

Fertility Preferences among Women in Meghalaya, India

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ABSTRACT

This paper investigates fertility preferences among women in Meghalaya, India, focusing on trends over time and determinants influencing decision-making. Using data from National Family Health Surveys conducted between 1992 and 2021, the study investigates the ideal number of children, the percentage of women who wish to stop having children, and the factors influencing this decision after having two or fewer children. The findings show that the ideal number of children has decreased over time, indicating a trend towards smaller family sizes. Furthermore, a sizeable proportion of women express a desire to stop having children, with education, media exposure, wealth index, and religion emerging as significant predictors. Women with higher education levels and more exposure to mass media are more likely to desire fewer children, emphasising the importance of education and information dissemination in influencing reproductive preferences. The findings highlight the importance of targeted interventions to promote reproductive health and increase access to family planning services, particularly among marginalised communities.

Keywords: *Ideal Number of Children, Children Ever Born, Number of Living Children, Desire for Additional Child, Desire to Stop Childbearing*

Meghalaya is a small state situated in the northeastern region of India. The 2011 census reported a total population of 29,64,007, with 86 per cent being tribal and 70 per cent following the Christian religion. It is home to three dominant tribes: Khasi, Jaintia, and Garo. The state has the highest proportion of its population following a matrilineal system. The matrilineal norms do not advocate for contraception to prevent pregnancies. Therefore, contraceptive prevalence in the state is one of the lowest in India. Abortion is considered to be the same as murder, which is a sin. Indigenous women believe that God will curse those who engage in abortion without significant health reasons. The local community has a low incidence of induced abortion.

Son preference in patrilineal societies, particularly in India, is a significant issue leading to female foeticide, infanticide, and a declining sex ratio. However, the birth of a girl child in matrilineal society in Meghalaya is celebrated with immense joy. The total fertility rate of Meghalaya is one of the highest in the country (Narzary & Sharma, 2013). Given the unique socio-cultural context, examining fertility preferences and factors influencing reproductive decision-making is especially important for Meghalaya (Khongji, 2013).

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In recent decades, understanding fertility preferences and reproductive health behaviours among women has become increasingly important for policymakers, researchers, and health practitioners. Meghalaya, known for its matrilineal society and diverse tribal communities, presents a compelling case for studying fertility preferences and reproductive health behaviours. While the state has made significant strides in improving access to healthcare services, including reproductive health services, there remains a need to understand better the factors influencing women's decisions regarding family size and childbearing.

The study investigated trends in fertility preferences, the desire to stop having children, and factors influencing reproductive decision-making among women in Meghalaya. The study's specific goal is to examine the ideal number of children, the percentage of women who express a desire to stop childbearing, and the factors that influence the decision to stop childbearing after having two or fewer children.

REVIEW OF LITERATURE

Children provide a sense of fulfilment to parents, and most cultures emphasise the benefits of having children (Sahoo, 2014). Several researchers considered the role of demand for children as an essential source of change in reproductive behaviours (Durr-E-Nayab, 1999). In the field of demography, the terms ideal and desired family size were used interchangeably (Sahoo, 2014). Various researchers define the concept of desired family size differently. Thomson defines desired family size as: '*the number of children wanted in one's lifetime*'. McClelland defined the desired family size as: '*the number of children parents would have if there were no subjective or economic problems involved in regulating fertility*' (Forero & Gamboa, 2009). Desired family size is based on a compulsive choice of the ideal size of the family, which is based on a long-term evaluation of their economic aspirations as well as the perceived cost and benefits of having children (Cochrane & Khan, 1990).

In their study in Lucknow, Saksena and Srivastava (1984) concluded that mothers' fear of child mortality led to an increase in the size of their ideal family. Younger women, those who marry later in life, and those who use contraception all have smaller ideal family sizes (Callan & Wilks, 1984). Place of residence, religion, caste, family type, education, income, husband's occupation, and type of household all impacted family size preferences (Basavarajappa & Halli, 1984).

Bairagi and Langsten (1986), in their study of Companiganj in rural Bangladesh, concluded that the positive effect of son preference swamped the negative risk effect on fertility. Couples who had no son planned to continue childbearing longer, practice contraception less, and have somewhat higher fertility than couples who have one or more sons. Syed Mubashir Ali (1989), in his study based on cross-sectional data from 9,416 currently-married women in Pakistan, suggests that having one or more sons in the family is the strongest predictor of desired family size. Sharon Stash's (1996) study in Nepal also found that measures of ideal family size mask an underlying preference for sons, leading some people to have larger families than they would like. To achieve the desired number of children of a particular sex, women may continue to bear children, causing the actual family size to be larger than the ideal family size (Durr-E-Nayab, 1999). These suggest that men are more likely to prefer sons than women.

