Couples Reproductive Intentions in Two Culturally Contrasting States of North Eastern India

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Until recently, fertility and family planning research in developing countries has primarily focused on women. Data on fertility intention, contraception, contraceptive attitude, sex preference, etc. are generally collected from a select group of women However, husbands who are the main decision makers on these issues are not covered. The extent to which couples agree with each other on fertility desires and intention to use family planning in future has a major role not only in determining family size but also in the process of fertility transition. The present paper attempts to investigate this question in two culturally contrasting states of North Eastern India. The two states under study are Meghalaya and Manipur. Meghalaya is a matriarchal society where as Manipur is patriarchal. We have sufficient evidence from the present analysis to support the hypothesis that culture has considerable influence on the reproductive intention of the couples.

Introduction

In the extant demographic literature, the culture or the setting to which a woman belongs has been identified as an important determinant of fertility behavior. While considerable uncertainty concerning the effect of culture on fertility exists, at a general level it has been argued that the degree of adherence to cultural norms and values may be of paramount importance in explaining fertility levels in many developing societies. For example, the relatively high degree of social and economic dependence of women on sons in a patriarchal society like India has frequently been cited as an important contributing factor to the high level of fertility in the country (Koenig and Foo 1992). In contrast, the comparatively high level of independence of women has often been advanced as an important explanatory factor in the recent decline in fertility in many of the developing countries.

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Research dealing with culture and fertility has often focused on the status and autonomy of women to take decisions. There are studies that provide evidence that gender inequality increases fertility (Morgan and Niraula 1995; Balk 1994; Basu 1992; Dyson and Moore 1983). But, how the reproductive behavior of couples varies over different forms of culture, i.e. patriarchy or matriarchy, has been relatively less explored in demographic research.

In patriarchal societies, the father is the head of the family, the ultimate authority, and the owner and administrator of the family and property. Unlike patriarchal societies, in matriarchal societies, the mother plays a dominant role i.e. mother is the head and the ultimate authority in the household. There are two more terms that are quite similar to patriarchy and matriarchy. These are patrilineal family and matrilineal family. In a patrilineal family, the property is inherited through the male line and also the descent is known through the male. On the contrary, in matrilineal societies, the property and other resources are transferred through the female line.

The type of society or family can have a significant bearing on the status or position of women in society. In a matriarchal society, a woman is the head of the household, and when property is inherited through females, women are likely to have a higher social status, autonomy, and control over the family resources than males. However, in patriarchal societies, especially in South Asian countries, men are at the top in the social hierarchy compared to women. Cain (1993) defines the patriarchal structure as "the sum of institutional mechanisms that serve to limit women's autonomy relative to men's". In a patriarchal system, various political and legal institutions also perpetuate inequalities between men and women. The practices of purdah and marriage rituals often relegate women to a subordinate position.

There is little disagreement that patriarchal societies support higher fertility. But, the main question is that what the possible ways are through which the features of patriarchal societies lead to higher fertility. While male control over female sexuality and childbearing is an integral aspect of patriarchy, how patriarchy affects reproductive behavior at the individual level is relatively less known. The works of Caldwell (1983), Cain (1982), Dyson and Moore (1983) are worth mentioning while

discussing the relationship between patriarchy and fertility. In Caldwell's views, older male family members are likely to be most pro-natalist as they receive the greatest material advantage from high fertility. From the perspective of Cain, Dyson and Moore, it is women for whom patriarchal societies generate special incentives for higher fertility.

Koenig and Foo (1992) produced empirical evidence to support the hypotheses that patriarchal systems encourage larger family size by providing special incentives to women for bearing a minimum number of sons and by maintaining a system that subordinates women to men in key areas such as their own sexuality and reproduction. On the other hand, literature documenting the relationship between matriarchy and fertility can hardly be found. A study among Mosuo in China revealed that matriarchy and polyandry lacked pro-natalist consequences for individual Mosuo households (Johnson and Zheng 1991).

