



**TO STUDY THE CHILD SURVIVING (CS) AND FERTILITY DIFFERENTIALS BY
EDUCATIONAL LEVEL FOR SOME SELECTED CHARACTERISTICS OF
MORADABAD DISTRICT**

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ABSTRACT

The study found similar results in terms of child health care and immunisation. Education, at least up to high school level, is the most powerful factor that influences the mother in dealing with their child's health care and immunisation. The standard of life in sanitary surroundings is the second most essential aspect. Due to an expanding social circle, more Hindu women are venturing out of the house for work. As a result, their understanding of child immunisation has improved. In Moradabad District, there is a substantial variance in maternal health seeking behaviour among different socioeconomic categories. The study found that maternal health was influenced by characteristics such as women's education, where they lived, their standard of living, pregnancy-related issues, and delivery-related complications. It can be stated that there are differences in factors impacting mother's health in the city and the village. Living in the city increases the likelihood that the lady will give birth in a hospital with expert support. Although there were facilities for institutional delivery in rural Moradabad, they were not being used to the extent that they were in the metropolis. This partially explains the urban-rural gap in this regard. Illiterate women were less likely than educated women to use maternal healthcare services.

KEY WORDS: Child Surviving (CS), Fertility Differentials, Educational Level, Urban-Rural.

INTRODUCTION

Perhaps the most key and fundamental basic liberty is great wellbeing and prosperity. Thus, it is the obligation of each and every administration to give suitable medical care offices to all residents without separation. Since India's freedom, progressive focal legislatures and state legislatures have made lawful moves and sent off various drives pointed toward working on individuals' wellbeing and forestalling illness episodes. In light of these projects, the typical time of Indians has ceaselessly expanded from 32 years in 1947 to 65 years in 2012.



FAMILY WELFARE PROGRAMME (1951)

In 1951, India was the main country in the Third World to foster a National Family Planning Program. The program's objective was to bring down the rate of birth to keep populace development at a sensible level, or "to settle the populace at a level similar with the necessities of the public economy." (www.mohfw.nic.in) 135 thus, beginning around 1947, the arrangement of preventative administrations has been the primary concern of India's family arranging program. Following then, at that point, every five-year plan has endeavored to introduce a strategy structure as well as sufficient financing to empower the extended development of a cross country medical services foundation and qualified staff.

The family government assistance program in India has advanced and changed center during its few stages since its foundation in 1951. The program was fortified and hardened from 1965 to 1975, after a wary beginning when its impact was scarcely seen. The program was extended to incorporate maternal and youngster wellbeing administrations, early termination was authorized, the proportion of wellbeing experts to populace was raised, and the Minimum Needs Program (MNP), which consolidates wellbeing and sustenance with richness control, was carried out. To urge individuals to utilize family arranging, an arrangement of impetuses was laid out. It is all around recognized that under India's FWP, there is an excess of accentuation on advocating contraception and supporting female sanitization to meet goals.

REVIEW OF LITERATURE

A. Satisfaction (2021) examined the predominance of weakness, lack of healthy sustenance, and related factors in young adult young ladies in Dehradun's country region. In non-industrial countries, weakness and hunger are not kidding medical problems that add to maternal mortality. The exploration depends on a cross-sectional overview of 100 young ladies between the ages of 10 and 19. Anthropometric and hemoglobin estimations, as well as socio-segment data, were gotten and broke down. As per the discoveries, pallor influences 74% of individuals and unhealthiness influences 78% of individuals. The Pearson's connection esteem shows major areas of strength for an among iron deficiency and hunger and family pay.

More, N.S. also, associates (2021) examined the meaning of public venues and determined that by 2017; around 105 million individuals in India will be living in casual settlements. The review investigated the effect of nearby asset places in metropolitan casual settlements conveying coordinated exercises to work on ladies' and youngsters' wellbeing. The investigation discovered



that 12614 families were allotted to the mediation bunch and 12239 to the benchmark group. In the mediation bunch, 8271 moms and 5371 youngsters under 5 years were circled back to, while in the benchmark group, 7965 ladies and 5180 kids were circled back to. The examination presumes that the requirement for family arranging was more prominent in the mediation groups than in the control bunches, in view of the chances proportion. In an aim to-treat examination, the extents of completely vaccinated youngsters in the mediation and control bunches were indistinguishable, yet the mediation bunch had a higher extent when analyzed per convention. Youth squandering didn't vary between gatherings, however the mediation bunch showed improvement at the group level. As indicated by the discoveries, this local area asset model seems, by all accounts, to be practical and replicable, and it very well may be protocolized for development.

