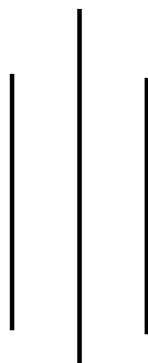


**Impact of female education on fertility status of Muslim community
(A case study from Ramnagar bhutaha VDC of
Sunsari District)**



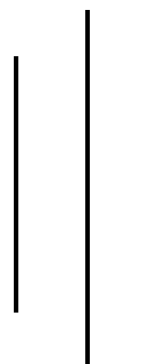
Submitted to

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ABSTRACT

Fertility is the one of the major component of population change. Various factors are attributed to the fertility behavior of various communities. Nepal is multi- ethnic country and the fertility behavior of different ethnic group is also different. Muslim community is the one of the predominant community in Nepal.

Fertility behavior of Muslim community was studied by collecting primary data from purposive sampling of household and women at reproductive age (15-49) year. Data were analyzed by taking the different dependent and independent variables to study the impact of female education on fertility status of Muslim Community.

Education has a great importance for Muslims. Their education is not only limited to religious education; they give importance to all types of spiritual as well worldly knowledge. It shows that majority of the women have taken informal religious education. The mainstream education taken by the sampled women was also good. It was found that the woman literacy rate was higher as compared to the national adult literacy of 15+ age group. The younger women are more literate but the older age group women have very low rate of literacy.

The majority of the respondent was housewife followed by agriculture, teacher, business and wage labor. The main reason for majority them are house wife is due to they are not totally free to work and dependent on their head of the house and husband for the family support. They are not allowed to go outside of their house without prior permission of their husband or head of the household.

It shows that majority of them have middle income status followed by higher income status. It shows that the large number of the respondent husbands has been involved in business followed by agriculture, governmental job, and foreign employment, wage labor, mechanic, private job are seems to be doing by the respondent husband.

Illiterate Muslim women have high fertility than their literate counterparts. Similarly, the fertility of literate women also decrease with level of education attainment education. Women who married at earlier age have higher fertility than those who married late. Women taken main stream education have up to 2 children. Women with only Islamic education have 5 and more than 5 children this is due to religious factor. Family size among the Illiterate women has found to be higher than women who have taken main stream education and Islamic education.

The relation between the education and mean age at marriage shows that literate women marriage at 15 or more than 15 years, on the other hand Illiterate women of age group 15-49 year marriage at the earlier age, i.e., below 15 year. It is found respondent who has taken schooling education have child bearing age 20 or above. On the other hand illiterate women have child bearing age was 15-19.

It is seem that the CEB for women ever using family planning method is lower than those who never used any of such method. This shows that women using FP have small family size than that of not using any fertility control material.

Highest CEB is observed for the women who have only taken Madarsa education and second highest CEB is observing for illiterate women. It shows that family size was larger to those who has taken primary level education than lower secondary, secondary and higher secondary. Ultimately, women who have taken both schooling and madarsa education have comparatively low CEB for the study area of women of age group 15-49 year age group. More than half of respondent have heard of FP methods. Similarly, among the respondent who have heard about family planning methods, majority of them have heard about Pills followed by heard Depo-Provera, about condom, about safe withdrawal, heard about Norplant. Only, few of them have aware on female sterilization method.

Majority of the respondent have heard FP method by village health worker followed by TV, radio, nurse, husband, relative/ friend. The fertility is negatively associated with the use of contraceptives. It shows that more than half are currently using FP method.

ce is seem to have direct relation with fertility behaviour Child loss experien. Literacy of the women and age factor greatly influence the child mortality. Home delivery is seemed to be higher in context of study area. Higher trend of child mortality is also due to the persistent habit of home delivery trend. The result shows that mortality trend is very high for the study area. This is mainly seen in the women of higher age group and among the illiterate women.

ucate muslim women for reducing The finding from this study indicate that it is essential to ed their fertility behavior. Similarly, in order to reduce fertily behavior of Muslim women it is necessary to conduct program to control child mortality and to create awareness. It would be those c effective to provide incentive toouples having only up to two children. Lauching income generation program in these communities may help reduce fertility behavior as fertilty as fertility .is inversly related with income levels.

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ABBREVIATIONS AND ACRONYMS

AIDS: Human immunodeficiency virus infection / acquired immune deficiency syndrome
ANC: Antenatal Care
CBS: Central Bureau of Statistic
CEB: Child Ever Born
DHS: Demographic and Health Survey
DOHS: Department of Health Services
FCHV: Female Community Health Volunteer
FGD: Focus Group Discussion
FHD: Family Health Division
FP: Family Planning
GO: Governmental Organization
HH: Household
HIV: Human Immune deficiency virus
IUD: Intrauterine device
MoHP: Ministry of Health and Population
MHC: Maternal Health care
MOH: Ministry of Health
MWRA: Women of reproductive age group
NHFS: Nepal Family Health Survey
NGO: Nongovernmental Organization
NHRC: Nepal Health Research Council
PNC: Postnatal Care
SAAR C: South Asian Association of Regional Co-operation
SLC: School Leaving Certificate
TFR: Total Fertility Rate
TT: Tetanus Toxoid
TBA: Traditional Birth Attendance
TFR: Total Fertility Rate
UN : United Nations
UNFPA: United Nations Population Fund
UNICEF: United Nations Children Fund
VDC: Village Development Committee
WHO: World Health Organization

CHAPTER-ONE

INTRODUCTION

1.1 Background of the Study

Traditionally, Nepalese society has favored high fertility. Children are considered as a symbol of both social and economic well-being. High fertility is desired because by producing children, preferably sons, a woman raises her status in the family (CBS, 2003). Other reasons for high fertility include early marriage as well as desire for sons, for both religious (to perform religious rituals) and economic (immediate economic gains and old age security) reasons (Karki YB, 1982). In particular, the education of women, female labor force participation, urban residence, household wealth, cultural norms, and overall levels of social development have affected fertility (Bongaarts J, 2008).

Fertility is one of the three principal components of population dynamics that determine the size and structure of the population of a country (UN, 1983). Differentials in fertility behavior and fertility levels in different areas and among population strata or characteristics have been among the most pervasive findings in demography (Cochrane,1976). The underlying cause of high fertility in Nepal needs further investigation and exploration in order to be better understood and appropriately addressed by reproductive health programs. It is essential to identify the risk factors associated with high fertility and to provide services to address those who are at risk. To develop effective strategies for fertility control, it is necessary to understand the factors affecting fertility. It is hypothesized that women in vulnerable groups, such as those who got married at an early age, are illiterate, are living in rural areas, are poor(est), and have very little knowledge of contraceptives, have high fertility.

Nepal has National family planning Program for over a decade, but fertility is not low due to lack of proper education especially among the women. Although education has been unanimously endorsed as fundamental right and as an explicit developmental objective, women's access to educational resources remains inadequate in large part of the developing world (Kelly and

Elliott, 1982). In recent years, new research showing that a woman's schooling affects the reproductive and health behaviors of other women has raised the possibility that female education has greater capacity to transform the demographic landscape of a society than is currently believed (Kravdal 2002). This study contributes to this new research on women's education by examining whether a rural Muslim woman's interest in regulating her fertility and using contraception is influenced by the schooling of other women in her community. It pursues the analysis by looking at the relationships between the average education of Muslim women in a community and an individual Muslim woman's interest in fertility regulation and contraceptive use while controlling for her education and other socio-economic and demographic characteristics.

In the next section, the paper reviews theories and research literature elucidating how the average education of women in a community affects the reproductive behavior of individual Muslim women.

1.2 Statement of the Problem

Although Nepal has seen substantial improvements in its reproductive health outcomes, such as in the reduction in maternal and infant mortality, the increase in the contraceptive prevalence rate, and health service utilization among married women (MOHP,2007) the total fertility rate is still high compared to that of other developing countries (World Population data sheet, 2009). The underlying cause of high fertility in Nepal needs further investigation and exploration in order to be better understood and appropriately addressed by reproductive health programs. It is essential to identify the risk factors associated with high fertility and to provide services to address those who are at risk. To develop effective strategies for fertility control, it is necessary to understand the factors affecting fertility. It is hypothesized that women in vulnerable groups, such as those who got married at an early age, are illiterate, are living in rural areas, are poorest, and have very little knowledge of contraceptives, have high fertility.

About 50 percent of the total population consists of women in Nepal where majority of the population are illiterates, especially females and population growth is very high, where the percentage of literate women is small, there are grave problem. In course of time urban female become conscious about population problem due to literacy which is very low, But still now, rural women are not aware of population growth. The problem early seen is women do not

consciousness towards their number of children and health condition of mother is very poor. Illiterate women do not know the how much education affects the health and fertility behavior.

1.3 Objective of the Study

The overall objective of the study was to analyze the Impact of Female Education on Fertility Status of Muslim Community. A specific objective of the study was set as follows:

- a) To describe the socio- personal characteristics of the women covered by the study.
- b) To analyze the fertility behavior of the women.
- c) To access the relationship between education and fertility behavior of the women.

1.4 Justification of Study

This study will help to planners, implementers and change agents of their field. In addition, it will be useful to know that female education is meaning full for controlling population growth.

This research will help to answer the following questions

- a) Is women's education associated with fertility and fertility-related behavior?
- b) What are the socio-economic characteristic of the Muslim women under the study area?
- c) What are the impacts of women education on fertility?
- d) What will be the recommended strategy related to fertility behavior of women?

