

Social Factors on Fertility Behaviour among Rural Women in Tiruchirappalli District, Tamil Nadu

Geetha Jeganathan¹, Sampathkumar Srinivasan², Pitchaimani Govindharaj³

¹Research Scholar, Department of Sociology, Bharathidasan University, Tiruchirappalli, Tamil Nadu.

²Professor & Head, Department of Sociology & Population Studies, Coimbatore, Bharathiar University, Tamil Nadu.

³Research Scholar, Department of Sociology, Bharathidasan University, Tiruchirappalli, Tamil Nadu.

Corresponding Author: Geetha Jeganathan

ABSTRACT

Fertility is the only way for biological replacement of human being in order to continue its existence on earth. Women who have a well-defined birth plan are more likely to transform their fertility intention into fertility behaviour. The present paper attempts to study the social factors on fertility behaviour among the women living in villages. A household survey was conducted among 407 married women aged 18-45 having at least a child from five villages of Tiruchirappalli District, Tamil Nadu. A semi-structured interview schedule was used to collect data. The fertility behaviour was measured by fertility behaviour scale. Of the respondents, majority of them aged between 26-40 and 73% were working as farmer and labourer. Most of them were living in nuclear family. This study showed that overall the fertility behaviour was good among the women. The data reveals that higher the age of the women; higher spouse age; higher family income and higher educational status have an influence on all the domains of fertility behaviour. Moreover continuous education and knowledge on reproductive health will help for better fertility behaviour for the women.

Key word: Fertility behaviour, Women, Reproductive health, Tiruchirappalli.

INTRODUCTION

Fertility is one of the most important components of sociological studies affecting almost all aspects of human life. Fertility is the only way for biological replacement of human being in order to continue its existence on earth. ^[1] Fertility is the ability to become pregnant and bear children. Fertility is the ability to reproduce but it is not free from biological and social or environmental factors.

Number of socio-demographic factors influences on fertility, in general. The fertility rate of any population is always influenced by various factors, directly or indirectly. ^[2] The degree of influence of these factors on fertility may differ from

population to population or from society to society. ^[3] The direct factors affecting fertility are oral pills, condoms, abortion, infanticide and intra uterine devices (IUDs). The indirect factors affecting fertility are age at marriage, spouse age, separation, divorce, and widowhood, consumption of food, economic status, occupation, family system, education and attitude.

Fertility has always been compared with the socio-economic condition of people in almost every society. Fertility behaviour includes not only biological but also social reproduction, involving a complex network of institutions. There are parenthood, husband-wife communication, employment of women, impact of education, child

rearing practices and associated set of beliefs. Therefore, this study attempts to assess the social factors on fertility behaviour among the women living in villages.

METHODS

The descriptive study was conducted by choosing 407 married women aged 18 - 45 having at least a child from five villages in Tiruchirappalli District, Tamil Nadu adopting multi-stage sampling techniques. Semi-structured interview schedule was prepared to collect the data on social factors includes age, spouse age, age at marriage, education, occupation, monthly individual income, family income and type of family. It was collected with most possible accuracy.

Fertility Behaviour Scale

The researcher developed the fertility behaviour scale for measuring the fertility behaviour. The fertility behaviour scale consists of 28 items in 5-point likert scale (Strongly agree-1, agree-2, No idea-3 and Disagree-4 and strongly disagree-5), which includes three domain of contraception (10 items), spacing (13 items) and child preference (5 items). The scale was developed in English and it was translated into Tamil language as per World Health Organization guidelines scale translation procedures.^[4] The content and face validity was established for both English and Tamil version of the scale.

Internal consistency: The Tamil version of the scale was tested in the community and studied for internal consistency and reliability. The cronbach's alpha score was 0.782 for 28 items scale of Fertility Behaviour Scale and it has been shown to have very good internal consistency and reliability.^[5]

Scoring procedure: The total score of the fertility behaviour scale (28 items) ranged from 28 to 140. The individual sum of items scores was divided by the maximum of total score i.e. 140 and it's converted to 100 for analysis and interpretation. Same method was followed for domain analysis.

