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Bihar's Growth Story: Health Indicators of Women in Bihar – A positive picture since 2005

Dr. Pooja Thakur Assistant Professor, Department of Liberal Arts, Amity University Gurugram, Haryana.

Abstract:
Though, Bihar is emerging as one of the fastest growing economies in the country as compared to most of the states, it seems to be at a very vulnerable stage in terms of empowerment of women, based on the analysis of key human development indicators (HDI) like health and nutrition, education, income, access to reproductive resources, political participation and Gender related Empowerment Measure (GEM) in comparison with other states. One must not expect wonders from Bihar, which has seen so many years of misrule and had a sort of late start as far as the developmental processes are concerned, in comparison with other developed states like Kerala. Progress will take its own time. It is a well-known fact that in Bihar's context, poverty has been a major factor in keeping womenfolk at an edge. The decadal growth rate of population is still higher than the national average. It is sad to notice that Bihar is amongst very few states which has seen a decline in the sex ratio since 2001. The strong boy preference is reflected in the juvenile (0-6) sex-ratio as well, that is averse to girls in Bihar.

Keywords: Women empowerment, Gender, Human Development Index (HDI).

The study of various aspects of women empowerment in the state helped us to identify deep-rooted gender-based inequities. However, a closer look into the other key indicators of general well-being of women like marriage and fertility, family planning, education and enrollment, workforce participation and political activism, the picture seems to be an encouraging one. Slow but steady improvement is observed in most of these factors like maternal mortality, infant mortality, enrollment of girls, overall literacy, rise in the marriageable age for girls, decline in fertility and increasing participation of women in politics etc. All these will cumulatively impact the overall status of women in the years to come and there will be visible signs of women's empowerment.

Early marriage among girls is quite common here, that not only results in expansion of reproductive years of women, but also curtails women's access to education and radically restricts time available to develop and mature personally, inviting many health complications as well. It should be noted that in a state like Bihar, rural women, illiterate women, poor women and Muslim women have much higher fertility rate than others. A more worrisome feature is the high level of child bearing among younger women. Consequently, mortality risks, for both mothers and children increase when women give

birth at such young age. To complicate matters further, family planning measures are also not very popular in the state. Amongst all the different measures of birth control, sterilization is the most popular and for that too the burden lies on women, as very few men would want to go for it. As far as immunization is concerned, girls are less likely to be immunized in Bihar as compared to boys, according to the reports.

There is however, some good news as well. Infant Mortality Rate (IMR) has witnessed a continuous decline over the years. One more reason to cheer is a phenomenal rise in the number of institutional deliveries in recent years.

Gender has been the most statistically significant determinant of malnutrition among young children, a direct cause of death among girls below 5. This kind of deprivation has negative impact on general growth potential of girls. It also reflects in Bihar having the largest percentage of women with a sub-normal Body Mass Index (BMI) and reports high incidence of anaemia among women. About 45.2 percent of girls aged 15-18 years registered BMI less than 18 kg/m^2. Nearly 63.5 percent children aged 6-59 months and 60.3 percent women aged 15-49 years suffer from anaemia (NFHS-4). Nutritional deprivation never allows women to reach their full growth potential, finally affecting the well-being of the family and society in general. In Bihar low health indices are also the result of unimproved hygiene, inadequate sanitation, and insufficient and unsafe drinking water. Due to lack of toilets, women often reported going to bathe every two to three days. Often it was difficult for adolescent girls to go out in the open for bathing due to presence of men, that also resulted in mental trauma for them.

Bihar fares poorly as far as menstrual hygiene protection methods are concerned where majority women are shown to depend on cloth during menstruation. These obstacles[1] further get compounded by the cultural norms of modesty imposed on women.

Access to toilet facility, safe sanitation is one of the foundations of a healthy, comfortable, and dignified life. Households without proper sanitation facilities have a greater risk of diseases like diarrhoea, dysentery, and typhoid than households with improved sanitation facilities that are not shared with other households. In Bihar, nearly two-fifths (39%) of all households do not use any sanitation facility, which means that household members use open spaces or fields. Open defecation is more common among rural households (44%) than urban households (12%). Over three-fifths (62%) of households have access to a toilet facility, with a much higher accessibility in urban areas (89%) than in rural areas (57%). Access to a toilet facility ranges from 46 percent among scheduled caste households to 82 percent among households which are not scheduled caste, scheduled tribe, or other backward class households. Access to a toilet facility varies widely across the districts, from the lowest in Araria (41%) to the highest (82%) in Rohtas. More than 95 percent of urban households have access to a toilet facility in seven districts (Saharsa, Muzaffarpur, Sitamarhi, Munger, Patna, Khagaria, and Siwan). Due to lack of latrines in the school premises, many girls are forced to miss classes during menstruation. Thus, the overall health indicators, pertaining to women and adolescent girls do not present a very rosy picture.

