CHAPTER I
INTRODUCTION

Central Thrust

One of the most marked features of married couples is to have children. In the Indian context, the motivation is very strong to become parents soon after marriage. Once a woman is married she must establish her womanhood and identity by quickly getting pregnant and becoming a mother, preferably of a son.

Under the natural fertility, as larger number of children are born, the possibility of a balanced family with sons and daughters is very high. The composition of the family corresponds to the rate of natural distribution in the population which, incidentally has not been adequately documented for diverse populations. On the other hand, where conscious control of reproduction is exercised, the size and composition of the family become a matter of choice and not chance. Consequently, as a limiting case, there are likely to be single child families. In general, the transition from natural to controlled fertility corresponds to transformation in size from larger to a smaller family and in composition from different to same sex children.

Analysis of family size and composition in the Indian setting, under either natural or controlled fertility, has received very little attention from scholars. The present study focuses on the comparative aspects of the families with different size and composition in northern India.

For a greater part of human history, human populations have been subjected to natural fertility between five to seven children during a woman’s reproductive life span. During the past two decades or so, fertility at the global
level has declined from 4.9 in 1965-70 to 3.4 in 1985-1990 (United Nations, 1993). However, there is variable success in fertility decline in less developed countries. The total fertility rate (TFR) was about 6.0 births per woman in 1965-70 and declined to 3.9 in 1985-90. More developed countries have reached or gone below replacement level as TFR declined from 2.8 in 1955-60 to 1.9 births per woman in 1985-90 (United Nations, 1993).

In India, the TFR was over 6.0 in the early 1960s and declined to 4.2 births per woman in 1985-90 (United Nations, 1993). According to the National Family Health Survey (IIPS, 1994) the TFR at all India level is now 3.39. Fertility decline in India has been considerably less than that of Thailand, (4.6 in 1970-75 to 2.3 in 1982-87) China, (TFR 5.4 in 1971 to 2.3 in 1986) and Indonesia (5.2 in 1971-75 to 3.4 in 1982-87). However, the TFR is still higher in Nepal, Bangladesh, Pakistan and many African countries where on an average a woman bears between five to six or more children (United Nations, 1992).

India is a country full of heterogeneity and diversity. Even within Indian states, fertility variations are enormous. Southern states like Kerala and Tamil Nadu have attained almost replacement level fertility in the early nineties from nearly 5.0 births in the mid-sixties. In the heartland of India, states like Uttar Pradesh, Bihar, Madhya Pradesh and Rajasthan have been experiencing fertility transition gradually from over six children to four now. Other states have variable patterns of fertility transition and are heading towards replacement level, though with variable speed (Visaria and Visaria, 1994).

Thus, it is clear from the foregoing that the fertility level has been declining at all levels: global and regional, within countries, and within different areas in the same country. Consequently, new forms of families are emerging–
families without children, single child families, two-child families, families with more than two children, families with same sex children and families with different sex children.

In European countries, the average number of children per couple is 1.5, and 20 to 25 per cent of the total couples remain childless. However, there is a growing feeling among the younger couples that, in certain cases, it is better to refrain from bringing one’s own children into the world, and to adopt those in need of care even if they come from other cultures (Council of Europe, 1978). By and large, in developed countries, most couples in the reproductive age group postpone having children of their own or end up having a single child. In only limited cases two or more children families are noticeable (Preston, 1986).

Even outside Europe and the United States, several countries are experiencing rapid fertility transition and are undergoing transformation as regard to family size and composition. In a recent fertility survey in China (Yimin, 1987), findings indicate that 10 per cent of married women wish to remain childless in two provinces whereas 20 per cent expressed a desire to have only one child. However, in the Shanghai province which is more urbanized, the survey reports that 20 per cent women wish to remain childless and 70 per cent have one child and want no more. Some of the Asian countries like Hongkong, Singapore, and Korea have fewer than 2.0 births per woman (United Nations, 1992).

In the United States, the past decade has witnessed an increase in single child families (Falbo, 1982). In fact, it appears that U.S. families are now considering having only one child compared to the previous baby boom era
(Blake, 1981; Westoff, 1986). Bloom and Trussell (1984) estimate that 20 to 25 per cent of the most recent cohorts will remain childless.

Recent National Family Health Survey (IIPS, 1994) data suggest that in India the proportion of families having two living children and wishing no more is 31.1 per cent. In the fertility transition, the percentage of couples at lower parity desiring no more children would correspondingly increase.

