

## Study on the Quality of Services for Population Stabilization in Bihar

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**ABSTRACT:** Barring a few States of India, most of the States have not shown good grading for the acceptance of health and family planning services. It is needed to promote responsible parenthood with a two-child norm through independent choice of the fertility regulation methods. In spite of all efforts, the government did not achieve its population goal of attaining Net Reproduction Rate (NRR) equal to one. The non-achievement of this goal during such a considerable period may be because of several reasons. One of the important reasons may be the lack of quality care provided by the grass-root workers as the success of the programmes depends on, the large extent, on them. There is a need for more awareness among the society for the different health checks-up and population stabilization through the different media, printing materials in local languages, health mela and etc. The people are likely to get health services for different kind of diseases in the district hospital, Community Health Centres, Primary Health Centres and Health Sub-Centres which have the large disparity in the sanctioned and working strengths.

**KEY WORDS:** Birth order, maternal health; total fertility rate; unmet need of family planning; public health infrastructure-personnel.

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Date of Submission: 17-08-2019

Date of Acceptance: 31-08-2019

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### I. INTRODUCTION

A good deal of infrastructure in Bihar is now available through the National Health Mission (NHM) scheme but the utilization is very low. There may be several reasons for this. The lack of utilization of infrastructure and poor functioning of grass root workers including low quality of services provided by the Primary Health Centers results in low contraceptive prevalence rate. Thus it is important to improve utilization of the Primary Health Centre/Health Sub-Centre for population stabilization. It is important that the quality of services must be improved. Alternatively, there is a need to demonstrate that by increasing quality of services, acceptance of Family Planning including spacing methods also could be increased. Here quality of services is defined in the broadest term as spelled out by Bruce, J (1990). It includes the following six elements:

1. Choice of contraceptive methods available and accessible to clients.
2. Type of information provided to clients regarding different contraceptive methods and their relative advantages and disadvantages.
3. Technical competence of the grass root workers and the supervisors.
4. Extent of interpersonal relationship provided between grass root workers and clients.
5. Prevalence of use and type of follow up services and care provided by the grass root workers for the continuity of use, and
6. Type of constellation of services to clients.

It is, therefore, necessary to understand the current level of demographic situation at the district level for the action plan. It is a fact that the people also desire the best quality of care and services concerning family welfare programmes from those who are responsible for providing them. The success of the programme really depends on mass approval and the acceptance of the same by the people. Grass root workers are mainly responsible for providing the best quality of care and services to the people. If they provide desired care and services to the people sincerely, propagate the message of the programme in a proper and scientific way as well as motivate them in the right earnest, there will be, no doubt, mass approval and acceptance of the programme leading to the success.

Further, the grass root workers are supposed to be in regular contact with the people. As such, they have interaction with them and have sufficient knowledge of their problems. If the services provided by them

are improved, it is most likely that contraceptive prevalence rate and other health indices will be increased. Consequently, it will lead to the success of the programme, which the government desires.

## II. DEMOGRAPHIC AND SOCIO-ECONOMIC FEATURES AT STATE AND DISTRICT LEVELS

Bihar with a population of 103.8 million is the third most populous state in India, next only to Uttar Pradesh and Maharashtra as per Census 2011. Despite efforts in the last few decades to stabilize population growth, the state's population continues to grow at a much faster rate (25.07%) than the national population (17.6%). The state is densely populated with 1102 persons per square kilometer as against the country average of 382. The sex ratio of the state at 916 is also less favourable than the national average of 940. Among the 38 districts of the state, West Champaran is the largest in terms of area (5228.00 sq. km) while the smallest is Sheikhpura (605.96 sq. km). In terms of population, Patna is the largest at 5.77 million followed by East Champaran that has a population of 5.08 million. Sheohar and Sheikhpura have the smallest population of 0.65 million and 0.63 million respectively. In terms of Sex Ratio, while districts such as Gopalganj (1015) and Siwan (984) have a favourable ratio, other districts like Khagaria (883), Munger (879) and Bhagalpur (879) have a less favourable ratio.

After the bifurcation of the state in 2002, most of the areas with large ST population have been included in the state of Jharkhand. Therefore, the state has less than 1% ST population. In terms of key health indicators, Bihar is among the low performing states. Though the state fares reasonably well in terms of its Infant Mortality Rate (53) as against the national average (48), it continues to be among the poorer performing states in terms of other indicators such as TFR, MMR and NMR.

