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**Single Child Families in
Tripura: Evidence from
National Family Health
Surveys**

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SINGLE CHILD FAMILIES IN TRIPURA: EVIDENCE FROM NATIONAL FAMILY HEALTH SURVEYS

N Pautunthang¹ and T S Syamala²

Abstract

One of the inevitable outcomes of low fertility is the reduction in family size. Attitudinal change towards the value of children is taking place due to the modernisation and having more children has become irrational for many. A viable alternative lifestyle in the present-day world is a family with a single child. Over this backdrop, this paper attempts to address the levels, trends and differentials in single child families in the state of Tripura where the proportion of single child families is remarkably high as compared to all other states. The data for this paper has been drawn from different rounds of the National Family Health Surveys. Single child families have been analysed among the currently married women in the 15-49 age group. Overall, the study has shown that there is a deliberate and conscious effort among couples in the state of Tripura to restrict their families to a single child. A large proportion of currently married women in Tripura have opted for single child which is highest among the states in India. Further, the proportions of single child families have been on the rise during the last two decades. If this trend continues, the proportions of such families are also likely to rise in future. There are also variations across districts in terms of the proportion of single child families. West Tripura district has the highest proportion of single child families whereas Dhalai district has the lowest proportion of single child families. The proportions of single child families are higher among educated and employed women from the urban areas. This could be mainly due to higher aspirations for better quality living.

Keywords: Fertility, families, marriages, single-child, parity

Introduction

Well-known and extensively researched are the issues regarding low fertility in developed countries. Western European regions were the first to experience sustained below replacement-level fertility in the late 1960s and in the early 1970s. One of the outcomes of low fertility is the emergence of single child families. It was during the second half of the 1970s that social demographers have started conducting research on single child families. The 'single child' was a rare phenomenon 30 years ago. If at all there were some cases of single child families, they were usually children of the older or couple with secondary infertility. Big families with four or five kids were common in the past; however, things have vastly altered today. There has been a shift in society. It became irrational for many couples to have more children due to diverse reasons. Nowadays, when men and women are asked about their ideal family size or the number of children they would like to have, the answer is usually single child. The single child family is a subject of interest for countries with very low fertility. Due to the paucity of authentic data, it is difficult to know its exact figure. However, the available literature suggests that the

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number of single child families continues to increase from cohort to cohort. Therefore, having a single child might be much more frequent than generally supposed. A family with single child is a viable alternative lifestyle in the present-day world. India has already witnessed some remarkable shifts in the pattern of reproductive behaviour. The high population growth rate was identified as a cause of concern for our nation in the past. To counter the drastic increase in population, India became the first developing country in the world to initiate a nationwide family planning programme as early as in 1952. The government of India is providing family planning facilities for married couples. Different strategies were undertaken with the help of mass media to promote a reduction in the number of children born to married couples. The country's family planning campaign with catchy slogans like '*hum do, hamare do*' along with better access to medical facilities, higher female literacy, as well as greater participation of women in the workforce, have all led to lower fertility rates. India has witnessed a continuously decline in its growth of population since 1971 (Census of India). At the beginning of 1990, India was entering the third stage of demographic transition with a sharper decline in fertility levels (Pradhan and Sekhar, 2014). The recent data provided by the SRS indicate a clear decline in fertility throughout the country. More than half of the Indian States have now entered the last phase of the classical demographic transition (SRS-2016).

Though a desire to bring forth offspring is found in almost all societies of the world, the desired number and the sex composition vary from groups to groups and even within the same cultural group. Indian culture has always been in favour of large families and studies have shown that, highly traditional gender roles, almost universal marriage, child marriage and a strong son preference had existed in the Indian societies (Uberoi, 1993). For the Indian women in the past, having two to four children was quite crucial to her marriage. India is a country which has valued remarkably the children and the parenthood. In a culture that values family and children, single child is not considered as an appropriate family size. However, in the recent years, an increasing yearning for single child families has been observed in India, especially in urban areas (Basu and Desai, 2016). In a society where the social pressures to have children are strong, women stop procreating once they have done their duty or after having experienced motherhood (Didier Breten, 2009).

The rise in single child families in developing countries including India is considered as a new trend among the population. Single child families are fast moving and are becoming the norm in urban circles. The traditional, large, joint family, which was a prevalent demographic feature of India, has given way for small, nuclear families and over the past few decades, the nuclear families in India have changed further into single child families. The reasons for the couples opting a single child are quite diverse. More Indian women are marrying late in life and opt to have single child. Another reason is that the couples are seeking to conserve their resources to maximize earning opportunities for their offspring in a scramble for jobs.

Single Child Families: A Review

Various studies the world over have documented the presence of single child families. According to Grigoriadis (2004), there were many single children born between the decades of 1920-1940 in the United States of America. In 1984, more than one-fifth of American families had an only-child (Steiner,

1984) and their numbers were growing. During the 1980-2000, the percentage of women having a single child increased from nearly 10 percent to 23 percent. There are currently 20 million single child households, representing 22 percent of the American families. The percentage of American women having single child has more than doubled over the 20 years duration. Single child families are becoming more common in the United States now. In 1981, 36 percent of families with children in Canada according to census data were single child families and in 2006, they made up 44 percent single child families in all.

