

# FAMILY WELFARE PROGRAMME



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# INTRODUCTION



- Family planning means planning by individual or couples to have only the children they want, when they want them, this is responsible parenthood.
- Family welfare includes not only planning of birth, but they welfare of wholes family by means of total family health care. The family welfare programme, has high priority in India because its success depends upon the quality of life of all citizens.

# HISTORY OF FAMILY WELFARE PROGRAMME



- It was started in the year 1951.
- In 1977, the Gov. of India redesigned the NATIONAL FAMILY PLANNING PROGRAMME as the NATIONAL FAMILY WELFARE PROGRAMME also changed the name of the ministry of health and family planning to ministry of health and family welfare.
- It is a reflection of the government anxiety to promote family planning through the total welfare of the family.
- It is aimed at achieving a higher end i.e. to improve the quality of life of the people.

- India is the first country in the world that implemented the family welfare programme at government level.
- Health is a part of concurrent list but centers provides 100% assistance to states for this programme.
- Government has concentrated on this programme in various five years plans through higher priority was accorded to it after fourth five year plan.
- Due to bad effect of emergency and faulty propaganda family planning suffered major setback, during 1977-1979.
- It was decided in national health policy in 1983, and then net reproduction rate should be one by the next year 2000.
- The 7<sup>th</sup> five year plan placed more emphasis on the use of spacing methods between the birth of two children.

# CONCEPT OF FAMILY WELFARE PROGRAMME



- The concept of welfare is basically related to quality of life.
- As such it include education, nutrition, health employment, women's welfare and right, shelter, soft drinking water all vital factors associated with the concept of welfare.
- It is centrally sponsored programme for this, the states receive 100% assistance from central government.
- The emphasis is on child family.
- Also, emphasis is on spacing methods along with terminal methods.
- The current policy is to improve family planning on the basis of voluntary and informed acceptance with full community participation.
- The services are taken to every doorstep in order to motivate families to accept the small family norm.

# AIMS AND OBJECTIVE OF FAMILY WELFARE PROGRAMME



The Government of India in the Ministry of Health and Family Welfare has started the operational aims and objective of family welfare programme as follows-

- To promote the adoption of small family size norm, on the basis of voluntary acceptance.
- To promote the use of spacing method.
- To arrange for clinical and surgical service so as to achieve the set target.
- To ensure adequate supply of contraceptive to all eligible couple within easy reach.
- Participation of voluntary organization/local leaders/local self government, in family welfare programme at various level.
- Using the means of mass communication and interpersonal communication to overcome the social and cultural hindrance in adopting the programme or extensive use of public health education for family planning.

# GOALS OF THE FAMILY WELFARE PROGRAMME



- Reduction of death rate from 10(in 1992)to 9 per 1000.
- Raising couple protection rate from 43.3(in 1990)to 60%.
- Reduction in average family size from 4.2(in 1990)to 2.3.
- Decrease in infant mortality rate from 79(in 1992)to less than 60 per 1000 live birth.

# IMPACT OF FAMILY WELFARE ACTIVITIES



- Nearly 98% of women and 99% men in the age group 15 and 49 have a good knowledge about one or more methods of contraception. Adolescents seem to be well aware of the modern method of contraception.
- Over 97% of women and 95% of men are knowledgeable about female sterilization, which is the most popular modern permanent method of family planning, while only 79% of women and 80% of men have heard about male sterilization.
- 93% of men have awareness about the usage of condom while only 74% of women are aware of the same.
- Around 80% of men and women have a fair knowledge about contraception pills.



# IMPORTANCE OF FAMILY WELFARE PROGRAMME



- The year 2010-2011 ended with 34.9 million family planning acceptor at national level comprising of 5.0 million sterilization, 5.6 million IUD insertion, 16 million condom user and 8.3 million oral pills users. As against 35.6 million families planning acceptors in 2009-2012.
- Over the decades, there has been a substantial increase in contraception use in India.

# STRATEGIES OF FAMILY WELFARE PROGRAMME



- **Integration with health service :**

Family welfare programme has been integrated with other health service instead of being a separate service.

- **Integration with maternity and child health :**

Family welfare programme has been integrated with maternity and child health. public are motivated for post delivery sterilization, abortion and use of contraceptive.

- **Concentration in rural area:**

Family welfare programme are concentrated more in rural areas at the level of subentries and primary health center. This is in addition to hospitals at district, state and central levels.

- **Literacy :**

There is a direct co-relation between illiteracy and fertility. So stress and priority is given for girls education, fertility rate among educated female are low.

### **Breast feeding:**

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



### **Rising the age for marriage:**

Under the child marriage bills (1978), the age of marriage has been raised to 21 year for male and 18 year for female. This has some impact on fertility.

### **Minimum need programme:**

It was launched in 5<sup>th</sup> 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 standard.

### **Incentive:**

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

### **Mass media:**

Motivation through radio, television, cinema, news paper, puppet shows and folk dance is an important aspect of this programme.

# ROLE OF COMMUNITY HEALTH NURSE IN FAMILY WELFARE SERVICES



- Community health nurse has a vast role in family welfare service.
- SURVEY WORK.
  - Collecting demographic facts.
  - Making list of homes and finding out housing location.
  - Collecting information about pregnant mother, eligible couples and infants.
- EDUCATIONAL FUNCTION AND MOTIVATION-
  - explaining the importance and necessity of family planning to masses.
  - Using various techniques of teaching and communication to propagate the message of family planning to common man.
  - Motivating the eligible couple to use contraceptive and educating them about its uses.
  - Motivating people for family planning operation or permanent contraception .

- MANEGERIAL FUNCTION-

1. Conducting clinics-



- Deciding the date and place of clinics.
- Arranging equipments and other resources at clinics.
- Arrangements and distribution of contraceptives.
- Insertion and removal of IUD.
- Organizing family planning camps.
- Arranging family planning operation(sterilization) of male and female through special camps.
- Making arrangements at the camps and follow aseptic techniques for the operation.
- Motivating eligible couple and preparing them for the operation.

- Assisting the doctor in operation.

- MAINTAINING THE RECORDS-

- Keeping the eligible couple register update.
- Maintaining the register of sterilization cases, contraceptive user, and pregnant mothers.
- Maintaining other records related to family planning.
- Liaison work.
- Soliciting the co-operation of NGOs/voluntary organization.



**THANK  
YOU**