In terms of socio-economic indices too the district level variation is obvious. For literacy rates, districts such as Sitamarhi (53.51%), Katihar (53.56%), Madhepura (53.78%), Araria (55.1%) and Sheohar (56.0%) Arwal (26%), Jehanabad (29.3%), Kishanganj (31.1%), Araria (35%) and Katihar (35.1%) are much below the even state average of 63.8%. However, there are districts—Rohtas (75.59%), Aurangabad (72.77%), Patna (72.74%), Munger (73.3%) and Siwan (71.59%)—that have performed better than the state average with literacy rates close to 64%. Similarly, performance of districts on percentage of people living below the poverty line is varied with districts such as Araria faring the worst at 80.3%. Other poor performing districts are Bhagalpur, Madhubani, Purnea, Sitamarhi, Supaul and Sheohar, where close to 70% of the population continues to live below the poverty line. Despite such a large number of districts having a significant proportion of their population living below poverty line, the state average of 46.2% (among the lowest in the country) is largely due to the fact that there are some districts such as Kaimur, Saharsa, Samastipur, Arwal, Jehanabad and Gopalganj where close to 80% of the population are living above the poverty line (Table 1).

## III. RESULTS BASED ON RCH AND SERVICE UTILIZATION

In the past, the government and its concerned agencies have initiated various programmes to address the health related issues of the state. However, there is considerable scope of improvement. One of the reasons for limited achievements of the programs has been the lack of quality of services. However, the State Health Society has paid special attention to the quality of services and aims at meeting the needs of the population leading to widespread acceptance of the services. The goal is to provide integrated reproductive health care services, including addressing the unmet need for contraception in order to improve the situation by the year 2012. The program has made positive impact on the indicators in the state but there is still a long way to go. The current situation of the selected indicators based on NFHS-4 shows that overall the state is moving towards achieving the goals. The recent NFHS-4 has shown the improvements in health indicators in the State. IMR has reduced from 62 to 48. However, total fertility rate (TFR) is still 3.4, which is far above the replacement level of fertility 2.1.

**Table 1:** Distribution of Population, sex ratio, density and decadal growth rate of population: 2011

District Code	State/ District	Total Population			Sex ratio (females per 1000 males)	Density (Per sq.km)	Decadal growth rate
		Persons	Males	Females			
	Bihar	103,804,637	54,185,347	49,619,290	916	1102	25.07
01	Champaran (W)	3,922,780	2,057,669	1,865,111	906	750	28.89
02	Champaran (E)	5,082,868	2,674,037	2,408,831	901	1281	29.01
03	Sheohar	656,916	347,614	309,302	890	1882	27.32
04	Sitamarhi	3,419,622	1,800,441	1,619,181	899	1491	27.47
05	Madhubani	4,476,044	2,324,984	2,151,060	925	1279	25.19
06	Supaul	2,228,397	1,157,815	1,070,582	925	919	28.62
07	Araria	2,806,200	1,460,878	1,345,322	921	992	30.00

08	Kishanganj	1,690,948	868,845	822,103	946	898	30.44
09	Purnia	3,273,127	1,695,829	1,577,298	930	1014	28.66
10	Katihar	3,068,149	1,601,158	1,466,991	916	1004	28.23
11	Madhepura	1,994,618	1,042,373	952,245	914	1116	30.65
12	Saharsa	1,897,102	995,502	901,600	906	1125	25.79
13	Darbhanga	3,921,971	2,053,043	1,868,928	910	1721	19.00
14	Muzaffarpur	4,778,610	2,517,500	2,261,110	898	1506	27.54
15	Gopalganj	2,558,037	1,269,677	1,288,360	1,015	1258	18.83
16	Siwan	3,318,176	1,672,121	1,646,055	984	1495	22.25
17	Saran	3,943,098	2,023,476	1,919,622	949	1493	21.37
18	Vaishali	3,495,249	1,847,058	1,648,191	892	1717	28.58
19	Samastipur	4,254,782	2,228,432	2,026,350	909	1465	25.33
20	Begusarai	2,954,367	1,560,203	1,394,164	894	1540	25.75
21	Khagaria	1,657,599	880,065	777,534	883	1115	29.46
22	Bhagalpur	3,032,226	1,614,014	1,418,212	879	1180	25.13
23	Banka	2,029,339	1,064,307	965,032	907	672	26.14
24	Munger	1,359,054	723,280	635,774	879	958	19.45
25	Lakhisarai	1,000,717	526,651	474,066	900	815	24.74
26	Sheikhpura	634,927	329,593	305,334	926	922	20.82
27	Nalanda	2,872,523	1,495,577	1,376,946	921	1220	21.18
28	Patna	5,772,804	3,051,117	2,721,687	892	1803	22.34
29	Bhojpur	2,720,155	1,431,722	1,288,433	900	1136	21.27
30	Buxar	1,707,643	888,356	819,287	922	1003	21.77
31	Kaimur (Bhabua)	1,626,900	847,784	779,116	919	488	27.54
32	Rohtas	2,962,593	1,547,856	1,414,737	914	763	20.22
33	Aurangabad	2,511,243	1,310,867	1,200,376	916	760	24.75
34	Gaya	4,379,383	2,266,865	2,112,518	932	880	26.08
35	Nawada	2,216,653	1,145,123	1,071,530	936	889	22.49
36	Jamui	1756078	914368	841710	921	567	25.54
37	Jehanabad	1124176	586202	537974	918	1206	21.34
38	Arwal	699563	362945	336618	927	1099	19.01

