CHILDBEARING INTENTION TRANSFORMING INTO FERTILITY BEHAVIOR: A PANEL STUDY IN RURAL NORTH INDIA

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Abstract: *The Indian reproductive and child health programme is to support couples to avoid unwanted pregnancies and to have the number of children they want, when they want them. In this paper an attempt is made to investigate the concordance between childbearing intention and fertility behavior and to explore the factors affecting childbearing intention by comparing the data from National Family Health Survey-2 (1998-1999) with the John Hopkins University follow-up survey (2002-2003) in two states of rural north India. From the prospective assessment during the inter-survey period it is found that 44.3 percent pregnancies were unintended, comprising of 32.2 percent unwanted and 12.1 percent mistimed. Life course experienced, such as, educational-level, exposure to mass media, working-status, healthcare utilization are found to negate the desired to have additional child. During the inter-survey period, younger women had face higher risk of incidence of mistimed pregnancy, while older women had more unwanted pregnancy.*

Keywords: Panel analysis, unintended pregnancy, unwanted fertility, mistimed fertility, multinomial logistic regression.

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INTRODUCTION

From cross sectional studies, we are not in a position to know what happens to women who at the time of survey do not want any more children. Do they become pregnant or not? Whether intentions not to have further children got translated into reality over time? If not, the discrepancy between intention and subsequent fertility behavior can be attributed in part to the failure to anticipate the extent to which circumstances affecting childbearing over time. Ideally the aforesaid queries can only be attempted to answer meaningfully from longitudinal surveys by comparing childbearing intention at the time of the base line survey and the subsequent fertility behavior at the time of follow-up survey, as the conventional retrospective approach leads to over estimation of unwanted and mistimed pregnancies (Koening et al., 2006).

Births or pregnancies may be unwanted because (1) they pose a serious threat to health of mothers or children, (2) they do not conform to social norms (e.g., illegitimate births, pregnancies after a women becomes a mother in law), or (3) they occur after achievement of desired family size. Unwanted births falling in last category are often of substantial magnitude and is a cause of serious concerned in developing countries where fertility and population growth are still high(Blanc, 1982; Bongaarts, 1990; United nations, 1987; Westoff, 1981). A pregnancy is unwanted when the women had not ever wanted to have any further child. A pregnancy is classified as mistimed if the women did not want it at the time it happened. Intended pregnancies are those that were wanted at the time they occurred and those that were wanted earlier (Pulley et al., 2002).

There is an urgent need for strong effort to avert unwanted childbearing and unwanted abortion to enhance direct health and socioeconomic benefits to women, children and their families, and to curtail rapid population growth (Bongaarts, 1997). The fact of the matter is, if all unwanted fertility is averted in northern India, sex ratio at birth is expected to increase by

25 percent (Bhat, 2001). Women's intention to have additional child and desired total number of children are important aspects of fertility. Childbearing intention revolves around several cost and benefits of childbearing and rearing which also depends on several observed and unobserved societal factors. As childbearing intention is a dynamic concept, it varies from couple to couple and also with time. Such dynamic socio-cultural and biological phenomena can best be capture through panel analysis.

Bongaarts (1990) examined the levels of unwanted fertility using data from 48 countries using data from World Fertility Survey (WFS) and Demographic Health Survey (DHS). He found that the proportion of unwanted births was low in countries with very low or very high levels of fertility and highest in countries with intermediate levels of fertility. Dwivedi et al. (2005) from the analysis of National Family Health Survey-2 of Uttar Pradesh found that intra-spousal communication and availability of health facility in the locality lower the risk of having unwanted births. Socio-economic maternal, cultural and behavioral correlates of unintended pregnancies were studied by Henshaw (1998) and Gram (1996).

Unwanted fertility levels tend to be particularly high in the mid-stages of the transition to lower fertility as the desired family size falls faster than the contraceptive acceptance rates in this stage of transition.

