UNIT 12: FAMILY WELFARE PROGRAMME IN INDIA

UNIT STRUCTURE

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12.1 LEARNING OBJECTIVES

After going through this unit, you will be able to-

- define Family Welfare Programme;
- describe the objectives of Family Welfare Programme;
- explain about the various schemes of Family Welfare programme; and
- discuss the development of Family Welfare Programme in India.

12.2 INTRODUCTION

Family is the key factor of a society. There is close relationship among the members of the family. But there are so many factors which affect the family. The traditional role of the family has changed with the passes

of time. Education, health, nutrition, employment, poverty, anxiety, insecurity, safe drinking water all has influenced the family. Family Welfare Programme associated with quality of life of the family life of the people ensuring the small family norm. The main theme of family welfare programme is to ensure the small family norm to decrease the population growth. The small family plays a vital role in maintaining the quality of life.

12.3 CONCEPT OF FAMILY WELFARE PROGRAMME

Family welfare programme is the planning of birth control and welfare of the whole family ensuring the total family health care. It is a centrally sponsored programme. For the implementation of this programme the states receive 100% assistance from central government. The family welfare activities are guided according to policies, guidelines and funding by Govt. of India. In 1951, India became the first country in the world to launch family welfare programme to reduce population growth in the country. The department of family welfare undertook many activities for implementation of the family welfare programme to fulfill the needs of women who are at risk of unwanted births. In the year 1997, India changed the strategy of National Family Welfare Programme to Reproductive and Child health (Ninth Five Year Plan). Family Welfare Programme includes the following aspects-

- Family planning information, counselling and services to women for healthy reproduction.
- Education about safe delivery and post delivery of the mother and the baby and the treatment of women before pregnancy.
- Health care for infants, immunization against preventable diseases.
- Prevention and treatment of sexually Reproductive Treat infection.

Generally we can say that Family welfare Programme is not confined to the birth control only. It is important for the whole improvement of a family- economic condition, better health of mother and child. The status of women of our country has improved during last 50 years. The changing role of the women had brought changes in the families. Women's

employment has affected child raising pattern in the families. Education of women has also influenced the family environment.

12.3.1 Aims and Objectives of Family Welfare Programme

The main objective of family Welfare Programme is to stabilize the population and to provide qualitative health services including immunization to both pregnant mother and children.

- To promote the adaption of small family norm, on the basis of voluntary acceptance.
- To promote the use of spacing methods.
- To ensure adequate supply of contraceptives to all eligible couples within easy reach.
- To ensure qualitative healthy delivery and population control the Reproductive and Child health programme has been implemented in every state with community needs assessment approach.

12.3.2 Development of Family Welfare Programme in India

During 1960 three- child family was adopted in our country. But in the 70s there was a popular slogan 'Do ye teen bas.' This slogan could not show much effect on the growth of Indian population. So, in 1980s it was advocated that the married couple should have two children; these may be sons or daughters. It was also prescribed that the second child is to be after the gap of three years.

At the time of India's independence:

At the time of India's independence, the health care services in India were predominantly urban hospital based and curative. The technology for detection and management of health was limited and the poor people health care was not able to reach the services. Majority of population specially the poor people were deprived from the access to health care. The morbidity and mortality rate in them

was very high. Many women die in illegal induced abortion to get rid of unwanted pregnancy, because they did not have access to contraceptives care for preventing pregnancy. There were some facilities available to the conscious people and who can afford the services of physicians. During that time health infrastructure was mainly urban based.

In sixties:

During this time, there was availability of safe vaccines for many communicable diseases and effective contraceptives. In that time National Population Programme gave much emphasis on sterilization. Extension education approach to improve awareness and acceptance of family planning methods were also included.

In seventies:

Many initiatives had taken to improve the health and nutritional status of women and children. Approaches had been taken for reducing nutritional blindness, anemia with the improvement in primary health care, infrastructure access to improve. Government gave top priority to the family planning programme.

In eighties:

In 1983, India formulated the National Health policy which provided comprehensive frame work for planning, implementation and monitoring of health care services.

- Reviewed the progress achieved in the delivery of health services.
- Provided a situation analysis of the progress achieved in health, family welfare and nutrition programme.
- Identified priority areas for intervention in the next two decades.
- Defined the policy, strategy and programme intervention in these priority areas.

During seventh plan a major initiative was taken to provide facilities nearer to the doorsteps of population. Main emphasis was given to improve the immunization coverage through universal

immunization programme. Containing population growth was one of the major objectives of eighth plan. Emphasis was given on improved access and quality of services to women and children. The main objectives of ninth plan regarding population were-to meet all the felt need for contraception, to reduce the infant and maternal morbidity and mortality so that there is a reduction in the desired level of fertility. The National Education Policy of 1986 had focus on the small family norm.

12.4 VARIOUS SCHEMES OF FAMILY WELFARE PROGRAMME

There are so many schemes regarding family welfare issues. Some of them are as follows-

- **National family Welfare Programme:** India launched the National Family Welfare programme in 1951 with the objective of "reducing the birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of the National Economy. The Family Welfare Programme in India is recognized as a priority area, and is being implemented as a 100% centrally sponsored programme.
- **National Population Policy:** The National Population Policy, 2000 affairs the commitment of govt. towards voluntary and informed choice and consent of citizens while availing of reproductive health care services and continuation of the target free approach in administering family planning services.
- **National Rural Health Mission:** The National Rural Health Mission (2005-12) seeks to provide effective health care to rural population throughout the country with special focus on 18 states, which have weak public health indicators and or weak infrastructure. The mission aims at effective integration of health concerns with determinants of health like sanitation and hygiene, nutrition and safe drinking water through a District Plan for Health.
- **Urban Family Welfare Schemes:** This scheme was introduced

following the recommendation of the Krishan Committee in 1983. The main focus was to provide services through setting up of Health Posts mainly in slum areas. The services provided are outreach of RCH services, preventative services, First Aid and referral services including distribution of contraceptives.