#### **IV. IMPORTANT INDICATORS REVIEWED DURING NFHS-4:**

- Total Fertility Rate (TFR) has decreased from 3.7 to 3.4
- Contraceptive prevalence rate is 24 percent down from 34 percent in NFHS-3.
- Only 14 percent of mothers in Bihar received at least four antenatal care visits for their last birth.
- The percentage of births in a health facility more than tripled in the 10 years between NFHS-3 and NFHS-4, from 20 percent in NFHS-3 to 64 percent in NFHS-4.
- The infant mortality rate in Bihar in NFHS-4 is estimated at 48 deaths before the age of one year per 1,000 live births, down from the NFHS-3 estimate of 62, and the NFHS-2 estimate of 78.
- Percentage of children under age 3 who are underweight has decreased from 56 percent to 44 percent.

#### **E PROGRAMME**

Though the State has achieved some progress in terms of output indicators, the maternal mortality, child mortality and population growth continues to be a cause of serious concern to the state's development efforts. Moreover, floods in some parts of the state make the State vulnerable to communicable diseases. Besides, the health infrastructure is inadequate to cater to the needs of the people and the upkeep of the already existing facilities is quite challenging. Human resource is another major issue where the State health system is struggling. The paucity of medical professionals especially the specialists limits the public health facilities in providing much required higher level of care to the needy. A mismatch exists in the State between the available medical and Para medical professionals and the demand for their services. More medical graduates and Para medical professionals are required to fill up this gap. Moreover despite number of trainings held, rationalization of manpower is yet to take place. However, to overcome this, the State has initiated public private partnerships, out sourcing health facilities and programmes to private sector and NGOs, contracting specialists for specialized care, etc. There is also dearth of well-trained public health professionals and managers to effectively steer the public health and family welfare programs in the state of Bihar.

**Table 2: Bihar: Public Health Infrastructure – Personnel**

Districts	MO		ANM		LHV		MHW		Staff Nurse		AWW	
	S	W	S	W	S	W	S	W	S	W	S	W
Araria	117	98	273	177	41	12	102	40	17	9	1778	1631
Aurangabad	188	91	342	319	23	17	110	75	12	3	1430	1390
Arwal	62	24	78	105	4	4	59	34	0	0	631	631
Banka	97	84	275	213	45	25	124	49	12	6	1352	1044
Begusarai	117	73	352	351	24	16	33	11	8	8	1314	1296
Bhagalpur	162	127	387	385	48	27	34	32	8	8	1512	1347
Bhojpur	132	105	370	368	26	20	106	42	8	1	1658	1646
Buxar	89	77	212	212	15	11	42	19	2	2	1139	1139
Champan (E)	237	135	364	355	35	23	48	28	12	1	2901	2895
Champan(W)	145	74	427	308	43	19	60	5	19	15	2263	2252
Darbhanga	172	152	363	296	29	19	131	96	8	5	2563	2315
Gaya	231	197	575	563	41	33	245	159	8	1	2427	2385
Gopalganj	106	95	250	249	20	8	30	3	12	2	1816	1592
Jehanabad	119	92	59	56	5	5	31	18	13	8	604	599
Jamui	85	61	222	222	25	12	70	31	12	8	1156	1138
Kaimur	93	74	146	146	19	11	64	20	19	9	996	993
Katihar	121	106	238	211	56	31	33	1	12	7	1716	1637
Khagaria	73	61	190	191	31	18	18	5	4	2	967	965
Kishanganj	56	37	169	115	31	15	64	27	11	5	1052	963
Lakhisarai	72	51	131	131	20	14	40	28	10	9	671	608
Madhepura	81	51	223	93	35	9	22	4	4	0	962	588
Madhubani	233	124	487	380	37	15	54	43	34	16	3437	2852
Munger	141	91	157	157	30	28	51	30	23	23	645	644
Muzaffarpur	241	223	594	592	29	21	140	82	4	4	2822	2610
Nalanda	178	167	402	402	30	30	36	21	0	0	1785	1761
Nawada	115	87	207	207	24	11	30	21	25	17	1249	1235
Patna	289	205	434	434	32	30	49	6	16	13	2481	2465
Purnia	126	100	356	275	56	29	126	67	8	2	1464	1424
Rohtas	158	129	286	270	29	12	136	48	20	10	1712	1628
Saharsa	97	55	192	169	33	15	18	1	26	21	932	825
Samastipur	192	183	475	470	30	20	29	18	4	4	2692	2512
Saran	185	133	512	386	33	29	46	17	27	10	2455	2218
Sheikhpura	53	36	109	109	16	6	18	4	4	1	357	339
Sheohar	52	34	46	26	4	1	38	13	9	1	265	265
Sitamarhi	147	127	299	289	27	9	130	82	17	13	2064	1920
Siwan	151	126	465	298	31	25	102	56	13	9	2099	1934
Supaul	85	70	206	111	44	8	60	34	2	0	1376	1230
Vaishali	126	105	421	414	25	24	33	28	8	3	1844	1608
Total	5124	3860	11294	10055	1126	662	2562	1298	451	256	60587	56524

