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Topic: Family Welfare Planning

India was the first country in the world to have launched a National Programme for Family Planning in 1952. Over the decades, the programme has undergone transformation in terms of policy and actual programme implementation and currently being repositioned to not only achieve population stabilization goals but also promote reproductive health and reduce maternal, infant & child mortality and morbidity.

The objectives, strategies and activities of the Family Planning division are designed and operated towards achieving the family welfare goals and objectives stated in various policy documents (NPP: National Population Policy 2000, NHP: National Health Policy 2017, and NHM: National Rural Health Mission) and to honour the commitments of the Government of India (including ICPD: International Conference on Population and Development, MDG: Millennium Development Goals, SDG: Sustainable Development Goals, and others).

Objective of Family Welfare

"Reducing the birth rate to the extent necessary to stabilize the population at a level consistent with the requirement of the National economy."

Factors influencing population growth can be grouped into following 3 categories-

Unmet need of Family Planning: This includes the currently married women, who wish to stop child bearing or wait for next two or more years for the next child birth, but not using any contraceptive method. Total unmet need of Family Planning is 12.9 (NFHS-IV) in our country.

Age at Marriage and first childbirth: In India 26.8% (NFHS-IV)of the girls get married below the age of 18 years and out of the total deliveries 6.1% are among teenagers i.e. 15-19 years. The situation regarding age of girls at marriage is more alarming in few states like, Bihar (39.1%), Rajasthan (35.4%), Jharkhand (38%), UP (21.2%), and MP (30%). Delaying the age at marriage and first child birth could reduce the impact of Population Momentum on population growth.

Spacing between Births: Healthy spacing of 3 years improves the chances of survival of infants and also helps in reducing the impact of population momentum on population growth. SRS 2017 data shows that In India, spacing between two childbirths is less than the recommended period of 3 years in 50.3% of births.

Thrust areas under Family Planning Programme:

- Mission Parivar Vikas has been launched in 146 high fertility Districts of Bihar, Uttar Pradesh, Assam, Chhattisgarh, Madhya Pradesh, Rajasthan & Jharkhand, with an aim to unsure availability of contraceptive products to the clients at all the levels of Health Systems.

- Providing more choices through newly introduced contraceptives : Injectable Contraceptive MPA (Antara Programme) and Centchroman
- Emphasis on Spacing methods like IUCD
- Revitalizing Postpartum Family Planning including PPIUCD in order to capitalise on the opportunity provided by increased institutional deliveries. Appointment of counsellors at high institutional delivery facilities is a key activity.
- Strengthening community based distribution of contraceptives by involving ASHAs and Focussed IEC/ BCC efforts for enhancing demand and creating awareness on family planning
- Availability of Fixed Day Static Services at all facilities.
- Emphasis on minilap tubectomy services because of its logistical simplicity and requirement of only MBBS doctors and not post graduate gynaecologists/ surgeons.
- A rational human resource development plan for IUCD, minilap and NSV be chalked up to empower the facilities (DH, CHC, PHC, SHC) with at least one provider each for each of the services and Sub Centres with ANMs trained in IUD insertion
- Ensuring quality care in Family Planning services by establishing Quality Assurance Committees at state and district levels Plan for accreditation of more private/ NGO facilities to increase the provider base for family planning services under PPP.
- Increasing male participation and promoting Non scalpel vasectomy
- Demand generation activities in the form of display of posters, billboards and other audio and video materials in the various facilities be planned and budgeted.
- Strong Political Will and Advocacy at the highest level, especially in states with high fertility rates

The public sector provides the following contraceptive methods at various levels of health system:

Spacing Methods	**Limiting Methods**
IUCD 380 A and Cu IUCD 375	**Female Sterilization:**
Injectable Contraceptive MPA (Antara Programme)	Laparoscopic
Combined Oral Contraceptive (Mala-N)	Minilap
Centchroman (Chhaya)	**Male Sterilization:**
Progesterone-Only Pill (POP)	No Scalpel Vasectomy
Condoms (Nirodh)	Conventional Vasectomy
EMERGENCY CONTRACEPTION	
Emergency Contraceptive pills (Ezy pills)	

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Policies of Family Welfare

- National Health Mission.
- Communicable Diseases. Department of AIDS Control. ...
- Non-Communicable Diseases, Injury & Trauma. Non Communicable Diseases
- Pradhan Mantri Swasthya Suraksha Yojana - PMSSY.
- Poor Patients-Financial Support.
- Infrastructure Maintenance.
- Other National Health Programmes.
- Rashtriya Swasthya Bima Yojna

APPROACHES TO FAMILY POLICIES –

The United Nations General Assembly, in its resolution 44/82 of 8 December 1989, proclaimed 1994 as the International Year of the Family (IYF). The significance of the landmark event of the IYF lies in its reinforcement of the interrelationship between family well-being and sustainable development. It has encouraged actions directed towards integrating a familysensitive approach to development strategies. It also recognized that the family is entitled to the widest possible protection and support.