The erstwhile state Bihar which has been bifurcated to formed the present Bihar and Jharkhand, then was the second most populous state in India and according to NFHS-2 (1998-99), 89 percent is rural areas. Though, from the NFHS-1(1992-93) to NFHS-2 (1998-99) surveys knowledge of contraception had increased from 95 to 99 percent and contraceptive prevalence rate from and 23 percent to 25 percent, the incidence of unwanted pregnancies is still significantly high. If all unwanted births could be eliminated, the TFR in Bihar would drop by about one child per women (NFHS-2).

The two north Indian states of Bihar and Jharkhand (which makes up the erstwhile state of Bihar) are currently experiencing fertility transition and unmet need for contraception are respectively 22.8 and 23.1 percents. Strengthening RCH care services is vital for reducing unmet need for contraception in these states which in turn would avert unintended pregnancy and childbearing. The analysis of the gap between childbearing intention and subsequent fertility behavior can provide ideal basis for identifying factors responsible for unintended childbearing.

In view of the importance of precise assessment of concordance between childbearing intention and fertility behavior in this paper an attempt is to analyze the correlates of childbearing intention and its discrepancy with actual subsequent fertility behavior. The specific objectives of the present study are:

1) To examine the factors associated with the intention to have additional childbearing.
2) To assess the levels of unwanted, mistimed and wanted pregnancies during the inter-survey period and its determinants.

DATA AND METHODS

The data sources for the present study are the National Family Health Survey-2 (NFHS-2, 1998-99) and the Follow-up survey conducted in 2002-2003 in the states of Bihar and Jharkhand jointly by the International Institute for Population Sciences, Mumbai and Johns Hopkins Bloomberg School of Public Health, Baltimore, USA. By linking the data from NFHS-2 with responses with the follow-up survey, it would be possible to investigate more logically discrepancy between childbearing intention and fertility behavior. The sample for the follow-up study was drawn from the NFHS-2. The baseline study population for the follow-up survey was limited to the aforesaid four states and has included all currently married, usual resident, rural women aged 15-39 years interviewed at the time of NFHS-2

survey. There were 3756 currently married women at the time of NFHS-2 among them 3666 women who remained currently married were re-interviewed at the time of follow-up survey.

The present study uses bi-variates and multivariate analysis including multinomial logistic regression, multiple classification analysis and panel regression analysis. Panel data analysis is an increasingly popular form of longitudinal data analysis among social and behavioral researchers. It provides regression analysis with both a spatial and temporal dimensions. The spatial dimension pertains to a set of cross-sectional units of observation and the temporal dimension pertains to periodic observations of a set of variables characterizing these cross-sectional units over a particular time span.

The following definitions and measurement are employed in the present analysis.

Childbearing Intention: Childbearing intention is a broad notion of family building process of couples which includes desire for additional child, unintended fertility, and desired family size. Further unintended fertility includes both mistimed and unwanted.

Desire for additional child: In order to get information on fertility preferences, both in NFHS-2 and follow-up non sterilized, currently married, non pregnant women were asked, "Would you like to have (a/another) child or would you prefer not to have any (more) children?" Pregnant women were also asked, "After the child you are expecting would you like to have another child or would you prefer not to have any more children?" Women who expressed a desire for additional child were asked "How long they would like to wait before the birth of their next child?" While original responses were obtained simply as month/year, the existing NFHS-2 data had response grouped into years (less than 1 year, 1-2 years, 2-3 years, 3-4 years and more than 4 years).

Measurement of unwanted, mistimed, and wanted pregnancies/births by prospective assessment: The total number of currently married women in Bihar and Jharkhand combined were 3756 among them 3666 who remained in currently married status and were re-

interviewed at the time of follow-up survey. Among the 3666 currently married women, 382 of them were currently pregnant at the time of NFHS-2, while, 1489 women who neither have given birth nor have terminated first pregnancy during the survey are excluded. We have also excluded 122 pregnant women who had only one pregnancy outcome either one live birth or one termination because the question of desire for additional child refers to only second pregnancy outcome. In this study we tried to focus on unwanted, mistimed and wanted pregnancy therefore finally we have excluded 141 women who were undecided about fertility preference at the time of NFHS-2. Hence, for the analysis of pregnancy intention the final sample size is 1913 currently women.