Anderson (1998) who has used the data of the 1946 census in Britain has stated that single child families rose steadily from 5.3 percent to 25.2 percent between the marriage cohorts of 1870-1879 and 1925. The number of single child families has increased from 700,000 to 3.7 million over 15-years duration. Single child families are likely to be the majority within a decade (Office for National Statistics 2000). Pearce (1999) has shown that single child families were quite common in the southern Europe. For instance, 26 percent in the Portuguese and 22 percent of the Spanish women born in 1955 had single child. The frequency of single child families has increased considerably in Italy and the current proportion of single child mothers has exceeded 25 percent. In France, 20 percent of women had a single child and the percentage of women who had a single child is 10 percent in Netherlands and 22 percent in Austria. The choice of a single child seems to have been particularly prevalent in Hungary, where more than one woman in four born during 1935 to 1940 had single child.

Around 19 percent of Iranian families have single child, and the widespread tendency among couples to opt for a single child is a serious challenge to the national population growth, according to Heidar Ali Abedi, member of the Majlis Health and Treatment Commission. Retherford and Mishra (1997) have found that 12.9 percent families in Japan had a single child. Among the developing nations, China is the only country which has experimented in 1979 for the creation of a nation of single child families aiming to arrest the growing population. Jiao & Jing (1996) have stated that over 70 percent of the families in major Chinese provinces had single child.

Using data from the India Human Development Survey of 2004-2005, Basu and Desai have reported that 10 percent of households in India were opting to have single child and nearly a quarter of the college-educated women said that they would prefer to have a single child (Basu and Desai, 2016). Pradhan and Sekher (2014), found a high degree of heterogeneity between Indian States and by socio-economic characteristics of the single child families. In general, the phenomenon of single child families is concentrated in the States which have lower fertility and among the more privileged sections of the urban society. Bastein and Rajbhar (2018), by using the Round 3 data of the National Family Health Survey, have found that a significant number of women desire to have a small family with single child.

Studies show that more and more couples these days are opting to have single child for varied reasons. Different researchers like, Hobcraft (1996), Karen (1984) and Westoff (1978) have reported different economic reasons like unemployment, inflation and economic recession as the reason for the existence of single child families. Anderson (1998) and Easterlin (1976) have reported that couples might opt for single child to maintain a comfortable standard of living or because of the high cost perceived by them for the education of children. Family's wealth with a single child is significantly higher than that of a two child family, due to the immense cost associated with raising another child. For

example, the cost of bringing up a child to the age of 21 has reached £ 222,458 in 2012 in the UK (Gammel, 2013). These expenses include educational, living expenses, investment and accident/unforeseen event expenses in a child's life. McAllister & Clarke (1998) have asserted that educated women view parenthood as a large commitment and responsibility and wish to have just single child to bring it up 'properly' rather than not being able to give enough time to two or more children. Hochschild & Machung (1990) argued that working mothers do not have enough time to spend on childrearing and that is why they opt for single child. The reason for stopping at single child is not always financial. Kiernan (1999) and Parr (2007) have found that the parents of a single child married late, mostly when they are above thirty years of age. As a result, they get a shorter time period for childbearing. Nowadays, women are getting married at a later age than previously and the delay can set the stage for secondary infertility-a woman's inability to become pregnant for a second time.

Different researchers have been reported various advantages of single child families. The single child is brought up in a more effective manner and they enjoy all the parent's care in the absence of other siblings to compete, leading them to be more productive individuals. As compared to having a larger family, a single child family minimises various cost involved in childbearing and childrearing. Single child may affect less on the adult relationship and on the leisure activities. One pregnancy and birth will have a less perceived impact on a women's body than a repeated childbearing. The single child also enjoys good health and has better chances of getting health and medical privileges because he or she is the centre of attraction and focus in the family. A few studies have reported that the quality of parental time spent is better in single child families as compared to families with more than one child (Chandler Krynen, 2011). Some research findings also have indicated a favourable trait of single children over non-single children in their academic performance and skills (Poston & Falbo, 1993; Poston & Yu, 1985; Yang, Kao, & Wang, 1980; Xiao & Zhang, 1985). Feng and Zhang (1992) have pointed out that some single children are high achiever in certain areas such as artistic skills and are weak in other areas such as life skills and independence. Zhang and Qian (1991) have reported that single child's intelligence, curiosity, and flexibility are significantly higher than non-single child. They have also found that a single child tends to be much more outgoing/extroverted than non-single child.

On the other hand, a single child is missing the valuable opportunity to interact with siblings and as a result, endures a poorer quality of living. The most prominent character of the single child is self-centeredness. This extreme self-centeredness of a single child is reflected in many aspects of life, from family relations to consumption patterns. A longitudinal study by Tao and Qiu (1999) has shown that single-girl child displays significantly more behavioural introversion than the non-single girl child. As a working mother of a single child, it is a tough job for a mother to give equal time to her work and her family with good care to her child (Disha Chaudhari, 2015). It has always been an issue for the working mothers to give a valuable time when a child actually needs it as she cannot neglect her work. In the case of children with siblings, the older child can take care of the younger ones. Single child may belong to fewer organizations, have fewer friends and lead a less intense social life.

