CHAPTER X

FAMILY WELFARE SERVICES

1. Introduction

The population which has been growing at an alarming rate emphasises the importance of Family Welfare Programme in the country. It has been given an important place in our socio-economic development plans. The population of the country which was only 342 millions in 1947, due to rapid growth, it has doubled in less than 3 1/2 decades\(^1\). The population in the post independence period is presented in Table No.38.

<table>
<thead>
<tr>
<th>Year</th>
<th>Population in millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1947</td>
<td>342</td>
</tr>
<tr>
<td>1951</td>
<td>361</td>
</tr>
<tr>
<td>1961</td>
<td>439</td>
</tr>
<tr>
<td>1971</td>
<td>548</td>
</tr>
<tr>
<td>1981</td>
<td>685</td>
</tr>
</tbody>
</table>

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At present 15% of the world population is in India, occupying only 2.4% of the total land area.

The country is passing through a demographic phase which is specifically characterised by fairly high fertility and moderate mortality rate. The current birth rate is around 32.6 (1986) and death rate is 11.1 (1986) per thousand population. The infant mortality of our country has declined from 200/1000 live births in the beginning of the country to 120 in 1979 and 114 in 1980. The recent IMR has been reported as 90 per 1000 live births. This demographic condition with galloping population has serious implications for overall socio economic development of the country. Control over population is vital for the success of national development and anti poverty efforts being made in the country.

Percentage Distribution of Population by Age-group is given in Table No.39.


### Table 39
Percentage Distribution Of Population By Age Group

<table>
<thead>
<tr>
<th>Age group</th>
<th>Percentage distribution of population by age.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1961</td>
</tr>
<tr>
<td>0-4</td>
<td>16.5</td>
</tr>
<tr>
<td>5-9</td>
<td>13.2</td>
</tr>
<tr>
<td>10-14</td>
<td>11.3</td>
</tr>
<tr>
<td>15-19</td>
<td>9.8</td>
</tr>
<tr>
<td>20-24</td>
<td>8.7</td>
</tr>
<tr>
<td>25-29</td>
<td>7.8</td>
</tr>
<tr>
<td>30-34</td>
<td>6.9</td>
</tr>
<tr>
<td>35-39</td>
<td>5.9</td>
</tr>
<tr>
<td>40-44</td>
<td>4.9</td>
</tr>
<tr>
<td>45-49</td>
<td>4.2</td>
</tr>
<tr>
<td>50-54</td>
<td>3.4</td>
</tr>
<tr>
<td>55-59</td>
<td>2.6</td>
</tr>
<tr>
<td>60+</td>
<td>4.8</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source - Registrar General, India.

In India there are people following different religions, varying social customs and beliefs, favour large family size and militant against adoption of modern methods of contraception.

The mean age of marriage of women is still very low and is 18.3 years. Majority of the poor people consider children as assets in financial and other terms. There is a universal desire to have at least one or two male children. Moreover, the large scale variations and diversities in the demographic situation and socio-economic and cultural milieu between and within different states and regions of the
country make a programme for population control a most
difficult and challenging task.

However, the overpopulation hypothesis had been
analysed and reviewed by several social scientists viz.,
Karna in 1965, Mukherjee in 1938, Ganguly in 1938 and
Gyanchand in 1939. They all argued that over population in
the country was only a symptom of underlying malady of
stunned economic progress during British rule. They all
felt that the State should take responsibility of promoting
economic and cultural progress as this would help in
controlling the population growth. The National Family
Planning Programme was started in 1951 with a clinical
approach. In mid sixties, the programme adopted an extension
approach which was expanded gradually into a community
oriented service network by the end of seventies. The
Family Planning Services were offered as part and parcel of
the overall health package of services particularly the
maternal and child health and nutrition activities. Even
though the programme had made an impact on fertility, the
reduction in birth rate had a slow progress. During 1970s
the birthrate declined from 40 to 34 per thousand population,

\[\text{References}\]


but during the period of 1979 to 1984 it had been static around 33. In 1985 it had come down to 32.9 which has slightly declined in 1986 to 32.6 per thousand population.

