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# Fertility Behaviour Among Interior Village in Meerut District

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## *Abstract*

*India is a patriarchal society and women especially from the rural community are among the most backward people in the world in terms of their health status. Rural women do not pay much attention to their health and take it lightly. Culture and society play a notable role in rural women's health repute and access to services. Fertility behavior refers to the childbearing patterns of women or couples, including exceptional the number of births, the timing of births, and affiliated reproductive behaviors such as union formation and contraceptive behavior.* ***Aims-*** *To identify the fertility behavior of women in interior village of Rohata block, District, Meerut.* ***Methods-*** *The data for the present study have been collected by using the observation and interview schedule technique from 200 respondents for the fulfillment of the information. Purposive sampling was used to selector the respondents.* ***Result-*** *one-third (36.5%) of the respondents have desire for children after two years. (54.5%) of the respondents about the ideal number of children is two. Majority (60%) of the respondent about the interval between two children is two years. (58.5%) of the respondents, spouse sex preference is equal number of son and daughter and (74%) of the respondent had not ever born child in their lifetime whereas few numbers of the respondents have ever born child.*

## *Keyword*

*Fertility Behaviour, Women, Interior Area*

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**Introduction**

Rural women do not pay much attention to their health and take it casually. Culture and society play a notable role in rural women's health, repute, and access to services. It is also significant that without a terrific barricade of cultural values and religious faiths, the attainment of reproductive choice as a basic right of women is not that fruitful. Economical, social, cultural, and political factors increase rural women's vulnerabilities to get married at a tender age, early pregnancy and deaths at childbirth, unsafe abortion, reproductive cancer, and HIV/AIDS in rural areas (Sakhuja, 2008:132). Women's fitness is a substance which has been taken up by many feminists, mostly where reproductive health is concerned women's health is positioned within a spacious body of knowledge city by, amongst others, the world health organization, which places inspire on gender as a social determinant of health (Bhatt, 2005:104). Fertility mention to biological procreation i.e. the birth of a child is the outcome of a man impregnating a woman, and the latter delivering an infant after the gestation period. Fertility can be signified by the number of children born to a woman who impregnated her. To avoid repetition, fertility is used here to reciprocate ably with procreation and reproduction except that indefinite contexts reproduction is used in the social sense, as the transmission of social and cultural characteristics (Patel, 2006:56). A women's reproductive system is an elegant and composite system in the body. It is a prime necessity to take steps to keep it protected from any harm, from infection and injury, and put a check on to problems including some long-term health complications, thus eventually helping her to take care of herself and remaining safe (Nagla M.,2008:59).

**Objectives of the Study**

1. To assess the socio-demographic status of the women.
2. To identify the fertility behavior of interior village women.

**Review of Literature**

*Chaurasia (2004)* has estimated of *Fertility and Contraceptive Prevalence for Development Blocks of Madhya Pradesh* based on the M.P Target Couple Survey 1996. The data were collected from all currently married females in the age group 15-49 years. The information available through the survey has been used for estimating contraceptive prevalence rates for 458 development blocks and 434 towns of undivided Madhya Pradesh. The study reveals that contraceptive use was found to clarify only one-fifth of the variation in the levels of fertility at the development block level. This observed poor association between the Fertility level and Contraceptive consumption may be due to two reasons existing family planning services throughout the state are not adequate quality and not easily reachable and they do not specifically target highly fecund women deficient in contraception.

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*Nirmalya and Gandhari (2011)* have explored the *Contraceptive method in a Rural Area of West Bengal, India.* A descriptive study using a cross-sectional survey design was conducted in a village of rural west Bengal among 204 eligible couples with help of a pre-designed and pre-tested schedule. Findings reveal that 45.10% of the study population using some pattern of contraception. Female sterilization was the nearly all-used method. Among traditional ones, withdrawal methods were highest while lactation amenorrhea was announced in 25% of women. Contraceptive acceptance was shown to increase significantly with expanding in age of women, literacy status, and numbers of living children. Reasons for non-acceptance were desire to be pregnant, wanted a male child, no idea about the source of availability, no reliance on contraceptives considered using it as a social taboo.

*Olugbenga, Abodunrin….et al. (2011)* have identified *Contraceptive Practices among Women in Rural Communities in South-Western Nigeria.* Descriptive cross-sectional, led among 612 women of reproductive age group, make use of the multistage sampling technique. Result reveals that majority of the respondents, 538 were within the age group 20 years and above or married and 4 were using natural and traditional methods severally, however, 161 were not using any method, main reasons being affordability and availability 184 and reliability. The most significant socio-demographic determinative of ever use of contraceptives was religion and family setting.

