



A Study To Assess The Knowledge Regarding Beti Bachao, Beti Padhao Scheme Among Adults In Selected Villages Of Rohtas, Bihar

Professor. Dr. K Latha

Dean cum principal, Narayan Nursing College, Gopal Narayan Singh University, Jamuhar, Sasaram, Rohtas, Bihar

Professor. M.Sasi

Professor, Department of Community Health Nursing, Narayan Nursing College, Gopal Narayan Singh University, Jamuhar, Sasaram, Rohtas, Bihar

Vikash Kumar, Nikil Kumar, Saurabh Kumar, Aastha Kumari, Khushnama Khatun

Students of Narayan Nursing College, Gopal Narayan Singh University, Jamuhar, Sasaram, Rohtas, Bihar

Abstract

Background:

The Beti Bachao, Beti Padhao (BBBP) scheme, initiated by the Government of India in January 2015, is a flagship national program designed to address two critical issues: the Declining child sex ratio (CSR) and the promotion of education and empowerment of the Girl child. The scheme adopts a convergent approach, integrating the efforts of the Ministry Of Women and Child Development, Ministry of Health and Family Welfare, and Ministry Of Education. Despite extensive publicity through mass media campaigns, community Meetings, and school programs, studies across India reveal that awareness levels and Accurate understanding of the scheme's objectives vary considerably, particularly in rural And socio-economically disadvantaged regions. In the context of Bihar, where sociocultural norms, literacy rates, and economic constraints influence women's empowerment And gender equality, it becomes imperative to assess the community's knowledge Regarding BBBP and identify the socio-demographic factors that influence it.

Objectives:

1. To assess the knowledge of Adult regarding the Beti Bachao, Beti Padhao scheme.
2. To associate the level of knowledge with selected demographic variables

Methodology:

The present study adopted a descriptive research design to comprehensively assess Knowledge levels in the target population. A total of 100 adults were selected using Purposive sampling based on inclusion criteria: age above 18 years, residence in the Selected villages, ability to comprehend Hindi or English, and willingness to participate. Data collection was carried out using a structured knowledge questionnaire divided into Two sections: Section A – demographic variables; Section B – 30 multiple-choice questions Related to BBBP. The tool underwent content validation by experts in community health Nursing and public health, and its reliability was confirmed through test-retest method. Ethical clearance was obtained, and informed consent was taken from each participant. Data analysis was done using descriptive statistics (frequency, percentage) to summarize Demographic data and knowledge scores, and inferential statistics (Chi-square test) to Identify associations between knowledge levels and demographic variables, with Significance set at $p < 0.05$.

Results:

The demographic profile indicated that the highest proportion of respondents belonged to The age group of 18–28 years (45%), the majority were male (66%), and graduates formed The largest educational category (28%). In terms of occupation, private job holders were the Most common (23%), and most respondents were married (68%). Hindus constituted 84% Of the sample, and the most common income bracket was ₹ ≤ 5,000 per month (30%). Knowledge assessment revealed that 48% of respondents had inadequate knowledge, 41% Had moderate knowledge, and only 11% had adequate knowledge about the BBBP scheme. Analysis of associations showed statistically significant relationships between knowledge Level and educational qualification ($\chi^2 = 24.71$, $p = 0.0059$), occupation ($\chi^2 = 24.19$, $p = 0.0437$), and monthly income ($\chi^2 = 25.55$, $p = 0.0012$). No significant associations were Found with age, sex, marital status, number of children, or religion, indicating that socioeconomic and educational factors play a more influential role than purely demographic Characteristics in determining awareness.

Conclusion:

The study highlights a substantial gap between general recognition of the BBBP scheme And a detailed understanding of its objectives, provisions, and operational mechanisms

Among rural adults in Rohtas, Bihar. Educational attainment, occupational engagement, And higher income levels were associated with better knowledge, underscoring the role of Socio-economic empowerment in enhancing awareness. The findings partially support the Research hypothesis, as only some demographic variables were significantly associated With knowledge level. These insights call for more targeted, inclusive, and context-specific Awareness programs that focus on marginalized and low-literacy populations to bridge the Knowledge gap and improve the overall impact of the BBBP scheme.

Keywords: Beti Bachao Beti Padhao, knowledge assessment, rural community, sociodemographic factors, awareness programs, Bihar, gender equality, girl child education.

Introduction

India, despite being one of the fastest growing economies and home to a rich cultural heritage, continues to face serious challenges in achieving gender equality. Gender-based discrimination manifests in many forms, including son preference, female foeticide, child marriage, and restricted access to education for girls. One of the stark indicators of this inequality is the Child Sex Ratio (CSR), which has shown alarming decline in past decades. According to the Census of India 2011, CSR fell to 919 girls per 1000 boys, compared to 927 in 2001, reflecting the persistence of gender-biased practices. Recognizing this issue, the Government of India launched the Beti Bachao, Beti Padhao (BBBP) scheme on 22nd January 2015 in Panipat, Haryana. The program is a joint initiative of the Ministry of Women and Child Development,

Ministry of Health and Family Welfare, and Ministry of Education. Its objectives are: 1.To prevent gender-biased sex-selective elimination. 2.To ensure survival and protection of the girl child. 3.To promote education and participation of the girl child.

