

1. It was started in the year 1951.
2. In 1977, the govt. of India redesignated the “national family planning programme” as the “national family welfare programme”, and also changed the name of the ministry of health and family planning to ministry of health and family welfare.
3. It is a reflection of the government’s anxiety to promote family planning through the total welfare of the family.

4. It is aimed at achieving a higher end, i.e., to improve the quality of life of the people.
5. India is the first country in the world, that implemented the family welfare programme at govt. level.
6. Health is a part of concurrent list but center provides 100% assistance to states for this programme.
7. Government has concentrated on this programme in various five-year plans though higher priority was accorded to it after 4th five year plan.

AIMS AND OBJECTIVES OF FAMILY WELFARE PROGRAMME

THE GOVERNMENT OF INDIA IN THE MINISTRY OF HEALTH AND FAMILY WELFARE HAVE STARTED THE OPERATIONAL AIMS, AND OBJECTIVES 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 methods.
- ★ To ensure adequate supply of contraceptives to all eligible couples within easy reach.

- ★ To arrange for clinical and surgical services so as to achieve the set targets
- ★ Participation of voluntary organizations/local leaders/local self government, in family welfare programme at various levels
- ★ Using the means of mass communication and interpersonal communication to overcome the social and cultural hindrances in adopting the programme or extensive use of public health education for family planning.

STRATEGIES OF FAMILY WELFARE PROGRAMME (FWP)

- ★ Integration with health services: Family welfare programme (FWP) has been integrated with other health services instead of being a separate service.
- ★ Integration with maternity and child health: FWP has been integrated with maternity and child health (MCH). Public are motivated for post delivery sterilization, abortion and use of contraceptives.
- ★ Concentration in rural areas: FWP are concentrated more in rural areas at the level of subentries and primary health centers. This is in addition to hospitals at district, state and central levels.

- ★ Literacy: There is a direct correlation between illiteracy and fertility. So stress and priority is given for girl's education. Fertility rate among educated females is low.
- ★ Breast feeding: Breast feeding is encouraged. It is estimated that about 5 million births per annum can be prevented through breast feeding.
- ★ Raising the age for marriage: Under the child marriage restraint bill (1978), the age of marriage has been raised to 21 years for males and 18 years for females. This has some impact on fertility

- ★ Minimum needs programme: It was launched in the Fifth Five 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 standards.
- ★ Incentives: Monetary incentives have been given in family planning programmes, 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, cinemas, news papers, puppet shows and folk dances is an important aspect of this programme.