1.5 Area of the Study

Ramnagar Bhutaha is a village development committee in Sunsari District in the Kosi Zone of south-eastern Nepal lies $26^{\circ} 31' 48''$ N, $87^{\circ} 6' 0''$ E. This VDC lies about 11 K.M south from headquarter Inaruwa. About 90% of population of this VDC is dominated by Muslim. About 10.5% i.e. (68,481) of Muslim of total population (310,103) lives in Sunsari district. Among them male and female are 35,209 and 33,272 respectively (CBS, 2007).

Education: Due to the majority of Muslim community in this VDC, Nepal 2nd largest Madarsa is established here in which more 3500 are studying Islamic education from different part of the country and outside of the country. There is separate girl Islamic school in which all teacher are female. There are three primary school, Five Lower Secondary School and One Higher Secondary School are running in this VDC .There is 11 Makatab (small type of Madarsa) is running in this VDC.

In this VDC above 95% of the children between 5-10 years age are enrolled in the school. They were included literate population. The male literacy level is 82.12% and female literacy level is 55.76%. This literacy level is above the national rate. In this above literacy level includes schooling boys and girls (Source: VDC Report 2002).

There is One Health post and One Bhutaha General Hospital of 50 bed capacity with whole facility is also situated in this VDC. There is also ambulance facility but people of this place are not aware of these facilities. Majority of people of this place are business man, farmer and depend on the foreign employment for the income generation.

CHAPTER-TWO

Literature review on Muslims in Nepal is scanty. It has been learnt that nobody even made a detailed attempt for study on Muslim in Nepal. For data, publication of Central Bureau of Statistics of Nepal have been very valuable, books on studies on various ethnic groups and previous reports on fertility will be used. Information from various Nepali magazines and journals are also important.

2.1 Review of Theories and Concepts

Demographic transition is the shift of population from a state of high fertility and mortality to a state of low fertility and mortality. The theory of demographic transition states that poor traditional societies having high mortality, lack of opportunity, less advancement and high economic value of children have high fertility which changes with the modernization or urban industrialization as viewpoint of individual are reoriented and use new opportunities (Cadwell, 1977 cited in Das along with their advancement, industrialization and modernization. The economic changes are associated with the demographic changes.

According to Notestein (1945) the fertility is kept high in traditional society due to high mortality but the same decreases with economic development as mortality declines with improvement in standard of living, nutrition, education and control over diseases. Moreover, this is also result of the changes in the motives and aims of people with respect to family size due to the rising individualization, aspirations, and high economic and social goal setting (Notestein, 1945:40 cited in Aryal, 1997). Arsene Dumont (1965), postulates the “Social Capillarity” principle to argue that individuals opt for smaller family size for elevating his/ her position in the society. The desire for personal improvement stimulates couple to have fewer children and hence the fertilities of societies decline (UN, 1973: 54-55). Social scientist and demographer are continuously in the quest of a systematic theory that can explain the change in the fertility level.

Davis and Blake (1956) have listed eleven intermediate social and culture variables that affect fertility positively or negatively. Four out of these eleven variables, Tuladhar (1989: 40) maintains, namely age of entry in to sexual unions, permanent celibacy, contraception, and sterilization have high association with fertility level in an underdeveloped country like Nepal. Whereas, John Bongarts (1983) argues that the proximate determinates of the fertility are

biological and behavioral factors through which social, economic, psychological, and environmental variables affect fertility.

The demographic transition theory, a most popular model defined in detail by Notestein(1946) has summarized the various steps of fertility and mortality . It explains from the state of high fertility and mortality to a state of low fertility and low mortality with the improved socio-economic and demographic status of any country. That demographic transition theory is generally based on European countries and some well developed countries. It explains as that such evolution occurs due to evolution in industrialization and urbanization.

The model of Easterly (1976) about fertility is related to economic cost benefit analysis of the children. It uses natural fertility desired fertility and optional fertility. Natural fertility is that number of birth of a family that is entirely depending on health and sexual behavior of family members. The number of children are as desired by a couple in which cost of fertility remains zero is the desired fertility. Optional fertility is the result of maximization of utility with budget remaining (Easterlin, 1976:57-133).

Caldwell (1993) developed a theory, known as “Theory of intergenerational wealth flows” explaining fertility behavior in any type of society at any level of the development is rational .In a society, the fertility is high if children are economically not beneficial to the parents.

Freedman (1982) developed a model for the sociological framework of fertility. He introduced two types of norms about fertility, which are of norms about family size and norms about intermediate variables. Family planning programme is considered as one of the social programme that has a goal to reduce fertility that may influence the norms about family size and norms about intermediate variables, which is turn affect fertility behavior (Tuladhar, 1989)

2.2 Review of Empirical Studies

Generally fertility determined by the psychological factor and their interplay with social, cultural ,economic and modernization factors also societies and population subgroups with in societies categories by their socio-economic characteristics have different level of fertility . Much more fertility is determined by various socio-economic and demographic variables also caste/ethnicity,

religion ,cultures , women's education , occupation ,sex performance ,use of devices age at marriage affect fertility behavior of any group of community (Risal and Shrestha,1989).

2.2.1 Education and fertility

There is close relationship between education and fertility. Fertility is highly affected by education. Educational attainment also reflects the socio-economic status of people. Education and women's participation in decision making is better educative women than uneducated women, so we can say that higher the educational attainment lower the fertility, lower the educational status higher the fertility.

Education attainment especially of women is one of the indicator of modernization and the status of women in society. The level of fertility declines with increase in educational level of females. The same applies for literacy in a community the lower will be the fertility. In Nepal the average number of CEB is lower for literacy then for illiterate women (Gharti Chetry, 1995: 61:-83)

According to the Demographic and health survey 2001, there is a strong association between fertility and education with the TFR declining as the level of education increased. The TFR of women with no education is more than double that of women with at least on SLC level of education (MOHP etl, 2006).

Geeta Gandhi Kingdon at 2002 studied Education of women and socio-economic development. This paper presents the findings of some recent research on the social and the economic benefits of female education and considers the pathways through which women's schooling leads to social gains.

Sathar, Zeba Ayesha prepared a report on December 22, 1984 on title Does female education affect fertility behavior in Pakistan? The study explores the relationship between female education and fertility in Pakistan and is based on data from the Pakistan Fertility Survey 1975.

Bhawna Chawla has studied Women's Education, Health and Fertility: Examining Three States in India: Bihar, Rajasthan and Tamil Nadu in 2007. She found Education is understood to have a positive link with a woman's health and a negative correlation with fertility. Chawla Results indicate that all fertility related variables are strongly linked in the poorer states.

2.2.2 Occupation and Fertility

Female in different occupation is found to have different fertility level. The employment of women outside the home reduces the level of fertility behavior. UN (1987) found that in every

region women with occupation in modern sector of economic had smallest number of children ever born than women involved in traditional sector of economy. Those who had never worked hard on an average likely to have more children than women involved in any of the occupation group.

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

In the context of Nepal, proportion of women in the non-agricultural work force has increased in all sectors. Nevertheless, women's concentration in agriculture is still more than that of men. Women constitute 48% of the labor force in agriculture. (Acharya, 2003: 237).

2.2.3 Age at marriage and fertility

Age at marriage is also one of the determinants of fertility. There is inverse relationship between age at marriage and fertility. Simulate mean age at marriage for Nepalese women were 19.5 in 2001. Simulate women marriage was 19.9 and men was 21.5 in 2006. Similarly the fertility rate in 2001 was 4.1 and it decreased in 2006 remaining 3.1 (MOHP et al. 2006).

Thus, age at marriage has been proved as one of the important factors responsible that determine the level of fertility. Therefore, the examination of fertility by age at marriage provides much clear ways to reduce high fertility to Nepal.

2.2.4 Child loss and Fertility

Numerous studies have demonstrated a strong relationship between mother's patterns of fertility and the chance at her survival of children. Typical, infant and young children have higher risk of mortality, if they are born to very younger or older mother. Therefore, it has been argued that high infant and child mortality is a cause of high fertility in many societies, because there is always need of new child to compensate.

New era (1986: 90) found a close relationship between infant mortality and number of children ever born. The study concluded the existence of strong child replacement effect in Nepal.

Fertility decline is most affected by mortality decline; broad social and economic fertility decline is development and family planning decline (freedom, 1995). High fertility is fundamental adjustment to high mortality and that high fertility is necessary for group survival where mortality is high. (Bhende and Kanti Kar 2004)

2.2.5 Contraceptive use and fertility

Contraceptive use was considered as one of the four most important “proximate determinants” of aggregate level of fertility. Furthermore, it generally assumes the principle role in translation to lower fertility. (Bongaarts and potter, 1983)

According to the John Bongaarts, the proximate determinants of fertility are the biological and behavioral factors through social, economic, psychological and environmental variables affect fertility. Bongaarts (1983) has identified seven sets of proximate determining variables affecting fertility which are age at marriage and marital disruption of post-partum infecundability, fecund ability, use and effectiveness of contraception, spontaneous intra-uterine mortality and induced abortion. Later he proposed only four proximate variables that affect directly in determining the fertility levels. They are proportion married, Contraception post-partum in fecund ability and abortion. These four proximate determinants are main determinant to reduce the fertility in Nepal (MOPE, 2000:27)

There are several reasons for the low rate of retention of family planning, method in Nepal. Methods are not available to a large number of couples and even where they exist family planning workers have not been effective in motivating couples to use contraceptives. (Subedi, 1996).