The important questions that emerge are: How family size preferences of women and men vary over these two different forms of culture? In most of the societies, men want larger families than women do (Singh, Ram and Ranjan 2006; Mason and Smith 2000; Bankole and Singh 1998; Lasee and Becker 1997). Does desire to have more children by men remain same across cultures? In most of the south Asian countries, and especially in India, strong preference for bearing sons is deep-rooted in the culture for a number of reasons (Arnold et al. 2002; Arnold 2001; Basu 1993; Kishore 1993; Bardhan 1988; Karki 1988; Dasgupta 1987; Das 1987; Miller 1981). Does the preference for sons equally exist in both cultures? Is a female child preferred over male child in matriarchy as the mother is the head of household and the property transfer is from mother to daughter? Is it true that women are more empowered or autonomous to take reproductive decisions in a matriarchal system compared to those in a patriarchal setting?

The lack of good literature on matriarchy and fertility can be attributed to the rarity of matriarchal societies in the world. Few societies in the world are matriarchal in nature. In India, Meghalaya has had matriarchal system since time immemorial. In Meghalaya women are the heads of the households and property transfer takes place through the women. The husbands have to move to the wives' house after marriage just as women move to their husbands' house after marriage in a patriarchal system. The

existence of matriarchy in Meghalaya provides a very good opportunity to analyze data for a matriarchal society. Therefore, for the present analysis, we have chosen Meghalaya and Manipur to bring out the differences in the reproductive behavior of couples.

In this paper, we attempt to look at family size preferences, preference for a child of particular sex of couples in two culturally contrasting settings of northeastern India. We have framed three hypotheses namely: In a matriarchal system couples desire to have more children as women derive incentives by bearing more children. Daughters will be preferred in a matriarchal system just as male children are preferred in patriarchal system. Consistency in the responses to any enquiry on the subject will be more in the matriarchal system than in the patriarchal system.

Table 1 presents some indicators of status of women in the households in the two states that are essentially different in their culture and kinship structure. In Meghalaya around 26 per cent of households are headed by females compared to eight per cent in Manipur. As far as decision making in the households is concerned, in Meghalaya around 79 per cent of women are involved in decision making regarding their own health, 71 per cent are involved in decision making regarding purchase of jewelry, etc, and around 78 per cent are involved in decision making on staying with their parents or siblings. The corresponding figures for women from Manipur are 43 per cent, 66 per cent, and 63 per cent respectively. Similarly, a higher percentage of women in Meghalaya compared to Manipur do not need permission to either go to the market or to visit friends/relatives. The percentage of women having access to money is also found to be higher in Meghalaya than in Manipur. Data essentially suggest that the position of women is very different in the two settings that are culturally very different.

Data and Methods

Data for the present analysis has been taken from the District Level Household Survey 2002-2004 of the Reproductive and Child Health Project conducted in India under the supervision of the International Institute for Population Sciences, Mumbai and sponsored by the Ministry of Health and Family Welfare, Government of India. The District Level Household Survey collects data from every district of India spanning across 32 states and union territories. This analysis is restricted only up to the states of Meghalaya and

Manipur. From each district, 40 primary sampling units (villages/ urban frame survey blocks) were selected using a probability proportional to size (pps) sampling design based on 1991 census data. The distribution of the number of rural and urban primary sampling units was made on the basis of percent urban in the district. The target sample size in each district was set at 1000 completed residential households. In the next stage, 28 (rather than 25) residential households from each primary sampling unit were selected using systematic random sampling procedure in order to take care of the expected non-response (around 10 percent).