For an average Indian couple—and for that matter in many parts of the world—the composition of the family is culturally biased towards male children. Preference for at least one or more surviving son to replace parents for social, cultural, psychological and economic reasons, is one of the important factors for a large family. As the childbearing pattern of Indian society is undergoing change over the past few decades, it is the comparative aspect of size and composition that is of central interest in the study. Although, in the past, limited attention has been given to examine the family size and composition in Indian setting, yet little exploration has been done to undertake a comparative study of size and composition of families in the same cultural setting.

In this study the major formulation is on the comparative aspect, particularly to understand the socio-economic and demographic characteristics of people who have children of different sex and same sex. It is of interest to explore the antecedents relating to specific size and composition of family, namely the strategies used to achieve the family size, use of fertility control mechanism and inter-birth differences.
Conceptual Model

The broad model (see Fig. 1) is a useful tool to identify a class of variables which affect the size and composition of the family. In any society, the size and composition of a family is influenced by values that people attach to children. After all, couples do not have families of identical size nor of the same composition. Some think that the more the children the better; others restrict to a minimum number. Sons offers more joy than daughters, but there are those who value daughters just as their sons. The value of children (VOC) affect the fertility preferences and the timing of birth. In turn, all these variables affect the family size and composition.

The birth interval is influenced by variables like fertility norms and practices and other regulatory mechanisms including contraceptive use, breastfeeding patterns and foetal wastage. In case of child and infant mortality, there is a desire for replacement of children. Moreover, the death of an infant causes disturbance in breastfeeding pattern which subsequently enhances the possibility of conception.

The family size and composition has a symmetrical relationship with the status of women. Not only does a given size and composition of a family affect the status of women, but the status of women is also influenced by the size and composition of the family. Common impressions culturally reflects on the status of women and fertility. A childless woman is stigmatized. A woman without a son is not a perfect mother. Educated women tend to be unbiased towards gender. These and many other reflections relating to the status of women and fertility bear testimony to the mutual relationships between family size and composition and the status of women.
The model basically postulates that the interaction between the variables identified in Fig. 1 takes place within the given socio-cultural and temporal context. The rural-urban differences are likely to appear in these interactions. At the same time, the variations are likely to occur within and between each of these variables on account of socio-economic background of the reproductive couples. It is further postulated that reproductive couples themselves are not completely autonomous units to decide about the size and composition of the family, but are constrained by the social structure to which they belong. Hence, the values relating to children, the choice of sex of children, the gap between them, are largely influenced by the socio-cultural conditions. This model, therefore is broad enough to incorporate the individual and collective behaviour which influence the size and composition of the family and is useful as an analytical tool in this comparative study.

Value of Children

From several countries of the world, information by different scholars and agencies has been collected on value of children since 1970s. On the basis of the findings of the value of children project, Fawcett et al. (1974) mention five positive and five negative values. The five positive values are (1) emotional benefits; (2) economic benefits and identification with children; (3) self-enrichment and development; (4) identification with children; (5) family cohesiveness and continuity. The five negative values are (1) emotional costs; (2) economic costs; (3) restriction or opportunity costs; (4) physical demands; and (5) family costs.
In addition to these, several economic values of children have also been identified. These are (1) consumption value; (2) work economic value; (3) economic risk education value; (4) old age security value; (5) long run family status maintenance; and (6) contribution to the extended family (Leibstein, 1976). Mueller (1972) identifies three categories of indirect economic or opportunity costs: (1) opportunities of wife foregone for labour force participation; (2) opportunities foregone for saving and investing; and (3) consumption foregone in order to be able to afford children.

Studies on value of children reveal that not only does variation exist between developed and developing countries for having children, but parents from different socio-economic groups within the same country prefer children for different reasons. In general, it is found that in developed countries the emotional and psychological value of having children dominates over the economic value of children, the latter often prevails largely in developing countries.

It may be pointed out that within a country the elite urban-middle class value children more for psychological and emotional satisfaction, whereas the rural groups and lower-urban class place premium on the economic value of children (Fawcett et al., 1974; Nag, 1978). Such value of children determine the size of the family as also the timing of having children.

