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Health status of women in Bihar through NFHS

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Abstract

In this paper the primary goal of this investigation was to evaluate the adjustment in health status of ladies in Bihar through different pointers and contrast this and comparing changes at national level dependent on NFHS sheets. The chose markers are isolated into three measurements: nourishing status, maternal medicinal services status and a few determinants of ladies' health. The markers which were analyzed under the component of healthful status incorporate BMI, heftiness and iron deficient status of ladies in pregnancy and conceptive range period. Under the element of maternal social insurance status, the pointers which were thought about incorporates antenatal consideration, utilization of iron-folic corrosive during pregnancy, postnatal consideration, neonatal lockjaw, institutional births, birth helped by health work force, birth conveyed by cesarean area under private and general health office both. While under the component of some determinant of ladies' health: ladies' education, kid marriage, HIV/AIDS information, employments of preventative strategy and tobacco utilization. There is a need to spread health instruction for fair health advancement and improvement approaches ought to be confined as per factors winning with in the region.

Keywords: Health status, women, NFHS

1. Introduction

The health status of a nation or society, as it is a multidimensional idea. Without such a file, we utilize various pointers to speak to health status ^[1]. Subsequently, the health status of ladies in India can be inspected as far as various pointers which might be ordered into topography, financial status, culture, level of instruction and accessibility of human services administrations. Health is a significant factor that adds to human prosperity and monetary development. Ladies in unexpected frailty are bound to bring forth low weight newborn children. They are additionally more averse to have the option to give food and sufficient consideration to their kids. At long last, lady's health influences the family financial prosperity, as a lady in unexpected frailty will be less profitable in the work power ^[2]. In Indian families, ladies' health is legitimately connected to the thriving of family in light of the fact that practically all different individuals from the family depend straightforwardly or in a roundabout way on the ladies for their day by day schedule work. Normally, unforeseen weakness of ladies genuinely influences themselves just as their families.

Future during childbirth is higher in the vast majority of the created nations and in a portion of the creating nation. In India, ladies and men have about a similar future during childbirth. The way that the sound health and better future of the ladies isn't found in India recommends that there are efficient issues with ladies' health ^[3]. In Indian culture, the majority of the families expect at any rate one child, in anticipation of which some of the time, they take the choice of either more youngsters or female baby premature birth, which influences the ladies health to a huge degree. The overall ladies lack of education and male matchless quality are different foundations for their hopeless condition. These variables apply a negative effect on the health status of Indian ladies. In spite of all chances, ladies are the foundation of family.

Bihar has the most elevated populace thickness of 1,102 individuals/km² among conditions of India barring association domains ^[4]. It is the third most populated territory of India after Uttar Pradesh and Maharashtra with populace of 10,38,04,637 ^[5]. Almost 89% of populace of Bihar dwells in provincial zone, where openness of health office is poor ^[6]. As instruction holds the way to improvement, level of proficiency among ladies in Bihar is just 49.6 which is least among all conditions of India. They don't get adequate nutritious eating regimen because of their destitution.

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Consistently, Bihar is influenced because of intermittent floods in Koshi and different areas. Because of it, consistently individuals in terai (marsh) region of Koshi endure unreplenishable misfortune. In this way, consistently, individuals need to begin their new existence with exact assets. These circumstances adversely influence the soundness of ladies because of the absence of cash, food and survey to medicinal services administrations. In light of health, instruction, and foundation, the arranging commission of India (NITI Aayog) has characterized Bihar in third level states otherwise called BIMARU states [7]. With this foundation, it is an incredible worry to evaluate the health state of ladies in Bihar and look at the comparing changes at national level.

In the current audit, markers of ladies health are chosen based on accessibility in both NFHS-3 and NFHS-4 reality sheets. The chose markers have been arranged into three measurements: wholesome status of ladies, maternal medicinal services status of ladies and a few determinants of ladies' health. One additional pointer Infant Mortality Rate (IMR) has been taken as it is a synopsis proportion of by and large health. National Family Health Survey (NFHS) is done by International Institute for Population Studies, Mumbai, India. The NFHS reality sheets give countless pointers on family health alongside assessments of different segment boundaries.

This paper intended to break down the adjustments in health status of ladies in Bihar through different pointers between times of NFHS-3 and NFHS-4 which allude to years 2005 and 2016 individually and contrast these and relating change at national level.

Review of Literature

The necessary information was gathered from important NFHS-3 and NFHS-4 reality sheets which were directed during the year 2004-2005 and 2015-2016 by International Institute for Population Studies, Mumbai, in the interest of Ministry of Health and Family Welfare, Government of India [8]. Pointers for health status of ladies are chosen based on accessibility of NFHS-3 and NFHS-4 actuality sheets.