It has been estimated that the programme has averted over 85 million births in the country so far. It had stagnated the annual growth rate at 2.25% during 1970's which had been rising since 1940's. Even though the programme suffered a set back during 1977-82 but picked up during the later period of Sixth Five Year Plan. The achievements in sterilization, IUD conventional contraceptives, and oral pills during the period of Sixth Five Year Plan is given in Table No.40.

**Table 40**

Achievement in Family Welfare Programme During Sixth Five Year Plan Period

<table>
<thead>
<tr>
<th>Methods</th>
<th>Achievement in %age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sterilization</td>
<td>79</td>
</tr>
<tr>
<td>2. IUD</td>
<td>82</td>
</tr>
<tr>
<td>3. Conventional Contraceptives</td>
<td>85</td>
</tr>
<tr>
<td>4. Oral Pills</td>
<td>129</td>
</tr>
</tbody>
</table>

5. Ibid. p.9.
2. Population Control Policies

India was one of the first country in the world where a state sponsored population control programme was launched. Initially policies of the programme were confined to population control policy or more appropriately birth control policy. Later on, when the family planning programme had reached distinct watershed, a new policy was formulated which emphasised the need for having concurrent social and economic development as an important element of population control policy.\(^7\)

In 1976, raised the age of marriage was raised to 18 for girls and 21 for boys, higher monetary compensation, higher priority to girls education up to the middle level and child nutrition. The union government then allowed some states, which felt that the facilities available to them were adequate, to initiate legislation for compulsory sterilization.

In 1977 Janta government ruled out the use of force or coercion in any form in implementing this programme which was then renamed as Family Welfare Programme.

At present, the Family Welfare Programme is being promoted on voluntary basis as peoples movement. The

\(^7\) Bannerje D., *op cit.*, p.176.
programme promotes responsible parenthood with a two child norm through independent choice of the family planning method best suited to the acceptor. Motivational, educational and persuasive efforts are made without any form of coercion, for conveying the message of this family size norm.

3. National Goals

The long term goal is to reach

I) Net Reproduction Rate of Unity (NRR :1) by 2000 AD. Which means every woman will leave behind only one woman to produce children.

II) Birth-rate of 21 per 1000 population.

III) Death rate of 9 per 1000 population.

IV) Infant Mortality Rate (IMR) below 60 per thousand live birth's.

V) Couple protection of 60 per cent.

For the achievement of this goal, each infrastructure of the health care delivery system is being utilised for delivery of the services under this programme. The Safdarjang Hospital is no exception to that. This hospital too, is playing an important role in the implementation of the Family Welfare Programme.
The Family Welfare Programme is being implemented in Safdarjang Hospital through a Family Welfare Centre. This Centre is under the direct charge of the Medical Superintendent who is the Programme Director. A senior specialist in obstetrics and gynaecology is overall in charge of the All India Post Partum Programme in the hospital. The F.W. Centre has both male wing as well as female wing and it is situated on the first floor of pediatric OPD. For the male wing, a surgeon of Chief Medical Officer’s rank is appointed to take care of the sterilization cases, i.e., vasectomy and administer the related aspect of the programme for the male cases. He is a full time medical officer responsible for:

- Guiding a field staff for motivating the eligible couples.

- Performing surgical operation on motivated candidates.

- Supervising the distribution of incentive money and other benefits.

- Supervising the staff for proper maintenance of the record.

- Reporting to the programme director.
Sending monthly report on all cases to Delhi Administration, and to the Department of Family Welfare, Ministry of Health and Family Welfare.

The female aspect wing of the centre is managed by the obstetrics and gynaecology speciality of the hospital. There are three units under this speciality. Each unit takes the charge of the female wing of welfare centre for two days in a week on rotational basis. The clinics for female cases are held in the OPD of Obstetrics and Gynecology discipline.

The programme is run on the grants received from the Department of Family Welfare, Ministry of Health. But the incentive money, some equipments, mass communication aids viz., Projector, T.V., VCR etc. come from the grant received from Delhi Administration for the purpose.

4. Manpower

The medical personnel belong to the hospital strength except the C.M.O who is appointed as a surgeon for performing vasectomy operations from CGHS cadre.

