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FERTILITY PREFERENCES OF MARRIED WOMEN IN ANDHRA PRADESH: A REVIEW OF SOCIO-ECONOMIC AND DEMOGRAPHIC FACTORS

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Abstract

Fertility preferences are an important aspect of population studies because they influence family size, reproductive behaviour and the future pattern of population growth. In India, fertility preferences are shaped by a combination of socio-economic, demographic, cultural and family-related factors and these factors may differ across regions and social groups. The present article reviews fertility preferences among married women in Andhra Pradesh, with particular attention to the socio-economic and demographic factors that influence decisions regarding the number of children, timing of births and birth spacing. The review draws on available research studies, demographic reports and other relevant secondary sources. Particular attention is given to women's education, employment and economic participation, household income, standard of living, husband's education and occupation, age of women, age at marriage, duration of marriage, number of living children, birth spacing and family structure. The review also considers the influence of son preference, family and community expectations, traditional social norms, husbands and other family members, as well as awareness and access to family planning and reproductive health services. The available literature indicates that fertility preferences in India have gradually moved towards smaller families, with women's education, increasing age at marriage, economic changes, urbanisation and wider awareness of family planning contributing to this change. However, social and cultural factors continue to influence reproductive preferences in some sections of society. The review highlights the importance of understanding fertility preferences within the broader socio-economic and demographic context of women and families in Andhra Pradesh. It also emphasises the need for accessible reproductive health information and family planning services that support informed and voluntary reproductive choices.

Keywords: Fertility Preferences; Married Women; Socio-Economic Factors; Demographic Factors; Family Planning; Reproductive Health; Fertility Behaviour; Andhra Pradesh.

INTRODUCTION

Fertility preference is an important subject in population studies because it reflects the number of children women and couples would ideally like to have, their preferred timing of childbearing and the spacing they consider appropriate between births. These preferences are closely related to reproductive behaviour and are influenced by the social, economic and demographic circumstances in which families live. In India, the long-term decline in fertility has been accompanied by a gradual movement towards smaller family sizes. The National Family Health Survey (NFHS-5) reported that the average ideal family size among women aged 15–49 was 2.1 children nationally, while women with higher levels of education tended to prefer smaller families than women with little or no schooling. The same survey also showed that son preference continues to have an influence on fertility decisions, particularly among women who already have daughters but no sons (International Institute for Population Sciences [IIPS] & ICF, 2021). Research based on NFHS data has similarly shown that fertility behaviour cannot be understood only through the number of children a woman has; the sex composition of children and the desire for a particular family composition also influence decisions about having another child. Bhat and Zavier (2003) explained that son preference has historically been an important factor in India's fertility transition, while more recent evidence continues to identify differences in fertility preferences according to education, residence and other socio-economic characteristics.

The situation in Andhra Pradesh is particularly relevant because the state has already experienced a substantial fertility transition. According to NFHS-5, the total fertility rate in Andhra Pradesh was 1.68 children per

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woman during 2019–21, with a lower level in urban areas than in rural areas. The survey also reported that 91 percent of women aged 15–49 considered two or fewer children to be an ideal family size. At the same time, differences were observed according to education, residence and social background, indicating that fertility preferences are not uniform across the population of the state. The NFHS-5 findings further show that 77 percent of currently married women in Andhra Pradesh wanted no more children, were already sterilised, or had a spouse who was sterilised. Among women who wanted another child, some preferred to wait for at least two years before the next birth. The survey also reported a continuing preference for sons, although most women expressed a desire to have both a son and a daughter (IIPS & ICF, 2021). These observations suggest that fertility preferences in Andhra Pradesh need to be understood in relation to women's education, employment, household economic conditions, age, age at marriage, number of living children, birth spacing, family structure and access to family planning services. Social expectations and gender preferences may also influence reproductive decisions in some households. Therefore, the present review examines the available literature on fertility preferences among married women in Andhra Pradesh, with particular attention to the socio-economic and demographic factors that shape their reproductive choices.

