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marriage, low fertility rates, and proper contraception usage. Women's empowerment via work enables them to make reproductive choices.

The percentage of those who require visible sons has reduced from 40% to 18%, which indicates a shift in paradigms concerning attitudes to gender roles because of media exposure due to Beti Bachao and Beti Padhao programs (Bhatnagar, 2023). However, the preference for sons remains covert and causes people's reproductive behaviors to include the necessity of having gender balance. In case this systemic bias continues to exist, it will be impossible for people to make free choices regarding their reproduction regardless of any financial possibilities and educational background (Pal et al. 2024).

Fertility research in Odisha may be rather challenging because of a rather big amount of tribal population in the region. The isolation, socio-economic insecurity, and cultural distinctiveness play their role in influencing the diverse reproductive behavior of tribal women. Generally speaking, the role of motherhood may be rather cultural because the act of giving birth is associated with womanliness and social inclusion in a variety of cultures. Therefore, women who value giving birth and being mothers will prefer to reproduce regardless of any socio-economic difficulties (McQuillan et al. 2015). The mentioned problem creates a vicious circle of high fertility, insufficient contraceptive usage, and poor health outcomes for women when there are no culturally-specific reproductive health care facilities in the area. Interestingly, women would continue having kids up to the moment of obtaining a boy's birth despite the prohibition on sex selection abortion since it is determined not only by technologies but also culture (Pal et al. 2024).

There are different class-specific fertility patterns in Odisha. While richer families tend to demonstrate low fertility and long intervals between births due to higher levels of awareness and knowledge about reproductive health care, poorer families have a high parity rate due to such factors as early marriages, absence of contraceptives, and poor conditions for maternal health care. Religious organizations provide advice related to reproductive practices, which affects family sizes and contraception. Besides, fertility rates differ significantly in different parts of the state, especially tribes, where unwanted pregnancies happen due to lack of access to contraception (Chaudhuri, 2012). It is important to reconsider current reproductive programs in order to fight against the existence of the system promoting the gendered reproductive behaviors and preference for sons. People's education must be reformed in a way that fosters equality and critical thinking rather than information provision (Mandala et al. 2024). Even more people have to be provided with reproductive healthcare services, including youth-friendly information on reproduction, contraceptives and counseling, and economically empowering more women (Atake & Gnakou Ali, 2019). Mass media campaigns should also tackle existing gender stereotypes in order to bring about changes and shift perceptions. Furthermore, community-level programs, such as those involving men and elders, have an impact on the way people perceive gender roles and reproduction.

Throughout its history, Odisha witnessed amazing and terrible things. It is feasible to ensure gender equality and balance between males and females in terms of the latter's population ratio. However, this can be achieved by providing women with empowerment, eliminating outmoded customs, and creating an environment of choice and education when it comes to reproductive issues. The main aim of this paper is to examine factors affecting the reproductive behaviour of Odisha women and their tendency towards giving birth to sons.

## METHODOLOGY

**Study Area:** The research utilized secondary data from Odisha. The choice of this block is based on the rural setting, strong gender roles, lower rates of female literacy, and the restriction of economic participation of women in the region. All these factors together create a good environment for studying the phenomenon under investigation.

**Sources of Data:** NFHS-5(2019-21) Odisha Dataset containing data about 20,037 married women in the age range of 15-49 years, and SRS data of the period 1997-2023 are some of the vital sources of data. With this reliable data, one can draw valuable conclusions regarding the reproductive activities of Odisha residents.

**Data Collection & Design**: For the collection of primary data, a structured questionnaire was created. Secondary data was collected from the NFHS-5 Women's file of Odisha. To ensure the representativeness of NFHS-5 findings for Odisha and Bhadrak districts, a two-stage stratified sampling design was used for this purpose. Moreover, intentional sampling was used to collect primary data to get valuable information from the respondents.

**Data Analysis**: Descriptive as well as inductive analysis methods have been applied to analyse data and come up with findings and conclusions. Various types of descriptive statistics, like percentages, frequencies, tables, and graphs, have been used to emphasize significant facts. Cross-tabulations have been used to compare various groups. Significant variables affecting the reproductive decisions have been identified through bivariate and multivariate analysis techniques.