In many less developed countries, the value of children have reflections relating to the sex of the child. According to Arnold and Kuo (1984), sons are wanted for continuity of family name, for economic reasons including old age security and for performance of rituals and last rites upon the death of the parents. Daughters are desired for the help they provide in domestic chores and household maintenance work and emotional reasons. These value ascription by
the sex of the child have been supported and emphasized by several studies from different parts of India (South Indian states–Mahadevan, 1979; Reddy and Mahadevan, 1986; Mahadevan and Sumangala, 1987; Mahadevan, 1989; Maharashtra–Vlassoff and Vlassoff, 1980; Jejeebhoy and Kulkarni, 1989; Vlassoff, 1990; Uttar Pradesh and Haryana–Population Research Centre, CRRID, 1993; Uttar Pradesh–Population Research Centre, Lucknow and IIPS, 1994 and Punjab–Mandlebaum, 1974).

It has been found in several studies that generally sons are highly preferred though the degree of preference varies between countries and between groups. The preference for male offspring is found not only in less developed Asian countries of the world, but is also evident in United States, Africa and other parts of the world (Freedman and Coombs, 1974; Williamson, 1976; 1978; Arnold and Kuo, 1984; Arnold, 1992).

Among Asian countries, the degree of son preference is weak in Philippines and Indonesia, intermediate in Singapore, Turkey and Thailand. Both in Korea and Taiwan, extreme son preference was found (United Nations, 1981, Arnold and Kuo, 1984). Son preference is strong in Bangladesh, China, India, Nepal and Pakistan. In India, son preference is moderate in the South but rather extreme in the North (Nag, 1991; Rastogi and Mamgain, 1991; Rastogi and Raj Kumari, 1992; Population Research Centre, CRRID, 1993).

Sex of the parents also influences the value of children. According to Arnold and Kuo (1984), in almost all cases sons are favoured by husbands than by wives. The reasons for wanting sons vary between husbands and wives. Husbands are more likely to indicate “family name” as an important reason, while wives tend to indicate “financial practical help” as an important reason for
wanting a son. In the case of daughters, it is obvious that wives are more likely to give “companionship” as an important reason for wanting daughters, while men are much more interested than women in having a daughter to balance the family.

By and large it can be stated that, in all patriarchal societies, all males have a strong preference for male children. However for a mother, females are equally valued, though the social expectation would be to have a son. Bearing a son is seen to contribute to the positive image of the couple. Literature on the value of children suggests that besides the size of the family, the composition of the family is also affected by the degree and extent of value of children by the sex of the child.

Parents attach different values to first, second and subsequent children. The first child is seen as the means to strengthen the marital bond, and also signifies attainment of adulthood. After the first child, different emotional forces emerge. There is a strong desire for a second child as a companion for the first; for the third and higher order births, the picture becomes more complex (Fawcett, 1982). The value of children is not sequentially based, but the sex of the child at each sequence of birth determines different value premises. For example, in the Indian context, higher values are attached to the parents and the child, if the first born is a son rather than a daughter, or if the son is born after many daughters.

In Indian society, sons are given much more importance than daughters. Sons are considered to be assets for their parents whereas daughters are a burden (Mahadevan, 1979; 1989). In one of his studies, Mahadevan (1989) identified eleven reasons for valuing sons. They are (1) economic support during old age; (2) better economic benefits of the family; (3) receiving dowry; (4) salvation of parents; (5) continuity of family tradition/lineage; (6) other family obligations; (7)
to inherit family property; (8) becoming an adult member and getting status; (9) company for the parents and children; (10) physical force for power, and (11) for physical protection of old parents. On the other hand, daughters are disfavoured to sons because of dowry. The value premise of any social setting, therefore, affects the size and composition of the family.

Fertility Preferences

Research on fertility preferences, particularly in developing countries, has received considerable attention in recent years because of its relationship with the couple’s family building process. The subject of parental attitude and aspirations in relation to household fertility decisions has gained importance in recent fertility researches since these are seen to be related to the future course of fertility in a society (Rasul, 1993).

It has generally been hypothesized that sex preference (i.e. preference for children of a particular sex or for a particular combination of sons and daughters) may influence family size as well (United Nation, 1987). This may happen when women go on to have more children than they have originally desired in order to achieve their preferred family composition. In theory, parental preferences can take many possible forms. Among the most plausible are the desire for at least one child of each sex, the desire for a minimum number of children of a particular sex (for instance at least two sons), or for an approximately equal number of sons and daughters (Cleland et al., 1983).