The other staff appointed under the Post Partum Programme is given in Table No.41.
Table 41

<table>
<thead>
<tr>
<th>SI.No.</th>
<th>Category of personnel</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Lady Health Visitor</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Auxiliary Nurse and midwife</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>Field Worker</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>Projectionist</td>
<td>1</td>
</tr>
<tr>
<td>5.</td>
<td>LDC/Store Keeper</td>
<td>1</td>
</tr>
<tr>
<td>6.</td>
<td>LDC</td>
<td>1</td>
</tr>
<tr>
<td>7.</td>
<td>UDC/Stenographer</td>
<td>1</td>
</tr>
<tr>
<td>8.</td>
<td>Peon</td>
<td>1</td>
</tr>
<tr>
<td>9.</td>
<td>Driver</td>
<td>1</td>
</tr>
<tr>
<td>10.</td>
<td>Nursing Sister (Sister in Charge of the OT)</td>
<td>1</td>
</tr>
<tr>
<td>11.</td>
<td>O.T. Assistant</td>
<td>1 *</td>
</tr>
</tbody>
</table>

* Belongs to the Hospital Strength.

This centre has got a separate Operation Theatre for surgical operations, Laparoscopic sterilization, medical termination of pregnancy and vesectomy cases. Tubectomy cases are performed in the Operation theatre along with other obstetrics and gynecology surgical cases.
5. Procedures

Candidates report to the centre either being referred by some health agency/institution or motivated by some health worker, or being self motivated. If motivated by a health worker, the candidate is brought by the motivator to the centre.

Under this programme the following data should be collected on each eligible couple:

- Name
- Address
- Religion
- Age
- Number of living sons
- Number of living daughters
- Age of the youngest child
- Attitude towards family planning
- Family Planning Methods Practiced

In this F.W. centre in the hospital each candidate is registered. Registration is done by entering the following data in a register and a consent form is filled and signed by the candidate himself for vasectomy. The data entered in the register are:

- Identification data including:
  - Name
  - Age
  - Sex
  - Religion
  - Address
  - Qualification
  - Occupation
  - Income
  - For what purpose he/she has come

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The registration number begins on 1 April and continues till 31 March in the next year.

If a person has come for vasectomy, he is taken to operation theatre soon after registration is over and consent is given. This operation is done under local anesthesia. He is discharged soon after the operation is over.

Female cases report to the Gynaecology Out Patient Department. Registration for female cases is done in Room No.27 in Cyane- O.P.D. A separate register is maintained for these Family Welfare Cases. Besides, every woman in the reproductive age group i.e. 15-45 yrs of age reporting to OB & Cyane OPD for some complaints, is referred to Family Welfare Centre for advice.

For surgical intervention on female cases, consent is taken from the husband. As a policy under the Family Welfare Programme each sterilization case (male or female) is given a number of benefits as incentives for sterilization. These are:

5.1 Incentive money

Each sterilisation case is paid some incentive money from the grant received from Delhi Administration for this purpose. The amount is fixed for each type of case.
**Vasectomy Cases**

Rs.150=00 is paid to each self motivated case Rs.125=00 is paid to the case if brought by a motivator and Rs.25=00 is paid to the motivator.

**For Tubectomy Cases**

**For OPD Cases**

I. Rs.155=00 is paid to each self motivated case.

II. Rs.145=00 is paid to the case if she is motivated by a health/other worker, then Rs.10 is paid to the motivator.

**For Ward/admitted cases**

I. Rs.125=00 is paid to each self motivated case.

II. Rs.115=00 is paid to cases motivated by others and Rs.10=00 is paid to each motivator.

**For Copper T' cases**

Rs.9=00 is paid to each case accepts Cu'T' in the centre.

Ambulance is provided for transporting the cases within the city of Delhi and Rs.15=00 is deducted from the incentive money of those cases who avail the facility. This ambulance is provided from the hospital pool. The money is paid in cash and it is handled by the Store Keeper. He maintains the accounts of receipts and expenditure of the incentive money.
5.2 Special Leave

For vasectomy cases special leave of 6 working days is granted.

For Tubectomy Cases - if working, she is granted 15 days leave from duty. If she is a non working woman, her husband is given 6 days leave for looking after her and the family.