A paper published in 1888 maligned the only-child by describing him/her as 'selfish and self-centred'. However, with the passing of a century, the findings of the paper are no longer relevant and further studies have shown that there is not much difference between children with siblings and a single

child. Falbo (1978) had insisted that a single child does not show any marked difference from children with siblings. Lam and Marteleto (2008) have observed that a single child family is a unique family size, but uniform socialisation process in school results in no significant differences between single child and children with siblings. Mao (1987), a leading scholar in China, found no difference between single child and non-single children at an early age in terms of their ability to adjust to kindergarten, and there was no difference in their behavioural characteristics. Additionally, Chen (1986) reported that irrespective of age, gender or residence (rural or urban), single children were as likely as their peers with siblings to show socially desirable levels of collective orientation.

A closer look at the previous section clearly shows that most of the studies related to single child families were conducted in developed countries such as West Europe and North America. Although the fertility has declined, studies on single child families are very limited in the developing countries, particularly in India. A few studies on single child families have conducted in Kolkata and Chandigarh. Studies on single child families in North-Eastern states are very few. Since the proportion of single child families is remarkably high in Tripura as compared to all the other states, this paper tries to look into the trends and levels of single child families with its socio-economic differentials in this state.

Tripura State at a Glance

Tripura was an independent princely state during the British rule. Before the merger of Tripura into Indian Union on 15th October 1949, the area of the state was much bigger which included the present Tripura and some parts of present Bangladesh. Tripura became a full-fledged state on 21st January 1972. It is the third smallest state of India after Goa and Sikkim. Tripura is bordered by Bangladesh to the west, north & south, Assam to the north east and Mizoram to the east. The state covers a total area of 10,491.69 square kilometres. In 2011, the state had 3,671,032 residents, constituting 0.3 percent of India's population. The indigenous people are the tribals who have been poor and marginalised compared to the non-tribal people of Tripura. The non-tribal people are predominantly the Bengali Hindus. The state has a very low fertility rate of below replacement level. According to NFHS-4, the state has a total fertility rate (TFR) of 1.7 which is one of the lowest in the country. In India, the Bengali community have a long history of low fertility. Even in the Colonial period, Bengal's fertility was very low. Tripura has a large chunk of Bengali population. The proportion of single child families is remarkably high in Tripura as compared to all other states. It is conceivable that the high proportion single child families might be due to a continuation of low fertility.

The main objective of the present study is to analyse the levels and trends of single child families and its differentials in Tripura

Data and Methodology

Data from the different rounds of National Family Health Survey (NFHS) have been used for the present study. Four rounds of NFHS have been conducted so far in Tripura, India. The first round of National Family Health Survey (NFHS-1) was conducted during 1992-93 with a state representative sample of 1100 ever-married women in 13-49 years of age in Tripura. The second round of National Family Health Survey (NFHS-2) was conducted during 1998-99 with a state representative sample of 1104 ever-

married women in 15-49 years of age in Tripura. The third round of National Family Health Survey (NFHS-3) was conducted during 2005-06 with a state representative samples of 1906 never married & ever-married women in 15-49 years of age in Tripura. The fourth round and the latest round of National Family Health Survey (NFHS-4) was conducted during 2015-16 with a state representative samples of 4804 never married & ever-married women 15-49 years of age in Tripura.

The National Family Health Survey provides a set of questions that help to identify married women who have reached their desired maximum number of children. The National Family Health Survey (NFHS) included a question asking men and women their ideal number of children both in a prospective and hypothetical retrospective manner. In this survey, if a woman or man had living children, he or she was asked: *"If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?"* If, however, he or she did not have any living children, the question was: *"If you could choose exactly the number of children to have in your whole life, how many would that be?"* In addition to these two questions, one question related to the sex composition of the ideal family size was asked: *"How many of these children would you like to be boys, how many you would like to be girls and how many would the sex does not matter?"* Again, if a married woman was not pregnant or not sure of pregnancy, the question that was asked was: *"Would you like to have a child or would you prefer not to have any children?"* Meanwhile, for married pregnant women the question was: *"After the child expected now, would you like to have another child, or would you prefer not to have any more children?"*

For the present study, three dichotomous indicators have been generated based on the above questions to operationalise single child families which are conscious and deliberate choice and not an unfortunate outcome. The first indicator (INC=1) measures the percentage of currently married women whose ideal number of children is just having single child. Even though this is just an ideation, it helps in predicting the future intended single child families. Women who idealise for fewer children could be expected to be more strongly committed to smaller family size.

The next indicator (SC₁) measures the percentage of non-pregnant, currently married women who have one surviving child and who do not want additional children. This helps in identifying currently married women who have the desire to stop childbearing after having one surviving child.

The last indicator (SC₂) measures the percentage of currently married women having one surviving child, who do not want an additional child and who are using a family planning method (any type) to stop childbearing. This is the most refined indicator among the three indicators. Data were analyzed in SPSS-22 version by using simple statistics such as frequency and cross-tabulation. Men, never-married women, married women with more than one child and married women with no children are excluded in the analysis. The levels, trends and differentials are analysed at the state level and the variation across districts are also presented.

