

## Women and Child Health Trends in Bihar and Jharkhand: A comparative study

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### ABSTRACT

The following paper highlights the condition of women and child health in Bihar and Jharkhand. The Government of India and the state government are providing different kind of health facilities to these states, but still the urban and rural poor lead a wretched and deprived life. The main reason for this is poverty and lack of education. Although facilities are provided, the poor are unable to avail them due to lack of awareness which is due to lack of education. When we compare the data in Bihar and Jharkhand, we find that 78 percent of children between 6 to 59 months of age and 67 percent women in Bihar and 70 percent of children between the age group of 6 to 59 months and 73 percent of women in Jharkhand are suffering from mild or severe anemia (NFHS-3). From nutritional point of view, we find that more than half of the children in Bihar and Jharkhand are either wasted, underweight, or stunted. Same is the case with adults. The ICD facilities which are provided by the government are not availed properly by the poor. So, along with the services, government should also try to create awareness among the poor so that they could utilize the services properly.

**Key Words:** Bihar; Jharkhand; women; child; National Family and Health Survey (NFHS)

The population of India rose from 361 million in 1951 to 1,028 million in 2001, nearly tripling in size. The growth rate declined marginally to 2.1 percent in 1981-91 and to 1.95 percent in 1991-2001. The female to male sex ratio has declined substantially since the beginning of this century, resulting in a substantial female deficit in the population. The sex ratio declined from 972 females per 1,000 males in 1901 to 930 in 1971, but it has been fairly constant since 1971. According to the 2001 Census, 35 percent of the population is in the childhood groups (0-14 years), 8 percent is age 60 and over, and 57 percent is in the working-age group (15-59 years). The percentage of the population living in urban areas was 20 percent in 1971 and increased to 28 percent in 2001. According to the 2001 Census, 16 percent of India's population belonged to schedule castes and 8 percent belonged to schedule tribes.

The following paper presents a comparative study of Bihar and Jharkhand's women and child health.

### Household Composition

Only one-sixth (16 percent) of Bihar's households are in urban areas; and the remaining 84 percent are in rural areas, in case of Jharkhand, one-quarter households are in urban areas, with the remaining

three-quarters in rural areas. On an average, households both in Bihar and Jharkhand are comprised of more than five members. In Bihar, one in four household are headed by women whereas eleven percent of households are headed by women in Jharkhand.

The vast majority of population in Bihar is Hindu (83%) or Muslim (17%). Less than one percent belong to any other religion. Nineteen percent belong to schedule castes, less than one percent belong to schedule tribes, and 59 percent belong to other backward classes (OBC). A little more than one-fifth (22%) of Bihar's population do not belong to any of these groups. The majority of population in Jharkhand is Hindus (73%), 13 percent are Muslim and 14 percent belong to other religions. eleven percent belong to the schedule castes, 28 percent belong to scheduled tribes, and 45 percent belong to other backward classes (OBC). Only one-sixth of Jharkhand's population does not belong to the scheduled castes, schedule tribes, or other backward classes.

About 44 percent of the population in Bihar and 40 percent of Jharkhand's population is under age 15; only five percent in Bihar and four percent in Jharkhand are age 65 and above.

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In Bihar, only one-fifth of households live in a pucca house. Twenty-eight percent of households (19% of rural households and 74% of urban households) have electricity (16 % during NFHS-2).

facilities (83 % at the time of NFHS-2). Ninety six percent of households use an improved source of drinking water (97% of urban households and 96% of rural households). Even in urban areas, 76 percent of households get their drinking water from a tube well or borehole. Only two percent of households have water piped into their dwelling, yard, or plot. Four percent of households treat their drinking water to make it potable: about one percent each boil water, strain water through a cloth, use a filter, or use other methods.

