

Taking Fertility Below The Replacement Level

Concerns of the rural people in Bangladesh

Md. Morshed Alom

This research was funded by BPATC. The research proposal was accepted by the research committee for the financial year 2010-2011

The report is submitted to the Centre and is a property of it. The initial title of the research was *Attaining Replacement Level Fertility in Bangladesh: Concerns of the People*. The present title is an outcome of the faculty seminar held on this report on 14 February 2012



Bangladesh Public Administration Training Centre

Savar, Dhaka

Acknowledgement

This study is indebted to the trainee officers of the 45th Foundation Training Course of Bangladesh Public Administration Training Centre (BPATC). They took the pain of selecting the right respondents and interviewing them. The study humbly acknowledges the contribution of Mr. Khorshed Alom, Mr. Fazle Rabbi, and Mrs. Uzziman Shikha in different capacities from data collection to data processing. It thanks the research committee, and the Rector of BPATC for approving the research proposal. The study is grateful to the members of the faculty who attended the faculty seminar and put important suggestions for improvement of the research.

The Researcher

February 2012

Table of content

ACKNOWLEDGEMENT	III
TABLE OF CONTENT	V
LIST OF TABLES.....	VII
EXECUTIVE SUMMARY	IX
ABBREVIATIONS.....	XI
INTRODUCTION.....	1
1 1 BACKGROUND	1
1 2 OBJECTIVES	9
1 3 EXPECTED OUTCOME	10
1 4 RATIONALE	11
1 5 LIMITATIONS	12
1 6 ORGANIZATION OF THE REPORT	12
LITERATURE REVIEW	15
2 1 INTRODUCTION	15
2 2 DEMOGRAPHIC TRANSITION THEORY	16
2 3 CAUSES OF FERTILITY FALL	18
2 4 SEX PREFERENCE IN FERTILITY BEHAVIOUR	19
2 5 CONCLUSION	23
METHODOLOGY	25
3 1 INTRODUCTION	25
3 2 DATA COLLECTION	26
3 3 DATA PROCESSING AND PRESENTATION	28

DATA ANALYSIS	31
4 1 INTRODUCTION	31
4 2 CURRENT FERTILITY STATUS AND DESIRED FERTILITY	34
4 3 CAUSES OF DESIRING MORE THAN ONE CHILD	43
4 4 MOTIVATIONAL FACTORS	52
DISCUSSION.....	59
CONCLUSION AND RECOMMENDATIONS	65
6 1 CONCLUSION	65
6 2 RECOMMENDATIONS	68
BIBLIOGRAPHY.....	71
APPENDIX-A: QUESTIONNAIRE	75

List of Tables

Table 1: Socio-economic background of respondents	32
Table 2. Current fertility status and desired fertility of respondents	36
Table 3. Cross-tabulation of 'age group', 'sex', and 'current fertility' of the respondents	38
Table 4. Cross-tabulation of 'number of desired son and number of desired daughter'	41
Table 5: Cross-tabulation of 'over population is harmful to the country' and 'the number of expected children'	43
Table 6: Causes of having more than one child	47
Table 7: Number of current children of the respondents who identify 'hope for a son to continue family name' as a cause for having more than one child	48
Table 8: Motivational factors that can influence couples to be satisfied with one child	55

Executive Summary

The population growth rate of Bangladesh is above the replacement level. The country has already reached a base population which is unmanageable and can be argued as a security problem of the country from within. The present draft population policy targets to achieve replacement level fertility by 2015 and reduce the TFR further. Mere attaining the replacement level fertility will not suffice for averting the looming danger of population momentum. For that reason, population growth rate should be taken to below the replacement level fertility. In other words, people should be satisfied with one child only. A democratic society like Bangladesh can not force people to confine fertility to one child. Only persuasive and motivational measures can be undertaken to make people satisfy with one child. It is in this backdrop that this study was aimed to find out the concerns that induce people to have more than one child and the ways to address those concerns so that people feel encouraged and become satisfied with one child only.

The research approach was inductive and grounded methods have been used for data collection and analyses. A survey has interplayed with qualitative interviews to generate findings of the study. The main findings include concerns for having more than one child and motivational factors that can satisfy parents with one child only. The chief concern of the people for having more than one child is their old age security problem. They think a son can ensure their old age security rather than a daughter. Besides mitigating old age security concern, the son is perceived as a vehicle to carry on family name, as means to increase family income and enhance family strength among other things. The other major concern is accidental death of children which adds momentum in having more children. More children are perceived as insurance against accidental death of a child. Although a son is the most preferred child and a daughter is perceived as a burden, alongside a son, a daughter is also needed. The father needs the daughter because he thinks a daughter can nurse a father in the old age better than a son. On the other hand, the mother needs a daughter to fulfil her wish of visiting the son-in-law's house after marriage of the daughter. Other concerns include companion of a lonely child, influence from relatives and religion, and unwillingness of the spouse to use contraceptive measures.

The respondents have identified some factors that can motivate some of them to confine fertility to one child. The main motivational factor can be providing support to the child in terms of giving it education and finding a suitable job for him/her. In case of helplessness of the parents of a single-child family, there should be alternative mechanism in the society for taking care of such parents in their old age. If the only child is a girl, then arrangement of marriage for her should be done by the state. Home delivery of desired contraceptive tools will motivate many couples to avoid unexpected fertility. Some sort of facilities for the single-child families in healthcare system and in other services provided by the state agencies or the private sector will motivate many couples to confine fertility to one child.

To avoid the looming danger of population momentum the population policy should target reduction of fertility rate close to 1 by a targeted portion of the population by a specified timeframe and which may continue for a specified period. To motivate these people for confining fertility to one child, some preferences should be given to the single-child families by all the departments and agencies of the government be it scholarship for education of the children, jobs in the public sector, healthcare facilities, arrangement of marriage of girls, free distribution of desired contraceptive tools at door steps of the users, and any other services. The state should motivate the private sector to provide the same services on concessional basis to the single-child families. The unwilling couples who believe children are the wish of God must be aware and educated by the religious and social leaders to control fertility. Moreover, to mitigate the old age security concern of the single-child family a mechanism should be developed in the society that will take care of the parents of a single-child family in case of unavailability of anybody to look after them in their old age. Further researches should be done on developing such a mechanism.

Abbreviations

ASFR	Age Specific Fertility Ratio
BBS	Bangladesh Bureau of Statistics
BCPS	Bangladesh Contraceptive Prevalence Survey
BDHS	Bangladesh Demographic and Health Survey
BPATC	Bangladesh Public Administration Training Centre
BIDS	Bangladesh Institute of Development Studies
CPR	Contraceptive Prevalence Ratio
FGD	Focus Group Discussion
FTC	Foundation Training Course
IUD	Intra-Uterine Device
NRR	Net Reproduction Rate
PEC	Post-Enumeration Check
TFR	Total Fertility Rate
SPSS	Statistical Package for Social the Sciences
UNFPA	United Nations Population Fund

INTRODUCTION

1.1 BACKGROUND

1 1 1 Bangladesh's population has grown alarmingly in the past decades. Estimated population of the country has stood at 150 million¹ in 2011 in a land area of 147,570 square kilometres. Every year 18-20 lacs people are being added to the total population of the country². At present the population density in the country is more than 1000 people per square kilometre which is only 140 for the most populous country China, 362 in India, 32 in the USA, 124 in Indonesia, 23 in Brazil and 232 in Pakistan. An unplanned and unmanaged population of this size in just one

¹ This estimation is made by the United Nations Population Fund (UNFPA) in October 2011. This is the modified estimation of the agency. Earlier in October 2010 the UNFPA estimated the country's population to be 164 million. In July 2011 the Bangladesh Bureau of Statistics (BBS) published the preliminary results of the population and housing census of 2011 where the estimated total population of the country is 142 million. Now the Bangladesh Institute of Development Studies (BIDS) is assigned to conduct post-enumeration check (PEC) to arrive at a most accurate figure for the country's total population.

² Bangladesh Population Policy (draft) 2009, Ministry of Health and Family Welfare, People's Republic of Bangladesh.

square kilometre can be a question of national security from within (Nabi, 2011). Tremendous pressure is being felt on food, clothing, education, health care, housing, water, sanitation, electricity supply and on all other public services and infrastructures. The pressure of over population is nakedly manifested in road and water ways accidents, illegal migration tendencies, rise of slums in cities, unemployment rates, inadequacies of the public services, rise of crimes etc. The standard of living of the mass people has not increased remarkably even after 40 years of independence of the country. Poor health condition and longevity of the people testifies to the inadequacy of nutritious and sufficient food and lack of proper healthcare. Insufficient and poor road communication results in fatal road accidents with deaths of many lives and paralysis of many people everyday. Traffic congestions all over the country eat up the working hours of the people with huge economic loss. New structures for industries, habitation and road communication are eating up the invaluable agricultural land of the country. These are a few effects of overpopulation of the country. With the shrinking agricultural land, natural disasters, rise in the global food price, in one hand, and the ever growing tendency of the population in the other, the food security of the country is becoming more and more

vulnerable. Although, the total fertility rate³ (TFR) per woman has dropped down to 2.7 in 2007 from 6.3 in 1975 and population growth rate to 1.4 percent from 3 percent during the same period, this is not enough considering the limited resource base of the small country. Sensing the dire consequence of the population growth tendency, the government has aimed in its draft population policy at attaining the net reproduction rate⁴ (NRR) 1 by 2015. Another objective of the population policy is to reduce the TFR further. This research looks at the growth tendency of the population of Bangladesh from the perspective of a national security threat. Therefore, it considers mere attainment of NRR-1 by 2015 and further reduction in the TFR not sufficient. It explores the possibility of taking fertility below the replacement level.

