Is Nepal in the Path of Replacement Fertility? A Study Based on Preference, Practice and Achievement.

Authors: Jhabindra Prasad Pandey, Demographer, Department of Health Services, Kathmandu, Nepal. Email: jhabindra@gmail.com, pandey_jhabindra@yahoo.com

Background:

Nepal has seen a dramatic decrease in the nation’s total fertility rate in recent decades in such an alarming way that the urban total fertility rate is under replacement level like in most developing countries in the world, and rural total fertility rate has also been decreased rapidly. Still, unmet need for contraception is even high yet and contraceptive prevalence rate (modern methods) has been decreased from previous status in 2011 (NDHS, 2011), however population growth rate has been decreased dramatically in this decade (CBS, 2011). These two contradictory results has been creating serious concern on policy implications that what factors are playing role in reducing total fertility rate and population growth rate very rapidly, despite the decrease in contraceptive prevalence rate. On the other hand, the wanted fertility rate is less than 2 and about 1 child in average is being born without his/her parent’s intention to give birth (NDHS, 2011).

In order to increase contraceptive use and to target families with an unmet need, the Government of Nepal (the country’s primary provider of family planning) must be able to discern patterns of family planning usage and desired family size so that its programs can focus on nonusers in need of methods for limiting and spacing births. The recently published preliminary report of National Population Census, 2011 in Nepal has shown that almost two million Nepalese people are migrated to different parts of the world as labor migrants, students and others (CBS, 2011), most of them might be young people of reproductive age. This indicates that the spousal separation in
the reproductive age group is also high which might because the TFR to be decreased even no progress in CPR.

**Justification:**

Results from recently conducted population and household census and Nepal demographic and health survey revealed that Nepal’s total fertility rate and population growth rate even though the contraceptive prevalence rate has remained sluggish since few years. In fact Nepal’s education level is being higher and women’s engagement in economic activities is also increasing. Recently disseminated report revealed that the proportion of the people under poverty line has reached down to 25 per 100 (CBS, 2010). With the increments in education, economic activities and reduction in poverty, it is usually expected that the use of family planning methods should be increased, however in case of Nepal this assumption is violated. Use of family planning methods are closely related with various socio-economic, demographic factors which in fact cause some effects on family size. On the other hand, these socio-economic and demographic factors may also cause internal and international migration for fulfilling their family and societal demands and reputation as well. These two factors such as family size and migration (spousal separation) may be the key concerning factors that can affect total fertility rate and use of modern contraceptive methods. The relationship should also be assessed keeping in mind that the replacement level of fertility is quite associated with ideal family size that women in reproductive age prefer and how they practice to limit their reproduction to this ideal size. This kind of relationship between socio-economic, demographic factors with family size and spousal separation and their entire relationship with fertility preference, contraceptive practices and actual fertility is necessary to be searched for the family planning policy implications in Nepal.
Objectives:

The objectives of this study are to examine linkages between development indicators (level of education, socio-economic status, etc.) with preferred family size and family planning practices and these factor’s entire linkages with replacement level of fertility in Nepal.

Research Questions:

1. Do socio-economic and demographic factors have any linkages with fertility preferences and contraceptive practices?
2. Are contraceptive practices and preferred family size the main determinants for rapidly decreasing fertility or replacement fertility in Nepal?
3. Is son preference an obstacle to achieve replacement level of fertility in Nepal?

Conceptual Framework
Methodology

Secondary analysis of 2011 Nepal Demographic and Health Survey data will be performed to examine the relationship between socio-economic, demographic and other factors with preferences and use of a modern method of contraception among currently married, nonpregnant women between the ages of 15 and 49. The relationship will further be analyzed to assess whether the fertility decline in Nepal is due to use of modern contraception and fertility preferences and based on this analysis, the conclusion will be drawn whether Nepal is in the path of replacement fertility. Frequencies will be examined, bivariate and multivariate analysis will be undertaken using logistic regression analysis taking survey weight into account. The software STATA 12 will be used for data analysis.

The 2011 Nepal Demographic and Health Survey is a national representative survey conducted in Nepal in the year 2011. The sample were selected with the multistage cluster sampling method. In the first stage 289 clusters were selected by probability proportional to size sampling. Second stage: 11,353 households selected from sample clusters. 10,888 households were occupied. Selected households were visited and interviewed; all women age 15-49 were interviewed as well as men age 15-49 in every second household. Total 12672 women and 4121 men in the reproductive age were interviewed. Data were collected from February 2 to June 14, 2011. The main objectives of the survey were to Provide updated and reliable data on:

- fertility and family planning
- infant and child mortality,
- children’s and women’s nutritional status, including anemia
- maternal and child health
- HIV and AIDS-related knowledge; and
• Women empowerment and domestic violence

In this survey three types of questionnaires household questionnaire, men’s questionnaire and women’s questionnaire were used and in this analysis, only information collected from women’s questionnaire will be used to find the proposed relationship.
References

1. NDHS (2011), Nepal Demographic and Health Survey, Ministry of Health and population, Nepal; ICF Macro, USA and New Era, Kathmandu

