CHAPTER VI

FERTILITY

Fertility is generally used to indicate the reproductive performance of a woman on groups of women (Thompson and Lewis, 1970). The childbearing period of a woman is generally assumed to lie between the ages of 15 to 49 years and the level of fertility is estimated in terms of live birth performances (United Nations, 1973: 78). Fertility is an actual level of live birth performances in a population based on the number of live births that occur. Thus, fertility can be ascertained from birth Statistics and a simple way of looking at the fertility pattern is to examine the mean number of children ever born by the current age of the women during the child bearing period (Barclay, 1970). The considerable effort has been made to measure the fertility preferences of women with a view to gain knowledge of women’s attitudes towards future child bearing desire, completed family size and use of contraceptives. Fertility is influenced by a variety of interrelated factors such as education, occupation, age at marriage and duration of marriage, breast feeding period, desired family size, child mortality, socio-economic status of the parents and use of contraceptives (Agrwala (1965), Belsley (1980), Bongaarts and potter (1985), Bhuyan and Ahmed (1984), Bhuyan, Majumder and Choudhury (1996). Differences in the socio-cultural characteristics of parents have been observed to be associated with fertility differentials, and such socio-cultural characteristics as age at marriage, Value of children, contraception and child mortality are reported to be influenced by education. Moreover the decision to have children and their number depends on the resources that parents have (Elamin and Bhuayan 1999,p.12). The fertility patterns in Madhya Pradesh are Characteristic of high fertility levels associated
with inadequate spacing of births, resulting a situation from an inherent sense of insecurity about the survival of young children (Raman 1971, P.66). The infant mortality rate is so high that six to eight children may be required to produce the desired number of male offspring (Krishanmenon, 1972, P.3, Mudkhedar and Shah 1976). In our country in particular son preference is very strong and pervasive and has been frequently cited as one of the major obstacles for reducing the national fertility level (Khan and Prasad 1985, P.312), (Nag1992, P.163), (Malhi, 1993, P.46), Rajaretam (1994 P.88).

According to this argument, if couples continue to bear children in order to have a minimum number of desired sons, they would exceed the two child family norm advocated by the national family planning programmer (Malhi, Raina, Malhotra And Jerath 1999,P.23). But, Repetto (1972, P.70-76) analysed data from Jordan, Bangladesh, and India and observed that fertility decisions were influenced by economic benefits and costs of children and not on their sex. Repetto suggested that couples who already have sons may desire more children because of the perceived financial benefits associated with having sons (Malhi, Raina, Malhotra and Jerath, 1999,P.23). Studies on fertility have shown that family size differs among the different strata of a community (Freedman, 1962). It has also been observed that fertility differentials are not due to the fecundity Status of the women alone. They are mainly due to differences in customs, attitudes and practices, which prevail among the different social strata. Most studies on fertility in our country have substantiated these findings. However, Driver reports some interesting exceptions on fertility differentials in central India. That the differences are not similar for all communities and that the cause for the variations can be different between communities is evident from the investigations of Davis. (1951) and many others.

An alternative hypothesis proposed by Mclelland (1983, P.377-388) to explain the positive association between the number of boys and
fertility is that despite a strong preference for male children, couples with many female children may not risk having an additional child because of the fear that the child may be another girl. Thus, if couples take this risk factor into consideration when making their fertility decisions, couples who have many daughters would be more likely to restrict future child bearing than couples who have many sons (Malhi, Raina, Malhotra and Jerath, 1999, P.24). Age of marriage is regarded as one of the important determinants of fertility. High birth rate in our country can be attributed partly to an early age marriage of males and females (Reddy and Gopal 1980, P.53). Prevalence of early and universal marriage is of great demographic, Social and economic significance, especially in those areas which have high fertility and a low average age at marriage (Bhargava, 1984, P.32). Population scientists, administrators and policy makers in our country have concentrated on raising the age at marriage of females mainly because of its conspicuous relationship with the growth of Population, fertility, mortality, mother and child health, and contraceptive use (Audinarayna and Rajasree, 1995, P.8). The postponement of marriage contributes substantially towards a reduction in the level of fertility by shortening the total reproductive span of the female, which in turn, due to a cumulative effect, influences the size of individual families as well as the population growth rate of the country (Bhargava, 1984, p.32). On the basis of field studies several demographers Poti, Malaker and Chakravorti (1960), Coale and Tye (1961,p.631), Leasure (1963 p.425), Agarwal (1965, WPC/WP 18), Seal and Talwar (1974, p.367) have suggested that raising the female age at marriage tends to reduce fertility by shortening her reproductive life.