S: Sanctioned, W: Working

Private and NGO Health Service: The State has a wide network of private health facilities in the urban areas only providing Health services. In general, these private health facilities are run either by individuals/organizations for profit or by Non-profit Charitable organization/NGOs. However, exact data on the number of these health facilities are not available in the State; the registration of private clinics and nursing homes has not yet started although the Clinical Establishment Act has been passed in a year back. Presently these health facilities are also not regulated by the MoHFW However under PNDT Act, the private clinics and nursing homes undertaking ultra sonography have been regulated and these facilities are being monitored. There

is an urgent need to create a comprehensive database for private health service providers and develop appropriate regulatory mechanism for them.

NGOs: The state has only 12 Mother NGOs (MNGOs) covering 22 of the 38 districts of Bihar. However the State does not have a structured procedure to assess the working of MNGOs. There is a need to improve coordination between the NGOs and the Government at all levels i.e. State, districts and sub-district levels in order to make them effective.

Further analysis of information related to NGOs in the state revealed that there are many NGOs that are engaged in the health service delivery. Although no attempts have been made to assess the functioning of these NGOs, it is important to take initiative to develop efficient NGO network in the State.

## **V. MATERNAL HEALTH**

Improving the maternal health scenario by strengthening availability, accessibility and utilization of maternal health services in the state is one of the major objectives of RCH. However, the current status of maternal health in the state clearly shows that the programme has not been able to significantly improve the health status of women. There are a host of issues that affect maternal health services in Bihar. The important ones are listed below:

- Shortage of skilled frontline health personnel (ANM, LHV) to provide timely and quality ANC and PNC services.
- The public health facilities providing obstetric and gynecological care at district and sub-district levels are inadequate.
- Mismatch in supply of essential items such as BP machines, weighing scales, safe delivery kits, Kit A and Kit B, etc. and their demand.
- Shortage of gynecologists and obstetricians to provide maternal health services in peripheral areas.
- Inadequate skilled birth attendants to assist in home-based deliveries
- Weak referral network for emergency medical and obstetric care services
- Lack of knowledge about antenatal, prenatal and post natal care among the community especially in rural areas
- Low mean age of marriage resulted in pregnancy and difficult deliveries.
- Low levels of female literacy resulted unawareness on maternal health services.
- High levels of prevalence of malnutrition (anemia) among women in the reproductive age group
- Poor communication because of bad roads and a law and order situation.

## **VI. CHILD HEALTH**

The child health indicators of the state reveal that the state's IMR is lower than the national average but the NMR is disproportionately high. Morbidity and mortality due to vaccine-preventable diseases still continues to be significantly high. Similarly, child health care seeking practices in the case of common childhood diseases such as ARI and Diarrhea are not satisfactory. The child health scenario is worse for specific groups of children, such as those who live in rural areas, whose mothers are illiterate, who belong to Scheduled Castes, and who are from poor households is particularly appalling. Issues affecting child health are not only confined to mere provision of health services for children, but other important factors such as maternal health and educational status, family planning practices and environmental sanitation and hygiene have enormous bearing on child health. This is more than evident in the case of Bihar where child health continues to suffer not only because of poor health services for children but due to issues such as significantly high maternal malnutrition, low levels of female literacy, early and continuous childbearing, etc. The specific issues affecting child health in the state are listed below.

### **Family Planning Services**

The Family Planning programme has partially succeeded in delaying first birth and spacing births leading to significantly high mortality among children born to mothers under 20 years of age and to children born less than 24 months after a previous birth.

### **Child Health Services**

The programme has not succeeded fully in effectively promoting colostrum feeding immediately afterbirth and exclusive breastfeeding despite almost universal breastfeeding practice in the state. In the State majority of mother breast feed children beyond six months. However both State and UNICEF have taken initiative to generate awareness among mothers for exclusive breast feeding.



**District Level Variations**

Key indicators related to Maternal and Child Health (MCH) and Family Planning clearly show the poor status of RCH in Bihar. However, close examination of data reveals that there exist wide inter-district variations for almost all the key indicators. In almost of all of the districts of Bihar the unmet need of family planning is more than 33%. It is essential to meet the unmet need of family planning to enhance the couple protection rate in Bihar. If we met the unmet need of family planning then the couple protection rate at the present level to be enhanced to more than 50% for further stabilization of population. The institutional deliveries are poor and the delivery attended by a doctor/LHV/ANM is less than 10% or in a few districts of about 10%. It needs to be enhanced through the local training of those persons attending he deliveries at home like chamain, some senior lady of the village etc.