For the first time in India, data was simultaneously collected from husbands of eligible women in such a large-scale survey. Currently married women in the age group 15-44 were interviewed in the survey on issues like fertility, family planning, RTI/STIs, quality of care, Maternal and Child Health services etc. Husbands of the eligible women were also interviewed in the survey. Husbands and wives were interviewed simultaneously but separately in the survey. Male investigators interviewed husbands and female investigators interviewed wives. The availability of information from both husbands and wives in the survey provides ample opportunity to analyze the responses from both husbands as well as wives regarding their reproductive goals. Compared to wives, the response rate for husbands was much lower. Around 5573 couples in Manipur and 4478 couples in Meghalaya were interviewed in the survey.

The husband's questionnaire under the District Level Household Survey 2002-2004 is similar in structure to the wife's questionnaire, but is shorter in length. Husbands were asked about their background characteristics, fertility experiences, fertility behavior, contraceptive behavior, knowledge and awareness about STIs and HIV/AIDS, experience of STIs and treatment seeking. Further, questions were asked regarding the use or non-use of male methods of contraception and the reasons for not using a male method.

Under the section on fertility preferences, husbands were asked about their desire for another child, sex of the next child, timing of the next child, and intention to use family planning in future. Under the contraceptive section, questions were asked about their contraceptive use, method they are currently using, reasons for not using

any contraception and reason for not using a male method of contraception. The questions in husband's questionnaire were worded in a similar way as in the wife's questionnaire.

Data from wives as well as husbands were matched and couple data has been analyzed in this paper. Cases in which one of the spouses was not interviewed were deleted from the analysis. Frequency distributions, cross tabulations, and logistic regressions have been used in the paper to fulfill the specific objectives. To examine the dissimilarity in the responses of the spouses, an index of dissimilarity has been computed and given in appropriate tables.

Results

Characteristics of Husbands and Wives

Age gap between the spouses is generally considered as one of the determinants of similarity in reproductive preferences of husbands and wives. In both the states, the age gap between husband and wife is around five years, husband being older than wife (Table 2). The percent urban in Meghalaya (25 percent) is more than that in Manipur (19 percent). Literacy, one of the important determinants of reproductive behavior, varies from 63 percent among the men of Meghalaya to 87 percent among the men of Manipur. On the other hand, the literacy of females varies from 50 percent in Meghalaya to 68 percent in Manipur. Though the literacy is higher in Manipur, the gender gap in literacy is lower in Meghalaya than in Manipur. Similarly, gender gap in primary schooling is also less in Meghalaya compared to Manipur. Females in Meghalaya are more likely to go to schools compared to Manipur, as they have to be the heads of the households in the future.

Childbearing Intentions

A robust and prominent predictor of contraceptive use and fertility behavior at both the aggregate and couple levels is whether or not the respondent intends to have another child (Bongaarts 1991; Thomson, Mc Donald and Bumpass 1993; Westoff 1990). It again has become an important input in the estimation of unmet need for family planning (Westoff and Ochoa 1991; Westoff and Bankole 1995). Generally, in developing societies, more men than women desire a larger number of children and more women than men desire a

male child (Singh, Ram and Ranjan 2006; Population Reports 2004; Mason and Taj 1987). The question that arises here is whether this argument holds equally true in these two forms of culture. Three questions were asked in the District Level Household Survey to collect information on childbearing intention: Would you like to have a/another child? Would you prefer your next child to be a girl or a boy or it doesn't matter? How long would you like to wait to have another child? The responses to these questions can be analyzed to get sufficient insight into the childbearing intention of the couples.

Table 3 gives the percentage distribution of wives and husbands, by reported desire for more children and the percentage distribution of couples not practicing contraception by intention to use contraception. It is clear from the table that more husbands than wives desire to have another child irrespective of the state to which they belong. Overall, there are greater differences in the responses of spouses in Meghalaya compared to Manipur, as evident from the larger value of the index of dissimilarity. The percentage distribution of couples, by fertility intentions and the timing of next child is given in Table 4. Around 35 percent of couples in Manipur and 47 percent of couples in Meghalaya want another child. Of the couples that agree on fertility intentions, 48 percent in Manipur and 55 percent in Meghalaya agree to have another child. This finding has important policy implications for future fertility decline in the two states. The figures are clear indications of the expected high fertility in the two states in the near future, and more so in the state of Meghalaya. The agreement between couples in these two states is on producing more children rather than not having more children. Among all couples that disagree on fertility intentions, the proportion in which wife wants no more and husband wants more children is 50 percent in Manipur and 64 percent in Meghalaya.

