in the Tamang community.

Age at Marriage of the Respondents

Age at marriage plays a vital role in fertility. Lower the age at marriage causes higher the reproductive span of women. The higher the reproductive span, the higher the chance of getting large number of children. Early marriage also can stop the educational attainments and career opportunity of women. The collected information about age at marriage of the respondents has been presented in table below.

Table 7
Distribution of Respondents by Age Marriage

Age	No. of Respondents	Percentage	No. of Birth	Mean CEB
15 – 20 years	82	48.52	169	2.39
20 – 25 years	48	28.40	129	2.68
25 – 30 years	39	23.07	101	2.58
Total	169	100	426	2.52

As shown in table 7, the higher proportions 48.52 percent of the respondents got married 15 – 20 years of age. 28.52 percent of the respondents were found to be married 20 – 25 years and 23.07 percent of the respondents were found to married 25 – 30 years of age. The finding revealed that the higher proportion of women have got early marriage. Early marriage is common in the study area. Even in the list contrary their marrying practices are most imaging.

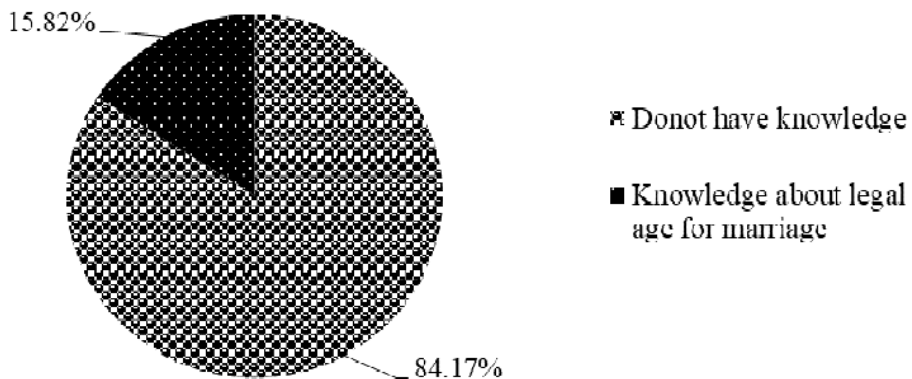
From the CEB, it is found that the 20-30 years of age group is highest of 2.68, lowest is of 15-20 years of age group which of 2.39 and 20-25 years of age group it is found to be 2.68.

Respondent's Knowledge About Legal Age of Marriage

Generally, the legal provision of marriage has mentioned that the marriage after 22 years for male and 20 years for female. Marriage before 19 years is called early marriage. To find the respondents, knowledge on such legal provision of marriage, were requested to report the legal age for marriage. It is because knowledge of legal provision for marriage helps to control early marriage. The responses reported by respondents are shown in figure no 2.

Figure 2

Respondents Knowledge About Legal Age of Marriage



The above figure shows that 84.17 percent of the total respondents do not have the knowledge about the legal age for marriage due to which they were compelled for early marriage were as 15.82 percent of them have the knowledge about the legal age for marriage.

It is not only the problem of the people who do not know about the legal age, for the concern government should apply the program related to legal age for marriage. The problem can be minimized if the government apply the educational program in the school level and conduct the related program in television and radio as well.

Age at First Pregnancy of the Respondents

Marriage is a cultural step of Tamang community. They get marriage at an early age. They start to get married when they stop at the beginning of 15 years, then they become pregnant in their teenage period. As a result, they give birth to a child in their immature period. The age of a mother at first birth plays an important role in fertility. The lower the age at first birth, the higher will be the chance of getting a higher number of children. Generally, the natural age for the first childbearing is considered after 20 years according to biological structure of the women. Before the age of 20 years, the women are not available to care the baby and pregnancy is dangerous for both mother and baby. The following findings related to the age of mother at first pregnancy in study area are given in the table below.

Table 8

Age at First Pregnancy of the Respondents

Age	No. of respondents	Percentage
Under 15 years	8	04.73
15 – 19 years	40	23.66
20 – 24 years	66	39.05
25 – 29 years	37	21.89
over 30 years	18	10.65
Total	169	100

Table 8 shows that 39.05 percent of the respondents at first pregnancy at 20-24 years, 23.66 percent had under 15-19 years, 21.89 percent, respondents had 25-29 years of first pregnancy, 10.65 percent were over 30 years, 4.73 percent were first pregnancy under 15 years.