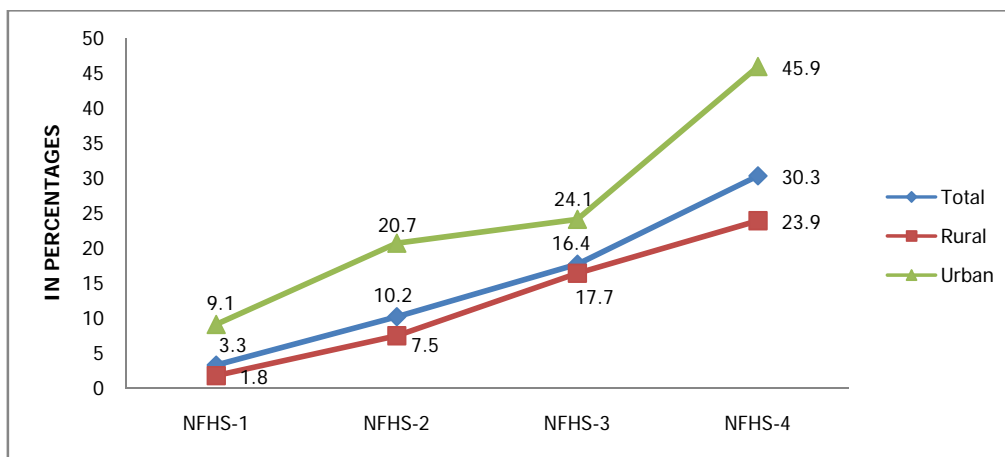
Results and Findings

Levels and Trends of Single Child Ideation

One of the most common measures of reproductive preferences is the ideal number of children. The relevance of this statement on family size preferences has been the subject of interest to the

demographers in different parts of the world (Hauser, 1967; Ware, 1974). Figure 1 presents the proportion of single child ideation among currently married women in the state of Tripura from 1992-93 to 2015-16. The figure clearly shows a significant proportion of currently married women in Tripura view their personal ideal number of children as just one child. From the latest data, i.e. NFHS-4, as many as 30.3 percent of currently married women have stated that their ideal number of children is just one child. It was 45.9 percent among the urban women and 23.9 percent among the rural women.

Figure 1: Levels and Trends of Single Child Ideation in Tripura (INC=1), 1992-2015

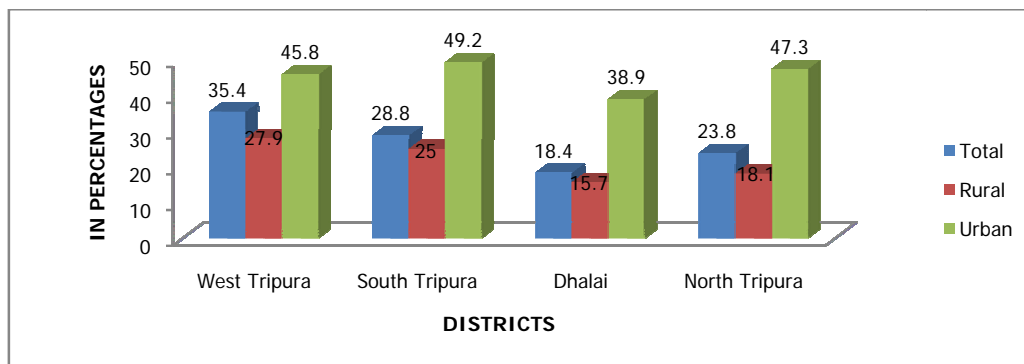


Source: Calculated from different rounds of NFHS data file

There is a clear rural-urban gap in the proportion of single child ideation. Clearly, in every round of the NFHS survey, more urban women indicated one child as their ideal number of children as compared to the rural women. The rural-urban gap was 7 percentage points in NFHS-1 whereas it rose to 22 percentage points in NFHS-4. The gap between rural and urban was the least in NFHS-3, which is 6 percentage points. The totals as well as the rural area have shown a continuously increasing trend from NFHS-1 to NFHS-4. However, the urban trend shows a decrease from NFHS-2 to NFHS-3. It is evident from the figure that single child ideation is spreading widely in the state, even in the rural areas.

Figure 2 shows the district-wise proportion of single child ideation among currently married women. The proportion is quite high for every district especially in urban areas. However, there are variations between the districts. The overall percentage is highest in West Tripura district. In case of the urban areas, the proportion is highest in South Tripura district. On the other hand, Dhalai district has the lowest proportion for both rural and urban areas. Even in rural areas of Dhalai district, more than 15 percent of the currently married women consider one as their ideal number of children. This indicated that not only women from urban areas, but also women from rural areas in Tripura have the desire to have one child. The desire to have one child is higher among currently married women of urban residents compared to the rural residents in every district. The gap between rural and urban in single child ideation is widest in North Tripura district whereas it is narrowest in West Tripura district.

