

E-ISSN - 2349-6746
ISSN - 2349-6738

International Journal of Management and Social Science Research Review

Volume No- 1

Issue No- 30

Dec-2016

Impact Factor : 3.996

Peer Reviewed Monthly Journal



IJMSRR

Bangalore-32, Karnataka.



**International Journal of
Management and Social Science Research Review
(IJMSRR)**

Peer Reviewed Monthly Journal

** Articles * Research Papers * Research Thesis * Case Studies*



**International Journal of Management and Social Science
Research Review**

SLAA PUBLICATIONS PVT LTD

Bangalore-560032

Karnataka.

International Journal of Management and Social Science Research Review (IJMSRR)

25.	THE FUTURE OF SOCIAL MEDIA MARKETING.	Prin. Dr. Rajkumar M. Kolhe	127-129
26.	ANALYSIS OF FINANCIAL PERFORMANCE OF BANKS USING PANEL DATA MODELS – AN EMPIRICAL EVIDENCE OF BRICS .	CMA. Dr. Jeelan Basha.V	130-135
27.	NON-FINANCIAL PERFORMANCE OF THE SELECT PRIVATE SUGAR MILLS IN TAMILNADU.	Dr.V.K.Somasundaram, S.Thiruvarangadas	136-139
28.	AN EXPLORATORY STUDY ON THE SKILL DEVELOPMENT PARADOX AND EMPLOYABILITY IN INDIA DUE TO DEPLETING MANUFACTURING SECTOR.	Prof Dr.C.Karthikeyan	140-146
29.	OPTIMUM CAPITAL STRUCTURE AND ITS IMPACT ON BANKING PERFORMANCE – A GLIMPSE.	Dr.V.Balaji, P.Deepa	147-155
30.	GOOD LIFE –AN ANALYSIS FROM THE STANDPOINT OF ARISTOTLE, MILL AND RADHAKRISHNAN.	Bibha Rani Goswami	156-160
31.	A COMPARATIVE STUDY OF ADJUSTMENT IN RELATION TO ACADEMIC ACHIEVEMENT AMONG URBAN AND RURAL ADOLESCENTS.	Dr. Seema Bajaj	161-163
32.	AN EMPIRICAL RELATIONSHIP BETWEEN PUBLIC RELATIONS AND BUSINESS CLIMATE IN INDIA.	N.Vaishnavi Devi, Dr.P.Govindaraju	164-167
33.	ORGANIC FARMING AND CLIMATE-SMART AGRICULTURE: FARMER'S BOON OR BANE?	Dr. B. Yasodha Jagadeeswari	168-174
34.	A STUDY ON CUSTOMER SATISFACTION OF EDIBLE OIL WITH REFERENCE TO DHARMAPURI DISTRICT.	P.Selvam Dr. C. Manikanda Muthukumar	175-178
35.	AN EMPIRICAL STUDY ON CUSTOMER'S PERCEPTION AND ATTITUDE TOWARDS CAMPCO CHOCOLATES(CASE STUDY OF MALE AND FEMALE RESPONDENTS OF HONNAVAR & BHATKAL TOWNS OF KARNATAKA).	Jayadatta S	179-183
36.	FINANCIAL INCLUSION IN TAMILNADU: A BANKERS' INITIATIVES TO BREACH THE SOCIETY.	Sibi.MS, Dr.A.A.Ananth	184-189
37.	KNOWLEDGE OF MENSTRUAL HYGIENE AND ITS CORRELATES: A STUDY OF BENEFICIARIES OF ANGANWADI CENTRES OF CHANDIGARH.	Navdeep Kaur	190-196
38.	STATUS OF PUBLIC HEALTH AND IT'S FINANCING IN INDIA.	Dr. Satyabrata Mishra	197-204
39.	REVISITING THE NATIONAL COMMISSION FOR WOMEN.	Dr.V.Ramaraj	205-207
40.	PARENTING STYLES AND ITS EFFECT ON EMOTIONAL DEVELOPMENT AMONG CHILDREN.	Dr Tarundeer Kaur, Seema Aggarwal	208-212
41.	NEED FOR PERFORMANCE COACHING CULTURE IN INFORMATION TECHNOLOGY ORGANIZATIONS AND THE ROLE OF SENIOR LEADERSHIP.	Vishwanath A B	213-215
42.	GUIDANCE AND COUNSELING IN EDUCATION.	Dr.M.Anusha Angel	216-218
43.	FAMILY PLANNING IN WOMEN HEALTH.	Dr.T.Girija Bai	219-221
44.	THE ISSUE OF GENDER DIFFERENCES IN THE CONTRIBUTION OF IT ROFESSIONALS IN INDIA.	Dr.R.Perumal, R.Arul Rajan	222-224
45.	ROLE OF FACEBOOK IN CREATING NEW PERSPECTIVE TO BRAND COMMUNICATION WITH REFERENCE TO ONLINE CONSUMER BEHAVIOUR.	Ms.Priya Handa, Dr. Swati Bute	225-230
46.	A STUDY ON ORGANISATIONAL ROLE STRESSES AT BHEL WITH SPECIAL REFERENCE TO WORKERS IN PRODUCTION DEPARTMENT.	Chitra.K Dr. N. Sumathi	231-234
47.	A STUDY ON MARKETING MIX OF HINDUSTAN UNILEVER LIMITED WITH SPECIAL REFERENCE TO SALEM DISTRICT OF TAMIL NADU.	Dr. C. Manikanda Muthukumar, V.Deepa	235-239