Data Collection

A semi-structured interview schedule and fertility behaviour scale was framed and tested before applying to the field. A randomised household survey was conducted interviewing a total of 407 married women aged from 18 to 45 having at least a child from five villages of Tiruchirappalli District. Proper consent was taken before starting the interview after making them to understand the purpose of the study. Interviews were conducted in private manner.

Data Analysis

The collected data were entered in Microsoft excel database and analysed in SPSS. Descriptive analysis, univariate analysis of variance test and independent 't' test performed for analysis. Statistical significance was checked at 5% level of probability.

RESULTS

Of the 407 respondents, age ranged from 21 to 45 years. Almost equal number of respondents (25%) distributed in each age category of 25-30 years, 31-35 years and 36 -40 years. All the respondents were attained formal education; among them majority were attained education up to secondary level (42%) and higher secondary & above (42%). Most of them were earning from work and supporting their family, in which about three fourth of them were working as labour and doing agriculture work. One-tenth of them were working in Government sector, private sector and doing business. Nearly half of the respondents were earning up to Rs.2500 per month and about one-fourth of them were earning between Rs.2500 to Rs.5000. With regard to the monthly family income of the respondents, about 80% of their family were earning up to Rs. 10,000 and majority of them were married above 18 years of their age (79%). However, 21% of the respondents were married below 18 years of their age (Shown in Table 1).

Table 1: Demographic profiles of the respondents (n=407)

Variables		Frequency	Percent
Age	21-25	39	9.6
	26-30	90	22.1
	31-35	99	24.3
	36-40	98	24.1
	41-45	81	19.9
Age of the spouse	21 – 30 years	52	12.2
	31 – 40 years	178	43.7
	41 – 50 years	158	38.8
	51 – 60 years	19	4.7
Age at Marriage	Below 18	86	21.1
	19-25	292	71.7
	Above 25	29	7.1
Education	Primary	64	15.7
	Secondary	173	42.5
	Higher Secondary & above	170	41.8
Occupation	Labour	181	44.5
	Farmer	117	28.7
	Govt& Private, Business	38	9.3
	House wife	71	17.4
Individual Income /month	No income	71	17.4
	Up to Rs.2500	197	48.4
	Rs.2500 – 5000	111	27.3
	Rs.5,000 & above	28	6.9
Family income/month	Up to Rs.5,000	143	35.1
	Rs.5,000-10,000	189	46.4
	Rs.10,000-15,000	45	11.1
	Rs.15,000 & above	30	7.4
Type of family	Nuclear family	316	77.6
	Joint family	91	22.4

Fertility behaviour

Table 2: Descriptive statistics on Overall and Domain of Fertility behaviour (n=407)

Status	N	Minimum	Maximum	Mean	Std. Deviation
Overall					
Fertility Behaviour	407	56.40	88.60	75.91	7.65
Domain					
Contraception	407	40.00	96.00	73.05	12.33
Spacing	407	55.38	92.31	76.99	7.61
Child Preference	407	40.00	100.00	78.80	9.10

The results shows (Table 2) that the respondent's fertility behaviour scores ranged from 56.4 to 88.60 and the overall mean score of fertility behaviour of the respondents is 75.91 ± 7.65 , which denotes that the respondents have higher influence on all the domains of fertility behaviour. The mean score of domain wise fertility behaviour was showed in table 2.

Difference in Fertility Behaviour and Social Factors

The results indicate that there are statistically significant differences shown in the mean score for age, age of spouse, occupation, family income and family type on their fertility (Shown in Table 3) except the educational status of the women.

Among the respondents, younger aged women were reported to have greater

control over fertility than the elder women. Similarly younger age spouse mean score of all the domains of fertility were reportedly higher than the elder age spouse. The family income of the women has significant relationship with spacing between children and sex preference of the child. To quote very specifically higher family income has a greater influence on fertility. The domain wise analysis of fertility behaviour explores that there is a significant difference observed only in the spacing of child birth among the women in all the age group. The data reveals that higher the age of the women; higher spouse age; higher family income and higher educational status have an influence on all the domains of fertility behaviour.