Gender preference is influenced by the different roles and functions performed by sons and daughters. Williamson (1976), has formulated an exhaustive list of conditions under which parents are likely to prefer...
predominance of sons or daughters. According to her, “sons or daughters will be preferred, if children of one sex are more economically valuable or productive, perform more social functions or provide greater psychological satisfactions. Sometimes children of each sex may be desired especially when there is a strict segregation of each sex in the performance of social, economic and psychological functions. In such instances, parents prefer children of each sex to ensure that all the roles are performed”.

In developed countries the preference for a male child is by no means absent, and it is apparent particularly with regard to the first born as well as with respect to gender preference in a one child family (Wood and Beans, 1977).

In a study done in the United States, Markel (1974) reported that a greater proportion of men preferred boys as their first born than women. Westoff and Rindfuss (1974) found that U.S. women desired to have a balanced sex composition, along with a strong preference for the first born to be a male. Furthermore, one half of U.S. wives appear to have a definite underlying preference for boy children, while one-third prefer girls. Only one-fifth would prefer an equal number of each sex. The only major difference among sub-groups of the population is among wives of Spanish heritage, who are much more likely to prefer daughters (Coombs, 1977).

These studies quite clearly show that, in western society, not only more males than females have a strong desire for a son to be the first born child, but couples also desire to have an additional child of different sex when the previous ones are of the same sex.
In the developing countries various studies indicate that considerable importance is attached to having a large number of sons than daughters (Prachuabmoh et al., 1974; Pebley et al., 1980). From the World Fertility Survey (WFS) it becomes quite clear that, in South Asian countries, over 50 per cent women preferred a son as compared to under 10 per cent who preferred a daughter for additional child. However, preference for daughters or for both sexes equally was reported from Caribbean and few Latin American countries (United Nations, 1987). Even in countries where preference for children of both sexes was recorded, the desire for a son was more pronounced than the desire for a daughter (Prachuamboh, et al., 1974; United Nations, 1987).

In the context of developing countries the WFS data indicate that the desire to stop having children was most common among women with two sons than with two daughters (United Nations, 1981). Similar trends were reported from Indonesia and the Philippines (Stinner and Mader, 1975).

A large number of studies from various parts in India clearly indicate that, for Indian couples, the ultimate size of the family depends on the number of surviving sons (Srinivas and Ramaswamy, 1977; Mahadevan, 1979). According to Bose (1988), ‘the critical factor for controlling fertility or controlling the size of the family is the survival of a desired number of sons’.

It is for this reason that many reproductive couples in less developed countries, and in India in particular, have to undergo several constraints in order to achieve the desired family size and composition, though all of them do not succeed. Thus, it follows that couples are likely to differ with respect to their reproductive experiences and voluntary actions towards the construction of the preferred size and composition of their families.
Birth Interval

Birth Interval is influenced by a number of factors like breastfeeding practice, contraception, induced abortion and infant mortality. Nearly four decades ago, Davis and Blake (1956) identified a set of eleven intermediate variables falling into three broad categories: factors affecting exposure to intercourse, exposure to conception, gestation and successful parturition. Later, Bongaarts (1982) identified a set of seven intermediate variables also known as proximate determinants which are closely related to Davis and Blake. They are (1) proportion married among females; (2) contraceptive use and effectiveness; (3) prevalence of induced abortion; (4) duration of postpartum infecundability; (5) fecundability; (6) spontaneous intrauterine mortality; and (7) prevalence of permanent sterility. He identified only four principal intermediate variables which are considered inhibitors of fertility. They are marriage, contraception, abortion and postpartum infecundability. These four factors explain 96 per cent of the variance in the total fertility rate in a sample of 41 populations that included developing and developed countries as well as historical populations.

In the developing world, breastfeeding appears to be a primary determinant of birth interval. The contribution of contraception to birth spacing and limitation remains low (Jain et al., 1970; McCann et al., 1981; Simpson et al., 1981; World Health Organisation, 1981). The birth interval impact is a result of prolonged lactational amenorrhea of breastfeeding mother (Smith, 1985). Without breastfeeding, the average amenorrhea interval is only 1.5 to 2 months. As the duration of breastfeeding increases so does that of amenorrhea, although not at the same rate (Bongaarts, 1983).
Numerous studies have demonstrated a strong correlation between breastfeeding and the duration of amenorrhea, as also between breastfeeding and the birth interval at the individual level. The World Fertility Survey found that in developing countries, where the median duration of breast feeding is relatively long or rates of contraceptive use are relatively high, median birth intervals are longer as compared to those countries where breastfeeding duration is shorter and contraceptive use is less widespread (Smith, 1985).

