
Family Welfare Programmes in Tamilnadu

Dr. T. Girija Bai

Assistant Professor of Economics, Jayaraj Annapackiam College for Women(Autonomous), Periyakulam

ABSTRACT:

Government of Tamil Nadu is totally committed in building healthy people, not only by making available quality medicare facilities at the door step of every citizen in the remotest corner of the State, but also by providing medical facilities of the highest order, keeping pace with rapid technological developments in the field of medicine. Government of Tamil Nadu provides preventive, curative and promotive care to all classes of the society.

INTRODUCTION:

Tamil Nadu is a pioneer in the implementation of family welfare programme. It is being implemented in Tamil Nadu since 1956 purely on voluntary basis. Family welfare signifies the improvement of the quality of health and welfare. It is viewed and implemented as a people programme involving the active co-operation of many sectors and participation of the community at large. The aim of the programme at the early stage was to reduce births, by fixing contraceptive targets only. But now it has been changed to bring down fertility through improving material and child health care. The "Target oriented approach" has been shifted to "Community Needs Assessment Approach". In which the needs of the community have to be assessed based on the requirements of the people in the implementation of family welfare and maternity and child health programme.¹

The total population of Tamil Nadu as at 0:00 hours of 1st March 2001 stood at 62,110,839 as per the provisional results of the Census of India 2001. In terms of population it holds the sixth position among the States and Union territories in the country. As against all India decadal growth rate of population 21.34 percent during 1991-2001, in Tamil Nadu this has further slipped to 11.19 percent from 15.39 percent during 1981-1991. The sex ratio (the number of females per thousand males) of the population in the State has improved from 974 in the previous census to 986 in the present census. The literacy rate in the State has shown remarkable improvement. This has increased to 73.47 percent when compared to 62.66 percent ten years back during 1991 Census.²

VARIOUS METHODS IN FAMILY WELFARE PROGRAMMES

The successful implementation of the family welfare programme would also depend on social development, so that people's involvement and ownership by the community becomes an essential ingredient of the programme. The general background required for high levels of acceptance of the family welfare programmes are Quality of reproductive health services, Education, Social status of women empowerment, Maternity care and child health, Good nutrition, Water and basic sanitation and Family planning.³

QUALITY OF REPRODUCTIVE HEALTH SERVICES

Little systematic evidence exists in Tamil Nadu about standards of care in the family welfare programme or specific steps which can be taken to improve it more attention has been paid to physical infrastructure. Personnel and equipment than quality of care especially from the women's perspective. Quality come comprises several dimensions.

- (i) Availability of a wide range of contraceptive
- (ii) Accessible, complete and accurate information about contraceptive methods, including their health, including their health risks and benefits.
- (iii) Safe and affordable services, along with by quality supplies.
- (iv) Well trained services providers, with skills in interpersonal communication and counseling.
- (v) Appropriate follow-up care
- (vi) Regular monitoring and evaluation of performance, incorporating the perspectives of clients and beneficiaries. Health care in one of the most important of all human endeavour to improve the quality of life.⁴

EDUCATION

Education seen in terms of literacy, one of the components in the programme, seen that where the programme acceptance is on low key improvement in literacy on itself won't help much mass health education components is required to enhance awareness and in turn facilitate the success of family welfare programmes and services.⁵

This is a strong relationship between education and acceptance of family planning. Education makes people understand the family planning programme better. Female literacy is one of the indicators of modernisation and the status of women in society, it has been proved to have a strong effect on fertility and contraceptive behaviour. Urban areas have a better economic status, and are less influenced by social and cultural taboos.⁶

All educational activities in the country irrespective of it's nature and level, should have an appropriate coverage of the population control programmes.