Unwanted Fertility: First birth or first pregnancy termination which pertains to first during the inter-survey period to women who were not pregnant and who also stated that they wanted no more children at the time of NFHS-2 are classified as unwanted pregnancy during the inter-survey period. Unwanted fertility also includes first birth/pregnancy termination after the current pregnancy outcome among women who were pregnant and who also stated that they wanted no more children at the time of NFHS-2.

Mistimed Fertility: First birth or termination occurring one year or before the preferred time stated by the mother are classified as mistimed for the non pregnant women at NFHS-2 whereas for the pregnant women at the time of NFHS-2, first birth/termination after the current pregnancy outcome which occurs one year or before the preferred time stated by the mother are classified as mistimed fertility during the inter-survey period.

Wanted Fertility: First Birth/ termination occurring less than one year, around the same time or later than the women's stated preference time are all classified as wanted for non pregnant/unsure about pregnancy status. For the pregnant women at the time of NFHS-2 wanted fertility is classified as the first birth/termination after the current pregnancy outcome

occurring less than one year, around the same time or later than the women's stated preferred time.

Figure 1 shows the classification of pregnancy outcomes comparing childbearing intention and fertility behavior of women from prospective assessment.

[Insert Figure 1 about here]

RESULTS

Concordance between childbearing intention and fertility behavior derived by comparing the childbearing intention at the time of baseline NFHS-2 and fertility behavior during the the inter-survey period is shown in table 1. It is found that among currently married women who have been re-interviewed in the follow-up survey 60.4 percent have fulfilled their childbearing intention during the inter-survey. This consists of 29.1 percent women those who had desired to have additional child and became pregnant and 31.2 percent are who had not desired to have another child and remains status quo during the inter-survey period. It may also be noted 33.3 percent of women failed to achieved their reproductive goals, which consists of 16.8 percent who did not want another child at the time of NFHS-2 and became pregnant during the inter-survey, 10.3 percent are those who had desired to have another child but did not become pregnant during the inter-survey period and also includes 6.3 percent who became pregnant before one year or more than preferred time.

Therefore, from the prospective assessment it is found that 23.1 percent women had unintended pregnancies which include 16.8 percent unwanted and 6.3 percent mistimed pregnancies. In all 6.3 percent of women were undecided about their childbearing intention at the time of base line survey. Considering only the women who became pregnant during the inter survey period and evaluate on the basis of prospective assessment indicates that 44.3 percent of women had unintended pregnancies (consisting of 32.2 percent unwanted and 12.1 percent mistimed pregnancies) during the inter-survey period.

[Insert table1 about here]

For a comprehensive understanding of the concordance between childbearing intentions in terms of desired for additional child and timing of the additional child and fertility behavior, we need to understand the socio-economic, demographic, contraceptive behavior and healthcare correlates of desired for additional child. To accomplice this objective we have applied multivariate logistic regression to the pooled panel data of NFHS-2 and follow-up survey coding the desired for additional child as 1 and otherwise 0. The results of stepwise logistic regression are shown in table 2 and interpretations are based on the last model 6. It can be noted that the desired to have another child is loosening over time in probability sense, that is, when a women moves from baseline to follow-up surveys. The finding suggests that life course experience, such as, age, subsequent birth and child lost during the inter-survey period affects women's desired to have additional child at the time of follow-up survey. Yet another important time varying demographic factor which has significant bearing on intention to have another child is sex-composition of the living children.

[Insert table 2 about here]

Life course experienced, such as, educational attainment, exposure to mass media, engaging in economic activities are found to have negative association with the desired to have additional child. The desired for additional child for women educated up to high school and above high school are lesser by 34 and 51 percents in comparison to non-literate women. The desired for additional child among women who are in constant touch with mass media is lower by 27 percent in comparison to women who are not exposing to mass media.

