

Determinants and Trends of Ideal Family Size in a Matrilineal Set-up

PHRANGSTONE KHONGJI*

Abstract

The state of Meghalaya which is located in northeast India is the homeland of three matrilineal tribes namely the Khasi, Jaintia and Garo, constituting 80% of the total population of the state. According to the latest National Family Health Survey 3 (NFHS 3) total fertility rate in the state is 3.8. Of the 29 states of the country, the state of Meghalaya ranks third in Total Fertility Rate (TFR) and also the mean ideal family size of women in the state.

The main objective of this paper is to investigate the determinants and trends of ideal number of children of women in a matrilineal state of Meghalaya, as it may give a broad picture about the future population trends. Ideal family size may be influenced by a host of factors such as social, economic, cultural, demographic and environmental factors. The Chi square analysis shows a significant association between ideal number of children with place of residence, religion, highest educational level, working status, standard of living index and more importantly the age of the respondents in the NFHS-3 survey. A stepwise regression analysis was incorporated to understand the nature and magnitude of association of various characteristics with ideal number of children.

Keywords: Ideal number of children, Children ever born, Matrilineal tribes, National Family Health Survey, Chi square and Stepwise regression analyses.

The state of Meghalaya which is located in northeast India is the homeland of three indigenous matrilineal tribes namely the Khasi, Jaintia and Garo, constituting 80 % of the total population of the

* *Phrangstone Khongji is Assistant Professor in Department of Basic Sciences and Social Sciences, School of Technology, North-Eastern Hill University, Shillong.*

state. The traditional matrilineal norms of the indigenous people of the state of Meghalaya do not support the use of any form of contraception to prevent births (or any conscious effort to prevent births). Abortion is considered to be a sin in this matrilineal society. While these norms are not unusual (as many other traditional societies do have similar norms), reinforcing these traditional norms in recent years is something that the local people are more concerned with. In the wake of their cultural revival, traditional people are more concerned with following these norms without any question. This has definitely induced the fertility rate to remain at a high level with the total fertility rate of 4.7 (NFHS-2, 1999) and 3.8 in (NFHS-3, 2006), while that of the country is 2.9 and 2.7 respectively with respect to the same survey. This apparent increase was in spite of the fact that tribal women in the state of Meghalaya, would appear to enjoy a higher level of autonomy under their traditional matrilineal kinship system than women in other communities under the patriarchal kinship system of the country.

According to the latest National Family Health Survey (NFHS-3, 2006), the mean ideal family size of adults in Meghalaya is three children or higher (*3.4 for women and 3.0 for men*). The survey depicts that among the currently married, the ideal family size for men and women is even higher at 3.5 - 3.6 children. Only about 3 in 10 adults age 15-49 (29% of women and 31% of men) consider two or fewer children to be the ideal number of children (INC).

At an all India level, NFHS 3 shows that more than two-thirds (69 percent) of women age 15-49 consider two or less to be the ideal number of children, and another 19 percent consider three to be ideal. Among men age 15-49, 73 percent consider two or less to be the ideal number of children, and 17 percent consider three to be ideal. Only 9 percent of women and 8 percent of men have an ideal number that is more than three children. Over time, there has been a substantial decrease in the proportion of ever-married women who consider three or more children to be ideal, from 50 percent in NFHS-1 to 42 percent in NFHS-2 and 33 percent in NFHS-3. Among all women who gave a numeric response in NFHS-3, the mean number of children considered ideal is 2.3. For both women and men age 15-49, the average number of children considered ideal ranges from 2.0 for those who have no children to 2.8 or more for those who have four or more children. For ever-married women, the mean

ideal number of children (MINC) decreased from 2.9 in NFHS-1 to 2.6 in NFHS-2 and 2.4 in NFHS-3 at the national level. It is evident that a large proportion of women in the country already have more children than they now consider ideal. This proportion may be taken as another indicator of surplus or unwanted fertility.

Review of Literature

The study conducted by Sharon Stash (1996) shows that in Nepal, measures of ideal family size mask an underlying preference for sons, making some people willing to have families larger than their ideal. The author suggests that men are likely to have stronger preferences for sons, compared to women. The research uses empirical evidence to examine the hypothesis that husbands are more willing than their wives to pursue the birth of sons at the cost of an increasingly large family size. The researcher developed a Multiple-Response Fertility Preference Scale to test these propositions among a sample of couples. The methodology was successful in demonstrating differential patterns of decision making between husbands and wives that are otherwise obscured by more simplistic, single-response measures (for example, ideal family size). The results indicate that husbands are consistently more willing than their wives to pursue the birth of sons at the expense of larger family sizes, and that the birth of daughters is not pursued to a similar degree by wives or husbands.

