

**A Study on Women and Family Welfare Programmes
(Special Reference on two villages in the Dibrugarh District,
Assam)**

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Abstract:

Family planning or Family welfare means planning by individuals to have only the Children they want, when they want them. Family welfare includes not only planning of births, but also their welfare of whole family by means of total family health care. The family welfare schemes has high priority in India, because its success depends upon the quality of life of all citizen (specially women). Here, we should know that the family planning program was started in 1951 and in 1977 the government of India redesigned the "National Family planning programme" as the "National Family welfare programme." This paper is primarily trying to highlight the understanding of women about various Health Scheme under National Rural Health Mission (NRHM).

Introduction:

Women is an essential part of family as well as family planning. After Independence, no doubt, women were well educated, well trained in every perspective, but still some of the areas of our country, women were not so much aware about the programmes related to family planning.

Since India's independence in 1947, various family welfare programmes and schemes have been launched with the view to improve the socio-economic and health status of women in India. Undoubtedly, many programmes changes concerning the status of women are attributed to independence and too many other programmes that have emerged in the country since then. The perceptions towards women at large have gone through many changes because of political and economic changes. The socialist perceptions and secular trends have also changed the life chances and life styles of women in India.

The governments have been introducing various welfare programmes to bring change the overall status of women. These programmes also impact on the everyday life of women.

National Rural Health Mission (NRHM) is a national health programme for improving health care services across the rural India.

The scheme proposes a number of mechanisms for health care service including providing training to local residents as Social Health Activities (ASHA) and motherhood protection program like Janani Surakshya Yojana. This program also aims to improving hygiene and sanitation infrastructure. It has been striving to consolidate the gains and build on the successes of NRHM for providing accessible, affordable and quality universal health care which include all aspects of a clearly defined set of health care entitlements including preventive and curative.

Methodology:

For the present study, the researcher has used primary as well as secondary sources for collecting data. Interview schedule, focus group discussion are followed in this study. Mainly the paper is descriptive.

Two village areas has been chosen purposively for the research purpose. The present research areas are - No.1 Naohalia Mazgaon and Ushapur Borbum Gaon. For the purpose of study, total 200 respondents(women) are selected for the study and the informative data are quite reliable.

Objectives:

- (i) To understand the role of ASHA workers regarding family planning programmes.
- (ii) To know about “Mamata Kit”.
- (iii) To know the reasons of benefits for small size of family.

Explanation:

The NRHM consists of many programmes which programmes directly connected with rural women’s health. In this study, all the respondents(200) have been examined.

It is observed that Janani Suraksha Yojana (JSY) has recruited in phenomenal growth in institutional deliveries. More than one core women have been benefitting from the schemes annually. The outlay for Janani Suraksha Yojana has exceeded 1600 cores per year. This scheme was launched on 12th April, 2005 to decrease the neonatal and maternal death happening in the country by promoting institutional delivery of babies under scheme. The ASHA workers has been entrusted the responsibility to encourage the rural people for institutional delivery.

The respondents also expressed that the ASHA workers have guided them properly to communicate with government hospital. From the very beginning, the ASHA workers supported and advised them for riskless delivery. Even the mothers availed financial assistance for delivery under Janani Suraksha Yojana (JSY). Out of 58 mothers, it was noticed that all the respondents availed financial assistance for institutional delivery under JSY. According to them this financial assistance helped them to remove their mental stress from financial problem. They opined that they got sufficient money and other facilities in the government hospital during delivery period. In light of the

difficulty, faced by the respondents during pregnancy, maximum supports have been provided by the Government hospital under JSY scheme to overcome their financial problems. The respondents expressed that the hospital authorities provided completely free and cashless services to them for both normal deliveries and caesarean operation.

According to respondents, the ASHA workers provided necessary information about determinants of health, such as nutrition, healthy living and working condition, basic sanitation of family welfare services. The ASHA workers worked as the co-ordinator in between government agencies and the respondents. The respondents in this study opined that they availed information from the ASHA workers to be aware of their well-being in terms of their health. Realizing it, in this study the respondents were asked about their understanding of the role of ASHA workers and in response to this question, they have given their answers. The following table number 1 depicts their answers.

Table Number 1
Respondents and Their understanding towards the roles of ASHAactivists

Understanding of the Respondents about the Role of ASHA activist	Respondents answers				
	Supplying medicine	Providing information about welfare scheme	Cordinating in between doctor and women	Child helath checkup	Total
Number of the Respondents	10	120	60	10	200
Percentage	5%	60%	30%	5%	100%

The above table shows that maximum number of the respondents i.e. 120 (60%) have answered that providing information about family welfare schemes is the prime role of ASHA workers. On the other hand 60 (30%) respondents opined that the ASHA workers worked as coordinator in between government agencies, especially doctors and women. According to the respondents, the ASHA workers changes their living style and health condition during pregnancy period. In case of child caring, the respondents expressed that they received sufficient support to make their children healthy and strong.

As a part of family welfare programme, National Health Mission (NHM) initiated entitles all pregnant women delivering in government hospital to absolutely free delivery. In this study it was also noticed that though 58 (29%) respondents admitted themselves in government hospital for free delivery, however they failed to mention the name of the scheme. They availed the facilities under this scheme but only 13 (22.4%) said that they heard that it includes free and cashless delivery. In this study,

the respondents were asked that ‘what they obtained in the government hospital?’ In response to this question, they replied that they got free delivery. Under this scheme pregnant women obtained some significant entitlements like free C-Section, free drug and consumables, free diagnostics, free diet during stay at hospital. Among 200 respondents, only 12, (6%) respondents knew about ‘Mamata/Kit’, provided by the government. The respondents were also asked about ‘Mamata kit’ and following table No 2 depicts their knowledge about ‘Mamata kit’.