2.2.6 Fertility and Family Planning

While a high fertility rate is no longer considered undesirable in the developed world where the total fertility rates are below replacement levels (Bongaarts, 2002), developing countries like India and China continue to have a growing population with inadequate resources. It is estimated that at any time, one woman in six between the ages 15 and 49 is pregnant in developing countries, compared with one woman in seventeen in developed countries. At the same time, in a developing country, a high level of fertility has a negative impact on a woman's own well-being.

Repeated childbearing, short birth intervals and pregnancy at an early age all pose high risks to health of women. (Dyson & Crook,1984; Acsadi & Johnson-Acsadi,1986). Mothers of less than 18 years of age run a high risk of complications and/or death in pregnancy and childbirth and of giving birth to premature babies.

A very useful books is Dr. Mullica Dastider in book "Religious Minorities in Nepal," published first edition 1995. This is very informative about various groups of Nepali religious minorities' population including Muslims and historical background. For religious aspects in Nepali, this book has been used in the present study.

Neeta Thapa at May, 2009 prepared the country profile of excluded group in Nepal.This book give the overall discription of marginalize and excluded group of Nepal.

Adhikari (1994) in his dissertation submitted to Central Department of Population Studies entitled, "The determinant of fertility, a case study of Kafalbote VDC in Panchthar district has analyzed the fertility and its socio-economic determint. He has taken education as independent variables. He found negative correlation between literacy level and fertility.

Chalune(1997) in his dissertation which was submitted to Central Department of Economics in 1997 entitled " Determinant of Fertility", A case study of Lekgaon VDC Bajhang" is mainly concerned with the level of fertility and some socio-economic factor affection the level of fertility. He concludes negative relationship between education and fertility. According to his finding the women whose husbands are illiterate have been found to have larger mean CEB(3.8) than the mean CEB for women whose husbands are literate (3.65).

Kofi D. Benefo(2006) published research articles on The community-level effects of Women's education on reproductive behavior in rural Ghana. He describes using survey data collected in rural Ghana during the 1980s, this study examines whether a woman's interest in fertility regulation and contraception is influenced by the education of other women in her community. The study finds that, net of her own characteristics, a woman's interest in limiting fertility and using modern contraception increases with the percent of women with education in her community. The finding suggests that female education has a greater capacity to introduce novel reproductive ideas and behaviors into rural areas of Africa and thereby transform the

demographic landscape in the region than is currently believed. Other community characteristics that increase women's interest in regulating fertility and contraceptive use in this setting include access to transportation and proximity to urban areas. However, these are not as powerful as women's education in transforming reproductive behavior.

Nazima Pravin(2011) studied on Politics of 'Inclusiveness': A Study of Contemporary Nepalese Muslim Political Discourse. The project traces how different communities of Nepal have been conceptualized as a nation. It offers a definition of their intrinsic relationship with different forms of Nepali state. The project examines the idea of inclusiveness—an idea which has recently gained popularity after the rise of the Maoist democratic regime. Inclusiveness has been regarded as a point of reference in looking at various political/administrative discourses which define Nepal as a singular entity and provide legitimate conceptual spaces to minorities. Beyond the conventional mainstream/minority discourse binary, the project traces the genealogy of the concept of minority. It examines issues and concerns related to Muslims that pose a challenge to the formation of the erstwhile Hindu kingdom of Nepal, as well as the newly established democratic republican state.

2.2.7 Family Planning and Islam

A Muslim has three source of knowledge to answering the question "Is birth control is permissible in Islam? These three sources are

- The Holly Qur'an
- Saying (hadith) and acts (Sunnah) of the Holy Prophet ; and
- The views of the leader of juristic school qualified to interpret the teaching of Islam.

Conclusions of these three sources are summarized below:

It is forbidden to "permanently" end a man's or women's ability to produce children, such as by having a hysterectomy or vasectomy, as long as that is not called for by circumstances of necessity according to its Islamic framework. It is permissible to control the timing of birth with the intent of distancing the occurrences of pregnancy or to delay it for a specific amount of time, if there is some Shariah need for that in the opinion of the spouses, based on mutual consultation and agreement between them. However, this is conditioned by that not leading to any harm, by it being done by means that are approved in the Shariah and that it not do anything to oppose a

current and existing pregnancy.

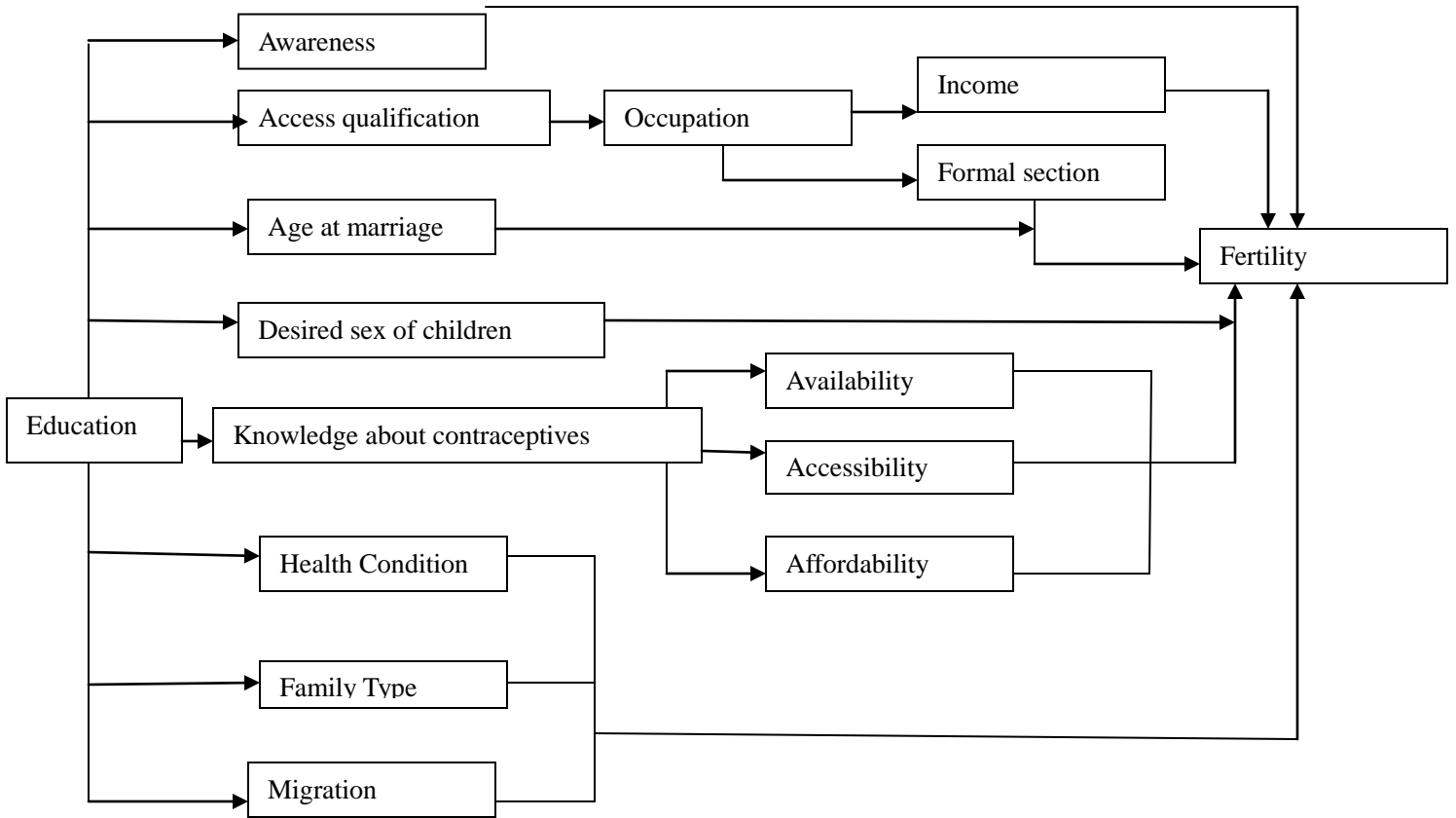
Family Planning, understood by Islam, is not opposed to marriage or to the begetting of children, nor does its concept imply disbelief in the doctrine of fate and Divine dispensation- for Allah Almighty has bestowed reason upon man to enable him to distinguish between the useful and the harmful, and to help him follow the path that would assure him happiness in this world as well as in the world to come.

One of the methods i.e. coitus interruptus method of Family Planning is allowed in Islam. Coitus interruptus (withdrawal before ejaculation) method was permitted absolutely. In this method, during sexual intercourse, the deliberate withdrawal of the penis from the vagina before semen is ejaculated, as an attempted method of contraception.

2.3 Conceptual Framework of the Study

Based on the review of the available literature related with the issues of the study, a conceptual framework has been developed for the analysis of the Impact of Female Education on the fertility on Women. The conceptual framework includes education of the women as an independent variable. Women awareness, access qualification, age at marriage, desired sex of children, and knowledge about contraceptives, health condition, family size and migration are as the intervening variables. In this study, Fertility is behavior of women taken as dependant variable. The Conceptual Framework in the form of a flow chart is presented in Figure 1

Figure 1: Conceptual Framework for the Analysis of Impact of Female Education on Fertility Behavior of Women



As envisaged in the conceptual framework, education of women determining their awareness, access qualification, age at marriage, desired sex of children, knowledge about contraceptive, health condition, family type, migration and these factors in turn, determine the fertility behavior of the women. Education is direct link up with the awareness level; it gives chances to access information, related with age at marriage. Occupation is influence by education and it also gives outcome on income level and formal selection. This ultimately, influences the fertility status.