Women faced greater hardships during devastation and destruction caused by floods and other natural disasters.[2] Low income, restricted mobility and care-taking responsibilities create an additional burden on women during disasters. Girls become more vulnerable to sexual violence in a post-disaster situation and in temporary relief camps. Economic hardships, frustrations and struggles to replace housing, jobs and possessions bring increased tension and stress to relationships, sometimes leading to conflict and domestic violence. Social dislocation and the resultant loss of traditional community support and protection mechanisms increase women's vulnerability to violence. Men frequently vent their anger, frustration, stress, and depression through domestic violence and alcohol

consumption.

In order to address Gender-specific issues like education, violence against women, health and sanitation problems, and skill development, Bihar government has been preparing gender budget since 2008. Rural Development, Social Welfare and Education are the three departments through which mainly the women-oriented programmes are being implemented. Under the Social Welfare Department, Women Development Corporation is the nodal agency to implement all women specific programmes. Integrated Child Development Scheme (ICDS), SABLA, Accredited Social Health Activist (ASHA), Indira Gandhi Matritva Sahyog Yojana, Mukhyamantri Kanya Suraksha Yojana, Mukhyamantri Kanya Vivah Yojana, Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), Widow Pension Scheme, Indira Awas Yojana, HUNAR, Mukhyamantri Nari Shakti Yojana are all programmes being run under the aegis of Social Welfare department. By and large, the mandatory allocation for women has addressed the economic empowerment of women through formation of Self-Help Groups (SHGs) and through income generation programmes of the government-like JEEVIKA, that has surely brought visible results and positively impacted the lives of women. Skill training has gained prominence in Bihar in a big way. Successful training in computer skills, financial skills, bee-keeping, goat rearing, mushroom cultivation, stitching, tailoring, embroidery, beauty care, health aides, para-nurses, tutors and teachers have helped women in the state come a long way.

Apart from these schemes the Government of Bihar collaborates with United Nations, World Bank, United Kingdoms and other multilateral agencies like Action Aid and Oxfam to respond to the social, economic, and political needs of women.

It is true that the composite indices such as these very broadly show the state of affairs, thus missing out on the detailed aspects of human well-being. Hence, there is a need to look into other key indicators depicting the actual socio-economic status of women including, demographic status, marriage and fertility, family planning, education and enrollment, workforce participation and political activism. Gender discrimination is evident in demographic indicators like decadal growth rate of population, sex-ratio, child sex ratio, infant mortality rate etc.

Bihar, though has witnessed a decline in the decadal growth rate from 28.6 percent to 25.1 percent from 2001, it is much higher than the national average of 17.6 percent for India. It clearly shows the absence of demographic transition that many parts of India have already experienced. Bihar population had been accelerating by 28.4 % in the decade 1991-2001 only to witness its first slowdown in the following decade. The population pressure is still a major challenge before the state government as it eats into the productive resources.

It is interesting to note that while in most of the countries the sex-ratio favours women, India's continues to discriminate against women. It is noteworthy that while the overall sex ratio has increased by 10 for India, Bihar has seen a decline from 919 in 2001 to 916 in 2011, as per Census 2011. Only three major states Bihar, Gujarat and Jammu & Kashmir have shown a decline in sex-ratio as compared to 2001.

It should be stated here that, this is not a biological phenomenon, rather a result of sex-selective abortions through use of technologies, blatant violation of Pre-Natal Diagnostic Techniques (PNDT) Act, 1994. It has been observed that sex-ratio at birth decline with wealth, suggesting sex selection is more common among wealthier than poorer households.

The demographic features are not uniform throughout the state.[2] Out of the 38 districts, Gopalganj has the highest sex-ratio (1015), whereas both Munger and Bhagalpur have the lowest sex-ratio (879). The strong boy preference is reflected in the juvenile (0-6) sex-ratio