RESEARCH METHODOLOGY

SAMPLING METHOD/SIZE

A testing approach is to make a gauge about "all" by checking out or examining "some." This strategy expects that the characteristics of 'some' demonstrate the component of 'complete,' expecting that 'some' is fittingly picked. Looking 'everything' is badly arranged, expensive, and tedious. Subsequently, its unutilized costs are inadequate. The best review is a delegate test review. The utilization of the testing strategy is especially normal in friendly exploration, which is the reason it is utilized so regularly by laypeople. Nobody really takes a look at each seed by opening the sack's mouth; all things being equal, a few seeds are emptied and checked, and afterward those seeds are assessed. It's for all of the wheat in the packs. We cautiously gather these seeds. Seeds are not culled from the top layer of the wheat load so pleasant wheat seeds, which are saved by finance managers on the top side of the wheat store, don't address all of the wheat seeds in the pile. Thus, there is a gigantic requirement for care. Thus, to keep away from misrepresentation in the wheat purchase, we should be extra cautious in such manner. It is just a social examination applied inspecting method. Its application is concentrated experimentally.

There are two methodologies that can be utilized to do investigate. In the event that we utilize just the review populace as an establishment for choice, or on the other hand assuming we use units as a reason for determination. These two methodology are known as Census and Sampling.



In the event that we wish to play out a social overview of school understudies, we should meet with every kid; this is alluded to as a registration. In the examining technique, we pick a couple of understudies from each class. "The term test ought to be saved for a bunch of units or part of a total of material that has been picked in the assumption that it would be delegate of the whole total," Frank Yaton conditions of examining techniques. "An example, as the name suggests, is a more modest delegate of a tremendous entire," Goode and Hatt say. In research, testing approach is probably the best way since it saves the specialist a ton of time, cash, and energy while likewise considering exact information.

The methodologies and advances utilized in sociologies to gather information for the investigation of social peculiarities are recorded underneath. These are recorded underneath:

1. At the point when respondents are scattered over a huge region, a survey is utilized. On the off chance that they can't be reached promptly, a poll and a solicitation letter are sent to them. The assessor gets them from the respondents.
2. Plan: In the field, the agent's timetable is filled by eye to eye connections. Gathering information from a wide range of responders is utilized.
3. Interview: In this strategy, the specialist gathers data from respondents in a casual environment.
4. Perception: This technique is used by specialists, in actuality, circumstances to accumulate data from observers. These perceptions might incorporate the two members and non-members.
5. Contextual analysis: In the field of social exploration, different information assortment strategies are utilized, one of which is the singular contextual investigation approach. "In the event that review, we give bit by bit image of specific types of persistent encounters," Goode and Hatt compose. Various encounters, social powers, and, by suggestion, foundation examination of a given unit brimming with rationale are contextual analyses in this manner across time."

RESULTS AND DISCUSSION

During the 2015-2016 field survey, Table-1 shows the % of educated women and the mean number of children ever born (MCEB) among ever married women aged 15-49 years by certain chosen socio-economic and demographic characteristics. According to table, Muslim women have a larger percentage of ignorant women than Hindu women, however none of the other religions (Jain, Christian, Buddhist, and Sikh) have any uneducated women. In the illiterate

women class, however, Muslim women had higher fertility than Hindu women, which might be due to religious restrictions on using family planning methods. In the case of women with a secondary or higher education, the fertility difference is extremely small across all religious communities, indicating that there is a threshold level of education for fertility. In terms of caste, the proportion of illiterate women in the schedule tribal community (72.30 percent) is much higher than in the scheduled caste (37.00 percent) and others (general and other backward caste) castes (29.33 percent). However, it's worth noting that fertility is greater among scheduled castes than scheduled tribes in all educational classes.

