

CHAPTER - IV

IMPLEMENTATION OF NATIONAL HEALTH PROGRAMMES

A Municipality has to implement the National Health Programmes undertaken by the Central Government. It has to implement these programmes as per the directions of Central Government. As the representative of the Central Government, also Municipality has to implement various National Health Programmes like Family Welfare Programmes, Eradication of Blindness Programme, Blood Donation Camps, etc. As an agent of State Government it perform a number of functions. Let us try to analyse the impact of these programmes in STM area.

(1) FAMILY WELFARE PROGRAMMES :

Today, the rapid growth of population has not only threatening India, but also the world. Growth of excess population affects the economic condition of a country adversely and creates many problems before the country. Once this vicious problem starts, it quickly encircles the country, leading the country towards a chain of adversities*¹.

Most of the Sociologists are of the opinion that, controlling the rapid growth of population is the only alternative to prevent the economic system of the country from collapsing. But most of the countries in the world have failed to control the growth of population. *² Let us have a look at the critical situation caused by the growth of population.

CRITICAL SITUATION IN THE WORLD CAUSED BY THE GROWTH OF POPULATION

The growing rate of population is one of the most threatening problems in the world. Today the population of the world has already crossed 500 crores (5 billion). Every year it grows by 8 Crores. If the same growth rate of population continues, by the end of this century, the population of the world will reach 600 Crores (6 billion) *³.

In addition to the population problem, the migration of people from rural to urban areas, is another obstacle. No collective migration took place in the history of mankind earlier in such a large proportion from village to the cities.

Because of this, the population of cities has been growing by leaps and bounds and the villages have been vacated. The problem of rehabilitation of migrated people is a vexing one in the industrially developed as well as developing countries in the world.

Most of the migrated people live in slum areas, footpaths or under the open sky. This ever growing migration towards the cities foil all the plans of the Municipal Corporations. This affects all the classes in the society. This uncontrolled migration has created many strange problems in the cosmopolitan cities of Asia, Africa and South America. The migration rate has increased 7 times in just about 30 years from 1950 to 1980 *⁴.

In 1970, Newyork in America and Shangai in China had more than one crore population. Today 11 cosmopolitan cities in the world have more than a crore population. Out of them, 8 cosmopolitan cities are in developing countries and 3 are in industrially developed countries. In the opinion of United Nation Organisation, in the 21st century there would be minimum 20 cosmopolitan cities having more than 1 crore 10 lakh population. Newyork, Tokyo and Los Angeles are the only three cosmopolitan cities in the industrially developed countries and rest will be in Asia, Africa, and South America. The population of Mexico will reach 2 crore 40 lakh and that of Calcutta and Bombay will be 1 Crore 60 lakh *⁵.

India's Calcutta can be quoted as the worst outcome of the population explosion. The statistics department of 'UNO' has declared Calcutta as the largest city in India and the 8th largest in the world. The population of Calcutta is nearly 2 Crores.

In the opinion of UNO the rate of migration from rural to urban area is likely to be continued. Very shortly many cosmopolitan cities would cross 4 Crores *⁶.

NEED TO CHECK POPULATION GROWTH

As already made clear, most of the advanced and economically backward countries in the World have been threatened with the population problem. These countries are

unable to make progress due to the growth of population. The same is applicable to India. India adds 13 million to its population every year. This means that every year 1,27,000 more schools, 3,73,000 more school teachers, 2.5 million houses, 4 million more jobs, 190 million more meters of cloth and 12,500 tones more food are needed to meet the requirements of this additional population *7.

The standard of living of the people decreases with the rapid growth of population. The national wealth is limited, land and natural resources cannot be increased with human efforts. The standard of living of the people increases where the speed of progress and developments is far more than the speed of the growth of population. But if population enhances and developments become stagnant, the standard of living decreases. The development cannot take place in the required rate when we fail to control population growth. It also leads to decrease in per capita income. Thus the population problem becomes the main obstacle on the way of progress.

The Central Government has undertaken many Family Welfare Schemes in order to check the growth of population. This scheme of Central Government is implemented through all State Governments. State Governments implement these schemes through the Zilla Panchayats, Corporations and Municipalities.

THE SIGNIFICANCE OF FAMILY WELFARE SCHEMES.

H.G.Wells in his book, "Work, Wealth and Happiness of Mankind" says, population control is the need of the World. The position of India, with respect to the World is very very precarious. The population of India was 34.2 Crores when India became Independent in 1947. According to the 1991 Census Report it became double i.e. 84.4 Crores. Hence, all our development plans, and Welfare Schemes would prove to be useless if our population continues to grow with the same rate. Improvements are found in public health and medical facilities, and the death rate is continuously declining ^{but} ~~and~~ the birth rate remained stagnant. In such circumstances, having a small family is an indication of one's sense of responsibility to the country. There is a need to convince the people about the advantages of having small family. Obviously, there is a need to educate people to prefer a small family. Social, political, religious and cultural organisations and youth organisations should come forward with all their strength for the control of population. Voluntary co-operation and efforts are needed from the people to make the Family Planning Programme a success.

