



Determinants of Fertility Differentials in Jammu and Kashmir

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Date of Submission: 06-12-2022

Date of Acceptance: 19-12-2022

ABSTRACT

Fertility is the only way for biological replacement of human being in order to continue its existence on earth. Women who have a well-defined birth plan are more likely to transform their fertility intention into fertility behaviour. The present paper attempts to study the social factors on fertility behaviour among the women living in villages. A household survey was conducted among 300 married women aged 18-45 having at least a child from five villages of Jammu District, Jammu and Kashmir. A semi-structured interview schedule was used to collect data. The fertility behaviour was measured by fertility behaviour scale. Of the respondents, majority of them aged between 26-40 and 73% were working as farmer and labourer. Most of them were living in nuclear family. This study showed that overall the fertility behaviour was good among the women. The data reveals that higher the age of the women; higher spouse age; higher family income and higher educational status have an influence on all the domains of fertility behaviour. Moreover continuous education and knowledge on reproductive health will help for better fertility behaviour for the women.

Keyword: Fertility behaviour, Women, Jammu

I. INTRODUCTION

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

Number of socio-demographic factors influences on fertility, in general. The fertility rate of any population is always influenced by various factors, directly or indirectly. [2] The degree of influence of these factors on fertility may differ from population to population or from society to society. [3] The direct factors affecting fertility are oral pills, condoms, abortion, infanticide and intra uterine devices (IUDs). The indirect factors affecting fertility are age at marriage, spouse age, separation, divorce, and widowhood, consumption of food, economic status, occupation, family system, education and attitude. Fertility has always been compared with the socio-economic condition of people in almost every society. Fertility behaviour includes not only biological but also social reproduction, involving a complex network of institutions. There are parenthood, husband-wife communication and employment of women, impact of education, child rearing practices and associated set of beliefs. Therefore, this study attempts to assess the social factors on fertility behaviour among the women living in villages.

II. METHODS

The descriptive study was conducted by choosing 300 married women aged 18 - 45 having at least a child from five villages in Jammu District, Jammu and Kashmir adopting multi-stage sampling techniques. Semi-structured interview schedule was prepared to collect the data on social factors includes age, spouse age, age at marriage, education, occupation, monthly individual income, family income and type of family. It was collected with most possible accuracy. Same method was followed for domain analysis. Data Collection A semi-



structured interview schedule and fertility behaviour scale was framed and tested before applying to the field. A randomised household survey was conducted interviewing a total of 300 married women aged from 18 to 45 having at least a child from Jammu District. Proper consent was taken before starting the interview after making them to

understand the purpose of the study. Interviews were conducted in private manner. Data Analysis The collected data were entered in Microsoft excel database and analysed in SPSS. Descriptive analysis, univariate analysis of variance test performed for analysis. Statistical significance was checked at 5% level of probability.

III. RESULTS

Demographic Details of the Respondents

Parameter	Scale	Frequency	Percent
Females Married		393	100
Age	18-21	158.0	40.2%
	22-25	154.0	39.2%
	26-28	67.0	17.1%
	above 29	14.0	3.5%
Family Size	1-4	203	51.6%
	5-8	167	42.5%
	More than 8	23	5.9%
Educational Qualification	less than 10 th	47	12.0
	12 th	64	16.3%
	Graduation	55	14%
	Post graduation	227	57.8
Family Structure:	Joint	46	11.7
	Nuclear	347	88.3
Social Category	General	168	42.7
	Nai	2	.5
	OBC	58	14.8
	Other	3	.8
	SC	160	40.7
	ST	2	.5
Status of the Household	APL	267	67.9
	BPL	56	14.2
	NPHH	2	.5
	PHH	68	17.3

This table shows the family size of the females which participate in the survey it has been seen that maximum females in the survey i.e. 203 (51.6%) females belong to a family size with 1-4 members in a family. From the age profile it has been observed that the age of the females varies from 18 to 32. the result shows that maximum females belong to the age of category of 18 to 21 years as one by 58 that is 40.2 percent females lies in this age group which is followed by the age group 22-25 years as 154 i.e. 39.2% female says that they are from age group more than 22 and less than 25 years. Further it is been seen that 17.1% that is 67 females belong to the age category of 26 to 28 years which is followed by 3.5% female that is only 14 females are from the age group above 29 years. The

education profile 12% of them are less than 10th pass, 55 females i.e. 14% are graduate only.

Further 167 (42.5%) females belong to the family size with persons 5-8 and lastly only 23 females belong to the family size of more than 8 persons . From the above table it has been inferred that 347 families i.e. 88.3% in the study belong to nuclear family structure and remaining 46 i.e. 11.7% belongs to joint family structure. The above table depicts the status of the households. There are basically 4 types of households to which the female belongs to that are APL, BPL, NPHH, & PHH. The table shows that the maximum number of females belonging to the household APL is 67.9 percent. Secondly, the 68 females i.e. 17.3 % belong to PHH households.



Further status of a household of 56 females is BPL and class clean only 2 i.e. .5% of females belong to the household with the status of NPHH. This has been observed that the maximum number of female respondent who has participated in this service belong to general category that is 168 female belong to general category which makes it 42.7% which is followed by SC category females that is 160 females belong to SC category which makes it 40.7 %. Further it is been seen that 58 females in the survey belong to OBC category that is 58 emails were from OBC category, 2 females belong to ST category, 2 females belong to the Nai category and rest of the females were from some other category. The total 393 female's ahs participated in the study. All the female are married and have undergone the reproduction (have kids).

IV. DISCUSSION

The study findings demonstrate that, overall respondent's behaviour had greater influence on fertility. In age group of the women, younger aged group of the women reported good understanding towards on fertility. However, there was a significant difference found only in the domain of spacing. A study reflects that the spouses are close in age and are assumed to be in a more egalitarian situation, more conducive to emotional bonding and to share decision-making within the couple. The ages of the spouses are very different and, given the generation gap, the likely conditions of the wedding, the nature of the union, and the subordinate position of the woman resulting from the age difference, are not conducive to intimacy between the spouses. A study found that women's status indicate that education has a stronger impact than any other indicators. Education is a stronger determinant of supply, demand, and regulation of costs of children than other factors. In the same line the women who achieved higher educational status had greater control on fertility. This observed that higher female wages result into higher opportunity cost of childrearing, and thus, into lower fertility. Women are having own earnings that are sufficient to support a family would be a prerequisite for becoming a mother. The present study reveals that all the women had better means score on all domains on fertility and among them home makers were showing better understanding on fertility than working. A study was resulted that high monthly family income reduces the fertility rate by increases age at marriage, educational status, using of family planning device and inculcate the desire for a small family size. The present study too found out that higher the family income of women higher effect on

fertility and economically well stabilized to care for medical expenses, nutritional food and hospital visits. Also the women who are living in joint families had better understanding on fertility due to more support and care from family members especially in-laws of their family

V. CONCLUSION

Age at marriage, educational status, family type, present age, and preference for male child were the most important factors that affected fertility in the population. Age at menarche, age at first conception, occupation, per capita annual income, and birth control measure did not affect fertility in this population. The present study reported that three-fourths of the women in the studied population are getting married before the age of 18 years. Besides this, there is son preference in the studied community. These findings demonstrate the prevailing sex bias in the community. In spite of the rapid socioeconomic growth that has occurred in the recent years in the country the observed fertility behaviour is not a welcoming trend. . This study concludes that women had good understanding on fertility. Moreover continuous education, knowledge and awareness on reproductive health would help women to develop positive attitudes towards fertility.

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