Hagewen and Morgan (2005) demonstrated that many low-fertility societies have childbearing intentions far exceeding current fertility rates. In their study of the factors influencing desired family size, Dhillon and Singh (2010) discovered that women's parity is

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positively related to desired family size. Furthermore, the desire to stop childbearing grows in proportion to the number of living children (Thomson, 2001). Ideal family sizes can help predict both future fertility trends in society and attitudes toward childbearing and family formation (Basten & Baochang, n.d.). Farooq (1981) suggests that in developing countries, while observed fertility may not reflect the actual demand for children, family size preferences will.

In India, caste families believe that having a limited number of children allows them to properly care for them (Agrawal & Singh, 1975). High-caste females with higher education and social status prefer small families (Rana, 2014). Traditional beliefs in Meghalaya emphasise the intrinsic value of family beyond possessions, wealth, well-being, and the number of children born and raised (Khongji, 2013). Meghalayan women believe every child is born with two hands and a bag of rice (Saikia, 2013). The traditional view holds that God, the creator, will provide, and that children must meet their needs and those around them (Khongji, 2013). The value of children is a prevalent view in traditional societies, explaining its widespread acceptance.

Need for the Study

From the above literature review, it is evident that very little research has been done to analyse women's fertility preferences in Meghalaya. Such analysis is a prerequisite for understanding the future fertility behaviour of the state. As a result, the present study investigates the fertility preferences of the women in Meghalaya and how these preferences vary with changes in socio-economic and demographic characteristics.

Objectives

- To understand shifts in the ideal number of children among women in Meghalaya.
- To determine which women want to stop having children based on their number of living children.
- To determine the factors influencing the desire to stop childbearing after having two or fewer children.

DATA AND METHODOLOGY

The data for this study are primarily derived from the National Family Health Survey (NFHS). The NFHS is a nationally representative survey that collects demographic and health data from households in various Indian states, including Meghalaya. The NFHS employs a multi-stage, stratified sampling design to ensure representative survey results. The samples are selected at the Primary Sampling Units (PSU), with clusters randomly selected within each PSU. Households within selected PSUs are then systematically sampled to obtain the final sample.

The NFHS surveys have been conducted periodically in Meghalaya to gather data on various demographic and health indicators. Here is an overview of the sample sizes for each survey round:

- NFHS-1 (1992-93): 192 women aged 15-49
- NFHS-2 (1998-99): 159 women aged 15-49
- NFHS-3 (2005-06): 320 women aged 15-49
- NFHS-4 (2015-16): 1,591 women aged 15-49
- NFHS-5 (2019-21): 1,810 women aged 15-49

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The key variables of interest in this study are family size preferences, which are captured through questions about women's ideal number of children. Other variables include demographic characteristics (age, education), socio-economic status (wealth index, place of residence), and socio-cultural (religion, caste). The present analysis is based on women aged 15 to 49 years. Quantitative analysis is conducted using statistical software such as SPSS-25. Descriptive statistics such as percentages are calculated to examine the distribution of family size preferences across different demographic and socio-economic groups. Inferential statistics, such as logistic regression analysis, have been used to identify factors influencing family size preferences.

RESULTS AND DISCUSSION

Ideal Number of Children

The most common indicator of reproductive preference is the desired or ideal number of children (Sahoo, 2014). In the National Family Health Survey, information on what women believe to be their ideal family size was elicited through two questions. Respondents who had no children were asked, “*If you could choose exactly the number of children to have in your whole life, how many would that be?*” The question was rephrased for respondents who had children: “*If you could go back to the time when you did not have children and could choose exactly the number of children to have in your whole life, how many would that be?*” (NSO & ORC, 2005).

Table 1 shows data on the ideal number of children among women in Meghalaya over several years.

The mean ideal number of children has decreased significantly, from 4.5 in 1992-93 to 3.7 in 2019-21. This suggests a shift in preferences towards smaller families over time. While the mean ideal number of children decreases over time, the ideal number of children varies by survey year. Cultural norms, economic conditions, and access to family planning resources could influence this variation. A significant proportion of women surveyed prefer smaller families. For instance, in the latest survey (2019-21), a combined 44.9 per cent of women indicated that their ideal number of children was either 0, 1 or 2 children. This suggests shifts in societal norms, economic conditions, or other influencing factors.