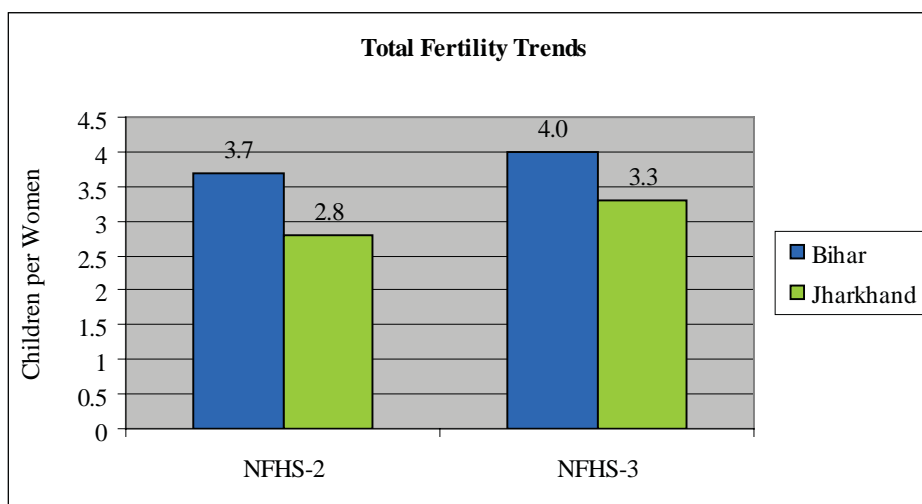
In Jharkhand, only 28 percent of households live in a pucca house; percent of households have electricity. (24 % at the time of NFHS-2). Seventy seven percent of households have no toilet facilities (85 % at the time of NFHS-2). Fifty seven percent of households use an improved source of drinking water (87% of urban households and 47% of rural households), but only eight percent have water piped into their dwelling, yard, or plot. Fourty five percent of households in Jharkhand get their drinking water from a tube well or borehole. More than one-fourth of households

(28%) treat their drinking water to make it potable. Among households that treat their drinking water, the most common methods are straining the water through a cloth (39%) or boiling the water (38%).

### Fertility Trends in Bihar and Jharkhand

Fertility in Bihar is the highest of any state in India; women in Bihar have 1.3 children more in their lifetime (TFR of 4.0) than women in India as a whole (TFR of 2.7). Fertility in rural areas is 4.2 children per woman, more than one child higher than in urban areas, where the fertility rate is 2.9 children per woman. Fertility in Jharkhand is higher (TFR 3.3) than in most other states of India but it is much lower than Bihar. Fertility in Jharkhand in rural areas is 3.7 children per woman, whereas it is 2.3 children per woman in urban areas which is quite close to replacement level fertility. The chart below shows the total fertility trends in Bihar and Jharkhand at the time of NFHS II & III.

### Infant Mortality Rate



Source: NFHS II & III

Infant mortality in Bihar has been steadily decreasing. The infant mortality rate in NFHS-3 is estimated at 62 deaths before the age of one year per 1,000 live births (78 in NFHS-2). The under-five mortality rate for Bihar is 85 deaths per 1,000 live births (112 in NFHS-2). The NFHS-3 rates imply that, despite declines in mortality, 1 in 16 children still die within the first year of life, and 1 in 12 die

before reaching age five. In Bihar, girls face a higher mortality risk than boys; the under-five mortality rate is 108 for girls and 83 for boys. The urban-rural differential in the infant mortality rate is relatively small in Bihar and the total average of 62 deaths per 1,000 live births is higher than the national average of 57, as shown in the table below:

The infant mortality rate in Jharkhand is currently

### Trends in Infant Mortality in Bihar and India ( deaths per 1000 live births)

	Bihar		India	
	NFHS-2	NFHS-3	NFHS-2	NFHS-3
Rural	80	63	73	62
Urban	53	54	47	42
Total	78	62	68	57

estimated at 69 deaths before the age of one year per 1,000 live births. Currently, more than 1 in 15 children still die within the first year of life, and 1 in 11 die before reaching age five. Infant mortality in rural areas (73 per 1,000 births) is almost fifty percent higher than in urban areas (50 per 1,000 births). In Jharkhand, male and female children experience similar levels of mortality during infancy (between

birth and completion of the first year of life), although child mortality (after the first year of life and until the completion of five years) is slightly higher among girls than among boys. Comparing NFHS-2 & 3, we find that there is increase in infant mortality and under five-mortality trends in Jharkhand as shown below:

