Status of Maternal and Child Health in Contemporary Bihar State of India

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Abstract

Health is one of the areas where Bihar needs special attention by the programmes and policy makers. The adequate number of health services with quality concern are still lacking in the state. The present paper deals with maternal and child health attributes of Bihar vis-à-vis EAG states of India. The data has been used from secondary sources which includes various rounds of National Family Health Survey (NFHS-1 to 4, 1992-93 to 2015-16). India: Health of the Nation's States (2017), National Health Profile-2018 Central Bureau of Health Intelligence (CBHI), and National Health Policy-2017. The result suggests that most of the demographic and health indicators are improving in the state, however to achieve the policy goals, government must act more precisely to fulfil the local and community level gaps where large chunk of population are inaccessible, unknown and indifferent towards many health services and facilities.

Key Words: Health, Family Planning, Unmet Need, EAG States, Anti-natal Care, Malnutrition.

INTRODUCTION

World health organisation's (WHO) define health as a complete physical, mental and social well-being, and not merely the absence of disease or infirmity. Reproductive health addresses the reproductive process, functions and system at all stages of life[1]. Reproductive health implies that people are able to have a responsible, satisfying and safer sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. One interpretation of this implies that men and women ought to be informed of and to have access to safe effective, affordable and acceptable methods of birth control; also access to appropriate health care services of sexual, reproductive medicine and implementation of health education programmes to stress the importance of women to go safely through pregnancy and child birth could provide couples with the best chance of having a healthy infant.

Individual do face inequality in reproductive health services. Inequalities vary based on socio-economic status, education level, age, ethnicity, religion, and resources available in their environment. It is possible for example, that low income individuals lack the resources for appropriate health services and the knowledge to know what is appropriate for maintain reproductive health[2].

The WHO assessed in 2008 that "Reproductive and sexual ill-health accounts for 20 percent of the global burden of ill-health for women, and 14 percent for men."[3] Reproductive healths is a part of sexual and reproductive health and rights.

According to the United Nation Population Fund (UNFPA), unmet needs for sexual and reproductive health deprive women of the right to make "crucial choices about their own bodies and futures", affecting family welfare. Women bear and usually nurture children, so their reproductive health is inseparable from gender equality. Denial of such rights also worsens poverty.[4]

Reproductive health should be looked at through a lifecycle approach as it affects both men and women from infancy to old age. According to UNFPA, reproductive health at any age profoundly affects health later in life[4]. The lifecycle approach incorporates the challenges people face at different times in their lives such as family planning, services to prevent sexually transmitted diseases and early diagnosis and treatment of reproductive health illnesses. As such, services such as health and education systems need to be strengthened and availability of essential health supplies such as contraceptives and medicines must be supported.

The Economy of Bihar is growing by 11.3 percent (2018-19), and it ranks 8th among 29 states of India. The service sector (61 Percent) contributed highest in GDP followed by agriculture (21 percent) and industry (18 percent) in Bihar. However, 56 percent labour force engaged in agriculture, followed by 36 percent in services, and 18 percent in industry. State's 33.7 percent population are still living in below poverty line (BPL).The per capita income of the state is $360 a year against the national average of $1265. There are only 11.3 percent population living in urban areas against 31.1 percent at national level. The urban poverty is also high in Bihar and it is far above than national average. The loads on natural as well as human made infrastructure are high. Large chunks of population have no accessibility to safe drinking water as most of the district's ground water is affected with fluoride, arsenic and other chemicals and pollutants which cause many serious illnesses to the masses.

Health is one of the biggest concerns for the Bihar. The quality of health services are still lacking in the state. Public health facilities are not adequate in numbers and quality to support the beneficiaries, so substantial number of population compel to move outside the state for availing health facility. Malnutrition engulfed substantial number of population in the state; latest NFHS-4 (2016-16) data reveals that 60 percent women, 32 percent men and 64 percent children of 6 to 59 months of age group are anaemic in different level of anaemia. Only 34.6 percent mother attended Anti Natal Care (ANC) in first trimester in Bihar during 2015-16. At the same period 61.7 percent children of the age of 12-23 months get full immunization in state which is still not appreciable this shows that, substantial numbers of children are still being not covered with full immunization. Considerable numbers of children under 5 years of age were observed Stunted, Wasted and Underweight in Bihar during NFHS-4 (2015-16) which is highest even among EAG States. Life expectancy is also gradually