A significant proportion of respondents provided non-numerical responses, indicating that they were unsure about several possible family sizes and could not provide a single response to the question.

Table 1: Percent Distribution of Women (15-49) by Ideal Number of Children in Meghalaya

Ideal Number of Children	1992-93	1998-99	2005-06	2015-16	2019-21
0	0.0	0.1	4.7	9.2	11.8
1	1.1	0.3	1.4	1.5	3.0
2	11.2	10.8	23.1	18.8	16.9
3	15.0	13.3	14.6	18.6	15.2
4	27.7	27.3	25.3	25.3	20.4
5+	36.1	39.1	15.5	20.3	16.8
Non-Numeric Response	8.9	9.0	15.4	6.3	15.8
Mean Ideal Number of Children	4.5	4.6	3.9	3.5	3.7
Number of women	192	159	320	1591	1810

Source: National Family Health Survey, 1992-93 to 2019-21 Meghalaya

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Ideal Number of Children in Districts of Meghalaya

Table 2 shows the ideal number of children reported by women in districts of Meghalaya.

The ideal number of children varies by district, reflecting the diverse preferences of women living in different areas. In South Garo Hills, for example, most women (26.4%) said their ideal family size is two children, followed by 22.2 per cent who want three children. In contrast, in West Khasi Hills and West Jaintia Hills, most women preferred larger families, with 35.8 per cent and 33.3 per cent desiring five or more children, respectively. Ribhoi district stands out with a significant proportion (28%) of women preferring four children, while in East Jaintia Hills, a considerable percentage (32.1%) of women indicated a preference for five or more children.

Table 2: Percent Distribution of Women (15-49) by Ideal Number of Children in Districts of Meghalaya

Districts	Ideal Number of Children						
	0	1	2	3	4	5+	NR
South Garo Hills	16.7	4.2	26.4	22.2	18.1	9.7	2.8
Ribhoi	11.6	0.6	9.8	12.8	28.0	22.0	15.2
East Khasi Hills	13.2	4.2	17.2	12.2	17.2	15.8	20.2
East Garo Hills	19.8	4.5	27.9	23.4	17.1	5.4	1.8
East Jaintia Hills	4.9	1.2	6.2	11.1	27.2	32.1	17.3
North Garo Hills	28.4	4.9	22.5	22.5	14.7	3.9	2.9
Southwest Garo Hills	20.4	5.1	24.5	23.5	16.3	7.1	3.1
Southwest Khasi Hills	1.9	0.0	9.3	5.6	22.2	29.6	31.5
West Garo Hills	11.0	4.1	25.8	24.4	22.3	9.6	2.7
West Jaintia Hills	2.0	0.7	8.5	8.5	24.2	22.9	33.3
West Khasi Hills	1.9	0.0	3.7	3.7	21.0	35.8	34.0
Meghalaya	11.8	3.0	16.9	15.2	20.4	16.9	15.8

Source: National Family Health Survey, 2019-21 Meghalaya

NR: Non-Numeric Response

Gender Preference for Children

Table 3 presents data on the ideal number of children based on respondents' gender preferences.

Respondents who do not prefer a specific gender have a higher ideal number of children than those who do. For instance, 69.9 per cent of respondents who have no specific gender preference indicate that having no child is ideal, compared to much lower percentages for those who prefer boys or girls. Respondents who prefer to have boys or girls have a lower ideal number of children than those who do not have a gender preference. Respondents who prefer a specific gender report that the ideal number of children decreases as the number of children grows. For instance, the percentage decreases among those who prefer boys as one moves from 1 child to 5+ children. Similar trends are observed for respondents who prefer girls. This suggests that gender preference influences the ideal number of children, with women who prefer a specific gender typically wanting smaller families.

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Table 3: Percent Distribution of Women (15-49) by Ideal Number of Children and by Gender Preference

Ideal Number of Children	Gender Preference		
	Boys	Girls	Either
0	15.1	15.0	69.9
1	52.9	46.1	0.9
2	47.8	51.1	1.1
3	45.0	52.7	2.3
4	42.0	43.8	14.2
5+	35.3	33.8	30.9

Source: National Family Health Survey, 2019-21 Meghalaya

Ideal Number of Children by Background Characteristics

Table 4 shows the ideal number of children based on their background characteristics.

