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A study on the significance of family welfare planning program in Haryana

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Abstract

Health has been declared as the right of every human being. The World Health Organization has laid down in its constitution that health is a critical factor in the development of any country for two reasons. The first reason is that the health status which denotes lower mortality rates and higher life expectancy is the key indicator of a population's welfare. The second reason is that it leads to greater economic productivity. It has also declared that enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being irrespective of his race, religion, political, economic and social conditions.

Keywords: Rural Market, Rural leaders, rural consumption, Strategies, Rural marketing.

Introduction

The term 'health' can be examined at the individual level, and the community or the public level. For an individual the term 'health' refers to the optimal functioning of the individual, absence of disease, illness, impairment or injury. In the community or public context, various measures of incidence and prevalence of disease are applied to a defined segment of population. The objective measures of Health (Health Status or Health indices) are difficult to construct and operationalise.

The Health Services and all personal and public services are performed by Health and Family Welfare Department for the purpose of maintaining or restoring the health of every citizen of the State. The 'health care system' is the term frequently employed to designate the totality of resources for the population and delivery of health services. The Governments all over the world are striving to expand and improve their Health and Family Welfare measures.

The current criticism against Health and Family Welfare Services is that they are

- a. pre-dominantly urban-oriented
- b. mostly curative in nature and
- c. accessible mainly to a small part of the population.

The present concern in both the developed and the developing countries is not only to reach the whole population with adequate health services but also to secure an acceptable level of health for all, through the application of Health and Family Welfare measures.

Health Care Organization Model in India

The model for health care system in India was first developed by the Bhole Committee in 1946. This Committee recommended integrated preventive and curative services at all levels and the setting up of a unified health authority in each district. Since 'health' is a state subject, there is no uniform model of a district health organization in India. Each state developed its own pattern to suit its policy and convenience.

Under the multi-purpose workers scheme, the states have been suggested to have an integrated set-up at the district level, having a Chief Medical Officer with three Deputy Chief Medical Officers. At present there are Civil surgeons, District Health Officers and District Family Welfare Officers with each of the Deputy CMOs in charge of one-third of the district for all the Health, Family Welfare and Maternity and Child Health programmes.

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The recent working group on 'Health for All' by 2000 A.D. appointed by the Planning Commission recommended that the District Hospitals should be converted into District Health Centres, each centre monitoring all preventive, primitive and curative services of one million population. It has been recommended that the District set-up should be re-organised on the basis of the number of primary health centres it comprises.

Under the Indian constitution, the states are independent in matters related to the delivery of health care to its people. The central responsibility mainly includes policy making, planning, guiding, assisting, evaluating and coordinating the work of the state Health Ministries. The Health system in India has three main links (i.e.) Central, State and Local or peripheral. The National Health Planning policies were provided by a number of committees dating back to the Bhore Committee.

They were Bhore Committee in 1946, Mudaliar Committee in 1961, Chadha Committee in 1963, Mukherjee Committee in 1965, Jungalwala Committee in 1967, Kartar Singh Committee in 1973, Srivastav Committee in 1975, and Bajaj Committee in 1986. The three tier system of Health Care Delivery was introduced on the recommendation of Srivastar Committee report of 1975. The Alma Ata declaration on Primary Health Care and the National Health Policy (1983) of the Government gave new direction to the health planning in India, making primary health care the central function and main focus of its national health system.

The Health system at the national level consists of three official organs. They are

- 1) Union Ministry of Health and Family Welfare
- 2) Directorate General of Health Services and
- 3) Central Council of Health.

Demographic Transition and Health Indicators of Sonapat

Until 1971, Sonapat had the highest population growth rate in India and after that it showed a declining trend because of the substantial drop in the mortality rate without a corresponding decline in fertility rate. Infant Mortality Rate (IMR) in Sonapat is 15.6 per cent as against the all-India rate of 71.6 per cent; the Child Mortality Rate in Sonapat is 4.6 per cent (all India 26.3 per cent). The birth rate has come down to 18.2 per cent in Sonapat (all India 26.4).

The pre-natal mortality rate and neo-natal mortality rates of the 10 state are 17 per cent and 10 per cent, respectively, as compared to the all India rates of 44 per cent and 47 per cent respectively; Sonapat's Maternal Mortality Rate (MMR) is 1.4 per cent for 1000 deliveries. While the birth rate declined from 31 per cent in 1970 to 19.6 per cent in 1990, the decline in death rate during the same period (1970 – 1990) from nine to six only.

Thus for the first time, Sonapat's population registered a lower rate than at the all-India level. The annual exponential growth rates of the Sonapat and Indian population are 1.34 per cent and 2.14 per cent respectively. The decadal growth rate in 1981-91 is 14.32 per cent in Sonapat against the all-India growth rate of 23.85 per cent and it is the lowest among all states in India.

Another significant feature of the population of Sonapat is that it has a unique sex ratio which is contrary to the all-India pattern. According to the 1991 census there were 1036 females per 1000 males, compared with 927 females per males in the country during the same period. A sharp decline in fertility and mortality in Sonapat has given rise to a

different age structure.

Family welfare programmes have played a significant role in the demographic transition. These programmes in Sonapat are implemented through a network of 940 Primary Health Centres and 5094 sub-centres. The programmes at the Primary Health Centres broadly consist of Family Welfare Programmes, Mother and Child Health Programmes, Immunization Programmes, etc. The State Ministry of Health supervises the Health and Family Welfare Programmes in the state.