rising in the state. The proportion of young and working age population is proportionately high in comparison to many developed countries of the world. Demographic dividend provides good support base for the country's economic growth in terms of GDP and per capita income. The prevailing Indian demographic dividend will have potential to sustain in longer time span, because of many states have India are passing through different phases of demographic transition, that will ensure the long-time surplus labour and working population to boost the economic growth and development. But it all depends upon the convertibility of young masses into skill human resources through proper spending on education, health, and better opportunities to boost their entire life system.

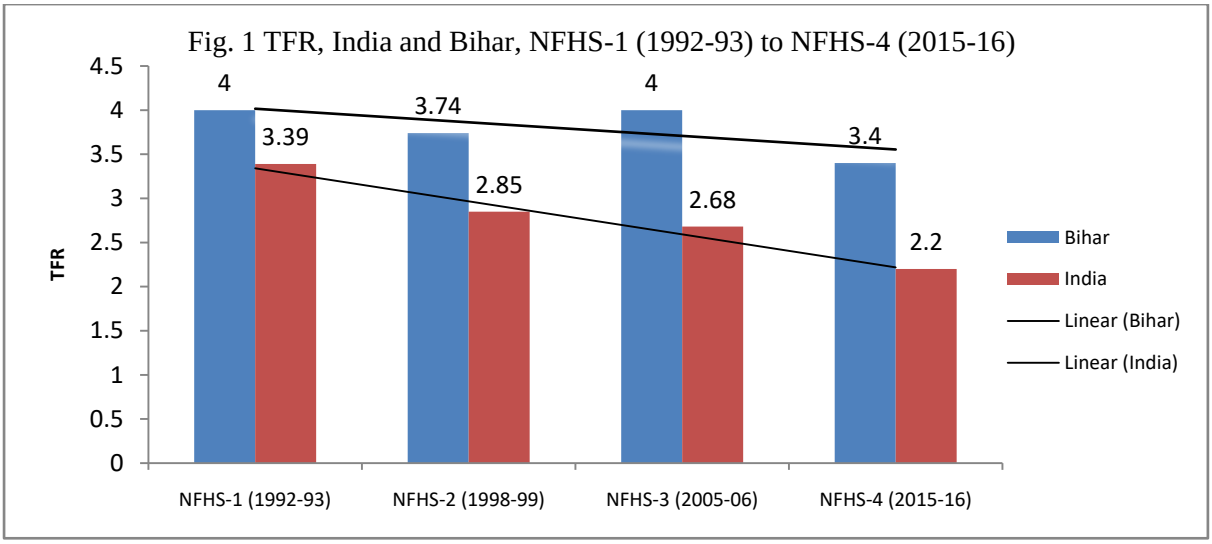
The main objectives of the paper are to analyse the health scenario in Bihar with EAG states in special reference to maternal and child health. The paper also see the present national health policy and it imperatives.

Data and Methodology

The data incorporates various rounds of National Family Health Survey (NFHS-1 to 4, 1992-93 to 2015-16), India: Health of the Nation's States (2017), National Health Profile-2018, Central Bureau of Health Intelligence (CBHI), and National Health Policy-2017, Ministry of Health and family Welfare, Government of India. Simple quantitative techniques have been used in terms of percentage to analyse the data. For better and comprehensive understanding, different kinds of line, bar, diagram has been used.

Discussions and Result

Fertility and mortality both are declining in the Bihar but with slow pace. The level of TFR in the state is highest within the country. On the basis of the NFHS, TFR of Bihar during NFHS-1 was 4 that declined to 3.74 in NFHS-2, but it should be kept in mind that during NFHS-2 Jharkhand state was the part of Bihar, because TFR again increased to 4 during NFHS-3 and this may be due to the partition of Jharkhand from Bihar in the year 2000. Latest NFHS-4 (2015-16) reveals that Bihar TFR has move to 3.4 which is still highest among all the states while India is near to touch the replacement level fertility soon (Fig. 1). India's TFR trend shows a sharp declining trend in comparison to Bihar from NFHS-I to NFHS-4 (Fig. 1). Gradually people are shifting towards small family norm in India and certainly Bihar is also following this path which can be observed through below mentioned figure.