1.1.2 The term ‘replacement level fertility’ is self-explanatory. It is a level of fertility at which a population replaces itself from one

³ The TFR is the average number of children that would be born to a woman by the time she ended childbearing age if she were to pass through all her childbearing years conforming to the age-specific fertility rates (ASFR) of a given year. ASFR counts the number of births per year per 1000 women of a specific age group which normally are 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, and 45-49.

⁴ The NRR is the average number of daughters that would be born to a woman in her lifetime. An NRR-1 means each woman will give birth to one daughter only, and thereby each generation of mothers is having exactly enough daughters to replace themselves in the population.

generation to the next. A population reaches replacement level fertility when the $NRR=1$, in other words, when the surviving women of reproductive ages have exactly enough daughters to replace themselves in the population, i.e. the women population stabilizes itself. Therefore, achieving $NRR=1$ means achieving replacement level fertility. This is likely to happen when couples have roughly an average of two children, that is the TFR in the country equals to roughly 2.1. In Bangladesh the TFR is still above the replacement level. Islam (2000a), in Scenario-I⁵, projected that the country will achieve replacement level fertility in 2022. But an increase in the Contraceptive Prevalence Rate (CPR) will help achieve the replacement level fertility before the projected year. Even though the replacement level fertility can be achieved before 2022, the population of the country will continue to grow as an effect of population momentum⁶. Population momentum is the propensity for a population to grow for many

⁵ The author has made projections in three scenarios. Scenario I assumes that the contraceptive prevalence rate (CPR) will increase to 55 percent in the year 2000 and will remain constant thereafter, and the proportion of never married woman and infant mortality rate will remain constant as were in 1991. Scenario II assumes that the CPR will increase to 63 percent in the year 2006 and will continue the same till 2051 while other inputs will remain as in Scenario I. Scenario III assumes that the CPR will increase to 63 percent in 2006 and the infant mortality rate will decrease by 50 percent during the 1991-2021 periods.

⁶ The difference between the projected population size at the time of reaching replacement-level fertility and projected size at time of achieving a stationary population reflects population momentum. A stationary population refers to one which is stable and unchanging. This happens when the crude birth rate and the crude death rate become equal.

years after fertility declines to reach replacement level. It happens because a big chunk of the population remains in their reproductive ages due to high level of fertility in the past.

1.1.3 Bangladesh already has acquired a base population size which is very big and unmanageable. The population size will increase at a much higher number even with a relatively lower fertility rate as an effect of population momentum. Islam (2000a) projected that, in Scenario-I, the population of the country will be 185.2 and 243.9 millions respectively in 2021 and 2051. This huge population will adversely affect the development activities of the country. The country has entered into the third phase of the demographic transition⁷ with the fall in birth and death rates. During this transition period a large increase in the size of the population will be evident until it reaches the replacement level fertility. The sooner the country reaches replacement level fertility the better it can reduce the growth of the size of the population during the population momentum. The impact of this ever increasing population can be reduced if the fertility rate could be

⁷ One version of the demographic transition model says that the first stage is characterized by higher birth and death rates as was prior to the Industrial Revolution. In the second stage, the death rates declines sharply because of development in medical science, change in life style, and availability of contraceptive measures while birth rate remains as high as before. In the third stage, both the rates decline gradually.

brought down much below the replacement level within the shortest possible timeframe. This requires extensive motivational intervention to convince the couples to be satisfied with one child only. Any harsh measure like the one child policy of China is not possible in a conventional democratic society like Bangladesh, which lacks a viable social security system. Attitudes of the religious fundamentalists are the biggest hurdles that consider children the gift of the God and are cared by the God (Hasan, 2011)

1.1.4 Before the independence of Bangladesh the pulse of pressure from the ever growing population was first felt by a group of volunteers called Family Planning Association in the erstwhile East Pakistan in 1953 (Islam, 2000b). Utilizing the experiences of this private initiative the government started providing family planning methods in government health clinics. After the independence of the country the new leadership strongly felt the population pressure which can be best understood from the following excerpt of a public speech given by the then President of Bangladesh Bangabandhu Sheikh Mujibur Rahman:

One thing we must not forget – every year 3 million people are added to the population. Our space is 55 thousand square miles. If this continues, we will have no space for cultivation after 25-30 years. The people of Bangla will eat the flesh of their own

people For that we need to control our population growth through family planning⁸

Therefore, the subsequent population policies targeted population growth reduction through family planning The strategy was focused on deployment of field workers to provide services at clients' homes, expanding contraceptive availability and usage, promoting multi-sectoral collaboration, and motivating people to use family planning services Since 1997 the emphasis was given to dealing with broader range of reproductive health issues targeted at a larger number of population groups rather than addressing family planning needs alone A move was made from the delivery of family planning services directly to the clients at their home to providing the same at one-stop clinics (Rob, 2003) The major targets of the population policy of 2004 – to attain replacement level fertility, and NRR-1 by 2010 – could not be achieved. Now achieving the new targets of attaining NRR-1 by 2015 and further reduction in the TFR poses big challenges considering the achievements of the past policies

⁸ This speech was delivered to a public gathering in the Sohrawardi Uddan on 26 March (The Independence Day of Bangladesh) of 1975, the year he was assassinated by some miscreant army officers The exact Bangla version of the speech is this “একটা কথা ভুলে গেলে চলবে না - আমাদের প্রত্যেক বছর ৩০ লাখ লোক বাড়ে। আমার জায়গা হলো ৫৫ হাজার বর্গমাইল। যদি আমাদের প্রত্যেক বছর ৩০ লাখ বাড়ে, তাহলে ২৫-৩০ বছরে বাংলায় কোন জমি থাকবে না চাষ করার জন্য। বাংলার মানুষ বাংলার মানুষের মাংস খাবে। সেজন্য আজকে আমাদের পপুলেশন কন্ট্রোল, ফ্যামিলি প্লানিং কবতে হবে”। For details please see Khan (2011), p 214

1.1.5 Considering the socio-economic conditions of the people of Bangladesh, some questions remain unanswered as to will the attainment of replacement level fertility be possible by the year 2015? Moreover, will the mere attainment of replacement level fertility be sufficient to avert the population bomb? The government plans, as strategies to implement the population policy, to increase and strengthen its reproductive health related service delivery to the people. This will be given through a comprehensive client centred approach which would include one-stop service as well as home delivery system. This will give clients the opportunity and freedom to choose contraceptive methods according to individual needs and preference. The government also intends to provide incentives to the couples who would remain content with one child and not opt for a second child although it is not clear in the draft policy what sort of incentives it plans to provide. The strategy includes popularizing the slogan of 'Not more than two children, one is the best'. Except a commitment for popularizing the slogan, the draft policy does not set any target to lower fertility below the replacement level. To avert the looming danger of the population momentum taking fertility below the replacement level is essential. This research looks into the possibility of targeting taking fertility below replacement level by the rural people of Bangladesh. It targets the

married couples living in the rural areas who have got any child yet or one child so far. It is obvious that the earlier policies could not attain the targeted results completely. The key to lowering fertility below replacement level is to motivate people to be content with one child only. Therefore, it is important to know the concerns of the people for opting more than one child and address those concerns. Thus, the research questions for this study are a) what are the concerns (causes) that lead parents to have more than one child? and b) what sorts of incentives can motivate parents to be content with one child only?

1.2 OBJECTIVES

The root cause of population growth in the country is that the TFR is always more than two. In other words, a married couple on an average give birth to more than two children. People might have reasons behind their preference of having more than two children. This study aims to assess how many children people want to have in their conjugal life and why. It will find out the concerns of the people that induce them to have more than one child. It will also explore whether any incentives from the government can motivate people to be content with one child only. The present research aims to assist the government in formulating an effective

population policy through providing inputs from people's opinions with regard to -

(a) the concerns that induce parents to have more than one child, and

(b) whether any incentives can motivate parents to be content with one child only.

The study expects to generate and put forward some important inputs that might be instrumental in implementing the population policy of the country very effectively

1.3 EXPECTED OUTCOME

Population control always has got less priority in the agenda of the political parties obviously because of political interests. Incumbent parties have avoided a hard-line policy on population control sensing the religious sentiments of the voters. This research will try to read the people's mind as to the draft policy objectives and depict the mind reading in the report. Therefore, it is hoped that the findings of the study will be instrumental in framing and implementing an effective strategy for implementation of the population policy. The population growth of the country has reduced substantially over the years. Still the present rate of population growth is alarming to the security of the country. Therefore, the findings of this study will help in choosing

the right tools for framing and implementing right strategies for implementing the population policy

1.4 RATIONALE

Managing population of the country has been very difficult throughout the years. Therefore, an effective population policy which reflects people's expectations and addresses their concerns is an urgent need. Any study that will provide valuable inputs, which will help in finalizing a resonant population policy and an implementation strategy, will help manage the population problem of the country. The present study should be a timely contribution to the draft population policy in one hand, and will serve as the much needed consultancy services that BPATC is mandated to provide for enhancing organizational performance in the public sector in the other. Therefore, the Centre has an obligation to conduct such type of researches for better management of the public sector of Bangladesh.