The timing of the next child among all couples who want more children is also an important predictor of future fertility. We find that in Manipur an equal proportion of husbands and wives desire their next child sooner than later i.e. within the next 24 months. On the contrary, in Meghalaya wives desire a child sooner than their husbands. However, in Manipur more couples desire their children sooner compared to those in Meghalaya.

Preference for child of a particular sex (more so for a male child) is deep rooted in many societies, especially in patriarchal societies. Preference for child of a particular sex can have a significant bearing on the level of fertility of a population. Data on preferred sex of next child are presented in Table 5. Among all couples that agree on the sex of next child, 67 percent in Manipur and 31 percent in Meghalaya agree to have a male child as their next child. On the contrary, around 33 percent of couples in Manipur and 69 percent couples in Meghalaya agree to have a daughter as their next child. A marked differential in preference for a child of a particular sex exists between the two cultures. In Manipur, which is patriarchal in nature, more couples agree to have a male child as their next child compared to Meghalaya where more couples agree to have a daughter as their next child.

Current Contraceptive Use and Intention to Use Contraception in Future

Often, husbands report higher contraceptive use than their wives (Becker et al. 1998; United Nations 1995). The reasons for this disparity can be found elsewhere (Bankole and Singh 1998; Becker et al. 1998; Becker 1996; Ezeh and Mboup 1997). A higher proportion of husbands than their wives (6 percent) report current use of contraception in Manipur (Table 6). The above finding is consistent with the findings of other studies carried out in the Indian subcontinent. Usually it has been observed in the Indian subcontinent that wives underreport the use of condom, which in turn leads to low reporting of contraceptive use by the wives (Population Reports 2004; Ahmed et al. 1987; Koenig et al. 1984). However, the opposite is found true in case of Meghalaya where wives report a significantly high level of current contraceptive use. Probably in Meghalaya a higher proportion of women are reporting use of condom compared to Manipur where, like any other state, underreporting is quite high. The case of both spouses reporting current contraceptive use is higher in Manipur compared to Meghalaya.

Intention of women to use family planning in the future is mostly used for computation of unmet need of contraception. Estimates derived on the basis of responses of women may not be useable as women may not adhere to their responses because of many reasons, especially, when their husbands are opposed to it (Roy et al. 2003; Mbizvo et al. 1991; Joesoef et al. 1988). Further, unmet need derived from the data for women does not correspond to couple unmet need estimates (Becker 1999; Ngom

1997). Marked gender differentials in reporting intention to use family planning can be seen across the two states (Table 3). A higher proportion of husbands than their wives in Manipur intend to use family planning in future. Whereas, in Meghalaya the intention to use family planning is reported by a higher proportion of wives compared to husbands. The index of dissimilarity varies from 15 in Manipur to five in Meghalaya. The difference between husbands and wives regarding future intention of using family planning is more in Manipur than in Meghalaya. The difference in the index of dissimilarity may be due to the fact that a higher proportion of women than their husbands are in the 'undecided' category in Manipur compared to Meghalaya. This may be because of the lower level of decision-making power of women in Manipur than in Meghalaya.