Urban residents generally show higher percentages for smaller ideal family sizes (0-2 children). Rural respondents, on the other hand, exhibit higher percentages for larger ideal family sizes (4 & 5 or more children). Younger age groups (15-24) generally show higher percentages for smaller ideal family sizes (0-2 children), while middle and older age groups (25+) exhibit higher percentages for larger ideal family sizes (3 or more children). Respondents with higher levels of education prefer smaller ideal family sizes, whereas those with lower levels of education prefer larger ideal family sizes. For instance, respondents with “No education” and “Primary education” levels show higher percentages for larger ideal family sizes (4 or more children). Those with "secondary" and "higher" education levels have higher percentages of smaller ideal family sizes (0-2 children). Respondents exposed to mass media tend to show higher percentages for smaller ideal family sizes (0-2 children). Conversely, respondents without mass media tend to show higher percentages of larger ideal family sizes (5 or more children).

Respondents who are “not working” tend to show slightly higher percentages for larger ideal family sizes (3 or more children). Conversely, " working " respondents tend to show slightly higher percentages for smaller ideal family sizes (0-2 children). Respondents classified as “Poor” and “middle” tend to show higher percentages for larger ideal family sizes (3 or more children). Conversely, respondents classified as “Rich” tend to show higher percentages for smaller ideal family sizes (0-2 children).

Respondents affiliated with the Hindu and Muslim religions tend to show higher percentages for smaller ideal family sizes (0-2 children). Conversely, respondents affiliated with the Christian and Other religions tend to show higher percentages for larger ideal family sizes (3 or more children). Respondents from the Scheduled Tribe and Other Backward Classes categories have a higher percentage of larger ideal family sizes (3 or more children). Conversely, respondents of the Scheduled caste and General category tend to show higher percentages for smaller ideal family sizes (0-2 children).

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Table 4: Percent Distribution of Women (15-49) by Ideal Number of Children and Background Characteristics

Background Characteristics	Ideal Number of Children						
	0	1	2	3	4	5+	NR
Place of Residence							
Rural	11.2	2.2	14.5	15.3	21.3	19.1	16.5
Urban	14.0	5.8	25.1	15.2	17.4	9.2	13.3
Age							
15-24	13.3	2.7	19.3	14.7	21.8	10.3	17.9
25-34	10.7	3.6	16.3	17.1	21.6	17.1	13.6
35+	11.5	2.9	15.1	13.7	17.8	23.5	15.6
Education							
No education	11.2	2.2	9.9	11.2	15.2	27.4	22.9
Primary	9.3	1.5	9.3	11.6	20.0	27.5	20.9
Secondary	12.2	3.3	19.7	17.3	21.6	12.8	13.2
Higher	14.9	5.3	23.1	14.9	20.2	9.1	12.5
Mass Media Exposure							
Yes	11.7	3.4	19.1	16.8	21.1	14.8	13.0
No	12.3	1.6	8.6	9.1	17.6	24.6	26.2
Work Status							
Working	10.3	2.6	11.2	16.4	20.7	20.7	18.1
Not Working	12.4	4.3	16.8	14.3	20.5	13.0	18.6
Wealth Index							
Poor	11.6	2.2	12.8	13.6	20.3	21.1	18.5
Middle	12.5	3.0	20.0	18.7	22.2	12.5	11.2
Rich	11.9	6.5	28.2	17.0	18.0	6.5	11.9
Religion							
Hindu	17.1	9.1	40.6	20.0	7.4	2.3	3.4
Muslim	20.0	7.3	25.5	21.8	18.2	3.6	3.6
Christian	11.4	2.3	14.2	14.7	21.4	18.9	17.1
Others	4.8	1.0	10.6	11.5	28.8	19.2	24.0
Caste							
Scheduled Tribe	11.3	2.4	15.2	15.1	21.5	17.7	16.9
Scheduled Caste	15.4	12.8	35.9	15.4	7.7	5.1	7.7
Other Backward Classes	20.0	0.0	40.0	20.0	10.0	0.0	10.0
General (Unreserved)	15.6	6.7	42.2	11.1	4.4	8.9	11.1

Source: National Family Health Survey, 2019-21 Meghalaya

NR: Non-Numeric Response

The desire for additional children

In the National Family Health Survey, women were asked, “Would you like to have (a/another) child, or would you prefer not to have any (more) children?” For pregnant women, the question started with, “After the child you are expecting now, would you like to have (another) child, or would you prefer not to have any (more) children?” Respondents who said that they wanted to have (another) child were then asked, “How long they would like to wait before the birth of the next child”(NSO & ORC, 2005).