Contrary to the findings of the above studies, there are some studies, Sinha (1952p.113), Tuan (1858,p.47), Smith (1960,p.111), that have shown no consistent relationship between female age at marriage and fertility. Of all the social factors that have been studied for their impact on fertility, the education level of the wife is the factors that has proved most consistently and
strongly to be related to fertility (Krishnan, Yeung, Jean (1986), Martin, Linda (1987p.1)). Rele and Kanitkar (1980, p.299) in their fertility and family planning survey of Greater Bombay found female education to have greater depressing effect on fertility than male education (Sujatha and Murthy 1993, p.13). Murthy and Rao (1983) have reported that education has a significant effect on fertility.

It is argued that the spread of literacy and education is necessary for the effective implementation of family planning programmes, and illiterate people will find it difficult to comprehend new ideas such as birth control, contraceptives, and family planning, and literacy would go a long way in making new ideas acceptable to people (Thompson and Lewis 1965, p.565). The impact of education on fertility in the regions which are most advanced educationally tend to have low rates of population growth and may expect to have relatively low or moderate birth rates as compared with regions which are educationally less advanced or least advanced. On the other hand the regions which are educationally least advanced are the ones with the highest birth rates and they may be expected to have the highest birth rates when compared with regions which are educationally more advanced (Nayar 1974, p.28). There is a widespread belief that direct programme to induce fertility control are unnecessary because expansion of education would automatically bring about a reduction in birth rate (Stycos 1967, p.177-180).

Income and living standard of family is another important factor, which influence fertility. The families of high-income group have very low fertility rate while the poor families have very high fertility rate. As the standard goes up individual couples become more conscious of the economic cost of an extra child in the family and thereby begin to limit their family size (Sudhakara Rao 1976, P.65). Another important factor, which influences fertility, is contraceptive use. The couple plan their family size and execute the plan successfully to realise the desired number of children depending on their
socio-economic condition and contraceptive behaviour (Elamin and Bhuyan 1999,P.12) Achieving small families is possible in a society where contraception is not prohibited, because without contraception, only education and socio-economic condition cannot reduce fertility (Elamin and Bhuyan 1999,P.12). In this chapter an attempt has been made to analyse the fertility level and trend, differentials in fertility among scheduled castes and tribes and general population of Narsimhapur plain.

DATA AND METHOD

The main sources of data about fertility are: - census, vital registration system and sample fertility survey. These sources provide the following information of fertility: -

1. (i) The number of births during the last twelve months (ii) The number of children ever born, (iii) Census age distribution.

2. Vital registration System: The number of registered births, usually in one calander year.

3. Sample fertility survey: (i) The number of children ever born, (ii) The number of births during the last twelve months.

Data pertaining to birthrate are available in the records of the statistical department of Narsimhapur district. While other data related to total fertility rate, general fertility rate, child woman ratio, age fertility rate, etc. have been taken from the census reports of the district. These data are available for the district only. The fertility differentials such as caste wise, rural- urban, religions, income, education and occupation of husband and wife have been analysed on the basis of primary data, which are collected from the field survey. For the collection of fertility data the household was a sample unit. Data on fertility behaviour was collected from all couples in the reproductive age group (currently married women between 15-49 years of age), in the sampled households. About 1500 sample (households) belongs to scheduled
castes and tribes living in the rural and urban areas have been studied in detail for the present study.

The average total fertility rate figures have been noted in this chapter to support the analysis of results. Total fertility rate is the sum of the age specific fertility rates of women in each five years age group from 14-49. This is computed by dividing the number of birth with the number of women multiplied by 1000.

