

Women in Bihar: Health Risks & Solutions

Dr. Pragati
Assistant Professor, University dept. of Home Science,
L.N, Mithila University, Darbhanga, Bihar

Abstract

Bihar is one of the states of India having lowest health profile. The accessibility of health facility is very poor and due to poverty, people are becoming malnourished. Health is an important factor that contributes to human well being and economic growth. Bihar has the highest population density of 1,102 people/km² among states of India excluding union territories. It is the third most populated state of India after Uttar Pradesh and Maharashtra. Nearly 89% of population of Bihar resides in rural area, where accessibility of health facility is very poor. Women in poor health are more likely to give birth to low weight infants. They are also less likely to be able to provide food and adequate care for their children. Finally, woman's health affects the household economic well being, as a woman in poor health will be less productive in the labour force. In Indian households, women's health is directly linked to the prosperity of family because almost all other members of the family depend directly or indirectly on the women for their daily routine work. Naturally, poor health of women seriously affects themselves as well as their families. In India, women and men have nearly the same life expectancy at birth. The fact that the sound health and better life expectancy of the women is not seen in India suggests that there are systematic problems with women's health. In Indian culture, most of the families expect at least one son, in hope of which sometimes, they take the decision of either more children or female foetus abortion, which affects the women health to a large extent. The prevailing women illiteracy and male supremacy are other causes for their miserable condition. All of these factors exert a negative impact on the health status of Indian women. *Despite all odds, women are the backbone of family. As education holds the key to development*, percentage of literacy among women in Bihar is only 49.6 which are lowest among all states of India. They do not get sufficient nutritious diet due to their poverty & personal ignorance. Nutrition and physical growth are integrally related; optimal nutrition is a requisite for achieving full growth potential. This paper is based on a pilot study against health assessment of women which was conducted in urban Patna in Bihar. For cross-sectional study 200 women aged 20-25 years were selected as the study subjects. Pertinent information was obtained by nutritional assessment & anthropometric measurement. On average, women consume diets that are inadequate in several vitamins and minerals, including folate, vitamin A and E, iron, zinc, Magnesium and calcium. Dietary fiber intake among is also low. Diets consumed by many women exceed current recommendations for total fat and saturated fat, cholesterol, Sodium and Sugar. Analyses of data shows that the BMI profile of the subjects indicated that majority of the respondents were malnourished in dual sense. The analysis revealed that health status of women is alarming. Nutritional condition of women in Bihar is very poor. Therefore, the government needs to properly implement the currently running health programs with special focus on Bihar so that nutritional and maternal health status of women could improve which is very much related to the family and society.

Key Word: Assessment, Women, Health, illiteracy, poverty etc.

Introduction

Bihar is one of the states of India having lowest health profile. The accessibility of health facility is very poor and due to poverty, people are becoming malnourished. Health is an important factor that contributes to human well being and economic growth. Bihar has the highest population density of 1,102 people/km² among states of India excluding union territories. It is the third most populated state of India after Uttar Pradesh and Maharashtra. Nearly 89% of population of Bihar resides in rural area, where accessibility of health facility is very poor. Women in poor health are more likely to give birth to low weight infants. They are also less likely to be able to provide food and adequate care for their children¹. Finally, woman's health affects the household economic well being, as a woman in poor health will be less productive in the labour force. In Indian households, women's health is directly linked to the prosperity of family because almost all other members of the family depend directly or indirectly on the women for their daily routine work. Naturally, poor health of women seriously affects themselves as well as their families. In India, women and men have nearly the same life expectancy at birth. The fact that the sound health and better life expectancy of the women is not seen in India suggests that there are systematic problems with women's health. In Indian culture, most of the families expect at least one son, in hope of which sometimes, they take the decision of either more children or female foetus abortion, which affects the women health to a large extent^{2,3}. The prevailing women illiteracy and male supremacy are other causes for their miserable condition. All of these factors exert a negative impact on the health status of Indian women. *Despite all odds, women are the backbone of family.* As education holds the key to development, percentage of literacy among women in Bihar is only 49.6 which are lowest among all states of India⁴. They do not get sufficient nutritious diet due to their poverty. Almost every year, Bihar is affected due to recurrent floods in Koshi and other regions. As a result of it, every year people in terai (low land) area of Koshi suffer through unreplenishable loss. Thus, every year, people have to start their new life with precise resources. These situations negatively affect the health of women due to the lack of money, food and access to health care services.