The scheme has gained wide publicity through slogans, mass media campaigns, and community mobilization programs. It is often associated with initiatives such as Sukanya Samridhi Yojana, scholarships for girls, and awareness drives on delaying early marriage. Despite such efforts, evidence from different states shows that while name recognition of the scheme is high, detailed understanding of its objectives and benefits is still inadequate, particularly in rural and low-literacy populations. Bihar is among the most socio-economically challenged states of India, with female literacy at only 51.5% (Census 2011). Early marriage, low school completion rates for girls, and entrenched patriarchal norms remain significant barriers. Within Bihar, Rohtas district represents a rural area where gender inequality and lack of awareness about welfare schemes are common. The district has a CSR of around 931 and a female literacy rate lower than the national average. Many households remain unaware of government interventions like BBBP, and dropout rates for girls increase sharply after primary school. Given these challenges, it becomes essential to study how much the rural population actually knows about BBBP. Assessing knowledge among adults is particularly important because they are the key decision-makers regarding child education, health, and marriage. By identifying demographic factors that influence knowledge—such as education, occupation, and income—policy makers and health workers can design more targeted interventions.

Problem statement

“A study to assess the knowledge regarding Beti Bachao, Beti Padhao Scheme Among Adult residing at selected villages of Rohtas, Bihar.”

Objective

To assess the knowledge of Adult regarding the Beti Bachao, Beti Padhao scheme.

To associate the level of knowledge with selected demographic variables

Methodology

Research Approach: Quantitative approach

Research Design: Descriptive cross-sectional design

Setting: Selected rural villages of Rohtas district, Bihar

Population: Adults aged 18–60 years residing in selected villages

Sample Size & Sampling Technique: 100 adults, selected using purposive sampling

Inclusion Criteria: Adults (18–60 years), permanent residents, understand Hindi/local language, willing to participate

Exclusion Criteria: Cognitive impairment, communication difficulty, or prior participation in similar studies

Tool: Structured questionnaire with two sections

Section I: Demographic variable.

Section II: 30 MCQs on BBBP (max score 30;

Inadequate = 0–14, Moderate = 15–22, Adequate = 23–30)

Data Collection: Face-to-face structured interviews (20–30 minutes per participant) after obtaining consent

Data Analysis: Descriptive statistics (frequency, %), Chi-square test ($p < 0.05$)

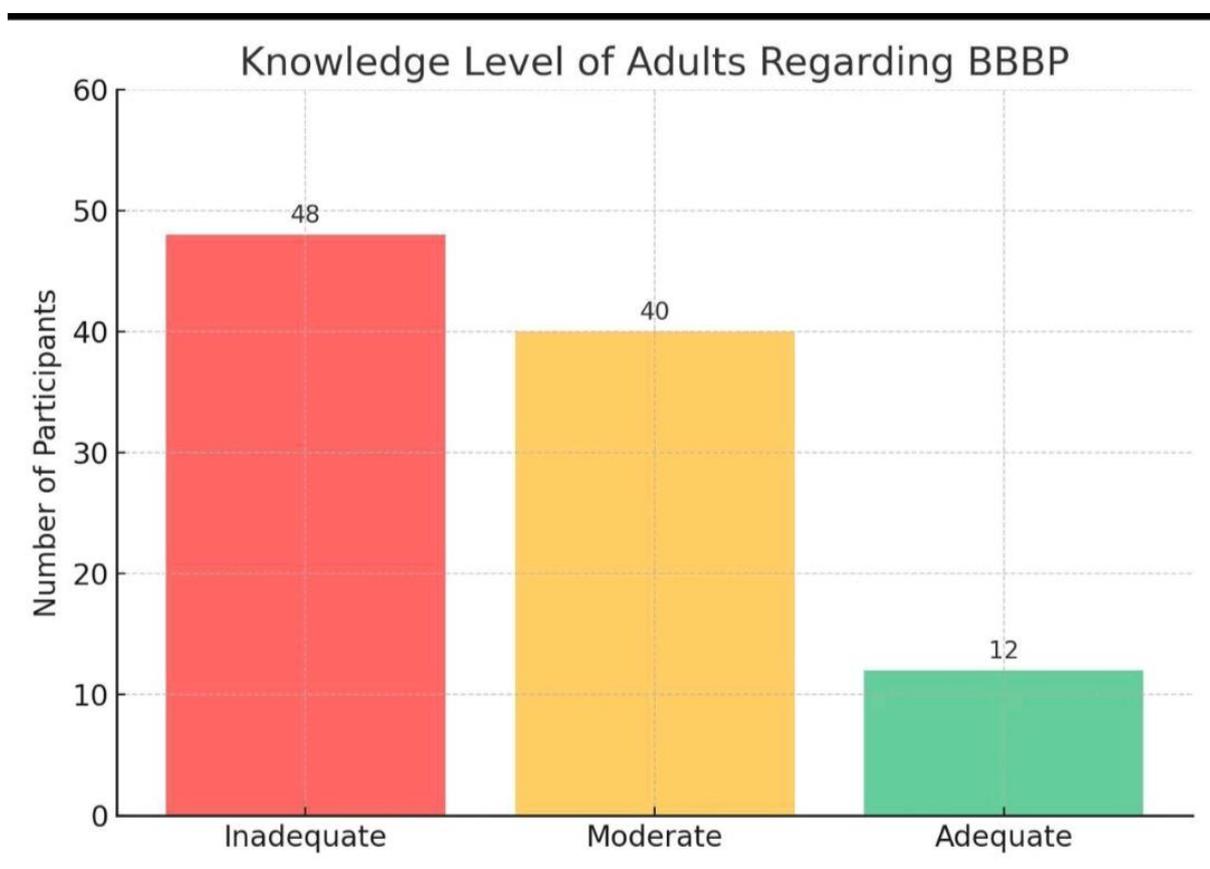
Ethical Considerations: Institutional ethical clearance, administrative permission, informed consent, confidentiality, voluntary participation