General Policy

As part of the approved work programme relating to families (A/52/303), and pursuant to General Assembly resolution 52/81 of 12 December 1997 entitled "Follow-up to the International Year of the Family", the Division for Social Policy and Development of the Department of Economic and Social Affairs of the UN Secretariat prepared a study entitled "Approaches to Family Policies: A Profile of Eight Countries". It is the first in a series to be published in light of preparations for the Tenth Anniversary of the International Year of the Family.

The Division for Social Policy and Development sent a request to governments in April 1999 asking for family-related information. Of the many responses received, profiles of Ireland, Malaysia, Mauritius, New Zealand, Norway, Panama, South Africa, and Trinidad and Tobago were chosen. The study contains a descriptive summary of salient issues and initiatives important to the eight countries surveyed. It also presents decision-makers with a resource on how various countries attempt to strengthen and support families in performing their societal and developmental functions.

Achievements of the Family Welfare Programme: As a part of the Plan exercise the Planning Commission and the Department of Family Welfare have been laying down targets for health and family welfare activities and for demographic indicators. Over the years, there has been a progressive improvement in the achievement of most of these, because the targets set were realistic and necessary inputs were provided for their achievement. The targets and achievements in the different Plan periods are given in

TABLE- 1.1

TARGETS AND ACHIEVEMENTS

YEAR	GOAL IN TERMS OF CBR*	YEAR BY WHICH GOAL WAS TO BE ACHIEVED	ACTUAL ACHIEVEMENT
1962	25	1973	34.6
1966	25	AS EXPEDITIOUSLY	
1968	23	1978-79	33.3
1969	32	1974-75	34.5
FOURTH PLAN	25	1979-81	33.8
FIFTH PLAN	25	1984	33.8
POPULATION POLICY (JAN. 1978)	25	1983-84	33.7
NATIONAL HEALTH POLICY	31	1985	32.9
	27	1990	29.9
	21	2000	
SEVENTH PLAN	29.1	1990	29.9
EIGHTH PLAN	26.0	1997	27.4 (1996)

TABLE- 1.2 (Crude Birth Rate)

ACHIEVEMENT UNDER FAMILY WELFARE PROGRAMME

PARAMETER	1951 @	1961 @	1971 @	1981 @@	1991 @@	1996 @@
CRUDE BIRTH RATE (PER 1000 POPL.)	40.8	39.3	37.1	37.2	29.5	27.4
DEATH RATE (PER 1000 POPL.)	25.1	18.9	17.0	19.0	9.8	8.9
NATURAL GROWTH RATE (PER 1000 POPL.)	15.7	20.5	20.1	18.2	19.7	18.5
TOTAL FERTILITY RATE	6.0	5.7	5.0	4.5	3.8	3.5
INFANT MORTALITY RATE (PER 1000 LIVE BIRTHS)	148	138	120	110	80	72

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COUPLE PROTECTION RATE (%) @@@			10.4	22.8	43.5	45.4 (3/97)
CUMULATIVE NO.OF BIRTHS AVERTED (IN MILLION) @@@			0.04	44.19	155.63	210.00 (3/97)
LIFE EXPECTANCY MALE (YEARS)	37.2	44.2	50.9	55.4	58.1	59.0
FEMALE	36.2	42.7	50.2	55.7	58.6	59.7
COMBINED	36.7	43.5	50.5	55.4 (1981-85)	58.3 (1987-91)	59.4 (1989-93)

Source: Planning Commission, Deptt. Of Family Welfare

These include:

1. Reduction in Crude Birth Rate (CBR) from 40.8 (1951 Census) to 27.4 in 1996 (SRS 96)
2. Reduction in Infant Mortality Rate (IMR) from 146 in 1951 to 72 in 1996 (SRS),
3. Increase in Couple Protection Rate (CPR) from 10.4% (1970-71) to 45.4% (31.3.1997).

Lessons learnt during implementation of FW programme:

- Governmental network provides most of the MCH and contraceptive care
- Adequate financial inputs and health infrastructure are essential prerequisites for the success of the programme
- Providing efficient and effective integrated MCH and contraceptive care helps in building up rapport with the families
- IEC activities are powerful tools for achieving the small family norm;
- The population is conservative but responsible, responsive and mature; their response is slow but rational and sustained.