

FERTILITY AND QUANTITY-QUALITY TRADE OFF IN A POOR STATE OF INDIA

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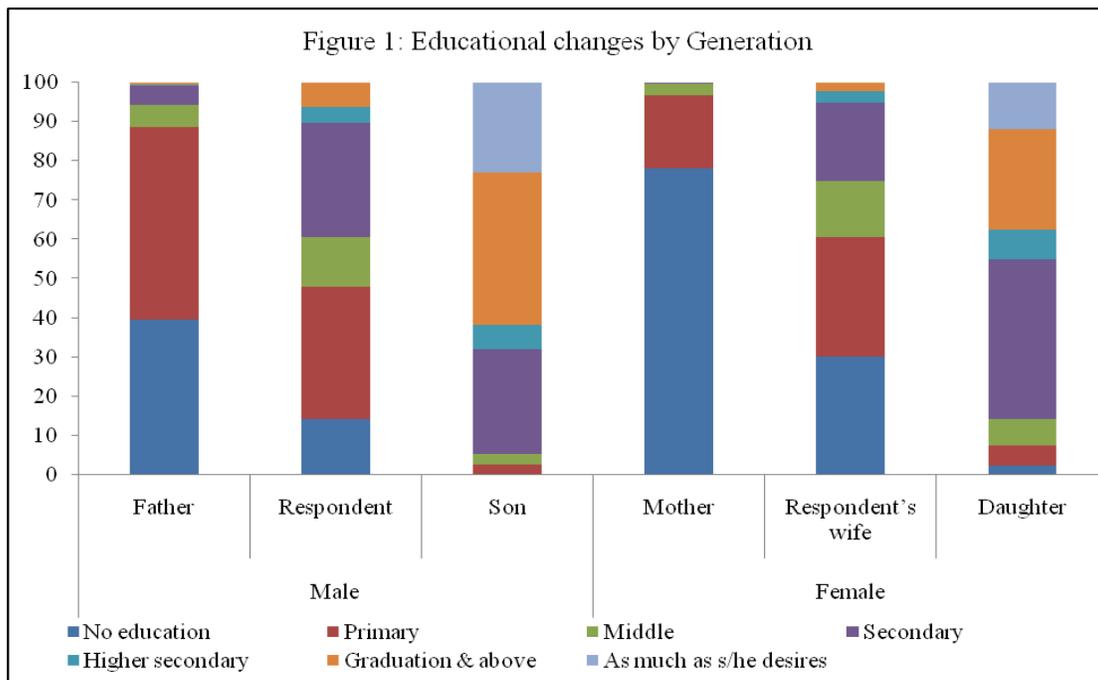
The classical demographic transition theory states that the aspects of economic development and social modernization are most closely associated with the transition of fertility from high to low levels. Evolutionary theory suggests that a positive relation between wealth and fertility. However, poverty has been co-incident with fertility decline in Odisha, one of the most backward states of India noted for its economic backwardness, and poor conditions. Besides, given the low level of development and poor economic setting with a large proportion of population live below the poverty line, low level of industrialization and urbanization, the expected TFR in Odisha should have 3.1 in 2010 (obtained by the regression analysis for states in India) but the actual TFR of 2.3 indicates that of about one child is lower than what is expected. The TFR, according to the SRS estimates is 2.3 in 2010 only 10 percent above the value of 2.1 that corresponds to replacement level in very low mortality populations. In fact, given that the mortality in Odisha is still not very low a TFR actually implies an NRR of 0.90, a shade below 1.0, and thus marginally below replacement fertility. There has naturally been considerable interest in this transition and especially the factors responsible for it. The present study based on the available secondary data sources (i.e., National Family Health Survey, Sample Registration System, Census of India) and a field investigation in one district of Odisha namely, Nayagarh, seeks to account for this anomaly that has occurred in recent years.

Result revealed that Odisha's fertility transition is in progress and at a fairly advanced stage. This transition has occurred in the early 1970s at a slow pace but it started falling substantially after mid 1980s. Decomposition analysis of fertility decline evidenced that rising age at marriage have lowered fertility in younger ages but the overall contribution of nuptiality is not large while contraceptive use have lowered marital fertility in middle and older childbearing ages have made a substantial impact.

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Socioeconomic thresholds for fertility decline have fallen because of changing tastes and quality-quantity considerations for the entire state. On the question on reasons for not wanting more children (for moving to a small family norm), the very common answer was that they are poor and cannot afford to too many children. Thus it is evidenced that decisions to stop having children are primarily economic. However, in all cases, whether poor and non-poor, financial burden was cited as the main reason for not wanting many children. People feel that nowadays cost is very high to make a child good human being and the cost of living has increased substantially which is not matched by the income.

In the rural agricultural society where parents do not have any social security, children especially sons are considered the only source of old age help and support. Thus, sons are strongly desired; but the desire is only for a small number and not too many since most of the respondents (83 percent) perceived bringing up three children as heavy financial burden on family.



People are keen to provide education to their children. The aspirations about the son's education are higher than the daughter's. Most respondents (95 percent for son and 86 percent for daughter) in Odisha, irrespective of their own educational status, want their children to be educated to at

least the matriculation level (Figure 1). Thus, aspiration to give them education is high, and education is increasingly expensive nowadays. As revealed from the Focus Group Discussions, most are aware that the teaching in the government schools is not good, and hence they send their children for private tuition which is expensive. Many also want to send their children to private schools as the quality of teaching in such schools is very high. Since they do not have enough resources, they are not able to send their children to such schools.

People are now exposed to different kinds of knowledge such as health care, sanitation, safe drinking water and overall family planning. Government has taken several steps for the improvements in health condition of people. People are aware that, fatal diseases, such as, Cholera, Small Pox which were common in earlier days, are not found nowadays. Maternal and child health services are available to people. They feel that they have now better knowledge about immunization of infants and pregnant mothers. People have realized that infant and child mortality has declined which is attributed to the improvements in immunization, medical and transport services. Thus, increased awareness about the health and health care has led them to opt for smaller family size as expenses on health care is much higher than their income.

Sometimes, a large amount of dowry is also given with the expectation of a better life for the girl. Clearly, parents desire a better quality of life for their children. If they will have more children, they will not be able to provide a better quality of life for their children, as they do not have enough resource. Thus, it appears that people nowadays have realized that the cost of providing good education, clothing, medical care etc. is very high. If they really want to rear their child in the best way, it will be possible only by restricting the number of children to two or three.

People in Odisha have realized that children have become increasingly costly. The gradual rise in the cost of bringing up children is the result of high aspirations for children's education, health, feeding and so on. The level of education felt to be necessary for economic survival has sharply increased among all segments of the population. In other words, the high levels of educational aspirations in Odisha have provided an environment conducive to a decline in fertility. The increased cost of raising each child caused downward the number of children they wished to

have, the classical quantity-quality trade-off. As most of the families in Odisha did not have the necessary income to meet this increased cost, the strategy is to adopt a small family. For this adoption, means were provided to all including rural, poor, illiterate and the socially deprived sections by the government sponsored family planning programme.