**TABLE 6.1**

NARSIMHAPUR DISTRICT, MADHYA PRADESH AND INDIA:
TRENDS IN BIRTH RATE, 1970-1997 (Per Thousand)

<table>
<thead>
<tr>
<th>Year</th>
<th>Narsimhapur</th>
<th>Madhya Pradesh</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>32.67</td>
<td>39.1</td>
<td>41.2</td>
</tr>
<tr>
<td>1975</td>
<td>31.92</td>
<td>39.8</td>
<td>37.2</td>
</tr>
<tr>
<td>1980</td>
<td>29.29</td>
<td>39.4</td>
<td>37.2</td>
</tr>
<tr>
<td>1985</td>
<td>28.72</td>
<td>37.2</td>
<td>32.9</td>
</tr>
<tr>
<td>1986</td>
<td>26.68</td>
<td>36.4</td>
<td>32.6</td>
</tr>
<tr>
<td>1987</td>
<td>29.05</td>
<td>37.0</td>
<td>32.2</td>
</tr>
<tr>
<td>1988</td>
<td>27.18</td>
<td>35.5</td>
<td>31.5</td>
</tr>
<tr>
<td>1989</td>
<td>25.88</td>
<td>37.1</td>
<td>30.6</td>
</tr>
<tr>
<td>1990</td>
<td>25.99</td>
<td>35.8</td>
<td>30.2</td>
</tr>
<tr>
<td>1991</td>
<td>24.20</td>
<td>34.9</td>
<td>29.5</td>
</tr>
<tr>
<td>1992</td>
<td>-</td>
<td>34.9</td>
<td>29.2</td>
</tr>
<tr>
<td>1993</td>
<td>-</td>
<td>33.0</td>
<td>28.7</td>
</tr>
<tr>
<td>1994</td>
<td>-</td>
<td>32.4</td>
<td>28.7</td>
</tr>
<tr>
<td>1995</td>
<td>-</td>
<td>31.9</td>
<td>28.3</td>
</tr>
<tr>
<td>1996</td>
<td>-</td>
<td>-</td>
<td>27.4</td>
</tr>
<tr>
<td>1997</td>
<td>29.95</td>
<td>-</td>
<td>27.2</td>
</tr>
</tbody>
</table>

*Source: Gazetteer of India, Madhya Pradesh, Narsimhapur district (supplement) 1994*
The total fertility rate, is a hypothetical rate indicating, "the total number of children that would ever be born to a group of women, if the group passed through its reproductive span of life with these birth rates in each year of age (Barclay, 1959). It is believed that the women in this hypothetical group would survive till the end of the reproductive period.

TRENDS IN BIRTH RATE

The birth rate in Narsimhapur district (29.95 per thousand) is found to be nearer to the average figures of the State (31.9 per thousand and higher than the national average of 27.2 per thousand in the year 1998. A significant decrease in the birth rate has been recorded during the period 1960 to 1970 from 49.3 per thousand 1961 to 32.7 in 1970. But after 1970 a slow decline in the birth rate has been recorded in the Narsimhapur district. This decline continued from 1970 to 1990.

**TABLE 6.2**

**NARSIMHAPUR DISTRICT: CHILD-WOMAN RATIO IN, (RURAL-URBAN) AREA, 1991**

<table>
<thead>
<tr>
<th>Age-Group</th>
<th>Child-Woman Ratio</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural</td>
<td>Urban</td>
</tr>
<tr>
<td>Less than</td>
<td>0.16</td>
<td>0.13</td>
</tr>
<tr>
<td>15-19</td>
<td>0.37</td>
<td>0.33</td>
</tr>
<tr>
<td>20-24</td>
<td>1.26</td>
<td>1.17</td>
</tr>
<tr>
<td>25-29</td>
<td>2.24</td>
<td>2.09</td>
</tr>
<tr>
<td>39-34</td>
<td>2.87</td>
<td>2.46</td>
</tr>
<tr>
<td>35-39</td>
<td>3.34</td>
<td>2.81</td>
</tr>
<tr>
<td>40-44</td>
<td>3.49</td>
<td>3.42</td>
</tr>
<tr>
<td>45-49</td>
<td>3.84</td>
<td>3.93</td>
</tr>
<tr>
<td>All Ages</td>
<td>2.65</td>
<td>2.5</td>
</tr>
</tbody>
</table>

*Source: Based on census of India, Madhya Pradesh 1991*
Surprisingly the birth rate recorded an increasing trend since 1990, from 26 per thousand in 1990 to 29.95 per thousand in 1998. Though the birth rate in the Narsimhapur district is relatively higher than the National average figure, it is lower than the average birth rate of Madhya Pradesh. The lower birth rate in the region may be the result of satisfactorily performance of family planning programme. The decrease in birth rate before 1970 is associated with the opening of a large number of primary health centers in the rural areas of this region, while a continuous decrease between 1970-1990 may be due to the satisfactory performance of family planning programme and further change in the attitude of people towards their family size.