Keeping in view the salient findings of research studies, it was felt that an effort in this regard for understanding the health needs and status of women in Bihar especially of Patna region needs to be made. The research was planned for women in the age group of 20-25 years from B.N.R.School/ College, Guljarbagh, Patna City. This study gives an insight to the health profile of women of Patna City which would help planner and policy

maker to plan various health programmes. It would also help them in promoting the awareness level of women related to their health. The specific objectives of the study were:

Objectives

1. To assess the health status of women in Bihar.
2. Strategy to improve the health of women in Bihar.

Methodology

The core sample for the present study comprised total of 200 women from B.N.R.School/ College, Guljarbagh, Patna City in Bihar were selected as the study subject. Interview schedule was constructed to record the data obtained. In addition all the subjects were interviewed regarding their food habits, daily intake of various food items and life style pattern and for their physical examination using anthropometric tools (measuring tape, weighing machine) was undertaken.

Results and discussion

The results of the present research have been presented under various sections. These sections provide an overview of distribution of the respondents according to age group.

Table 1: Distribution of the Respondents according to Age group.

Sl.No.	Age group(in year)	Number(n)	Percentage (%)
1.	20-21	76	38
2.	22-23	54	27
3.	24-25	70	35

Table 1. reveals that out of total 200 women, the maximum number that is, 76 (38%) were in the age group of 20-21 years, 70 (35%) were in the age group of 24-25 years and the rest 54 (27%) were in the age group of 22-23 years.

Table -2 Nutrients Concern in the Average Diet of Women^{5,6}

Nutrients of Concern in the Average Diet of Women		
Nutrients Intake	Nutrients	Women
Lower than recommended Intake	Vitamins	
	Folate	✓
	Vitamin A	✓
	Vitamin E	✓

	VitaminB6	✓
	Minerals	
	Calcium	✓
	Iron	✓
	Zinc	✓
	Magnesium	✓
	Others	
	Fiber	✓
Higher than Recommended Intake	Total Fat	✓
	Saturated fat	✓
	Sodium	✓
	Cholesterol	✓
	Total Sugar	✓

Table 2 shows that on average, Women consume diets that are inadequate in several vitamins and minerals, including folate, vitamin A and E, iron, zinc, Magnesium and calcium^{7,8}. Dietary fiber intake among girls is also low. Diets consumed by many women exceed current recommendations for total fat and saturated fat, cholesterol, Sodium and Sugar^{9,10}.

Body Mass Index

Body mass index (BMI) from the sample group was calculated on the basis of the observations of their weight and height. BMI was defined as weight (in kilograms) / (height² [in meters]) and international cut-off for BMI were used for classification of subjects as malnourished/ malnutrition (BMI below 18.0 Kg/m²), normal 18>BMI<25kg/m²), over weight (25> BMI<30 kg/m²) and obesity (BMI>30kg/m²)¹⁶.

Table-3: Body Mass Index of Women.

Sl.No.	Age group(in year)	Number(n)	Normal BMI	Low BMI	Overweight
1.	20-21	76	9 (11.9%)	67 (88.1%)	-
2.	22-23	54	26 (48.2%)	27 (50%)	1 (1.8%)

3.	24-25	70	47 (67.2%)	21 (30%)	2 (2.8%)
----	-------	----	---------------	-------------	-------------

Observations regarding the BMI from **Table -3** showed that more than 50% women are undernourished and up to 3 % women are overweight. Nearly 50% of the subjects, in the present study, were found to be thin and an almost similar proportion stunted. Stunting has important implications for reproductive health of women as it can lead to obstructed labour during child birth due to a small birth canal. On the other hand, thinness can result in poor pregnancy outcome especially in terms of low birth weight and increased risk of infant mortality. The poor nutritional status, in the present study, could be attributed to the inadequate food intake as majority of the subjects.