TABLE-1: Education and MCEB by some selected socio-economic factors

Socio-Economic Factors	Categories	% Educated	Mean Children Ever Born
Religion	Hindu		
	No Education	39.63	4.37
	Upto Secondary	48.50	2.79
	Secondary and above	11.88	2.32
	Muslim		
	No Education	41.79	5.04
	Below Secondary	44.78	3.37
	Secondary and above	13.43	2.56
	Others		
	No Education	0.00	NA
	Below Secondary	27.27	2.11
	Secondary and above	72.73	2.17
	Caste	Schedule Caste	
No Education		37.00	4.62
Below Secondary		57.71	2.80
Secondary and above		5.29	3.67
	Schedule Tribe		
	No Education	72.30	4.60
	Below Secondary	26.35	2.36
	Secondary and above	1.35	2.50



	Others	
	No Education	29.33 4.20
	Below Secondary	48.95 2.89
	Secondary and above	21.71 2.16
Place of Residence	Urban	
	No Education	9.41 4.63
	Below Secondary	51.98 2.92
	Secondary and above	38.61 2.55
	Rural	
	No Education	46.70 4.41
	Below Secondary	46.13 2.78
	Secondary and above	7.16 1.92
Work Status	Not Working	
	No Education	35.83 4.21
	Below Secondary	49.34 2.64
	Secondary and above	14.83 2.35
	Working	
	No Education	52.17 5.24
	Below Secondary	36.96 4.12
	Secondary and above	10.87 1.27
Women Age	15-24	
	No Education	21.82 1.54
	Below Secondary	48.62 1.46
	Secondary and above	29.56 1.73
	25-34	
	No Education	38.81 4.07
	Below Secondary	40.51 3.08
	Secondary and above	20.68 2.03
	35-49	
	No Education	48.86 6.57
	Below Secondary	40.91 4.69
	Secondary and above	10.23 4.11



Table depicts the rural-urban divide, demonstrating that rural women (53.29 percent) have a smaller percentage of educated women than their urban counterparts (90.59 percent). It indicates that better living conditions have boosted education, which has an inverse relationship with reproduction. Education broadens women's economic opportunities and boosts their involvement in the labor market. The fact that a higher percentage of illiterate women work might be due to the easy availability of unskilled jobs in the primary sector (agricultural labor and cultivators), which meet the fundamental needs of poor women's families. In developing countries, the majority of illiterate women work in agriculture for a living, whereas educated women prefer to work in the tertiary and secondary sectors. Secondary and higher educated women had poor fertility in both working and non-working situations, but working high educated women have significantly lower fertility. It's noteworthy to note that the percentage of educated women increases significantly in the lower age group (15-24 years) as compared to the higher age group (35-49 years). It shows that educational levels have been rising in recent years. Because fertility in developing countries is positively associated to age group, higher age groups have higher MCEB. Educated women have lower fertility than their uneducated counterparts in each age group.

FERTILITY (CEB) AND CHILD SURVIVING (CS) DIFFERENTIALS BY EDUCATIONAL GROUP

Table- 2 shows the differences in fertility (CEB) and child survival (CS) by educational category. Fertility is lower among educated women than among ignorant women, owing to the fact that educated women have fewer children than uneducated women. In comparison to her counterpart, an educated woman tends to be more knowledgeable and aware of child health, contraception adoption, and correct utilization of the 1000-day window opportunity gap for good health for women and their children, resulting among lower child mortality in educated women. By reaching family size with the idea of a particular number of child losses, more child loss leads to higher fertility.

TABLE 2: PERCENTAGE DISTRIBUTION OF WOMEN BY FERTILITY INDICATOR AMONG EDUCATIONAL GROUPS LEVEL OF MORADABAD DISTRICT

Education level	Parity	CEB	CS
		MCEB and % of Women	MCEB and % of Women
No Education	Average	4.43	3.53
	1 – 4	53.62	68.99
	5-9	41.45	29.86
	>10	4.93	1.16
Below Secondary	Average	2.82	2.51
	1 – 4	80.80	85.01
	5-9	19.20	14.99
	>10	0.00	0.00
Secondary and Above	Average	2.30	2.23
	1 – 4	92.97	92.97
	5-9	7.03	7.03
	>10	0.00	0.00
Total		3.36	2.86

Women who are illiterate or have no education have a greater mean number of children ever born and a higher risk of child loss. Nearly one kid is lost in the no-education category, which is tragic for society and a major loss in terms of economic and health well-being. In the more educated group, there is a much smaller gap between when a kid is born and when that youngster survives. Nearly 31% of illiterate women have had more than four children, compared to 15% and 7% for women with less than a secondary education and women with a secondary or higher education, respectively.

