



EVALUATION OF FAMILY PLANNING POLICIES AND CONTRACEPTIVE USE AMONG RURAL AREAS OF DISTRICT MATHURA IN UTTAR PRADESH, INDIA

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Abstract

The National Rural Health Mission (NRHM) has been launched by the Hon'ble Prime Minister Manmohan Singh on 12th April 2005. The architectural corrections enshrined in the Preamble of NRHM document primarily comprised of decentralization, organizational structural reforms in health sector, inter-sectoral convergence, public private partnership in health sector, mainstreaming Indian system of medicines under Ayurveda, Yoga, Unani, Sidha and Homeopathy (AYUSH), induction of management and financial personnel into health care management and delivery system. The NRHM vision envisaged provision of effective health care to rural population which had weak public health indicators and weak infrastructure. The strategic options before the Mission included integration of RCH, family welfare, and national programs of disease control under NRHM to achieve desired population stabilization goals. However, the National AIDS and Cancer programs were not integrated to the NRHM scheme. 'Janani Suraksha Karyakram' (JSK), a part of 'NRHM' recent initiative and further moving in the direction of health care to provide 'to and fro' free transport services, for safe maternity & child care, free drugs, free diagnosis, free food, free diet to pregnant ladies who come for delivery in govt. health institutions and risk infants up to one year; Free ambulance services are provided at every nook connected with a toll free number and reaches within 30 minutes of call. Regarding family planning issues 'ASHAs' play a significant role in the promotion of breast feeding. A development functionary is a catalyst in the process of social development through 'NRHM'. The functionaries act as a friend, guide & teacher for the public. These personnel act as link-up between the govt. and target groups. Regarding the various activities in which they participate to subsist their role are family welfare program, pulse polio, safe maternity and child care, effective free referral hospital care at community level, registration of pregnant women at hospitals and their regular checkups for their safe pregnancies, health targets of the government given to hospitals, to provide contraceptives for married ladies, inserting for sterilization (Copper-T, loop, IUD/CC-users/oral pills users), diagnose diseases and refer them to government hospitals for treatment/disease control, and help in health care programs & carried out successfully. The functions & work activities of 'ASHAs' are : (1) To identify the pregnant women as beneficiaries & report for registration for NAC. (2) To assist the target woman to obtain necessary certifications where ever necessary. (3) To provide help the women in receiving at least three ANC checkups including TT injections, contraceptive tablets. (4) To identify a functional Govt. health centre/an accredited private centre for referral and delivery. (5) To counsel for institutional delivery of contraceptives. (6) To escort the beneficiary women to the pre-determined health centre. (7) To inform about the birth/death

of the child or mother to ANM/MO. (8) To postnatal visits within 7 days of delivery to track mother's health after delivery & facilitate in obtaining care and to suggest family planning. (9) To counsel for initiation of contraceptive methods, and to promote for family planning. Each beneficiary registered under 'JSY' have a card along with a MCH card, this will effectively help in Antenatal checkup & the post-delivery care.

Key Words: Role, Awareness, Attitude, Participation, Health, Family planning.



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Introduction: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental human rights of every human being without any distinction of race, religion, belief, economic & social condition.

The factors affecting family planning programmes are-

- (i) **Economic Factors:** increase in per capita income etc.
- (ii) **Social Factors:** social stigma, mores, rituals and cultural traits, expansion of education and literacy, application of finding for the betterment of life especially in problem areas.
- (iii) **Research and Advancement in Medical Science :** Winning over the dreadful diseases presenting challenges epidermis; paying attention to community health and family planning.

However, women and children do not equally enjoy fruits of these developments especially of rural areas. They are still deprived sectors of society and this is well evident by the well recognized fact that material and infant mortality remain steeply high in spite of striking fall in general mortality rate.^[3] Undoubtedly maternal mortality is a sensitive indicator of health and general socio-economic development of a community or of a nation. In India, we too, face the challenge and the situation in rural community has been quite grave, acute and alarming.^[5] Hence, the issue of family planning have been with high priority for Indian Govt. especially in view of the increased attention on the Millennium Development Goals.

REVIEW:

Beginning with the Indianapolis Study of social and psychological factors affecting fertility (**Whelpton and Kiser, 1991 and 1998**)^[5] almost every investigation showed socio-economic status as the predominant determinant variations in fertility. **Clifford (1971)**^[6] stated that ‘the complex of socio-economic forces exert their influence on fertility through the determination and reinforcement of certain value orientations. **Kahl (1970)**^[7], traditional values are compulsory in their force, sacred in their tone. They call for fatalistic acceptance of the world as it is Modern values is rational and secular, permit choice, clarify efficiency and stress individual responsibility. Planning orientation is an important element of modernization figures in Kahl’s, Inkeles and Smith’s concept of conceptualization and operationalization of modern man or modernism. According to Kahl, the modern man is an activist, he believes in making plans in advance for the important events and phases of his life, and has a sense of security that can usually bring these plans to fruition. Inkeles (1966) insists, “The more modern man is oriented towards, and involved in, planning and organizing; and believes in it as a way of handling life”.