IMPLEMENTATION OF NATIONAL HEALTH PROGRAMMES BY SANKESHWAR
T.M.C.

Prior to 1981 the National Health Programmes like Family Planning Operations, Eradication of Blindness, Child and Mother care and such other programmes were implemented by the Municipal Hospital which was completely under the control and supervision of Sankeshwar T.M.C. But during 1981 Municipal Hospital was handed over to the Government of Karnataka as the Sankeshwar TMC was unable to maintain the Hospital with its meagre source of income and hence it stopped to undertake the implementation of National health Programmes.

Now, the Primary Health Centre of Sankeshwar is incharge of the implementation of Family Welfare Schemes. However, some social service organisations like Indian Medical Association, Rotary Club, Tarun Mandal and also Sugar Factory jointly sponsor Family Welfare Programmes like child and mother care, eye camps and sterilisation camps. Town Municipal Council provides services like water supply, DDT spraying and maintaining cleanliness whenever such programmes are conducted.

These camps cannot be conducted at regular interval because of difficulty in co-ordinating the Joint Sponsors. Secondly they encounter the problem of finance, availability of qualified staff and accommodation facilities to patients for such activities. Therefore, these agencies expressed the

opinion that according to convenience of all sponsorers these programmes are scheduled.

The Primary Health Centre, Sankeshwar has under taken Family Planning Operations from 1990 to 1995. The following table shows the achievements of PHC in conducting Family Planning Operations.

TABLE 4.1 : STATEMENT SHOWING FAMILY PLANNING OPERATIONS

Sl. No.	Year	Govt. Target for Family Planning operations.	ACHIEVEMENTS		COPPER 'T'		
			Men	Women Total	Target	Achievement	
1.	1990 TO 1991	180	-	220	220	120	97
2.	1991 TO 1992	180	-	301	301	120	89
3.	1992 TO 1993	235	-	319	319	175	149
4.	1993 TO 1994	250	-	317	317	175	176
5.	1994 TO 1995	400	-	411	411	350	352
TOTAL		1245	-	1568	1568	940	863

Source : Primary Health Centre, Sankeshwar form 1991 to 1995.

Table 4.1 - indicates during the period under study the number of Tubectomy has shown continuous increase. The achievement is greater than the target fixed for the same. But with regard to copper 'T', the achievements are not so encouraging. Only for 1993-94 and 1994-95 the achievements are equal to the targets set for it. This is because of lack of proper persuasion of medical authorities in the earlier years. But the number of vasectomy operations is always zero. This is in line with all India conditions. *⁸ Even in case of other places, the Family Planning Operations conducted on male are negligible while Family Planning Operations on female are in majority.

The reasons for such poor progress of vasectomy operations are -

- (1) There is a general feeling among people that they grow weaker and become unfit to do hard work after operation.
- (2) It is not possible for males to take necessary post operative rest as some of them are heads of families and have to earn to feed their families.
- (3) The illiterate and semi-educated people think family planning operations are meant for women.
- (4) There is no proper education regarding family planning operations to men. Motivation for the same is lacking.
- (5) Educated men interested in undergoing family planning operations, prefer to go to private hospitals situated in urban areas, than to undergo operation in the hospital at Sankeshwar P.H.C.

TABLE 4.2 : STATEMENT SHOWING PROGRESS OF FAMILY PLANNING OPERATIONS ON WOMEN AND DISTRIBUTION OF CONTRACEPTIVES AND ORAL PILLS

Sl. No.	Year	Target set by the Govt.	No. of Family Planning Operation conducted	Operation exceeding target	Male (condoms) target members	Male achievement members	Female (oral pills) (mala D.) target members	Female achievement members
1	1990-91	180	220	+40	200	218	75	80
2	1991-92	180	301	+121	250	241	100	112
3	1992-93	235	319	+84	275	260	150	165
4	1993-94	250	317	+67	300	304	175	181
5	1994-95	400	411	+11	350	342	200	205
TOTAL		1245	1568	+323	1375	1365	700	743

Source : Primary Health Centre, Sankeshwar form 1990 to 1995.

Table 4.2 - depicts the position of Family planning operations during 1990-91 to 1994-95. The statistics shows that targets are overfulfilled for all the years under study. With the increase in targets set, the achievements of crossing the target is reduced in recent years. The overall position shows that achievement is satisfactory. The target achievement (1568) when compared to the target set (1245) indicates 20% surplus in achievement. This is due to hard efforts and motivation by medical authorities in the town and increase in the educational facilities. It is reliably learnt that the adult education programme for complete literacy, adopted during 1993-94 and onwards by the Government has also contributed for this achievement.

With regards to the use of Condoms (Nirodh) and oral contraceptives like (Mala.D.) the achievements are encouraging during the period under study. In case of use of condoms the targets were over fulfilled in 1990-91 & 1993-94 and the achievements fall short of target marginally during 1991-92, 1992-95 & 1994-95. While in case of use of oral contraceptives (Mala.D.) the achievement has been always greater than the target set for it. Thus, the ladies have accepted the use of Mala.D as a precaution to deter pregnancy. Now, let us consider the family planning operations, after the birth of number of children which will indicate when the awareness dawned on women regarding the necessity of family planning operations.