Results from Logistic Regression

To examine whether the differences in the couples' fertility and contraceptive intentions hold after controlling for different socio-economic and demographic characteristics, we run two sets of logistic regressions. The dependent variables used in the two regressions are couples' fertility intentions and couples' contraceptive intentions. The independent variables included in the analysis are caste, religion, years of schooling of husband, years of schooling of wife, age of wife, age of husband, marital duration, number of surviving children, standard of living of household, state of residence and place of residence. The independent variables were grouped into appropriate categories to get sufficient number of observations in every category. One more variable namely 'fertility preference of the couple' was added as an independent variable in the regression analysis of couples' contraceptive intentions. The variable 'fertility preference of the couple' is a four category variable: both want more, both want no more, husband wants no more and wife wants no more. This variable is included to examine the relative influence of the partners on the couples' contraceptive intentions. This would bring out partner dominance while deciding use or non-use of contraception in case of disagreement among the couples on fertility desires. One additional variable namely 'state of residence' was also included in the analysis to confirm whether the differences in the couples' intentions hold even after controlling for important socio-economic and demographic characteristics.

Table 7 gives the results of logistic regression on couples' fertility and contraceptive intentions. Scheduled tribe couples are more likely to desire another child compared to their other counterparts. In cases where the husband is educated higher than primary school, the wife is aged more than 30 years, where there is marital duration higher than five years, and the couple are living in households with medium standard of living are significantly less likely to report desire for another child. Even after controlling for significant socio-economic and demographic characteristics, the couples from Meghalaya are twice more likely to desire another child compared to couples from Manipur.

As far as the couples' contraceptive intentions are concerned, the variables caste, age of wife, marital duration, number of surviving children, standard of living of household, couples' fertility preferences, and place of residence came out to be significant predictors. All the relationships are in expected directions. The couples' intentions to use contraception are three times higher if both the partners do not want another child. In case of disagreement, neither of the partners alone was found to have significant influence on the couples' intention to use contraception. In this case, the state of residence was not found to have any significant effect on couples' intention to use contraception.

Similar regressions were run taking wife's and husband's intention to use contraception in future as the dependent variable and the same independent variables as taken in the previous models (tables not given). All the variables that were found significant in the previous models came out to be significant in explaining the contraceptive intentions except the state of residence. Husbands' from Meghalaya are significantly less likely to report intention to use contraception than the husbands from Manipur. On the contrary, the state of residence did not have any significant influence on the wife's intention to use contraception.

Discussion

Most of the previous studies have tried to study couple's reproductive behavior in a specific setting. Issues that are largely investigated are: Is there agreement between couples regarding reproductive behavior and what happens when there is

disagreement between the spouses about reproductive behavior? But the effect of the setting to which a woman belongs is very less explored in the extant literature. The paper attempts to look into the effect of setting on reproductive intentions of couples. For this purpose, two states from Northeastern India varying in their cultural setup were chosen for study. Both the states in the analysis are highly tribal dominated and tribals are well known for their unique culture, belief, and value system. Of these two tribal dominated states, one is a patriarchal society dominated by the father and the other is matriarchal in nature where the mother is the head of the household.

The analysis reveals that husbands, in general, desire more children irrespective of the setting to which they belong. In both the states the couples that agree on fertility intentions agree on having more children. Moreover, in the case of Meghalaya a higher proportion of couples agree to have more children compared to couples from Manipur. The logistic regression results of fertility intentions reveal that in Meghalaya, couples are more likely to desire more children compared to the couples from Manipur. This finding holds good even after controlling for important socio-economic and demographic characteristics and has important implications for fertility decline. According to the National Family Health Survey 1998-99, the total fertility rates in Manipur and Meghalaya were three and above four children per women respectively. Looking into the high levels of fertility rates in the two states and that a majority of couples agree on having more children, fertility seems less likely to decline sharply in these states in the future, especially in case of Meghalaya. The value of the index of dissimilarity for fertility intention is also higher in the case of Meghalaya than in Manipur i.e. there are greater differences in responses of husbands and wives in Meghalaya than in Manipur.