Women who utilized reproductive and child healthcare (RCH) services are less likely to desire additional child in comparison to women who do not availed RCH services. In contrast to women who do not avail RCH healthcare services from any source the desired for

additional child is lower by 52 and 31 percents for women who utilized public and private health facilities while it is lower by 13 percent for women who utilized both public and private health facilities. Women living in affluent household are less likely to have desired for have additional child. Women belonging to medium and high living standard of households have 10 and 48 percents respectively less desired for additional child.

Further to understand the adjusted association between socio-demographic, healthcare utilization, family planning and childbearing intention and fertility behavior we have applied multinomial logistic regression considering pregnancies during the inter-survey period are classified into four categories, namely, unwanted, mistimed, wanted and other on the basis of comparison of childbearing intention at baseline survey NFHS-2 and fertility behavior during the inter-survey period. Results of multinomial regression analysis are shown in table 3 in terms of adjusted percentage using multiple classifications analysis.

Younger women below 25 years have higher chance to encounter unintended pregnancies, 17.4 percent unwanted and 9.7 percent mistimed in compare to older women of above 25 years with corresponding figures of 16.0 percent unwanted, and 2.1 percent mistimed. Among the literate women 13.9 percent had unwanted pregnancy, while among the non-literate it is 18.3 percent. The women having more number of surviving children (including current pregnancy at the time of baseline-survey) are more likely to have unwanted pregnancy during inter-survey period. Higher than twenty-eight percent of women with more than 4 surviving children had unwanted pregnancy and among them only 8 percent pregnancies were wanted.

[Insert table 3 about here]

One can also observed that sex-composition is playing a crucial role in predicting the childbearing intention during inter-survey as 21.3 percent of women having more sons than daughters and 24 percent of women with only sons have unwanted fertility, while 9.6 percent

of women having more daughters than sons and 7.8 percent of women with only daughters have mistimed childbearing during the inter-survey period. Around 7 percent among the contraceptive users had unwanted pregnancy, while 87 percent of them are in others (included not given birth/pregnancy) and only 1.1 percent had given mistimed birth/pregnancy. Striking finding is that intra-spousal discussion regarding family planning and RCH service utilization are positively affecting unwanted childbearing. 26.5 percent of those who have received RCH services from public sector and 20.5 percent from those who have received from private sector are unwanted.

SUMMARY AND CONCLUSION

Desire for additional child is found to have loosened during inter-survey period. Sex-composition of surviving children is significantly associated with the desire for additional child. Women having more number of daughters or only daughters, have higher intention to have additional child. Odds of desire for additional child, is 9.6 times higher for women who have only daughters, in comparison to those, who have equal number of sons and daughters. These findings suggest the prevalence of son preference in rural Bihar and Jharkhand. Education, exposure to mass media, working status, reproductive and child health services utilization, visited by family planning health worker and living in better household condition are negatively associated with additional childbearing intention.

Unintended pregnancy especially unwanted obtain from the prospective assessment is found to be higher than that from the conventional cross-sectional data based retrospective assessment. Koienig et al. (2006) explained it by the fact that a pronounced tendency for births prospectively classified as unwanted to be retrospectively described as having been wanted or mistimed. The main reason seems to be either that the mothers adapt to the reality of a new birth or are unwilling to describe an existing child as having initially been unwanted.

The findings of present study suggest that younger women have higher incidence of mistimed births. That is to say, their chance of becoming pregnant before the preferred timing is high. It might be the reflection of unmet need for spacing methods of contraception.

Another interesting finding of this analysis is the association between sex-composition of the children and childbearing intention. Women having more sons than daughters, or only sons have higher chance to have unwanted fertility, while having more daughters or only daughters have higher chance to have mistimed fertility during the inter-survey period. This finding may suggesting that women who have more sons their desire for additional childbearing is lesser than those who have equal number of sons and daughters while, women having only daughters or more number of daughters had higher desire to have additional childbearing.