**Delivery Trends in Bihar and Jharkhand**

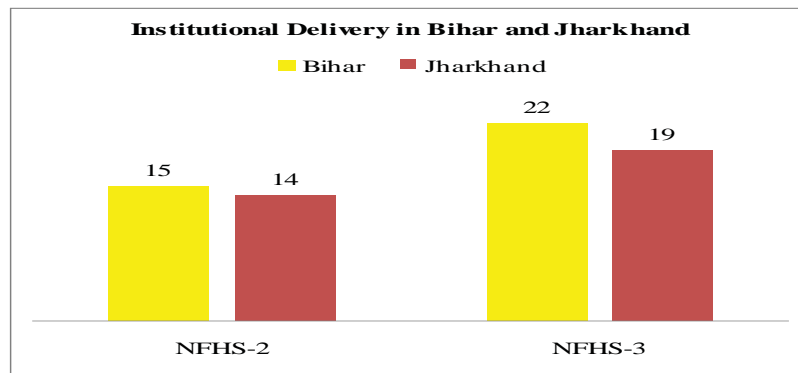
**Trends in Infant and Under-five mortality in Jharkhand  
( deaths per 1000 live birth)**

	NFHS-2	NFHS-3
<b>Infant Mortality</b>	<b>54</b>	<b>69</b>
<b>Under five - Mortality</b>	<b>78</b>	<b>93</b>

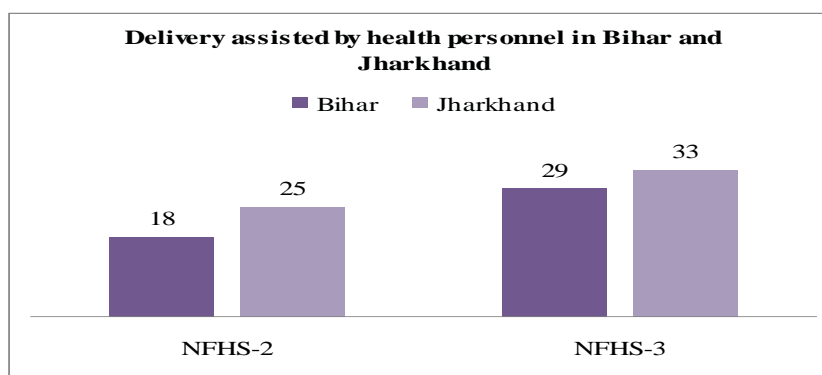
Source: NFHS II & III

In Bihar, institutional births are more common among women in the highest wealth quintile (74%), women who received four or more antenatal care visits (63%), and women with 10 or more years of schooling (59%). Institutional deliveries also tend to be more common among women having their first birth and younger women than among many other groups of women. Similarly, in Jharkhand also, institutional births are more common among urban women, women who received antenatal check-ups, lower parity women, those with 10 or more years of

education, women in the highest wealth quintile, and women from other castes. During the last five years, more than one-fourth of all births (28%) took place with the assistance from a health professional, and almost two-thirds (64%) were delivered by a traditional birth attendant. Less than one-third of births (29%) during the past five years took place with assistance from a health professional and 65 percent were delivered by a traditional birth attendant. The charts below show the trends in delivery care in Bihar and Jharkhand.