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## FINDINGS

Tradition and the necessity of male offspring are dependent on social security, inheritance laws, and economic value. High fertility levels can also be attributed to limited access to healthcare and educational opportunities, where illiterate women might lack knowledge regarding family planning methods. Family sizes in the rural environment and financial limitations would be essential in farming. It is important to remember that religious beliefs and cultural practices influence fertility rates and sex preferences. As an example, a particular society's culture may mandate that there must be male descendants. Environmental conditions in the rural community significantly impact fertility rates and sex preferences in numerous ways. Useful information emerges once the data acquired during analysis are processed. This study's findings are based on data from the entire research process.

**Respondent Distribution According to Category, Educational Qualifications, and Occupation (Secondary Data)**

Table 1 depicts the distribution of married women in the state of Odisha according to different demographic classifications. b. The largest proportion (27.92%) of these women is in the age range of 25-45 years. A significant number of women in this population lack any education (27.57%) despite the majority being literate up to secondary school (48.84%). The largest percentage of these women belongs to OBCs (36.1%) and STs (27.29%), while the overwhelming majority are Hindus (94.6%). A substantial portion of resources is held by the wealthiest quintile (35.45%). Geographically, these women are equally distributed in central Odisha (33.65%), northern Odisha (31.75%), and southern Odisha (34.6%). Moreover, more women live in rural rather than urban areas (16.91%).

**Table 1. b: Percentage of currently married women by background characteristics in Odisha**

| Age | **Number** | **Percentage** |
|---|---|---|
| 15-19 | 504 | 2.52 |
| 20-24 | 2,640 | 13.18 |
| 25-29 | 4,014 | 20.03 |
| 30-34 | 3,764 | 18.79 |
| 35-39 | 3,520 | 17.57 |
| 40-45 | 5,595 | 27.92 |
| Education | | |
| No education | 5,524 | 27.57 |
| Primary | 3,371 | 16.82 |
| Secondary | 9,787 | 48.84 |
| Higher | 1,355 | 6.76 |
| Religion | | |
| Hindu | 18,956 | 94.6 |
| Muslim | 303 | 1.51 |
| Christian | 732 | 3.65 |
| Others | 46 | 0.23 |
| Social Category | | |
| SC | 4,019 | 20.38 |
| ST | 5,382 | 27.29 |
| OBC | 7,118 | 36.1 |
| None | 3,199 | 16.22 |
| Wealth Index | | |
| Poorest | 7,103 | 35.45 |
| Poorer | 5,296 | 26.43 |
| Middle | 3,725 | 18.59 |
| Richer | 2,447 | 12.21 |
| Richest | 1,466 | 7.32 |
| Place Of Residence | | |
| Urban | 534 | 18.95 |
| Rural | 2,912 | 16.91 |
| Regions in Odisha | | |
| Central | 6,743 | 33.65 |
| Northern | 6,361 | 31.75 |
| South | 6,933 | 34.6 |
| Total | 20,037 | 100 |

Source: Based on secondary data (NFHS-5)

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**Different types of fertility indicators among currently married women in Odisha:**