2. CONCEPTUAL UNDERSTANDING OF FERTILITY PREFERENCES

Fertility preference refers to the reproductive intentions and desires of individuals or couples regarding the number of children they would like to have, the timing of childbearing and the interval they prefer between births. It is different from actual fertility because the number of children a woman eventually has may not always correspond to the number she initially wanted. Fertility preferences are influenced by personal circumstances as well as the economic, social and cultural environment in which a family lives. Education, employment, household income, age, age at marriage, existing number and sex of children, access to contraception and family planning services and the participation of husbands and other family members can all influence reproductive decisions. In India, the concept of fertility preference has also been closely associated with the transition towards the small-family norm. Research has shown that women with higher educational attainment generally express a preference for smaller families, while family and community expectations may continue to influence decisions about childbearing (Bongaarts, 2015; McNay et al., 2018).

Fertility preference is also not necessarily a completely individual decision. In many Indian families, reproductive choices are made within relationships involving the husband, parents and parents-in-law. A qualitative systematic review of Indian women's experiences found that family influence, social and cultural norms, perceptions regarding sons and daughters, contraceptive concerns and access to health services can shape decisions concerning family size and birth spacing (Dehingia et al., 2021). Evidence from rural Bihar further illustrates the importance of the family environment: women's preferred family size was associated with the desired number of grandchildren expressed by mothers-in-law, while higher education among women was associated with a preference for smaller families (Lyngstad et al., 2017). Thus, fertility preference should be understood as a changing reproductive intention that develops through the interaction of individual aspirations, family circumstances, economic considerations and wider social norms. This understanding is particularly relevant to Andhra Pradesh, where recent NFHS-5 evidence indicates that a large majority of women consider two or fewer children to be an ideal family size, while preferences concerning the sex composition of children continue to influence fertility decisions in some families (International Institute for Population Sciences [IIPS] & ICF, 2021).

3. SOCIO-ECONOMIC FACTORS INFLUENCING FERTILITY PREFERENCES

3.1. Women’s Education

Women's education is one of the important factors associated with fertility preferences. Education can influence women's understanding of reproductive health, their ability to obtain information, participation in household decisions and their aspirations regarding family life. Educated women are generally more likely to accept the small-family norm and to consider the economic and educational costs of raising children. Research on India has consistently identified female education as an important factor in the fertility transition (McNay et al., 2018; Singh et al., 2022). In Andhra Pradesh, the movement towards smaller families has also occurred alongside wider social and educational change. Therefore, improvement in women's education can influence not only the number of children preferred but also the timing of marriage, spacing of births and use of contraception.

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3.2. Women's Employment and Economic Participation

Women's participation in paid work can affect fertility preferences by changing the opportunity cost of childbearing and by increasing women's involvement in economic decision-making. When women have employment or other productive economic activities, decisions about having another child may be considered in relation to work responsibilities, household income and the time required for childcare. However, the relationship is not uniform because employment conditions, childcare support and the nature of women's work also matter. In Andhra Pradesh, as in other parts of India, changes in women's education and participation in activities outside the household have contributed to wider changes in family aspirations. Fertility preferences therefore need to be understood in relation to women's economic roles rather than employment status alone.

3.3. Household Income and Economic Status

Household economic conditions influence fertility decisions because children involve expenditure on food, education, healthcare, housing and other necessities. Families with limited resources may prefer a smaller number of children so that available resources can be concentrated on their children's well-being. Evidence from India has shown differences in ideal family size and desire for additional children according to household economic status (International Institute for Population Sciences [IIPS], 2010). The relationship between economic status and fertility, however, is not always straightforward. Rising household aspirations may itself lead families to prefer fewer children because parents want to provide better education, healthcare and living conditions for each child.

3.4 Husband's Education and Occupation

The educational and occupational position of the husband can also influence fertility preferences because reproductive decisions are frequently made within the household rather than by women alone. A husband with greater education may have greater awareness of family planning and may be more supportive of birth spacing and smaller families. His occupation and income can also influence perceptions about the economic responsibilities of raising children. At the same time, the role of husbands should not be considered independently of women's decision-making power. Indian research shows that reproductive choices can be influenced by both spouses as well as by wider family expectations (Dehingia et al., 2021).