original

FAMILY PLANNING IN WOMEN HEALTH

Dr.T.Girija Bai

Assistant Professor of Economics, Jayaraj Annapackiam College For Women, Periyakulam.

Abstract

One of the major challenges in the new millennium is to enhance the outlay for health, ensure its equitable distribution between states narrow. The rural urban gap, and remove the lacunae impeding effective delivery health care services at the community level both in rural and in urban areas where a sizeable population living in slums has no access to affordable medicare despite proliferation to private practitioners, nursing homes and corporate hospitals.

An Expert committee of the world health organization (who) defined family as a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contributes effectively to the social development of a country.

Introduction

Family planning programmes help millions of people providing reproductive health care that the saves lives, avoids unintended pregnancies and offers more choice. As demand for services grows national leadership's commitment and adequate funding for family planning programmes are essential to ensure widespread access to good quality reproductive health care. Family planning is essential not for providing care, but also for supporting no clinical activities with referral services. Besides information, education and communication activities are established to inform couples about family planning services and to encourage them to utilize these services. In keeping with the view that reproductive behaviour can be influenced by new information and ideas mass communication programmes are launched to legitimize and promote family planning. Family planning services are linked to other health and social services. This has been most effective when programmes are community managed and linked to existing traditional social institutions.

Scope of family planning in women health

Family planning in women health is not synonymous with birth control. It is more than mere birth control. The family planning in women health includes, the proper spanning and limitation of births, advice on sterility, education for parenthood, sex education, screening for pathological condition related to the reproductive system, women health system providing services for unmarried mother, teaching home economics and nutrition and providing adoption services. These activities vary from country to country according to national objectives and policies with regard to family planning to women's health.¹

Women's health aspect of family planning

The health care system is intended to deliver health care services. It constitutes the management sector and involves organizational matters. The scope of health services varies widely from country to country and is influenced by general and ever changing national state and local health problems needs and attitudes as well as resources to provide these service. The major purpose of health services is to improve the health states of the population.² family planning and health have a two – way relationship. The principal health outcomes of family planning were listed and discussed by who scientific group on health aspect of family planning.³

Women's health

Women's health care systems are designed to meet the health needs of the community through the available knowledge and resources. In recent years two major themes have emerged in the delivery of health services. Firstly health services should cover the full range of preventive curative and rehabilitation services and secondly the best way to provide health care to the vast majority of under served rural people and urban poor. The purpose of health care services is to improve the health status of the woman.⁴

Pregnancy can mean serious problems for many women. It may damage the mother's health or even endanger her life. In many developing countries the risk of dying as a result of pregnancy is 10 to 20 times greater than in developed countries. The risk increases as the mother grows older and after she has had 3 or 4 children. Family planning by intervening in the reproductive cycle of women, helps then to control the number, interval and timing of pregnancies and birth and these by reduces maternal mortality and morbidity and improves health.

Impact of family planning in women's health

Occurs primarily through:

- i. The avoidance of unwanted pregnancies.



- ii. Limiting the number of birth and proper spacing.
- iii. Timing the births particularly the first and last in relation to the age of the mother.

Unwanted pregnancies

The essential aim of family planning is to prevent the unwanted pregnancies. An unwanted pregnancy may lead to an induced abortion. From point of view of health, abortion outside the medical setting is one of the most dangerous consequences of unwanted pregnancy. Particular mention must be made of the unmarried mother who faces significantly higher health risks. There is also evidence of higher health risk.⁵ there is also evidence of higher incidence of mental disturbances among mothers who have had unwanted pregnancies.