The Position of Bihar among Empowered Action Group (EAG) States is still high in terms of TFR as per the latest data of NFHS-4 (Fig.1.1).

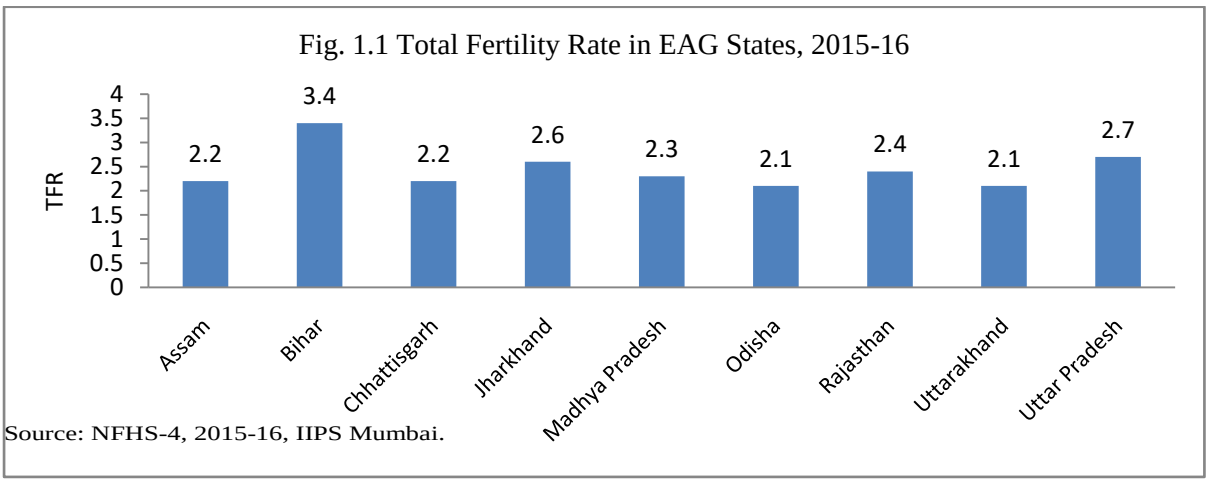
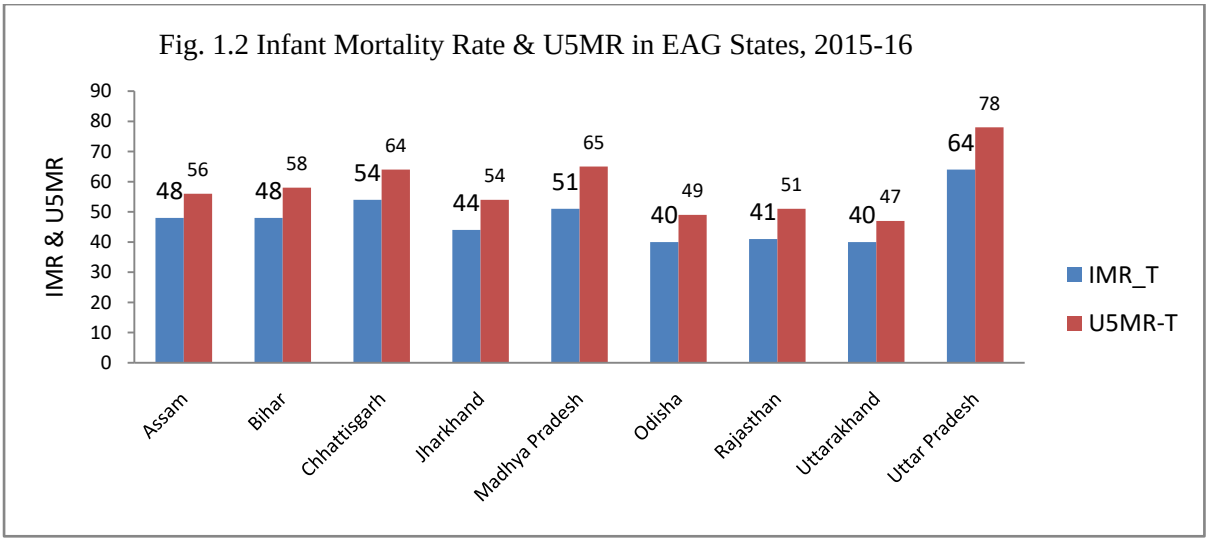