Bihar has got seven districts Araria, Kishanganj, Purnia, Katihar, Sitamarhi, West Champaran, Darbhanga which have both socio-economic and basic amenities parameters below national average while allocating available resources to the districts, it is necessary to give priority to these districts.

**Table 3:** District level variations of some demographic data in Bihar based on DLHS-3

District	% of households with low standard of living	% girls marrying below legal 18 age at marriage	Birth order 3 and above	Any Method	Any Modern Method	Female Sterilization	Male Sterilization	Unmet need for family planning	% women received at least three visits for ANC	Institutional Birth	Delivery at home assisted by a doctor/ nurse/ LHV/ANM	% of children (age 12-23 months) received full immunization	Children breastfed within one hour of birth	% women aware of HIV/AIDS
Araria	93.7	41.4	58.2	31.5	29.0	27.8	0.4	36.1	41.2	13.7	6.0	35.8	18.2	29.5
Aurangabad	85.4	38.7	46.9	34.5	31.0	29.4	0.3	37.9	18.9	30.6	5.0	56.5	14.4	48.3
Banka	92.0	59.9	50.4	25.0	22.7	20.4	0.0	39.2	31.5	24.7	12.6	32.9	15.1	42.3
Begusarai	83.7	46.2	54.2	28.0	25.2	23.4	0.2	39.0	28.3	26.8	4.6	40.3	9.4	23.8
Bhagalpur	74.0	27.8	53.1	40.3	35.0	29.3	0.5	36.4	20.4	30.4	14.7	49.6	22.6	57.5
Bhojpur	78.8	48.1	45.5	35.3	30.2	25.5	0.6	39.9	17.2	40.4	12.5	31.2	20.1	57.2
Buxar	78.0	49.8	47.9	31.2	26.9	23.7	0.2	36.8	22.1	48.0	4.8	27.7	23.4	65.0
Champaran (E)	88.0	54.9	48.1	27.7	23.6	20.8	0.7	34.7	36.0	27.1	1.7	41.3	7.2	19.9
Champaran (W)	89.2	57.8	58.7	32.3	27.8	26.3	0.2	36.9	32.4	24.9	2.4	30.2	9.8	36.6
Darbhanga	83.5	39.1	51.4	31.8	30.4	27.9	0.1	36.3	29.0	15.1	2.9	41.8	15.3	44.2
Gaya	80.2	50.4	50.8	30.5	26.7	23.3	0.3	34.0	23.9	20.7	6.6	31.8	20.6	55.1
Gopalganj	82.0	35.9	48.4	12.8	22.1	20.4	0.0	17.0	31.8	36.5	6.6	52.4	10.5	31.0
Jehanabad	83.8	56.7	46.1	28.2	24.1	20.1	0.6	39.8	30.6	42.5	10.6	47.2	18.6	66.8
Jamui	91.2	72.9	49.4	27.4	20.7	18.3	0.3	44.2	27.1	17.6	8.0	17.4	14.8	41.7
Kaimur	84.4	56.1	51.5	29.9	24.8	21.3	0.2	34.9	23.7	42.6	6.8	21.9	30.9	60.2
Katihar	88.1	43.7	53.0	26.0	20.3	16.6	0.0	43.7	32.5	12.4	3.9	32.6	13.4	37.6
Khagaria	84.8	49.3	51.3	31.1	27.5	25.2	0.3	37.3	26.4	25.3	6.7	45.8	9.8	54.3
Kishanganj	90.7	32.1	57.0	27.2	23.5	16.0	0.6	38.1	28.5	17.8	3.8	26.6	12.8	38.9
Lakhisarai	79.8	54.7	48.0	31.2	28.2	25.1	0.5	41.6	25.3	32.5	6.3	36.0	13.7	32.2
Madhepura	90.6	55.3	53.5	35.0	31.0	29.2	0.4	35.9	20.0	17.7	3.9	39.7	11.1	39.4
Madhubani	88.4	39.5	53.1	96.3	34.9	28.2	0.0	40.3	35.6	16.0	4.0	42.1	7.9	30.3
Munger	61.7	30.5	42.6	41.4	33.9	30.3	0.4	31.6	36.8	48.6	10.5	36.3	19.3	79.0
Muzaffarpur	81.4	35.7	50.5	33.1	32.2	28.9	0.1	36.9	20.4	23.0	3.3	57.4	15.5	46.0
Nalanda	73.0	46.6	47.8	30.9	27.2	21.2	0.5	40.7	25.2	39.3	7.0	54.2	30.2	73.7
Nawada	87.1	65.3	51.6	24.3	21.9	18.7	0.7	39.9	23.6	31.1	3.7	48.9	9.9	53.0
Patna	50.9	34.0	45.7	43.7	40.2	33.6	0.2	31.0	20.7	58.8	3.7	43.8	21.3	84.6
Purnia	87.0	40.4	53.6	10.4	27.5	25.7	23	41.2	19.4	21.6	2.9	37.4	13.8	28.8
Saharsa	87.3	54.4	47.9	32.6	29.8	27.8	0.2	37.5	13.9	20.0	8.8	43.4	15.8	46.3
Samastipur	87.6	51.4	52.7	34.8	28.9	26.6	0.4	36.3	23.9	27.6	3.1	51.1	10.9	38.1
Saran	81.9	31.0	51.5	29.1	25.2	20.9	0.3	43.7	22.7	22.4	6.1	65.1	15.4	59.8
Sheikhpura	79.0	53.5	52.1	26.7	23.4	20.2	0.6	39.0	43.2	41.6	5.0	38.3	10.5	51.4
Sheohar	89.0	54.8	57.0	27.4	22.3	20.4	0.1	42.6	18.9	11.9	3.4	28.3	8.3	31.8
Sitamarhi	86.8	44.4	56.3	18.1	25.3	23.7	22	41.2	22.9	16.4	4.7	39.1	12.5	40.7