Table 3: Factors on women's opinion on fertility behaviour of the respondents (n=407)

Variables	N	Mean Score			
		Overall Fertility	Domain		
			Contraception	Spacing	Child Preference
Age					
21-25	39	77.91	75.54	79.72	77.95
26-30	90	77.03	74.53	77.62	80.49
31-35	99	76.55	73.54	78.04	78.71
36-40	98	75.82	72.53	77.06	79.14
41-45	81	73.03	70.25	73.62	77.04
Sig (P value)		0.00**	0.12	0.00**	0.16
Spouse Age					
21 - 30 years	52	78.08	73.50	79.70	83.00
31 - 40 years	178	76.38	73.72	77.63	78.43
41 - 50 years	158	75.15	72.61	75.98	78.03
51 - 60 years	19	71.98	69.26	72.06	77.26
Sig (P value)		0.01*	0.46	0.00**	0.00**
Education					
Primary	64	74.96	70.00	76.73	80.25
Secondary	173	75.54	73.51	76.21	77.87
Higher secondary and Above	170	76.64	73.73	77.89	79.20
Sig (P value)		0.23	0.10	0.12	0.15
Occupation					
Agriculture	117	72.71	64.82	75.15	82.15
Labour	181	76.79	77.26	76.70	76.07
House wife	71	79.85	76.68	81.71	81.35
Others #	38	74.22	71.58	75.26	76.74
Sig (P value)		0.00**	0.00**	0.00**	0.00**
Family Income					
Up to 5000	143	75.02	71.54	75.90	79.66
5000 – 10000	189	75.44	73.35	76.30	77.38
10000 - 15000	45	79.70	76.67	81.54	80.98
Above 15000	30	77.45	72.93	79.79	80.40
Sig (P value)		0.00**	0.10	0.00**	0.02*
Family Type					
Nuclear	316	75.09	72.11	76.07	78.49
Joint	91	78.76	76.31	80.22	79.87
Sig (P value)		0.00**	0.00**	0.00**	0.20

Note. #-Government, Private & Business, **,P<0.01, *P<0.05

DISCUSSION

The study findings demonstrate that, overall respondent's behaviour had greater influence on fertility. In age group of the women, younger aged group of the women reported good understanding towards on fertility. However, there was a significant difference found only in the domain of spacing. A study by Barbieri (2005) reflects that the spouses are close in age and are assumed to be in a more egalitarian situation, more conducive to emotional bonding and to share decision-making within the couple. [6] The ages of the spouses are very different and, given the generation gap, the likely conditions of the wedding, the nature of the union, and the subordinate position of the woman resulting from the age difference, are not conducive to intimacy between the spouses.

A study found that women's status indicate that education has a stronger impact than any other indicators. Education is a stronger determinant of supply, demand, and regulation of costs of children than other factors. [7] In the same line the women who achieved higher educational status had greater control on fertility. Andersson et al. (2014), observed that higher female wages result into higher opportunity cost of childrearing, and thus, into lower fertility. [8] Women are having own earnings that are sufficient to support a family would be a prerequisite for becoming a mother. The present study reveals that all the women had better means score on all domains on fertility and among them home makers were showing better understanding on fertility than working.

A study was resulted that high monthly family income reduces the fertility

rate by increases age at marriage, educational status, using of family planning device and inculcate the desire for a small family size. ^[9] The present study too found out that higher the family income of women higher effect on fertility and economically well stabilized to care for medical expenses, nutritional food and hospital visits. Also the women who are living in joint families had better understanding on fertility due to more support and care from family members especially in-laws of their family.

This study concludes that women had good understanding on fertility. Moreover continuous education, knowledge and awareness on reproductive health would help women to develop positive attitudes towards fertility.

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