In most of the Indian states, especially North Indian states, there is widespread preference for bearing a male child and this preference exists since time immemorial. The hypothesis that we proposed to test in the paper is that there is a preference for a female child in Meghalaya just as there is a preference for bearing a male child in other parts of the country including Manipur. We have enough evidence to support this hypothesis. Among all couples that agree on the sex of their next child, 67 percent in Manipur agree to have a male child. On the contrary, in Meghalaya, 69 percent of

the couples agree to have a daughter as their next child. Since, females are the heads of the households and the property transfer takes place through daughters, this kind of preference for daughters is possibly there in Meghalaya. The preferences either for sons or daughters are conducive to higher fertility in both the states.

When it comes to reporting contraceptive use, more wives than husbands in Meghalaya report current use of contraception. Whereas, in the case of Manipur more husbands than wives report current use of contraception. The response category 'both report' is higher in the case of Manipur than in Meghalaya. This may be due to the fact that in Meghalaya more women might be using contraception without the knowledge of their husbands. It is possible that a higher proportion of women in Meghalaya are capable of taking decisions on their own and need no permission to carry out day-to-day activities (as evident from Table 1). More so they have more access to money. Intention to use contraception is another important variable frequently used in fertility analysis. Overall, there are greater differences in intention to use family planning than in fertility intentions, as is obvious from the values of the index of dissimilarity. Again, in Meghalaya, more wives than husbands intend to use contraception in future. Whereas in case of Manipur, more husbands than their wives report that they want to use contraception in future. The data does provide some insights into the position and decision making power of the women in these varying settings. In Meghalaya, more wives than their husbands not only report current contraceptive use but also intend to use one in future. But, in Manipur the responses are the other way round. Logistic regression results of couples' contraceptive intention show that the couples are more likely to use contraception when both the spouses agree not to have more children. In case of disagreement, neither of the partners is significantly more likely to dominate the contraceptive intentions of the couples. The state of residence of couples makes no difference in intentions to use contraception. No clear picture emerges regarding the consistency of responses of the couples in Meghalaya. We do not find strong reasons to believe that the responses of husbands and wives will be more consistent in a matriarchal system than in a patriarchal system.

We find evidence about daughter preference, higher reports of current contraceptive use and intention to use contraception in Meghalaya, which may suggest some sort of higher involvement of women in reproductive decision-making in Meghalaya than in Manipur. To put forth further evidence in support of this argument, we ran some more logistic regressions examining the relative influence of partners' on each other's contraceptive intentions separately for the two states (Tables not shown). In Manipur, women are more likely to intend using contraception when both the partners agree not to have any more children. On the other hand, in Meghalaya wives are significantly more likely to intend to use contraception when either both partners agree not to have any more children or if only the wives themselves want to have no more children. In Manipur husbands' fertility preferences alone predict the husbands' contraceptive intentions apart from both the partners' contraceptive intentions. In Meghalaya the same is influenced by both husbands' and wives' fertility preferences together as well as individually. This also reflects wives' higher involvement and say in the reproductive health decision-making and behavior of couples. Women in Meghalaya seem to be in a relatively better position compared to those in Manipur in participating in reproductive health decision-making and reproductive behavior. More detailed and in-depth investigations are required to understand these issues in a holistic way.

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Table 1: Percentage of Households with women as head and percentage of ever married women involved in household decision making, percentage with freedom of movement, and percentage with access to money in the selected states

	Manipur	Meghalaya
Percentage of female headed households+	8.0	26.2
Percentage involved in * decision making on		
1. own health care	43.3	78.9
2. purchasing jewellary, etc.	66.3	70.6
3. staying with her parents or siblings	63.2	78.4
Percentage who do not need permission to*		
1. go to market	28.6	46.5
2. visit friends/relatives	28.3	48.5
Percentage with access to money*	76.8	81.5

** Source: National Family Health Survey 1998-99, India Report; Table 3.12, pp. 70*

+ Computed from District Level Household Survey

Table 2: Selected characteristics of married men and women in the sample, by state