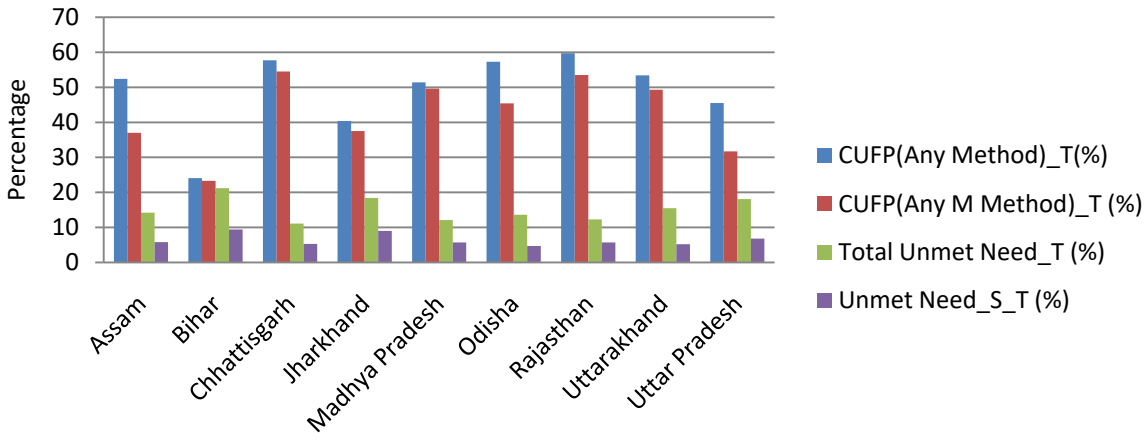
Figure 1.2 reveals the picture of Infant (IMR) and under five mortality rate (U5MR) in Bihar in reference to EAG states.



The use of family planning methods are one of the biggest technological advancement of modern human development that are playing very important role in controlling, stabilizing and spacing of unwanted birth and provide opportunities to achieve the fertility goals of people in particular and nation-state in general. It also saves directly and indirectly health of mother and child to deal with frequent pregnancy, being anaemic and malnourished. Although, there are huge regional disparities also persist in terms of accessibility and knowledge are concern towards modern contraceptive methods. The unmet need for spacing and limiting methods of modern contraceptives is highest in Bihar among all the other states including EAG states in India. The nature of use of contraception to curb fertility is gender insensitive and women are sole burden bearer of family planning measures not only in EAG states but entire country. It is the need of hour to develop EAG states in its entire socio-economic, demographic and health gamut for the balance and equitable development of the country as whole.

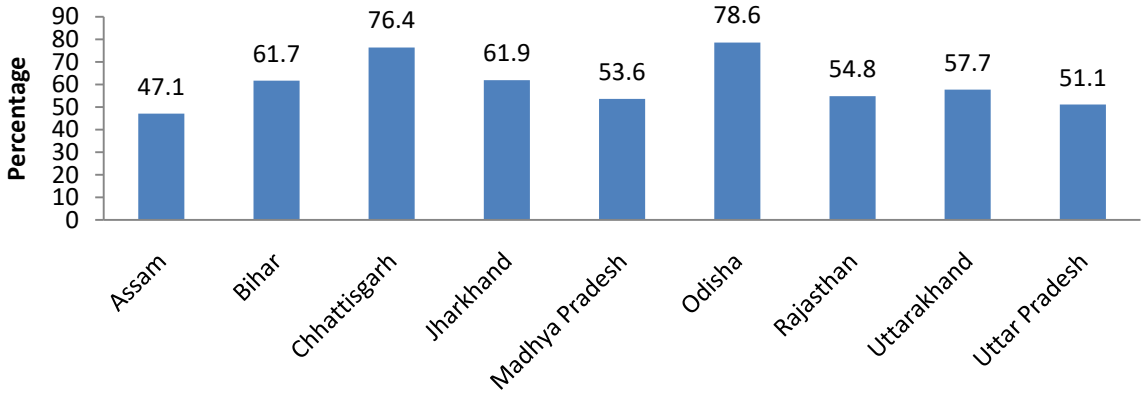
Figure 1.3 shows the use of family planning methods and unmet need in terms of total and in spacing methods among EAG states of India. The use of family planning method is substantially low in Bihar in comparison to other EAG states. The government should focus more on this direction to curb the high fertility as well as enhance the spacing between the birth for the betterment of both mother and child. National Health Policy-2017 talked about achieving the target of family planning above 90 percent at national and sub national level by 2025.