that is averse to girls in Bihar.[3] Here too the child sex-ratio has declined from 942 in 2001 to 935 in 2011.
It assumes significance in the backdrop of rising incidents of female foeticide and skewed sex-ratio. The practice has gradually resulted in fall in female foeticide and dowry-related cases and in promoting girls education. Bihar had showcased a tableau depicting this model practice at the Republic Day in 2012. The population does not seem to fall at a fast rate, also because, in the state the marriages take place quite early, resulting in expansion of reproductive years of women. The recently released data from NFHS-4, shows that about half of women in the age group of 20-24 years (42 %) got married before the legal minimum age of 18, down from more than two-thirds (69%) in 2005-06 (NFHS-3). As for men aged 25 to 29, only 43 % had married before 18 years, according to NFHS-3.[4] In 1998-99, as per NFHS-2, 71.9 % women married before 18 years. The median age at first marriage in 2016-17 is 17.5 years among women age 20-49 years, and 21.8 years among men in the age group 25-49 years. On an average, men marry more than five years later than females. The mean age at marriage has fortunately increased from 15 years to 17.5 years among women aged 20-24. It has been pointed out that women who marry before the age of 18 are at an increased risk of experiencing intimate partner violence[5] in their lifetime.
In case of Bihar, early marriages have been responsible to a great extent for high fertility rate. The total fertility rate (TFR) in Bihar is 3.0 children per woman, which is above the replacement level of fertility. Fertility has decreased by 0.4 children between NFHS-4 and NFHS-5.At current fertility levels, a woman in the state will have an average of 3.4 children in her lifetime.
The TFR decreased by 0.6 children in the last 10 years between NFHS-3 and NFHS-4. The TFR in urban areas is 2.4, which is much lower than 3.6 children in rural areas. There are substantial differentials in fertility by urban-rural residence, religion, caste/tribe, and schooling.
As per Economic Survey of Bihar, 2017-18, there is constant decline in TFR in Bihar from 3.5 children in 2012 to 3.2 children per woman in 2015, a drop of 0.3 children per women. The drop in the all-India rate is smaller than that of Bihar, a drop of 0.1 children. If this falling trend is continued, the much needed demographic transition will materialize in the state in near future. The AHS (2011-12) figures for Bihar report a fall from 3.9 children in 2007-08 to 3.5 children. It presents a drop of 0.4 children as against an all-India rate of 0.3 children, indicating early signs of demographic transition[6] here.
Fertility rate in the state is the highest among all the states. Kerala and Tamil Nadu have TFR of 1.7 children per woman only. For Bihar, the population projections suggest that the replacement rate of 2.1 children will be reached only by 2027. The greatest differential in age at marriage and fertility are by education and wealth. District with lowest TFR of 2.7 is Patna, while the highest TFR of 4.6 is reported from Sheohar district. Another reason why the TFR is not falling at a fast rate in the state is the large number of unplanned pregnancies. One in four women in the age group 15 to 19 years have already begun child bearing in the state.
Bihar has done well by halving the proportion of adolescent women bearing children. Among young women aged 15-19 years, 12 percent had begun childbearing, according to NFHS-4 down from 25 percent in NFHS-3. Only 3 percent of women aged 16 years have started childbearing, but this proportion increases sharply to 21 percent among women who are 18 years old and to 37 percent among woman who are 19 years old. More than 58 % of women age 19 years are already either mothers or pregnant. The median age at first birth for women age 15 -24 was 18.7 years as per NFHS-3. The situation had not improved much from 1998-99 (mean age at first birth was 18.9 years). In Bihar, rural