This study concludes the one for the illiterate respondents had first pregnancy before 18 years. The educational status directly affects the women's first pregnancy age lower educational status women's had pregnancy occurs in early age whereas higher educational status women's had pregnancy in delayed age. It indicates that as early marriage is common in the study area, teenage mothers are common there most of the respondents were illiterate, so they get early marriage.

Hospital Visit Practice for During Pregnancy Period

Pregnancy is a special and highly risk period. There are various complications during pregnancy. So, it is essential to check up pregnant women during pregnancy period at least 4 times. By checking up, we can predict the complication and suggest the mother stay safe from these. According to safe motherhood program of Government of Nepal as 1st visit after 4 months of conception, 2nd is 6 months, 3rd visit months and last visit in 9 months of conception. The following table percent and time of hospital visit practice for during pregnancy period.

Table 9

Hospital Visit Practice for During Pregnancy

Time	No. of Respondents	Percentage
Once	9	07.96
Twice	32	28.31
Thrice	28	24.77
More then thrice	44	38.93
Total	113	100

Table no 9 shows that most of respondent 38.93 percent had gone health checkup during pregnancy for four times and above. One time hospital visit during pregnancy period was 7.96 percent, two-time hospital visit was 28.31 percent and three-time hospital visit during pregnancy period was 24.77 percent. it denoted that health checkups during pregnancy period seem to be satisfactory level. But some women have not necessary to increase their number for better health to go health checkup during pregnancy period.

Place of Birth and Number of Children

Tamang women give birth of child on various place. Most of them get delivery at their home. Only educated family takes the pregnant women at health post and hospital. They are economically disadvantages and socially deprived groups so that family takes the pregnant women at home. The following table shows the data of Tamang community are given below.

Table 13

Distribution of Place they Give Childbirth

Place	No. of Respondents	Percent	No. of Children
At Home	80	47.33	130
Health Post	44	26.03	105
Hospital	25	14.79	55
Nursing Home	20	11.83	32
Total	169	100	332

It indicates that there were many places where they gave birth to their children. It explains that 80 (47.33%), 44 (26.03%), 25 (14.79%) and 20 (11.83%) women gave birth at home, health post, hospital and Nursing home. Most of them got delivery at their home. Therefore, there was probability of death of child because they did not go hospital. It is very dangerous pregnant at home. Above the table no 13 shows that which place they give childbirth home had 130 numbers of children. Similarly, 105, 55 and 32 were health post, hospital and nursing home. They had no proper knowledge about delivery at hospital. As a result, there was many homes delivery.

Source of Information on Family Planning Methods

Fertility control process refer to the modern and natural process to restrict the childbearing. In this regard, the women should have the knowledge about fertility control process through different sources. There is various source through which the respondents will be familiar with family planning method. The respondents were asked about the source of family planning method in the process of data collection. The main source is given below in table no 14.

Table 10

Source of Information on Family Planning Method

Source of information	No. of Respondents	Percentage
Friend	73	43.19
Husband	36	21.19
Nurse	45	26.62
Doctors	15	08.87
Total	169	100

Table 10 shows that among the respondents, it was found that friends that friends were the sources of information to 43.19 percent of the respondents. While husband was the source to 21.30 percent, Nurse were the source of information to 26.62 percent, Doctors were the source to 8.87 percent about the use of family planning methods respectively.

The study concluded that most of the respondents were founds the information from the friends and Nurse. Thus, it helps to develop and gather the information from the focus group discussion about the family planning device.

Types of Family Planning Methods Used

In the process of planning clients can follow any one of many methods, devices and techniques of family planning. Most common and easy to use and easily available devices are depo, pills and condoms. The other family planning methods are norplant, copper T, vasectomy and mini- lap. Respondents were asked which devices /methods you use the method of family planning; their view was found as following.