**CHILD-WOMAN RATIO**

The child-woman ratio is high in the rural areas while it is low in the urban centers. It is evident from the fact that average child-woman ratio is 2.5 in urban centers and 2.65 in rural areas (Table 6.2) Again, this ratio increase according to the age of women. It is low in the younger age groups and high in the older age groups.

**TOTAL FERTILITY RATE**

The total fertility rate (TFR) spanning ages 15-49 for the study area as a whole for the year 1998 is 3.7 children per woman which is lower than the state’s average of 4.0& higher than the country’s average of 3.3 children per woman. As expected the rural total fertility rate (4.2 children per woman) is substantially higher than the urban total fertility rate (3.5 children per woman). Under the present age scheduled of fertility, rural woman would have on an average, 0.7 children more during her childbearing years than an urban woman. Total fertility rate is high among the tribal population (4.6), while it is very high among the scheduled caste population (4.9 children per woman). The total fertility rate of scheduled caste and tribal population is
relatively very high in the rural areas in comparison to the urban centres. It is
evident from the fact that total fertility rate among scheduled tribes is about 6.6
children per woman in rural areas, while it is about 5.4 among these
communities of urban centres. Similar pattern has also been observed among
the scheduled caste population, as is evident from the fact that total fertility
rate is about 6.8 in the rural areas and about 5.6 in the urban centres. It is
relatively low among the general population 3.8 children per woman. The total
fertility rate is extremely high among the persons living below the poverty line
(5.4 children per woman) and it is very low among the higher income group
(1.1 children per woman). It is extremely high among the slum dwellers living
in the urban centres (6.8 children per woman). Consequently the total fertility
rates for the district as a whole in relatively low but there are some sections /
areas, which have higher fertility rate and hence resulted in accelerating growth
of population.

The relatively high fertility in the study region is attributable to the
various factors such as lower level of educational development, early age at
marriage, relatively smaller use of contraceptives, widespread poverty and
traditional social system. The children in lower economic group very soon start
helping their parent is earning there living. Therefore the number of children in
rather a welcome factor particularly among scheduled caste. Social factors
such as joint family, caste system, lack of social mobility, lower status of
woman, community life and joint occupation encourage fertility. The higher
birth rate among scheduled castes, as compared to the scheduled tribes may be
due to socio-economic factors. On the other hand, the factors of low fertility
among general population are late marriage, higher level of education,
knowledge of methods of birth control and socio-economic development.
AGE-SPECIFIC FERTILITY RATE

Age-specific fertility rate (ASFR) in the study area peaks in the age group of 20-24 years 1.25 children per woman (table 6.3). The prime childbearing ages in this region extend from age 15 to 29 years; during which more than three-fourth (76 per cent) birth occur. The fertility in the study area is characterised by a substantial amount of early childbearing i.e. 20 per cent of total fertility is accounted for by births to women age 15-19 (14 per cent in urban areas and 22 per cent in rural areas). Age-specific fertility rates decline steadily after age 25, reaching very low levels for woman in there forties. Fertility is somewhat more concentrated in the age group of 20-29 in urban areas than in rural areas because of late initiation of childbearing and more rapid decline in fertility rates after age 30 in urban areas. Age-specific fertility rates are consistently higher in rural areas than in urban areas.