Dietary status of ladies, maternal medicinal services status of ladies and a few determinants of ladies' health. Aside from these, the IMR shows the mother's health, yet in addition of mother's healthful status, natal consideration and newborn child's dietary status. The markers which are analyzed under the component of healthful status of ladies incorporate BMI, overweight or corpulent ladies, pale pregnant ladies and pallid ladies matured between 15-49 years. Under the measurement, maternal human services status, the pointers which are looked at incorporates antenatal consideration administrations, utilization of iron-folic corrosive by ladies during pregnancy, postnatal consideration, neonatal lockjaw, institutional births, birth helped by health work force, birth conveyed by cesarean area and births conveyed by cesarean segment under private and general health office both. Under the measurement, some determinant of ladies' health, the looked at pointers are: ladies proficiency, kid marriage, HIV/AIDS information, employments of prophylactic technique and utilization of tobacco by ladies. The greater part of the health markers are really negative parts of health. These negative pointers infact help us in evaluating the status of health since a decrease in these markers infers an improvement in the health condition. Such pointers in our

investigation are underneath typical BMI, nearness of pallor among ladies, corpulence among ladies, cesarean birth, kid marriage, utilization of any sort of tobacco and IMR.

Discussion

A supplement food builds the body's obstruction and assists with battling against contamination though malnourishment influence pregnancy result and furthermore increment the health danger of mother as coronary health malady, hypertension, non-insulin subordinate diabetes mellitus and malignant growth. The BMI is generally viewed as perhaps the best proportion of dietary status of ladies. The level of ladies with underneath ordinary BMI has diminished by almost 15 in the reference time frame, while this decline at national level is about 12. In this manner, regarding BMI, wholesome status of ladies in Bihar is improving barely superior to Indian normal. Be that as it may, the level of this boundary is second most noteworthy in Bihar (30.40) after Jharkhand (31.5) which was a piece of Bihar before 2001 and still, at the end of the day the distinction between the two states is negligible. This shows the poor dietary state of ladies in Bihar.

Overweight and heftiness are related with expanded danger of non-transferable ailments, for example, metabolic disorder, elevated cholesterol, type 2 diabetes mellitus, hypertension, and cardiovascular illness, conditions that are as of now genuine general health worries in rustic and urban India the same [9]. Level of overweight or fat ladies ($BMI > 25 \text{ Kg/m}^2$) has gotten more than twice (11.70) in the reference time frame while this pattern for India is somewhat lower. Level of large ladies ranges from 41.5 in Chandigarh, being the most elevated, to 10.3 in Jharkhand, being the least. The information of Bihar for this boundary is just higher than Jharkhand (10.3%) however the pace of addition is of genuine worry for ladies.

Knowledge about contraceptive methods and access to them is important for reducing the spread of Sexually Transmitted Infections (STIs) and risk of unplanned pregnancies. This is also important since mothering a child at young age is associated with poor social, economic and health outcomes [10]. In Bihar, the percentage of married women using any contraceptive method has decreased 10% in the reference period and corresponding decrease at national level is 2.8% despite a greater awareness of birth control methods and an improvement in family planning services. The largest decrease in the use of any contraception was 25.1%, reported from Manipur while Goa and Mizoram reported 21.9% and 24.6% respectively; Himachal Pradesh reported the largest increase of 15.6%. It may be due to availability of other alternatives such as abortions and emergency pills which have severe side effects. The percentage of women consuming tobacco has decreased from 8 to 2.8 in Bihar during the reference period and corresponding change at national level is from 10.8% to 6.8%. In Mizoram, more than half of the women (59.3%) are using tobacco, while Punjab and Chandigarh have lowest figure of 0.1% and 0.4% respectively.

The IMR is considered as one of the best single social health indicator as it reveals about pregnancy care, delivery care, nutritional status of pregnant women and many other socioeconomic determinant [11]. The IMR in Bihar has decreased from 61 to 48 per 1000 during the reference period and corresponding change at national level is from 57 to 41 per thousand. Among the states of India, IMR ranges

from 64 in Uttar Pradesh, being the highest, to six in Kerala, being the lowest.

Conclusion

The investigation uncovered that health status of ladies in Bihar has demonstrated moderate improvement during the reference time frame yet at the same time beneath national level. Nourishing state of Bihar is helpless where the greater part of the ladies in pregnancy and regenerative range period are weak, level of ladies having beneath typical BMI is second most elevated in India and level of large ladies become twofold in the reference time frame. Despite the fact that, Bihar has indicated improvement in maternal health, for example, antenatal consideration administration, postnatal consideration, utilization of iron and folic corrosive, institutional births yet at the same time the figures are underneath different states and national level. Expanding pattern of cesarean conveyance is an incredible worry the nation over. Education, youngster marriage, tobacco utilization in ladies has expanded yet usage of contraception strategy has declined in a few states including Bihar. The IMR, which is viewed as the synopsis proportion of by and large health, has essentially diminished in Bihar and at national level, which shows that mindfulness among ladies with respect to health has expanded. When all is said in done, it was shown that current health status of ladies in Bihar is lingering behind national level and different states and it requires an appropriate consideration. Along these lines, the administration needs to appropriately execute the at present running health programs with uncommon spotlight on Bihar so dietary and maternal health status of ladies could improve which is a lot of identified with the family and society.

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