women, illiterate women, poor women and Muslims have much higher fertility than others. A more worrisome feature is the high level of child bearing among younger women.
Studies in India and abroad have shown that health and mortality risks increase when women give birth at such young age, both for themselves and their children. Data shows that children born to mothers under the age of 20 years are more likely to die during infancy than children born to mothers in the prime childbearing age (20-29 years). Hence, efforts to lower fertility should focus primarily on those groups within the population that have high fertility than the average.
Here family planning measures could have a significant impact on maternal and child health along with reducing the overall fertility rate in the state. Though the knowledge of contraception and modern spacing methods by 2005-06 have increased by 10 % from 1998-99, the usage rate is extremely low with only 34.1 % of married women using any method of contraception, (In 1998-99 the percentage was 23.5). It has further come down to 24.1 % according to NFHS-4 (2015-16).
Amongst all the different measures of birth control, sterilization is the most popular. Unfortunately, here too men's percentage using sterilization was a meager 0.6
% as compared to 23.8 % women (NFHS-3). In fact, the male percentage using sterilization has declined from 1998-99 to come down to 0 percent according to the latest NFHS-4 data. About half the men in Bihar agree that contraception is a women's business. Contraceptive prevalence is also very low among illiterate, rural, scheduled- tribe and Muslim women.
Despite improved availability and access to contraceptive services, a substantial proportion of pregnancies are either mistimed or unplanned. Based on these figures, Bihar is considered to be the most vulnerable state among all states of India. Availability of safe abortion remains a huge challenge which is further compromised by poor access, poor quality and the denial of care.
If we look at the health indicators for Bihar's population Life Expectancy at Birth (LEB) will emerge as a crucial index. Biologically, LEB is found to be higher for females, which in case of Bihar was found to be lower by 0.1 years, indicating gender disparity. The LEB[7] for males is shown to be a little higher than that of females. The gap between India and Bihar has though narrowed down from 2.1 years in 2001-05 to 0.3 years in 2006-10. The LEB in Bihar in 2011-15 is 68.3 years and 68.5 years for females and males respectively. Fortunately, the overall increase in life expectancy has been 4.2 years for females over 2001-05.
There is some good news when we look at another important health indicator, Infant Mortality Rate (IMR), where the gap between India and Bihar is perceptively low. In both cases, IMR has witnessed a continuous decline over the years. While IMR in Bihar is 43, it is 42 for India according to CENSUS 2011.
Further, a remarkable point to be noticed here is that the IMR both in case of India and Bihar have registered a continuous decline over the years. IMR in Bihar is on a declining trend also confirmed by the SRS data. SRS data estimates a steady decline from 117.8 deaths per 1,000 live births in 1981 to 69 in 1991, 62 in 2001 to 43 in 2012.
Between 2001 and 2015, IMR has reduced from 62 to 42 and MMR declined from 400 to 208 per lakh live births.
As per the Annual Health Survey Report 2011-12, government of Bihar, the Under-Five Mortality rate is 73 in the state. The figures show strong bias against girl child since the under-5 mortality rate for females is 77 against 70 for males. A wider gap exists based on residence. While the under-5 mortality in rural areas is 76, it is 54 for urban areas.
India has failed to achieve Millennium Development Goal-5 of reducing maternal mortality to
109 per 100,000 live births by 2015. The State has invested several millions of rupees in

the National Rural Health Mission and subsequently the National Health Mission, a large portion of which has been focused on maternal health care. Yet, studies point to persistent gaps in the health system that result in preventable maternal mortality.
Gender injustice is reflected in the Maternal Mortality Rate (MMR) as well. In Bihar, MMR has come down from 400 to 208 per lakh live births from 2001 to 2015. There is still lot of scope for improvement. Pre-natal and post-natal care has to be advanced, to ensure safe delivery. Major causes of mother mortality are hemorrhage, sepsis and hypertensive disorders. Poor access to obstetric care in case of complications, absence of reliable referral system and skilled birth attendants and minimal infrastructure further aggravates the matter.
Bihar cannot afford to overlook the progress of women, for an inclusive and sustainable growth. It is important to ensure that women are provided with equal opportunities as men for their overall well-being, without which economic growth of the state would be meaningless. Above all, women's contribution towards Bihar's development cannot be overlooked. Be it ASHA workers, teachers or SHG members, they have shouldered their responsibilities extremely well, ensuring all the government.
This research thus, attempts to give an insight into these government schemes and programmes to show how they have impacted or have helped change the lives of women in Bihar. To add freshness to the study, first-hand information through interviews of women, who have made a mark for themselves in various fields, have been added. It not only gives an idea about the ground realities and actual changes that have come about in their lives, but also the challenges and hardships they had to face to reach the place where they are today. They shared personal experiences to show how their condition became better overtime due to various factors specially the initiatives taken by the government and also because of a change in their attitude and approach. It also became clear that though women‘s status was changing for better, there were many grey areas too that needed to be addressed. The programmes and schemes, thus launched by the government has attracted quite a lot of attention, as they are not only unique and well-thought about schemes but also done for the ―first‖ time in the country. For example, Mukhyamantri Cycle Yojana was hailed as a revolutionary step taken by any state government to bring girls back to school.
Like in case of employment, though women‘s position seemed to have improved (mainly because of Globalization), they still continue to be involved in unpaid and unorganized sectors. In education too, need was felt for better knowledge dissemination and better teachers. In case of political empowerment, gaps were noticed despite the policy of reservation. Violence was reported from places where women candidates were contesting election. Instances where husbands played the role of 'mukhiya-pati' were also reported. In health sector as well there were many issues like anemia and malnutrition that needs to be addressed soon.
Thus, many challenges and gaps have been recognized in course of this study, on the basis of which, number of recommendations and suggestions have been made at the end of the thesis. It is hoped that such suggestions would be useful in future policy making and will help to find out the gaps that remain in the schemes already implemented by the government. It will help to formulate a more comprehensive programme that will take into account every aspect of a women's need in the day to day life.
Fortunately, the present government has timely recognized the importance of empowering women and has been instrumental in implementing various schemes and programmes aimed at improving the condition of women.

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