Cwako (1997) examines the obtaining trends in women's ideal family size preferences and family planning practices in rural Kenya. By using primary data collected from three samples drawn from the Abagusii, Abaluyia and Masai ethnic groups, the research findings suggest a declining trend in ideal family size references and increasing rates in the adoption of family planning methods. These research findings hold some important implications for the reversion of the recorded high population growth rates particularly among the Abagusii and Abaluyia of western Kenya.

Hagewen and Morgan (2005) showed that many low-fertility societies have childbearing intentions well above current fertility levels. In this article, they have focused on the United States, an important and interesting exception. Reported fertility intentions of American women approximate the country's contemporary period levels of fertility and

cohorts (groups of women) recently reaching the end of their childbearing years showed, both stable intentions across time and an ability to realize those intentions.

Dhillon and Singh (2010), while studying the determinants of desired family size, finds that women's parity is positively associated with desired family size. The actual number of children is a good predictor of the desired number of children. The authors also showed that sex composition of children surviving influences the desired family size. They also suggested that education, exposure to mass media, reproductive and child health service utilization from public or private sources, visited by family planning health worker and living in high standard of households are negatively associated with desired family size.

Need of Study

The NFHS 3 report reveals that at current fertility levels, a woman in Meghalaya will have an average of 3.8 children in her lifetime. Fertility in NFHS-3 is 0.8 children lower than that in NFHS-2, but is still at about the same level as in NFHS-1(1992). The same report (NFHS-3) shows that fertility in Meghalaya is higher than in all the other states in India, except Bihar and Uttar Pradesh. With this high level of fertility, the report shows that almost two in five (39%) of the births in the three years preceding the survey were of birth order four or higher. Fertility in rural areas of Meghalaya, at 4.4 children per woman, is about two children higher than in the urban areas (2.3). Similarly, the fertility of Hindu women, at 2.0 children per woman, is two children lower than the fertility of Christian women (4.1). There are also substantial differences in fertility by wealth and education. At current fertility rates, women in the second lowest wealth quintile will have almost five children more than women in the highest wealth quintile, in which fertility at 1.3 children is well below replacement level. Similarly, fertility rates decline sharply with women's education from over five children among women who have no education to less than two children among women with 10 or more years of education.

In the light of the NFHS reports in all the three surveys, regarding the fertility scenario in the state, it seems evident that fertility has not decrease significantly over the three periods of the survey. Though the

TFR has come down from 4.7 in NFHS-2 to 3.8 in NFHS-3, yet the state fertility is still high comparatively to other states of the country. In the light of the above discussion, it becomes important to study the attitude of the people in the state towards fertility. The present study is taken up to highlight the attitude of women towards an ideal number of children they would prefer. Though this attitude may not directly translate into actual fertility, but this study may give a broad picture about the determinants and future population trends, as the attitude of the women cohorts in the surveys are going to be important in determining the population of the state in the years to come.

Objectives

1. To study the determinants of ideal number of children in Meghalaya.
2. To study the trends of ideal number of children between NFHS-2 to NFHS-3 in the state.

Data and Methods

The 2005-06 National Family Health Survey (NFHS-3) is the third in the NFHS series of surveys. The first NFHS was conducted in 1992-93, and the second (NFHS-2) was conducted in 1998-99. All three NFHS surveys were conducted under the stewardship of the Ministry of Health and Family Welfare (MOHFW), Government of India. The MOHFW designated the International Institute for Population Sciences (IIPS), Mumbai, as the nodal agency for the surveys. Funding for NFHS-3 was provided by the United States Agency for International Development (USAID), the United Kingdom Department for International Development (DFID), the Bill and Melinda Gates Foundation, UNICEF, UNFPA, and the Government of India. Technical assistance for NFHS-3 was provided by Macro International, Maryland, USA. The data collected at the NFHS compiled using the Integrated System for Survey Analysis (ISSA) software. These data can be obtained from IIPS and all qualitative and quantitative analysis can be carried out using these data. An important objective of the NFHS surveys has been to provide national and state estimates of fertility, family planning, infant and child mortality, reproductive and child health, nutrition of women and children, the quality of health and family welfare services, and socioeconomic conditions.