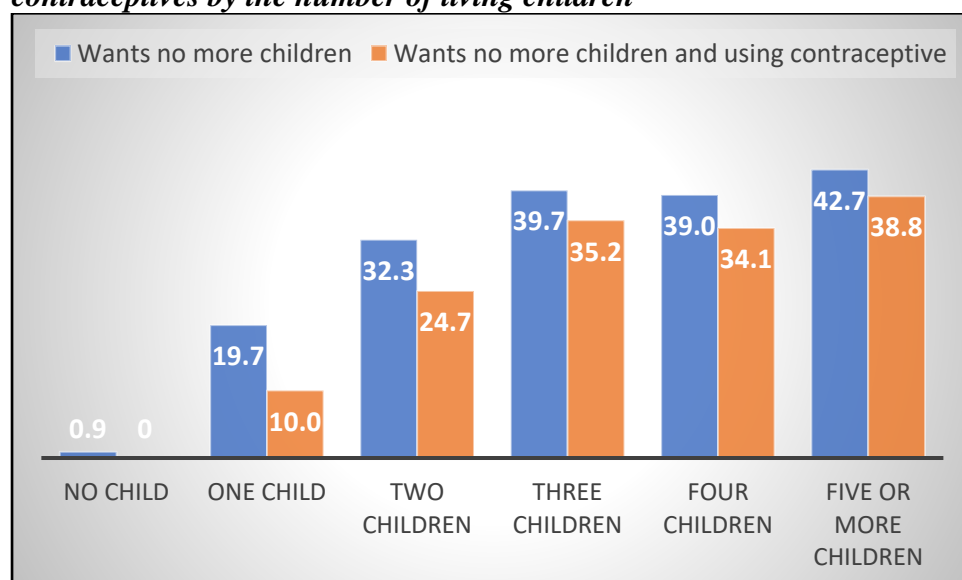
Figure 1 depicts the increasing desire to stop further childbearing as the number of living children increases.

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Only 0.9 per cent of women with no children expressed a desire to stop further childbearing. However, none of them take active steps to stop childbearing, indicating that this group is not currently using contraception to prevent pregnancies. Among women with one child, a significant proportion (19.7%) wanted to stop further childbearing. Of these, 10 per cent take active steps by using contraceptives to achieve this goal. Women with two children are more likely to want to stop having children, with 32.3 per cent expressing such a desire. A higher percentage (24.7%) of these women reported using contraceptives to prevent additional pregnancies. Women with three children are even more likely to want to stop having more children, with 39.7 per cent expressing this preference. The majority (35.2 %) of these women reported using contraceptives for family planning purposes.

Similarly, among women with four children, a substantial proportion (39%) expressed a desire to stop further childbearing, and a significant percentage (34.1%) reported using contraceptives to achieve this goal. Women with five or more children were the most likely to express a desire to stop having children (42.7%). A large majority (38.8%) of these women reported using contraceptives, indicating a strong reliance on contraception to prevent additional pregnancies within this group.

Figure 1: Percentage of women (15-49) who want no more children and use contraceptives by the number of living children



Source: National Family Health Survey, 2019-21 Meghalaya

Women who want no more children by background characteristics

Table 5 shows the percentage of women who want no more (additional) children, categorised by the number of living children and their background characteristics.

There is a significant difference in the percentage of women who do not want any more children between rural and urban areas, regardless of the number of living children. For example, in rural areas, 1.7 per cent of women with no children do not want any more children, while 25.8 per cent of those with five or more children feel the same way. In urban areas, the percentage of women who do not want more children is higher than in rural areas, particularly those with fewer children.

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The desire to stop having children grows with age and is influenced by the number of children already born. For example, 18.2 per cent of women aged 15-24 with no children do not want to have any more children. In contrast, among women in the same age group with one child, 36.4 per cent do not want any more children. Similarly, among women aged 25-34 with no children, only 2.0 per cent do not want any more children, whereas this percentage increases to 25.7 per cent among those with three children.

As one's level of education rises, so does the desire to stop having children. For example, only 1.2 per cent of women with no education and no children say they do not want any more children. However, among women with no education and five or more children, this figure rises significantly to 36.0 per cent. Similarly, among women with a higher level of education, none of those without children expressed a desire for more children. Still, 21.7 per cent of those with one child and 39.1 per cent of those with two children said they did not want any more children.

There is a trend of higher percentages of women not wanting any more children among those exposed to mass media compared to those who are not exposed across most categories of living children. For example, among women who have been exposed to mass media but do not have children, 1.3 per cent do not want any more children. Among the same group with five or more children, this percentage increases to 19.1 per cent. Similarly, among women with no exposure to mass media and no children, 2.1 per cent do not want any more children. Among the same group with five or more children, this percentage increases to 31.3 per cent.

