

Module 10T , Topic no. 1. HMDA 4TH SEMESTER

Family Welfare Programme

It is a centrally sponsored programme. For this, the states receive 100 per cent assistance from Central Government. The current policy is to promote family planning on the basis of voluntary and informed acceptance with full community

participation. The emphasis is on a 2 child family. Also, the emphasis is on spacing methods along with terminal methods, the services are taken to every doorstep in order to motivate families to accept the small family norm

Goals of the Programme:

Family welfare programme has laid down the following long term goals to be achieved by the year 2000 AD:

- 1. Reduction of birth rate from 29 per 1000 (in 1992) to 21 by 2000 AD**
- 2. Reduction of death rate from 10 (in 1992) to 9 per 1000.**
- 3. Raising couple protection rate from 43.3 (in 1990) to 60 per cent.**
- 4. Reduction in average family size from 4.2 (in 1990) to 2.3.**
- 5. Decrease in Infant mortality rate from 79 (in 1992) to less than 60 per 1000 live births.**
- 6. Reduction of Net Reproduction Rate from 1.48 (in 1981) to 1.**

Eligible couples, target couples and couple protection rate:

Family Welfare Programme can be successful only when it reaches those who are eligible and also those who are the targets.

Eligible couples: An eligible couple is a currently married couple, the wife being in

the reproductive age group i.e. 15 to 45 year. It is estimated that there are 150 to

180 eligible couples per 1000 population in India. Presently, there are about 144

million eligible couples in India. These couples are in need of family planning services.

Eligible couples are approached by Health Workers by house to house visit in PHC area. Motivation is also done at dispensaries, clinics and hospitals. They are given contraceptives free of cost. Also sterilizations are done free of cost

Target couples: They are couples who have had 2 to 3 living children. Family planning was largely directed to such couples. The definition of target couple has

been gradually enlarged to include families with one child or even newly married

couple. The aim is to develop acceptance of the idea of family planning from the

earliest possible stage. Couple protection rate (CPR)

It is defined as the percentage of eligible couples effectively protected against child birth by one or other methods of family planning. CPR is an indicator of the

prevalence of contraceptive practice in the community. The long term

demographic goal is to achieve couple protection rate of 60 per cent by the year

2000 AD.

Strategies of Family Welfare Programme (FWP)

1. Integration with health services: Family welfare programme (FWP) has been

integrated with other health services instead of being a separate service.

2. Integration with maternity and child health: FWP has been integrated with maternity and child health (MCH). Public are motivated for post delivery sterilization, abortion and use of contraceptives.

3. Concentration in rural areas: FWP are concentrated more in rural areas at the

level of subentries and primary health centers. This is in addition to hospitals at

district, state and central levels.

4. Literacy: There is a direct correlation between illiteracy and fertility. So stress

and priority is given for girl's education. Fertility rate among educated females is

low.

5. Breast feeding: Breast feeding is encouraged. It is estimated that about 5 million births per annum can be prevented through breast feeding.

6. Raising the age for marriage: Under the child marriage restraint bill (1978), the

age of marriage has been raised to 21 years for males and 18 years for females.

This has some impact on fertility.

7. Minimum needs programme: It was launched in the Fifth Five Year Plan with

an aim to raise the economical standards. Fertility is low in higher income groups. So fertility rate can be lowered by increasing economical standards.

8. Incentives: Monetary incentives have been given in family planning programmes, especially for poor classes. But these incentives have not been very effective. So the programme must be on voluntary basis.

9. Mass media: Motivation through radio, television, cinemas, news papers, puppet shows and folk dances is an important aspect of this programme. Family welfare programmes in the areas of health education housing and employment:-

The family is generally recognized as an element of a broader kinship network that

links ancestors and descendants of a person. Family represents people living together by ties of marriage, blood adaption, thus representing a single

household. 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 level consistent with the requirement of the national economy.

The dept. of family Welfare is headed by Secretary Family Welfare at the secretariat level. The family welfare programme is implemented through

Director or Commissioner of Family Welfare at state head quarters and in the districts through the District family welfare bureaus. The services under Family

welfare and Maternal and Child Health are provided Primary health Canters (PHC). The services, organizations, Govt. organisations and private medical practitioners also contribute for the implementation of programme. The Family

Welfare Programme in India is recognized as a priority area, and is being implemented as a 100% centrally sponsored programme. As per Constitution of

India, family planning in the concurrent list. The approach under the programme

during the First & Second Five yrs. Plan was mainly 'Clinical' under which facilities

for provision of services were created. Ministry of Health & Family welfare under

the Dept. the following programmes are implemented.

- a) Family welfare**
- b) Child Survival & Safe motherhood**
- c) Reproductive & Child Health Programme**
- d) Training of all medical and para medical health functionaries**

Family welfare programmes in the areas of health:-

A healthy citizen contributes to the making of a healthy nation. The Govt. of India has introduced various health programmes and policies to improve the Indian citizen's standard of living. These efforts have paid rich dividends by way of increase in the life expectancy of males & females at birth to 62 and 64 years respectively. Also, the infant mortality rates (less than five death rates) have fallen to 53 per thousand births.