Figure 2: District-wise proportion of Single Child Ideation in Tripura (INC=1), 2015-16

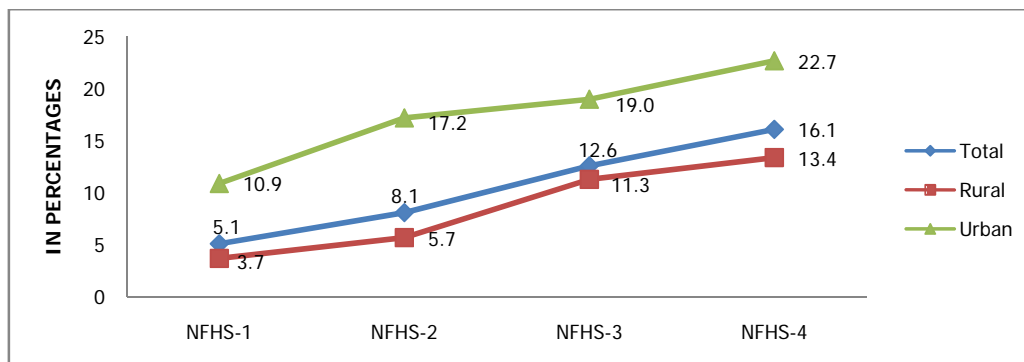


Source: Calculated from the NFHS-4 data file

Levels and Trends of Single Child Families

The ideal number of children reflects a wish of childbearing in an ideal context. The ideal family size can change with the passage of time. Therefore, after having one surviving child, information on the desire to have an additional child would be important for the understanding of the fertility behaviour. The desire to have an additional child emphasizes more on actionability, commitment and planning. Compared to ideal number of children, desire for additional child after having one surviving child is a more realistic measure. Figure 3 presents the proportion of single child families among the currently married women in Tripura as measured by SC1 indicator. A sizeable proportion of currently married women in the state have single child family. The proportion of single child families in the NFHS-4 survey was 16.1 percent. It was 22.7 percent for the urban areas and 13.4 percent for the rural areas. As in the case of the ideal number of children, there is a rural-urban gap in the proportion of single child families too. The proportion of single child families again is higher for the urban women as compared to the rural women. The gap between rural and urban was 7 percentage points in the NFHS-1 and 9 percentage points in the NFHS-4. The gap between rural and urban was widest in NFHS-2 whereas it was narrowest in NFHS-3. The proportions of single child families have been increasing during the last two decades.

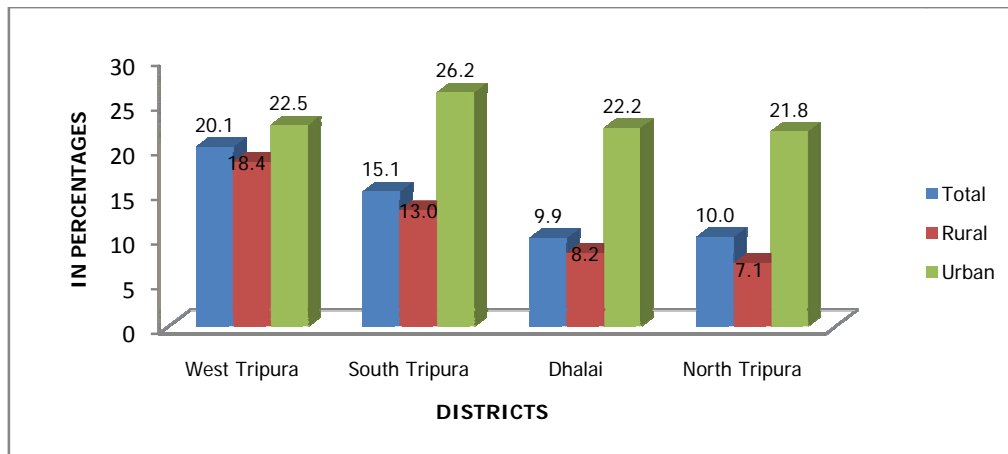
Figure 3: Levels and Trends of Single Child Families in Tripura (SC1), 1992-2015



Source: Calculated from different rounds of NFHS data file

Figure 4 presents the district-wise proportion of single child families in Tripura as measured by the SC1 indicator. The overall proportion of single child families are quite high in the districts of West Tripura and South Tripura. The proportion of single child families in West Tripura district is 20.1 percent which is the highest among all the four districts. The proportion is comparatively lower in Dhalai district and North Tripura district. Dhalai district has 9.9 percent of single child families which is the lowest among all the four districts. Dhalai district was created in the year of 1995 by bifurcating North Tripura district and including parts of Amarpur Sub-Division of the South Tripura district. It was created, keeping in view the administrative exigency of providing development and good governance to the largely tribal inhabited and inaccessible areas. It is the least-urbanised and least-developed district of the state and this district is occupied mostly by the tribal people. The tribal population in Tripura constituted 31.8 percent of the total population in 2011, whereas, in Dhalai district, they constitute 55.7 percent. This might be one of the reasons for the lower concentration of single child families in this district. When we look at the urban areas, the proportion of single child families are more than 20 percent in all the districts. The rural-urban gap is widest in North Tripura district whereas it is narrowest in West Tripura district.