Source: NFHS II & III

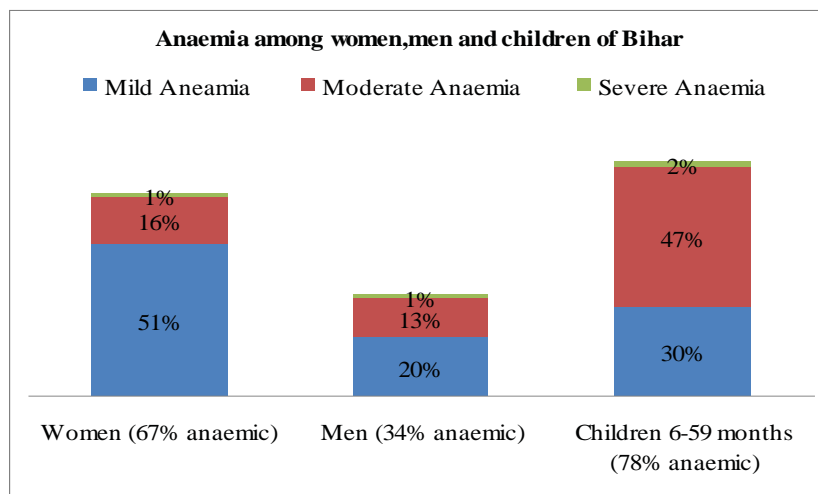


### Anaemia- A Major Health Problem

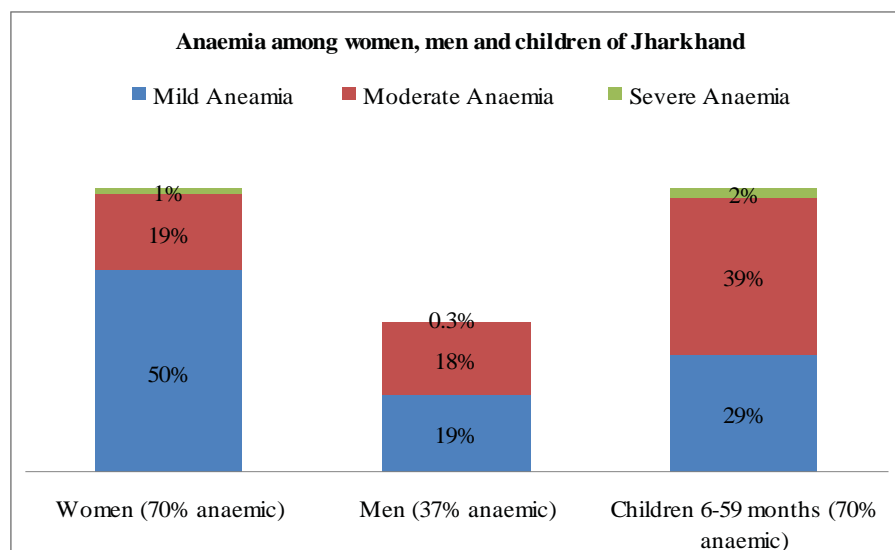
Anaemia is a major health problem in India, especially among women and children. Anaemia can result in maternal mortality, weakness, diminished physical and mental capacity, increased morbidity from infectious diseases, prenatal mortality, premature delivery, low birth weight, and (in children) impaired cognitive performance, motor development, and scholastic achievement. Among children 6 to 59 months of age in Bihar, a great majority, 78 percent, are anaemic. This includes 30 percent who are mildly anaemic, 47 percent who are moderately anaemic, and 2 percent who suffer from severe anaemia. Girls are slightly more likely to be anaemic than boys. Two-thirds (67%) of women in Bihar have anaemia, including 17 percent with moderate or severe anaemia. Women who are pregnant are less likely to be anaemic (60%) than breastfeeding women (75%) or women who are neither pregnant nor breastfeeding (65%). Anaemia is particularly high for women who are widowed, divorced, separated, or deserted, women from the schedule castes, and women in the lowest wealth quintile; however, at least three out

of five women are anaemic in every population subgroup in Bihar.

In Jharkhand, among children between the ages of 6 and 59 months, the great majority – 70 percent – are anaemic. This includes 29 percent who are mildly anaemic, 39 percent who are moderately anaemic, and 2 percent who suffer from severe anaemia. Girls (73%) are slightly more likely to have anaemia than boys (68%). Children of mothers who have anaemia are much more likely to be anaemic. About one-third of men (37%) are anaemic, with men under 20 and over 39 more likely to suffer from anaemia than men in other age groups. seventy percent of women in Jharkhand have anaemia, including 50 percent with mild anaemia, 19 percent with moderate anaemia, and 1 percent with severe anaemia. Anaemia is particularly high for women with no education (74%), women from the schedule tribes (85%), and women in the two lowest wealth quintiles (over 70%). Women who are breastfeeding (77%) are more likely to have anaemia than women who are neither pregnant nor breastfeeding (67%). Women



Source: NFHS II & III



Source: NFHS II & III

who smoke are more likely to be anaemic (79%) than women who do not smoke (68%).

underweight, but boys are more likely to be wasted than girls.