State	Number of couples (unweighted)	Age-gap between the spouses (mean)	% Urban	% Literate		% With greater than primary schooling	
				Men	Women	Men	Women
Manipur	5573	5.1	18.8	87.5	69.7	78.4	59.1
Meghalaya	4478	5.4	25.0	62.9	55.9	44.7	35.8

Note: Includes only couples

Table 3: Percentage distribution of wives and husbands, by reported desire for more children and percentage distribution of couples not practicing contraception, by intension to use contraceptives, by state

Measure	Manipur		Meghalaya	
	Wives	Husbands	Wives	Husbands
Desire for children				
Want more children	41.7	48.0	36.3	47.0
Want no more child	46.0	44.1	24.3	20.8
Not decided	6.3	5.0	19.6	14.3
Up to God	5.9	2.9	19.7	17.7
Index of Dissimilarity*	6.3		10.7	
Intention				
Yes	18.2	24.0	6.3	5.9
No	49.3	58.3	60.9	65.5
Not yet decided	32.5	17.7	32.8	28.6
Index of Dissimilarity*	14.8		4.6	

**** The proportion of responses that would have to be changed within the distribution for one sex or the other in order for the two distributions to be identical.***

Table 4: Percentage distribution of couples, by fertility intentions, and among those who want more children, percentage in which only one partner wants the next child soon, by state

State	Fertility intentions*					Want more children		
	Both want more	Both want no more	Husband only wants no more	Wife only wants no more	Total	No. of couples	Husband only wants soon	Wife only wants soon
Manipur	35.1	37.9	13.6	13.4	100.0	2363	13.6	12.4
Meghalaya	46.8	38.1	5.4	9.7	100.0	1679	4.5	9.1

* ***The response categories to the question on fertility intentions were 'want more', 'do not want more', 'not decided', and 'up to God'. The responses 'not decided' and 'up to God' clubbed into 'want more' as they converge more towards wanting additional child.***

Table 5: Percentage distribution of couples, by the desired sex of the next child, by state

State	Desired sex of the next child*					
	Both want boy	Only Wife wants boy	Only Husband wants boy	Only wife wants girl	Only husband wants girl	Both want girl
Manipur	34.3	14.1	27.7	5.1	10.0	16.7
Meghalaya	14.1	6.3	15.6	13.8	19.0	31.3

* ***Table based on only those couples who clearly stated the desired sex of the next child***

Table 6: Percentage of spouses who report use of any contraception, by state

State	Current contraceptive use		
	Wife only reports	Husband only reports	Both report
Manipur	1.5	2.8	33.4
Meghalaya	1.2	1.0	16.2

Table 7: Logistic regression results of couples' fertility and contraceptive intentions

Background Characteristics	Exp (β)	
	Fertility intentions	Contraceptive intentions
Caste		
Others (R)		
Scheduled Tribes	1.939**	0.310**
Religion		
Others (R)		
Christian	1.092	1.690
Years of schooling of wife		
Up to primary (R)		
Greater than primary	0.988	1.280
Years of schooling of husband		
Up to primary (R)		
Greater than primary	0.743**	1.212
Age of wife		
<= 30 years (R)		
> 30 years	0.562***	0.414***
Age of husband		
<= 30 years (R)		
> 30 years	0.916	1.023
Marital duration		
0-5 years (R)		
6-10 years	0.626***	0.869
10+ years	0.201***	0.263***
Children Surviving		
0-2 children (R)		
3-4 children	0.381***	1.603**
4+ children	0.206***	3.358***
Standard of Living		
Low (R)		
Medium	0.782**	1.098
High	1.033	1.860**
Fertility preferences		
Both want more children (R)		
Both want no more	-	3.381***
Only husband wants no more	-	0.575
Only wife wants no more	-	0.906
State of Residence		
Manipur (R)		
Meghalaya	2.169***	1.282
Place of Residence		
Rural (R)		
Urban	0.956	1.486**

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