Among working women with five or more children, 30.3 per cent expressed that they do not want any more children. Similarly, among non-working women with no children, 3.8 per cent do not want any more children. Among non-working women with five or more children, 23.1 per cent expressed that they do not want any more children. There is a trend of higher percentages of women not wanting any more children among rich categories compared to poorer categories, especially among women with fewer children. For example, among women categorised as "poor" with no children, 2 per cent do not want any more children. Among the same group with five or more children, this percentage increases to 27.5 per cent. Similarly, among women categorised as "rich" with no children, 1.5 per cent do not want any more children. Among the same group with five or more children, this percentage decreases to 7.6 per cent.

Differences in fertility preferences exist among different religious groups and across different family compositions. For example, among women of the Hindu faith with no children, 1.9 per cent do not want any more children. Among the same group with two children, this percentage increases to 47.2 per cent. There are notable differences in fertility preference among different caste groups and across different family compositions. For example, among women belonging to Scheduled Tribes with no children, 1.5 per cent do not want any more children. Among the same group with three children, this percentage increases to 24.7 per cent. Similarly, among women classified as Scheduled Caste with one child, 16.7 per cent do not want any more children. Among the same group with three children, this percentage decreases to 25 per cent.

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Table 5: Percent of women (15-49) who want no more children by Number of Living Children and Background Characteristics

	Number of Living Children					
	0	1	2	3	4	5+
Place of Residence						
Rural	1.7	10.7	23.4	23.7	14.7	25.8
Urban	1.0	18.2	37.4	23.2	9.1	11.1
Age						
15-24	18.2	36.4	36.4	9.1	0.0	0.0
25-34	2.0	17.8	30.7	25.7	11.9	11.9
35+	1.0	9.8	25.2	23.4	14.0	26.6
Education						
No education	1.2	10.5	17.4	20.9	14.0	36.0
Primary	2.0	8.1	22.2	21.2	17.2	29.3
Secondary	1.6	14.2	31.6	26.8	12.1	13.7
Higher	0.0	21.7	39.1	21.7	8.7	8.7
Mass Media Exposure						
Yes	1.3	13.2	28.4	25.1	12.9	19.1
No	2.1	10.4	21.9	19.8	14.6	31.3
Work Status						
Working	0.0	9.1	24.2	24.2	12.1	30.3
Not Working	3.8	11.5	26.9	26.9	7.7	23.1
Wealth Index						
Poor	2.0	9.7	23.5	22.7	14.6	27.5
Middle	1.2	15.3	28.2	24.7	12.9	17.6
Rich	1.5	18.2	37.9	25.8	9.1	7.6
Religion						
Hindu	1.9	28.3	47.2	18.9	1.9	1.9
Muslim	0.0	29.4	41.2	29.4	0.0	0.0
Christian	1.3	9.4	23.4	24.4	15.9	25.6
Others	5.0	10.0	15.0	20.0	15.0	35.0
Caste						
Scheduled Tribe	1.5	10.0	23.8	24.7	15.0	25.0
Scheduled Caste	0.0	16.7	50.0	25.0	8.3	0.0
Other Backward Classes	0.0	40.0	40.0	20.0	0.0	0.0
General (Unreserved)	0.0	35.7	42.9	14.3	0.0	7.1

Source: National Family Health Survey, 2019-21 Meghalaya

Determinants of Desire for no More/Additional Children

Table 6 displays the Binary Logistic Regression results for the effect of background variables on women (15-49) with two or fewer living children who do not want any more children and use contraception to prevent further childbearing.

The OR of 6.542 indicates that, after controlling other variables constant, women in urban areas are 6.542 times more likely to want to stop having more children after having two or fewer children compared to those in rural areas. Higher levels of education are associated with a stronger desire to stop childbearing after having two or fewer children. Exposure to mass media significantly impacts the desire to stop having more children after having two or fewer children, compared to no exposure. After controlling other variables, women exposed to mass media are 6.542 times more likely to want to stop having children after having two

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or fewer than those who are not exposed to mass media. The coefficient for “working” is statistically significant at the 0.05 level ($p=0.083$). However, its significance is marginal, suggesting a trend but not definitive evidence of a significant association. The odds ratio of 0.542 indicates that, holding other variables constant, being employed is associated with a lower likelihood of wanting to stop having more children after having two or fewer. However, given the marginally significant p -value, further investigation or a larger sample size is needed to confirm this association.