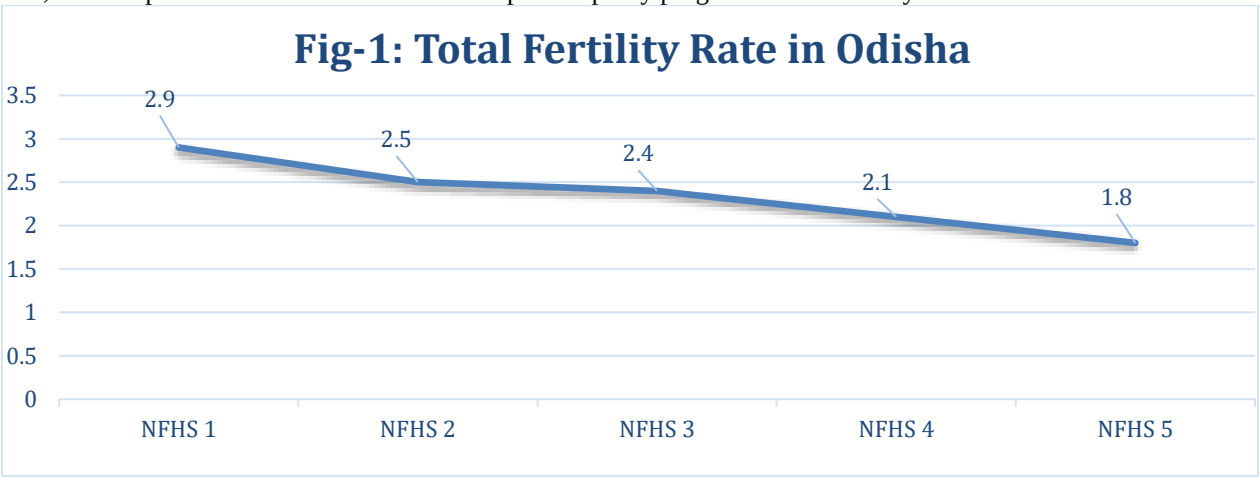
It can be seen from Table 2 that there has been a remarkable change in fertility patterns in Odisha. The fertility pattern in Odisha is that the number of children that married women produce on average, that is, having two live births, has reduced to 1.99. However, despite this decline in the fertility rate, the persistent issue of male gender bias remains due to this reduction in the quantity of the fertility rate. The average desired number of boys was more (1.45) than the average desired number of girls (1.31). Even the desired number of sons was more (1.02) than the number of daughters (0.97). It is quite clear from these facts that, even though with family planning and other factors, it has become easy to restrict the size of the family, cultural practices still give preference to men.

**Table 2: Mean of various fertility indicators among currently married women in Odisha (NFHS-5)**

| | Mean | Std. error | CI at 95% | |
|---|---|---|---|---|
| Number of living children | 1.988 | 0.009 | 1.971 | 2.005 |
| Living son | 1.020 | 0.006 | 1.008 | 1.032 |
| Living daughter | 0.968 | 0.007 | 0.954 | 0.982 |
| Ideal son | 1.448 | 0.046 | 1.357 | 1.539 |
| Ideal daughter | 1.307 | 0.046 | 1.216 | 1.397 |

**Current Trends in the Total Fertility Rate in Odisha (NFHS):**

From data collected through five NFHS rounds, Figure 1 shows that there has been a continuous decline in Odisha's Total Fertility Rate (TFR) for the last three decades. While TFR was recorded at 2.9 in NFHS-1 (1992-93) and 2.5 in NFHS-2 (1998-99), there was a gradual decrease to 2.4 in NFHS-3 (2005-06). Then, in NFHS-3 to NFHS-4 (2015-16), TFR fell sharply to 2.1, which is the replacement level. Subsequently, TFR fell further to 1.8 in NFHS-5 (2019-21), which indicates a below-replacement fertility rate. Though there can be many causes for this trend in reproductive behaviours, including improved family planning practices, women's literacy, and awareness regarding reproduction, son preference plays a significant role in reproductive decision-making. As per NFHS statistics, many households carry on producing children until they have their desired number of boys, which may lead to delayed fertility reduction in certain social, cultural, and geographic conditions. Therefore, while Odisha has made progress in controlling reproductive behaviours, gender roles, and son preference continue to have an impact on parity progression and fertility rates.




**Current Trends in the Crude Birth Rate in India & Odisha (SRS):**

In Odisha and India, there is a continuous decrease in the Crude Birth Rate (CBR) from 1997 to 2023, as presented in Table 3 below. Such a trend reflects the significant shift in demographic behaviour in the past two decades. While Odisha has witnessed a significant fall in CBR from 25.7 to 16.0, the drop is less in the rest of India from 27.2 to 18.4. It implies that Odisha might have reached lower fertility levels compared to India. Even though the CBRs have been more in rural than in urban areas in both regions, there is an impressive decrease in their differences over time.

It reflects better female literacy rates, extensive use of contraception methods, provision of rural health services, and larger family sizes. By virtue of advanced maternity and childcare services, socioeconomic developments, and public health measures such as NRHM, Odisha has seen tremendous success in achieving fertility transition. Nevertheless, variations in the rate of decline indicate that traditional gender roles and preferences for sons continue to play a role in influencing parity behaviour, particularly amongst rural residents. As seen above, not only does rural-urban fertility convergence and demographic behaviour changes for sustainable development exist in Odisha and India, but also replacement-level fertility is almost close to being attained.