The issue of health comes under the purview of the Ministry of health & Family welfare and its three Departments; the dept. of Health, the Dept.

of family Welfare, and the Dept. of Ayurveda, Yoga, Naturopathy, Unani, Siddha

and Homeopathy. As part of its drive to educate and encourage healthy life style,

the ministry promotes a website i.e. called Healthy India. The “Citizen Health” section offers information about the various health schemes launched by the Government, resources on different aspects of health care as well as a list of hospitals and medical institutions in the country. Other than this, it also provide information about alternative systems of medicine, medical insurance, family welfare and rehabilitation.

Health Related Information:-

- Alternative System of Health Care**
- Knowledge Centre**
- Government Aided Schemes**
- Government Hierarchy**
- Child Care**
- Family Welfare**
- Rehabilitation**
- Health Insurance and Medico Legal**

Education:-

Keen on learning and want to know all about educational facilities in India. It gives the comprehensive information on all levels of education, be it primary, secondary, higher or university education , scholarships , loans schemes and so on.

Educational Related Information:-

- Elementary Education**
- Higher Education**

- Scholarships and awards
- Latest results
- Secondary Education
- Universities & Institutions
- Right to Education Act
- Loan/Aid for Education
- Student's corner\Adult Education and Literacy
- Study Abroad
- Results on the Net
- Foreign Languages family welfare agencies:-

The Dept. of family Welfare is headed by Secretary family welfare at the secretariat level. The family welfare programme is implemented through Director or Commissioner of Family Welfare at state head quarters and districts through the District Family Welfare Bureaus.

The services under family welfare and maternal and child health are provided through Primary Health Centers (PHC). The services, organizations,

Govt. organizations and private medical practitioners also contribute for the implementation of the programme. This is centrally sponsored programme with

100% financial support from the Govt. of India.

Family welfare agencies:-

The first family welfare agency in this country was organized in Bombay in 1950. The family welfare agency often receives references from other social welfare agencies like Govt. hospital, juvenile courts, child guidance 6

clinics, etc. But some of the individuals refer themselves to the agency directly

for obtaining assistance in respect of marital disorder for counselling on personal problems, problems pertaining to bad health, unemployment, delinquent children

etc.

Due to rise in the case load, the number of social case

workers needs the cooperation and support of many other professional persons

like doctors, lawyers, psychiatrists, educationists, & religious leaders. The family

welfare agency is now located at 10 B.D.D. Chawls, Delisle road, Bombay. Apart

from rendering services to innumerable clients it provides training facilities (field

work) to students of social work in TISS at Bombay.

Family welfare agencies help the families in solving their

economic difficulties, unemployment, poor living conditions, ill-health, marital &

family conflicts & several such problems, there is need for setting up more family

welfare agencies. But along with these there is need to increase the other specialized agencies such as employment bureau,

Psychiatric centers, legal aid societies, juvenile courts etc. which can help in solving some of these problems. There is also need of starting private family welfare units, where parents of better economic status can pay for the specialized services. There are also some welfare agencies:-

a) Govt. organizations:-

□ **Mahila Vikash Samabaya Nigam (MVSN):-**

It acts as a agency for women's development programmes and a channelizing agency for funds under a number of Central Sector Schemes.

□ **Family Insurance Services**

b) Non-Government organizations:-

□ **SHG**

□ **Community clubs**

However, there are certain agencies which render family welfare services:-

i. Agencies which have economic programme for middle & lower class women in urban areas.

ii. Marriage counselling agencies.

iii. Extension agencies in rural areas under positive IRDP programme.

iv. Family planning Agencies.

v. Other agencies rendering general family welfare services.

Objectives of family welfare :

- **To ensure adequate, qualitative, preventive & curative health care to people of the State.**
- **To ensure health care services to all particularly to the disadvantaged groups like scheduled tribes, scheduled castes & back ward classes.**
- **To provide affordable quality healthcare to the people of the State, not only through the allopathic systems of medicine but also through the homeopathic & ayurvedic systems.**
- **To ensure greater access to primary health care by bringing medical institutions as close to the people as possible or through mobile medical health units, particularly, in the underserved & backward districts.**
- **To eliminate diseases like malaria, polio & leprosy etc. from the state & prevent as well as control other communicable diseases**
- **To reduce maternal, infant & neo-natal mortality rates**

- **To improve hospital services at the primary, secondary & tertiary levels in terms of infrastructure, drugs & personnel**
- **To impart training to doctors, nurses & other paramedical staff to upgrade their skills & knowledge to improve quality health care in the state and improve medical education in the State.**

Social work renders a great role in the sphere of family organization. It gives assistance & counselling towards family & individual relations, marriage, health & economic problems. In this field, the social worker bears the responsibility of establishing harmonious relationship between the individual & his family.