The wealth index significantly influences the desire to stop additional childbearing after having two or fewer children. After controlling for other variables, women in the middle and rich wealth categories are 2.578 and 3.608 times more likely to want to stop having children after having two or fewer children, respectively, than those in the poor category. Being Christian ($OR=0.241$) or being the other category ($OR=0.151$) significantly influences the desire to stop additional childbearing after having two or fewer children, compared to being a Hindu, while being Muslim does not show a significant association with this desire. None of the caste categories show a statistically significant association with the desire to stop additional childbearing after having two or fewer children compared to the scheduled caste.

Table 6: Binary Logistic Regression of desire for no more additional children and the selected variables

Variables	B	Sig.	Exp(B)	95% C.I. for EXP(B)	
				Lower	Upper
Place of Residence					
Rural ®					
Urban	1.878	0.000	6.542	0.516	7.577
Age					
15-24 ®		0.015			
25-34	-2.107	0.006	0.122	0.027	0.542
35+	-2.214	0.005	0.109	0.023	0.510
Education					
No Education ®		0.000			
Primary	0.206	0.308	1.229	0.827	1.826
Secondary	1.195	0.000	3.305	2.294	4.762
Higher	1.886	0.000	6.593	3.301	13.168
Mass Media Exposure					
No ®					
Yes	1.878	0.000	6.542	0.610	3.617
Work Status					
Not Working ®					
Working	1.846	0.000	6.332	0.514	2.527
Wealth Index					
Poor ®		0.000			
Middle	0.947	0.000	2.578	1.725	3.851
Rich	1.283	0.000	3.608	2.137	6.091
Religion					
Hindu ®		0.000			
Muslim	-0.236	0.750	0.790	0.185	3.372
Christian	-1.422	0.000	0.241	0.110	0.528
Others	-1.889	0.000	0.151	0.061	0.373

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Variables	B	Sig.	Exp(B)	95% C.I. for EXP(B)	
				Lower	Upper
Caste					
Scheduled Caste ®		0.435			
Scheduled Tribe	-1.363	0.098	0.256	0.051	1.287
Other Backward Classes	0.716	0.768	2.047	0.017	2.726
General (Unreserved)	-1.117	0.238	0.327	0.051	2.092

Source: National Family Health Survey, 2019-21 Meghalaya

®: Reference Category

DISCUSSION AND CONCLUSION

There has been a steady increase in women preferring smaller families over time. The mean ideal number of children has decreased over time. This suggests a shift towards smaller family sizes or a general trend of having fewer children. There is considerable variation in the ideal number of children across different districts. For example, districts like North Garo Hills and South Garo Hills show higher percentages of women preferring larger families (5 or more children). In comparison, districts like East Jaintia Hills and Southwest Khasi Hills exhibit lower percentages of women with such preferences.

The findings suggest that respondents' ideal family size is influenced by gender preference, with those who do not express a specific gender preference preferring larger families. Those who express a preference for a specific gender, on the other hand, prefer smaller families, which influences their ideal family size as the number of children grows.

Women with higher levels of education (secondary & higher) were more likely to have the desire to stop having children than those with no education. This highlights the importance of education in influencing reproductive decisions. Mass media exposure significantly impacted the desire to stop having more children, while work status was only marginally significant. Wealth index and religion were significant determinants, with women from middle and rich wealth quintiles and those belonging to the Hindu religion showing higher odds of desiring to stop childbearing compared to their respective reference categories. In conclusion, the results underscore a gradual trend towards smaller families over time, influenced by various factors.

REFERENCES

- Agrawal, & Singh. (1975). Opinion on ideal family size. *Pragna*, 20(2), 211.
- Ali, S. M. (1989). Determinants of Family Size Preferences in Pakistan. *The Pakistan Development Review*, 28(3), 207-231. JSTOR.
- Bairagi, R., & Langsten, R. L. (1986). Sex preference for children and its implications for fertility in rural Bangladesh. *Studies in Family Planning*, 17(6 Pt 1), 302-307.
- Basavarajappa, K. G., & Halli, S. S. (1984). Ethnic fertility differences in Canada, 1926-71: An examination of assimilation hypothesis. *Journal of Biosocial Science*, 16(1), 45-54. <https://doi.org/10.1017/S0021932000014784>
- Basten, S., & Baochang, G. (n.d.). *National and regional trends in ideal family size in China / International Union for the Scientific Study of Population*. IUSSP. Retrieved March 7, 2024, from <https://iussp.org/en/event/paper/national-and-regional-trends-ideal-family-size-china>
- Callan, V. J., & Wilks, J. (1984). Perceptions about the value and cost of children: Australian and Papua New Guinean high school youth. *Journal of Biosocial Science*, 16(1), 35-44. <https://doi.org/10.1017/S0021932000014772>

