CHAPTER VII

FINDINGS, CONCLUSION AND SUGGESTIONS

In the previous chapter, the research has made an attempt to analyse all the reliable data for the study. On the basis of the analysis, the following findings are arrived at. In this chapter the researcher enumerates the findings, conclusion and suggestions of the study.

The Family Planning Programme was being implemented under the Target Free Approach (TFA) since 1st April 1996 all over India and under the system of decentralized participatory planning. TFA has been renamed as Community Need Assessment Approach (CNAA) from 1997. Under this approach planning of Family Planning services will be formulated in consultation with the community at the grass root level. This approach is expected to bring about improvement in quality of services and client satisfaction. Under this new approach, monitoring and evaluation of performance required a fresh look with a view to ensuring quality of care at different levels of the primary health care system. The success of the
CNAA largely depends upon the preparation of the Annual Action Plans in the beginning of each year by the concerned State Health and Family Planning authorities at various levels starting at grass root level service providing centres Sub-Centre and its periphery to identify and plan the services in different sectors of Health and Family Planning which are required to be provided during the year. The preparation of the annual action Plans at district and State levels are based on the assessed needs of the people for Family Planning Services as one of the most essential and vital activities in the programme.

"The Family Planning Programme in India is recognized as a priority area, and is being implemented as a 100 percent centrally sponsored programme. The success of population education and family planning programme in a variety of settings demonstrates that informed individuals everywhere can and will act responsibly in the light of their own needs and those of their families and communities. As per Constitution of India, Family Planning is in the Concurrent list. Generally, the Family Planning Methods include Sterilization, IUD insertions, Condom Users, and Oral Pill Users. Among them, the method Sterilizations is gaining more popularity in India which is followed by IUD insertions, and Condom Users. The Oral Pill Users have reduced substantially.
7.1 Performance of Family Planning Programme in Tamil Nadu

Sterilisation Programme in Krishnagiri district ranks first with the performance of 109.7 percent in the expected level of demand. The districts which crossed 100 percentage of achievement are Kanyakumari, Thiruvallur, and Virudhunagar. Kanyakumari district ranks 4th with 100.3 percent performance among all the districts. Almost all the districts performed well as the performance rate is above 50 percent. Hence, the overall performance is good as far as the Tamil Nadu state is concerned. However, the average percentage of all districts put together in the state in sterilisation programme is 86 percent.

IUD Programme in Karur district is the topper which has 95.5 percent as performance percent. Thanjavur district ranks second with the same 95.5 percent, Sivaganga third place with 91.6 percent and Dharmapuri district fifth place with 83.6 percent. Villupuram district has recorded the least performance rate of 48.6 percent. However, the overall percentage of performance in the district too has 69.4 percent.

Oral Pill Programme is popular in Cuddalore district as it has recorded a performance rate of 110.1 percent which is closely followed by Chennai (107.1 percent), and Dharmapuri (104 percent). Thuthukudi district has just achieved 100 percent performance. The performance of the study area Kanyakumari district is just above the average of 50.8 percent and the performance of the nilgiris district is very low with 41.5 percent of
performance. The overall percentage of performance in the district too has 75.6 percent which is reasonable. The condom users are more in Chennai city with the top performance of 79 percent. The other districts Namakkal (57 percent), Sivaganga (57 percent) and Theni (52 percent) district have above 50 percent of performance. The performance rate is least in the districts Perambalur (26 percent), Kancheepuram (26 percent), Nagapattinam (26 percent), and Thuthukudi (27 percent) whereas Kanyakumari district has recorded a performance rate of 38 percent.

The performance of Family Planning Programme in Tamil Nadu in general and Kanyakumari District in particular are being analyzed. The result revealed that the performance of Sterilization method ranks first (86 percent), Oral Pill method second (75.6 percent), I.U.D. Programme third (69.4 percent) and C.C. method fourth (44 percent) in Tamil Nadu. In Kanyakumari District, the performance of Sterilization method ranks first (100.3 percent), I.U.D. method second (53.3 percent), Oral Pill methods third (50.8 percent), and C.C. methods fourth (38 percent). When compared to the performance of various states in Tamil Nadu, Kanyakumari District ranks 4th in Sterilization Programme, 17th in C.C. Programme, 28th in Oral Pill Programme and 29th in I.U.D. Programme. Hence, it is assessed that the performance of Sterilization Programme is better both in the State and the District.
7.2 Performance of Family Planning Programme in Kanyakumari District