3.5 Standard of Living and Household Conditions

The standard of living of a household is closely related to fertility preferences. Housing conditions, access to basic services, education, healthcare and household consumption patterns can influence how families view the costs and responsibilities associated with childbearing. With improvements in living standards, parents may increasingly focus on providing better opportunities for each child rather than having a larger number of children. Thus, the small-family preference is not simply a consequence of contraceptive availability; it is also connected with changing expectations concerning children's education, health and future employment.

4. DEMOGRAPHIC FACTORS INFLUENCING FERTILITY PREFERENCES

4.1. Age of Women

Age has an important relationship with fertility preferences. Younger married women may still be considering the desired size of their family, whereas older women, particularly those who already have children, are more likely to have completed or nearly completed their childbearing. Age is also related to biological fertility and the length of the remaining reproductive period. Consequently, the preferred number of additional children may change as women move through different stages of their reproductive lives. In Andhra Pradesh, NFHS-5 shows that a large majority of currently married women either want no more children or have already adopted permanent methods of contraception (IIPS & ICF, 2021).

4.2. Age at Marriage

Age at marriage is closely connected with the timing of first birth and the length of the reproductive period. A later age at marriage generally reduces the number of years available for childbearing and may contribute to a smaller completed family size. It can also be associated with greater educational attainment and changing aspirations among women. Research on India has shown that marriage and contraception are important proximate determinants of fertility differences across population groups (Singh et al., 2022). Historical research specifically examining Andhra Pradesh also found substantial changes in women's reproductive spans over successive cohorts, reflecting changes in the timing of marriage and the adoption of contraception (Padmadas et al., 2004).

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4.3. Duration of Marriage

The duration of marriage provides an important context for understanding fertility preferences. Newly married women may initially prefer to postpone childbearing, while preferences may change after the first child or after the birth of additional children. As marriage duration increases, couples may move from decisions concerning the timing of the first birth towards decisions concerning family completion and birth spacing. Therefore, the same number of desired children can represent different fertility intentions depending on the stage of marriage.

4.4. Number of Living Children

The number of living children is one of the most direct factors influencing the desire for additional children. As family size increases, the proportion of women wanting another child generally declines. The sex composition of existing children can also affect this relationship. NFHS-5 data for Andhra Pradesh show that most women with two children want no more children, although the proportion varies according to whether the existing children include sons or daughters. Among women with two daughters and no sons, the desire for another child is higher than among women who already have sons. This illustrates the continuing importance of gender composition in fertility preferences.

4.5. Birth Spacing

Birth spacing is an important component of fertility preference because families may desire a particular interval between successive births even when they have not decided to stop childbearing. Adequate spacing can allow mothers to recover physically and can provide parents with greater time and resources to care for existing children. NFHS-5 reports that approximately two-thirds of births in Andhra Pradesh occur within three years of the preceding birth, while among women who want another child, some prefer to wait for at least two years (IIPS & ICF, 2021). These findings show that fertility preference includes not only the desired number of children but also the timing of subsequent births.

4.6. Family Structure and Household Size

Family structure can influence fertility preferences through economic support, social expectations and the involvement of relatives in reproductive decisions. In joint or extended households, grandparents and other relatives may have a stronger role in decisions concerning marriage, childbearing and family size. In smaller nuclear households, couples may have greater autonomy but may also have to meet childcare responsibilities with less support from relatives. The influence of family structure therefore depends on the economic and social circumstances of individual households.

5. SOCIAL AND CULTURAL FACTORS

5.1 Son Preference

Son preference remains an important consideration in understanding fertility preferences in parts of India. Although the small-family norm has become widely accepted, some couples may continue childbearing until they have a son or the desired combination of sons and daughters. NFHS-5 provides clear evidence of this issue in Andhra Pradesh. Six percent of women and 11 percent of men reported wanting more sons than daughters, while only a small proportion preferred more daughters than sons. Among women with two living children, the desire to have another child was higher when both existing children were daughters than when the family already had one or two sons (IIPS & ICF, 2021). Thus, declining fertility does not necessarily mean that gender preferences have disappeared.