*Edward Bbaale and Paul Mpunga (2011*) have investigated *Female Education, Contraceptive use, and Fertility in Uganda.* Demographic and Health Survey- 2006 has been used for data collection. Findings reveal that education, particularly of women is a foremost factor in reducing fertility, while the partners education is also negatively related to the number of children born, the vastness is much slighter. There is near widespread knowledge of methods of family planning, but very few women have used these methods and even fewer the modern methods. Findings further show that access to or use of contraceptives is positively associated with the education of both the woman and her spouse.

*Make, Padhyae…et al. (2012)* have explored *Contraceptive use among married women in a Slum, Mumbai.* This study was regulated among married women in the reproductive age group. 342 married women were interviewed in the regional language using a pre-tested questionnaire. Data were evaluated by using SPSS version 17. Thus the findings reveal that 87.7% of were aware of at least one method of contraceptive. 68% of women were using a contraceptive at the time of the study, 14% of women were unknown of any health care facility providing contraceptives in the vicinity. Facts and practices of emergency contraceptives were very low.

*Sunday. K. Alonge and Adebayo O Ajala (2013)* have identified *Fertility Behavior and Women's Empowerment in Oyo State.* Data for this study were collected using a systematic random sampling technique; the respondents were women age 15-49 years. Study found out that women's empowerment anxiety their fertility. Half of the respondents are not using any family planning method, while majority of them have a formal education or at least primary school education. It was also found that the conversation of the number of children to have consequential effects on women's fertility. From the findings encouraging both sexes to have more education will be important and requisite to increase the chances of women's empowerment. Furthermore, encouraging women to make use of family planning methods will be important and necessary to reduce women's fertility.

*Chandrashekhar (2014)* has explored *Reproductive Health Problems of Women in Rural Areas.* This study aims conducted in Manvitaluk of Raichur district, which consists of 170 villages. Out of 170 villages, the investigator selected 9 villages which are having Gram Panchayat and prime health centers. From these 9 villages, the researcher selected 360 respondents as sample for the study. The study reveals that women health-specific reproductive health hardly gained prominence in rural areas. There was the incidence of abortion, which could have been keep away from and early marriage, low level education was some of the reasons for abortion. It is amazing to note that most of the pregnancy and most of their deliveries took place in households. It is important to note that for an all health of the family, women's health should attain almost importance.

*Chinna Ashappa (2015)* has observed *Fertility Behavior and Family Planning in Yadgir District.* A total of 300 rural women including 200 pregnant women and 100 lactating mothers were interviewed. The study reveals that 20.6% have stated that god's will control the number of children, 6.8% have stated that the religion and caste regulate the numbers of children, 3.4% have stated that the occupation, 17% have stated that all the issues mentioned above will obvious the numbers of children, few of the respondents have stated that god's will determine the no. of children, which show the religious faith and traditional faith are still prevalent in the society regarding the no. of children and 12.2% are using sterilization, 10.6% are using copper-T, 14.4% are using contraceptives or oral pills, 18.6% are using condoms and for the enduring 51.8% of the respondents, it not applicable as they are not aware of the same. The use of a diverse implement to control pregnancy is varied and mixed.

*Girija Kumari and Sampath Kumar (2018*) have observed *Women's Autonomy and Fertility Control.* A descriptive study was done among rural women through multi-stage sampling technique collection. The study reveals that improving

contraceptives used through improving women's education and employment can play a crucial role in enhancing women's autonomy. The findings show that majority of the females have an excessive level of reproductive autonomy. There was a substantial association between age, educational status, monthly incomes, family head, and type of family, period of marriage in years, and religion with reproductive autonomy. An improved woman's educational quantity results in larger reproductive autonomy of the women.

*Namita Garh and Juri Borah (2018)* have argued some *Aspects of Fertility, Reproductive Wastage, and Mortality.* A specially intended pretested schedule was executed for the data collection on fertility advent and mortality differential. Observation and interview methods were also used to collect and cross-check the data provided by the respondents is inspected through M.S excel 2017. The results reveal that the total fertility rate was verified low among the studied population, the proportion of prenatal wastage was relatively higher than the postnatal mortality and the adopter of family planning measures was also found higher than non-adopter.

**Need of the Study**

Even though, India was the first country to have launched a well-defined family program, intending to balance the population with available resources, but the targets couldn't be achieved up to the mark. In India, women with greater autonomy have fertility preferences and contraception. It helps in reaching a surgical occlusion about the depth of women's reproductive health and family planning autonomy that can help in improving public health, that will assist in the formulation to achieved researches targeted at the improvement of the sexual health.

