The tempo effect on recent change in rural-urban fertility in West Bengal, India

BACKGROUND

As expected fertility fell early in urban areas, among those who are better educated, secularised and working in industrial or service sectors and later fertility regulation was adopted by the rest of the society. Urban classes started limiting their family size and this behaviour gradually moved on the social scale to the rural areas. Child quality, which is multi-dimensional, became more important than quantity of children. Fertility transition focuses on the decision making processes of individuals which operate through the satisfaction obtained from each additional child. However, the benefits or utility from children consist some psychological value that can not be referred to as 'immanent values', and therefore, fertility transitions need to be ideational and interactive that they must recognise that changing perception ultimately drives to fertility change. Changes in fertility are unlikely without prior or at least simultaneous changes in institutions like marriage. In addition, Government's views and policies on use of contraception, specially providing access to contraception, also played an important role in the change in the reproductive behaviour.

The overall fertility decline in India started in the mid-1960s with difference in pace of decline observed across states. Some of the southern states like Kerala, Tamil Nadu, Andhra Pradesh as well as the state of West Bengal have already reached below replacement level of fertility. Fertility in Kolkata was below replacement level during the time of independence and being a primate city in West Bengal, Kolkata influences the total urban fertility level. In the rest of the state fertility decline began in the 1970s. Urban rapid fertility decline started in the late 1980s in urban areas and hence fertility reached at the replacement level in 1989, whereas rural areas achieved that level in 2007, almost after two decades. Fertility behaviour is influenced by various socio-economic factors like education level of women, religion, caste and income. Moreover, place of residence plays an important role to determine the fertility behaviour. In addition, programme factors also influence the fertility outcome.

OBJECTIVES AND METHODOLOGY

The present study was designed to study the role of place of residence on fertility behaviour in West Bengal. The principal aim was to explore the causes of rural-urban gap in fertility levels, and more importantly in the timing and pace which is the tempo and quantum effect on fertility transition.

To understand the difference in fertility transition with respect to place of residence in the state, the study adopted two different approaches. Firstly, it analysed the nature, timing and extent in overall fertility transition and also separately for rural and urban areas through secondary data sources like the decennial census, the Sample Registration System (SRS) and three rounds of the National Family Health Surveys (NFHSs). This involved an analysis of changes in proximate determinants of fertility and how these occurred in urban and rural areas. The focus was on two determinants, proportion married and contraceptive use. Further, the family building process was analysed in details, via age at marriage and parity progression ratios. Influences of various socio-economic factors, and of place of residence controlled for these factors were assessed using multivariate analysis. A field work was carried out to understand the change in perception among women through Focus Group Discussions (FGDs) on fertility behaviour in rural and urban areas and other issues related to fertility change like age at marriage, woman's status, employment level, family size, and aspirations on children's education, programme effect, and roles of political and religious leaders.

ANALYSIS AND FINDINGS

The Sample Registration System estimates show that fertility has declined in India as also in West Bengal but the pace of decline was slow in India than in the state. West Bengal is characterised by rapid fertility decline in the urban areas in the early 1980s and achieved replacement level fertility in the late 1980s whereas, in rural areas major decline stated in the 1990s and it took almost two decades to achieve replacement level fertility. The large difference between rural and urban fertility affects the overall fertility in the state. Moreover, the gap between the average number of children per woman in rural and urban places in the states has remained almost constant over time. A similar phenomenon was

observed during the field study in rural and urban areas. Women who had participated in Focus Group Discussion have difference in their number of children by age group and place of residence. This shows that there may be some particular factors that led to the reduction of the urban fertility earlier than the rural fertility in the state.

The analysis of proximate determinants reveals that overall fertility has changed in West Bengal, which is caused primarily by change in proportion married and contraceptive practice. It has been observed in macro level analysis from NFHS rounds and census data that woman's age at marriage has increased in West Bengal and proportion married at early age has fallen substantially in the past three decades and the gap has reduced between rural and urban female age at marriage. Increase in level of education enhances age at marriage, hence reduces the reproductive span of women and curbs fertility. During the FGDs it has been observed that, participants have knowledge on legal age at marriage in the state. However, the ideal age at marriage in rural areas is still lower that urban areas but the gap has narrowed. Young women in rural areas and all urban women were aware about the health hazards to mother and child related to early marriage.