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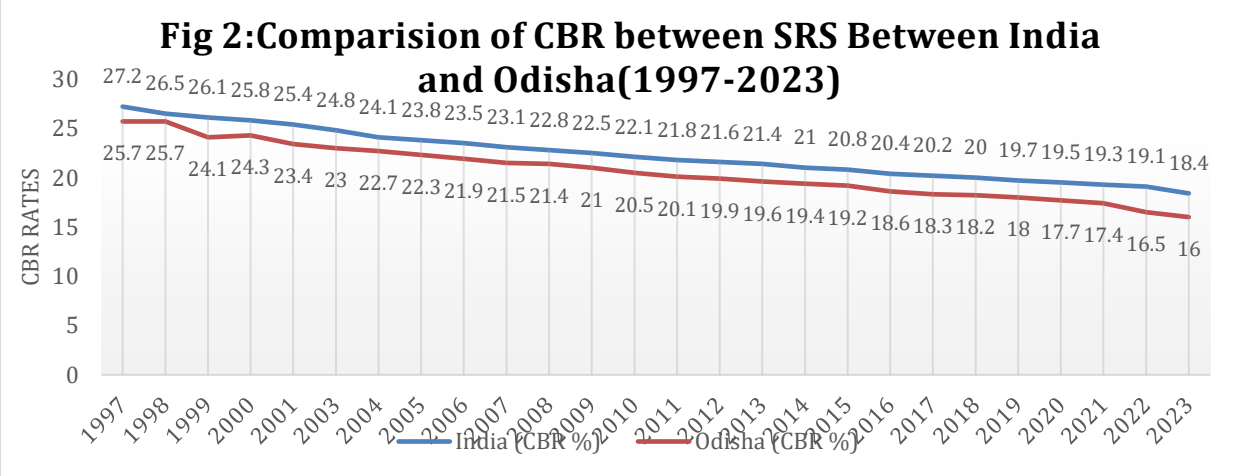
| Table 3- Trends of Crude Birth Rate (CBR), India & Odisha (1997-2023) | | | | | | |
|---|---|---|---|---|---|---|
| | India | | | Odisha | | |
| Year | CBR | Rural | Urban | CBR | Rural | Urban |
| 1997 | 27.2 | 28.9 | 21.5 | 25.7 | 26.4 | 20.9 |
| 1998 | 26.5 | 28 | 21.1 | 25.7 | 26.4 | 20.9 |
| 1999 | 26.1 | 27.6 | 20.8 | 24.1 | 24.6 | 20.3 |
| 2000 | 25.8 | 27.5 | 20.7 | 24.3 | 24.9 | 20.1 |
| 2001 | 25.4 | 27.1 | 20.2 | 23.4 | 23.9 | 19.6 |
| 2003 | 24.8 | 26.4 | 19.8 | 23 | 23.5 | 19.4 |
| 2004 | 24.1 | 25.9 | 19 | 22.7 | 23.6 | 17.3 |
| 2005 | 23.8 | 25.6 | 19.1 | 22.3 | 23.2 | 16.3 |
| 2006 | 23.5 | 25.2 | 18.8 | 21.9 | 22.8 | 16.2 |
| 2007 | 23.1 | 24.7 | 18.6 | 21.5 | 22.4 | 16.1 |
| 2008 | 22.8 | 24.4 | 18.5 | 21.4 | 22.2 | 16 |
| 2009 | 22.5 | 24.1 | 18.3 | 21 | 21.9 | 15.7 |
| 2010 | 22.1 | 23.7 | 18 | 20.5 | 21.4 | 15.2 |
| 2011 | 21.8 | 23.3 | 17.6 | 20.1 | 21 | 14.7 |
| 2012 | 21.6 | 23.1 | 17.4 | 19.9 | 20.8 | 14.6 |
| 2013 | 21.4 | 22.9 | 17.3 | 19.6 | 20.5 | 14.4 |
| 2014 | 21 | 22.7 | 17.4 | 19.4 | 20.5 | 14.2 |
| 2015 | 20.8 | 22.4 | 17.3 | 19.2 | 20.3 | 14.1 |
| 2016 | 20.4 | 22.1 | 17 | 18.6 | 19.6 | 13.7 |
| 2017 | 20.2 | 21.8 | 16.8 | 18.3 | 19.3 | 13.5 |
| 2018 | 20 | 21.6 | 16.7 | 18.2 | 19.2 | 13.4 |
| 2019 | 19.7 | 21.4 | 16.4 | 18 | 19 | 13.2 |
| 2020 | 19.5 | 21.1 | 16.1 | 17.7 | 18.7 | 13.1 |
| 2021 | 19.3 | 20.9 | 15.9 | 17.4 | 18.5 | 12.8 |
| 2022 | 19.1 | 20.8 | 15.5 | 16.5 | 17.4 | 12.5 |
| 2023 | 18.4 | 20.3 | 14.9 | 16 | 16.9 | 12.1 |