Figure 4: District-wise proportion Single Child Families in Tripura (SC1), 2015-16

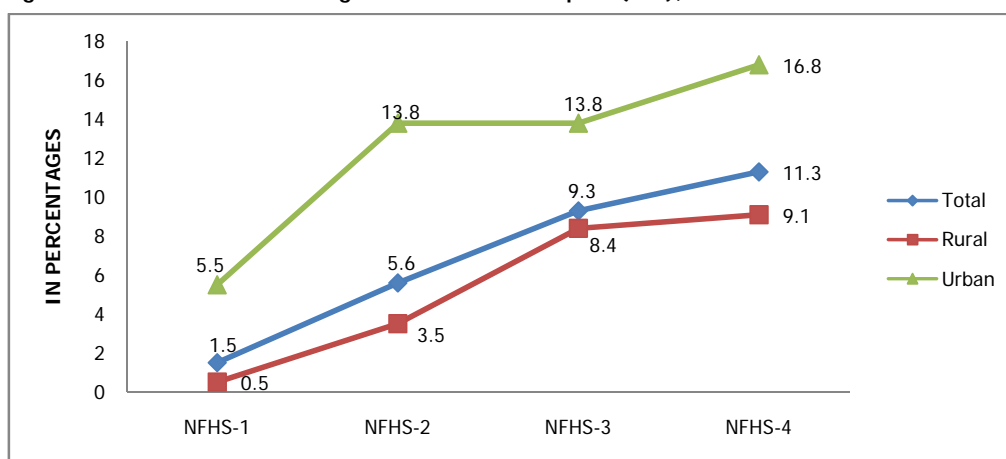


Source: Calculated from the NFHS-4 data file

In the previous section, the proportion of currently married women who have one surviving child, and who do not want additional child was considered as single child families. However, it is not known whether those women who do not want additional child used family planning to stop childbearing or not. To overcome this, another indicator has been created which measures the proportion of currently married women, who have one surviving child, who do not want additional child and who has used family planning method to stop childbearing. This is the most refined indicator among all the three indicators as this indicates the proportion of currently married women who take an active step to limit their future childbearing after having one surviving child.

Figure 5 presents the proportion of single child families as measured by the indicator, SC2. In NFHS-4, 11.3 percent of currently married women have single child families. It was 16.8 percent for the urban areas and 9.1 percent for the rural areas. Besides, there are rural-urban gaps in the proportion of single child families. The gap between rural and urban is narrowest in NFHS-1 whereas it is widest in NFHS-2. The total as well as the measures for rural areas shows a modestly increasing trend over the last two decades. However, the proportion in the urban areas remain constant from NFHS-2 to NFHS-3. Since this is the most refined indicator among all the three indicators, the figure is usually lower. This is because, many a times, the women want to stop the future childbearing but do not access any method of contraception. Therefore, the ideal number of children and the actual fertility do not match in many cases.

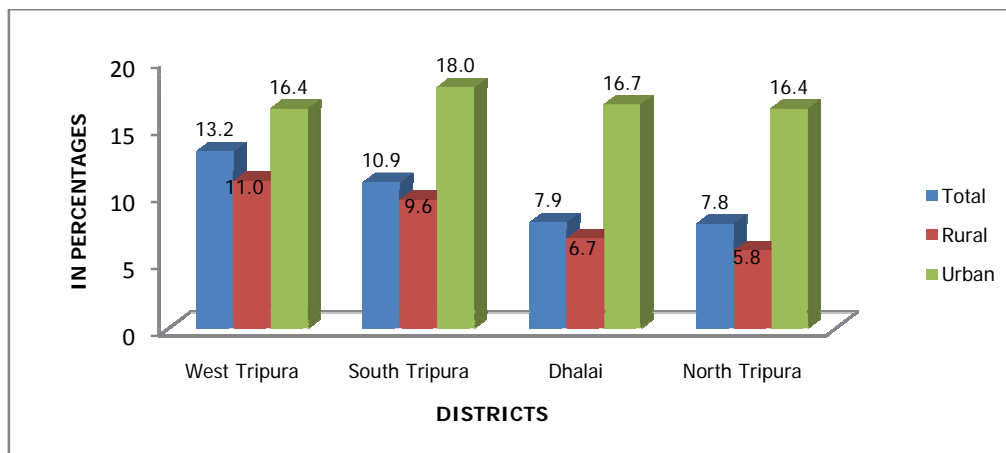
Figure 5: Levels and trends of single child families in Tripura (SC2), 1992-2015



Source: Calculated from different rounds of NFHS data file

Figure 6 presents the district-wise proportion of single child families in the state of Tripura as measured by SC2. There are differences in the proportion of single child families between districts. The proportion of single child families is highest in West Tripura district as far as the total and rural percentage is concerned; on the other hand, it is lowest in North Tripura district. The proportions for urban areas is more than 16 percent for all the districts. The districts of West Tripura and South Tripura have a higher proportion as compared to the districts North Tripura and Dhalai. As mentioned earlier, this is the most refined indicator among the three indicators used in the present study. Even by this indicator, the proportion is quite high especially in urban areas. The gap between rural and urban is narrowest in West Tripura district whereas it is widest in North Tripura district.

Figure 6: District-wise proportion of Single Child Families in Tripura (SC2), 2015-16



Source: Calculated from the NFHS-4 data file

Overall, the proportion of single child families is highest in West Tripura district. On the other hand, it is lowest in Dhalai district except the percentage measured by SC2 indicator. West Tripura district enjoys many advantages over the other districts. According to 2011 census, it is the most-populous district of the state with 1,724,619 inhabitants. It is also the most-urbanised district of the state. The district headquarters is located at Agartala, which is also the capital of the state. Being the oldest district of the state, West Tripura district is far ahead of other districts in development indices. As per the statistical data of the state government, the district has better education compared to the other districts. West Tripura district is also rich in health infrastructure which is considered a major index of development. Apart from the education and health services, West Tripura district is best placed in terms of other developmental infrastructures like the road connectivity, the transport and communication, electrification and the government water supply system. All these together make the West Tripura district the most developed and modernised district of the state. This could be one of the reasons behind the higher concentration of single child families in the district.