1.5 LIMITATIONS

The survey data have been collected by the trainee civil servants of the 45th Foundation Training Course (FTC) of Bangladesh Public Administration Training Centre (BPATC). While this can be regarded as an strength of the study as the data collectors were highly educated and responsible citizen of the country, supervision over the survey data collection was weak as 41 Upazilas have been covered simultaneously. Although internally inconsistent cases have been dropped out, reliability of the internally consistent data are based on good faith. On the other hand, the number of Focus Group Discussion (FGD) and qualitative interviews has been few.

1.6 ORGANIZATION OF THE REPORT

The first chapter gives a background of the research problem, objectives of the study and its expected outcome. The second chapter reviews relevant literatures. A lot of literatures are available on population studies but very few ones discuss about the concerns of the people in full details for having more than one child and there is hardly any study that discusses the possibility of incentives that can motivate people to be satisfied with one child. The third chapter describes the methodologies followed in this study. An inductive grounded approach combining a survey and

some qualitative interviews that include FGDs and one-to-one in-depth interviews has been used in the study. The fourth chapter presents and analyses data. The survey data are presented in tabular format. Analyses of survey and qualitative findings have been combined together. The fifth chapter offers a brief discussion of the findings. The sixth and last chapter concludes the report and puts forward some recommendations. References and other documents have been added at the end of the report in the annexure.

CHAPTER II

LITERATURE REVIEW**2.1 INTRODUCTION**

Rapid growth in world population has been a matter of great concern to the development thinkers for long. Thomas Robert Malthus, an early 20th century demographer and political economist, predicted that there is a constant tendency in all animated life to increase beyond the nourishment prepared for it. Therefore, he suggested for a strong check on population growth to be constantly in operation (The Science News-Letter, 1929). If human beings fail to make a balance between the nourishment available for them and the size of their population, a large portion of them will experience various forms of misery. At that time, rapid population growth in the less-developed countries was considered ominous by demographic researchers. These researchers have endeavoured to determine how the size of the population of a country impinges on its well-being. Though they have no agreement, demographic transition theory has been

proposed by many for understanding population growth. Thus, in the study of population, demographic transition theory has got the central position.

2.2 DEMOGRAPHIC TRANSITION THEORY

The demographic researchers, out of their worry, wanted to understand the demographic transitions of the Western countries and shed light on the prospects of fertility transitions in the rest of the world. Earlier works of Landry (1934) and Thompson (1929) were re-formulated by Notestein (1945) and Davis (1948) and their observations and analyses became widely known as the demographic transition theory (Heuveline, 2001). The central tenet of the theory is that 'modernization' process i.e. structural transformation (economic development, industrialization, urbanization) plays a major role in fertility transition. In the pre-modern era, couples would prefer more children to increase family income. As the societies go through modernization process, more and more jobs are created in the urban areas which demand educated and skilled labours. So people want their children to be educated and to do so they find child rearing increasingly costly. Thereby, the cost of child rearing outweighs the economic contribution a child fetches. The cost of child rearing includes its

education, the troubles it makes for parents' leisure time, the pains its mother gets etc. In other words, as societies experience economic development, people prefer individualism and thus demand for child falls gradually. Some other demographers do not recognize the demographic transition as a theory. The transition theory postulates that a general 'modernization' process would result in fertility transitions in the less-developed countries. But the theory does not describe the word 'modernization'. Moreover, dissimilarities and diversities in the demographic changes in the countries of the world in the last half of the twentieth century have undermined the basis of the demographic transition theory. In other words, fertility transitions have occurred in different economic conditions in different countries. In fact, no two countries have followed identical paths to transition because of so many possible combinations of nuptiality, fertility, mortality, and migration at each stage of the transition. However, the theory has survived because no better theory has emerged to explain demographic behaviour in the modern world (Kirk, 1996). Although population transition has taken place in different economic conditions in different countries, the common sequences have been a fall in death rates, an ensuing period of rapid natural increase, a lagged decline of birth rates, and an eventual return to

population equilibrium. What is common in all fertility declines is that it is preceded by mortality declines.

2.3 CAUSES OF FERTILITY FALL

Much of the literature on population transition has been dominated by the search for the determinants of an assumed fall in the demand for children. Dudley Kirk (1996) has cited Landry (1934) to find egotism to be the main cause behind less demand for children: the cost of children, their ability to cause pain and distress to their parents, limiting parents' activities and relaxation, and, of course, the problems women experience in pregnancy and child care. After analyzing historical studies and developing-country researches, Cleland (2001) concludes that mortality decline is the common underlying cause – both necessary and sufficient – of developing-world fertility transition. The main way through which mortality decline impinges on fertility control is the economic one. Couples reduce the economic burden of rearing a large number of children by controlling reproduction. He also concludes that the timing and speed of fertility adjustment is strongly influenced by contraceptive behaviour which is largely controlled by social, cultural, and political factors of the societies. Heuveline (2001) has assessed the impact of economic

development on mortality and fertility and the independent effect of mortality on fertility analyzing country-level data between the 1960s and the 1990s. Economic development has poorly contributed to the mortality and fertility declines. He observed close association between mortality and fertility declines. In the last fifty years of the twentieth century, rapid fertility declines in the less-developed countries were to match rapid declines in mortality rates just to keep population growth nearly unchanged. Many researches have been done on determining the separate contributions of pure demographic pressure, economic development, and social engineering in reducing fertility. With the reduction of wars and famines and the overwhelming progress of medical science in controlling diseases, the twentieth century has noticed a sharp decline in mortality rates. This fall in mortality rates prompted a fall in the demand for child by couples.

2.4 SEX PREFERENCE IN FERTILITY BEHAVIOUR

2.4.1 There is a strong belief among the demographers that son preferences of the parents might be a barrier to fertility reduction in the East Asian countries. Studying the demographic changes in China and Korea, Chai Bin Park et al (1995) have shown that

despite son preferences of the parents, these two countries have achieved replacement level fertility. However, strong adherence to son preference has distorted the sex ratio of these countries. These researchers have apprehended both negative and positive implications of a high sex ratio in these societies. The most important negative impact will be marriage squeeze if women become scarce. A high sex ratio may increase social crimes like pornography, rape, molestation, homosexuality, polyandry etc. On the other hand, when the males find it difficult to have their mates, women will 'enjoy the benefits of increased value for conjugal and reproductive functions, and this in turn may lead to a better social position for them and eventually to more balanced sex ratios at birth'

2.4.2 Keeping the family in a desired size requires couples to adopt contraceptive measures. In many societies, couples desire to have sons in their families for many reasons. Bairagi (2001) has found in Matlab, Bangladesh that the effect of sex preference has increased consistently over time as fertility declined. Parents like to have their required number of sons when they keep their family size small. Examining and comparing gender preference effects on fertility in two otherwise comparable populations in Bangladesh that differed markedly in their access to and use of contraception, Rahman (1993) has reported that gender preference effects

become more important when contraceptive measures are readily available to the couples, in other words, when they become more able to control fertility. Both users and nonusers of contraception may have strong preferences for gender composition of their children but nonusers of contraception have less influence in controlling fertility.

2.4.3 Analyzing the effect of the sex composition of surviving children on the acceptance and discontinuation of contraception in Matlab, Bangladesh, Rahman et al (1992) have concluded that sex composition in the surviving children has influence in contraceptive use. Couples tend to use contraceptives if they have at least one surviving son. The percentage of using contraceptives increases with the increase in the number of surviving sons. Couples also like to have a combination of sons and daughters. That is, they tend to have more children if they don't have any surviving daughter. Examining Bangladesh Demographic and Health Survey (BDHS) data, Khan et al (2000) have found moderate influence of the sex composition of the surviving children in women's decisions regarding contraceptive use. Couples tend to use contraception if they have at least one surviving son in their family. Not only sons they also like to complete their family with a daughter.

2.4.4 Chowdhury (1994) has studied the effect of mother's education on son preference and fertility behaviour. He indicated that son preference of mothers having more than primary education as well as that of mothers having primary or no education induces them to go for further fertility. In other words, educational status of mothers has little influence on son preference and fertility behaviour.

2.4.5 Presser et al (2006) analyzing the social context of six countries conclude that strong support of medical establishments (the physicians) of a country is needed for reducing fertility. The physicians are responsible for the medical procedures (abortion, IUD and sterilization) needed for fertility reduction. Secondly, they hypothesize that for medical methods to be effective in reducing fertility state support is a must. This state support can be in the form of laissez-faire approach permitting the private sector.

2.4.6 Studying Bangladesh Contraceptive Prevalence Survey (BCPS) data Park et al (1988) have argued that child loss results in subsequent pregnancy of a woman in a short period of time. This shorter birth interval is closely associated with a higher mortality of infants and children. This creates a vicious cycle. They found that about 10% of the total births in Bangladesh occur as an effect of child death. Thus they have argued that a one-half

reduction in the early childhood death rate in Bangladesh may reduce the excess birth due to child death to only 4.8%

2.5 CONCLUSION

Literatures on population studies move around the demographic transition model. While explaining the model, some researchers have focused on the causes of fertility fall and some other researchers have focused on sex preference and its effect on fertility behaviour. The model has limitations. It can not explain the differences in fertility fall that have taken place in diverse socio-economic conditions in different societies. Studies that explain the causes of having more than one child and especially on incentives that can motivate couples to be satisfied with one child only are few. A country that is burdened with overpopulation like Bangladesh needs studies on this issue to socially motivate people to control fertility below the replacement level.