Source: SRS Report- 1997 to 2023

As can be noted from the graph presented in Figure 2 showing SRS data between 1997 and 2023, there has been a steady fall in the Crude Birth Rate (CBR) in both Odisha and India. Thus, there has been a long-term change in fertility trends. In detail, the CBR of India has shown a fall from 27.2 to 18.4 per thousand in this period, whereas there has been an even greater decline from 25.7 to 16.0 in the case of Odisha. It needs to be highlighted that the CBR of Odisha was always less than the CBR of India in this period due to various reasons including high literacy among women, late marriages, and family planning adoption on a large scale. However, after 2010, there was a steady decline in CBR, and subsequently, the CBR stabilized in India and Odisha.



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**Achieved fertility by districts in Odisha:**

Overall, fertility in Odisha, as shown in Map 1, stands at 17.3%, although this is subject to variations depending on the area in discussion. Areas like Koraput (9.6%), Malkangiri (10.4%), and Nabarangpur (11.8%) have experienced low fertility rates owing to their poor health, illiteracy levels, and poverty. The areas that experience higher levels of fertility in Odisha include Sambalpur (21.7%), Cuttack (21.9%), and Nayagarh (24.0%). This is attributed to the availability of facilities in family planning as well as health care facilities. It should be noted that regional disparities are also evident when comparing the performances between coastal/central regions and those that are southern or tribal. All in all, it can be said that from the above findings, Odisha's reproductive levels are indicative of the fertility rates of ideal families.

**Odds Ratio of the achievement level of fertility:**

Some other vital parameters are revealed through the analysis of fertility achievement among married women of Odisha, shown in Table 4. It was revealed that young women aged between 20 and 34 years have the highest possibility of achieving fertility, particularly aged between 30 and 34 years (OR: 34.6, p<0.000). Therefore, age is identified as an essential parameter. In addition, it became evident that educational attainment significantly influences fertility because women who have completed basic and secondary education have more possibilities of giving birth than women with higher education (OR: 1.256, p<0.000 for basic education; OR: 1.420, p<0.000 for secondary education; OR: 0.687, p>0.000 for higher education). Therefore, it could be stated that educated women tend to give birth to fewer children. This implies that educational attainment is another vital parameter for analyzing fertility in Odisha. Some considerable differences are also detected among socio-economic classes because women from the OBC group have higher opportunities for obtaining fertility than SC women (OR: 1.196, p>0.000). Moreover, the desire for sons considerably impacts reproductive success because the higher ideal number of daughters leads to achieving fertility (OR: 3.156, p<0.000), while a smaller ideal number of sons is associated with lower fertility rates (OR: 0.313, p<0.000). Finally, it was discovered that Northern Odisha provides more chances of becoming fruitful than Central Odisha.