- **Sterilization Beds Scheme:** A scheme for reservation of Sterilization beds in hospitals run by govt., local bodies and voluntary organizations was introduced as early as in the year 1964 in order to provide immediate facilities for tubectomy operations in hospitals where such cases could not be admitted due to lack of beds etc. But later with the introduction of the Post Partum Programme some of the beds were transferred to Post Partum Programme and thereafter the beds were only sanctioned to hospitals run by local bodies and voluntary organizations.
- **Reproductive and Child health Programme:** The Reproductive and Child Health Programme was launched in October 1997 incorporating new approach to population and development issues, as exposed in the International Conference in Population and Development held at Cairo in 1994. The programme integrated and strengthened in services/interventions under the Child Survival and Safe Motherhood Programme and family Planning Services and added to the basket of services, new areas on Reproductive Tract/Sexuality Transmitted infections.



CHECK YOUR PROGRESS

Q 1: Write the concept of Family Welfare Programme.

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Q 2: Mention the aims and objectives of Family Welfare Programme.

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12.5 MAIN STRATEGIES FOR IMPLEMENTATION OF THE FAMILY WELFARE PROGRAMME

- It is integrated with other health services.
- Emphasis is in the rural areas.
- Two child family norm to be practiced.
- Adopting terminal methods to create a gap between the births of two children.
- Door to door campaigns to encourage families to accept the small family norm.
- Encouraging education for both boys and girls.
- Maintain the proper age of marriage for male and female.
- Provide facilities to upgrade the standard of living of the people.
- Financial reward given to the poor people to adopt family planning measures.
- Creating widespread awareness of family planning through the various means of mass- media.

12.5.1 Some of the achievements of Implementing Family Welfare Programme in India

- Awareness of one or more methods of contraception.
- Increase the use of contraceptives.
- Knowledge of female sterilization, which is considered to the popular method of modern family planning.
- Increase in the use of condoms.
- Increase knowledge about contraceptive pills.
- Fertility rate decreasing among the educated women.
- Fertility rate decreasing among the higher income groups.

12.5.2 Funding of family Welfare Programme

The Family Welfare Programme is a 100% centrally funded scheme. The department meets the cost of maintenance of

infrastructure, manpower, consumables and other costs for provision of family services from central plan funds. National Family Welfare Programme will continue to be centrally sponsored programme and all expenditure will continue to be made from the plan outlay of the department of Family Welfare during the Ninth Plan.



CHECK YOUR PROGRESS

Q 3: Mention some aspects of Family Welfare Programme.

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Q 4: Write some strategies of implementing family Welfare Programme in India.

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12.6 LET US SUM UP

- Family Welfare Programme associated with quality of life of the family life of the people ensuring the small family norm. The main theme of family welfare programme is to ensure the small family norm to decrease the population growth.
- Family welfare programme is the planning of birth control and welfare of the whole family ensuring the total family health care. It is a centrally sponsored programme. For the implementation of this programme the states receive 100% assistance from central government.
- Family Welfare Programme includes the following aspects-
  - Family planning information, counseling and services to women for healthy reproduction.
  - Education about safe delivery and post delivery of the mother and the baby and the treatment of women before pregnancy.

- Health care for infants, immunization against preventable diseases.
- Prevention and treatment of sexually Reproductive Treat infection. The main objective of family Welfare Programme is to stabilize the population and to provide qualitative health services including immunization to both pregnant mother and children.
- To promote the adaption of small family norm, on the basis of voluntary acceptance.
- To promote the use of spacing methods.
- To ensure adequate supply of contraceptives to all eligible couples within easy reach.
- To ensure qualitative healthy delivery and population control the Reproductive and Child health programme has been implemented in every state with community needs assessment approach.



12.7 FURTHER READING

1) Nanda,S.K. Population Education, DOABA HOUSE,Delhi-110006.
2) Krishnamacharyulu, V. School Management and System of Education, NEEKAMAL PUBLICATIONS PVT.LTD.



12.8 ANSWERS TO CHECK YOUR PROGRESS

Ans to Q No 1: Family welfare programme is the planning of birth control and welfare of the whole family ensuring the total family health care. It is a centrally sponsored programme. For the implementation of this

programme the states receive 100% assistance from central government.

Ans to Q No 2: The main objective of family Welfare Programme is to stabilize the population and to provide qualitative health services including immunization to both pregnant mother and children.

- To promote the adaption of small family norm, on the basis of voluntary acceptance.
- To promote the use of spacing methods.
- To ensure adequate supply of contraceptives to all eligible couples within easy reach.
- To ensure qualitative healthy delivery and population control the Reproductive and Child health programme has been implemented in every state with community needs assessment approach.

Ans to Q No 3: Family Welfare Programme includes the following aspects-

- Family planning information, counseling and services to women for healthy reproduction.
- Education about safe delivery and post delivery of the mother and the baby and the treatment of women before pregnancy.
- Health care for infants, immunization against preventable diseases.
- Prevention and treatment of sexually Reproductive Treat infection.

Ans to Q No 4: Main strategies for implementation of the Family Welfare Programme:

- It is integrated with other health services.
- Emphasis is in the rural areas.
- Two child family norm to be practiced.
- Adopting terminal methods to create a gap between the births of two children.
- Door to door campaigns to encourage families to accept the small family norm.
- Encouraging education for both boys and girls.