CHAPTER III **METHODOLOGY**

3.1 INTRODUCTION

In an underdeveloped society like Bangladesh the desired level of fertility in a family becomes a result of the calculations its constituent members make that take into consideration the perceived concerns about their old age security. Detecting perceptions of people about a personal matter requires friendly approach. In other words, a qualitative approach that can build friendly relations with the respondents at the time of data collection seems appropriate for this type of data collection. At the same time, the problem of population growth equally dominates the whole country. So, representative data from across the country can benefit any conclusion that is applicable to the country as a whole. It is difficult for a qualitative approach alone to collect data from a large sample that can be representative of the whole country. Therefore, a dilemma arises out of the data requirement and the applicability of data collection tools. The study does not

presume anything with regard to the research objectives beforehand. On the contrary, it allowed a grounded approach to let the themes emerge from the data. The respondents of this research are married couples who have got no child yet or at best one child so far and are living in the rural areas of Bangladesh i.e. in the Upazila level.

3.2 DATA COLLECTION

3.2.1 The research started with a qualitative data collection tool. A few unstructured interviews were conducted with colleagues and relatives to get an idea about people's concerns for having more than one child and the incentives that can motivate people to be satisfied with one child only. The ideas generated from these interviews were coded and extended interviews with external people were conducted using the coded ideas. Based on these interviews, the coded ideas were transformed into a structured questionnaire. To see the validity of this questionnaire, it was administered to a number of respondents who were married with no child or at best one child so far in one Union of Dhamrai Upazila of Manikganj district. The questionnaire was then modified with the inputs gathered through the pre-testing.

3.2.2 The final structured questionnaire was then used for a survey in 41 Upazilas of 21 districts of the country. The survey was conducted from 14 to 18 February 2010. Two hundred and forty-five trainees of the 45th Foundation Training Course of Bangladesh Public Administration Training Centre (BPATC) administered the structured questionnaire during the period. A group of 5-6 trainee officers was sent to each of the selected Upazilas. Each trainee officer administered the structured questionnaire to 10 people from the working class of the locality who were married with no child or at best one child so far. The sample respondents included farmers, agricultural and industrial labourers, transportation workers, construction workers, petty business persons including hawkers, fishermen, and spouses of them. These people constitute the bulk of our total population. Therefore, their contribution to the population growth of the country is significant. Moreover, mostly non-educated or less educated people fall in this category. It is believed that because of lack of awareness, prevalence of contraceptive measures is less among these people. Female trainee officers of each group interviewed female respondents while the male participants interviewed the male respondents when administering the structured questionnaire. Stratified random sampling in line with the occupational groups of the respondents was chosen for

selecting respondents. Moreover, each participant conducted a focus group discussion (FGD) with the help of another participant from his/her group. Each participant selected samples for interviewing and for conducting FGD from one Union of their assigned Upazila. Therefore, five to six unions of each of the selected Upazilas were covered under the study.

3.2.3 Besides the quantitative data collected through structured questionnaire, the researchers conducted FGDs and qualitative interviews with respondents representative of the target groups of the research. These qualitative tools were used after compilation of the survey data. The survey data showed a trend of the concerns of the people for opting more than one child, and an indication of the incentives that can motivate people to be satisfied with one child only. The findings of the FGDs and the qualitative interviews have been discussed together with the findings of the survey data.

3.3 DATA PROCESSING AND PRESENTATION

After the first scrutiny, a total of 2296 data sheets from the survey data were selected and entered into a computer data management program called Statistical Package for Social the Sciences (SPSS). Out of these SPSS entered data, 146 cases were found having

internal inconsistency. So the inconsistent cases were removed. Finally, 2150 cases were found valid having internal consistency. Survey data have been presented in tables based on the 2150 internally consistent valid cases. Simple descriptive statistics have been used for analysing the survey data. The findings from the FGDs and qualitative interviews have been analysed together with the survey data analysis.

DATA ANALYSIS

4.1 INTRODUCTION

The data tables, presented in this chapter, present findings of a survey conducted on married men and women who either did not have any child or had at best one child only at the time the survey was being conducted. After the first scrutiny of the survey data, a total of 2296 data sheets were entered into the SPSS. Then 146 cases were found having internal inconsistency which were removed from the database. Finally, 2150 cases were found valid having internal consistency. The tables presented in this chapter are based on 2150 internally consistent valid cases processed through the SPSS programme. Table 1 shows the socio-demographic characteristics of the respondents (see next page)

Table 1: Socio-economic background of respondents

Characteristics	Frequency	Percent
Sex of respondent		
Male	1823	84.8
Female	327	15.2
Age of respondents		
<25	584	27.2
25-34	1306	60.7
35+	260	12.1
Education of respondents		
Illiterate	383	17.8
Primary	923	42.9
Secondary	624	29.0
Higher Secondary	119	5.5
Graduate	69	3.2
Post-graduate	19	0.9
Others 'religious education'	13	0.6
Occupation of respondent		
Small business/shopkeeper	399	18.6
Farmer	315	14.7
Transport worker	249	11.6
Agricultural labourer	212	9.9
Other labourer	205	9.5
Land borrower	154	7.2
Imam/Muazzin/Khadim	96	4.5
Domestic worker	69	3.2
Housewife	255	11.9
Others	196	9.1

Most of the respondents of the sample survey are male constituting 85 per cent of their total. Female respondents constitute only 15 per cent. Age of the respondents has been grouped as '<25 years', '25-34 years', and '35+ years'. Most respondents, 61 per cent, belong to the age group of 25-34 years. About 27 per cent respondents are up to 24 years of age (<25), and the rest 12 per cent are 35+ years old. Educational qualifications of the respondents have been grouped as 'illiterate', 'primary', 'secondary', 'higher secondary', 'graduate', 'post-graduate', and 'others'. It is found that most (43 per cent) of the respondents have primary level of education. Primary level education here includes any of the five grades from one to five. The second highest numbers of respondents (29 per cent) have secondary level of education. The secondary level education includes from grade six to eleven. The third highest numbers of respondents (18 per cent) are illiterate followed by higher secondary (6 per cent) and graduate (3 per cent). Higher secondary education includes grade twelve only. Occupational status of the respondents shows that most are petty businessmen (19 per cent). Other major occupational groups include farmer having own agricultural land (15 per cent), transport workers (12 per cent), agricultural labourers (10 per cent), other labourers (10 per cent), and farmers who cultivate borrowed agricultural land (7 per cent). A

significant number of the respondents (12 per cent) are housewives. The subsequent sections of this chapter shed light on current fertility status and desired fertility of the respondents, causes of desiring more than one child, and motivational factors that can influence couples to be satisfied with one child only.

4.2 CURRENT FERTILITY STATUS AND DESIRED FERTILITY

4.2.1 For personal fulfilment and happiness of human beings, sex has been a fundamental dimension. Therefore, human beings have been involved in different forms of mating relationships to ensure personal fulfilment and happiness. Throughout history, they have developed, modified, and institutionalized these sexually associated relationships – from sexual promiscuity to institutionalized family (Thomas, 1967). Family as an institution has emerged as the most reliable source of fulfilment of a variety of individual and societal needs – sexual, reproductive, educational, affective, economic, and many others. As a reliable platform, family has got the status of a permanent institution in every society though in different forms. Over the ages, we find men and women have got married to start a family life. This marriage system has developed to recognize the mating relationships. These mating relationships have reproductive

outcomes. Therefore, the couples have to be cautious about the reproductive outcome of their mating relationships. The reproduction capability in human being is abundant. This abundant capability is restricted by many things. One restriction is its inability to provide its offspring with the required nourishment and basic necessities of life. Not only that, rearing and bearing of offspring inflict pains on, and undercut individual fulfilment and happiness of the parents. Therefore, couples restrict their fertility to a number they can manage. On the other hand, the nature of modernization has also influenced couples to restrict fertility in many ways. Modernization and industrialization have created social mobility, individualism, and economic independence, which have led to the preference for nuclear family type. A typical nuclear family is comprised of a husband, a wife, and unmarried children. Bearing and rearing of children is difficult in a nuclear family than in an extended family. The survey of this research has been conducted on the couples who currently have no child or have at best one child so far. Table 2 (see next page) shows current fertility status and desired fertility of the respondents. Desired fertility of the respondents confirms that couples desire to restrict their fertility behaviour.

Table 2: Current fertility status and desired fertility of respondents

Fertility Characteristics	Frequency	Percent
Number of current children		
None	600	27.9
One son	809	37.6
One daughter	741	34.5
Number of desired children		
One child	25	1.2
Two Children	1720	80.0
Three children	178	8.3
Four children	43	2.0
Five children	5	2
Wish of God	179	8.3
Number of desired sons		
No son	11	5
Only one son	1684	78.3
Two sons	241	11.2
Three sons	29	1.3
Four sons	6	3
Wish of God	179	8.3
Number of desired daughters		
No daughter	83	3.9
Only one daughter	1859	86.5
Two daughters	28	1.3
Four daughters	1	0
Wish of God	179	8.3
Over population is harmful to the country		
True	1931	89.8
Not True	99	4.6
Don't know	120	5.6

4 2 2 As Table 2 shows, out of the total respondents 600 (or 28 per cent) did not have any child at the time of the survey while rest of them (72 percent) had one child – either a daughter or a son. If we look at the age structure of the respondents who have no child (Table 3), we find that 41 per cent of them are below 25 years of age and 56 per cent belong to the age group of 25-34 years. Most women who do not have any child are below 25 years of age while most men who do not have any child belong to the age group of 25-34. At the same time, most women who have a child are below 25 years of age while most men who have a child so far belong to 25-34 years of age.