Siwan	78.4	27.6	46.0	24.0	20.4	17.2	0.2	39.7	33.4	33.5	8.2	52.4	13.3	50.2
Supaul	92.0	44.2	51.5	43.1	41.6	40.1	0.1	29.8	21.2	23.2	2.4	39.5	13.3	38.2
Vaishali	81.3	41.2	46.9	43.6	39.8	35.0	0.6	32.7	16.0	28.2	9.6	53.3	33.8	81.5

## VII. FAMILY PLANNING

RCH emphasizes on the target-free promotion of contraceptive use among eligible couples, the provision to couples a choice of various contraceptive methods (including condoms, oral pills, IUDs and male and female sterilization), and the assurance of high quality care. It also encourages the spacing of births with at least three years between births. Despite RCH and previous programmes vigorously pursuing family planning objectives, fertility in Bihar continues to decline at much lower rates than the national average. Although the total fertility rate has declined by about half a child in the six-year period between NFHS-1 and NFHS-2, it has increased in NFHS-3 and it is still far from the replacement level. Furthermore, certain groups such as rural, illiterate, poor, and Muslim women within the population have even higher fertility than the average. The persistently high fertility levels point to the inherent weakness of the state's family planning programme as well as existing socio-demographic issues. High TFR is reflected by a dismal picture of women in Bihar marrying early, having their first child soon after marriage, and having two or three more children in close succession by the time they reach their late-20s. At that point, about one-third of women get sterilized. Very few women use modern spacing methods that could help them delay their first births and increase intervals between pregnancies. The major issues affecting the implementation of the Family Planning programme in Bihar are as follows.

- Lack of integration of the Family Planning programmes with other RCH components, resulting in dilution of roles, responsibilities and accountability of programme managers both at state and district levels.
- Failure of the programme to effectively undertake measures to increase median age at marriage and first childbirth.
- Inability of the programme to alter fertility preferences of eligible couples through effective behavior change communication.
- Over emphasis on permanent family planning methods such as, sterilization ignoring other reversible birth spacing methods that may be more acceptable to certain communities and age groups. (Overall, sterilization accounts for 82 percent of total contraceptive use. Use rates for the pill, IUD, and condoms remain very low, each at 1 percent or less).
- Due to high prevalence of RTI/STD, IUDs are not being used by majority of women.
- Continued use of mass media to promote family planning practices despite evidently low exposure to mass media in Bihar, leading to lower exposure of family planning messages in the community, particularly among rural and socio-economically disadvantaged groups.
- Weak public-private partnerships, social marketing to promote and deliver family planning services. (Public Private Partnership is improved since 2008-09. 102 Nursing homes in 20 districts are accredited to conduct family planning operations. In 2008-09 accredited private Nursing homes are expected to conduct more than 50-60 thousand family planning operations in the state.

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**ANNEXURE**

**Annexure A: Administrative Divisions**

Sl. No.	Division	Districts
1	Patna	Patna, Nalanda, Bhojpur, Rohtas, Kaimur, Buxar
2	Magadh	Gaya, Jehanabad, Arwal, Aurangabad, Nawada
3	Tirhut	Muzaffarpur, Sitamarhi, Vaishali, Champaran East, Champaran West, Sheohar
4	Saran	Saran, Siwan, Gopalganj
5	Darbhanga	Darbhanga, Madhubani, Samastipur
6	Munger	Begusarai, Jamui, Khagaria, Lakhisarai, Munger, Sheikhpura
7	Kosi	Saharsa, Madhepura, Supaul
8	Bhagalpur	Bhagalpur, Banka
9	Purnea	Purnia, Araria, Kishanganj, Katihar