For MTP cases

Special leave of upto 42 days may be granted to each MTP cases depending on the condition of the patient.

5.3 Medicines

All the medicines required are given to each case from the Family Welfare Centre.

5.4 Special Increment

Government employees if get Vasectomy or Tubectomy done after maximum of three children and are under 50 years of age get an extra increment in the basic pay.

6. Output of the Programme

Records of each service provided to the people from this Family Welfare centre in Safdarjang hospital are maintained and this information is sent to the Department of Family Welfare, Ministry of Health, regularly.
Records for last four years were studied and the relevant information was obtained. The total number of cases which used the various services provided during last four years is given below in Table No.42.

**Table 42**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tubectomy</td>
<td>1144</td>
<td>1154</td>
<td>1419</td>
<td>1530</td>
</tr>
<tr>
<td>2.</td>
<td>Vasectomy</td>
<td>165</td>
<td>162</td>
<td>151</td>
<td>132</td>
</tr>
<tr>
<td>3.</td>
<td>IUCD (Cu 'T')</td>
<td>2484</td>
<td>2367</td>
<td>2407</td>
<td>1831</td>
</tr>
<tr>
<td>4.</td>
<td>MTP</td>
<td>2332</td>
<td>2205</td>
<td>2328</td>
<td>1662</td>
</tr>
</tbody>
</table>

The monthly average number of vasectomy, tubectomy, Cu'T' and MTP cases during last four years in Safdarjang Hospital is given in Fig.17.

7. Community Services

The centre has taken a definite area for providing community services under the Family Welfare Programme. Eight areas from the surrounding catchment area of Delhi are taken for this purpose. These villages are:

1. Arjun Nagar.
2. Narouji Nagar.
MONTHLY AVERAGE NUMBER OF VASECTOMY TUBECTOMY, CU "T" & M.T.P. CASES
SAFDIRJUNG HOSPITAL

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vasectomy</td>
<td>13.7</td>
<td>13.5</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>Tubectomy</td>
<td>95.3</td>
<td>96</td>
<td>118</td>
<td>107</td>
</tr>
<tr>
<td>Cu &quot;T&quot;</td>
<td>207</td>
<td>197.2</td>
<td>200</td>
<td>140</td>
</tr>
<tr>
<td>M.T.P.</td>
<td>194.3</td>
<td>183.75</td>
<td>194</td>
<td>138.5</td>
</tr>
</tbody>
</table>

Vasectomy Tubectomy Cu "T" M.T.P.
The people residing in these areas are mostly from lower middle class and poor. Accepting small family norm through education and motivation and practicing one of the family planning methods is essential for these people. The team of staff from the Family Welfare Centre conducts door to door visit for identifying eligible couples and then register them with their house number. They are followed up for motivating for accepting family planning measures. A team for this purpose goes for field visits 5 days a week from Monday to Friday from 9.30 a.m. to 2 p.m.

Functions carried out by the team are:

1) Door to door visit for identifying the couples in age group of 15-45 years.

2) Advise and motivate couples for using family planning measures.

3) Conduct group meetings, mass meetings and composite programme on population education.
4) Organise Film Shows in the locality for population education.

5) Motivate cases for sterilization.

6) Impart advice for immunization of children and refer them to paediatric O.P.D. for immunization.

7) Identify pregnant women and send them for registration in OB + Cynae OPD.

8) Give health education.

8. Contribution of the Hospital in implementation of the Family Welfare Programme

The hospital has not only provided the building, it also takes the responsibility of its maintenance. The facilities like electricity, water, telephone are provided from the hospital fund. All the furniture including some equipment are provided by the hospital. The Ambulance is provided from the hospital pool as and when demanded. Some staff like the operation theatre assistant and lady medical officers are deputed from the hospital strength.

9. Conclusions

From the detailed study of the Family Welfare Programme being implemented by the Safdarjang Hospital it is concluded that within the available resources the programme is being implemented effectively.
It is observed from the data (given in Table No. 40) that female sterilization is becoming more popular as compared to male sterilization. Therefore, it is suggested that the hospital should give more attention to motivation of the males and to the spacing method by more vigorous community involvement.