Limiting the number of birth and proper spacing

Repeated pregnancies increase the risk of maternal mortality and morbidity. These risks rise with each pregnancy beyond the third, and increase significantly with each pregnancy beyond the fifth. The incidence of rupture of the uterus and uterine atony increases with parity addoes the incidence of toxemia, eclampsia and placenta previa. Anemia is a common problem in mothers with many children and the rate of still birth tends to increase significantly with higher parity. Family planning is the only way to limit the size and control the interval between births with a view to improving the health of the mother.

Timing of births for women's health

Family planning is one of the most effective ways to improve women's and children's health and survival. Family planning services provide women and men with information, education and the means to plan when to begin having children, how far apart to have them and when to stop. However, millions of women of child bearing age, including adolescent girls, do not have control over limiting. Pregnancies or spacing births, nor do they have access to effective family planning methods. Both women and men have the right to choose how many children to have and when to have them.⁷ with family planning services they are enabled to make informed decisions on pregnancy by taking into account the benefits and risks, including those related to age and level of access to health services.

ensuring access to family planning services for women and men, and to education for all children would help prevent many maternal and child deaths and disabilities, particularly in countries where marriage occurs early in life. Together these measures can contribute to women's adolescent girls and children's rights to survival health and well-being. Generally mothers face greater risk of dying below the age of 20 and above the age of 30 -35. In many countries, complication of pregnancy and delivery show the same pattern of risk, with the highest rate below 20 and over 35 years of age.⁸

Physical and mental women's health impact of family planning

Family planning is adopted can also have impact on the physical and mental health of the women. The following table reveals the impact of family planning on the health condition of the 390 sample respondents.

Physical and mental women's health impact of family planning

Parameters	Increased	Decreased	No change	% of increase	Z value
General health	80	300	10	21	-11.3
Obesity	280	100	10	72	9.2
Tiredness	275	100	15	71	9.7
Tumors	75	15	300	19	6.3
Bleeding	180	90	120	46	5.5
Uterus problem	110	0	280	28	10.5
Physical ailments	120	270	0	31	-7.6
Pains	290	20	80	74	15.3
Repeated diseases	295	75	20	76	11.4
Sense of insecurity	210	180	0	54	1.5
Guilty	297	93	0	76	10.3
Have content	210	180	0	54	1.5
Dissatisfaction	115	225	50	29	-6.0

Source: primary data



Above table indicates that the impact on physical and mental women's health impact of family planning is notable and significant in all the chosen variables except contentment and a sense of insecurity. The women who undergone family planning do suffer with pains, reappeared diseases, general health problems, a sense of guiltiness, tiredness, obesity, physical ailments, tumors, dissatisfaction and bleeding. However, in case of general health and physical ailments, the result as negative as it shows the negative impact on these variables.

Conclusion

Health is one of the important components in the socio- economic development of women. The promotion and protection of health of women is essential for a sustained economic and social development thus contributing for a better quality of life. The social value of health care have recently emphasized the ecological approach to women health, as the women system involves constant adjustment to deterioration in the social biological and physical environment.

The common saying "health is wealth" confirms this fact, good health is a pre requisite to function efficiently and productively. We can therefore, only say that the women health is affected due to family planning. Women health is difficult today than is it has ever been in the past. Communication facilities have greatly improved the outreach of health education to the general public family welfare education social welfare women's health education have greatly improved health is an important input for the development of women and thereby to the social and economic development of the country. But women have accepted family planning since it reduces population and it increases family income and improves economic situation. But women have accepted family planning, since increases family income and improves economic situation and reduces population of the whole nation.

References

1. Health care in rural area, kurukshatra, 1983, july, vol:xxx1.no.20.
2. Akhtar rais and nilfor izhar "progress in medical geography"2004, (pp 13-26)
3. Demography and family planning, preventive and social medicine, 2007. M/s banarsidas bhavot, surge offset.
4. Nilofar izhar "health status of women in rural areas of kashmir valley"2004, new delhi, pp 125-132.
5. Improving rural health scenario, kurukshatra, august 1991, vol:xxx, no.1
6. Concercet effort needed for health care, yojana 1994, vol.38, no.12.
7. Population reports, "challenging family planning matters" vol. Xxvi, march, 2002, p.2.
8. Leela visaria, shrieen jejeebhoy and tommerrick, "from family planning to reproductive health and challanges facing india", international family panning perspectives, vol.25, 1995, pp.44-45.