The sterilization method is progressing in Agastheeswaram Block of Kanyakumari District with an average increase in the achievement of 103 percent with a general reduction of 120 percent in the trend ratio. The correlation over the years is 0.29 whereas the relationship between the target and achievement is 0.85 which showed a good relationship. Likewise, the IUD programme also progressing in the block which the recorded average growth rate of 106 percent and 120 percent increase in the trend percent. The average target of the Contraceptives programme is 661 and the achievement is 491 which showed 75 percent achievement. Similarly for Oral Pills programme the average achievement and trend percent is 71 percent. On an average the overall performance of the different Family Planning Programmes in the Block shows an achievement rate of 91 percent with a positive high correlation of 0.86 which reveals that the performance is good in the Agastheeswaram Block of Kanyakumari District. The exponential growth rate for the target programme is 1.91 and for the achievement is 1.01 which calls for attention and reaction from the authorities concerned.

The sterilization programme in the Killiyoor Block is highly fluctuating over the period of study. The average growth rate is static to the extent of 100 percent whereas the growth rate of the percentage of
achievement was 111 percent. The correlation for the target is negative but the same between the target and achievement is 0.42 which is very reasonable. The average percentage of achievement of IUD programme is 90 percent with a progress of correlation coefficient is positive to the extent of 0.66 whereas the relationship between target and achievement is fairly positive to the extent of 0.33 which needs action for improvement. Contraceptives programme in Killiyoor Block has recorded an average growth of 178 percent whereas the same in case of Oral Pills has shown a declining trend of 441 percent. The average percentage of achievement is 67 percent for Contraceptives and 66 percent for Oral Pills programme. On an overall assessment, it is noted that the Family Planning Programme in the Killiyoor Block has achieved 83 percent of the target. The correlation between the target and achievement is 0.34 which is below average which calls for the attention of the concerned authorities and public as a whole. The reasons for the low achievement can be tapped and necessary remedial actions can be taken in this regard for the betterment of the society in reducing the population rate.

The average growth of the sterilization programme in the Kurunthancode Block is 110 percent whereas the percentage of achievement is just 88 percent. The correlation for the target is 0.26 and the same between the target and achievement is 0.81 which shows good performance. The average percentage of achievement of IUD programme
is 94 percent with a progress of correlation coefficient is positive to the extent of 0.59 whereas the relationship between target and achievement is fairly positive to the extent of 0.52 which is reasonably good. Contraceptives programme in Kurunthancode Block has recorded an average percentage of achievement of 66 percent whereas the same in case of Oral Pills is 68 percent. The overall performance of the Family Planning Programme in the district is 87 percent with a positive correlation of 0.63 which is fairly good. The trend line plotted in this connection shows positive response with an exponential growth rate of 1.92 percent for the target of the programme and .68 percent for the achievement of the programme. The correlation coefficient of determination in this regard is 0.32 and 0.03 respectively for the target and achievement of Family Planning programme in the Kurunthancode Block.

The performance of sterilization programme in the Melpuram Block has recorded an average of 96 percent as achievement rate with 69 percent decline in the trend percent over the period under study. The correlation for the target is 0.56 and the same between the target and achievement is 0.65. The average percentage of achievement of IUD programme is 87 percent with a progress of correlation coefficient is positive to the extent of 0.73 whereas the relationship between target and achievement is fairly positive to the extent of 0.32. Contraceptives programme in Melpuram Block has recorded an average percentage of
achievement of 63 percent whereas the same in case of Oral Pills is 70 percent. The trend percent shows negative results of 37 percent and 30 percent respectively. The correlation for the progress in Contraceptives is estimated as .46 and for Oral Bills is 0.12 whereas the same between the target and achievement is -.09 for Contraceptive programmes and is positive for Oral Pills programme to the extent of 0.42 which is less than average. The overall performance of the Family Planning Programme in the district is 81 percent with a positive correlation of 0.42 which is fairly good. The trend line for the target of the programmes is positive whereas the trend line fitted for the achievement of the programmes shows negative position. The exponential growth rate is 3.12 percent for the target and 2.98 percent for the achievement. The correlation coefficient of determination is 0.42 and 0.13 respectively for the target and achievement of Family Planning Programme in the district.

