

Health Status of Population In Bihar Current Status

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I. THE PRESENT SITUATION OF BIHAR:

In economic terms, Bihar is India's least developed State; it fares poorly on almost every scale of economic development when ranged against other states. Per capita income of the state in 2011 was Rs. 11558 while for India as a whole it was Rs.33731 (2009-10). More than 50 per cent of the population is living below the poverty line. Lack of industrialization, Bihar is a predominantly agrarian society. Agriculture in the State is overburdened as density of population in the state is as high as 1102 persons per sq. km; highest densely populated state in the country.

With the total population of 10.38 Crore, Bihar is third biggest state in terms of population after Uttar Pradesh and Maharashtra contributing 8.58 in national population (2011). Sex ratio in the state is 916 (female per thousand males). It is the least urbanized state in India; approximately 15 per cent of the population is residing in urban areas. Literacy rate is very poor in the state and only 65 per cent population is literate and more significantly 50 per cent women in the state is literate.

As per the Human Development Indices (HDIs) calculated by Planning Commission, UNFPA for various states in India reveals the lowest HDI values for the State of Bihar while highest for the State of Kerala. (Annexure – III) The HDI values combines:

- (i) Income levels
- (ii) Educational attainment, and
- (iii) Demographic and Health Status of the population including:-
 - Life Expectancy at Birth
 - Infant Mortality Rate (IMR), and
 - Maternal Mortality Rate (MMR).

It is evident from above discussion that

income levels, educational attainment as well as demographic and health status of the population is very poor in the state. The health status of any community is measured in terms of key indicators of health such as infant mortality, maternal mortality, expectation of life, and measures of fertility.

Further, situation is aggravated by rapidly increasing population in the state. Various National Family Health Survey NFHS – I, (1992-93), NFHS – II (1998-99) and NFHS – III (2005-06) as well as various census survey reports shows highest Total Fertility Rate (TFR) and Birth rate in the state. As per NFHS – III report “At current levels, women in Bihar will have four children during her lifetime compared with less than three children in India as a whole.” It is surprising to note here that TFR in Bihar has increased by 0.3 children in NFHS – III since NFHS – II. As far as census report 2011 is concerned decadal growth rate (2001 – 11) for the country as a whole is concerned it is 17.64 per cent while for the state of Bihar it is more than 25 per cent highest in the country. Rapidly increasing population is causing various socio-economic demographic problems such as poverty, unemployment, spread of diseases and high Infant and Maternal deaths.

NFHS – III (2005-06) data for Bihar shows that infant mortality continues to be as high as 62 deaths per 1000 live births; four times higher than Kerala and Goa and somewhat higher than the National average of 57 deaths per 1000 live births. The under- five mortality rate for Bihar is 85 deaths per 1000 live births. In Bihar, one in 16 children die before their first birthday and one in 12 die before reaching the age of five. The percentage of births in Bihar delivered in a health facility is only about 20 per cent; half of the national average. Thus, only one in five births in Bihar take place in a health facility. Only 33 per cent children aged 12-23 months are fully vaccinated against the six major childhood illness in the state; the sixth lowest level of fully vaccinated among all the states. Although, breastfeeding is

nearly universal in the state but only 28 per cent of children under six months are exclusively breast feed. Only 30 per cent children are put to the breast within the first day of life, including only 4 per cent of the children are breast feed within one hour of birth while many infants are deprived of the highly nutritious first milk (colostrum) and the antibodies it contains.

Malnutrition in the state is widespread. More than half of children nearly 56 per cent under 5 are stunted or too short for their age. 56 per cent of the children are underweight and 27 per cent are wasted. These indicate that the children are undernourished and have chronic and acute under nutrition. It is worth mentioning here that children's nutritional status in Bihar has worsened in 2005-06 since 1998-99 according to two of the three nutritional status measures (NFHS – III). NFHS – III data also indicate that children under age three are more likely to be wasted and underweight in Bihar than they were at the time of NFHS – II. Anemia is a major health problem in Bihar, especially among women and children. As per NFHS – III data 78 per cent of children aged 6-59 months are anemic. 67 per cent of women in Bihar have anemia. Children of mothers who have anemia are more likely to be anemic.

Further development of the state highly depends on the quality of human resources and social infrastructure. By and large on economic and social indicators Bihar ranks in the lowest order among states in India. Bihar ranks lowest in per capita income, male and female literacy while highest in TFR and Crude Birth Rate placing the state having highest percentage of population living below the poverty line among the 15 major states in India. There is an urgent need of the hour to contain the population growth in the state to improve the socio economic condition of the population and attainment of Millennium Development Goals.

Eight MDGs set during the Millennium

Summit held in New York in September 2000 are mainly related with reduction in poverty by expanding access to basic services health and education and in promoting sustainable development. Three of the eight MDGs are directly related to health: - Reducing Child Mortality, Improving Maternal Health and Combating HIV/AIDS, Malaria and other diseases. These health related issues are the indicators of the most basic challenges ahead that is to protect young children, stop woman dying during the pregnancy and child birth and tackle the major communicable diseases. In this connection it is worth mentioning here that 8 MDGs broadly represent our commitments to tackle ill health. Due to ill health a person is compelled to leave his gainful employment leading to loss of income and thus caught in vicious cycle of poverty. It is not out of place to mention here that a recently study conducted by World Bank shows that there is link between reproductive health and poverty and the findings of the study are that poor reproductive health hinders the chances of the poor person to escape from poverty. The improvements in the reproductive health can lead to the improvement in other MDGs in various ways. It is worth mentioning here that again on 25th September 2015, UN General Assembly declared 17 Sustainable Development Goals and 169 targets to complete the work of MDGs in next 15 year. Here also the first three goals are mainly related with ensuring healthy lives and promoting well being at all ages.

