**Research Note**

# Effect of *Sabla* Programme on Health Status of Women in Bihar

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## ABSTRACT

With the malnourished or unhealthy women population, all-round development of a society cannot be imagined. About half of India's adolescent girls are anemic, while nearly half of the girls are also underweight. Case of Bihar is worse than the national average. In rural Bihar, only 46.4 per cent women are literate, this increase their chances of being forced into child marriage (40.9% women aged between 20-24 years are married before 18 yrs) and subsequently, there is high risk of early pregnancy. These young women give birth to underweight children resulting in high Infant Mortality Rate (IMR). Only 3 per cent of rural women (overall 6.6%) receive full antenatal check-up and this cannot be expected to reduce the MMR and IMR. The study was conducted in Vaishali district of Bihar to know the status of Sabla programme in improving health of the women.

**Keywords:** Health status, Knowledge, Performance, Sabla

## INTRODUCTION

India has the largest absolute population of adolescents in the world with over 250 million young people between 10 and 19 years. Over half of India's adolescent girls are anemic while nearly half of adolescent girls are also underweight with a body mass index of less than 18.5, and more than one quarter are underweight in 10 other countries. Early marriage and pregnancy, lacuna of family planning measures, and inadequate awareness of sexual health education are major health and nutritional risk for Indian adolescents. Among married adolescent of 15–20 years of age 27 per cent do not get their contraception need fulfilled. (Ministry of Health and Family Welfare, National Adolescent Health Strategy, GoI, 2014). Such under nutrition adolescent girls are vulnerable to diseases and early death and lifelong health consequences. In adolescent mothers, under nutrition is related to slow fatal growth and low birth weight (UNICEF, 2012). In Bihar; 96 per cent of adolescent girls are anemic, 15 per cent of them are mildly anaemic, 53 per cent moderately and 28 per cent severe anemic. From time to time government of India and government of Bihar have initiated many programmes to overcome the situation but how far these programmes have reached up to the grass root level it is a matter to know. Hence the study was conducted to find the awareness and impact of Sabla programme and to find out the constraints faced by Sabla workers.

## METHODOLOGY

Vaishali district was selected purposively for the present study. Altogether there are 16 blocks in Vaishali District, two blocks namely Rajapakar and Chehra Kalan were selected purposively for the study. Data were collected randomly from beneficiaries as well as from non-beneficiaries also. A total 100 respondents including 50 beneficiaries & 50 non beneficiaries from Bhojpatti and Phulwariy villages of Rajapakar Block and Mansupur and Salkhapura villages of Chehracalan block were selected.

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## RESULTS AND DISCUSSION

Out of 50 respondents from beneficiaries group, 16 per cent were from very low income group whereas from non-beneficiaries group it was 20 per cent. Further, 20 per cent beneficiaries and 24 per cent non-beneficiaries belonged to low income group followed by 58 per cent beneficiaries and 368 per cent non-beneficiaries belonged to medium income group and only 4 per cent beneficiaries belonged to high income group and none of the non-beneficiaries belonged to high income group.

An attempt was made to measure the awareness of beneficiaries and non- beneficiaries about the **'SABLA'** programme. The distribution of respondents on the basis of mean scores of frequencies of beneficiaries and non – beneficiaries on their awareness level in Table 1 shows that majority of respondents (44%) beneficiaries had medium level of awareness followed by 36 per cent as high level of awareness, whereas only 20 per cent beneficiaries and 92 per cent non-beneficiaries had low level of awareness about the programme.

The impact of Sabla programme on the beneficiaries girls with respect to their economic status, social, health

**Table 2: Distribution of respondents with respect to impact of Sabla programme on beneficiaries**

| S.No. | Category | Beneficiaries (N = 50) | |
|---|---|---|---|
| | | **Frequency** | **Percentage** |
| 1. | Low (0 to 5.6) | 09 | 18 |
| 2. | Medium (5.6 to 11.2) | 34 | 68 |
| 3. | High (11.2 to 17) | 07 | 14 |
| | **Total** | **50** | **100** |

and hygiene, psychological and educational status were measured through mean score value. On the basis of mean score achieved it can be seen that majority (68%) got medium level of impact while only 14% had high level of impact followed by 18 per cent had low or poor impact, which means that the health status of girls is yet to achieve its target (Table 2).

The correlation coefficient was calculated to find out the relationship between performances of programme, knowledge and health status with selected independent variables. The result indicates that family type was found to be negatively and significantly related. The result showed that family size and family type were positively and significantly correlated with impact. The Table 3

**Table 1: Respondents' awareness about Sabla Programme**

| Categories | Beneficiaries (N=50) | | Non – Beneficiaries (N=50) | |
|---|---|---|---|---|
| | **Frequency** | **Percentage** | **Frequency** | **Percentage** |
| Low (0.0 to 3.33) | 10 | 20 | 46 | 92 |
| Medium (4.33 to 6.66) | 22 | 44 | 04 | 08 |
| High (7.66 to Above) | 18 | 36 | - | - |
| **Total** | **50** | **100** | **50** | **100** |

**Table 3: Correlations coefficient of performance, knowledge and health status with selected independent Variables of beneficiaries girls.**

| S.No. | Independent Variables | Performance | Knowledge status | Health status |
|---|---|---|---|---|
| 1. | Age (X1) | -0.101 | 0.017 | -0.146 |
| 2. | Caste (X2) | -0.079 | 0.168 | 0.370** |
| 3. | Education (X3) | -0.073 | 0.197 | -0.115 |
| 4. | Family size (X4) | -0.260 | 0.330* | -0.443** |
| 5. | Family type (X5) | -0.376** | 0.493** | -0.565** |
| 6. | No. of children (X6) | 0.005 | 0.040 | -0.178 |
| 7. | Family income (X7) | -0.050 | 0.125 | -269 |

**Significant at 1% probability level; *Significant at 5% probability level

further reveals that the correlation between health status of beneficiary girls and caste was found to be positive & significant, whereas, all other variables were found to be non-significant.

## CONCLUSION

It may be concluded that health status of woman in Bihar is not on a very good position from birth to adolescent and pregnancy to till old age; they are suffering from either one or other ailments. In most of the cases they are not being reported due to social taboos. Hence there is urgent need to look into the implementation of such programmes.

## REFERENCES

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