Some striking findings, such as, use of contraception, intra-spousal discussion regarding family planning and RCH service utilization, visited by family planning health worker are affecting unwanted childbearing positively. Why unwanted is more among contraception users? This result is because of exclusion of women who did not become pregnant during inter-survey from the analysis. Further unwanted childbearing among contraception users is either due to contraception failure or discontinuation. Intra-spousal communication develop the mutual understanding of the childbearing intention and unwanted births but higher prevalence of unwanted pregnancies among those who had discussed family planning with their partner shows that they did not want another child but may be went for additional child/pregnancy because of their husband desire.

Previous finding suggest that utilization of RCH services and visited by family planning health worker are negatively associated with desire for additional childbearing, while unwanted childbearing is higher among those who have utilized these services, this may be the result of having less desire for additional childbearing but not practicing of

contraception. Similarly, women who had discussed family planning with their partner are more likely to desire not to have additional child and as result of this having more unwanted childbearing.

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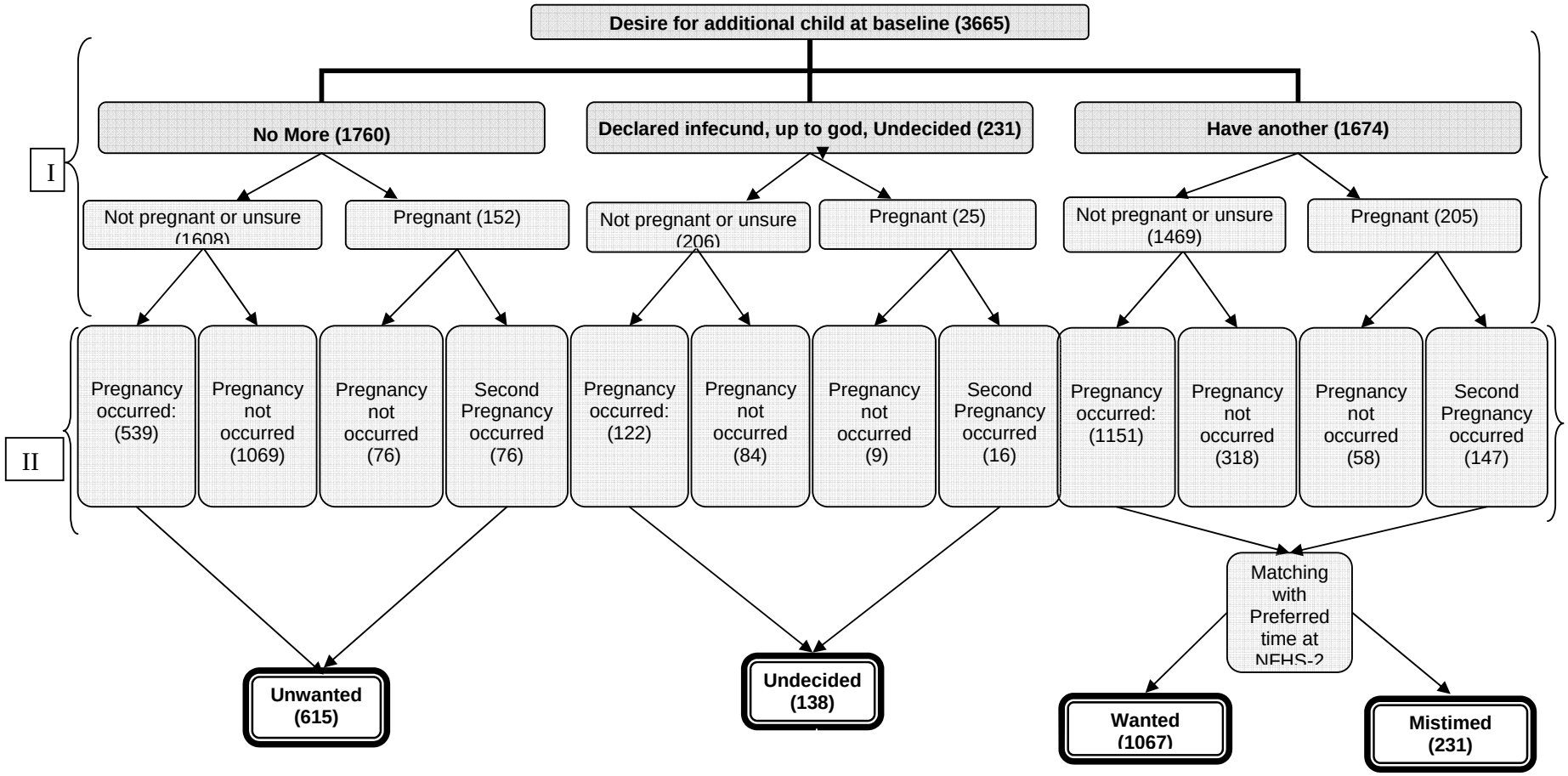
Figure1: Classification of pregnancy outcomes on the basis of prospective assessment of childbearing intention & fertility behavior