Annual Health Survey report (August 2014) clearly confirms the NFHS-III report that Total Fertility Rate (TFR) in eight districts of the state are more than 4.07 per women.

NFHS-III, DLHS-II (2007-08), Annual Health Survey report (2014) clearly shows that TFR in the state is nearly two times higher than most of the states as well as lowest contraceptive prevalence rate in the country.

II. TABLE: HUMAN DEVELOPMENT INDEX FOR INDIA (COMBINED) -SELECTED STATES

State	1981 Value	1981 Rank	1991 Value	1991 Rank	2001 Value	2001 Rank	Per capita* NSDP 1997-98
Kerala	0.500	1	0.591	1	0.638	1	2490
Punjab	0.411	2	0.475	2	0.537	2	4389
Tamil Nadu	0.343	7	0.466	3	0.531	3	3141
Mallarashtra	0.363	3	0.452	4	0.523	4	5032
Haryana	0.360	5	0.443	5	0.509	5	4025
Gujarat	0.360	4	0.431	6	0.479	6	3918
Karnataka	0.346	6	0.412	7	0.478	7	2866
West Bengal	0.305	8	0.404	8	0.472	8	2977
Rajasthan	0.256	12	0.347	11	0.424	9	2226
Andhra Pradesh	0.298	9	0.377	9	0.416	10	2550
Orissa	0.267	11	0.345	12	0.404	11	1666
Madhya Pradesh	0.245	14	0.328	13	0.394	12	1922
Uttar Pradesh	0.255	13	0.314	14	0.388	13	1725
Assam	0.272	10	0.348	10	0.386	14	1675
Bihar	0.237	15	0.308	15	0.367	15	1126
All India	0.302		0.381		0.472		2840

Tamil Nadu	0.708		
Maharashtra	0.696		
Haryana	0.708		
Gujarat	0.672		
Karnataka	0.682		
West Bengal	0.641		
Rajasthan	0.629		
Andhra Pradesh	0.650		
Orissa	0.606		
Madhya Pradesh	0.606		
Uttar Pradesh	0.607		
Assam	0.614		
Bihar	0.576		
All India	0.647		

Source: Planning Commission (2002), National Human Development Report (2001)

III. HUMAN DEVELOPMENT INDEX 2018

State	HDI, 2018		
Kerala	0.779		
Punjab	0.723		

Achievements of Bihar:

Indicator	2005-06	2015-16

Health Indicators		
Total Fertility Rate (TFR)	4.0	3.4
Life Expectancy at birth – Male	66.7 (2012)	68.1 (14)
Life Expectancy at birth – Female	68.4 (2013)	-
Maternal Mortality Rate (MMR)	312 (2066)	165 (16)
Infant Mortality Rate (IMR)	62	48
Under 5 Mortality Rate	85	58
% Children fully immunized	32.8	61.7
Couple Protection Rate	76.1	78.8
% Delivers by Trained Attendants	39	78.2
% Institutional Deliveries	19.9	63.8
Disease Control		
UNDERWEIGHT CHILDREN	56	44
Anaemia among women	1.7	60 %
Tuberculosis		637 per lac
Heart disease		2269 per lac
Rural Health Infrastructure	Required	Current Status 2014
Sub-centres	20760	18992
Primary Health Centres	3460	2792
Community Health Centres	865	466

The Government would take the lead by providing an enabling environment for all stakeholders to contribute towards the fulfillment of the vision of a healthy Bihar. It would facilitate the process by providing social infrastructure, a conducive policy framework and co-ordinating the inputs of various sectors.

Launched on April 12, 2005 NRHM covers the entire country but lays special focus on 18 states, which have weak health infrastructure and demographic indicators. The States are Assam, Arunachal Pradesh, Sikkim, Nagaland, Manipur, Mizoram, Orissa, Meghalaya, Tripura, Bihar, Jharkhand,

Uttaranchal, Uttar Pradesh, Madhya Pradesh, Rajasthan, Chhattisgarh, Himachal Pradesh and Jammu & Kashmir. The project is basically a strategy for integrating the on-going vertical programmes of Health and Family Welfare. The Goal of the Health Mission is to improve the availability of and access to quality health care by people, especially for those residing in rural areas the poor, women and children.

It adopts a sector-wide approach and aims at systemic reforms to enable efficiency in health service delivery. It also subsumes key national programmes like Reproductive and Child Health-II project, the National Disease

Control Programmes and the Integrated Disease Surveillance Project. It will also enable the mainstreaming of AYUSH—Ayurveda, Yoga, Unani, Siddha and Homeopathy Systems of Health.

While providing a broad framework for operationalisation, the Health Mission lists a set of core strategies to meet its goals like decentralized village and district level health planning and management, appointment of female Accredited Social Health Activists (ASHA) to facilitate access to health services. It also includes strengthening the public health service delivery infrastructure, particularly at village, primary and secondary levels, mainstreaming AYUSH, improved management capacity to organize health systems and services in public health. It attempts a major shift in the governance of public health by giving leadership to Panchayati Raj Institutions in matters related to health at district and sub-district levels. A sum of Rs.10,000 were provided to every sub-centre to cater to the unmet needs reflected in the village health plan. {The number of Health Sub-centres required as per 2001 population norm in the country is 1,58,792. A Sub-centre is established as per population norm of 5,000 in plain and 3,000 in tribal/hilly areas.) One of the strategies under the Health Mission is to upgrade the Community Health Centre (CHC) which is the referral unit for a population of 1,20,000, to the Indian Public Health Standards (IPHS).