The Secretary to the Government in Health Department has the overall responsibility in the administration and programme implementation. At the state level, programmes on health and family welfare are implemented, supervised and coordinated by the Director of Health Services.

Review of Literature

An extensive review of the previous related works was carried out. There are several reports on the health status of Sonapat which give emphasis on demographic indicators, developmental policies of health strategies and health goals of the state government towards providing good health. Historical analysis on the improvement in health status has also been made. Many statistical reports are also available on the medical care and medical infrastructure details in the state over a period of several years.

Studies in sociology have covered many aspects like socio – economic study of health services, comparative studies on utilization of health infrastructure in urban and rural Sonapat. The administrative aspects, functions and programmes of the Health and Family Welfare Department have been analysed and reported in many studies.

Public health care system and its contribution towards provision of good health to the people have also been studied in detail. A thorough analysis of the available literatures indicates that there are many works regarding the sociological aspects of health and health indices in the State of Haryana. There are also many works related to the demographic features.

Several reports showcase the importance of several family welfare programmes in the state and the achievements of these programmes towards good health for the people. But there is a great lacuna in reports which cover the historical aspects of the Health and Family Welfare Department of the State which play such a crucial role in the provision of good health and which toil to achieve the goal of 'Health for All' through its schemes and plans.

Hence, an attempt has been made through the present study to bring out the historical perspectives of the formation and progress of this important Department in the State. A detailed profile of the strides made in the Health and Family Welfare Programmes in Sonapat is given in the Health Profile of Haryana, 1989. The profile widely focuses on the general socio economic indicators of Sonapat, health infrastructure and about the various programmes regarding health and family welfare implemented by the Department of Health and Family Welfare Department in the State.

Besides mentioning about health status of the state, the profile also elaborates on the medical education and medical institutions in the State. The population Research Centre situated in the University of Sonapat in collaboration with the Centre for Development Research and Training (CDRT) conducted a National Family Health Survey (NFHS). The report included the basic demographic features, various

welfare policies and the programmes implemented in the state.

Scope of the Study

The history of Modern Medical and Public Health Administration in Haryana dates back to the first decade of the nineteenth century. The progress was slow but steady and gradually the Public Health Agency was separated from the Medical Department and was afforded the status of an independent and separate entity as the Health and Family Welfare Department. This Department continues to play a prominent role in the health and life of the people of Sonapat.

Till date, there is no recorded evidence of the history and development of this important Department. Hence a systematic study has been undertaken to bring out the details regarding the history of its formation, progress, services rendered and the role of the Health and Family Welfare Department in the state as a whole.

Purpose of the Study

1. To bring out the important events and contributions which led to the formation and development of the Health and Family Welfare Department
2. To analyse and chart out the administrative structure and various subdivisions of the department, their formation and growth in different periods.
3. To explain the various health services introduced and implemented by the Department in for the betterment of the general public.
4. To give a clear idea of the family welfare programmes implemented in the state.
5. To explain the role of the Health and Family Welfare Department in making the modern a 'Model of Health' for other states in the nation.
6. To propose directions for change to sustain the glorious history of the Health and Family Welfare Department.

Limitations of the Study

The study has certain limitations from the viewpoint of sources.

1. A major limitation is the lack of literature on the health reforms and services.
2. Among the available sources also, there is a great lacuna in terms of recorded evidences for the chronological developments both in terms of administration and function of the department.
3. The reliability of the secondary sources is questionable.
4. The Departmental reports are not properly maintained and preserved for references.
5. There is hesitation from the official's point of view in providing the Government reports for research purposes.

Yet, an attempt has been made to set right the limitations by collecting data through archival evidences for the preparation of a comprehensive account of the Health and Family Welfare Department.

Methodology

The method adopted for the study is both descriptive and analytical. Besides this, an 'unstructured interview' technique has also been adopted to collect supplementary data from the staff of the Health and Family Welfare Department and the political circles.

The study focuses on the developments of the Department.

The period also falls in post-independent India in which the Central Government allocated a lot of fund to implement many programmes for lifting up the health status of the people and to make sure that health, a fundamental need reach all people. The study analyses the health achievements in the State during this period through the various programmes implemented by the Health and Family Welfare Department.

Hypotheses

1. The acts and proclamations issued by the Government connected with Health Services are to be made popular among the people.
2. The study of the public health services reflects the selfless services of the rulers and administrators of modern State of Haryana whose deep commitment was to uplift the people in the State by providing them with Health and Family Welfare measures
3. Not less than one-third of the whole annual income of the state was expended for the enforcement of the Health and Family Welfare Measures in the State.

Sources

The primary sources for the preparation of this thesis are the Administration Reports of the Haryana State, Proceedings of the Health Department, standing orders of the Medical Board, Proceedings of the Government of Haryana, Government Proceedings regarding the revised scheme of Health Services, letters and Government orders related to the Health and Family Welfare in the State available in the Archives of Haryana.

The primary sources are also supplemented by secondary sources. In addition to the above mentioned sources, published works on Sonapat History, several other related journals, and newspapers reports, 21 public reports, editorials, speeches, public opinion survey reports and souvenirs have also been referred to and used.

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