The performance of sterilization programme in the Munchirai Block has recorded an average of 93 percent as achievement rate with 107 percent increase in the trend percent over the period under study. The correlation for the target is 0.39 and the same between the target and achievement is 0.70. The average percentage of achievement of IUD programme is 90 percent with a progress of correlation coefficient is positive to the extent of 0.43 whereas the relationship between target and achievement is fairly positive to the extent of 0.64 which is above average.
Contraceptives programme in Munchirai Block has recorded an average percentage of achievement of 64 percent whereas the same in case of Oral Pills is 59 percent. The trend percent shows an increase of 123 percent and a decline of 61 percent respectively. The correlation for the progress in Contraceptives is estimated as 0.69 and for Oral Bills is 0.37 whereas the same between the target and achievement is -.47 for Contraceptive programmes and -.03 for Oral Pills programme. The overall performance of the Family Planning Programme in the Munchirai Block is 79 percent with a positive correlation of 0.34 which is fairly good. The exponential growth rate is 2.69 percent for the target and 3.26 percent for the achievement. The correlation coefficient of determination is 0.43 and 0.17 respectively for the target and achievement of Family Planning Programme in the Munchirai Block.

The performance of sterilization programme in the Rajakkamangalam Block has recorded an average of 96 percent as achievement rate with 138 percent increase in the trend percent over the period under study. The correlation for the target is -.36 and the same between the target and achievement is 0.14. The average percentage of achievement of IUD programme is 95 percent and the trend on growth is 110 percent. The correlation coefficient is negative to the extent of -0.50 whereas the relationship between target and achievement is fairly positive to the extent of 0.67. Contraceptives programme in Rajakkamangalam
Block has recorded an average percentage of achievement of 103 percent whereas the same in case of Oral Pills is 146 percent. The overall performance of the Family Planning Programme in the Rajakkamangalam Block is 107 percent with a positive correlation of 0.41 which is fairly good. The trend lines are fairly positive with an exponential growth rate of 0.71 for target and .08 for the achievement. The coefficient of correlation determinant is also very low which is 0.14 and 0.0004 for the target and achievement of the programme respectively.

The performance of sterilization programme in the Thiruvattar Block has recorded an average of 101 percent as achievement rate with 9 percent increase in the trend percent over the period under study. The correlation for the target is -.44 and the same between the target and achievement is .66. The average percentage of achievement of IUD programme is 93 percent with a progress of positive correlation coefficient to the extent of 0.04 whereas the relationship between target and achievement is fairly positive to the extent of 0.47. Contraceptives programme in Thiruvattar Block has recorded an average percentage of achievement of 70 percent whereas the same in case of Oral Pills is 62 percent. The overall performance of the Family Planning Programme in the Thiruvattar Block is 81 percent with a positive correlation of 0.13 which is competitively very low. The trend lines are positive with an exponential growth rate of 0.67 for target and 4.05 for the achievement.
The coefficient of correlation determinant is 0.12 for the target and 0.54 for the achievement of the programme respectively.

The performance of sterilization programme in the Thovalai Block has recorded an average of 101 percent as achievement rate with 109 percent increase in the trend percent over the period under study. The correlation for the target is -.44 and the same between the target and achievement is 0.66. The average percentage of achievement of IUD programme is 102 percent with a progress of positive correlation coefficient to the extent of 0.70 whereas the relationship between target and achievement is highly positive to the extent of 0.82. Contraceptives programme in Thovalai Block has recorded an average percentage of achievement of 85 percent whereas the same in case of Oral Pills is 86 percent. The overall performance of the Family Planning Programme in the Thovalai Block is 94 percent with a positive correlation of 0.87 which is good. The trend lines are fairly positive with an exponential growth rate of 2.34 for target and 2.11 for the achievement. The coefficient of correlation determinant is also very low which is 0.41 and 0.19 for the target and achievement of the programme respectively.

