

## **9. South India Fertility Project: Karnataka**

*T V Sekher and K N M Raju*

With fertility decline reaching all the continents, human societies in the developing world are passing through an irreversible phase in their demographic history. This decline, which illustrates the second phase of the demographic transition following the inception of mortality decline, is a product of important transformations affecting households and their economic functioning in a society undergoing rapid changes. South India represents one of the regions in the developing world where fertility decline has been the most spectacular, with the average number of children per women approaching the replacement<sup>26</sup> level. Demographic transition in South India has now clearly entered its last phase and the decrease of birth rates, presently steeper than that of death rates, has resulted in an overall decline of natural increase. However, in view of the mediocre level of economic development in this part of the country, the South Indian experience has revived the discussion on the determinants of fertility reduction, notably about the respective roles played by endogenous factors such as cultural and historical features and by exogenous factors such as economic transformations and governmental interventions in family planning. This project is aimed at understanding the channels of fertility decline through the analysis of socio-cultural and spatial differentials.

### **Objectives, Methodology and Scope of the Study**

The aim of the project is the analysis of the social and economic dimension of demographic change through the study of spatial heterogeneity of fertility in South India, with two central objectives —description and interpretation of fertility transition in South India, in order to contribute to a global synthesis on current population dynamics in developing countries. It will also help to identify the regions where the fall of natural increase and of overall population growth will be the most pronounced in the next decade as well as those with a still powerful growth potential.

Observations decided from statistical and geographical investigations will provide fresh material to interpret the social and historical determinants of fertility decline. One of our aims is to shed light on the respective influences of macro determinants that condition demand for fertility control (cultural area and social institutions, agricultural and economic development, etc.) and the micro determinants that regulate supply of family planning (communication networks, sanitary infrastructure, etc.).

Another objective of the study is to examine, for the first time, fertility patterns at the micro/small unit level (village). Availability of computerised data from the 1991 census of India at the lowest administrative level (village blocks/urban wards) and the availability of fertility-related measurements from the census of India were useful in this analysis. Based on this, research issues and specific locations were identified for a detailed investigation at the field level during the second phase of the study. The most important tool in the project is the use of detailed mapping of fertility decline as an illustration of the diffusion process.

The project is the result of the three new signs of development: the rapid fertility decline in South India since the 1980s, the availability of local data and the renewed reflection on the determinants of fertility decline, and development of combined statistical and spatial analysis. The project is supported by the Wellcome Trust, U.K., and coordinated by French Institute of Pondicherry.

### **Findings of the Secondary Data Analysis**

The report of the first phase of the project traces the fertility transition of Karnataka during the last five decades and tries to explain the factors responsible for the slow pace of transition in comparison with the other South Indian states, viz, Kerala, Tamil Nadu and Andhra Pradesh. For this purpose, apart from the available official statistics and census data, findings of major demographic surveys such as The Mysore Population Study (1951–52), The Bangalore Population Study (1975), The Karnataka Fertility Survey (1979–80), National Family Health Surveys (1992–93 and 1998–99) were used. There exists considerable regional disparity within the State with regard to many health and demographic indicators. In the southern and coastal regions of Karnataka, both the fertility and the mortality levels had declined considerably during the 1970s and 1980s. However, the fertility decline has been occurring at a tardy pace in the backward northern districts, which are characterised by low literacy, low female age at marriage, poor health infrastructure, and, above all, low status of women (a detailed article based on the first phase of the project appeared in *Economic and Political Weekly* in Dec. 2001, Sekher, T.V., *et. al*). Based on the first phase study, it was decided to undertake a detailed field study of three Karnataka villages in the second phase of the project.

**Field Survey:** In the second phase of the project, our aim was to capture the self-sustaining nature of fertility decline by showing that fertility decline in one social group is fuelled by low fertility behaviour in other groups. Here, the attempt is to document how other groups that have already reduced their fertility influence groups and how the message of the advantages of ‘small family norm’ has spread across communities and regions. Many surveys have clearly demonstrated that the knowledge of contraception is near universal in the State but there are factors (social, economic, cultural and infrastructural) which result in the non-adoption of family planning. To understand the factors behind the fertility transition among different communities of the State, it was decided to carry out an intensive micro-level study in the selected villages.

The earlier demographic surveys carried out in Karnataka have examined the changes in fertility behaviour at the macro level. But the motivating factors behind the intention to restrict the family size at the village and community levels were not probed convincingly. In this project, the focus group discussions and individual case studies were used to gather qualitative data from rural communities/social groups. For the purpose of this micro-level enquiry, three districts were identified as high fertility (Gulbarga), medium fertility (Chitradurga) and low fertility (Mandya), and from these districts three villages were selected for a detailed investigation. As a first step, all the available secondary information was gathered from various sources. Then, nearly two months were devoted

by the research team to each village, all required information was collected, and FGDs and in-depth interviews conducted. The three village studies provided information about different levels of socio-economic development and various stages of fertility transition.

## **Findings**

Villagers are trying to cope with new risk factors by modifying their behaviour, one of which is fertility behaviour. Varying fertility in villages seems to be the result of the level of development in and around a village and the risk perceptions among the villagers. The findings illustrate that the social, economic, spatial and cultural factors together determine the fertility behaviour of certain groups. But more than that, their perception of 'risk factors' influences their fertility decision-making directly. Though the diffusion mechanism and imitation factor are largely relevant, its impact varies considerably across communities and geographical locations. More importantly, any change in the attitude towards fertility behaviour can only be possible if there is a positive change in the socio-economic and infrastructural conditions of rural population. (The complete reports, articles and maps prepared under the project are available on the SIFP web site: [www.demographie.net/sifp/reports](http://www.demographie.net/sifp/reports)).