TABLE 6.3
NARSHIMHAPUR DISTRICT: AGE-SPECIFIC BIRTH RATE FERTILITY RATE (RURAL-URBAN), 1991

<table>
<thead>
<tr>
<th>Age of Woman</th>
<th>RURAL</th>
<th>URBAN</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>0.55</td>
<td>1.30</td>
<td>1.10</td>
</tr>
<tr>
<td>20-24</td>
<td>1.25</td>
<td>0.85</td>
<td>1.05</td>
</tr>
<tr>
<td>25-29</td>
<td>0.85</td>
<td>0.55</td>
<td>0.76</td>
</tr>
<tr>
<td>30-34</td>
<td>0.76</td>
<td>0.30</td>
<td>0.58</td>
</tr>
<tr>
<td>35-40</td>
<td>0.35</td>
<td>0.25</td>
<td>0.32</td>
</tr>
<tr>
<td>40-44</td>
<td>0.25</td>
<td>0.10</td>
<td>0.23</td>
</tr>
<tr>
<td>45-49</td>
<td>0.20</td>
<td>0.15</td>
<td>0.19</td>
</tr>
</tbody>
</table>

Source: Based on field survey and fertility table, Narsimhapur district.
The contribution of fertility at age 35 and over to total fertility is 9 per cent in urban areas and 10 per cent in rural areas. The contribution of fertility at 40-44 and 45-49 to total fertility is even smaller, only 3 and 4 per cent in urban and rural areas, respectively.

**GENERAL FERTILITY RATE:** The general fertility rate is lower in urban centres (75 birth per thousand woman), in comparison to the rural areas (117 births per thousand woman), for the year 1991 (Table 6.4) these rates are lower than the state average figures of 188 birth per 1000 woman (urban) and 169 births per 1000 woman (rural). The facts suggest a better situation of fertility in Narsimhapur district.

**TABLE 6.4**

NARSIMHAPUR DISTRICT: AGE-SPECIFIC AND CUMULATIVE FERTILITY RATES, BY RESIDENCE, 1991 (Children per woman)

<table>
<thead>
<tr>
<th>Age-group</th>
<th>Narsimhapur district</th>
<th>Madhya Pradesh</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Urban</td>
<td>Rural</td>
</tr>
<tr>
<td>15-19</td>
<td>0.029</td>
<td>0.086</td>
</tr>
<tr>
<td>20-24</td>
<td>0.149</td>
<td>0.226</td>
</tr>
<tr>
<td>25-29</td>
<td>0.099</td>
<td>0.150</td>
</tr>
<tr>
<td>30-34</td>
<td>0.054</td>
<td>0.101</td>
</tr>
<tr>
<td>35-39</td>
<td>0.054</td>
<td>0.049</td>
</tr>
<tr>
<td>40-44</td>
<td>0.022</td>
<td>0.028</td>
</tr>
<tr>
<td>45-49</td>
<td>0.027</td>
<td>0.021</td>
</tr>
<tr>
<td>Tfr15-44</td>
<td>3.350</td>
<td>4.000</td>
</tr>
</tbody>
</table>

**Source:** Census of India 1991, Madhya Pradesh, fertility table
FERTILITY DIFFERENTIALS

The fertility rates in Narsimhapur plain vary substantially by place of residence, education, religion, caste and tribe. The largest differentials in fertility are observed by education. Women with at least a high school education have a total fertility rate of 2.9, whereas illiterate women have a total fertility rate of 4.9, which is 68 per cent higher. Muslims have the highest fertility among religious groups in terms of both the current fertility, measure and the cohort fertility measure, Hindus and scheduled cast and scheduled tribes some what lower fertility and members of other religions have considerably lower fertility. Scheduled caste women have, on an average, half a child more than scheduled tribes women and one child more than non-SC/ST woman. In fact, scheduled caste women have a higher fertility rate than any group in the study area.

AGE AT MARRIAGE AND FERTILITY: The proportion of woman in the childbearing age (15-49) to total population is relatively high in the study region. The percentage of married woman (15-49 years) is 92 per cent in rural areas and 79 per cent in urban areas during the 1991 census. Less than 2 per cent-married women were of below 15 years and 10 per cent were between 15 and 19 years of age in the rural areas. While in urban areas percentage of married woman were 1.1 for below 15 year and 6.3 per cent for the married woman in the age group of 15 to 19 years. The lower percentage in the early age at marriage in rural areas is an indication of development in social consciousness in this region. About 12 per cent of the girls get married before they complete their nineteenth year of age in rural areas and 7.4 per cent woman in the urban areas. Most of the women in the study region bear most of their children (21 per cent of the total children) before they are of 30 years. This study indicates that an average number of children born per family diminished with an increase in the age of marriage of woman. The fertility rate
of married woman in the age group of 15-19, 20-24 25-29 and 30-34 years, is found to be 2.7, 4.6, 5.6 and 4.8 children per woman respectively. The present study shows an inverse correlation between marriage age and fertility. As a general rule, the higher the marriage age lower is the fertility rate (Table 6.4).