Table Number 2
Respondents and their knowledge about ‘Mamata Kit’

Sl No.	Mamata Kit includes	No. of Respondents	Percentage
(i)	Baby powder, mosquito net, baby oil	12	6%
(ii)	One thousand rupees	102	51%
(iii)	Free nutrition	84	42%
(iv)	Any other	2	1%
	TOTAL	200	100

The above table shows that only 12 (6%) respondents replied about ‘Mamata Kit’. In this study the respondents have been found those who have no knowledge what kind of essential products are included in the ‘Mamata Kit’. It depicts that maximum number of the respondents have no idea properly about family welfare programmes as required.

The Respondents have been oriented by the ASHA workers about family planning. Even they received the knowledge about problems of population exploration in the society. The respondents were also asked about the think of small size of family. In context of this, they were questioned what are reason behind this. The responses of the respondents are depicted in the following table number 3

Table Number 3
Respondents and Reasons of benefits for small size of family

	Reasons of benefits for small size of family	Number of the Respondents	Percentage
(i)	Getting opportunity for good nutrition to children	32	16%
(ii)	Reducing heavy economic burden	160	80%
(iii)	Helping to manage time and	6	3%

	tension for everyday life		
(iv)	Any other	2	1%
	Total	200	100%

From the above table, it is observed that maximum number of the respondents i.e 160 (80%) opined that small size of family help to reduce heavy economic burden. They are concerned about their economic hardship. According to them economy is a vital issue for every family in context of their survival. They believe that if they reproduce many children, then it will be not possible to provide education and nutrition equally to all the children. On the other hand 32 (16%) respondents said that small size of family give opportunity to arrange proper good nutrition to their children. Only 6 (3%) respondents expressed that small size of family help to manage time and tension for everyday life. Significantly two respondents 2 (1%) talked about any other reasons.

Changing mindset of the respondents towards their life style and life chances due to family welfare scheme was examined. Family welfare schemes bring a drastic changes to function and structure of family in India. Even it impacts on the rate of mortality and birth rate which gives a new nature of everyday life of human beings. Considering this, in this study the respondents were asked that about the family welfare schemes which have changed the mindset of the village women.

In response to this question 180 (90%) respondents opined that family welfare schemes change the mindset of women in village areas. They were asked to point out the particular aspect which has been considered as most effective areas through which changing mindset may be identified properly. The following table number 4 depicts the areas.

Table Number 4
Family Welfare Schemes and changing Areas

SI No	Areas/Ways in which changes are taken place	Number of the respondents	Percentage
(i)	Preference to birth child of government public hospital	60	30%
(ii)	Interest to maintain living condition with satisfied standard	70	35%
(iii)	Getting provision to vaccinate their children to get rid of polio or any other disease	28	14%
(iv)	Awareness about family	24	12%
(v)	Any other	18	9%

From the above table it is observed that out of total respondents in this study maximum number of the respondents i.e. 70 (35%) opined that due to implementation of family welfare scheme, the village women developed their interest to improve their

living standard. They preferred as satisfied living standard. In this context they prefer comfortable and burdenless everyday life. Here, 60 (30%) respondents replied that the village women started to prefer government hospital for giving birth their children due to family welfare scheme. They strongly argued that only the ASHA workers initiate to provide information about various facilities provide by family welfare schemes. On the other hand 28 (14%) respondents told that though they did not have any idea about vaccination of their children earlier, however due to family welfare schemes they get opportunity to vaccinate their children to get rid of polio and attack from other virus. On the otherhand 24 (12%) respondents also said that village women become aware of family planning for family welfare schemes. They started to think about negative impact of heavy population and therefore they developed their interest to use contraception. Even they gathered knowledge about various means of family planning. Only 18 (9%) respondents talked about any other object through which the respondents changed their mindset.

In this study many questions were asked about impact of family welfare schemes on village women. The respondents opined that this scheme helped the rural women to maintain their good health and got opportunity to take care of their health. It is also noticed that all the respondents are not completely happy with the individuals and agencies those who are in position to take responsibility for implementation of the schemes. It is clearly depicted that maximum responsible individuals and government agencies failed to communicate with village women properly for which the scheme also has been not availed by all necessary sections of society. Some of the respondents believe that creation of social capital is also associated with family welfare schemes.

Findings:

From the above discussion it can be clearly assume that ASHA workers act as a agile for the welfare of the poor and unaware women in rural areas. ASHA workers changes their living style and health conditions during pregnancy period. Even, respondents have no proper knowledge what kind of essential products are included in the 'Mamata Kit'. Maximum number of the respondents have no idea properly about family welfare programs as required. But they are also concerned about the economic hardship.

Conclusion:

From the above, it was observed that though there are many lapses in implementing family welfare schemes however, it is also true that Family Welfare schemes impact on village women. All the schemes may impact on women's health if the schemes are implemented properly. The respondents opined that family welfare schemes helped the rural women to maintain their good health and got opportunity to take care of their health.

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