Table 11

Types of Family Planning Method Used

Methods	No. of Respondents	Percentage
Condom	18	13.04
Pills	63	45.65
Depo-Provera	52	37.68
IUD	5	03.62
Total	138	100

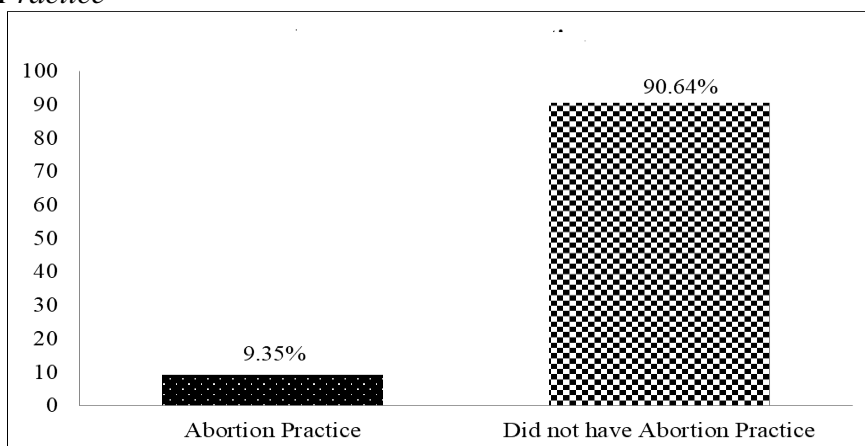
Among those respondents who used family planning method, only 5 respondents used IUD, a few 18 used condoms, 52 respondents used Depo-Provera, and 63 women used pills. It means they are still pregnant, and they will give birth again. This is not a good situation because it makes large number of family members and family economic; health and educational status will be good. None of respondents reported that they used permanent devices such as vasectomy or mini- lap. So, some women including all the peoples of Bhaktapur is needed and should be given affectively and regularly to increase knowledge on it.

Practice of Abortion

Abortion is one of the proximate determinants of fertility. The practice of abortion affects the level of knowledge in the area. Unsafe abortion has become a great health problem in developing countries like Nepal. This section includes the analysis and interpretation of data related to the practice of abortion in the study area.

The abortion practice in a listed health institution by a listed service provider under the lawful criteria in a will of pregnant women is known as safe abortion. If the abortion is done in any other place besides the listed institution, then it becomes an unsafe abortion. Researchers studied the practice of abortion in the study area to the respondents. Those women who knew the safe abortion service told that they had safe abortion when it is done by trained person in the health-related area. The figure below shows the practice of abortion.

Figure 3
Abortion Practice



Women may abort for more than one time for different reasons. This might be because of the failure of contraceptive or no use of contraception or any other reasons. The above figure shows that only 9.35 percent of the respondents had abortion practice and 90.64 percent of the respondents did not have abortion practice before the survey time.

Analysis of Some Socio-economic Variables with Fertility Behavior

Fertility refers to the actual reproductive performance of a female or couple. According to Lewis and Tompson" fertility is the childbearing performance of individuals, couples' groups or population". The level of fertility indicates literate and illiterate respondents due to the study area. Level of fertility affects major socio-economic variables such as income, education and occupation etc.

Table 12
Effects of Socio-economic Variables on Fertility Behavior

Socio-economic variables		No. of Respondents	Percent	No. of birth	Mean CEB
Income	Low	33	19.52	126	3.81
	Medium	112	66.27	245	2.18
	High	24	14.20	55	2.29
Education	Illiterate	18	10.65	72	4.0
	Just literate	84	49.70	227	2.70
	Secondary	51	30.17	93	1.82
Occupation	Higher	16	9.46	34	2.12
	Business	17	16.05	32	1.88
	Agriculture	102	60.35	277	2.71
	House hold	42	24.85	96	2.28
	Miscellaneous	8	4.37	21	2.62
Mean CEB				→	2.52

According to the above table, income source of medium is found to be 66.27 percent, low-income source is 19.52 percent and highest income source is 14.20 percent by looking in educational field illiterate is 10.65 percent, literate is 49.70 percent, secondary level is 30.17 percent and lastly higher secondary level is 9.46 percent. From the above table it is formed that most of the people occupation is agriculture which is 60.35 percent and lowest occupation is covered by miscellaneous activities covering 4.73 percent .moreover, people who follow other occupation are respectively business which is 16.05 percent and household is 24.85 percent.

From the CEB, it is found that people of low income is highest of 3.81, lowest is of medium income level people which of 2.18 and in high income level people it is found to be 2.29. Moreover, by analyzing education, it is found that CEB of illiterate education is high of 4, lowest of secondary level people of 1.82, people who are achieving juts literate education is found to be 2.70 and in higher education people it is found to be 2.12. Furthermore, the CEB of people who are involved in agriculture is found to be highest of 2.71, lowest of business having 1.88 and rest occupation are household and miscellaneous sector whose CEB are respectively 2.28 and 2.62.