In some cultures, strong preference for a male child leads to preferential breastfeeding. Thus, subsequent birth interval following a male child may be relatively longer than a female child. But World Fertility Survey show no differentials in the incidence and duration of birth interval by sex of the child (United Nations, 1987).

Birth interval on an average is longer if the child survives than when it dies. Moreover, the earlier the death takes place, the shorter the birth interval, the reason being that the death of an infant ends the anovulatory interval because breastfeeding is terminated (Potter et al., 1965).

The most extensive investigation of all components of birth interval has been carried out by Potter and his colleagues (1965) in Punjab. The mean birth interval was found to be 30 months which reflects that the mean length of postpartum amenorrhea was nearly one year, presumably the result of lengthy breastfeeding of about 18 months. Birth control had little impact upon the birth interval. Visaria and Jain (1982) observed that in Indian society the average birth interval is reported to be between 30-36 months. Mahadevan (1989) in his recent study observed that birth interval in three states namely Kerala, Uttar Pradesh and Andhra Pradesh was approximately 30 months.
Several studies have shown that contraception practice is primarily responsible for variation in fertility and birth intervals (Bongaarts, 1978; Whelpton et al., 1966). Particularly, spacing methods are intended to prolong birth intervals whereas sterilisation is for termination of fertility.

By using different models like the hazard model, the stochastic model, the life table technique, several scholars have analysed the WFS data and provided valuable information during the past decade or so (Rodriguez et al., 1980; Mosely et al., Aziz, 1983; Rodriguez et al., 1984).

Interestingly, these studies have revealed that the socio-economic and demographic factors like education, age at first birth, residence, ethnicity, work status, infant mortality, breastfeeding and contraception and the sex of the preceding birth, do influence birth interval.

Among the various socio-economic and cultural factors, the role of breastfeeding has been vehemently emphasised as a mediating factor in influencing birth interval.

**Family Size**

In many western countries, fertility and mortality declined during the phases of social and economic development. By now a very well-documented demographic transition theory highlights a wide variety of social, economic, institutional and cultural conditions which influence fertility and mortality rates, leading to achievement of small family size (Boh et al., 1989; Van de Walle, 1992). During the development process of developed countries, individual aspirations and mobility came into direct conflict with retaining a large size of
family. Consequently, with the help of Malthusian preventive check and also the use of contraception, fertility was regulated towards a small family norm. As a matter of fact, most of the industrialized countries are converging or have already converged towards below replacement fertility (World Development Report, 1994; Population Reference Bureau, 1995). The demographic transition brought a tremendous change in the size of western families, with a large proportion of units having either no children of their own or only one or two children. The decline in birth rate has brought about, above all, a decrease in third and high order birth rate than in first and second births (Tabah, 1980).

During 1985-1990 in Southern Europe, the total fertility rate was the lowest, i.e., 1.5 births per woman, and in Northern, Eastern and Western Europe it varied between 1.6 to 2.1 births per woman respectively (United Nations, 1993). In the United States the TFR was 1.8 in 1985-1990 (United Nations, 1992).

A remarkable feature of the western family is that even though emphasis on curtailing the size has been highlighted a great deal, little attention has been given to sex composition of the children. From the Growth of American Families and Princeton studies (Freedman, 1962) done in 1960s to the recent available studies in developed countries (Preston, 1986; Lutz, 1990; Fosler et al., 1990) there is a glaring absence on the family composition, although changes in TFR and family size are emphasised.

Fertility in developing countries presents a great diversity not only in demographic terms but also in terms of economic, social, cultural and political settings. Almost all the developing countries are experiencing fertility decline with a great deal of variation. Within the developing countries, high fertility rates
persist in Africa as total fertility rate has been more than 6.0 births per woman (United Nations, 1993). In Africa the norm of a small family is defined as being fewer than six children (Caldwell and Caldwell, 1988; Musasia, 1993). According to WFS (United Nations, 1987) the mean number of children desired range from a low of 3.2 in Korea to 6.5 in Africa, followed by 4.5 in Asia, and 4.2 in Latin America. Rapid fertility changes are taking place in several of these countries in nineties.