Table 3: Cross-tabulation of 'age group', 'sex', and 'current fertility' of the respondents

Current Fertility	Age group	Description	Sex		Total
			Male	Female	
No Child	<25	Count	172	74	246
		% within Sex of respondent	33.6%	84.1%	41.0%
	25-34	Count	320	13	333
		% within Sex of respondent	62.5%	14.8%	55.5%
	35+	Count	20	1	21
		% within Sex of respondent	3.9%	1.1%	3.5%
	Total	Count	512	88	600
		% within Sex of respondent	100.0%	100.0%	100.0%
One Child	<25	Count	192	146	338
		% within Sex of respondent	14.6%	61.1%	21.8%
	25-34	Count	886	87	973
		% within Sex of respondent	67.6%	36.4%	62.8%
	35+	Count	233	6	239
		% within Sex of respondent	17.8%	2.5%	15.4%
	Total	Count	1311	239	1550
		% within Sex of respondent	100.0%	100.0%	100.0%

4 2 3 Very few respondents (1 per cent) want to be satisfied with one child, be it a male or a female. Most people desire two children (80 per cent). Three children are desired by 8 per cent and four children are desired by 2 per cent. Still a significant number of people (8 per cent) think that the desired fertility level is a matter of 'wish of God'. If we look at the Table 4 which shows a cross-tabulation of 'the number of desired son and the number of desired daughter', we find that out of the 25 respondents who wish to be satisfied with one child only, 19 desire it to be a son while the rest 6 desire it to be a daughter. Son is the most desired child for this group of people. Such son preference is also dominant in other parities as well. Among the 1720 respondents who desire two children, 55 desire both of them to be sons, 1661 desire a combination of one son and one daughter, and 4 desire both of them to be daughters. Except these 4, all respondents of this parity (who desire two children) want one or two sons. Among the 178 respondents who desire three children, 168 desire two sons with one daughter, 6 desire all three to be sons, and 4 desire two daughters along with one son. Out of the 43 respondents who desire four children, 21 desire a combination of three sons and one daughter, 18 desire a combination of two sons and two daughters, and 1 desires all four to be daughters which is an exception. From this analysis, it can

safely be said that son preference is predominant at all desired fertility levels. This becomes clearer when we compare son preference with the daughter one. As Table 4 shows, 83 respondents or 4 per cent do not desire any daughter, 1859 respondents (87 percent) desire one daughter, 28 respondents (1.3 percent) desire two daughters. Therefore, most people desire one daughter only. On the other hand, 1684 respondents (78.3 per cent) desire one son, 241 respondents (11.2 per cent) desire two sons, 29 respondents (1.3 per cent) desire three sons. Only 11 respondents do not desire any son. The number of desired sons ($1684 + 241 \times 2 + 29 \times 3 + 6 \times 4 = 2277$) is more than the number of desired daughters ($1859 + 28 \times 2 + 1 \times 4 = 1919$). The desired son-daughter ratio is 1.19. We can conclude here by saying that sons are dearer to the parents while daughters are less preferred to them.

Table 4: Cross-tabulation of 'number of desired son and number of desired daughter'

		Number of expected daughter					Total
		0	1	2	4	Wish of God	
Number of expected son	0	0	6	4	1	-	11 (5)
	1	19	1661	4	0	-	1684 (78 3)
	2	55	168	18	0	-	241 (11 2)
	3	6	21	2	0	-	29 (1 3)
	4	3	3	0	0	-	6 (3)
	Wish of God	-	-	-	-	179	179 (8 3)
Total		83 (3 9)	1859 (86 5)	28 (1 3)	1 (0)	179 (8 3)	2150 (100)

N B Data within parenthesis show percentage

4 2 4 Religious superstitions can be explained as a barrier to fertility regulation if we look at Table 5 It shows a cross-tabulation of 'number of expected children' and the opinions of the respondents with regard to a statement whether 'over population is detrimental to the country'. Most people (90 per cent) believe that over population is detrimental to the country.

Among these believers, a significant portion does not want fertility regulation because they think that fertility should not be controlled on religious ground. They believe that fertility is a 'wish of God'. Therefore, controlling fertility is a sin. As we have seen in Table 2, 179 of the total respondents (8 per cent) believe this. Of these 179 respondents, more than half (53 per cent) consider over population a problem. Still they do not want fertility regulation as they believe it a sin. The rest of them, 39 respondents (22 per cent), and 45 respondents (25 per cent) responded as 'not true' and 'don't know' respectively with regard to the statement whether 'over population is detrimental to the country'. The other parts of Table 4 show positive signs as well. A good portion of the people who responded as 'not true' and 'don't know' with regard to the statement whether 'over population is detrimental to the country', they are expected to control fertility as their expected number of children is two.

Table 5: Cross-tabulation of 'over population is harmful to the country' and 'the number of expected children'

		Over population is detrimental to the country			Total
		True	Not True	Don't know	
Number of expected children	1	24	1	0	25
	2	1635	41	44	1720
	3	148	8	22	178
	4	28	6	9	43
	5	1	4	0	5
	Wish of God	95 (53.1)	39 (21.8)	45 (25.1)	179 (100)
Total		1931 (89.8)	99 (4.6)	120 (5.6)	2150 (100)

N B Data within parenthesis show percentage

4.3 CAUSES OF DESIRING MORE THAN ONE CHILD

4.3.1 It is assumed that in the primitive ages, the average couples would bear and rear children they might be privileged to have throughout their marriage. But in modern times, the cost of bearing and rearing children has increased throughout the world.

with the changes in human perception and modernization of civilizations. In the modern civilizations, a series of development in science, industry, medicine and in other areas have brought in transformations in standards of living, infant and maternal healthcare, social mobility, status of women, and formal education of children among others. With these transformations, families have changed attitude towards fertility regulations and have begun to control it. Now fertility regulation is not only related to the availability of the required nourishment and the basic necessities of life, it is also related to the curtailment of the individual fulfilment and happiness of the parents. Even in the affluent societies, couples restrict their reproduction below the replacement level of 2.1 bpw (birth per woman) because they want to ensure happiness for themselves as well as for their offspring. Moreover, in the modern Westernized societies, couples prefer an absolute nuclear family. In nuclear families, the burden of raising a child increases than the other types of families where raising a child is a shared responsibility (Berry, 2000).

4.3.2 The rise in the raising cost of children has not deterred couples from having them. In every society and in family type, couples like to have offspring. The average number of children per couple or the fertility rate in a society is likely to be influenced by the values it inculcates, and its level of economic development.

among other things. So the desired number of children in a family is calculated not only by the surroundings of the society the family live in but also by the family's own perceptions. The average families make calculations according to their perceptions, and decide on their fertility behaviour. Many factors are included in their calculations. This section analyses some major factors. Although a combination of factors interplay in their decision making process, it will be clear in the subsequent paragraphs that couples become increasingly concerned about their insurance in their old age. Most other influential factors revolve around the factor of old age security of the parents.

4.3.3 The draft population policy sets a major objective of attaining an NRR-1. It also sets another major objective of reducing the total fertility rate (TFR) further. As we have discussed in the first chapter, achieving the NRR-1 and further reducing the TFR will not suffice. The TFR has to be substantially reduced in other words it has to be close to 1. A highly populated country, even with more advanced technology, remains at the subsistence level. This population would enjoy better living standard by being less numerous. Therefore, such countries should strive at progressively reducing the number of births sufficient to achieve a transition to a state of a stable declining population (Sauvy, 1976). A mother and the concerned family in this scenario

have to be satisfied with one child only. But problems lie with the satisfaction of the family. Generally, a family does not become content with one child. The issue of becoming content with one child involves many factors (causes) which might vary in the case of each individual family. It is in this backdrop that the respondents of this research were asked to determine the factors/causes that influence them to have more than one child. In other words, the respondents have identified the factors that do not satisfy them with one child only. The identified factors (causes) have been compiled in Table 6.

Table 6: Causes of having more than one child

Causes	Frequency	Percent
Hope for a son to continue family name	762	35.4
Fear of accidental death of children	561	26.1
Old age security of parents	513	23.9
Hope for a daughter	416	19.3
Spouse's desire	337	15.7
To raise family income	319	14.8
For companion of the lonely child	154	7.2
Large family provides security	125	5.8
Influence from relatives/neighbours	91	4.2
Religious influence	63	2.9
Spouse does not like contraceptive measures	33	1.5
Others	67	3.1

4.3.4 The factors that influence people to have more than one child do not work in isolation. Rather a combination of the factors influences the family to have more than one child. So the factors in Table 6 are not exclusive i.e. each respondent has identified more than one factor. The most influential factor has been identified as the hope for a son to continue the family name. In the context of Bangladesh, a son is perceived to be very important to a family as he adds economic value to it. The son stays with his parents and takes part in the income generating activities of the family. A son is important to the family on other grounds as well. The parents think that a son will continue the family name after

their deaths. Whereas, the parents generally marry off their daughter and send her to live with her husband. Therefore, a daughter carries no economic value to the family. Rather, she is taken as a burden in terms of giving her education and arrangement of her marriage. That a girl child can be of economic value and take care of parents in their old age if proper education is given to her is hardly believable to most uneducated parents. If we look at Table 7 which shows the number of current son or daughter of the respondents who have identified 'hope for a son to continue family name', we find that 62 per cent of them currently have one daughter, 24 per cent of them currently have no child, and 14 per cent of them currently have one son. In other words, (62+24) 86 per cent of the respondents who currently have no son, have opined to have at least one son while 14 per cent who already have got one son have opined to have another son on this ground.