### Nutritional Status of Children in Bihar and Jharkhand

More than half of children (56%) under age five are stunted or too short for their age, which indicates that they have been undernourished for some time. Even during the first six months of life, when most babies are breastfed, about one in five (19%) children is stunted and more than one in three each are wasted or underweight in Bihar. Children in rural areas are more likely to be undernourished; but even in urban areas, almost half of children under age five years suffer from chronic under nutrition (48%). Girls are somewhat more likely than boys to be stunted and

Half of children in Jharkhand under age five are stunted or too short for their age; 57 percent are underweight which takes into account both chronic and acute under nutrition. By all three measures of nutritional status, children in Jharkhand have a worse nutritional status than children in most other states. Even during the first six months of life, when most babies are breastfed, 30 percent of children are underweight for their age and 40 percent are wasted. Children in rural areas are more likely to be undernourished, but even in urban areas, almost two in five children suffer from chronic under nutrition. Girls and boys are equally likely to be

**Trends in Children's Nutritional Status in Bihar and Jharkhand ( % of Children under 3 years )**

	Bihar		Jharkhand	
	NFHS-2	NFHS-3	NFHS-2	NFHS-3
Stunted ( low height for age)	58	50	54	47
Wasted (low weight for height)	25	33	28	36
Underweight (low weight for age)	52	55	52	55

Source: NFHS II & III

undernourished.

community-based anganwadi centres.

### Nutritional Status of Adults in Bihar and Jharkhand

A substantial proportion of adults age 15-49 in Bihar are undernourished: 45 percent of women and 35 percent of men are too thin. The percentage of ever-married women who are too thin has increased marginally from 39 percent in NFHS-2 to 43 percent in NFHS-3. About two in five adults (43% of women and 39% of men) in Jharkhand are underweight. The nutritional status of adult women in Jharkhand is worse than in all other states except Bihar and Chhattisgarh, and of adult men is worse in Jharkhand than in all other states except Rajasthan and Madhya Pradesh.

The proportion of children receiving anganwadi services is lower in Bihar than in any other state in the country. Among the 88 percent of children under six years in Bihar who are in areas covered by an anganwadi centre, only 1 in 10 receive services from a centre. In case of Jharkhand, among the 92 percent of children under six years of age, 42 percent receive services from a centre.

### Status of Integrated Child Development Services (ICDS)

The ICDS programme provides nutrition and health services for children under age six years and pregnant or breastfeeding women, as well as early childhood care or preschool activities for children age 3-5 years. These services are provided through

Among children in areas covered by an anganwadi centre, the most common services children receive are immunization which is 8% of children under six years for Bihar and 27% of children under 6 years for Jharkhand, early childhood care or preschool which is 5% of children 3-5 years for Bihar and 17% for Jharkhand, and supplementary food is 4% of children under six years for Bihar and 37% for Jharkhand.

In Bihar, children of mothers with 10 or more years of education, children ages 48-59 months, and children belonging to other backward classes are more likely than other children to take advantage of the services offered at anganwadi centres.

In Jharkhand, children ages 12-35 months are more likely to be taken to an anganwadi centre than younger and older children. Children in rural areas are more likely to live in areas covered by an anganwadi

centre, and are also more likely to receive services than urban children. More than half of age-eligible children (57%) from schedule tribes in areas covered by an anganwadi centre receive some kind of service. Mothers with no education and mothers from poor households are more likely to take advantage of the

How many children receive Anganwadi Centre Services		
Services	Bihar	Jharkhand
Immunisation	8	27
Pre-school	5	17
Supplementary food	4	37
Health check-ups	1	12
Growth monitoring	1	14
Any service	10	42

Source: NFHS II & III

services offered at anganwadi centres than mothers of other educational and wealth levels. The table below gives the details.

Compared to Bihar, the ICDS facilities are more successful in Jharkhand.

### CONCLUSIONS

The study revealed that nutritional problems are quite common in Bihar and Jharkhand. Despite improvements, children are likely to be wasted and underweight. Less than a quarter of children (23% in Bihar and 17% in Jharkhand) are not fed according to all three recommended practices. Only four percent in Bihar and 37 percent in Jharkhand receive supplementary food through the ICDS. Most important cause of poor nutritional status is the use of inappropriate feeding practices for children due to lack of education and poverty.

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