Education plays an important role on desire sex of children which also affect fertility. Education gives knowledge on contraceptive which also depend on availability, accessibility and affordability. Health condition, family type and migration has direct link

up with fertility of particular community.

2.4 Operational Definition and Measurement of the Variables

2.4.1 Study Variables

The variable used in the study are defined below

- Independent Variable

Education of the women of reproductive age between (15-49) age group is taken as Independent Variable.

- Dependent Variables

Fertility is the Dependent Variable in this study.

- Intervening Variables

Women Awareness, Access Qualification, Age at Marriage, Desired Sex of Children, Knowledge about Contraceptive, Health Condition, Family type and Migration.

2.4.2 Categorization of Fertility

Fertility was categorized into three groups

- i. Low Fertility

Having up to 2 children is defined as low fertility.

- ii. Medium Fertility

Having 3 or 4 children is defined as medium fertility.

- iii. High Fertility

Having 5 and above children is defined as high fertility.

2.4.3 Categorization of Education

Education was categorized into three groups

I. Main Stream Education

Women of (15-49) age group have completed their education from School, College and University.

II. Islamic Education

Women of (15-49) age group have completed their education from Madarsa. This Education has also called as religious education in Nepal.

Madarsa is the place for teaching Islamic education, it has own curriculum and course. Banat is the especially for the ladies like girl school.

Banat is same as girl school where girls are taught Islamic Education.

Maktab is the place for teaching Islamic Education as well as for pray Namaz.

Maulvis is like teacher who teaches Islamic Knowledge according to their curriculum.

III. Non- Educated

Women having no education or Illiterate are defined as non- educated.

2.4.4 Income Categories of the Sampled House Hold

Income of the respective family has been categorized in to three groups

I. Lower Income Groups

Sampled family having monthly income is less than Ten Thousand is defined as Lower Income Group.

i.e., Low Income Group= Less than Rs 10,000

II. Middle Income Groups

Sampled family having monthly income is up to Ten Thousand to less than Twenty- Five Thousand is defined as Lower Income Group.

i.e., Middle Income Group= Up to 10,000 and less than 25,000

III. Higher Income Groups.

Sampled family having monthly income is greater than Twenty- Five Thousand is defined as High Income Groups.

I.e. Higher income group= Above 25,000

CHAPTER- THREE

RESEARCH METHODOLOGY

3.1 Research Design

The present study was designed to describe the nature of relationship between education and fertility behavior of the women. The Study presents the analysis of the casual relationship between the variables under study. The Study describes the causal sequences between education and fertility behavior. On the whole, the nature of the research is descriptive.

3.2 Rationale for the Selection of the Study Site

Ramnagar Bhutaha of Sunsari District was selected as the site of the present study. The reason for the selection of the VDC as the Study Site was as given below:

- Sunsari is one of among 75 districts which have comparatively more Muslim population. Similarly, there is high population of Muslim as compared to other religion in the sapling VDC.
- In this Study area, School, Madarsa, Banat (Girl School), Marketing area, Area far from market all are in the same VDC, So that it is assumed that Ramnagar Bhutaha was the best site for this Study.

3.3 Nature and Source of Data

Both the qualitative and quantitative data were collected through primary and secondary source. Primary data and information were collected by conduction a field survey in the months of 1st February to 29th February 2012. Secondary data and information were collected from published and unpublished sources. The secondary data were drawn mainly from report published by the different NGOs, INGs, governmental bodies, CBS, relevant publication like journal magazine, symposium, internet paper, newspaper, research publication etc. were consulted and relevant data were used.

3.4 Study Population

Population of the Study comprised all Muslim married women of reproductive age having at least having one child. The reproductive age was operationally defined as the age of 15-49 years. According to the VDC profile and voter list prepared in 2011, the total population of Muslim women having at least one child, who were married and also belonging to the age of 15 to 49 years were 530. Hence, the size of the Study population was defined as the 530 women of Muslim Community.

3.5 Sampling Design and Sample Size

The Sampling frame was actually the voters list of the VDC which was prepared in 2011 and made available to the researcher by the VDC office. According to the voter list there were 1220 household of Muslim community which had married women of age 15 to 49 year having at least one child. The list of these household was exactly the sampling frame of the Study.

3.6 Sampling Technique

As Stated earlier, sampling frame of the Study consist 530 women of Muslim community who were married women of age 15 to 49 year having at least one child. These 530 women were defined as the study population. Size of the study sample was determined to be 10 percent of the study population. In other word, size of the sample was determined to be 10 percent of the 530. That is size of the study sample comprises 53 women.

A multi- stage purposive procedure was adopted to draw a sample of the women. At the first Stage 6 Ward of the VDC, namely Ward No. 2, 3,4,5,7 and 9 were selected as the proper sites of the Study. These wards were selected purposively because the population of the Muslim community is concentrated only in these six wards.

At the Second Stage, household which has women of reproductive age of 15 to 49 year and having at least one child were selected purposively.

3.7 Data Collection Technique

The study is mainly based on the primary data; Primary data were collected from the study area by conducting a field work in the month of 1st Feb. to 29th Feb 2012. During the field work , data

and information collected through door-to- door visits of the sample households. The main techniques used to collect the data are given below.

3.7.1 Structured Interview

In this method, a format of structured interview schedule having all question will necessary information needed for the research was included. Structured Interview consists up Socio-economic information including Age Structure, Education, Occupation, Husband occupation. This schedule interview gives overall picture of fertility behavior of the Respondents which include information on Age at marriage, Knowledge on Family Planning Method, Sources of Information on Family Planning Method, Currently using of Family Planning Method, Age at First Pregnancy, Place of Child Delivery , Number of children Even Born (CEB). Structured Interview ask item of information to respondent regarding relationship between Education and Fertility Behavior, Education status and Age at Marriage, Education status and Age at First Pregnancy, Education Status and Number of Children Ever Born, Use of FP Method and Number of CEB.

3.7.2 Observation

Observation was mainly focused to achieve objective of the research. In this, socio-personal characteristic of Muslim women was observed. Status and trend of children going to School, Madarsa and Banat was observed. Meet with Maulvis(Islamic Teacher) and asked about the Fertility and Family Planning concept according to Islam. Ask about the source of information like TV, Radio, Newspaper, Village health worker etc access by the community. Visited to near Health Post and Hospital and asked unstructured schedule to them to extract information about Family Planning, Delivery Trend, Health Condition, Vaccination, Anti-Natal Checkup, Post- Natal checkup.

3.7.3 Informal Meeting

The researcher meets with village leader, key Informant, local people, Maulvis and discuss with them about the Site of Study Area, Islamic Education, Perception of Fertility according to Islam, Girls Marriage trends, Study Trend of Women after marriage.

3.7.4 Focus Group Discussion

In this research, three FGD was conducted. First FGD was conducted with the female representative. Second FGD was conducted with Islamic Leader, Maulvis, Local Muslim People, VDC representative. Third FGD was conducted with School Teacher, VDC staff, Medical Person, Local People.

Check list were administered to know information based on objection of Study. FGD was focus on issues like Education Trends of Muslim Children, No. of School, Mardrasa, Occupation of People, Situation of Girl's Education, Viability of Medical Facility of that Place. It also gives an idea about program conducted by governmental staff, NGOs, INGOs to aware people in Family Planning issue. Discuss on Son preference on Muslim Community. Finally, suggestion and recommendation of people on Impact of Women's Education on Fertility was also noted down from FGD.

3.7.5 Key Informant Interview

To document the Impact of Female Education on Fertility of Women Key Informant play important role. Unstructured interview schedule was asked and extracted basic information about socio-economic characteristic of study area context, effectiveness of Madarsa education system in regulation of fertility behavior of Muslim community.

3.8 Data Processing and Analysis

The information collection through the survey were processed analyzed and interpreted by using appropriate statistical tools, tables, graphs, charts and picture devices. All the statistical data were entered and analyzed using Excel and SPSS.

3.9 Validity and Reliability

- Pre-testing and appropriate modification of Interview Schedule.
- Orientation to the assistant researcher prior to data collection.
- Interview Schedule was asked in their local language (Hindi & Maithili).

- Field enumerator were female, chosen from the same community and were from health background.
- Appropriate supervision to them by researcher.
- Researcher himself conducted three FGD and key informant interview.
- Guidance and feedback from research guide and other resource person time to time.
- Edition of data on the same day.

3.10 Ethical Consideration

- Respondent were explained the purpose and objective of the study in clear and understandable term.
- Respondent were not compelled to give answer and they were left independent on their wish.
- Interview Schedule was asked taking religious issue under consideration.
- People were assured that the information they provide would maintain privacy and confidentiality.
- We didn't force them on use and non- use of family planning but just we have collected their opinion and views.

3.11 Limitation of the Study

- Due to small study sample the outcome of the research may not generalize the entire district.
- As the research area and population were selected purposively, the finding may not generalize whole Muslim Community of various part of Nepal.

CHAPTER-FOUR

DATA ANALYSIS AND PRESENTATION

4.1 Socio-Personal Characteristic of the Respondent

4.1.1 Age Structure

Age is a demographic factor which plays a vital role in determining the knowledge and behavior on fertility and first birth.

Table 1: Distribution of Respondent by Age Group

Age- groups	No. of Respondent	Percentage
15-19	9	16.98
20-24	2	3.77
25-29	12	22.64
30-34	9	16.98
35-39	6	11.32
40-44	12	22.64
45-49	3	5.66
Total	53	100

Source: Field Survey 2012

The distribution of age group of the respondent is shown the Table 1. The majority of them are in the age class 25-29 and 40-44 which had been 12 respondents in each age group, i.e. 22.64 percent respondent in each age group respectively and the least number are in 20-24 age groups, which have only 2 respondents i.e. 3.77 percent of total sample respondent. Overall, Table shows that there is mix-up number of respondent.