It is clear from the data presented in the Table 6.5 that the fertility below 18 year is almost the maximum; it is minimum above 21 and average in the age group 18 to 20 years. Fertility rate is 4.8 below 18 years, 4.2 in the age group 18-20 years, 3.9 above 21 years of age in rural areas. In the urban areas the corresponding fertility rate is 4.8, 4.0 and 3.0 respectively. Female marrying between the ages of 16 and 18 give birth to nearly the same number of children but females marrying at the age of 18 and above procreate fewer children (Agrawal, 1970).

The age at marriage among the tribal communities is lower than the scheduled castes in the study region. It is evident from the fact that average age at marriage among tribals is about 14.1 years, which average from 13.6

**TABLE 6.5**

**NARSIMHAPUR DISTRICT: AVERAGE NUMBER OF CHILDREN PER WOMAN OF COMPLETED MATERNTY, 1998**

<table>
<thead>
<tr>
<th>Marriage age</th>
<th>Below 18</th>
<th>18-20</th>
<th>21 and above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>4.8</td>
<td>4.2</td>
<td>3.9</td>
</tr>
<tr>
<td>Urban</td>
<td>4.8</td>
<td>4.0</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Source: *Based on field survey.*
years in rural areas to about 16.6 years in urban areas. The age at marriage is very low among the tribe’s communities living in the remote areas, particularly in those villages, which are located in the dense forest areas. In these villages average age at marriage is about 13.2 years. The age at marriage in the scheduled castes is higher than the tribal population. It is evident from the fact that the age at marriage among scheduled castes is about 15.8 years in rural areas and about 19.4 years in urban centres. It is pertinent to note that the age at marriage is almost similar among general population and scheduled castes in the rural areas of Narsimhapur plain.

EDUCATION AND FERTILITY

It is observed that increasing the level of education along with the availability of family planning services can go a long way in depressing the level of fertility (Nayar, 1974,p.28). There is an inverse relationship between educational attainment particularly in case of woman and the fertility rate (Mukherjee, 1961.p.116). The present study has also confirmed this fact. The scheduled castes and tribal woman educated up to higher secondary have low fertility rate (2.9) in comparison to those having educated below higher secondary (3.6). The woman educated up to middle school have relatively higher fertility rate (4.0). The similar pattern has also been recorded in those women who are only literate (4.2). These facts indicate that higher education has a reducing impact on fertility while only literacy has no impact on the fertility in Narsimhapur plain. The situation is quite different in the urban areas in comparison to rural areas. In rural areas education up to higher secondary level have little impact on fertility (TFR 3.5), while it is almost similar for the illiterates and educated up to tenth class (4.8).

Among the tribes of Narsimhapur plain there is a significant relation between education and fertility. The tribal women who are educated up to 12th standard have relatively lower total fertility rates (3.18), while educated
up to middle class have high total fertility rate (4.2) and literate tribal women also have high total fertility rate (4.6). Thus it is concluded that among tribal population education has an impact on fertility level in Narsimhapur district. The fertility rate of women educated up to high school or more was only 2.9. This is not only due to a better knowledge of birth control methods by educated females but also due to late marriages after completions of the higher education. Generally, the husbands of educated females were also more educated and therefore, having more knowledge of methods of birth control and also desire for family planning to maintain a higher standard of living. The educated mothers believe in the family planning methods because they are aware of the dangers and difficulties of high fertility rate, so in order to make their families small, they utilize the means and methods of family planning. On the contrary, the literate people believe the phenomenon of giving birth to a child to be a kind of God gift; they don’t take to make use of family planning measures.