Inculcation of population consciousness and a feeling of brotherhood in the very young will help a lot in developing a positive attitude and outlook in the younger generation about population control. In addition to the specific programmes in schools, colleges and universities, there should be separate educational programmes meant for children and younger people in rural areas not covered under the school and college education. So to say these should be textbook level teaching in schools and colleges. So that correct and complete knowledge about the population growth can be given to the younger generation.⁷

SOCIAL STATUS OF WOMEN EMPOWERMENT

Empowerment is a multidimensional process which should enable the individual or a group of individuals to realize their full identity and all powers in all spheres of life. It consists of greater access to knowledge and resource, greater autonomy in decision making to enable them to have

greater ability to plan their lives, or have greater control over the circumstances that influence their lives and free them from the shackles imposed on them by custom, belief and practice. Empowering women socio-economically through increased awareness of their rights and duties as well as access to resources is decisive step towards greater security for them. Empowerment of women is aid at striving towards acquisition of the following: (a) Higher literacy level and education, (b) Better health care for her and her children, (c) Equal ownership of productive resources, (d) Increased participation in economic and commercial sectors, (e) Awareness of their rights, (f) Improve standard of living and (g) Achieve self-reliance, self-confidence and self respect amongst women.

Women empowerment of our constitution, in its fundamental rights, has provisions for equality, social justice and protection of women. These goals are yet to be realized women continue to be discriminated exploited and exposed to inequalities at various levels. Awareness building about women's status, discrimination rights and opportunities is a vital step towards gender equality⁸ According to Abdul Kalam, the former President of India, empowering women is a prerequisite for creating a good nation, when women are empowered, society with stability is assured. Empowerment of women is essential as their thoughts and their value system lead to the development of a good family, good society and ultimately a good nation.

Empowerment of a woman involves many thing economic opportunity, property rights political representation, social equality and personal rights. The process of empowerment in taking place at so many levels that it is quite difficult to gauge the actual nature and extent of empowerment in improving status of women.⁹

MATERNAL AND CHILD HEALTH CARE

Provide technical and methodological support to strengthen the maternal and child health and family planning component of primary health care, increase emphasis on the assessment, adaptation, development and field testing of acceptable family planning methods and appropriate technologies addressing problems specific to pregnancy and delivery, support traditional practices that enhance the health of women and children.

- ❖ Promote fertility patterns that are not detrimental to women's health and that of their children and the provision appropriate information and services for family planning, including infertility.
- ❖ Provide family planning advices and services, appropriate to the cultural setting, to adolescent girls to avoid precious child bearing which is harmful to women's health.
- ❖ Promote social support measures that will facilitate women's economic and family rates, such as day care for children, maternity leave and breast-feeding breaks, as well as care of the elderly.
- ❖ Follow up recent recommendations of the world population, which reaffirmed the need to take measures to control mortality and morbidity and to this end enhance the status of women in health and development through maternal and child health.
- ❖ Give special attention to technologies for priority areas of women's health, in particular with a view if overcoming abuses and over-use of technologies in pregnancy and child birth and ill effects of contraceptives.

-
- ❖ Promote intersectoral activities that especially affect the health of women and children.¹⁰

GOOD NUTRITION

Facilitate women's access to and control over income to provide adequate nutrition for themselves and their children.

Foster activities that will increase awareness of the special nutritional needs of women, especially during pregnancy.

Promote the provision of social support to ensure sufficient rest in the last trimester of pregnancy.

Promote interventions to reduce the prevalence of nutritional anaemia in women.

Encourage the changing of any discriminatory attitudes in the family with regard to food distribution for girls or women.

Provide appropriate information for women regarding family diet¹¹

WATER AND BASIC SANITATION

Ensure that women are consulted in the planning and implementation of water and sanitation activities ensure that women are trained in the maintenance of water supply systems.

- ◆ Ensure that women are consulted with regard to technologies used in water and sanitation projects.
- ◆ Provide support to local women's groups to include water and sanitation activities in integrated programmes by furnishing supplies and equipment and cooperating in training and evaluation.
- ◆ Family welfare topics were integrated into ongoing educational activities conducted during the process of community mobilization and construction of water systems and sanitation. The family planning work was structured in a way similar to the organizations water and sanitation systems works.¹²

FAMILY PLANNING

Family planning is all human endeavour to improve the quality of life. The government has assumed the responsibility for the welfare of the citizens. Family planning services as part of the general socio-economic development.