I –Childbearing intention at the time of baseline survey i.e. NFHS-2, II- Fertility behavior during inter-survey period

Table-1 Concordance between Childbearing Intention and Fertility behavior

Childbearing intention		Number of women (%)
Fulfilled	1) Desired to have additional child and became pregnant at preferred time	1067 (29.1)
	2)Not desired to have additional child and did not become pregnant	1145 (31.2)
Sub-total		2212 (60.4)
Not Fulfilled	3) No desired to have additional child and became pregnant	615 (16.8)
	4) Desired to have additional child but became pregnant before preferred time	231 (6.3)
	5) Desired to have additional child but did not become pregnant	376 (10.3)
Sub-total		1222 (33.3)
Undecided	Undecided to have additional child and became pregnant	138 (3.8)
	Undecided to have additional child and did not pregnant	93 (2.5)
Sub-total		231 (6.3)
Total		3434

Table 2: Odds Ratios of desire for additional child by currently married women

Variables	Empty	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Constant	0.386(0.030)	0.635(0.079)	6.377(0.840)	6.716 (0.850)	6.154(0.873)	6.444(0.936)	6.583(0.941)
Wave Baseline @							
Follow up		0.50(0.050)	0.80(0.071)	1.27(0.071)	1.10 (0.122)	0.98 (0.126)	0.95 (0.127)
Time varying demographic							
Age***			0.80 (0.060)	0.80 (0.060)	0.83 (0.061)	0.83 (0.062)	0.83 (0.062)
Age Square***			0.99 (0.001)	0.99(0.001)	1.00(0.001)	1.00 (0.001)	1.00 (0.001)
Child lost No @							
Yes			1.10 (0.085)	1.03 (0.086)	0.93 (0.087)	0.95 (0.087)	0.93(0.088)
Children survival 0-2 @							
3-4***			0.14 (0.109)	0.13 (0.110)	0.11(0.112)	0.11 (0.113)	0.11 (0.113)
4+***			0.78 (0.155)	0.78 (0.159)	0.05 (0.161)	0.05 (0.162)	0.05 (0.162)
Sex composition Son=daughter@							
Son>daughter***			0.45 (0.144)	0.45 (0.145)	0.46 (0.146)	0.47 (0.146)	0.47 (0.146)
Son<daughter***			2.18(0.124)	2.24 (0.125)	2.37 (0.126)	2.42 (0.127)	2.43 (0.127)
Only daughters***			8.28 (0.152)	8.71(0.154)	9.14 (0.155)	9.51 (0.156)	9.61 (0.157)
Only sons***			0.71 (0.101)	0.70 (0.102)	0.70 (0.103)	0.72 (0.104)	0.71 (0.104)
Time invariant societal factors							
Religion-caste Hindu (SC/ST) @							
Hindu (Gene, OBCs)***				0.55 (0.088)	0.66 (0.090)	0.67 (0.091)	0.69 (0.093)
Non Hindu***				1.40 (0.121)	1.46 (0.122)	1.45 (0.122)	1.49 (0.123)
Region Bihar @							
Jharkhand				0.90 (0.090)	0.90 (0.091)	0.89 (0.093)	0.86 (0.094)
Time varying societal factors							
Education Illiterate @							
Literate, less HS***					0.59 (0.118)	0.60 (0.118)	0.66 (0.122)
HS complete and above***					0.40 (0.163)	0.46 (0.163)	0.49(0.173)
Exposure to mass media No @							
Yes***					0.68 (0.091)	0.69(0.092)	0.73 (0.094)
Working status No @							
Yes***					0.86 (0.078)	0.86 (0.078)	0.86 (0.078)
Time varying service level factors							
Service Utilization No service @							
RCH from Public ***						0.47 (0.157)	0.48 (0.158)
RCH from Private***						0.68 (0.121)	0.69 (0.121)
RCH from Both						0.88 (0.384)	0.87 (0.382)
Visited by FP worker Yes@							
No						1.02 (0.137)	1.01 (0.137)
Time invariant economic factors							
SLI Low @							
Medium							0.90 (0.091)
High***							0.52 (0.190)
-2 log likelihood	**9499**	**9236.53**	**3292.59**	**3040.87**	**2786.39**	**2587.2**	**2560.49**