CASTE DIFFERENTIALS AND FERTILITY

The total fertility rate is highest in the scheduled castes and scheduled tribal population (6.6 to 6.8 children per women), and it is relatively low in the general population 3.1 children per women. It is believed that the minorities, whether religious, racial or caste, tend to procreate more, thereby compensating for their small number. The fertility rate of the Brahmins is found to be 3.2, Jains 3.0, Yadavas 4.7, scheduled castes 5.6 and that of scheduled tribe are 4.2. The total fertility rate of scheduled caste and scheduled tribe population is relatively very high in the rural areas in comparison to the urban centres. It is evident from the facts that total fertility rate among scheduled tribe is about 6.6 in rural areas, while it is about 5.4 among these communities of urban centres. Similar pattern has also observed among the scheduled caste population as is evident from the facts that total fertility rate is
about 6.8 in the rural areas and about 5.6 in the urban centres. The higher total fertility rate among scheduled castes and tribes is attributable to various factors such as widespread illiteracy, lower age at marriage and social-economic insecurity. In this region, son preference is very strong and pervasive and has been the major obstacles for reducing the fertility among scheduled castes and tribals population, as observed among the population of this region. It is very interesting to note that couples of scheduled castes and tribes who already have sons may desire more children because of the perceived financial benefits associated with having more and more sons. This sector of society believes that more children means more workers and they will earn more money for the family. Another important factor for high fertility among scheduled castes and scheduled tribes is the desire of male child. The tribal people believe that the children in the families are the god-gift and hence do not take birth control measures resulting in high fertility rate. On the other hand relatively lower fertility in the scheduled castes of urban centres is due to relatively higher age at marriage and high literacy rate. The use of family planning methods may be the factor of low fertility among tribal population in urban centres.

RESIDENTIAL DIFFERENTIAL AND FERTILITY

Most of the studies have shown a relationship between fertility and the nature of the locality (Gupta Singh and David, 1975). As a general rule fertility rate is much higher in the rural areas (George, 1976 P.3), compared to the urban areas. This confirms the incidence of lower birth rate in urban areas as compared to the rural areas. The population growth rate, birth rate and fertility rate is higher in the rural areas in comparison to urban centres. The total fertility rate is very high among the scheduled castes and tribes of rural areas, while it is relatively low in the urban areas of Narsimhapur plain. It is evident from the facts that total fertility rate among scheduled castes of rural areas is about 6.6, while it is about 5.4 among the scheduled castes of urban areas.
centres. Similar pattern has also observed among the tribal communities, as is evident from the fact that total fertility rate is about 6.8 in the rural areas and about 5.6 in the urban centres.

Many factors promote family limitation in urban areas than in rural areas. A family life in the town is less cohesive because family members participate in other institutions and have a broader range of contract outside the family. Secondly, children are not regarded as an economic asset in the urban centres as they are in the rural culture. Thirdly, the spirit of 'rationality' and 'independence of tradition' prevailing in the urban areas, housing shortage, economic insecurity and unemployment, adverse sex ratio, employment of married females and the availability of clinical aids towards family planning are other factors limiting high birth rates in urban areas.

INCOME AND FERTILITY

Some studies have shown that fertility rate goes down with increase in the per capita income (Sudhakara Rao, 1976, P.63). Inverse relationship between economic status and fertility has also been observed in the study region. In those families scheduled castes and tribes where monthly income is less than Rs.2000 the total fertility rate is about 6.3 in rural and 5.8 in urban areas, and those where monthly in come is between Rs.2000 & 5000 the total fertility rate is about 4.3 in rural areas and 3.9 in urban areas. The families where monthly income is between Rs.5000 & 10000 the total fertility rate is relatively low (3.8 in rural areas and 3.2 in urban areas), and it is very low 2.1 in those families where monthly income is very high (above Rs.10000). It is also found that the people engaged in agriculture have more number of children in their families. On the other hand professional workers and service class families have moderate fertility rate 3.9 children per women (Table 6.6).
TABLE 6.6
NARSIMHPUR DISTRICT: MONTHLY HOUSEHOLD INCOME AND FERTILITY RATE, 1998

<table>
<thead>
<tr>
<th>Monthly expenditure Rupees</th>
<th>Total fertility rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Urban</td>
</tr>
<tr>
<td>Below-1000</td>
<td>6.4</td>
</tr>
<tr>
<td>1000-2000</td>
<td>5.1</td>
</tr>
<tr>
<td>2000-3000</td>
<td>4.4</td>
</tr>
<tr>
<td>3000-4000</td>
<td>3.9</td>
</tr>
<tr>
<td>4000-5000</td>
<td>3.1</td>
</tr>
<tr>
<td>5000-10,000</td>
<td>2.6</td>
</tr>
<tr>
<td>Above-10,000</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Source: Based on field survey conducted in the Narsimhapur plain.