5.2 Family and Community Influence

Fertility decisions are often made within a wider family and community environment. Parents, parents-in-law, relatives and community members may express expectations concerning the timing of marriage, the number of children and the sex composition of the family. Such influence may be stronger where family relationships are closely interconnected and individual reproductive decisions are considered a matter of collective family interest. Qualitative evidence from India has shown that family relationships and social expectations can affect women's reproductive decision-making and contraceptive choices (Dehingia et al., 2021).

5.3 Traditional Norms and Social Expectations

Traditional ideas about marriage, motherhood and family size continue to influence fertility preferences even while India is experiencing a broad fertility transition. The value attached to motherhood, expectations regarding the continuation of the family line and beliefs concerning sons and daughters can influence reproductive choices. At the same time, these norms are changing with education, urbanisation, women's employment and exposure to new forms of information. Fertility preferences should therefore

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be understood as part of a changing social environment rather than as fixed cultural practices.

5.4 Role of Husbands and Family Members

The role of husbands is particularly important because contraception, birth spacing and decisions concerning another child often require agreement within the couple. Family members can also influence these decisions. Evidence from Indian qualitative research shows that women may face difficulties in exercising independent reproductive choices when family members strongly influence contraceptive decisions or preferred family size (Dehingia et al., 2021). Greater communication between spouses and women's participation in household decision-making can therefore support informed reproductive choices.

6. FAMILY PLANNING, REPRODUCTIVE HEALTH AND FERTILITY PREFERENCES

6.1. Awareness of Contraceptive Methods

Awareness of contraception is now widespread among married women in Andhra Pradesh. NFHS-5 reported almost universal knowledge of contraception, although awareness was lower for some specific methods. This distinction is important because knowing that contraception exists does not necessarily mean that women know about every available method or understand its correct use and possible side effects.

6.2. Access to Family Planning Services

Availability and accessibility of family planning services are important for converting fertility intentions into actual reproductive choices. NFHS-5 reported a contraceptive prevalence rate of 71 percent among currently married women aged 15–49 in Andhra Pradesh, with modern methods accounting for the same proportion in the reported measure. Access, however, includes more than physical availability. Counselling, affordability, privacy, informed choice and continuity of services are also important.

6.3. Contraceptive Decision-Making

Contraceptive use is influenced by the preferences of both women and men, concerns about side effects, previous experience with methods and family expectations. The decision may be particularly complex when women want to postpone or stop childbearing but their husbands or relatives have different preferences. A reproductive-health approach therefore needs to recognise women's autonomy while also encouraging communication between couples.

6.4. Reproductive Health Information

Accurate reproductive-health information helps women and couples make informed decisions about contraception, pregnancy, childbirth and birth spacing. Health information is particularly important for correcting misconceptions about contraceptive methods and for explaining temporary and permanent methods. Information should be accessible through health facilities and community-level workers and should be provided in a manner that is understandable to women with different levels of education.

6.5. Birth Spacing

Birth spacing is an important part of family planning because couples may want additional children but prefer to delay the next pregnancy. In Andhra Pradesh, NFHS-5 indicates that among women who want another child, a proportion prefer to wait at least two years. Family planning counselling can therefore address both objectives—spacing births and limiting family size.

6.6. Role of Health Workers and Health Institutions

Health workers and health institutions play an important role in providing information, counselling and access to contraceptive services. Their role becomes particularly important for women living in rural and economically disadvantaged areas. Counselling should respect the woman's and couple's reproductive intentions rather than simply promoting a particular method. This is consistent with the broader principle of informed and voluntary reproductive choice.

7. CHANGING FERTILITY PREFERENCES IN INDIA

7.1. Transition from Large to Smaller Families

India has experienced a major transition from relatively large families towards smaller family sizes. The national total fertility rate has fallen to below replacement level, although differences remain between states and population groups (Singh et al., 2022). Andhra Pradesh is among the states where this transition is well advanced. NFHS-5 reported a total fertility rate of 1.68 children per woman and found that 91 percent of women considered two or fewer children to be the ideal family size.