4.1.2 Education

Education status of women plays an important role on fertility status of particular community. When women becomes educated their view about family size, education changes way of thinking and in turn affected fertility.

Table: 2 Distribution of Respondent by Education

Education Status	No. of Respondent	Percentage
Illiterate	17	32.08
Mainstream Education	26	49.06
▪ Class(1-5)	8	
▪ Class(6-8)	9	
▪ Class(9-10)	7	
▪ Above 10	2	
Only Madarsa	10	18.87
Total	53	100

Source: Field Survey 2012

Education has a great importance for Muslims. Their education is not only limited to religious education; they give importance to all types of spiritual as well worldly knowledge. Of the total respondent majority of them (49.06 percent) have mainstream education followed by the illiterate women which consist up 32.08 percent. Only 18.87 percent respondents have only Madarsa education. The woman literacy (main stream) rate is higher as compared to the national adult literacy of 15+ age group is 43.3% (CBS, 2009).

It can be concluded that Islam gives great importance to education. Their main sources of religious guidance, i.e., Quran and Hadith include many verses which instruct Muslims to acquire knowledge. Since it is the duty of a Muslim to follow all the instructions given to them by these two sources of religious guidance, so acquiring knowledge is among the religious duty of Muslims. Muslims have established their own educational system with specific aim of education and educational institution and curricula. This Islamic education system is different as compared to the main stream education.

In the study area, Nepal 2nd largest Madarsa is running with separate education for the boy and girls. There are Makatab for the Islamic education. Apart from this there is also primary, secondary and higher secondary school.

4.1.3 Occupation

Occupation of the respondent plays an important role on fertility Status.

Table 3: Distribution of Respondent by Occupation

Type of Occupation	Number	Percentage
House wife	27	50.94
Teacher	7	13.21
Farmer	13	24.53
Business	5	9.43
Wage labor	1	1.89
Total		100.00

Source: Field Survey 2012

The well-known idea is that socio-economic development is the best contraception, the main resistance of high fertility. The idea about the socio-economic development is somewhat is given by the occupation. Of the total respondent, a majority (50.94 percent) were house- wives. Likewise, 24.53 percent have involved as Farmer, followed by the Teacher, Business, Wage labor. The main reason for majority them are house wife is due to they are not totally free to work and dependent on their head of the house and husband for the family support. They are not allowed to go outside of their house without prior permission of their husband or head of the household.

4.1.4 Husband Occupation

In our rural society, husband's occupation is considered as the major occupation of the household as a whole. This is reliability because whole family depends on the household head's occupation. It may direct to determine family size including fertility. The sample survey of the study is given below.

Table 4: Distribution of Respondent by their Husband Education

Occupation	No.	Percentage
Business	26	49.06
Agriculture	9	16.70
Governmental job	8	15.09
Foreign employment	5	9.43
Private job	1	1.89
Wage labor	2	2.77
Mechanic	1	1.89
Total	53	100.00

Source: Field Survey 2012

It shows that nearly one- half (49.06 percent) respondent husband has been involved in business.

Out of 53 household, 19.70 percent were in agriculture, 15.09 percent were in governmental job, 9.43 percent were also in foreign employment. Wage labor, mechanic, private job are seems to be doing by the respondent husband.

4.1.5 House Hold Income

Economic status has also play a crucial role in determining the fertility status of that place. Income of the respective family has been categorized in to three groups according to the Socio-Economic Status: lower income, middle income, higher income groups.

Low income group= Less than 10,000

Middle income group= Up to 10,000 and less than 25,000

Higher income group= Above 25,000

The income status of the respondent is as follows:

Table 5: Distribution of household Income

Household Income	No.	Percentage
Low	1	1.89
Medium	38	71.70
High	14	26.42
	53	100.00

Source: Field Survey 2012

Majority of them have middle income status which consists up 71.70 percent followed by higher income status which account for 26.42 percent of the total respondent.

4.2 Fertility Behavior of the Respondent

4.2.1 Age at Marriage

Age at marriage is the one of the determinant of the fertility.

Table 6: Distribution of Respondent by Age at Marriage

Age at Marriage	No.	Percent
Below 15	29	54.72
15-19 and	18	33.96
20- and above	6	11.3
Total	53	100

Source: Field Survey 2012

It is clear from above table that majority of the Respondent have married at age below 15 year which is 54.72 percent followed by the women married at age (15-19) which is 33.96 percent of total respondent.

4.2.2 Knowledge about Family Planning Methods

Knowledge plays an immense role in using family planning method. When couples or women become aware of FP method, the chance of using them will be higher. So, knowledge of methods helps to increase the motivation of using contraceptive method. The use of family planning methods helps women avoid more births. Both male and female have equal responsibility to their family and household work, absence of any spouse in the family will be incomplete. In Nepal, because of domination to women, female are more inactive in using them but without the consent of her husband she cannot do so. When she becomes aware of this as well having proper knowledge of it, she may convince her husband to use them. Mostly male neglect about use of contraceptive the women and it is notable that if male use any modern contraceptive, then there will be less chance of speeding sexually transmitted disease like HIV/ AIDS, gonorrhoea, syphilis, genital warts, etc. Respondent were asked about their knowledge on FP method. The responses are presented in Table

Table 7: Distribution of Respondent by Heard of at Least One Method and the Methods Heard

Knowledge	No.	Percent
Heard of at least one Methods	30	56.60
Not heard of any method	23	43.40
Total	53	100.00
Name of Method Heard	Respondent, (N=30)	
Pills	22	73.33
Depo- Provera	19	63.33
IUD		
Condom	3	10.00
Norplant	3	10.00
Safe period	3	10.00
Withdraw		
Female sterilization	1	3.33
Male sterilization		
Other		

Source: Field Survey 2012

Note: The sum of numbers and percentages in below total row exceed total number because of multiple responses.

It is clear from the table above that majority of the respondent have heard of Family Planning methods which is accounted for 56.60 percent but the rest 43.40 percent of the respondent have

not heard about it. Similarly, among the respondent who have heard about family planning methods, most of them have know about Pills followed by Depo- Provera, Condom, Norplant, Safe period and Female Sterilization. This shows that less proportion of women have heard about condom. This is actually due to they are not fully known about the male contraceptive and about fertility control material.

4.2.3 Sources of Information about Family Planning Method

Source of information on FP outline what is the main source of information about FP among the respondent in the study area. This also gives guidelines to aware the people on contraceptives and PF methods, which source is the best to disseminate the information. Nepal, being the small country having geographic diversity and poor people, other information Medias are not so popular and have not reached to the village people. In order to find out the popularity of the media on FP information, respondent were asked about the first source of information through which they heard about FP methods is presented in table below.

Table 8: Distribution of the Respondent by First Source of Information on FP methods

Source of information	Respondent
Radio	12
TV	18
Husband	7
Relative/ friend	4
Nurse	10
Village health worker	22
Other	1
Total	

Source: Field Survey 2012

Note: The sum of numbers above exceed total number because of multiple responses.

Table 8 depicts that the majority of the respondent have heard FP method at first by Village health worker followed by TV, Radio, Nurse, Husband, Relative/ friend and other.

4.2.4 Family Planning Method Used Currently

Current use of FP method also gives the guideline what method of FP is using on study area. The responses are tabulated in the Table 9 below

Table 9: Distribution of the Respondent by current Use of FP Method

Current use of FP	Number of Respondent	Percent (%)
Yes	29	54.72
No	24	45.28
Total	53	100.00
Method use	Number (N=29)	Percentage
Pills	15	51.72
Depo-Provera	13	44.83
Condom	4	13.79
Total		

Source: Field Survey 2012

Note: Percentage table exceed 100 due to multiple responses.

Above table shows that majority of women have used Pills (51.72 percent) and 44.83 percent have used Depo- Provera is followed by Condom which consist up 13.79 percent.

The main cause of increasing the use of contraception in Nepal is decreasing mortality, family desire to live as nuclear family. Communication facility is increasing day by day which helps to aware people. The result shows that the trend of using the family planning material is increasing. More than half of the sampled women of reproductive age 15-49 have been using family planning material.

4.2.5 Age of Women at First Child Birth

Table 10: Distribution of Age of Respondent by First Child Born

Age	NO.	Percent
Below 15	1	1.89
15-19	39	73.58
20- above	13	24.53
Total		100

Source: Field Survey 2012

Majority of Respondent bear first child during 15-19 year (73.58 percent) is followed women age group 20 or above which consist of 24.53 percent.

4.2.6 Place of Child Delivery

Table 11: Distribution of Respondent by Place of Delivery

First Child Delivery	No. of Respondent	Percent
Home	34	64.15
Hospital	18	33.96
Other	1	1.89
Total	53	100.00

Source: Field Survey 2012

A table 11 show that home delivery is seems to be higher, i.e. 64.15 percent among the women is followed by hospital delivery which account for 33.96 percent. This may be due lack of awareness on health issues and unavailability of health facilities. Higher trend of child mortality is also due to the persistent habit of home delivery trend (*Source: Table 12*).

4.2.7 Child Mortality Status

Table 12: Information Child Mortality of Respondent

Children given birth to alive till now	No. of respondent	Percent
Yes	31	58.49
No	22	41.51
Total	53	100.00

Source: Field Survey 2012

It is clear that mortality of child is seemed to be higher in context of study area which is 41.51 percent. Main reason for high child mortality is due to the persistent habit of home delivery trend and lack of awareness on health issue.