1. Occupation of Husband: A significant factor influencing the rate of fertility is the economic status of the husband (Agarwal, 1970:103). Manual workers are found to be having more number of children than non-manual workers in Narsimhapur plain. Total fertility rate among the families of scheduled castes workers is about 6.9 and among tribal who are engaged in manual work it is 7.1. These workers have a concept that if there will be more children in their family there will be more earners and hence their income will be high. Agricultural workers apparently have a higher number of children than the trading and professional classes. The average number children among the cultivators and labourers are about 6.2 as against 4.8 in those engaged in industries, 3.6 in other professions and 2.1 in other services. The agricultural community has an attitude to have more hands to carryout the agriculture work efficiently. There is little difference in birth rate among those couples who manual workers (6.1), cultivators (5.9) and service class of lower salary (5.8).
But, persons engaged in agricultural and non-agricultural occupations having high per capita income, also have smaller number of children in their families. It suggests that both occupation and per capita income have impact on the birth rate in the Narsimhapur plain.

2. Employment of Women: Employment of wives has a negative relationship with fertility in the study area. It is noticed that most of the educated ladies have their families’ small. There is a significant relation between occupations of wives and their fertility in the study area. It is evident from the facts that wives working in the various non-agricultural organizations such as teaching, police, Government office, etc. have relatively low fertility rate (3.1). While those women who are manual workers and agricultural labourers have very high fertility rate (5.9).

RELIGION AND FERTILITY

The total fertility rate among the scheduled castes and scheduled tribes Christians is relatively very low in comparison to the traditional Hindu scheduled castes and scheduled tribes in the study region. The total fertility among Christian tribal is about 4.6 in rural areas and 3.5 in the urban centres. Similarly, the total fertility rate among Christian scheduled castes is about 4.2 in rural areas and about 3.1 in the urban centres. The lower fertility among the Christian (scheduled castes and tribes) is because of high literacy and high income in comparison to those who are traditional Hindu (scheduled castes and tribes). Another factors for low total fertility rate among the Christian scheduled castes and tribes in urban centres are the late marriage and relatively higher proportions of females in various occupations.
CONCLUSIONS

1. The birth rate in Narsimhapur district (29.95 per thousand) is nearer to the average figures of the State (31.9 per thousand) and higher than the national average (27.2 per thousand) in the year 1998. A significant decreased in the birth rate has been recorded during the period 1960 to 1970 from 49.3 per thousand in 1961 to 32.7 in 1970. But after 1970 a slow decline in the birth rate has been recorded in the Narsimhapur district. This decline was continuing from 1970 to 1990. The total fertility rate (TFR) in spanning ages 15-49 for the study area as a whole for the year 1998 is 3.7 children per woman which is lower than the State’s average of 4.0 and higher than the country’s average of 3.3 children per woman.

2. The rural total fertility rate (4.2 children per woman) is substantially higher than the urban total fertility rate (3.5 children per woman). The total fertility rate of scheduled caste and tribal population is relatively very high in the rural areas in comparison to the urban centres.

3. Total fertility rate among scheduled tribes is about 6.6 children per woman in rural areas, while it is about 5.4 among these communities of urban centres. Similar pattern has also been observed among the scheduled caste population.

4. The relatively high fertility in the study region is attributable to the various factors such as lower level of educational development, early age at marriage, relatively smaller use of contraceptives, widespread poverty and traditional social system.

5. The age at marriage among the tribal communities is lower than the scheduled castes in the study region. Average age at marriage among tribals is about 14.1 years, which ranges from 13.6 years in rural areas to about 16.6 years in urban areas. The age at marriage among scheduled...
castes is about 15.8 years in rural areas, while about 19.4 years in urban centres.

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