In Taiwan mean preferred family size has decreased from 4.0 in 1965 to 2.4 in 1991. In other words, two rather than three children have become the preferred family size for both younger and older women. The continuing conflict for many couples between the desire to have only two to three children and the desire to have a son has become evident in Taiwan, where an increasing number of couples with no sons use amniocentesis when the wife is pregnant to determine the sex of the foetus and have an abortion performed if the foetus is female (Freedman et al., 1994). The situation in other parts of Asian countries is more or less similar.

China is one of the best examples cited where the birth rate fell drastically during the last two decades or so from six children per woman before 1970, to near replacement level in 1990. (Feeney et al., 1993). In urban areas, the total fertility rate remained low—in the range of 1.2-1.6—in the mid 80s. In the one-child policy era of the 1980s, surveys indicate a mean preference for 1.5-1.8 children in the urban areas of the country (Greenhalgh, 1990). In another survey, it was found that recently married women wanted, on an average, two children or less in several provinces (Yimin, 1987).
In the context of India, the total fertility rate was 4.8 in 1975-80 and by 1985-90 it declined to 4.2 births per woman. (United Nations, 1993) However, there are regional differences. The Southern States-Kerala, Tamil Nadu, Andhra Pradesh and Karnataka are reaching or have already reached below replacement level fertility, while the states in the Central India have TFR of four or more and have a long way to go before reaching the replacement level. In the North, Punjab and Himachal Pradesh have done relatively better in achieving TFR of less than three, as compared to Haryana, which is hovering around 4.0. Three major states-Gujarat and Maharashtra in the west and West Bengal in the east-have also been experiencing rapid fertility decline from nearly three in the early 90s (Visaria, 1995; IIPS, 1994).

The ideal family size in India around the 70s was three or more children (Sarma and Jain, 1974; Lahiri, 1974; Bhatia, 1978). However, a number of surveys conducted in the early 80s (Kumar and Sharma, 1983; Khan and Prasad, 1985; Talwar et al., 1985) reveal ideal family size close to three for all India with all reporting more than two sons as ideal. According to NFHS (1995) report the ideal family size is reported to be 2.9 for all India. However, there are rural-urban differences. Thus, it appears that the family size is shrinking.

High fertility in India is associated with a host of factors. However, one of the most important factor is the strong preference for male biased composition of the family for economic, social and cultural reasons (Mamdani, 1972; Mandlebaum, 1974; Srinivas and Ramaswamy, 1977; Cassen, 1978). Basu (1991) points out, that it is not one but two or more sons which determine the ultimate size of the family of an average Indian couple. In contrast to developed countries, various studies point out that the gender bias in the desire for having children...
influence the size and the composition of family. The situation becomes more complicated when sex composition is to be accompanied by the declining size of the family. In this process, several differences may surface among reproductive couples with the same size of family but different composition, or with the same composition but different size of family. No systematic study has been undertaken in the dimension of changing size and composition.

The foregoing review of literature indicates that:

1. The value of children has been extensively studied in developed and developing countries. People attach different values to boys and girls. These values themselves vary among people in different social setting. However, there is still a need to understand value of children in different areas of India.

2. The value of children studies relate to the level of fertility, but there is no serious attempt in relating VOC to the composition of the family. There is a gap in our understanding as to whether VOC varies among couples having same sex children or children of different sex.

3. The sex preference of children is a universal phenomenon. A large proportion of couples articulate this preference in various ways in developing and developed countries. Studies repeatedly emphasize that couples in less developed countries have strong preference for male children as compared to female, and there are different reasons for sex preference in developed and developing countries. Therefore, it can be stated that sex preference of the child not only affects the size of the
family but also its actual composition. However, research documentation in this respect is negligible.

4. Whereas studies have tried to relate sex preference and value of children to fertility behaviour, little attention has been given to compare families with different size and composition among the diverse socio-economic groups. Therefore, it is very important and useful to undertake a comparative study of population with different family size and composition in order to understand the similarities and differences among reproductive couples.

5. Literature on birth interval is extensive both in methodology and identification of factors which influence birth interval. There is also some difference of opinion as regards birth interval by the sex of children. These differences are largely based on the sex preference of the child as also the desire of spacing children. The studies reveal a gap in our understanding of the variation in birth interval by size and composition.

6. Limited attempts to understand the variation in birth interval by parity and sex of the child remains inconclusive. Therefore, there is a need to provide analytical information on this dimension of birth interval and fill the gaps in the existing literature.