Results

Demographics: Majority were 18–28 years (45%), male (66%), and graduates (28%). Most were married (68%), Hindu (84%), and earned $\leq ₹5,000$ monthly (30%).

Knowledge Level: 48% inadequate, 41% moderate, 11% adequate.

Associations: Education, occupation, and income showed significant association with knowledge, while age, sex, marital status, number of children, and religion did not.



Conclusion

The study found that almost half of adults in rural Rohtas had inadequate knowledge about BBBP. Education, occupation, and income significantly influenced awareness. Targeted awareness programs, especially for low-literacy and low-income groups, are essential. This will enhance the scheme's impact in promoting gender equality and girl child education.

References

1. Rani, P., & Singh, R. (2018). Awareness of BBBP among rural women in Bihar. *Journal of Community Health Nursing*, 5(2), 45–52.
2. Naaz, S., & Joshi, A. (2020). Awareness of BBBP in rural Uttar Pradesh households. *Indian Journal of Social Work*, 81(3), 201–210.
3. Verma, S., & Gulati, P. (2022). Awareness of BBBP among women in Delhi: A community-based survey. *International Journal of Public Health*, 67(4), 330–337.
4. Ghosh, T. (2022). Awareness of BBBP among school teachers in West Bengal. *Education and Society Journal*, 12(1), 15–22.
5. Sharma, K., & Iqbal, A. (2025). A study to assess awareness of BBBP among rural adults in Haryana. *Community Development Journal*, 60(1), 120–129.
6. Das, S., Kumar, P., & Mishra, R. (2025). Mixed-method assessment of BBBP awareness in urban Bihar. *Indian Journal of Social Sciences*, 29(2), 55–63.
7. Kumar, R., & Pradhan, S. (2024). Intergenerational transmission of BBBP awareness in Odisha. *Journal of Family Welfare*, 70(3), 88–95.
8. Joshi, A., Meena, P., & Chauhan, S. (2023). Knowledge and practices of Anganwadi workers regarding BBBP in Uttar Pradesh. *International Journal of Community Medicine and Public Health*, 10(5), 211–218.
9. Rani, S., & Singh, V. (2023). Role of social media in promoting BBBP awareness among college students in Punjab. *Asian Journal of Social Sciences*, 14(2), 45–52.
10. Choudhary, N., & Gupta, R. (2021). Knowledge of BBBP among rural women in Madhya Pradesh. *Journal of Health Promotion*, 19(4), 300–308.
11. Singh, A., & Rathi, P. (2019). Parental awareness and misconceptions about BBBP in Haryana. *International Journal of Education and Development*, 15(1), 55–63.
12. Meena, D., & Chauhan, R. (2023). Community awareness of BBBP in rural Rajasthan. *Indian Journal of Rural Studies*, 8(2), 112–119.
13. Kapoor, N., & Sharma, S. (2025). Community-based assessment of attitudes towards gender equality in rural Maharashtra. *Journal of Gender Studies*, 22(3), 147–156.
14. Hussain, F., & Kumar, M. (2024). Barriers to girl child education in rural Uttar Pradesh: A mixed-method approach. *Education and Society*, 30(2), 205–214.
15. Government of India. (2015). *Beti Bachao, Beti Padhao Scheme Guidelines*. Ministry of Women and Child Development, New Delhi.