Fertility Preferences among Women in Meghalaya, India

- Casterline, J. B., & Agyei-Mensah, S. (2017). Fertility Desires and the Course of Fertility Decline in Sub-Saharan Africa. *Population and Development Review*, 43(S1), 84-111. <https://doi.org/10.1111/padr.12030>
- Cochrane, S. H., & Khan, M. A. (1990). Education, Income, and Desired Fertility in Egypt: A Revised Perspective. *Economic Development and Cultural Change*, 38(2), 313-339. <https://doi.org/10.1086/451795>
- Dhillon, P., & Singh, L. L. (2010). *Time-Varying and Unvarying Factors Affecting Ideal and Actual Family Size in North India*. Population Association of America Annual Meeting, Dallas, Texas. <https://paa2010.populationassociation.org/abstracts/101274>
- Durr-E-Nayab. (1999). *Fertility Preferences and Behaviour: A Case Study of Two Villages in the Punjab, Pakistan* (PIDE-Working Papers 1999:173; PIDE-Working Papers, pp. 1-30). Pakistan Institute of Development Economics. <https://ideas.repec.org//p/pid/wpaper/1999173.html>
- Farooq, G. M. (1981). *Concept and measurement of human reproduction in economic models of fertility behaviour* (992106543402676; ILO Working Papers, pp. 32-34). International Labour Organization. <https://ideas.repec.org//p/ilo/ilowps/992106543402676.html>
- Forero, N., & Gamboa, L. F. (2009). *Family Size in Colombia: Guessing or Planning? Intended vs. Actual Family Size in Colombia* [CEDE]. Revista Desarrollo y Sociedad, Universidad de los Andes, Facultad de Economía. <https://ideas.repec.org//a/col/00090/010952.html>
- Hagewen, K. J., & Morgan, S. P. (2005). Intended and Ideal Family Size in the United States, 1970–2002. *Population and Development Review*, 31(3), 507-527. <https://doi.org/10.1111/j.1728-4457.2005.00081.x>
- Khongji, P. (2013). Determinants and Trends of Ideal Family Size in a Matrilineal Set-up. *The NEHU Journal*, 11(2), 37-54.
- Mi, U., Kc, B., & Ss, I. (2011). Determinants of desired family size and children ever born in Bangladesh. *The Journal of Family Welfare*. <https://www.semanticscholar.org/paper/Determinants-of-desired-family-size-and-children-in-Mi-Kc/691cb7d5838549e6385c977f49b8d15c3c85e629>
- Narzary, P. K., & Sharma, S. M. (2013). Daughter preference and contraceptive-use in matrilineal tribal societies in Meghalaya, India. *Journal of Health, Population, and Nutrition*, 31(2), 278-289. <https://doi.org/10.3329/jhpn.v31i2.16393>
- NSO, M., & ORC, M. (2005). *Malawi Demographic and Health Survey 2004* (pp.482). National Statistical Office, Malawi and ORC Macro. https://docshare.tips/malawi-dhs-2004_58b6df7db6d87f01698b504a.html
- Rana, U. B. (2014). Effect of Caste on Ideal Number of Children. / *International Journal for Research in Management and Pharmacy (IJRMP)*, 3(5), 8-9.
- Sahoo, H. (2014). Family Size Preferences and Decision-Making Process in Odisha, India. *Journal of Comparative Family Studies*, 45(3), 331-350. <https://doi.org/10.3138/jcfs.45.3.331>
- Saikia, U. (2013). *Paradox of High Fertility in a Matrilineal Tribe in Northeast India* (1st ed.). Scholars' Press. <https://www.perlego.com/book/3214478/paradox-of-high-fertility-in-a-matrilineal-tribe-in-northeast-india-pdf>
- Saksena, D. N., & Srivastava, J. N. (1984). Impact of child mortality and sociodemographic attributes on family size desires: Some data from urban India. *Journal of Biosocial Science*, 16(1), 119-126. <https://doi.org/10.1017/s0021932000014851>
- Stash, S. (1996). Ideal-family-size and sex-composition preferences among wives and husbands in Nepal. *Studies in Family Planning*, 27(2), 107-118.

Fertility Preferences among Women in Meghalaya, India

Thomson, E. (2001). Family Size Preferences. In N. J. Smelser & B. Baltes (Eds.), *International Encyclopedia of the Social and Behavioral Sciences* (pp. 2004-5347).

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Conflict of Interest

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