Fig. 1.3 Use of Family Planning Method and Unmet Need in EAG States, NFHS-4, 2015-16



Health is the biggest concern for Bihar, the poor health and poor economic conditions of the people make their life and living condition grim and most of the people were trapped in "vicious cycle of poverty". Figure 1.4 shows that full immunisation of children are still distant dream for the EAG states of India. The latest National Health Policy-2017**,** set the goals to achieve more than 90 percent of the newborn is fully immunized by one year of age by 2025.

Fig. 1.4 Percentage of Children Age (12-23M) Fully Immunized in EAG States, 2015-16

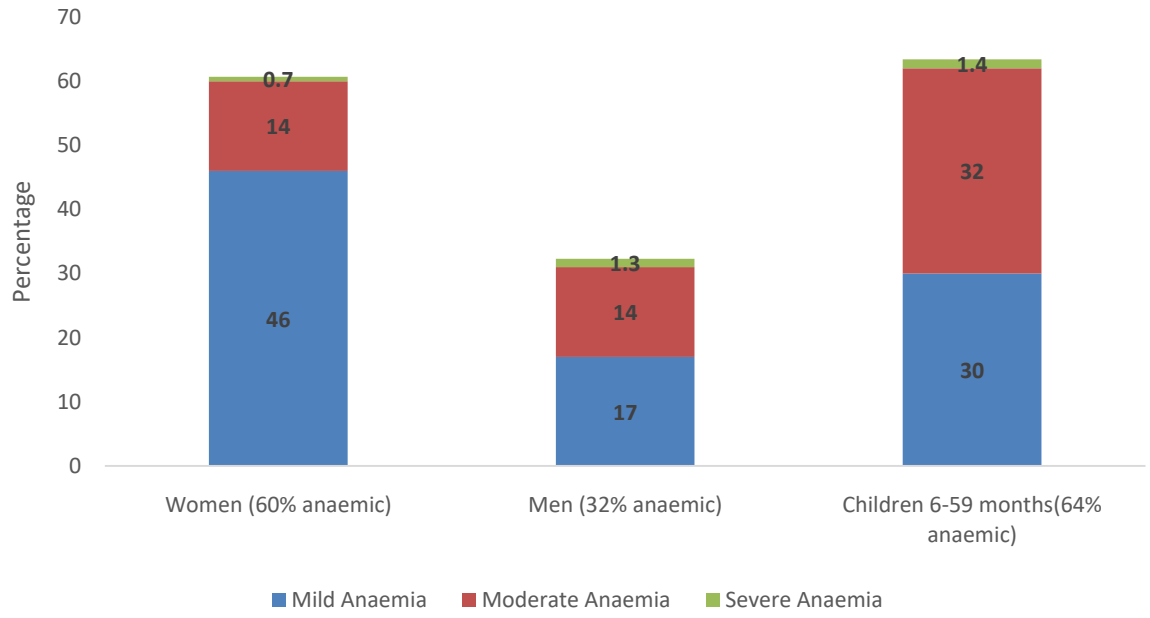


The latest NFHS-4 (2015-16) reveals that only 14 percent of mothers in Bihar received at least four antenatal care visits for their last birth. The state still witness comparatively low institutional delivery among other states. 64 percent women in Bihar delivered baby at health facilities which has increased substantially in the last 10 years (NFHS-4, 2015-16). Although Bihar is still behind the 80 percent goal of institutional delivery set at the time of National Population Policy 2000. The improvement in institutional delivery and proper breast feeding care at facilities impacted lots to the mother and child health. The state needs much focus on exclusive breastfeeding for 6 months and starting of

breastfeeding within an hour of child birth. Only 54 children under the age of six are exclusively breastfed and 35 percent has been started breastfeeding within an hour of birth in the state.