Table 7: Number of current children of the respondents who identify 'hope for a son to continue family name' as a cause for having more than one child

Number of Current Children	Frequency	Percent
None	185	24.3
One son	106	13.9
One daughter	471	61.8
Total	762	100.0

4.3.5 One of the most important things that haunts couples to have more than one child is the constant fear of losing the only child in accidental death. Parents do not want to take risks of relying on one child only because the things happening around them do not support normal deaths. Accidental deaths are common around them. Although the country has been able to drop down the infant mortality and under-five mortality rates to a great extent, the rates are still very high compared with that of developed and fast developing countries. Estimated infant mortality rate in Bangladesh in 2010 was 38 while this rate was 7 in the United States, 5 in Malaysia and 2 in Singapore in the same year⁹. Under-five mortality rate in Bangladesh in 2010 was 48 while this rate was 8 in the United States, 6 in Malaysia and 3 in Singapore in the same year¹⁰. Besides these infant and under-five mortality rates, deaths from road accidents, from diseases and other forms of accidental deaths do not encourage couples to rely on one child only. More than one child is a sort of insurance against the accidental deaths of their children. In other words, parents want to ensure at least one surviving child especially a son throughout their lives to take care of them during their old age. This old age security is the root cause of their concern for the future. Most

⁹ <http://mdgs.un.org/unsd/mdg/SeriesDetail.aspx?srid=562&crd=>

¹⁰ <http://mdgs.un.org/unsd/mdg/SeriesDetail.aspx?srid=561>

couples want to ensure their old age security through at least one surviving son. This old age security concern arises out of the society's poor social security system or lack of social security system in the country. Besides, old age security, parents are also concerned about the future of their family resources. To own the family resources they think a son is necessary. Otherwise, they think that the family resources would be lost to the relatives.

4.3.6 Fertility control is a compromised decision of a couple and their relatives. Although, sometimes one partner may be willing to control fertility to one child but the other partner and the relatives of the couple may want them to have more children. So the willing partner has to concede to the demand of the other partner. The spousal influence leads the couple to a compromised decision of having more than one child. It happens because the environment around the couple is not conducive to limiting fertility to one child only. The relatives, the religious factors relentlessly create mental pressure in the couple's mind to go for more than one child. Having more children has developed as a tradition. Any attempt by any couple to break this tradition faces opposition from the society. Although son is the most preferred child of the parents, they also want daughters. Many men believe that the daughters nurse the father in his old age better than the sons. So the male partner wants to have a daughter alongside a

son Daughters are needed to them to fulfil their wish of visiting son-in-laws home This wish is of great value to them than the bad effect of population growth Many parents want more than one child to have a companion of a lonely child Their perception is that a lonely child will suffer from psychological disorder if it does not get companion of a brother or a sister The other reasons for having more children include enhancement of family strength, and feeling uncomfortable with contraceptive measures Many parents want a number of sons just in the belief that they will make the family strong Some times the female partner does not like pills while the male partner does not like condom That results in undesirable fertility

4.4 MOTIVATIONAL FACTORS

4.4.1 The previous section has identified and analysed the concerns of the parents that they try to fend off by having more than one child. These concerns could be categorized as socio-economic, cultural and psychological. Some concerns are embedded in the socio-economic conditions of the people. Old age security concerns need development of a sound social security system wherein people will have their confidence. The cultural and psychological concerns will need motivation and awareness. The belief that a large family increases family strength is a cultural and psychological problem. Only education, motivation, and awareness can change their belief that a well-educated child increases family strength much more than a number of uneducated children. Seemingly, having more than one child appears to the parents as a right strategy to fortify their future welfare but ultimately this accentuates their future vulnerability. More children in a family require more investment for their upbringing with good education. As most families are poor and marginal, they can not afford good education for their children. The uneducated children eventually cannot take care of their parents. Neutralization of those concerns requires multidimensional approaches, long-term and short-term, that in the long run will bring in changes the overall socio-economic conditions of the

country, in the social beliefs and values, and in the perceptions of the individuals. That will happen gradually if sustained efforts are made to this end. An initial compensation package can be a good start for addressing psychological concerns of the parents. This section will try to identify and analyse if any compensation package can neutralize the concerns of the parents and motivate them to be satisfied with one child only.

4.4.2 As we have seen in the previous section, son is the most preferred child for a family on many grounds of which old age security of the parents and increasing family income are the prime ones. Presence of sons in a family offsets socio-economic, cultural and psychological concerns of the parents. Therefore, parents want to ensure at least one surviving son even by increasing their fertility rate. Thus if parents need to control fertility to one child only, they would like to ensure a number of things that will neutralize their concerns. Table 8 shows the motivational factors that may satisfy the parents with one child only. These factors are identified by the respondents. Addressing these motivational factors does not mean that all couples will limit their fertility to one child only. It is argued here that many couples will be encouraged to limit their fertility to one child if some of these factors are addressed. The most important thing they would like to

ensure is the education and job of the only child. The parents would like to control their fertility to one child if the state takes responsibility of providing education to the child as per his/her ability and provide him/her with a suitable job. Good education of the child supplemented by a suitable job will, in the long run, serve the parents in their old age, the main concern about their future. The parents are of the conviction that one child with good education can offset the socio-economic, cultural and the psychological concerns that lead them to have more children as an alternative strategy to ensure old age security. Some of the respondents have opined for provision of scholarships from the government for the only child so that it can continue education. Many parents see good education of an only child as an equivalence of many uneducated children.

Table 8: Motivational factors that can influence couples to be satisfied with one child

Motivational Factors	Frequency	Percent
Take all responsibilities of the child (education & job)	910	42 3
Take responsibility during parents' old age	495	23 0
Preference of the child/parents in government jobs	273	12 7
Provide scholarship for the child's education	227	10 6
Arrange marriage for the girl child	156	7 3
Distribute desired contraceptive tools free of costs	95	4 4
Provide free healthcare facilities in government hospitals	76	3 5
Preference of the child/parents in non-government jobs	52	2 4
Provide healthcare facilities in non-government hospitals in nominal fees	35	1 6
Travelling facilities in government transports free of cost or in nominal fees	9	4
Of course more than one child	604	28 1
Others	93	4 3

4 4 3 In the case of non availability of services from the child during the old age of the parents, the state should ensure wellbeing of the parents. Now how a resource constrained state like Bangladesh can take the responsibility of parents during their old

age is a big question. It appears to be very difficult. At the same time, it can also appear to be not so difficult. It depends on how we look at and interpret the issue of taking responsibility of old age wellbeing of the parents. It should not be a very difficult task in the sense that not all parents will need this sort of help from the state. If parents have one child only, they will be able to give him/her a good education with some sort of support from the state. These supports can be preferences in the state policies of the parents and their child in the services provided by the state. This policy support could be providing scholarships to the child, tuition fee waiver, preference in admission to higher seats of education in the public sector etc. A better educated child will have better employment and that will enable him/her to take care of his/her parents. The state will have no responsibility of these parents. In case of accidental death of an only child of the parents who have responded to the state's call of one child policy, the state will have responsibility of taking care of these parents. We can assume that with the gradual development of the socio-economic conditions of the country the possibility of such incidences will decrease quickly. If motivated the society can take responsibility of these parents. The state has to motivate and encourage the civil society to come up with ideas of providing social security to such parents from within the society.

4.4.4 We have discussed in the previous section about the causes of son preference and why daughters are less preferred in a family. The hard core reason is that the milieu is not conducive to a girl child's mobility and physical security. Apart from these limited mobility and security problems of the girls, one more important problem that leads to the less preference for a girl child in a family is prevalence of dowry system in our society. Dowry has emerged as a social cancer. Despite the existence of legal framework for protection of the female population, the problems persist particularly the dowry system and its associated bad effects. The parents' big concern for their girl child is arrangement of marriage for her. This requires the parents to mobilize financial resources, which generates psychological pressures. After-marriage pressure for dowry on the girl adds fuel to the fire on the parents' side. Parents with a girl child want to make balance by having a boy child. The expectation is that the boy child will help mobilizing financial resources for arrangement of marriage of its sister. Therefore, arrangement of marriage of the girl by the state on behalf of the parents will be a big incentive to be satisfied with one child only.

4 4 5 Easy availability of contraceptive measures to all married couples is not ensured. They prefer home delivery of the contraceptive measures. Our society is not so easy with these things yet. Open discussion about the contraceptive measures is still a taboo in our society. Getting the desired contraceptive tool at the door will motivate many couples to avoid unplanned fertility.