Table 3: Adjusted percentage of categories of pregnancy outcomes of currently married women by selected background characteristics: results from multinomial logistic regression

Background Variables at the time of Baseline	Unwanted	Mistimed	No birth/ termination	Wanted
Age				
<=25	17.38	9.66	41.40	31.56
>25	15.97***	2.05***	67.46***	14.52
Education				
Illiterate	18.25	4.08	55.95	21.72
Literate	13.85	4.25	63.43**	18.47
Working Status				
No	17.38	3.98	56.84	21.79
Yes	17.13	4.55	59.17	19.15
Religion				
Hindu (SC/ST)	19.61	4.28	53.20	22.90
Hindu(General/OBC)	14.73	4.05	61.78**	19.44
Muslim & others	24.51	3.90	48.08	23.51
Standard of living				
Low	17.86	4.26	56.36	21.52
High	16.58	3.94	59.01	20.47
Child				
0-2	08.60	6.26	52.53	32.62
3-4	28.20***	2.62	53.29***	15.90
>4	28.64***	2.47	60.51***	08.38
Child loss				
No	17.53	4.15	55.98	22.34
Yes	16.56	4.01	62.02	17.40
Sex composition of child				
sons=daughters	17.92	2.60	59.15	20.33
sons>daughters	21.29***	2.30	67.13***	09.28
sons<daughters	14.14***	9.63***	50.85	25.38
only daughters	06.84***	7.83*	42.89***	42.44
only sons	24.02	3.66	51.01	21.31
Contraception				
non users not intend to use	16.27	4.57	52.56	26.61
Users	07.33***	1.06***	87.32	04.28
non users intend to use	21.53	5.79	42.06	30.61
Exposure to family planning message				
Not exposed	17.39	3.73	58.15	20.73
Exposed	17.18	4.92	56.20***	21.69
Discussed family planning with partner				
No	15.84	4.11	56.77	23.28
Yes	27.21***	3.95	57.71	11.13
Service utilization				
No service/other	15.60	3.88	59.09	21.43
RCH from public	26.48***	3.81	52.42	17.29
RCH from private	20.50*	5.30*	52.79	21.41
Visited by Family planning Health worker				
No	17.10	4.08	57.67	21.15
Yes	26.83	5.79	49.01	18.38
Discrepancy in actual and ideal family size				
Actual<=ideal	15.83	4.96	55.62	23.60
Actual>ideal	23.68	1.81	62.87	11.65
Non numeric	13.79	5.64	47.80	32.78
Region				
Bihar	18.40	4.63	55.46	21.52
Jharkhand	14.11	2.80**	63.59***	19.50

*** p<0.001, ** p<0.05, * p<0.10