Family planning is not synonymous with birth control. It is more than mere birth control. Family planning includes in its purview (a) the proper spacing and limitation of birth; (b) advice on of sterility; (c) education for parenthood; (d) sex education; (e) screening for pathological conditions related to the reproductive system; (f) genetic counselling; (g) premarital consultation and examination; (h) carrying out pregnancy tests; (i) marriage counselling; (j) the preparation of couples for the arrival of their first child; (k) providing services for unmarried mothers; (l) teaching home economics and nutrition and (m) providing adoption services. These

activities vary from country to country according to national objectives and policies with regard to family planning. This is the modern concept of family planning.¹³

Family planning is an effective way of avoiding high risk pregnancies and ensuring responsible parenthood. It improves the health of the women by enabling them to have a few children's risk of illness or death. Women who become pregnant while they are still very young run a much greater risk of illness or death. Women who become pregnant while they are still very young run a much greater risk of complications during pregnancy and child birth than do women in their twenties. These complications can cause damage to their health or even their lives. The same is true of women who become pregnant at the end of their reproductive years. In this context, it becomes essential to assess people's knowledge, attitude and practice of family planning methods so as to develop programmes for enhancing such knowledge and creating a demand for services thereby reducing high risk pregnancies and including a sense of responsible parenthood among couples.¹⁴ Family planning provision called "planning together", the title emphasizing gender equity in decision making.¹⁵

The future family planning programme should be a movement of the people, for the people and by the people. The planning of the family should begin from the grass root level and each family should be considered as a basic unit. The family planning slogan should move into the kinds of the people making them understand that its purpose is to help the individual, the family and the nation to survive and prosper. They are denied rightful share of food, shelter, learning and love. Child bearing should be a joy, not a burden, and since it is the mother who bears and rears the child. Family planning is a proof of our love for children or a test of our claim to be a good mother, good father and a good society.¹⁶

CONCLUSION

The aim of the Family Welfare Programme is to bring down fertility through improving Maternal and Child Health Services in Tamil Nadu. Under Community needs assessment approach, the needs of the community are assessed and the Family Welfare Programme is implemented based on the requirements of the people. Tamil Nadu is fore runner in the implementation of Family Welfare Programme all over the country.

END NOTES:

- i. Census of India 2001.
- ii. Rao, K.V., "Monitoring and Evaluation of Family Welfare Programme", *Population Policy in India*, Rawat Publications, New Delhi, 2004, p.34.
- iii. Shireen J. Lejeebhoy, *Economic and Political Weekly*, Priorities for the Family Welfare Programme, March 1-8, 1997, p.475.
- iv. Felix Moncher nand Murugeson, "Rural Health Care Service – A Survey", Vol.XXXVIII, No.4, 1990, p.35.
- v. Ibid., p.31.

-
- vi. Rao, Tripathy, "Socio-Economic Determents of Family Planning", *The Journal of Family Welfare*, Vol.41, No.3, September 1995, p.40.
- vii. Balen, "Family Planning Future Challenges and Commitments", *Population Development and Health*, Uppal Publishing House, New Delhi, 1994, p.78.
- viii. Valsamma Antony, "Education and Employment – The Key to Women Employment", *Kurukshetra*, February 2006, pp.27-28.
- ix. Gopal Singh & Asmitha Singh, "Economic Participation of Rural Women Informed Sector through SHGs", *Economic Empowerment of Rural Women in India*, Kanisha Publications, New Delhi, 2003, pp.25-26.
- x. Abdul Ragium, A., "Role of Self-Help Group", *Yojana*, No.50, October 2006, pp.59-60.
- xi. Women Health and Development, A Report by the Director General who Offset Publication No.90, p.25.
- xii. Ibid., p.26.
- xiii. Lundgren, "Cultivating Men's Interest in Family Planning in Rural ET Salvaetor", *Studies in Family Planning*, Vol.36, No.3, September 2005, p.173.
- xiv. Park, J.E., and Park, K., "Demography and Family Planning", Text Book of Preventive and Social Medicine, Banarsidas, Bhanot, Javalpur, 2007, p.325.
- xv. Reddy, B.P., "Family Planning in on Gole Taluk of Prakasam District in Andhra Pradesh", Family Planning Association India, 1990, p.418.
- xvi. Green Gail, "Cultivating Men's Interest in Family Planning in Rural EI Salvendor", *Studies in Family Planning*, Vol.36, No.3, September 2005, p.173.
-