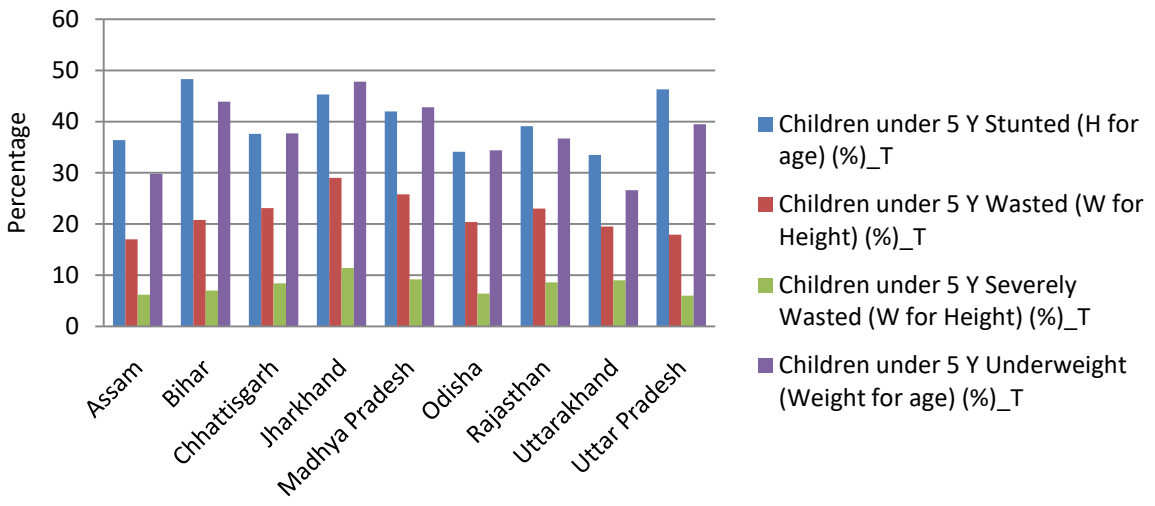
Anaemia is prevalent among most of the people considering the Children (6-59 months), Women and Men. Mild anaemia is more common in the state as per the latest NFHS-4 data (Fig. 1.5). Women are highest sufferer with mild anaemia in the Bihar while Children (6-59 months are approximately equally suffered with mild and moderate anaemia.

Fig. 1.5 Anaemia among Women, Men and Children in Bihar, 2015-16



Malnourishment is India's biggest challenge for the policy maker and programme implementer. India's prevailing malnourishment status is globally highest even irrespective of country's economic progress as well as its achievement to become fifth largest economy of the world. India's malnourishment among children stands parallel to even some of the sub-Saharan African countries. The figure 1.6 shows that the proportion of stunted and wasted children under 5 years of age is quite high among every EAG States. The latest NFHS-4 data also indicate that most of the children are underweight as per their age. Reduction of 40 percent in prevalence of stunting of under-five children by 2025 is the national goal set by the latest National Health Policy-2017.

Fig. 1.6 Children Under 5 Year, Stunted,Wasted and Underweight in EAG States, 2015-16



Conclusions

Bihar has succeed to reach the national average regarding infant mortality rate, while both Bihar as well as IEG states and India are still lagging behind the target set by National Population Policy 2000 and National Health Policy-2017. The unmet need of family planning is highest in Bihar which also required serious attention by the health policy makers and implementers. The maternal and child health situation in Bihar required special attention by the government's policy maker to achieve the demographic and health goals. The primary aim of the National Health Policy, 2017, is to inform, clarify, strengthen and prioritize the role of the Government in shaping health systems in all its dimensions- investments in health, organization of health care services, prevention of diseases and promotion of good health through multi-sector actions, access to technologies, developing human resources, encouraging medical pluralism, building knowledge base, developing better financial protection strategies, strengthening regulation and health assurance. Implementing these policy and goals required strong will power and hard work from the government machinery and administration vis-s-vis support from the common people. Fertility and population matters do not only require economic incentives but also requires gender sensitive approach to deal with these issues. The gender equity and equality is more promoted and should be in forefront for better outcomes.

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