4.3 Relationship between Education and Fertility Behavior

4.3.1 Distribution of Respondent by Age-group and Literacy Status

Table 13: Distribution of Respondent by Age-group and Literacy Status

Age groups	Illiterate	%	Literate				Literate(Both)		Total Number	Percent
			Mainstream Education		Only Islamic Education		No.	Percent		
			No.	%	No	%				
15-19	0	0	8	30.77	1	10	8	32	9	16.98
20-24	0	0	2	7.69	0	0	2	8	2	3.77
25-29	4	23.53	5	19.23	1	10	6	24	12	22.64
30-34	3	17.65	7	26.92	1	10	6	24	9	16.99
35-39	1	5.88	3	11.54	2	20	3	12	6	11.32
40-44	9	52.94	1	3.85	2	20	0	0	12	22.64
45-49	0	0	0	0	3	30	0	0	3	5.66
	N=17	100	N=26	100	N=10	100	N=25	100	53	100

Source: Field Survey 2012

The distribution of age group of the respondent is shown in the Table 13. The majority of Respondents are in the age class 25-29 and 40-44 having 12 respondents in each age group, i.e. 22.64 percent respondent in each age group respectively. The main objective of this study is to correlate the relation between Impact of Women's Education and it's relation on Fertility. According to the above table 13, the collected data shows the majority of the women have mainstream education, i.e. 49.05 percent of the total sample. The woman literacy rate is higher as compared to the national adult literacy of 15+ age group is 43.3% (CBS, 2009). The younger women are more literate but the older age group women have low rate of literacy. Both Mainstream Education and Islamic (religious) education is found to be higher on age (15-19) group, i.e. 32 percent out of 25 respondent. The younger women are more literate but the older age group women have low rate of literacy. The trend of younger women is toward literacy, and literacy rate is increasing days by day.

4.3.2 Education Status and Age at Marriage

Table 14: Distribution of Respondent by Education and Age at marriage

Education	Age at Marriage (years)			Total
	15 or below	15-19	20 or above	
Main Stream	6	14	6	26
Only Islamic	9	1	0	10
Non- Educated	14	3	0	17
Total				53

Source: Field Survey 2012

Majority of women have taken Main Stream Education marriage at high age as compared to women having only Islamic Education and Non- Educated women. Most of women with Islamic education have marriage at age of 15 or below. This is also clear that, there is no significance relation between women having Islamic Education and Age at Marriage. Majority of Non-Educated women generally marriage at earlier age (15 or below) and which ultimately affect the fertility.

4.3.3 Education Status and Age at First Child Birth

Table 15: Education and First Child Bearing Age

Age	Main Stream Education	Percent	Islamic Education	Percent	Illiterate	Percent
Below15	0	0			1	5.55
15-19	12	46.15	9	90	17	94.44
20- above	14	53.85	1	10	0	
Total	N=26	100.00	N=10	100	N=18	100.00

Source: Field Survey 2012

Literacy play key role for child bearing age. Majority of women with main stream education have first child bearing at 20 or above (53.85) out of 26 respondent. Women with Islamic Education have child bearing age 15-19 i.e. 90 percent out of 10 respondent. On the Other hand out of 18 illiterate 94.44 percent have child bearing age is 15-19 and 5.55 percent have child bearing age below 15. In conclusion, we can say as the female become educated it increases child bearing age and vice- versa.

4.3.4 Education Status and Mean CEB

When women become educated their view about family size, education changes way of thinking and in turns also affected fertility. Education status of women plays an important role in lowering fertility. Education influences the fertility in different way. It leads to awareness of birth control.

Table 16: Distribution of Respondent by Education Status and Mean CEB

Read and Write	No. of Respondent	No. of Children	Mean CEB
Illiterate	17	115	6.67
Class(1-5)	8	36	4.5
Class(6-8)	9	13	1.44
Class(9-10)	7	11	1.57
Above 10	2	3	1.5
Only Islamic Education	9	70	7.78
Total	77	308	4

Source: Field Survey 2012.

Variation in between the fertility levels of illiterate and literate is significant and the result supports that the literate women have low fertility than illiterate. Highest CEB is observed, i.e. 7.78 for the women who have only taken Madarsa education and second highest CEB, i.e., 6.67 is observing for illiterate women. Women with primary education have high CEB. As the women get higher education it lowers the CEB. Family size is larger to those who have taken Primary education than Lower secondary, Secondary and Higher Secondary.

4.3.5 Level of Education and Number of Children

Table 17: Distribution of Respondent by Educational / Literacy Status and Number of Children

Education Status	Number of Children			
	2 or below	3-4	5 or above	Total
Main Stream Education	17(65.38)	5(19.23)	4(15.38)	26 (100)
Islamic Education	1(10)	1(10)	8(80)	10(100)
No Education	1(5.88)	5(29.41)	11(64.71)	17(100)
Total	19 (35.85)	11 (20.75)	23 (43.40)	53(100)

Source: Field Survey 2012

Note: Figure in the parameters show percentage distribution of the row.

Of the total women, largest proportion (43.40 percent), reported to have 5 or above number of children, while 20.75 percent reported to 3 to 4 Children and remaining 35.85 percent reported 2 or less number of children. However, the proportion of the women reporting a specific number of children differs with their education/ literacy status. Among the women who have no education (18 women), a large majority (64.71 percent) had 5 or above number of children, While 29.42 percent had 3-4 children and only 5.88 percent had 2 or less number of children. Similarly, among those who had only Islamic education (10 women), a large majority (80.0 percent) had 5 or above number of children while 10 percent had 3to4 children and the rest (10.0 percent) had 2 or less number of children. On the Other hand, among those who were educated through mainstream education (26 women), a large majority (65.38 percent) had 2 or less number children, While 19.23 percent had 3to4 children and the remaining 15.38 percent had 5 or above number of children.

Women who marry lately is likely to bear less no. of children and she is also likely to bear 1st child lately then those who marry early in their ages because she may get chance to attain higher education which may also determine her knowledge & perception regarding marriage and 1st birth and her fertile period will be short if she marry lately.

4.3.6 Use of Family Planning Method and Number of CEB

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

To see the relationship between the use of the family planning method and fertility the mean CEB for those group of women who ever used these method and those who never used any of the method were analyzed. The result presented in the Table 18 below.

Table 18: Distribution of Mean CEB by use and non-use of Family Planning Method

User Status	No. of Women	No. of children	CEB
Non- users of FP	24 (45.28)	151	6.29
User FP	29 (54.72)	103	3.55
Total	N=53	254	4.79

Source: Field Survey: 2012

Majority of women 54.72 percent have using the Family Planning method and 45.28 percent have not using any type of Family Planning method. It is clear that women using FP have only 3.55 CEB , where as women not using ay FP have CEB 6.29 nearly double than the women using FP. We can be conclude that using FP material have direct impact on Child Ever Born.

4.3.7 Age- group and Number of Children Ever Born (CEB)

Total children given birth by each class mother has been summed to produce the information about average children per women of each age class.

Table 19: Distribution of Respondent by Age-groups and Number of Children Ever Born (CEB)

Age-groups	No. of Respondents	No. of CEB	
		Total	Average
15-19	9	10	1.11
20-24	2	2	1.0
25-29	12	31	2.58
30-34	9	41	4.56
35-39	6	42	7.0
40-44	12	101	8.42
45-49	3	26	8.67
Total	53	253	4.77

Source: Field Survey 2012

Age of the respondent play an important role on fertility status. Above table18 shows that as the age of the respondent increases it also increases no. of children that women born. An average child per women of age group (15-49) year is 4.77.

CHAPTER- FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Summary of the Study

The research study entitled “Impact of Female Education on Fertility: A Case Study of Muslim Community of Ramnagar Bhutaha of Sunsari District” is based on primary data collected through the extensive field work. Fertility behavior of Muslim community was studied by collecting primary data from purposive sampling of household and women at reproductive age (15-49) year having at least one child. Data were analyzed by taking the different dependent and independent variables to study the Impact of Female Education on Fertility Status of Muslim Community. Extensive Interview Schedule was administered to the respondent, majority of respondents were in the age class (25-29) and (40-44).

Fertility is the one of the major component of population change. Various factors are attributed to the fertility behavior of various communities. Nepal is multi- ethnic country and the fertility behavior of different ethnic group is also different. Muslim community is the one of the predominant community in Nepal.

Education has a great importance for Muslims. Their education is not only limited to religious education; they give importance to all types of spiritual as well worldly knowledge. Of the total respondent majority of them (49.06 percent) have mainstream education followed by the illiterate women which consist up 32.08 percent. Only 18.87 percent respondents have only Madarsa education. The woman literacy (main stream) rate is higher as compared to the national adult literacy of 15+ age group is 43.3% (CBS, 2009).

Of the 53 respondent, a majority (50.94 percent) were housewife. Likewise, 24.53 percent have involved as Farmer, followed by the Teacher, Business, Wage labor. The main reason for majority them are house wife is due to they are not totally free to work and dependent on their head of the house and husband for the family support.

In our rural society, husband's occupation is considered as the major occupation of the household as a whole. It shows that nearly, half of the total respondent husband (49.06 percent) have involved in business followed by agriculture, governmental job, and foreign employment, wage labor, mechanic, private job. It shows that majority of HHs have medium income followed by high income group.