DIFFERENTIAL OF EDUCATION ON SOME SELECTED DETERMINANTS OF FERTILITY

Table-3 demonstrates the impact of education on sexual relation exposure and contraception risk, as well as other reproductive variables such as age at marriage, age at first and last birth, mean birth interval, and contraceptive use. Because late marriage limits the effective reproductive span, age at marriage has been identified as an important factor of fertility. This chart clearly demonstrated that educated women are more likely to marry later than ignorant or illiterate

women. Table-3 demonstrates that in the twenty-first century, roughly 73 percent of illiterate women married before their legal marriage age in the research region, however this was very low (one fifth part) among secondary and higher educated women. On the other hand, 23.44 percent of women with a secondary or higher education had married after 25 years, while it was relatively low (6 times) among women with less than a basic education.

TABLE 3: PERCENTAGE DISTRIBUTION OF WOMEN BY DEMOGRAPHIC DETERMINATES OF FERTILITY AMONG EDUCATIONAL GROUPS LEVEL

Demographic Determinants	Educational Level	% of Women
Age at Marriage	No education mean age at marriage	16.03
	<18 years of age	73.33
	18-25 years of age	24.64
	>25 years of age	2.03
	below Secondary mean age at marriage	17.74
	<18 years of age	52.46
	18-25 years of age	43.09
	>25 years of age	4.45
	Secondary and above mean age at marriage	21.42
	<18 years of age	14.84
	18-25 years of age	61.72
	>25 years of age	23.44
	Mean age at marriage	17.61
Age at first birth	No education mean age at first birth	19.71
	<18 years of age	21.47
	19-24 years of age	69.41
	>25 years of age	9.12
	below Secondary mean age at first birth	20.48
	<18 years of age	17.94
	19-24 years of age	71.53
	>25 years of age	10.53
	Secondary and above mean age at first birth	23.63
<18 years of age	4.76	



	19-24 years of age	55.56	
	>25 years of age	39.68	
	Mean age at first birth	20.63	
Age at last birth	No education mean age at last birth	32.75	
	15-19	4.13	
	20-24	17.36	
	25-29	17.36	
	30-34	14.05	
	>35	47.11	
	below Secondary mean age at last birth	28.50	
	15-19	13.74	
	20-24	25.19	
	25-29	22.14	
	30-34	13.74	
	>35	25.19	
	Secondary and above mean age at last birth	29.74	
	15-19	14.81	
	20-24	14.81	
	25-29	16.67	
	30-34	24.07	
	>35	29.63	
		Mean age at Last birth	30.20
	Mean Birth Interval in Month	No education	29.41
Below Secondary		34.80	
Secondary and above		39.55	
Mean Birth Interval		36.33	
Adoption of Contraceptive	No education	36.24	
	Below Secondary	39.23	
	Secondary and above	72.22	
	Mean	42.66	
Lactation Duration	No education	115	
	Below Secondary	125	
	Secondary and above	135	
	Mean	121	
Immunization	No education	78.55	
	Below Secondary	88.44	



	Secondary and above	92.61
	Mean	85.31
No of Ante Natal Care (ANC) received	No education	3.38
	Below Secondary	4.51
	Secondary and above	6.37
	Mean	4.42
Tetanus (TT) injection received	No education	1.58
	Below Secondary	1.93
	Secondary and above	2.01
	Mean	1.80
Iron Folic Acid (IFA) Received	No education	44.94
	Below Secondary	55.34
	Secondary and above	73.68
	Mean	52.78
Institutional Delivery	No education	76.06
	Below Secondary	83.18
	Secondary and above	92.79
	Mean	81.18
Survivality Risk	No education	0.57
	Below Secondary	0.27
	Secondary and above	0.11
	Mean	0.32