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7.2. Increasing Age at Marriage

Increasing age at marriage can contribute to changes in fertility because it reduces the length of the reproductive period and is often associated with increased education and changing aspirations. In Andhra Pradesh, historical evidence has documented changes in reproductive spans across generations (Padmadas et al., 2004). Continued improvement in girls' education and enforcement of the legal minimum age of marriage remain relevant to the broader fertility transition.

7.3. Female Education

Female education has contributed substantially to the changing pattern of fertility in India. Education can delay marriage, increase awareness of reproductive health, improve women's participation in decision-making and strengthen acceptance of smaller families. The relationship is therefore broader than simply the number of years spent in school; education can change women's aspirations and their understanding of the costs and responsibilities associated with raising children.

7.4. Women's Employment

Women's participation in employment and other economic activities can change the opportunity cost of childbearing and increase women's involvement in household economic decisions. However, the effect of employment depends on the nature of the work, income, childcare arrangements and support available to women. Greater participation in paid work does not automatically produce the same fertility preference among all women.

7.5. Urbanization

Urbanisation is associated with changes in family structure, employment, education and the cost of raising children. Urban households may have greater access to education, healthcare and family planning services, while housing and other living costs can make larger families less attractive. In Andhra Pradesh, as elsewhere in India, rural-urban differences remain relevant even though the small-family norm has become widespread.

7.6. Changing Aspirations and Cost of Childrearing

Parents increasingly consider the quality of education, healthcare and future employment opportunities available to their children when deciding family size. The cost of raising children has therefore become an important consideration in fertility preferences. A family may prefer fewer children so that greater resources can be invested in each child. These changing aspirations help explain why fertility preferences can decline even when the economic position of a household improves.

7.7. Changing Family Structures

The movement from extended family arrangements towards smaller nuclear households can also affect reproductive preferences. Couples living independently may have greater control over decisions concerning family size, while they may simultaneously face greater direct responsibility for childcare. Changes in family structure therefore influence both the benefits and costs associated with having additional children.

CONCLUSION

The review shows that fertility preferences among married women are shaped by a combination of socio-economic, demographic, family, cultural and reproductive-health factors. Women's education, employment, household economic position and standard of living can influence the way families view the number and timing of children. Demographic circumstances such as age, age at marriage, duration of marriage, number of living children and birth spacing also have an important bearing on the desire for additional children. At the same time, fertility preference cannot be explained entirely through economic and demographic characteristics. Son preference, family expectations, traditional norms and the role of husbands and other family members continue to influence reproductive decisions in some households.

The situation in Andhra Pradesh reflects the wider fertility transition taking place in India, but it also shows some distinctive features. NFHS-5 reported a total fertility rate of 1.68 children per woman in the state and found that 91 percent of women considered two or fewer children to be the ideal family size. At the same time, the survey found continuing evidence of son preference and differences in the desire for additional children according to the sex composition of existing children. Contraceptive knowledge is almost universal in the state, while contraceptive use among currently married women is also relatively high. These findings indicate that Andhra Pradesh has moved well towards the small-family norm, but fertility preferences are still influenced by social and family circumstances.

The changing fertility pattern in Andhra Pradesh should therefore be understood not simply as a decline in

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the number of births but as a broader change in family aspirations and reproductive decision-making. Greater female education, later marriage, changing employment opportunities, urbanisation, improved access to family planning and the increasing economic and educational investment made in each child have contributed to this transformation. At the same time, continued attention is required to gender preference, informed contraceptive choice, birth spacing and women's participation in reproductive decision-making. Family planning and reproductive-health programmes should respect individual and couple preferences and should provide accurate information, a choice of methods and accessible services. In this context, understanding fertility preferences remains important for population policy because it helps explain not only how many children families have, but also why they make particular decisions about marriage, childbearing, spacing and family size.

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