Majority of the Respondent have married at age below 15 year which is 54.72 percent followed by the women married at age (15-19) which is 33.96 percent of total respondent. Knowledge plays an immense role in using Family Planning method. Majority of the respondent have heard of Family Planning methods which is accounted for 56.60 percent but the rest 43.40 percent of the respondent have not heard about FP method. Similarly, among the respondent who have heard about family planning methods, 73.33 percent have used Pills followed by Depo- Provera, Condom, Norplant, Safe period and Female Sterilization. This shows that less proportion of women have heard about condom. This is actually due to they are not fully known about the male contraceptive and fertility control material.

In order to find out the popularity of the media on FP information, respondent were asked about the first source of information through which they heard about FP methods. The majority of the respondents have heard FP method at first by Village health worker followed by TV, Radio, Nurse, Husband, Relative/ friend and other. Most of the sample women (54.72 percent) have used FP method. Majority of them have used Pills (51.72 percent) and 44.83 percent have used Depo- Provera is followed by Condom which consist up 13.79 percent.

Majority of Respondent bear first child during age (15-19) year (73.58 percent) is followed women age group 20 or above (24.53 percent). Mortality of child is seemed to be higher in context of study area which is 41.51 percent. Home delivery is seems to be higher, i.e. 64.15 percent among the women is followed by hospital delivery which account for 33.96 percent. This may be due lack of awareness on health issues and unavailability of health facilities. Higher trend of child mortality is also due to the persistent habit of home delivery trend.

Majority of women have taken Main Stream Education marriage at high age as compared to women having only Islamic Education and Non- Educated women. Most of women with Islamic

education have marriage at age of 15 or below. This is also clear that, there is no significance relation between women having Islamic Education and Age at Marriage. Majority of Non-Educated women generally marriage at earlier age (15 or below) and which ultimately affect the fertility.

Majority of women with main stream education have first child bearing at 20 or above (53.85) out of 26 respondent. Women with Islamic Education have child bearing age 15-19 i.e. 90 percent out of 10 respondent. On the Other hand out of 18 illiterate 94.44 percent have child bearing age is 15-19 and 5.55 percent have child bearing age below 15. In conclusion, we can say as the female become educated it increases child bearing age and vice- versa.

Highest CEB is observed, i.e. 7.78 for the women who have only taken Madarsa education and second highest CEB, i.e., 6.67 is observing for illiterate women and comparatively lower CEB for women having main stream education. It conclusion, as the women get the higher education it lower the number of children women have (lower CEB). Family size is larger to those women who have taken Primary education and decreases as women get Lower secondary, Secondary and Higher Secondary education. Age of the respondent play an important role on fertility status. As the age of the respondent increases it also increases no. of children that women born. An average child per women of age group (15-49) year is 4.77.

Illiterate Muslim women have high fertility than their literate (main stream education) counterparts. Similarly, the fertility of literate women also decreases with level of main stream education attainment. Women who married at earlier age have higher fertility than those who married late. The proportion of the women reporting a specific number of children differs with their education/ literacy status. Among the women who have no education (18 women), a large majority (64.71 percent) had 5 or above number of children, While 29.42 percent had 3-4 children and only 5.88 percent had 2 or less number of children. Similarly, among those who had only Islamic education (10 women), a large majority (80.0 percent) had 5 or above number of children while 10 percent had 3to4 children and the rest (10.0 percent) had 2 or less number of children. On the Other hand, among those who were educated through mainstream education (26 women), a large majority (65.38 percent) had 2 or less number children. In conclusion, there is no significant impact of Islamic education on child bearing of women. This may be due to religious factor and Family Planning is not allowed in Islam.

Use of family planning methods may have significant impact to manage the rapid growing population and environmental problems. Majority of women 54.72 percent have using the Family Planning method and 45.28 percent have not using any type of Family Planning method. It is clear that women using FP have only 3.55 CEB , where as women not using ay FP have CEB 6.29 nearly double than the women using FP. We can be conclude that using FP material have direct impact on Child Ever Born.

5.2 Conclusion of the Study

Various factors are attributed to fertility behavior of Muslim communities. Education Status of women plays an important role on fertility of Mulsim community. The main objective of the study is to find out Impact of Women Education on Fertility Status of Muslim Community. For this, Main Stream education, Islamic Education and Non- Educated have observed and try to find out the impact of these three types of Education on fertility behavior of women.

Interview schedule was used to women of reproductive age (15-49) having at least one child. Majority of sampled respondent were age class (25-29) and (40-44). Majority of respondent have mainstream education than the illiterate counterpart. The women literacy (main stream) rate is higher as compared to the national adult literacy of 15+ age group. Proportion of respondent having only Islamic Education was lesser. On my observation, respondent with both type of education (main stream education and Islamic education) was higher in study area context. This is due to parent admitted their children prior to Madrasa/ Banat than admitted to mainstream education. It can be conducted that Islam gives great importance to education. Their main source of religious guidance, i.e. Quran and Hadith instruct Muslim to acquire knowledge. So, acquiring Knowledge is the religious duty of Muslim.

Majority of respondent were housewife followed by Teacher, Businessman, and wage labor. The main reason for majority of them are housewife is due to they are not being participated in decision making process and not totally free to work and basically dependent on their head of the house and husband for the family support.

Majority of respondent have married at age below 15 year. Earlier married trend is due to people

were costumed and following traditional rule. In my observation and FGD discussion, people of this place feel burden to keep their unmarried daughter at home when she cross age 13 plus.

Although family planning is widely accepted and practice in non- Muslim Community, still there is marked differences in the pattern of contraceptive use among Muslim. Time has changes and due to the increment of media facility awareness level of people towards family Planning is also increasing. Cause of some of the respondent have unknown about the FP is religious cause and lack of awareness about the Family Planning.

Majority of women with main stream education have married at higher age where women with Islamic education and non- educated have earlier marriage. For example, a women who marry lately is likely to bear less no. of children and she is also likely to bear 1st child lately then those who marry early in their ages because she may get chance to attain higher education (main stream education) which may also determine her knowledge & perception regarding marriage and 1st birth and her fertile period will be short if she marry lately.

Highest CEB is observed for the women who have only taken Madarsa education and second highest CEB to illiterate women. It can be concluded that, as the women get the higher education it lower the number of children women have (lower CEB). According to my observation, there is no significant impact of Islamic education on age of marriage and child bearing of the Muslim women.

Child Mortality was high in the study area. This is due to majority of respondent bear first child during age (15-19). Higher trend of child mortality is also due to persistent habit of home delivery trend. It can be concluded that people of that place are not aware on health issue and lack of seriousness in case of female delivery case.

The finding form this study indicate that Madrassa education does not seem to be effective to bring about changes in the fertility behavior of the women. Main Stream Education course should be also included in Madrassa Curriculum. Hence, the recommendation should be directed towards making Madrassa education an effective measure to bring change in fertility behavior. Similarly, in order to reduce fertility behavior of Muslim women it is necessary to conduct program to control child mortality and to create awareness. It would be effective to prove

incentive to those couple having only up to two children. LUNCHING income generation program especially to female would be beneficial to community may helps to reduce fertility behavior as fertility is inversely related with income levels.

5.3 Recommendations of the Study.

On the basis of this study the following recommendations have been put forward:

- The Madarsa (Muslim School) are running traditionally. They should be upgraded and improved considering the formal school so that government has to pay attention toward mainstreaming of Madarsa.
- Madarsa education does not seem to be effective to bring about change in the fertility behavior of the women. Hence the recommendation should be directed toward making Madarsa education an effective measure to bring change in fertility behavior.
- In order to reduce fertility behavior of Muslim women, it is necessary to conduct health related program to control child mortality and to create awareness. It would be effective to provide incentive to those couple having only up to two children.
- LUNCHING income generation program especially to women of Muslim Community may help to reduce fertility behavior as the fertility is inversely related with income levels.
- Child mortality compels women to reproduce more children as a concept of replacement for their dead children. Hence, it is essential to reduce infant and child mortality to reduce fertility rate. Therefore, integrated health package that covers maternal, child health and family planning counseling and services are to be offered to Muslim women. Different types of programmes and awareness campaign should be conducted by the health technicians and volunteers of GOs/ NGOs/ INGOs should be run among Muslim women at local level.

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ANNEX

Annex 1: Interview Schedule

Interview Schedule on “Impact of Female Education on Fertility: A Case Study of Muslim Community of Ramnagar Bhutaha of Sunsari District.”

Code No.