In Meghalaya, NFHS-3 is based on a sample of 1,900 households that is representative at the state level and within the state at the urban and rural levels. The survey interviewed 2,124 women age 15-49 from all the sample households and 720 men age 15-54 from a sub sample of households. In order to study the trends of the Ideal Number of Children in the state, the National Family Health Survey (NFHS-2) data was also utilized. This survey (NFHS-2), was conducted in 1998–99 and it covers an overall sample size of 945 ever-married women in the age group 15–49 from all the sample households.

National Family Health Survey (NFHS-3) also collect information from women, regarding, desire for the ideal number of children. To assess women's ideal number of children, NFHS-3 asked women age 15-49 and men age 15-54 the number of children they would like to have if they could start over again.

Ideal family size may be influenced by a host of factors such as social, economic, cultural, demographic and environmental factors. In this regard, the researcher has selected few indicators that can be considered as proxy variables to represent all the above factors. The Chi square analysis is performed to verify the association of the selected indicators with the attitude towards ideal family size *i.e.*, Ideal number of children. A stepwise linear regression analysis is also incorporated in studying the *nature and magnitude* of association of the indicators with Ideal number of children considered as the depending variable.

Discussion on some of the Determinants of Ideal Number of Children

In the state of Meghalaya, Table 2 show that the mean number of children ever born (MCEB) is 2.7 where as the mean ideal number of children is 3.3. Ideal family size may not be consider to replicate actual fertility because the latter depends on various factors such as exposure to marriage, use and non use of contraception, induced abortion and determinants of natural fertility. Across age groups, table 2 depicts that the children ever born (CEB) increases from 0.07 at age group 15 – 19 to 4.7 for 45 – 49 age group. However, the same pattern is not followed for ideal number of children. The INC remains constant for age group 15 – 29, increases to 3.4 for age group 30 – 34 when CEB is 2.8. A point worth noting is that, for women ages beyond 35, the number of children

ever born is more than the ideal number of children. This shows that the additional children obtained after 35 years of age is not desire for some reasons or the other. The NFHS-3 shows that the TFR in the state is 3.8 and the ideal number of children as depicted in Table 2 shows that fertility in the state would continue to be high, and the rate at which it will decrease to replacement level will take time.

Table 2 also shows the mean ideal number of children to women of different age groups by place of residence. The MINC is 3.0 for urban and 3.6 for rural women. The mean ideal number of children in both the cases increases successively from lower to higher age groups. The Chi square analysis (Table 4) shows a strong association of ideal number of children with place of residence.

Table 2 shows that the MINC is 2.5 for Hindu women, 2.9 for Muslim and 3.5 for Christian women respectively. Since a high proportion of the population in the state is Christian, the above figure shows that their contribution to fertility in the state may still be dominant. Thus the above mention figures (Table 2) on MINC shows that fertility trends in the state can continue to be high. Again the Chi square analysis (Table 4) shows a strong association of ideal number of children with religion.

The church and the missionaries in the state may not be directly promoting or spread any pro-natalist ideology, but their firm stand against the use of modern contraceptive methods and abortion may have a noticeable impact on reproductive behavior. For most of the converted women, decisions regarding the use of modern contraceptive methods or abortion can be highly influenced by the anti contraception and anti-abortion stand of the church.

Table 2 shows the variation of mean ideal number of children with the level of educational status. The MINC is 3.7, 3.9, 3.2 and 2.6 for women with no education, with primary, secondary and higher secondary levels of education respectively. Thus the perception of INC decreases marginally with increases in the levels of education. Chi square analysis shows that there is a strong association of ideal number of children with educational level. According to the NFHS-3, the proportion of women in the above mentioned educational status is 25, 16, 48 and 10 percent respectively, it looks likely that the fertility trend will still continue to be

high as 90% of the women are below higher secondary level of education and as a consequent, longer time will be taken for the state to reach the replacement level of fertility.