Table 4.3 : STATEMENT SHOWING FAMILY PLANNING OPERATIONS CONDUCTED AFTER BIRTH OF NO. OF CHILDREN BY THE PRIMARY HEALTH CENTRE, SANKESHWAR.

Sl. No.	Year	1st	2nd	3rd	From 4 to 8 children	Total
		Child				
1	1990-1991	-	45	55	120	220
2	1991-1992	1	107	79	114	301
3	1992-1993	-	187	75	57	319
4	1993-1994	-	189	99	29	317
5	1994-1995	1	233	151	26	411
TOTAL		02	761	459	346	1568

Source : Primary Health Centre, Sankeshwar form 1990 to 1995.

Table 4.3 - shows Family Planning Operations conducted after the birth of number of children.

It indicates that in 1990-91, operations conducted after two children were only 20% while it has increased to 60% by 1993-94 and 1994-95 and operations conducted after birth of more than two children has shown increasing trend. This is due to increased understanding and importance of small size of families by the general public.

Now-a-days people are convinced about health facilities. The infant mortality rate has gone down and young people are satisfied with two children families. This is probably because of increasing proportion of youth becoming educated.

Free Eye Camps :

At syrian Hospital, Sankeshwar (a private hospital) free eye camp is conducted for every three months by Rotary Club. During such camps about 250 patients are checked and 45 to 50 operations are conducted in each camp.*⁹

The patients attending free eye camps are provided with :

- 1) Free medicines.
- 2) Free spectts and
- 3) Lodging and Boarding arrangements for the patient and his companion for one week.

Another eye camp was conducted by Shri. Hiranyakeshi Sahakari Sakkare Karkhane Niyamit, Sankeshwar with the assistance of District Health and Family Welfare Department and Hukeri primary Health Centre in July 1995. During this camp 511 patients were checked and 115 operations were conducted*¹⁰.

Blood Donation Camp

It was organised by N.C.C. Units of the Sankeshwar College in December 1993. During the camp about 65 donors donated their blood. District Health Officers, N.C.C. Officers and College staff worked for the success of the camp*¹¹.

Mother & child care

Along with Family Planning, Mother & Child Care Programmes have become necessary to protect both Mother and Child from many diseases and ill health. Mother and Child care programmes are organised in Sankeshwar TMC area. The following mother & child care programmes were conducted during period 1990-91 to 1994-95.

- 1) Anti-natal care
- 2) Pulse-Polio immunization programme
- 3) Nutrious food supply programme at Anganwadi's
- 4) Training to midwives working at field level
- 5) Distribution of Iron tablets
- 6) Distribution of Vitamin 'A' medicines

Immunization Progress

Prevention is better than cure. So it is better to go for preventive measures, than curative measures. As integral part of the preventive measures, Immunization and vaccination are undertaken at no cost at the Primary Health Centre and with nominal charges in the some private hospitals in the town.

TABLE 4.4 STATEMENT SHOWING IMMUNIZATION PROGRESS

Sl. No.	Category	1990 to 1991		1991 to 1992		1992 to 1993		1993 to 1994		1994 to 1995	
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement
1	B.C.G.	750	752	750	749	750	851	850	965	850	1013
2	D.T.P.	750	632	750	692	750	701	850	798	850	840
3	Polio	750	632	750	692	750	701	850	798	850	840
4	Measles	750	26	750	29	750	688	850	760	850	869
5	T. Toxid ANC	805	822	805	842	805	861	935	962	935	957
6	D.T.	500	-	500	-	500	540	835	840	835	848
7	T. Toxid 10 Age	525	302	525	348	525	864	805	842	805	831
8	T. Toxid 16 Age	525	43	525	67	525	394	770	495	770	785

Source : Primary Health Centre, Sankeshwar form 1990 to 1995.

Table (4.4) shows that except during 1991-92 the target in respect of B.C.G. is achieved. The Government served the B.C.G. home to home in the year 1994-95. So the achievement is more than the target.

The D.P.T. and Polio Programme during all the five years has failed to achieve the target. The main reason was inadequate staff.

Except during 1994-95 measles measure programme has failed to the maximum extent in achieving the target. T.Toxid (A.N.C.) Programme seems to be the most successful programme during all the five years. The achievement crossed the target, the main reason for this was awareness among pregnant women and also efficient work by the medical authorities.

The D.T.Programme utterly failed in achieving the target in 1990-91, 1991-92 because of inadequate staff. But during remaining three years the achievement crossed the target.

The target of T. Toxid for the age group of 10 years not achieved in 1990-91, 1991-92 because of inadequate staff. But during remaining three years the achievement crossed the target.

The target of T.Toxid for the age group of 16 years ~~was~~ not achieved during 1990 to 1994 for four years, but during 1994-95 the achievement crossed the target.

The various health and sanitation measures (see chapter III) conducted by the STMC and also the national health programmes indicate that people in STM area increasingly becoming aware of the need for good health and utilise the facilities provided either by public or private sources. In other words, the implementation of National Health Programmes in STMC area is attracting the people of the locality and carried out with success.

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