The average age at first birth for secondary and higher educated women is 4 years older than for illiterate women and 3 years older than for women with less education. Nearly 20% of illiterate women gave birth to their first child before the age of 18, compared to just 4% of secondary and higher educated women in the same age group. A longer reproductive span is evidenced by a higher age at last birth, which boosts fertility. Uneducated women had a higher age at last birth than their educated counterparts. Because of her limited reproductive period and increasing interest in economic health and wellness, women's demand for children has decreased in lockstep with their degree of education. Nearly 47% of illiterate women have a 35 year or older age at last birth, compared to 29.63 percent of secondary and higher educated women, indicating that more education reduces the proportion of women with a higher age at last birth. Minimum 1000-day birth intervals between two consecutive births maintain the mother's health and wellbeing while lowering the reproductive rate. Due to their health awareness and employment involvement,



secondary and higher educated women in the study region had a longer birth interval (about 39 months) than illiterate women (around 29 months). Contraceptive use is substantially greater among educated women than among uneducated women, owing to the fact that educated women have more opportunities to meet other people and have access to more platforms to get knowledge. In the research region, educated women (72.22 percent) are twice as likely as illiterate women (36.24 percent) to use contraception. Breastfeeding has the effect of reducing fertility by causing postpartum infecundity. The increasing knowledge of post-partum infertility is favorably connected with women's education (United Nations, 1997). Higher education satisfies the 6-month breastfeeding requirement, which is advantageous to her children. Uneducated women, on the other hand, only breastfed for 115 days in the study region, which might be the result of working in the agricultural sector and having a low level of knowledge. When the moms' education level rises, the rate of immunization rises as too. The vaccination rate rises in the study region as women's educational attainment rises. A greater rate of vaccination leads to a better rate of survival and lowers the risk factor. In the research area, only 57 percent of women had four or more prenatal visits, but globally 62 percent of women received four or more antenatal visits (UNICEF, 2018). Those with a secondary or higher education got an average of six prenatal visits, compared to three for women without a secondary or higher education. In India, 68 percent of women have had two or more TT injections, and 16 percent of newborn deaths can be ascribed to a lack of two TT injections during pregnancy (Singh et al, 2012). IFA (iron folic acid) is best administered before pregnancy to prevent neural tube abnormalities (WHO, 2012). IFA dosages were given to nearly 74 percent of secondary and higher educated women, but just 45 percent of illiterate women. Institute delivery has lowered the danger of pregnancy complications and good postnatal care, lowering the chances of a child's survival. The rate of births at institutes has increased as women' academic levels have improved. Immunization, ANC, TT injection, IFA received, and institute delivery are all important variables in lowering the risk of survival (Som and Mishra, 2016). This lowers the risk factor by limiting the number of children to achieve the desired family size. Women with a secondary or higher education are 5 times less likely to die than women without a secondary or higher education.



CONCLUSION

People's health is an important indicator of their well-being. A country cannot prosper socially or economically unless its citizens are healthy. The quality of life declines as a result of poor health. Improving women's health is critical to long-term economic success. A woman's health in one stage of life has an impact on her health in later stages. It also has an impact on her children's health, and so future generations. Women of reproductive age and children under the age of fifteen make up nearly two-thirds of our country's population. As a result, their excellent health is critical for the country. The reproductive stage of a woman's life is the most crucial. It lasts from menarche to menopause, with marriage, pregnancy, and motherhood filling in the gaps. In today's industrialised world, a woman's average age is around 85, but in underdeveloped countries, it is around 45 or even less. When a country's gender bias is present, this variation is amplified. The social disadvantages that women face, as well as the conditions in which they are born, live, and work, reflect this gender bias. This bias stems from society's unwillingness to recognise and acknowledge the importance of a woman's role in a man's life. The social norms and upbringing of women have a significant impact on their health. Since childhood, the cultures of "quiet," "shame," "tolerance," and "fatalism" have been imprinted on the brains of girls in our society. All of them balloon up as significant impediments to optimal health in later adulthood.

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