Strategy to improve the nutritional status of the women of Population^{11,12}

- Increasing food production: building buffer stocks.
- Improving food distribution: building up the public distribution system (PDS).
- Improving household food security through:
 - improving purchasing power;
 - Food-for-work programmes;
 - Direct or indirect food subsidies.
- Food supplementation to address the special needs of vulnerable groups.
- Nutrition education, especially through the Food and Nutrition Board (FNB) and ICDS.
- Efforts of the health sector to tackle:
 - adverse health consequences of under nutrition and over nutrition;
 - adverse effects of infection and unwanted fertility on nutritional status;
 - micronutrient deficiencies and their health consequences.

Conclusion

Nutrition and physical growth are integrally related; optimal nutrition is a requisite for achieving full growth potential¹³. Failure to consume an adequate diet at this time can result in delayed sexual maturation and can arrest or slow linear growth¹⁴. On average, women consume diets that are inadequate in several vitamins and minerals, including folate, vitamin A and E, iron, zinc, Magnesium and calcium. Dietary fiber intake among is also low. Diets consumed by many women exceed current recommendations for total fat and saturated fat, cholesterol, Sodium and Sugar. Analyses of data shows that the

BMI profile of the subjects indicated that majority of the respondents were malnourished in dual sense.

The analysis revealed that health status of women is alarming. Nutritional condition is very poor in Bihar, where more than half of the women in pregnancy and reproductive span period are found to be anaemic¹⁵; percentage of women having below normal BMI is second highest in India. Although, Bihar has shown improvement in maternal health such as antenatal care service, postnatal care, consumption of iron and folic acid, institutional births but still the figures are below the other states and national level. In general, it was demonstrated that present health status of women in Bihar is lagging behind other states and it requires a proper attention. Therefore, the government needs to properly implement the currently running health programs with special focus on Bihar so that nutritional and maternal health status of women could improve which is very much related to the family and society.

REFERENCES

1. World Health Organization. Physical status: the use and interpretation of anthropometry. Report of a WHO Expert Committee, Technical Series 954. Geneva: World Health Organization, 1995; 270-6, 445.
2. Thame M, Wilks RJ, Macfarlane-Anderson N, Bennett FI, Forrester TE. Relationship between maternal nutritional status and infant's weight and body proportions at birth. *Eur J Clin Nutr* 1997; 51:134-8.
3. Tanner JM. Foetus into man: Physical growth from conception to maturity. New York: Open Book Publishing Limited, 1978; 22-36.
4. WHO. Women of South East Asia – a health profile. Geneva: World Health Organization, 2002; 105-8.
5. Schebendac J, Shenker IR. Nutrition. In: Friedman SB, Fisher M, Schonberg SK, eds. Comprehensive adolescent health care. Missouri, St. Louis: Quality Medical Publishing Inc, 1992; 206-13.
6. Neinstein LS, Sachek LE. Nutrition. In: Neinstein LS, ed. Women health care: a practical guide. Philadelphia: Lippincott Williams and Wilkins, 2002; 170-85.
7. Venkaiah K, Damayanthi K, Nayak MU, Vijayaraghavan K. Diet and nutritional status of rural Women in India. *Nutrition News-National Institute of Nutrition* 2003; 24:1-4.
8. India nutrition profile. New Delhi: Government of India, Ministry of Human Resource Development, Department of Women and Child Development, 1998; 1-25.

9. Gopalan C. Women and nutrition in India - general considerations. In: Gopalan C, Kaur S, eds. Women and nutrition in India. New Delhi: Nutrition Foundation of India, 1989; 1-16.
10. Jejeebhoy SJ. Addressing women's reproductive health needs – priorities for the family welfare program. Economic and Political Weekly 1997; 32: 475 - 84.
11. Year of achievement and new initiatives. New Delhi: Government of India, Ministry of Human Resource Development, Department of Women and Child Development, 2000; 7.
12. Lino M, Gerrior SA, Basiotis P, Anand RS. Report card on the diet quality of children. Fam Econ Nutr Rev 1999;12(3&4):78-80.
13. Munoz K, Krebs-Smith S, Ballard-Barbash R, Cleveland L. Food intakes of US children and women compared with recommendations. Pediatrics 1997;100(3):323-329.
14. Fox MK, Crepinsek P, Connor P, Battaglia M. School Nutrition Dietary Assessment Study-II: summary of findings. Alexandria, VA: US Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition and Evaluation 2001.
15. WHO 1994. A Report on health status of women.