Socio-Economic and Demographic Differentials in Single Child Families

The previous section has clearly shown that the proportion of single child families in Tripura is not only increasing, but there are also wide variations across the districts. Further, the proportions of single child families are also higher in urban areas than in the rural areas. The decision to go for a single child family could also be linked with the demographic and socio-economic characteristics of the couples. The demographic characteristics such as, the age at marriage and the age at first childbirth could be important predictors of fertility reduction. It is presumed that women who marry late are likely to start childbearing at a later age and therefore might end up with only fewer children as compared to those who initiate childbearing early. Certain socio-economic factors like the caste and the religion, the education of couples, their household economic status might also be linked to their decision to go in for single child families.

The following section therefore discusses the linkages between demographic and socio-economic factors and the decision to go in for single child families.

Demographic Factors

The table 1 presents the proportion of single child families across demographic factors. The demographic factors considered here are age at marriage and age at first childbirth. This table clearly shows a positive association between the decisions to go in for single child with demographic variables. Clearly, a higher proportion of women who married late reported their ideal number of children as one. Similarly, a higher proportion of those who married late have decided to limit their family to single child as compared to those married early. In the same way, a higher proportion of those who started childbearing later decided to limit their family to one child. There could be several reasons for such an association. One of the reasons could be purely biological in nature. Since childbearing in India is mainly within the marital union, women with shorter reproductive span might bear lesser number of children. On the other hand, educated women are likely to marry late and may have higher ambitions with respect to their career and these women might not be interested in getting married before they have set up a stable career and prioritised their job which in turn leads to certain delay in initiating families.

Table 1: Proportion of Single Child Families with Demographic Characteristics in Tripura, 2015-16

CHARACTERISTICS	INC=1	SC1	SC2	N
Age at marriage				
15-19	16.8	13.9	10.2	805
20-24	22.6	18.6	12.3	456
25-29	36.2	29.1	18.9	127
30 & above	50	32.4	26.5	34
Age at first childbirth				
15-19	13.3	13.3	9.8	630
20-24	17.4	17.4	12.5	569
25-29	29	29	18.1	193
30 & above	46.4	44.6	30.4	56

Source: Calculated from the NFHS-4 data file

Literature available also shows that a greater desire for leisure as well as greater intimacy in a conjugal relationship also motivate couples to have single child (Basu and Desai, 2016). Moreover, women are increasingly becoming health conscious and know that one pregnancy and birth have less impact on their health than repeated childbearing and therefore, they might show certain level of reluctance in conceiving more than once. The proportion of single child families across different socio-economic categories might throw more light on this aspect. The following section therefore presents the differentials in single child families across the socio-economic factors.

Socio-Economic Factors

Table 2 clearly shows that women's education and household wealth are the most important factor in deciding to go for single child families, compared to the other socio-economic factors. These two factors

have shown a clear positive relationship with the single child families. The proportion of women who have decided to go in for single child increases with an increase in the level of education. For example, only around 6 percent of the women with no education considered single child as their ideal number of children whereas this proportion is 42 percent for women with higher education. Similarly, the figures for SC1 and SC2 increased considerably with an increase in education. Education can promote changes of values and it helps in getting new ideas about marriage and families. Women with a higher level of education were aware about family planning methods and felt themselves competent to limit their family size to one child. Similarly, there is a clear increase in the proportion of single child with an increase in household economic status. Only 14 percent of the women from the poorer households considered single child as their ideal family size whereas this proportion is 30 percent in richer households.

Table 2: Proportion of Single Child Families with Socio-economic Characteristics in Tripura, 2015-16

CHARACTERISTICS	INC=1	SC1	SC2	N
Religion				
Hindu	21	17.2	12.1	1375
Muslim	14.5	10.7	7.6	131
Christian	15.4	15.4	9	78
Others	6.3	6.3	3.1	64
Caste				
ST	10.9	9.5	6.1	342
SC	21.1	16.1	12.6	505
OBC	24.1	19.7	13.8	290
None of them	21.5	21.5	17.2	209
Household Wealth				
Poor	13.7	11.7	7.8	889
Middle	23.2	19	14.6	405
Rich	30.4	23.9	16.3	355
Education				
No education	5.5	6.4	3.2	220
Primary	11.1	9.5	7.2	388
Secondary	23.8	19.5	13.6	927
Higher	42.1	29.8	22.8	114
Husband's education				
No education	15.6	12.5	12.5	32
Primary	13.9	11.4	6.3	79
Secondary	22.8	16.7	12.2	180
Higher	34.4	18.8	15.6	32
Husband's occupation				
Professional	40	20	10	10
Clerical & sales	29.6	22.2	18.5	54
Agriculture & manual	16.4	12	8.7	183
Services	25.5	18.2	10.9	55

Source: Calculated from the NFHS-4 data file

Families must constantly be making a trade-off between better lifestyle and larger families when childbearing and childrearing become expensive (Becker, 1993; Easterlin, 1976). Higher income leads to more consumption and is associated with family lifestyle conducive to low fertility. Smaller families tend to invest more in their children than larger families. Smaller families led to increased human capital and modern growth. The opening of social mobility opportunities has increased the desire to invest in children and thus reduced fertility (Greenhalgh, 1988). Nowadays, the parents aspire to educate their child in private English medium schools, to pursue extra-curricular activities apart from studying and provide expensive durable accessories to maintain their child's social standing and these have a significant effect on opting for single child families. In comparison to large family, single child family minimizes the various cost (direct and indirect cost) involved in childrearing. It is argued that one child is likely to have less impact on adult relationship and on leisure activities.