As a proxy to measure the economical status of the women, an indicator was constructed in the NFHS called the standard of living index (SLI). This index was constructed taking into account the house type, toilet facility, main fuel for cooking, source of drinking water, separate room for cooking, ownership of house, land, livestock and durable goods. Table 2 shows that the MINC is 3.7 for women with low standard of living, 3.6 for medium standard of living and 3.0 for high standard of living respectively. The NFHS-3 shows that the proportion of women at the different levels of standard of living is 22, 40 and, 36 percent respectively. The two lower SLI groups of women may continue to play a major role in contributing significantly to the fertility in the state. The Chi square analysis shows a strong association of ideal number of children with standard of living index. Thus standard of living of the women can also play a vital role in determining the INC and consequently be one of the factors that will stands to determine the fertility of the population in the state.

The Chi square analysis shows a strong association of ideal number of children with ethnicity. Table 2 shows that the MINC is 2.5 for scheduled caste³ women and 3.6 for women belonging to scheduled tribe⁴. Since almost 80% of the state population belonging to scheduled tribes and their perception of INC is high, it is likely that a high fertility rate in the state will persist. The perception of ideal number of children is almost the same for both working and non working women as depicted in Table 2. A point worth noting is that working women seems to want a little more number of children than their counterparts.

As mentioned earlier, ideal family size may be influenced by a host of factors such as social, economic, cultural, demographic and environmental factors. In this regard, the researcher has selected few indicators that can be considered as proxy variables to represent the above factors.

The stepwise linear regression analysis model described in the preceding section was applied to the ideal number of children data of the state incorporating women education, standard of living, religion and place

of residence in a stepwise manner to discover the nature and magnitude of the dependence of ideal number of children on to the characteristics considered in the present study. Stepwise regression is a model in which the choices of the predictive (independent) variables are tested and added one by one and including them if they are statistically significant. The result of the regression analysis is shown in Table 5. In addition to a random intercept, Model I considered women's highest educational level as an important characteristic for determining the ideal number of children and also reveals that women's highest educational level is inversely related to the depending variable. Another important characteristic considered by Model II is the women working status. Place of residence is the next characteristic considered important in Model III, in addition to the variables discussed in model II. This characteristic indicates the place of residence is an important indicator in determining the ideal number of children. Model specification standard of living is represented by Model IV which includes in addition women's highest educational level, women working status, place of residence as controlled variables. The model shows an inverse relationship of the SLI with the depending variable at 0.032 level of significance. Religion and ethnicity were not depicted in the regression model, as these characteristics may not be statistically significant.

Trends in Ideal Number of Children

The same exercise is carried out for evaluating the mean ideal number of children by utilizing National Family and Health Survey 2. The trends of ideal number of children between the two surveys can be studied by comparing Table 1 and Table 2. To understand the magnitude of the change in the trends of INC with respect to background characteristics, the average percentage change analysis is carried out on the ideal number of children against age groups and background characteristics which is shown in Table 3.

Table 1 and Table 2 show that the mean children ever born have decreased from 3.7 to 2.7 and this decrease is highlighted at every age group of both the surveys. The mean ideal number of children is also showing a declining trend from 4.8 in NFHS-2 to 3.3 in NFHS-3.

The two tables also show a comparative decrease in the trends of ideal number of children by place of residences between the two surveys.

It can be observed that there are no drastic differences in ideal number of children between women in urban and rural areas, although the attitude for the ideal number of children has decreases from NFHS-2 to NFHS-3 in both urban and rural areas. Table 3 depicts that the rate of decrease of INC is faster in urban population compared to the rural counterparts. In connection with religion, both the surveys, depicts that Christian women shows highest number of ideal number of children, followed by Muslim and Hindus respectively. The ideal number of children shows a declining trend by religion in all categories between the two surveys and the percentage analysis (Table 3) shows that the rate of decline is highest for Christian, followed by Hindus and then by the Muslim.

With the increase in educational status, mean ideal family size decreases in both the surveys as depicted in Tables 1 and 2. The rate at which this attitude decrease is almost the same for all the educational categories between NFHS-2 to NFHS-3. The two surveys also reveal that, the distribution of the proportion of women age 15 to 49 years in the different educational status from 'No education' to 'Higher education' is 37, 33, 25 and 5 percent in NFHS-2 and the same is 25, 16, 48 and 10 percent in NFHS-3. Thus there is an increase in the proportion of women in secondary and higher educational status in the latest NFHS survey. As mentioned above, NFHS-3 reveals that a significant proportion (48%) of the women is in the secondary status of education and Table 2 shows that their mean ideal number of children is 3.2, and consequently their contribution to fertility will be significant. Thus it looks likely that the fertility in the state will definitely decrease and the rate at which the state will reach replacement level of fertility will be comparatively slower.