**Annexure B: Community Development Blocks**

Sl. No.	Districts	Community Development Blocks	
		Total	Block Name
1	Araria	9	Narpatganj, Forbesganj, Bhargama, Raniganj, Araria, Kursakatta, Sikti, Palasi, Jokihat
2	Arwal	3	Karpi, Kurtha, Makhdumpur
3	Aurangabad	11	Daudnagar, Haspura, Goh, Rafiganj, Obra, Aurangabad, Barun, Nabinagar, Kutumba, Deo, Madanpur
4	Banka	11	Shambhuganj, Amarapur, Rajaun, Dhuraiya, Barahat, Banka, Phulidumar, Belhar, Chanan, Katoria, Bausi
5	Begusarai	18	Khudabandpur, Chhorahi, Garhpura, Cheria Bariarpur, Bhagwanpur, Mansurchak, Bachhwara, Teghra, Barauni, Birpur, Begusarai, Naokothi, Bakhri, Dandari, Sahebpur Kamal, Balia, Matihani, Shamho Akha Kurha
6	Bhagalpur	16	Narayanpur, Bihpur, Kharik, Naugachhia, Rangra Chowk, Gopalpur, Pirpainti, Colgong, Ismailpur, Sabour, Nathnagar, Sultanganj, Shahkund, Goradih, Jagdishpur, Sonhaua
7	Bhojpur	14	Shahpur, Arrah, Barhara, Koilwar, Sandesh, Udwan Nagar, Behea, Jagdishpur, Piro, Charpokhari, Garhani, Agiaon, Tarari, Sahar
8	Buxar	11	Simri, Chakki, Barhampur, Chaugain, Kesath, Dumraon, Buxar, Chausa, Rajpur, Itarhi, Nawanagar
9	Champaran (East)	27	Raxaul, Adapur, Ramgarhwa, Sugauli, Banjaria, Narkatia, Bankatwa, Ghorasahan, Dhaka, Chiraia, Motihari, Turkaulia, Harsidhi, Paharpur, Areraj, Sangrampur, Kesaria, Kalyanpur, Kotwa, Piprakothi, Chakia (Pipra), Pakri Dayal, Patahi, Phenhara, Madhuban, Tetra, Mehsi
10	Champaran (West)	18	Sidhwa, Ramnagar, Gaunaha, Mainatanr, Narkatiaganj, Lauriya, Bagaha, Piprasi, Madhubani, Bhitaha, Thakrahan, Jogapatti, Chanpatia, Sikta, Majhauia, Bettiah, Bairia, Nautan
11	Darbhanga	18	Jale, Singhwara, Keotiranway, Darbhanga, Manigachhi, Tardih, Alinagar, Benipur, Bahadurpur, Hanumannagar, Hayaghat, Baheri, Biraul, Ghanshyampur, Kiratpur, Gora Bauram, Kusheshwar Asthan, Kusheshwar Asthan Purbi
12	Gaya	24	Konch, Tikari, Belaganj, Khizirsarai, Neem Chak Bathani, Muhra, Atri, Manpur, Gaya Town CD Block, Paraiya, Guraru, Gurua, Amas, Banke Bazar, Imamganj, Dumaria, Sherghati, Dobhi, Bodh Gaya, Tan Kuppa, Wazirganj, Fatehpur, Mohanpur, Barachatti
13	Gopalganj	14	Katiya, Bijaipur, Bhorey, PachDeuri, Kuchaikote, phulwaria, Hathua, Uchkagaon, Thawe, Gopalganj, Manjha, Barauli, Sidhwalia, Baikunthpur
14	Jehanabad	12	Arwal, Kaler, Sonbhadra Banshi Suryapur, Ratni Faridpur, Jehanabad, Kako, Modanganj, Ghoshi, Hulasganj
15	Jamui	10	Islamnagar Aliganj, Sikandra, Jamui, Barhat, Lakshmiपुर, Jhajha, Gidhaur, Khaira, Sono, Chakai
16	Kaimur	11	Ramgarh, Nuaon, Kudra, Mohania, Durgawati, Chand, Chainpur, Bhabua, Rampur, Bhagwanpur, Adhaura
17	Katihar	16	Falka, Korha, Hasanganj, Kadwa, Balrampur, Barsoi, Azamnagar, Pranpur, Dandkhora, katihar, Mansahi, Barari, Sameli, Kursela, Manihari, Amdabad
18	Khagaria	7	Alauli, Khagaria, Mansi, Chautham, Beldaur, Gogri, Parbatta
19	Kishanganj	7	Terhagachh, Dighalbank, Thakurganj, Pothia, Bahadurganj, Kochadhamin, Kishanganj
20	Lakhisarai	6	Barahiya, Pipariya, Surajgarha, Lakhisarai, Ramgarh Chowk, Hasi
21	Madhubani	21	Madhwapur, Harlakhi, Basopatti, Jainagar, Ladania, Laukaha, Laukahi, Phulparas, Babubarhi, Khajauli, Kaluahi, Benipatti, Bisfi, Madhubani, Pandaul, Rajnagar, Andhratharhi, Jhanjharpur, Ghoghardiha, Lakhnaur, Madhepur
22	Madhepura	13	Gamharia, Singheshwar, Ghailarh, Madhepura, Shankarpur, Kumarkhand, Murliganj, Gwalpara, Bihariganj, Kishanganj, Puraini, Alamnagar, Chausa
23	Munger	9	Munger, Bariarpur, Jamalpur, Dharhara, Kharagpur, Asarganj, Tarapur, Tetiha Babor, Sangrampur