4 4 6 The respondents have identified some other components of a compensation package which could motivate them to be satisfied with one child only. They desire that the state policies should give preference to the single child family in every service provided by the state agencies and departments. That may include jobs in the government sector, healthcare in the government hospitals, and discounted fare in the government sector transportations for the parents and the child as well who will abide by the one child policy. The same preference/facilities should be given in the private sectors as well. To what extent these are doable needs further research.

4 4 7 In spite of provision of motivational promotions a large number of couples will not confine their fertility to one child only. So they will be out of the benefits given to the one-child families.

CHAPTER V

DISCUSSION

5.1 The fertility behaviour of a society has implications not only for individual happiness and fulfilment but also for the general welfare and progress of the nation as a whole. If the fertility rate creates a population in a territory that is unmanageable, it can be a national security problem from inside that territory. The demographic transition model that explains fertility transition has limitations in explaining the causes of population growth and the needful to cause faster fertility fall in a country like Bangladesh where the base population has reached to its peak, education of the people is poor, and the pace of economic development is very slow.

5.2 This study finds some reasons that are responsible for high fertility (above replacement level) in the rural population of Bangladesh. The main cause of higher fertility is that son preference is very high in the society. The chief cause of son preference is old age security concern of the parents. The parents

increasingly become concerned about their old age security as they grow old. Here old age security means taking care of the parents when they grow old and become unable to take care of themselves. In this situation a son is the most reliable insurance to them against their old age security concern. A son will ensure old age security of the parents and increase family income. He will be the owner of family resources after the death of the parents. At the same time, he will carry on the family name to the next generation.

5.3 Although a daughter is perceived as a burden to some parents, some other parents think that alongside son(s) a daughter is also needed. On the other hand, a daughter fulfils two different wishes of these parents. The father thinks that a daughter can nurse the father in old age better than a son. So the father wishes to conclude fertility with a daughter. The mother desires to visit the son-in-law's house when the daughter will be married off. This wish may appear silly to the modern educated people but this is a serious thing to a rural mother. Thus a family remains incomplete without a daughter as they think.

5.4 Accidental death of children is a constant fear of the parents. High rates of infant and child mortality, frequent road accidents, and other forms of unnatural deaths do not satisfy the parents with

one child. Hence having more children is a practicality and at the same time, a culture of a typical Bangladeshi society. This fear of accidental death induces some parents to have more sons. A couple of sons along with a daughter provide insurances against accidental death of a child. This insurance is again linked with the old age security concern. In other words, the parents want to ensure at least one surviving son and a daughter for taking care of them in their old age.

5.5 The concerns of the parents can be classified as socio-economic, cultural, and psychological ones. The socio-economic concerns are very much related to the economic conditions of the parents as well as the social system. The poor economic condition of the people and lack of a vibrant social security system generate the socio-economic concerns. Some of the concerns are cultural. That a girl child can not carry on the family name or she can not ensure the old age security of the parents is embedded in the belief system of the society. The traditional role of the girl in the society has developed these beliefs. This culture will not change quickly.

5.6 Concerted and sustained efforts with regard to the role distribution in the family and in the society towards the development and empowerment of women population has to be

made into a social movement. Concerns associated with the culture of the society have to be dealt with an approach that will include social movement as a tool for changing the cultures towards women empowerment and women friendly environment. Some of the socio-economic and cultural concerns can also be explained as psychological ones. The fear of accidental death of the child, or the concern for old age security, or companion for a lonely child is the influence of the human mind. Awareness, education, and the development of supportive institutions in the society as parts of the social movement can address these problems. The parents need to find the society and its institutions as a reliable mechanism in case of necessity.

5.7 Many of the motivational factors identified by the respondents of this study are impractical as they appear in Table 8. But it is possible to address most of the factors through government policies. In case of government services, at least preference can be given to the one-child family if guarantee is not possible. For example, the existing scholarship system in the primary, secondary, and tertiary levels can be linked up with such preference policy. In the same way, the existing social security system of the government can be linked up with this preference policy. Likewise, other services of the government can be oriented towards giving preference to the one-child family. One should not

think that these motivational factors will convince all or most of the parents to control fertility to one. Rather it is argued here that some couples will be motivated to do so and that will benefit the nation a lot.

5.8 Some (8 per cent) of the respondents believe children are the gifts/wish of the God. They never think to control fertility. This belief is mere ignorance. Moreover, a significant portion (28 per cent) of the respondents is adamant to have more than one child. No incentives are supposed to motivate them to confine fertility to one child only. These people must be aware and motivated to control fertility. Otherwise, their contribution to population growth will be high. The social and religious leaders should be used to identify and motivate these people.

CONCLUSION and RECOMMENDATIONS

6.1 CONCLUSION

Population of Bangladesh has grown alarmingly and the growth trend is still much above the replacement level. Taking into consideration the fact that the past population policies could not achieve their targeted results, the present draft policy targets to achieve replacement level fertility by 2015 and reduce the TFR further. The country has already reached a base population which is unmanageable and can be argued as a security problem of the country from within. Therefore, mere attaining the replacement level fertility will not suffice for averting the looming danger of population momentum. For that reason, population growth rate should be taken to below the replacement level fertility. In other words, the TFR should be reduced to close to one for some period i.e. at the individual level this means that people should be satisfied with one child only. A democratic society like

Bangladesh can not force people to confine fertility to one child. Only persuasive and motivational measures can be undertaken to make people satisfy with one child. It is in this backdrop that this study was aimed to find out the concerns that induce people to have more than one child and the ways to address those concerns so that people feel encouraged and become satisfied with one child only. The research approach was inductive and grounded methods have been used for data collection and analyses. A survey has interplayed with qualitative interviews to generate findings of the study. The main findings include concerns for having more than one child and motivational factors that can satisfy parents with one child only. The chief concern of the people for having more than one child is their old age security problem. Who will take care of them during their old age? They find an easy answer to this question in having a number of children. Other concerns revolve around this chief concern. People want to fortify their future security by having more children. They think a son can ensure their old age security rather than a daughter. So son is the most preferred child while a daughter is perceived as a burden. People do not want to stop fertility until a son is born. Besides mitigating old age security concern, the son is perceived as a vehicle to carry on family name, as means to increase family income and enhance family strength among other things. The other major concern is accidental death of children.

which adds momentum in having more children. More children are perceived as insurance against accidental death of a child. Alongside a son, a daughter is also needed. The father needs the daughter because he thinks a daughter can nurse a father in the old age better than a son. On the other hand, the mother needs a daughter to fulfil her wish of visiting the son-in-law's house after marriage of the daughter. Sometimes, one partner may be willing to confine fertility to one child but the spouse's desire leads to more children. Other concerns include companion of a lonely child, influence from relatives and religion, and unwillingness of the spouse to use contraceptive measures. Many people out of their ignorance believe fertility a wish of God and no way will they control it. The respondents have identified some factors that can motivate them to confine fertility to one child. Definitely the factors will not motivate all but come couples. The main motivational factor can be providing support to the child in giving it education and finding a suitable job for him/her. In case of helplessness of the parents of a single-child family, there should be alternative mechanism in the society for taking care of such parents in their old age. If the only child is a girl, then arrangement of marriage for her should be done by the state. Home delivery of desired contraceptive tools will motivate many couples to avoid unexpected fertility. Some sort of facilities for

single-child families in healthcare system and in other services provided by the state agencies or the private sector will motivate many couples to confine fertility to one child

6.2 RECOMMENDATIONS

The recommendations suggested here are based on the demands of the respondents about the causes/concerns of the parents for having more than one child and motivational factors that can influence couples to confine fertility to one child. The motivational factors are expected to induce not all but some of the couples to go for fertility control to one child.

6.2.1 The research findings show that it is possible to target taking fertility below the replacement level by at least a segment of the rural couples provided some motivational incentives are available for them. Therefore, to avoid the looming danger of population momentum, the population policy should target reduction of fertility rate close to 1 by a specified timeframe by at least a willing segment of the population which may continue for a specified period and devise appropriate strategies to this end.

6.2.2 To decrease son preference, importance of and confidence in the girl child must need to increase. To this end, the state, taking with it the help of the private sector, must create more facilities for education and jobs for the girls. At the same time, a social

movement must be created to make the society women friendly to ensure physical security and social mobility of the girls

6.2.3 To motivate people for confining fertility to one child, some preferences should be given to the single-child families by all the departments and agencies of the government be it scholarship for education of the children, jobs in the public sector, healthcare facilities, arrangement of marriage of girls, delivery of desired contraceptive tools or any other services. The state should motivate the private sector to provide the same services on concessional basis to the single-child families.

6.2.4 To mitigate the old age security concern of the single-child family some mechanism should be developed in the society that will take care of the parents of a single-child family in case of unavailability of anybody to look after them in their old age. Further researches should be done on developing such a mechanism.

BIBLIOGRAPHY

Bairagi, Radheshyam (2001) Effects of Sex Preference on Contraceptive Use, Abortion and Fertility in Matlab, Bangladesh *International Family Planning Perspectives*, 27 (3), 137-143

Berry, Brian J L (2000) Household Type and the Demographic Transition *Population and Environment A Journal of Interdisciplinary Studies*, 21 (3), Human Sciences Press, Inc , 281-282

Chowdhury, Mridul K. (1994) Mother's Education and Effect of Son Preference on Fertility in Matlab, Bangladesh *Population Research and Policy Review*, 13 (3), 257-273

Classics of Science Malthus on Population. *The Science News-Letter*, 15 (417), 219-220

Cleland, John (2001) The Effects of Improved Survival on Fertility A Reassessment *Population and Development Review*, 27, 60-92

Coale, Ansley J (ed) (1976) *Economic Factors in Population Growth* Scotland, Thomson Litho Ltd.