The ideal number of children decreases with the increase in the standard of living as shown in both the surveys and depicted by Tables 1 and 2. The ideal number of children also shows a declining trend in all categories of SLI between the two surveys. A point worth noting as depicted in Table 3 is that the rate of decrease is marginal for the highest SLI groups of women and significantly high for the two lower groups. The proportion of women in the different levels of standard of living is 44, 49 and 7 percent at low, medium and high SLI in NFHS 2 and the same is 22, 40 and, 36 percent respectively in NFHS 3. With an increase in the proportion of women in the two higher SLI categories, in the latest survey, the trend of ideal number of children looks likely to decrease

at a faster rate in the years succeeding the survey. Working status does not necessarily make differences to ideal number of children. However ethnicity also plays an important role in determining the ideal number of children. Scheduled tribe women tend to prefer higher number of children as compared to scheduled caste. The former may have a strong cultural value attached to their reproductive decisions, especially the decision to have a large family.

Summary

The above discussion clearly shows the compounding factors that can have great influences on the perception of ideal family size among women in their reproductive ages. Tables 1 and 2 clearly shows how the place of residences, religion, educational status, standard of living, ethnicity and working status can be the deterrental factors in affecting the ideal family size. Though the researcher may have not obtained any literature about the translation of ideal family size to actual family size, but this study suggests that higher ideal number of children can still lead to higher family size in the future as being depicted in Table 1 which shows the INC of 4.8 where TFR in NFHS 2 is 4.6 and table 2 shows the INC of 3.3 where TFR in NFHS 3 is 3.8.

Table 1 and 2 depicts the INC by ethnicity. The scheduled tribe indigenous people of the state are showing comparatively high INC(3.43, NFHS 3 and 4.93, NFHS 2). Since almost 80% of the state population is constituted by these groups who are in favour of large family size, and though their desire for the high number of children has decreased from NFHS 2 to NFHS 3, INC is still high compared to an all India level of 2.6 and 2.4 between the two surveys.

Conclusion

Women in a matrilineal state of Meghalaya have a strong *cultural value* attached to their reproductive decisions, especially the decision to have a large family. These women expressed their strong support for the above mentioned belief system. This belief has encouraged them to produce children without much fear about the survival of the newborn. Family planning methods like vasectomy and tubectomy are considered anathema and this may explain the very low use of permanent methods

of family planning among them (Saikia, 2004 and NFHS-3 report,2009). Abortion is deemed equivalent to murder. It is a belief by the indigenous women that those, who for no great and weighty health reason indulge in abortion, will invite the fury, and curse of God. Hence the incidence of induced abortion is negligible among the local women community. According to the local traditional belief or thought, the intrinsic value of the family is considered not only in terms of possessions, wealth and well being, but also in the number of children born and reared. Most of the local women are strongly of the view that ‘every child that comes into the world, comes with two hands and a bag of rice (Saikia, 2004). This traditional view means that God the Creator will always provide, and that a child will cater not only for his/her own needs, but also for the needs of the others around them. This view is still prevalent in most traditional societies and can be explained by the ‘value of children’ attached to it.

The present study discussed above clearly indicates the conscious choice of a large family size. In a matrilineal state a majority of the women emphasized their faith and respect for culture and this can be one of the main reasons for having a large family size (Narahari, 1997 and Das, 2001). It is important to mention here that an individual choice regarding reproduction is basically a reflection of the community’s choice. In other words individual decisions were very much controlled or influenced by social institutions like the *dorbars*, student organizations, community and religious leaders (Marak, 2007). A higher preference for a girl child to continue with the matrilineal system was also found to be a highly motivating factor in their decision to go for a bigger family size.