7. Studies do strongly suggest a declining trend in fertility in almost all countries of the world, even though the levels of fertility vary a great deal. Preference for a small family is building numerous pressures on reproductive couple to regulate their fertility and achieve a desired size and composition of family. The achievement of desired composition of
family accompanied with desired family size is feasible only through human intention and voluntary action to regulate fertility behaviour. Thus, it is of interest to explore the ways by which young couples regulate their fertility in order to achieve the desired family composition.

8. Further, whereas studies in the past do provide information more on size and less on composition of family, not much information is available in the less developed countries relating to deliberate human action for construction of family. In fact, in the Indian context, no study in this direction has been noticed.

In an attempt to fill some of the gaps indicated above, the following objectives have been identified for the present study.

**Objectives**

The major focus of the study, as has been suggested earlier, is to compare the families with children of same sex and different sex from the socio-demographic perspective. The following are the objectives of the study:

1. The first major objective is to examine the similarities and differences in the socio-economic and demographic characteristics between families having children of same sex and different sex. In the families with children of same sex, comparison will also be made between those having daughters only and those having sons only.

2. As the desire for the size and composition of the family varies among couples from one demographic event to another, it is of interest to know the extent of consistency and gap between the achieved size-composition
of the family and the expected one. Therefore, a comparison of couples with particular size-composition will be done with respect to desire for children, number of children born, number of children died and the expected reproductive achievement. It is expected that there are likely to be differences in all these variables between families with children of same sex and different sex.

3. The duration of the risk of bearing children accompanied by the size and composition of the family, constrains the couples to make adjustments for regulating fertility during that period. Therefore, it is proposed to compare the timings of actual or perceived cessation of fertility among couples with different size and composition of family. It is here that the analysis would be made to understand the regulatory mechanism used by the couple from time to time and from one birth to another for achievement of expected composition and size. In other words, inter-birth practices of birth control mechanism as well as foetal wastage would be assessed and compared across couples with specific size-composition.

4. The birth regulatory practices and mechanism voluntarily used by the couples as also involuntary incidence of foetal wastage and sterility affect inter-birth interval. Therefore, the comparison of size and composition specific to inter-birth interval will be undertaken in this study. In other words, a comparison of inter-birth intervals will be made between families with children of the same sex and different sex based on sex, parity and order of birth.

5. An evaluation of the couple’s perceived sense of satisfaction with a particular size-composition of the family will be made. Here the objective
is to relate the sense of feeling of completed family size, particularly by couples with same sex children as compared to those of different sex. For this assessment, a necessary index would be developed.

6. The size and composition of the family is very closely related with the value of children as perceived by the parents. Value of Children are a complex whole of the socio-cultural base of individual location, and the joint product of the psychic needs of the reproductive couple. This study, therefore, undertakes a detailed description of value of children and the way these are related to the size-composition of the family.

7. Lastly, an analysis of parent’s perception and actual experience of problems related to adjustment of children between the families having children of same sex and different sex will be undertaken. An attempt would also be made to study the self-perception of the status of women and also the perception of her status by other members of the family across different family compositions.

In this study, an attempt is made to achieve the above objectives within the socio-demographic perspective briefly described below.

**Socio-Demographic Perspective**

A socio-demographic perspective assumes that all demographic events are products of human social action. As human being is autonomous to exercise his intended actions for desired response, he is also constrained in acting freely (in absolute terms) as his actions are located in ongoing social structure. Therefore, in the context of the construction of his family, human actions are a
product of his agency as well as imposition on him by society through a system of beliefs, normative order and social conventions (Giddens, 1984).

The study of demographic event structure in conjunction with their analysis as product of human constitutive action forms the main current in social demographic perspective (Pimpley, 1991). Using this perspective an attempt will be made to study the conditions leading to formation of families within a given sex composition of children.

The demographic characteristics of families with different size-composition will be analyzed in some detail. An attempt would be made to examine the process which explain variations in the formation of demographic event structure.

The size and composition of the family is influenced by the level of fertility and mortality. Under the natural fertility, the size of the family becomes larger, but a balance is also restored in its sex composition. However, the family composition undergoes change when deliberate attempts are made to regulate fertility, so much so that at the minimal level only same sex families prevail.

Further, it can be assumed that the existing composition of families, will be product of couple’s deliberate action on the construction of families as also the influence of social action, external to the individual couples. Both aspect of human social action, one emerging out of free will and the other imposed by the society for the construction of family will be analyzed in the study.