Davis, K (1948) *Human society*. New York, Macmillian

Hasan, Mohammad Tareq (2011) Population Control versus Population Policy in Bangladesh *The Financial Express*, Dhaka, 16 July 2011

Heuveline, Patrick (2001) Demographic Pressure, Economic Development, And Social Engineering An Assessment Of

Fertility Declines In The Second Half Of The Twentieth Century
Population Research and Policy Review, 20, 365–396

Islam, Ataharul (2000a) *Population Momentum in Bangladesh*
Dhaka, Centre for Policy Dialogue

Islam, Ataharul (2000b) *The Proposed Population Policy of Bangladesh Some Important Issues* Dhaka, Centre for Policy Dialogue

Khan, A H (2011) *Selected Speeches of Bangabandhu (Part IV)*
Dhaka, Bangladesh Cultural Forum

Khan, M Asaduzzaman and Khanum, Parveen A (2000)
Influence of son preference on contraceptive use in Bangladesh
Asia-Pacific Population Journal, September, pp 43-55

Kirk, Dudley (1996) Demographic Transition Theory *Population Studies*, 50 (3), 361-387

Landry, A (1934) *La révolution démographique études et essais sur les problèmes de la population* Paris, Librairie du Recueil Sirey

Nabi, A K M Nurun (2011) Population Management A Springboard for Rapid Development *The Daily Star*, 4 April 2011

Notestein, F. W (1945) Population – The Long View, in Theodore W Schultz (ed), *Food for the world* Chicago, University of Chicago Press

Ohlin, Goran (1976) 'Economic Theory Conflicts Population Growth' in Coale, Ansley J (ed) *Economic Factors in Population Growth* Scotland, Thomson Litho Ltd, pp 3-28.

Park, Chai Bin, Islam, Mohamed Ataharul, Chakraborty, Nitai, Kantner, Andrew (1988) Partitioning the Effect of Infant and Child Death on Subsequent Fertility An Exploration in Bangladesh *Population Studies*, 52 (3), 345-356

Park, Chai Bin and Cho, Nam-Hoon (1995) Consequences of Son Preference in a Low-Fertility Society Imbalance of the Sex Ratio at Birth in Korea *Population and Development Review*, 21 (1), 59-84

Presser, Harriet B , Hattori, Megan L Klein, Parashar, Sangeeta, Raley, Sara, Sa, Zhihong (2006) Demographic Change and Response: Social Context and the Practice of Birth Control in Six Countries *Journal of Population Research*, 23 (2), 135-163

Rahman, Mizanur, Akbar, Jalaluddin, Phillips, James F , Becker, Stan (1992) Contraceptive Use in Matlab, Bangladesh The Role of Gender Preference *Studies in Family Planning*, 23 (4), 229-242

Rahman Mizanur, DaVanzo, Julie (1993) Gender Preference and Birth Spacing in Matlab, Bangladesh *Demography*, 30 (3), 315-332

Rob, Dr Ubaidur, Sprafkin, Noah (2003) *Bangladesh's Population Policy Emerging Issues and Future Agenda* Dhaka, Centre for Policy Dialogue, Paper 23

Sauvy, Alfred (1976) 'The Optimal Change of a Population' in Coale, Ansley J (ed) (1976) *Economic Factors in Population Growth* Scotland, Thomson Litho Ltd, pp 63-86

Thomas, S J , John L (1967) 'Sex, Marriage, and the Family' A Reappraisal' in Liu, William T (ed) *Family And Fertility* USA, The University of Notre Dame Press, pp 25-45

Thompson, W S (1929) Population *American Journal of Sociology*, 34, 959–975

Appendix-A: Questionnaire

বাংলাদেশ লোক-প্রশাসন প্রশিক্ষণ কেন্দ্র, সাভাব, ঢাকা, ৪৫তম বুনিয়াদি প্রশিক্ষণ কোর্স
মাঠ সমীক্ষা কার্যক্রমের জন্য প্রশ্নমালা

মাঠ সমীক্ষার বিষয়ঃ Taking Fertility below the Replacement Level concerns of
the rural people in Bangladesh

সাক্ষাৎকার গ্রহণের তারিখঃ সময়ঃ স্থানঃ

০১ উত্তরদাতার নামঃ

০২ জেলাঃ উপজেলাঃ

ইউনিয়নঃ গ্রামঃ

০৩ লিঙ্গঃ ☐ ১ পুরুষ ☐ ২ মহিলা ০৪ বয়সঃ (বছর) ০৫ সর্বোচ্চ শিক্ষাগত যোগ্যতাঃ

০৬ ☐ ১ কৃষক ☐ ৪ অন্যান্য শ্রমিক ☐ ৭ বিজ্ঞান / ভ্যান / টেম্পু / গাড়ি চালক বা হেল্পার

০৬ ☐ ২ বর্গাচাষী ☐ ৫ ক্ষুদ্র ব্যবসায়ী/দোকানদার ☐ ৮ অন্যের বাড়িতে স্থায়ীভাবে কাজ করে

০৬ ☐ ৩ কৃষি শ্রমিক ☐ ৬ ইমাম / মুফাজ্জিন / খাদেম ☐ ৯ গৃহিণী

☐ ০ অন্যান্য= (উল্লেখ করুন):

০৭ বর্তমানে সন্তান সংখ্যাঃ ☐ ১ নাই ☐ ২ একটি ছেলে ☐ ৩ একটি মেয়ে

০৮ প্রত্যাশিত সন্তান সংখ্যা ক মোটঃ জন ছেলেঃ জন মেয়েঃ জন

থ সৃষ্টিকর্তা যতজন দেন (প্রয়োজ্য হলে বক্সে √ চিহ্ন দিন)

০৯ 'অধিক সন্তান/জনসংখ্যা দেশের জন্য ক্ষতিকর' ☐ ১ ঠিক ☐ ২ ঠিক না ☐ ৩ জানি না

১০. আপনি কেন একাধিক সন্তান নিতে চান?

- | | | |
|---|--|--|
| ☐ ১ ছেলে সন্তানের আশা/বংশ বক্ষা | ☐ ২ দুর্ঘটনায় সন্তান হাবানোর আশঙ্কা | ☐ ৩ বৃদ্ধ বয়সে বাবা-মা'র নিবাপত্তা |
| ☐ ৪ সংসারের আর্থ বাড়ে/সহায়তা হয় | ☐ ৫ মেয়ে নেয়ার শখ | ☐ ৬ স্বামী/স্ত্রীর ইচ্ছা |
| ☐ ৭ বাচ্চার সাথী দবকাব | ☐ ৮ আত্মীয়-স্বজনের চাপ | ☐ ৯ ধর্মীয় গুরুত্ব প্রভাব |
| ☐ ১০ বড় পবিবাব নিবাপত্তা দেয় (শক্তি বাড়ায়) | ☐ ১১ স্বামী/স্ত্রী উপকরণ ব্যবহার করতে চায় না | ☐ ০ অন্যান্য= (উল্লেখ করুন): |

১১ সবকাবি কি সুবিধা পেলে আপনি ছেলে হোক বা মেয়ে হোক একটি সন্তানের বেশি দু'টি নিবেন না?

১	সন্তানের লেখাপড়ায় বৃত্তি প্রদান	৭	বেসবকাবি কাজে / চাকুরিতে নিজেব ও সন্তানের অগ্রাধিকার
২	সন্তানের সম্পূর্ণ দায়িত্ব গ্রহণ (লেখাপড়া ও চাকুরি)	৮	কম মূল্যে বেসবকাবি স্বাস্থ্যসেবার সুবিধা
৩	মেয়ে সন্তানের বিয়ে প্রদান	৯	বিনামূল্যে জন্ম নিয়ন্ত্রণের পছন্দনীয় উপকরণ সবববাহ
৪	বৃদ্ধ বয়সে ভরণ-পোষণে সহায়তা	১০	সবকাবি পবিবহনে ৩ জনের ফি / কম মূল্যে ভ্রমণ সুবিধা
৫	সবকাবি কাজে / চাকুরিতে নিজেব ও সন্তানের অগ্রাধিকার	১১	অবশ্যই এক-এব অধিক সন্তান নেব
৬	সবকাবি হাসপাতালে ৩ জনের ফ্রি চিকিৎসা সুবিধা	০	অন্যান্য (উল্লেখ করুন):

মনিটরিং কর্মকর্তার স্বাক্ষরঃ

তারিখঃ

০৫ শিক্ষাগত যোগ্যতা কোডঃ কুলে গিয়েছে কিন্তু কোন শ্রেণী পাশ করেনি/নিবন্ধন=০, নার্সারি/প্রফেশন/শিশুশ্রেণী=১, ৫ম শ্রেণী=৫, এস এস সি/দাখিল=১০, এইচ এস সি/আলিম=১২, বি এ /ফাজিল=১৪, স্নাতক=১৫, এম এ/কামিল=১৬, ধর্মীয় শিক্ষা=১৭, অন্যান্য=১৮