The study incisively highlights that the fertility outcome in a tribal society can be a reflection of a complex reality - a reality which is very different from the mainstream society characterized by the dynamics of a conventional and straight forward demographic process. This clearly demonstrates the need for fresh approach in future demographic research on tribal communities. The study has also highlighted important policy implications and discussed these implications in the light of the recently adopted National Population Policy (NPP-2000) of India. The tribal communities in northeast India are still in a transitional phase - not just in terms of the demographic transition, but also in terms of a social transition. At the same time they are also facing a crisis of identity in the

wake of so called modernization in mainstream society. In such a situation any policy aimed at increasing the welfare of these vulnerable groups should focus on creating an environment where they can feel more secure. Such an environment can be achieved through a decentralized, bottom-up, holistic policy approach with the provision of built-in safeguards to protect the rights of individuals as well as of the community. These policy initiatives will be useful not only to Indian population policy makers but also to policy makers in other countries where indigenous communities are confronted with an identity crisis due to globalization. The study therefore, concludes that in order to understand the fertility dynamics in other transitional societies and hence in the formulation of appropriate population policies, it is necessary to explore the influence of culture and religion on reproductive decision-making process and reproductive behavior in tribal communities in the state of Meghalaya or northeast India as a whole.

References

- Census of India. 2011. *Provisional Population Totals, Registrar General of India*, New Delhi.
- Cwako, Edwins Laban Moogi. (1997). Married women's ideal family size preferences and family planning practices: Evidence from rural Kenya, *The Social Science Journal*, 34(3), 369-382.
- Das, Madhumita (2001). Changing family system among a matrilineal group in India. Received from www.iussp.org/brazil2001/s10/s12_04_das.pdf accessed on 30/11/2012.
- Dhillon, Preeti and Laishra Ladu Singh, (2010). Time varying and unvarying factors affecting ideal and actual family size in North India. See, ppa2010. princeton.edu/download.aspx?submissionId=101274
- Hagewen, Kellie and Philip, Morgan. (2005). Intended and ideal family size in the United States, 1970–2002, *Population and Development Review*, 31(3): 507–527.
- International Institute for Population Sciences. (1999). *Report on National Family Health Survey*, Mumbai, India.
- International Institute for Population Sciences. (2006). *Report on National Family Health Survey*, Mumbai, India.

Marak, R, Caroline. (2007). The role of the Mahari in A'chik society: Change and continuity, *Journal of South Asian Studies*, 30(3): 531 – 540.

Narahari, N. S. I. (1997). Socio-ethnic conflicts in the northeast: Four case studies, <http://www.hvk.org/articles/0497/0098.html>.

Saikia, Udoy Sankar. (2004). The Paradox of high fertility in a matrilineal tribe in northeast India, Unpublished Ph.D. thesis, Flinders University, South Australia

Stash, Sharon. (1996). Ideal family size and sex-composition preferences among wives and husbands in Nepal, *Studies in Family Planning*, 27(2):107-118.

Table 1: The ideal number of children by age groups and selected background characteristics from NFHS - 2.

Background Characteristics	Age Groups							MINC
	15 – 19	20 – 24	25 – 29	30 – 34	35 – 39	40 – 44	45 – 49	
Residences								
Urban	3.0	3.4	3.5	3.7	4.7	4.7	5.7	4.9
Rural	4.8	4.6	4.5	5.4	5.2	4.9	4.6	5.0
Religion								
Hindu	3.0	3.1	3.0	3.2	3.0	4.3	4.2	3.4
Muslim	4.0	3.7	4.1	4.0	4.0	5.5	na	3.6
Christian	4.9	4.6	4.5	4.9	5.0	4.8	5.7	4.9
Highest Educational Level								
No Education	4.5	4.4	4.3	5.2	5.2	5.2	5.7	4.9
Primary	4.8	4.7	4.7	5.0	4.9	5.3	5.5	5.0
Secondary	4.5	4.1	4.3	5.0	5.0	3.6	5.3	4.5
Higher	na	5.0	3.1	3.4	4.4	3.4	5.8	3.6

Standard of Living								
Low	4.6	4.6	4.7	5.1	5.3	5.7	5.5	5.1
Medium	4.7	4.3	4.1	5.0	5.2	4.2	6.0	4.8
High	na	3.0	3.7	3.6	4.1	3.2	3.8	3.1
Ethnicity								
Scheduled Caste	na	5.0	3.4	2.5	3.6	5.5	4.0	3.4
Scheduled Tribe	4.8	4.6	4.4	5.0	5.1	4.8	5.8	4.9
Working Status								
Working	4.7	4.2	4.3	5.0	5.1	5.1	5.7	4.8
Not Working	4.5	4.6	4.3	4.9	4.9	4.4	5.4	4.7
CEB	0.9	1.8	3.0	4.3	4.8	5.8	5.3	3.7
							(MCEB)	
INC	4.6	4.5	4.3	4.9	5.0	4.8	5.6	4.83

Source: Computed from NFHS , 1998-99 data file.

na: Not Available

Table 2: The ideal number of children by age groups and selected background characteristics from NFHS - 3.