**Methods**

**Participants**

The data for the present study have been collected by using the observation and interview schedule technique from 200 respondents for the fulfillment of the information. Purposive sampling was used to selector the respondents. The information was collected from all castes of Hindu and Muslim married women from both communities belonging to the age group of 18-49 yrs. SPSS method has been used for the data classification and analysis.

**Area of the Study**

The present study has been focused on the interior village (Madhi) of Rohana block, Meerut, which is 33km away from the district headquarter, Meerut. Due to the less of development, the villagers here are unable to get most of the timely facilities and services. There is also a lot of lack of medical facilities; the villagers have to come to Meerut city.

**Result and Discussion**

Table-1 shows that more than one-third (36.5%) of respondents are between the 25-31 years age group whereas few (5%) women are between the 46- above years age group. More than one-fourth (42.5%) of the respondents are an illiterate and a small number (7%) of the respondents are educated up to the primary level. More majority (86%) of the women's are homemakers whereas very few numbers (1.5%) of the women working women. About half (53%) of the respondent's total earning members income is 10,000-20,000 per month whereas only very few (1%) respondent's family incomes are 40,001-50,000 monthly. Table-2 reflects that more than one-third (36.5%) of the respondents have desire for children after two years whereas few numbers (9) of the respondents have don't want any more children. The largest segment (54.5%) of the respondents about the ideal number of children is two. Women respond that from the begging when they were unmarried, decided to for two children. Majority (60%) of the respondent about the interval between two children is two years, followed by one year and more than three years. Majority (52.5%) of the respondents about sex preference of children are equal number of son and daughter. Women want both male and female because they think that both are necessary to complete the family. Majority (58.5%) of the respondents spouse sex preference is equal number of son and daughter, but it can observe that spouse wants an equal number of male and female child in the comparison of their wives. Majority (74%) of the respondent had not even been born a child in their lifetime whereas few numbers of the respondents have ever been born a child.

**Table-1: Socio-Demographic status of the respondents**

| Variables | No. of Respondents | Percentage |
|---|---|---|
| **Age** | | |
| 18-24 | 14 | 07 |
| 25-31 | 73 | 36.5 |
| 32-38 | 69 | 34.5 |
| 39-45 | 34 | 14 |
| 45-above | 10 | 5 |
| **Education** | | |
| Illiterate | 85 | 42.5 |
| Primary | 57 | 28.5 |

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| | | |
|---|---|---|
| Secondary | 24 | 12 |
| Higher | 20 | 10 |
| Graduate | 14 | 07 |
| **Occupation** | | |
| Homemaker | 172 | 86 |
| Day Labour | 14 | 07 |
| Business | 06 | 03 |
| Service | 03 | 1.5 |
| **Family Income (Monthly)** | | |
| 0-10,000 | 43 | 21.5 |
| 10,001-20,000 | 106 | 53 |
| 20,001-30,000 | 39 | 19.5 |
| 30,001-40,000 | 10 | 05 |
| 40,001-50,000 | 02 | 01 |

**Table-2: Fertility Behaviour of the Women**

| Variables | No. of Respondents | Percentage |
|---|---|---|
| **Desire for Children** | | |
| No more | 09 | 4.5 |
| Within one year | 51 | 25.5 |
| After two years | 73 | 36.5 |
| Sterilized | 67 | 33.5 |
| **Ideal no. of Children** | | |
| One | 34 | 17 |
| Two | 109 | 54.5 |
| Three | 49 | 24.5 |
| Four | 08 | 04 |

| **The gap between two children** | | |
|---|---|---|
| One year | 23 | 11.5 |
| Two years | 120 | 60 |
| More than two years | 57 | 28.5 |
| **Wife sex preference of children** | | |
| More daughters | 32 | 16 |
| More sons | 63 | 31.5 |
| Equal no. of son and daughter | 105 | 52.5 |
| **Husband sex preference of children** | | |
| More daughters | 29 | 14.5 |
| More sons | 54 | 27 |
| Equal no. of son and daughter | 117 | 58.5 |
| **No. of ever born children** | | |
| One child | 39 | 19.5 |
| Two children | 09 | 4.5 |
| Three children | 04 | 02 |
| None | 148 | 74 |

**Conclusion and Recommendation**

- Through this research and problem to suggest that counseling practices can be organized for the rural women for their health.
- For rural women, the government should make programs to explain the benefits of family planning methods.
- Women in the village should have to provide means to avoid unwanted pregnancies.
- To achieve success in fertility control, programs should target young, less educated women living in the rural areas.
- Women in the rural societies should have the need to take at least a 3-year gap between their two children.

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