Date: / /

District: _____

VDC _____ Ward no:- _____

- 1) Name of Respondent _____
- 2) Age: _____ q1
- 3) Caste Ethnicity: _____ q2
- 4) Relation with head of house _____ q3
- 5) Occupation _____ q4
- 6) Marital Status: _____ q5
 - a) Married _____ 1
 - b) Widow _____ 2
 - c) Separated _____ 3
 - d) Others(specify) _____ 4
- 7) Literacy Status: _____ q6
 - a) Literate _____ 1
 - b) Illiterate _____ 2

If Literate then

- 8) What is your level of education? _____ q7
 - a) Primary level (1-5): _____ 1
 - b) Lower Secondary level (6-8): _____ 2
 - c) Secondary level (9-10): _____ 3
 - d) Higher Secondary level (above 10): _____ 4
- 9) Have you taken Madarsa education (Islamic Education)? _____ q8
 - a) Yes1
 - b) No.....2

if yes then,

- 10) What is your education level _____ q9
- 11) What was your age at marriage? _____ q10
- 12) In your opinion what should be the age of women while child bearing? _____ q11
 - a) Under 18 years ____ 1
 - b) 18-20 years ____ 2
 - c) 20-22 years ____ 3
 - d) 22-24 years ____ 4
 - e) Above 24 years ____ 5
- 13) In your opinion, how long spacing is suitable between marriage and first birth? ____ yr. _____ q12
- 14) Have you ever given any birth? _____ q13
 - a) Yes _____ 1
 - b) No _____ 2

If yes then,

- 15) What is your age at first birth? _____ years.....q14
- 16) How many birth did you have ?.....q15
- a) Sons _____1
 - b) Daughter _____2
 - c) Total _____3
- 17) How old is your 1st child?.....q16
- a) ____year ____month
- 18) How old is your youngest child?.....q17
- a) ____years ____month
- 19) Are all of your children you gave birth to alive till now?.....q18
- a) Yes.....1
 - b) No.....2
- 20) If no, how many died?.....q19
- 21) Did your pregnancy ever collapse?.....q20
- a) Yes.....1
 - b) No.....2
- 22) If Yes, how many times?.....q21
- 23) How many children died before their first birth birth? _____.....q22
- 24) How many children died at the age between 1-5? _____.....q23
- 25) Have you heard about family planning?.....q24
- a) Yes ____.....1
 - b) No ____.....2
- 26) If yes, form where?.....q25
- a) Radio ____1
 - b) TV ____.....2
 - c) Husband ____.....3
 - d) Relative/ friend ____.....4
 - e) Nurse ____.....5
 - f) Village health worker ____.....6
 - g) Other.....7
- 27) Which method have you heard of?.....q26
- a) Female steralization ____.....1
 - b) Male steralization ____.....2
 - c) Pills ____.....3
 - d) Comdom ____.....4
 - e) IUD ____.....5
 - f) Depo- provera ____.....6
 - g) Norplant ____.....7
 - h) safe period ____.....8
 - i) withdraw ____.....9
 - j) Other ____.....10
- 28) Are you currently using any contraceptive?.....q27
- a) Yes ____.....1
 - b) No ____.....2
- 29) If yes, which one?.....q28a
- a) Female steralization ____.....1
 - b) Male steralization ____.....2
 - c) Pills ____.....3
 - d) Comdom ____.....4
 - e) IUD ____.....5
 - f) Depo-provera ____.....6
 - g) Norplant ____.....7
 - h) safe period ____.....8

- i) withdraw _____ 9
- j) Other _____ 10

If yes,q28b

- Before first birth _____ 1
- After first birth _____ 2
- In both time _____ 3
- 30) What is the main reason for family planning methods?.....q29
 - a) Birth interval _____ 1
 - b) To avoid pregnancy _____ 2
 - c) Other _____ 3
- 31) If you have not used any method, why?.....q30
 - a) Lack of knowledge 1
 - b) Lack of money 2
 - c) Fear of side effects 3
 - d) Other 4
- 32) Do you want to use any other method in future?.....q31
 - a) Yes _____ 1
 - b) No _____ 2
- 33) Have you received pre- natal check- ups for first birth?.....q32
 - a) Yes _____ 1
 - b) No _____ 2

If not then,

- 34) Why you are not received pre- natal check- ups for first birth?.....q33
 - a) Not available of facilities _____ 1
 - b) Not affordable _____ 2
 - c) Other _____ 3
 - d) Don't Know _____ 4

If yes then,

- 35) From where you have taken prenatal services for first birth?.....q34
 - a) Health post 1
 - b) Health care center 2
 - c) Hospital 3
 - d) Others 4
- 36) How many times you have received prenatal check-ups for first birth? _____ timesq35
- 37) Where you deliver your first baby?.....q36
 - a) Home 1
 - b) Hospital 2
 - c) Other places _____ 3
- 38) Have you received post- natal check-ups for first birth?.....q37
 - a) Yes _____ 1
 - b) No _____ 2

If NOT then,

- 39) Why you are not received post- natal check- ups for first birth?.....q38
 - a) Not available of facilities _____ 1
 - b) Not affordable _____ 2
 - c) Others _____ 3
 - d) Don't Know _____ 4

If Yes then,

- 40) How many times you have received post- natal check- ups for first birth? _____ times.....q39
- 41) From where you have taken post natal services for first birth?.....q40
- a) Health post _____1
 - b) Health care center _____2
 - c) Hospital _____3
 - d) Others _____4
- 42) Why you are not received post- natal check- ups for first birth?.....q41
- e) Not available of facilities _____1
 - f) Not affordable _____2
 - g) Others _____3
 - h) Don't Know _____4

Husband's Information

- 43) Literacy Status:q42
- a) Literate.....1
 - b) Illiterate.....2

If literate then,

- 44) Educational Attainment (Class Passed) _____q43
- 45) Occupation:q44
- Agriculture _____1
 - Business _____2
 - Private Job _____3
 - Governmental job _____4
 - wage labor _____5
 - Other _____6

46) Monthly Income (in Rs.) _____q45

47) House hold size of the respondent _____q46

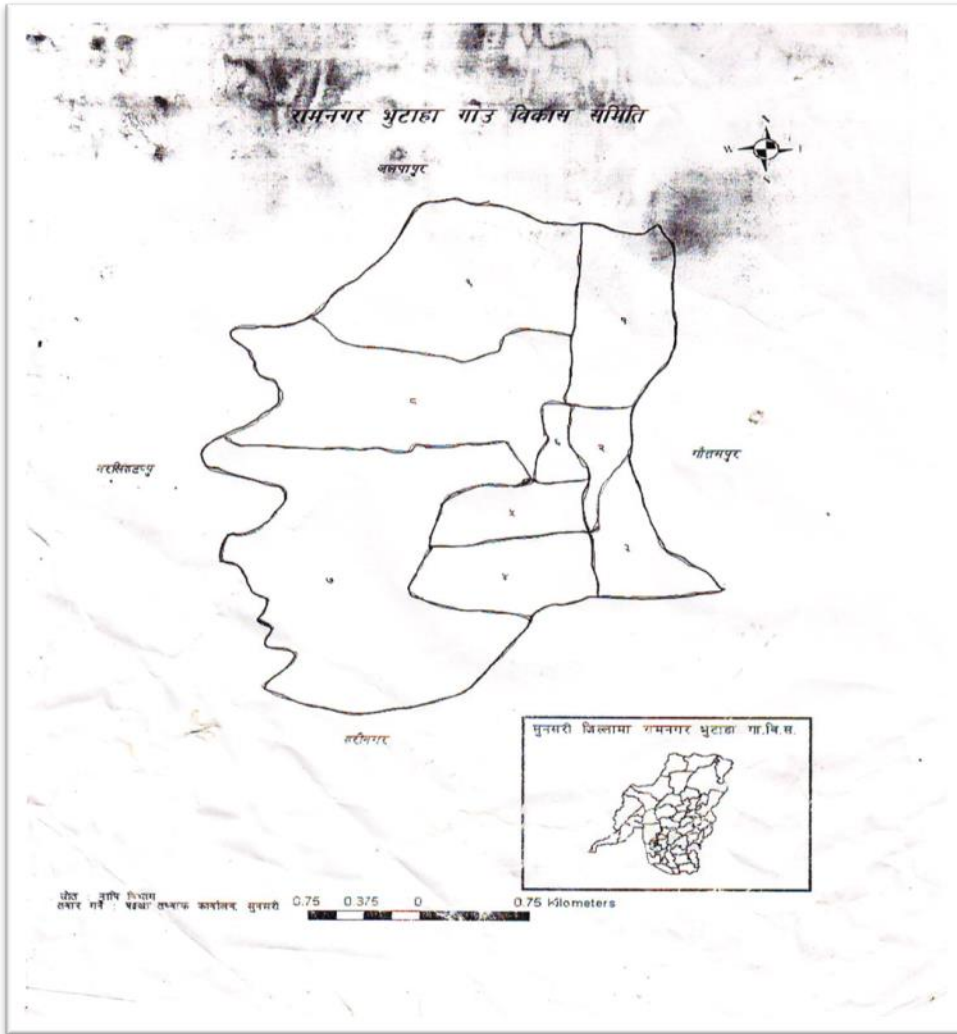
Check list for Focus Group Discussion and Key Informants Interview entitled Impact of Female Education on Fertility: A Case Studies of Muslim Community of Ramnagar Bhutahah VDC of Sunsari District.

Name of Village: _____ Area: _____ . Ward No. _____

- 1) How many school are in this VDC?
- 2) How many Madarsha are in this VDC?
- 3) What is situation of girl's education in this place?
- 4) What are the major occupation of people of this place?
- 5) What is the situation of medical facility in this place?
- 6) Is people of this place is concious about fertility?
- 7) What is the situation of Family Planning in this place?
- 8) Is any activities are conducted by governmental staff, NGO, INGOs to aware people in family planning issues?
- 9) What are the traditional method applied by the muslim community to control fertility?
- 10) Discuss on importance of son preference on muslim community?
- 11) Is there is relationship between polygamy and fertility status in muslim community?
- 12) What is the average age of female for marriage in this VDC?
- 13) How many governmental and non- governmental organizations are working in this VDC on health sector?
- 14) What situation of Immunization and vaccination?
- 15) Is any suggestion and recommendation on women's education and fertility issue of this VDC

Thank You

Annex 3: Map of Study Area



Annex 4: Photographs

Photographs during the Field Work



Figure1: Field Assistant asking Interview Schedule with Respondent.



Figure2: Principal Researcher asking Checklist to Key Informant.



Figure3: Assistant Researcher Helping Female Assistant Researcher



Figure 4: Principal Researcher and Assistant Researcher are asking Interview Schedule