The table presented above shows that there are largest number of births in just literate education group. It is mainly because there are many respondents in literate education age group, lack of family planning education and proper job for the literate women. Consequently, they have got enough time which leads to the chance of giving more childbirth.

The social and economic status of any family helps to determine the profession of any person. A family whose economic level is high reproduces less children than the people whose economic level is less. The woman who are well educated reproduce less children than illiterate woman because educated woman is conscious than illiterate woman. People who are involved in agriculture produce more children than the people who are following other occupations.

Summary of the Major Findings

The major findings of the study are as follows:

Socio-economic Status of Tamang Women

The number of respondents was found to be 59.17 percent Neyong, 26.03 percent Wanem and 14.79 percent Thopra in study area. Among the total respondents, the majority of them were Kirat 92.30 percent and least of them were Christian 7.69 percent only. Most of the respondents (60 percent) were to be engaged in agriculture and 40 percent of the total respondents were the others.

Among 169 respondents, 69.82 percent of them were found to be literate. 30.17 percent were illiterate. Among literate respondents, 44.91 percent had S.L.C education, 34.75 percent had interred education and 17.79 percent had bachelor and only 2.54 percent of them had master level of education.

Fertility Behavior of the Respondents

The mean CEB 3.66 is highest for women whose group is 20-24 years at the time of field survey. Similarly, the mean CEB of 1.38 is found in the age group 40-44 years.

It was found that 48.52 percent of the total respondents were found to be married at the age of 15-20, followed by 28.40 percent were found to be married at the age of 20-25 and 23.07 percent married at the age of 25-30.

Regarding the knowledge of legal provision of marriage, 15.82 percent of the respondents were found to have knowledge about legal marriage and 84.17 percent of the respondents were found to be unknown of legal age for marriage.

As the source of knowledge of family planning method, the highest majority 47.19 respondents reported that friends were the source. In contrast, for 8.87 percent, medical person was the source of the family planning method.

Among the 169 respondents, user of FP 81.66 percent and non-user had 18.34 percent, 45.65 percent used pills, 37.68 percent Depo-Provera, 13.04 percent, used condom and 3.62 percent used IUD.

Among 169 respondents, 53.25 percent have small families, 27.21 percent middle family and 19.52 percent large family.

Out of the total population the researcher found that 79.85 percent of Tamang male was head of the family member and 20.11 percent of Tamang female head.

Out of the population the researcher found 47.33 percent found to be born children at home.

Among total respondents most of (38.93 percent) had gone health checkup during pregnancy period for four times or above. 28.31 percent had gone to health checkup during pregnancy period for two times. 7.96 percent had gone health checkup during pregnancy period for one time and 24.77 percent had gone health checkup during pregnancy period for three time. Among the respondents, child loss experiences were found only 10 percent.

Among the total respondents, 9.35 percent of them practiced abortion and 90.64 percent of them did not have abortion practice.

Socio-economic Variables With Fertility Behavior

Among total 169 respondents, 19.52% were from the families having low income where CEB was 3.81. Whereas respondents having high income were 14.20% and their CEB found 2.29 only.

The highest number of the respondents, 49.70% were just literate with their CEB was 2.70. On the other 9.46% respondents had taken higher education and were fewest in number and their CEB 2.12.

By considering the profession, the highest number of respondents were involved in agriculture 60.35% and their CEB was 2.71. The lowest number of respondents were involved in other profession 4.37% and their CEB was 2.62.

Conclusion

Socio-economic status of women plays an important role for the fertility behavior of the community. Marriage of female is determined by the social economic condition of the society. After considering all the findings, socio-economic status, and lack of education. The study

found that education is an important variable which can affect fertility. Religion, caste and ethnicity are also found as the determinants of fertility.

Level of education plays an important role in reducing fertility. If people are educated, they can control the desire of more children. The finding shows that the respondents who have high education attainment possessed lower fertility than illiterate. The income of the person also determined fertility. The respondents who have low income have high fertility and high incomes have low fertility. Occupation has also been seen playing an important role in the reduction of fertility. Most of the women are engaged in agriculture the study area, so that they are found to have more children which mean large fertility. Similarly, income is also an important cause of increase fertility. The higher the level of income, the lower fertility is found in the study area. From the overall result, it is concluded that socio-economic factors like education, caste religion, occupation, parents, socio-economic background, and socio-cultural practices are major affecting factors for fertility behavior.

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