24	Muzaffarpur	17	Sahebganj, Baruraj (Motipur), Paroo, Saraiya, Marwan, Kanti, Minapur, Bochaha, Aurai, Katra, Gaighat, Bandra, Dhola (Moraul), Musahari, Kurhani, Sakra
25	Nalanda	20	KaraiParsurai, Nagar Nausa, Harnaut, Chandi, Rahui, Bind, Sarmera, Asthawan, Bihar, Noorsarai, Tharthari, Parbalpur, Hilsa, Ekangarsarai, Islampur, Ben, Rajgir, Silao, Giriak, Katrisarai
26	Nawada	14	Nardiganj, Nawada, Warisaliganj, Kashi Chak, Pakribarawan, Kawakol, Roh, Gobindpur, Akbarpur, Hisua, Narhat, Meskaur, Sirdala, Rajauli
27	Patna	23	Maner, Dinapur-Cum-Khagaul, Patna Rural, Sampatchak, Phulwari, Bihta, Naubatpur, Bikram, Dulhin Bazar, Paliganj, Masaurhi, Dhanarua, Punnun, Fatwah, Daniawan, Khusrupur, Bakhtiarpur, Athmalgola, Belchhi, Barh, Pandarak, Ghoswari, Mokameh
28	Purnia	14	Banmankhi, Barhara, Bhawanipur, Rupauli, Dhamdaha, Krityanand Nagar, Purnia East, Kasba, Srinagar, Jalalgarh, Amour, Baisa, Baisi, Dagarua
29	Rohtas	19	Kochas, Dinara, Dawath, Suryapura, Bikramganj, Karakat, Nasriganj, Rajpur, Sanjhauli, Nokha, Kargahar, Chenari, Nauhatta, Sheosagar, Sasaram, AkorhiGola, Dehri, Tilouthu, Rohtas
30	Saharsa	10	Nauhatta, SatarKataiya, Mahishi, Kahara, Saur Bazar, Patarghat, Sonbarsa, SimriBakhtiarpur, Salkhua, Banmaltahri
31	Samastipur	20	Kalyanpur, Warisnagar, Shivaji Nagar, Khanpur, Samastipur, Pusa, Tajpur, Morwa, Patori, Mohanpur, Mohiuddinagar, Sarairanjan, Vidyapati Nagar, Dalsingsarai, Ujjarpur, Bibhutpur, Rosera, Singhia, Hasanpur, Bithan
32	Saran	21	Mashrakh, Panapur, Taraiya, Ishupur, Baniapur, Lahladpur, Ekma, Manjhi, Jalalpur, Revelganj, Chapra, Nagra, Marhaura, Amnour, Maker, Parsa, Dariapur, Garkha, Dighwara, Sonapur
33	Sheikhpura	6	Barbigha, Shekhopur Sarai, Sheikhpura, Ghat Kusumbha, Chewara, Ariari
34	Sitamarhi	17	Bairgania, Suppi, Majorganj, Sonbarsa, Parihar, Sursand, Bathnaha, Riga, Parsauni, Belsand, Runisaidpur, Dumra, Bajpatti, Charaut, Pupri, Nanpur, Bokhara
35	Sheohar	5	Purnahiya, Piprarhi, Sheohar, Dumri Katsari, Tariani Chowk
36	Siwan	19	Nautan, Siwan, Barharia, Goriakothi, LakriNabiganj, Basantpur, Bhagwanpur Hat, Maharajganj, Pachrukhi, Hussainganj, Ziradei, Mairwa, Guthani, Darauli, Andar, Raghunathpur, Hasanpura, Daraundha, Siswan
37	Supaul	11	Nirmali, Basantpur, Chhatapur, Pratapganj, Raghapur, Saraigarh, Bhaptiyahi, Kishanpur, Marauna, Supaul, Pipra, Tribeniganj
38	Vaishali	16	Vaishali, PaterhiBelsar, Lalganj, Bhagwanpur, Goraul, ChehraKalan, Patepur, Mahua, Jandaha, Raja Pakar, Hajipur, Raghapur, Bidupur, Desri, SahdaiBuzurg, Mahnar.

Dilip Kumar" Study on the Quality of Services for Population Stabilization in Bihar"International Journal of Humanities and Social Science Invention (IJHSSI), vol. 08, no. 8, 2019, pp.31-39