



## Infant and Child Mortality and Fertility in Rural Gaya

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**Abstract:** *It is well established by now that there is a direct relationship between fertility and mortality and the higher the fertility, the higher is the rate of infant mortality and vice-versa. Therefore, the number of infant deaths by the number of live births among these respondents.*

**Key Words:** Established, relationship, fertility, mortality, higher, fertility, responds, infant, increase.

It is clear that direct association between number of live births and number of infant and child deaths in each village. The average number of child deaths was 1.0 when the women had one to two live-births and this average increased with an increase in the number of live-births and it was more than two among women who had seven or more live births. It further shows that the number of women experiencing more than one or two deaths increases with an increase in the number of live-births.

It was further observed that comparatively much higher percentage of women experienced infant and child deaths when they had five or more live-births as against those who had one to two or three to four live-births. A study conducted by the Population Research Centre, Kerala (1998) has also brought out the fact that for the larger family infant mortality is higher.

The relationship between number of live-births and number of deaths becomes still more clear when we look at the average number of live-births among those who had experienced child deaths and those who did not.

It reveals significant variations in the mean number of live-births in the two categories for all the three villages as well as for each village separately. There was a difference of almost nearly two children between these two categories of women indicating thereby the close relationship between child mortality and fertility irrespective of the fact whether high mortality resulted in high fertility or

vice-versa.

An inter-village comparison did not show any significant variation in the mean number of live-births among those respondents who experienced child deaths but among those who did not experience any child loss, mean number of live births was comparatively small in Rehua.

The infant and child mortality has been found to vary with the order of birth which is a biological factor. Mortality rates are comparatively high at first birth order than at higher birth orders.

The highest percentage of deaths was observed for the first order birth while the lowest for the 4th order births. The percentage of deaths again rises after 3rd birth order for all the three villages as well as for each village. In fact, after the first birth order the child loss consistently declines till the 3rd order where it is the lowest and then begin to rise. The Khanna study (1991) which was carried out in 11 villages of Punjab, also brought out the fact that while the infant mortality rates were high for the first child, they were almost at the same level from the second to the 3rd child and began to rise again only for the fourth and later children.

Further, when given the same order of birth, variations between the three villages were significant in the first two birth orders, whereas, in the remaining birth orders the differences were small. For example, the percentage of deaths for first birth order was comparatively higher for Bajrahi but for second birth order it was higher for Bishunganj.



Maternal age is another important factor that influences infant deaths. On the basis of the data collected in the Greater Bombay fertility survey, Ruzicka and Kanitkar (1992) found that the youngest and the oldest mothers experienced the highest infant and neo-natal mortality.

The highest percentage of deaths were experienced by women in the age group of 15-20 years and then above 30 years of age in each village. The percentage of deaths was comparatively much less in the age group of 24-29 years. This trend, thus substantiates the findings of various other studies also.

It was further noted that given the same age groups, all the three villages exhibited more or less the same trend and inter-village variations were not significant.

In fact, maternal age and birth order are closely linked together as young mothers in earlier child births are mostly immature and inexperienced in this regard, and, therefore, experience greater child loss.

As already mentioned, the level of mortality is greatly influenced by various socio-economic factors. The low level of literacy, low income, low level of medical facilities and unsatisfactory housing, are the major contributory factors to the high level of infant and child mortality. In the present analysis, the various socio-economic factors included are the educational level of the respondents and their husbands, their occupational and income status and their housing conditions.

Education is one of the most important factors in determining the level of infant and child mortality. The National sample survey in its 15th round came to the conclusion that mothers who had higher level of education had lower rate of infant mortality. It is because educated women have better knowledge of sanitation and medical facilities and are capable of better infant care.

The inverse relationship between the percentage of child deaths and the educational attainments of the respondents for all the three

villages as well as for Bajrahi but no such trend was observed in the other two villages. In Bajrahi the highest percentage of child deaths was observed among those who had 'been educated upto the secondary level. The incidence of child deaths was also higher for those respondents who were literate or had education upto primary level as compared to the illiterates. Similarly, in Bishunganj child loss was higher for those who had education upto primary level and lower for the illiterates. Another notable fact was that in this village respondents beyond middle level of education did not experience any child loss. Thus, on the whole, except for Rehua, there was no consistent trend in the relationship in the other two villages.

The variations in the percentage of children dead when given the same level of educational attainments of the respondents in these villages was also not very significant except for those who were illiterate or who had education upto the primary level.

Since the number of respondents who had been educated upto various levels, was quite small, therefore, much reliability cannot be placed on this variable. Hence, an attempt was made to relate the proportion of child loss to the educational attainments of the husbands. Also, because husbands educational level is an equally important factor determining child mortality.

It reveals a more clear trend in the relationship between infant and child deaths and the educational level of the husbands. In all these villages, barring some inconsistencies in Bajrahi, the trend indicates inverse relationship between the two variables in Bishunganj and Rehua as well as in the total sample.

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