Background Characteristics	Age Groups							MINC
	15 – 19	20 – 24	25 – 29	30 – 34	35 – 39	40 – 44	45 – 49	
Residences								
Urban	2.7	2.7	2.7	2.8	3.4	3.3	3.6	3.0
Rural	3.3	3.3	3.4	4.0	3.8	4.1	3.6	3.6
Religion								
Hindu	2.3	2.4	2.2	2.5	2.5	2.4	2.8	2.5
Muslim	2.8	2.6	3.1	2.6	3.6	3.0	2.4	2.9
Christian	3.0	3.0	3.1	3.4	3.8	4.2	4.1	3.5
Highest Educational Level								
No education	3.9	3.1	3.4	4.1	4.0	4.0	3.4	3.7

Primary	3.5	3.5	3.4	3.7	3.7	4.4	4.8	3.9
Secondary	2.8	3.0	3.0	3.3	3.5	3.5	3.6	3.2
Higher	2.2	2.5	2.5	2.6	3.0	2.4	3.2	2.6
Standard of Living								
Low	3.1	3.6	3.3	4.2	3.9	4.5	3.2	3.7
Medium	3.3	3.1	3.3	3.7	3.7	3.9	4.1	3.6
High	2.7	2.7	2.8	2.8	3.3	3.1	3.4	3.0
Ethnicity								
Scheduled Caste	2.2	2.7	2.5	2.5	2.3	2.3	3.0	2.5
Scheduled Tribe	3.2	3.1	3.2	3.6	3.9	4.2	3.8	3.6
Working Status								
Working	3.3	3.0	3.0	3.4	3.8	3.8	3.7	3.4
Not Working	3.0	3.0	3.1	3.3	3.5	3.6	3.5	3.3
CEB	0.07	0.7	1.8	2.8	4.0	4.6	4.7	2.7
							(MCEB)	
INC	3.0	3.0	3.1	3.4	3.6	3.7	3.6	3.3

Source: Computed from NFHS , 2005 - 06 data file.

Table 3: The percentage change of the mean ideal number of children between NFHS 2 to NFHS 3.

Background Characteristics	NFHS – 2 (1998 – 1999)	NFHS – 3 (2005 – 2006)	Percentage Change
Residences			
Urban	4.9	3.0	-38.8
Rural	5.0	3.6	-27.1
Religion			
Hindu	3.4	2.5	-27.7
Muslim	3.6	2.9	-20.8
Christian	4.9	3.5	-28.6
Highest educational level			
No education	4.9	3.7	-24.7
Primary	5.0	3.9	-22.8

Secondary	4.5	3.2	-28.6
Higher	3.6	2.6	-26.9
Standard of living			
Low	5.1	3.7	-27.1
Medium	4.8	3.6	-25.1
High	3.1	3.0	-3.3
Ethnicity			
Scheduled Caste	3.4	2.5	-27.1
Scheduled Tribe	4.9	3.6	-27.4
Working status			
Working	4.8	3.4	-29.1
Not Working	4.7	3.3	-30.4

Source: Computed from NFHS , 1998 – 1999, 2005 - 06 data file.

Table 4: Chi square test of the ideal number of children against background characteristics.

Background Characteristics	Chi square	
	Value	Asymptotic significance
Residences	253.3	0.0
Religion	383.1	0.0
Highest educational level	340.6	0.0
Standard of living	272.1	0.0
Ethnicity	288.9	0.0
Working women	76.4	0.0
Age groups	197.2	0.0

Source: Computed from NFHS , 2005 - 06 data file.

Table 5: Stepwise regression on the ideal number of children.

Background Characteristics	<i>Regression coefficients</i>			
	Model 1	Model 2	Model 3	Model 4
Intercept	24.5	21.8	10.2	14.7
Highest educational level	-5.8	-5.5	- 4.3	-3.6
Working status	-	6.8	6.7	6.5
Place of residence	-	-	6.3	5.5
Standard of living	-	-	-	-1.9

Source: Computed from NFHS , 2005 - 06 data file.