The change in fertility is also revealed through change in mean children ever born in the state during three NFHS rounds. The mean children ever born is differs by religion, education and household standard of living. The effect of rural-urban residence was prominent till the last decade but the results from the most recent National Family Health Survey show that the effect has faded away. Education is the sole factor that has significant effect over time and only those with higher education show distinctly very low fertility. During FGDs it was also observed that there is increase in the educational level of women. It is felt that differences between urban educated and uneducated are not large due to exposure. Moreover, rural educated women are enjoying more autonomy and are taking active part in decision making.

The analysis of Period Parity Progression Ratios shows that almost all women proceed for the first child in the state. The proportion of women with progression from first to second child differs with place of residence. The pace of decline is faster among urban

women at higher parities. The decline was conspicuous in urban areas in the early 1980s but in rural areas at the end of that decade. In rural areas, more than half of women moved from fourth to fifth child but the occurrence is rare in urban West Bengal. During discussions in FGDs, it was found that the perceptions on ideal number of children among young women in rural areas who are aged between 25-30 years are almost similar to older women aged between 35-40 years in urban areas.

The changes in fertility also reflect in overall change in ideal family size from NFHS-2 to NFHS-3, in West Bengal. Contrary to expectation, no significant rural-urban difference in ideal family size is seen in the state especially when influences of other factors are controlled in multivariate analysis. Thus the observed differences are primarily due to rural-urban differences in other related factors rather than net effects. However, the difference is large by religion and educational level of the respondents. The content analysis results from field study also shows that older rural women want to have one additional child compared to their urban counterparts and the trend remained the same in recent years. Moreover, older women in rural areas desired to have a larger family and knowledge on fertility regulation was also low. Young rural women prefer to have at least two children and also aspire to provide quality education to their children. Most of the participants in FGDs in urban areas and among rural young women cited economic factor as the main reason to choose a small family size. They mentioned the high cost of child rearing. Older urban women also mentioned that high living costs in urban areas motivated them to have a small family. Women mentioned that educational cost of children has increased and increased number of educated youth in the job market required quality education which is expensive. Therefore, quality of children became more important to parents instead of quantity of children. Quality-quantity trade off has a significant influence on family size desires and thus a decline in fertility was seen in West Bengal.

Modern methods of contraception are by and large accepted to regulate fertility, but simultaneously practice of traditional method also brings the fertility level under control in West Bengal. In West Bengal, young rural participants in FGDs perceived that the

contacts between health/family planning worker with eligible women have increased in the recent years. Many older women in rural areas were unaware of family planning and sometimes used traditional family planning methods which were less effective. Increases in educational level and standard of living have positive effect on modern contraceptive use even at low parity. In rural areas, improvement in health facilities was reported during FGDs and contact with health workers has also increased, though women are not fully satisfied with the services. Younger women have more knowledge of family planning both in rural and urban areas; however, older women in urban areas also confirm practice of family planning in the past. The contact between family planning/health workers and married women has increased in the recent past and women reported more accessibility of family planning methods in rural areas through health workers.

CONCLUSIONS

The diffusion of ideas from urban to rural areas is high in the recent times due to improvement in infrastructure especially roads diminishes the distance between villages and cities. However, the conditions of the roads are questionable but the transportation facilities help to improve the economic conditions of the villages and spread the knowledge from town to village. Rural women adopted ideas of quality children from their urban counter parts. Therefore focus need to be directed more to towards improving paid more to improve communication between rural and urban places which may diffuse the idea and narrow the fertility gap.

Recent improvement in infrastructure and increased awareness of family planning methods with intensive approach of information, education and communication with family planning workers in rural areas also helped to bridge the gap. Cost of rearing the children is found to be the major factor to have a small family size and unemployment of educated youth also poses the economic threat to the young generation.

Although fertility has declined substantially in the past two decades in West Bengal, still rural-urban gap in fertility persists within the state. This gap has narrowed down recently

but urban fertility has come to a stall for some time at a very low level and rural fertility recently reached replacement level. The structural change in socio-economic conditions in the past two decades perhaps helped to bridge the gap and motivate rural women to adopt small family. The diffusion of ideas of small family and change in aspirations about children from urban to rural area contributed to rapid decline in rural fertility rate. Therefore, further development in social and economic sectors along with closer interaction through better transport and communication may dissolve the rural-urban fertility gap in the near future in West Bengal.