In literal sense, ‘**value**’ refers to the degree of worth or excellence assigned to or derived from an object. **Kahl J.N.**^[8] (1968) revealed that values are considered as attitudes, motivations, objects, measurable quantities, substantive areas of behaviour, affective customs or traditions and relationships such as those between individuals, groups, objects and events. In the ‘Value of Children’ study (**Arnold et al. 1975**), the value referred to a hypothetical net worth of children, with positive value (satisfactions) balanced against negative values. In micro-economic theories of fertility developed by a number of economists (**Leibenstein, 1967; Becker, 1990; Easterlin, 2001; Robinson and Hor Jacher, 2007**).^[9] child-bearing decisions were equated to consumer choices emphasizing income and price variables as controlling factors. A few studies were conducted on economic costs and benefits of children (**Mueller, 1972; O’Donell, 1974; Cramer, 1995, Usha Rani, 2009**).^[10]

Major and Subsidiary Objectives of the Study :

The major objective of the present study is to find “**Evaluation of Family Planning Policies and contraceptive use among rural areas of district Hathras in Uttar Pradesh, INDIA**”; but the subsidiary (specific) objectives of this empirical study are as under:

- (1) To recognize the complex relationship between Social factors and levels of health characteristics of contraceptives.

- (2) To understand the social contexts of Health Care delivery system and identify the hurdles & its short comings.
- (3) To evaluate the role and contribution of ASHA as a social-activist for health issues as family planning and contraceptives.
- (4) To Know the effects of the intervention over the social causes, social factors challenging contraceptive use.

Research Methodology:

Non-availability of enough and appropriate subject matter regarding secondary data, the researcher has chosen ‘Exploratory and Explanatory’ a combined research designs for the study purpose. As we know that **exploratory research design** is used to find out the causes of a problem concerned and **explanatory research design** is used to explain the subject matter regarding the problem under study. To conduct any research through these research designs, a researcher can use available literature, informal interview, and non participant observation to achieve the objectives of the study problem. 100 female respondents from the rural ,seeking health facilities ; are selected purposively .

Hathras’ district is situated in Aligarh region of Uttar Pradesh on Agra-Aligarh and Mathura-Bareilly highway crossing. The district lies between 27°64' Latitutte in Noth and 78°11' Longitude in East. The total area of the district is 1800.1 sq.km.

The district is newly created from the parts of Mathura & Aligarh districts and situated in western U.P. The district has four tehsils (Hathras, Sasni, Sikandrarao, Sadabad) and Seven Development Blocks (Hathras, Sasni, Hasayan, Sikandrarao, Sahrpau & Sadabad) The district comprises 430 Gram Panchayats and total 673 villages with Majras. The following table shows tehsilwise Blocks and total number of Gram Panchayats resides in the district with distance from Head Quarter.

Table 1 : If contraceptives are provided, implementing family planning programs in rural areas?

S.No.	Responses of the respondents	Frequencies	%
1	‘Yes’	93	93.00
2	‘No’	--	00.00
3	‘Neutral’/not answered	07	07.00
	Total	100	100.00

Table No.2: “The key questions & their responses given by respondents”

S. No.	The key questions	Response to the (frequencies / %)				Total (%)
		Yes	No	Neutral	Differently answered	
1	do you agree that ‘ASHAs’ are playing key role in the implementation of ‘NRHM’ regarding family planning and contraceptive use.	89 (89.00)	04 (04.00)	06 (06.00)	01 (01.00)	100 (100.00)
2	do you agree that ‘NRHM’ program capable in stabilization of population growth through family planning schemes.	42 (42.00)	44 (44.00)	10 (10.00)	04 (04.00)	100 (100.00)
3	do you agree that ‘NRHM’ program is not only helpful but capable in family welfare.	50 (50.00)	24 (24.00)	22 (22.00)	04 (04.00)	100 (100.00)
4	do you agree that the contraceptives provided by the government are safe to use and trustful.	45 (45.00)	35 (35.00)	20 (25.00)	-- (00.00)	100 (100.00)
5	do you agree that the contribution of ‘National Rural Health Mission’ is not sufficient for family planning purposes.	60 (60.00)	17 (17.00)	10 (10.00)	13 (13.00)	100 (100.00)

(Note : The figures given in parentheses denote the percentage of frequencies)

This table depicts that amongst 100 respondents who were interviewed:

89(89.00%) respondents have accepted that ‘ASHAs’ are performing ‘Key role’ in the implementation of ‘NRHM’ regarding family planning and contraceptive use. 42(42%) respondents have accepted that ‘NRHM’ program is capable in stabilization of population growth through family planning works/schemes. 50(50.60%) respondents have accepted that ‘NRHM’ program is not only helpful but also capable in family welfare.45(45%) respondents have accepted that the contraceptives provided under the scheme ,by the government are not trustworthy for family planning for rural development and good health of ladies..60(60.00%) respondents were found of the view that the contribution of ‘National Rural Health Mission’ is not sufficient for family planning purposes. The respondents who answered differently, were the ladies who were either unaware or un educated and were unable to understand the purpose of family planning.

Results: ‘NRHM’ programs are incapable to stabilize of population growth through family planning schemes. compulsory birth of male child to perform religious ceremonies, abortion is considered as infant murder in Hindu religion, ASHAs’ are playing casual role in the implementation of ‘NRHM’ regarding family planning and contraceptive use, the

contribution of 'National Rural Health Mission' is not sufficient for family planning purposes due to corruption and insufficient facilities available at primary health centers.

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