Yet another factor that motivates couple to limit their family size is their occupation. Men and women with challenging jobs tend to limit their families due to a variety of reasons. One of the main reasons for such decision is the issues related to work-life-balance as both men and women have to spend considerable amount of their time for work as well as for managing their families. One pregnancy has less impact on the women's body than repeated childbearing. By restricting childbearing to a single child, women can achieve socially valued motherhood goals and manage career ambitions simultaneously (Gerson, 1986). Therefore, single child might be an appropriate choice for those who wish to experience parenthood and to pursue goals in other fields at the same time. Nowadays, attractive jobs are available to women; however, as the women still hold the primary responsibilities of childcare and domestic roles, they are reluctant to bear more than one child. When faced with the hard choices between work and motherhood, women may well choose to have just single child to satisfy their desire for children. A higher commitment to work force is motivating factor for women to have very low fertility (Basu and Desai, 2016). Lack of family and kin support during childrearing encourage people to have single child. In the urban areas, a breakdown of the joint family system due to modernization has resulted in lack of a dependable support system for childrearing. Many researchers have documented a high fertility rate in joint families because of a strong support system.

Hence, it is interesting to look at the occupation of men and women against their desire to limit their family size. Since majority of the women in the sample are not working, this relationship is tested only with respect to their husbands. The table clearly shows that the proportion of single child families are much higher among men who are professionals or who are in clerical and sales and services than those who are engaged in agricultural activities.

Mass Media Exposure

Association between exposure to mass media and reproductive behaviour has been well documented in the literature. Studies have shown that the exposure to media may provide information on family planning services or changing the value of women's time or that it might expose rural households to urban lifestyles, values and behaviors that are radically different from that of their own (Westoff and Bankole, 1997; Jensen and Oster, 2009; Jin and Jeong, 2010). Many countries with high fertility use mass media to influence the attitudes, social norms and behaviours. Mass media is an important

component of Information, Education and Communication (IEC) that is conventionally utilised to promote small family planning programmes. Media can both inform and motivate people, even about such complex subject as their reproductive means and goals. Mass media provides a wide range of information such as birth registration, vaccination, iodine deficiency, rights to education etc. Some of the information provided by mass media are useful for family planning activities.

Table 3 presents the proportion of single child families with mass media exposure. The common media considered here are newspaper and television. As very few people listen to radio, exposure to radio has not been considered here. The result clearly shows that the women with media exposure such as newspapers and television have higher proportion of single child families.

Table 3: Proportion of single-child families with mass media exposure in Tripura, 2015-16

MASS MEDIA EXPOSURE	INC=1	SC1	SC2	N
Newspaper				
No	16.4	13.3	9.4	1249
Yes	29.8	25.3	17.8	400
Television				
No	10.1	10.1	4.5	198
Yes	21.0	21.0	12.3	1451

Source: Calculated from the NFHS-4 data file

Overall, this section shows that the decision to limit one's family with a single child is more of a phenomenon among the educated urban richer sections of the society in Tripura. Further, all women who have stated their ideal size as one could not translate that into their actual fertility performance. The proportion of women who considered one child as their ideal number of children is much higher than those who intended to limit further childbearing at parity one and thus there seems to exist some gap between the single child ideation and the actual single child families. Though as much as 21 percent of currently married women among Hindu for instance have stated that their ideal number of children as just one child and 17.2 percent has a desire to stop childbearing at parity one, only 12.1 percent took an active step to stop further childbearing.

Conclusion

The results indicate that single child families are widely prevalent in the state of Tripura. Single child families are overwhelmingly concentrated among the more privileged sections of urban women. The proportion of single child families is increasing over the last two decades. If the trend continues in the same way, we might find a sizeable proportion of single child families in future. There is a wide variation between districts in terms of single child families. Among the four districts, West Tripura district has the highest proportion of single child families. Being the oldest district and the administrative headquarter; West Tripura district has many advantages over other ones. Consequently, the proportion of single child families, which is one of the outcomes of development, is high in this district. On the other hand, Dhalai district has the lowest proportion of single child families. The hilly district of Dhalai is

the least-developed district in the state and this might be the reason behind less concentration of single child families in the district.

There is a high degree of heterogeneity in single child families in terms of the socio-economic backgrounds. Limiting the family to a single child is clearly an option for many of the educated and wealthier people with demanding jobs.

The study reveals that there is an emerging trend in population where single child families are on the rise. However, the present study has some limitations. The available data do not allow us to look what really motivates couples to have single child in a state like Tripura where people traditionally prefer more children. The present trend towards single child families could be a response to increasing cost of raising children, higher aspirations for self and children and an aspiration to live a better quality of life. It can also be a combination of several factors. However, a more detailed qualitative study using primary information could throw more light into the underlying drivers behind the prevalence of single child families.

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