**Table 4: Odds of achieved fertility among currently married women by demographic and socio-economic characteristics in Odisha**

| **Age** | **Odds ratio** | **P>\|z\|** |
|---|---|---|
| 15-19 | | |
| 20-24 | 8.511 | 0.000 |
| 25-29 | 27.108 | 0.000 |
| 30-34 | 34.583 | 0.000 |
| 35-39 | 33.110 | 0.000 |
| 40-49 | 27.024 | 0.000 |
| **Education** | | |
| No education | | |
| Primary | 1.256 | 0.000 |
| Secondary | 1.420 | 0.000 |
| Higher | 0.687 | 0.001 |
| **Religion** | | |
| Hindu | | |
| Muslim | 0.726 | 0.141 |
| Christian | 1.171 | 0.165 |
| Others | 1.228 | 0.612 |
| **Social Category** | | |
| SC | | |
| ST | 0.922 | 0.202 |
| OBC | 1.196 | 0.001 |
| None | 1.059 | 0.401 |
| **Child** | | |
| No. of living sons | 1.047 | 0.090 |
| No. of living daughters | 1.050 | 0.025 |
| Ideal number of sons | 0.313 | 0.000 |
| Ideal number of daughters | 3.156 | 0.000 |
| **Wealth index** | | |
| Poorest | | |

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| | | |
|---|---|---|
| Poorer | 1.038 | 0.487 |
| Middle | 1.119 | 0.070 |
| Richer | 1.080 | 0.305 |
| Richest | 1.003 | 0.976 |
| **Place Of Residence** | | |
| Urban | | |
| Rural | 0.963 | 0.538 |
| **Regions** | | |
| Central | | |
| Northern | 1.197 | 0.000 |
| South | 0.960 | 0.443 |

## DISCUSSION

It would be reasonable to say that the state of Odisha is characterized by quite considerable fertility drops, as its Total Fertility Rate is lower than the reproductive level. Thus, the state made significant demographic progress in recent decades. However, as far as changes in reproductive behaviour, it should be noted that such alterations did not transform the traditional perception of gender roles and childbearing; consequently, despite decreased fertility, socio-economic inequality persists. Regarding the similar findings by Singh et al. (2024) and Rout (2018), it should be stated that socio-economic inequality, educational gaps, and patriarchal social structures play a vital part in decreased fertility rates in Odisha.

In the first place, one should say that reproductive behaviour in Odisha is considerably influenced by son preference, which implies that gender composition plays an important role because many women are inclined to give birth to more boys than they desire. From the results of the regression analysis, it follows that there is a considerable portion of traditional cultural preferences to give birth until at least one son is born. Consequently, one may say that childbearing for those women who have no boys increases because of their cultural tradition.

What is more, one should also pay attention to the role of education in reproductive behaviour since lack of education and knowledge of contraceptive measures leads to increased fertility. Although family planning services were launched, unintended pregnancies and contraceptive failures significantly affect reproductive behaviour.

Finally, it should be noted that the findings of the current study correspond with previous research regarding South Asian countries, when children, especially sons, are regarded as future economic supports and providers for parents. Besides, giving birth to sons helps in transferring the property to the following generations. Legal steps towards reducing son preference could not eliminate the indirect preferences, which continue persisting in rural areas where the traditional value system remains unchanged and mass media does not function.

## CONCLUSION

In accordance with the results obtained during secondary data analysis, son preference becomes an influential force in forming reproductive decisions, making women conceive another baby to reach the required number of male offspring. In other words, it seems that a fertility transition occurred in Odisha since the fertility rate is below the replacement level. However, despite the occurrence of a fertility transition, it may be assumed that gender norms and reproductive culture have remained constant. It was found that social and educational inequality have become the crucial factors influencing fertility. Women receiving little or no education demonstrate high fertility rates and low reproductive freedom. Unintended pregnancy and contraceptive failure may result from the lack of knowledge about effective family planning techniques. Thus, patriarchy and discriminatory practices have been recognized as some of the determinants of fertility transition in Odisha.

Despite the existence of a policy of gender discrimination prevention in the form of the Pre-Conception and Pre-Natal Diagnostic Techniques Act, there were indirect ways of gender-based preference used by rural populations. The implementation of such policies is limited by the lack of proper media involvement and sufficient knowledge regarding welfare policies concerning women. Consequently, the results of the current research prove that fertility transition does not provide the guarantee of reproductive freedom and gender equality. To achieve sustainable fertility transition in Odisha, it is necessary to improve women's education, reproductive healthcare, and create public awareness on gender equality issues.

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