The performance of sterilization programme in the Thuckalay Block has recorded an average of 106 percent as achievement rate with 108 percent increase in the trend percent over the period under study. The correlation for the target is -0.20 and the same between the target and
achievement is 0.22. The average percentage of achievement of IUD programme is 89 percent with a progress of positive correlation coefficient to the extent of 0.79 whereas the relationship between target and achievement is highly positive to the extent of 0.68. Contraceptives programme in Thuckalay Block has recorded an average percentage of achievement of 81 percent whereas the same in case of Oral Pills is 76 percent. The overall performance of the Family Planning Programme in the Thuckalay Block is 90 percent with a positive correlation of 0.61 which is fairly good. The trend lines are fairly positive with an exponential growth rate of 2.71 for target and .01 for the achievement. The coefficient of correlation determinant is also very low which is .33 and .04 for the target and achievement of the programme respectively.

The performance of sterilization programme in the Nagercoil Municipality has recorded an average of 96 percent as achievement rate with 111 percent increase in the trend percent over the period under study. The correlation for the target is 0.33 and the same between the target and achievement is 0.86. The average percentage of achievement of IUD programme is 74 percent and the growth in trend is 117 percent, with a progress of positive correlation coefficient to the extent of 0.55 whereas the relationship between target and achievement is highly positive to the extent of 0.36. Contraceptives programme in Nagercoil Municipality has recorded an average percentage of achievement of 101 percent whereas the same in
case of Oral Pills is 84 percent. The overall performance of the Family Planning Programme in the Nagercoil Municipality is 88 percent with a positive correlation of 0.73 which is fairly good. The trend lines are fairly positive with an exponential growth rate of 8.64 for target and 4.22 for the achievement. The coefficient of correlation determinant is 0.66 and 0.27 for the target and achievement of the programme respectively.

The performance of sterilization programme in the Padmanabhapuram Municipality has recorded an average of 67 percent as achievement rate with 153 percent increase in the trend percent over the period under study. The correlation for the target is 0.63 and the same between the target and achievement is 0.37. The average percentage of achievement of IUD programme is 72 percent and has a declining trend of 72 percent. Further, it has a progress of positive correlation coefficient to the extent of 0.10 whereas the relationship between target and achievement is low positive to the extent of 0.04. Contraceptives programme in Padmanabhapuram has recorded an average percentage of achievement of 96 percent whereas the same in case of Oral Pills is 78 percent. The overall performance of the Family Planning Programme in the Padmanabhapuram is 74 percent with a positive correlation of 0.81 which is good. The trend lines are positive with an exponential growth rate of 8.52 for target and 6.08 for the achievement.
The performance of sterilization programme in the Colachel Municipality has recorded an average of 95 percent as achievement rate with 122 percent increase in the trend percent over the period under study. The correlation for the target is 0.29 and the same between the target and achievement is 0.57. The average percentage of achievement of IUD programme is 71 percent and has a declining trend of 71 percent. Further, it has a progress of positive correlation coefficient to the extent of 0.05 whereas the relationship between target and achievement is low positive to the extent of 0.12. Contraceptives programme in Colachel has recorded an average percentage of achievement of 71 percent whereas the same in case of Oral Pills is 65 percent. The overall performance of the Family Planning Programme in Colachel is 73 percent with a positive correlation of 0.71 which is good. The trend lines are positive with an exponential growth rate of 7.11 for target and 3.41 for the achievement. The coefficient of correlation determinant is 0.73 and 0.57 for the target and achievement of the programme respectively.

The performance of sterilization programme in Kuzhithurai Municipality has recorded an average of 92 percent as achievement rate with 154 percent increase in the trend percent over the period under study. Contraceptives programme in Kuzhithurai has recorded an average percentage of achievement of 69 percent whereas the same in case of Oral Pills is 61 percent. The Correlation for the progress in Contraceptives is
estimated as 0.89 and for Oral Bills is 0.81 whereas the same between the target and achievement is -.08 for Contraceptive programme and 0.77 for Oral Pills programme. The overall performance of the Family Planning Programme in Kuzhithurai is 68 percent with a positive correlation of 0.56 which is good. The trend lines are positive with an exponential growth rate of 7.16 for target and 0.24 for the achievement. The coefficient of correlation determinant is 0.74 and 0.17 for the target and achievement of the programme respectively.

The sterilisation programme performance in the district has the correlation for the growth over the years is estimated as 0.80 which reflects good growth rate and the average trend percentage shows an increase of 105 percent over the years under the study and the performance rate is 98 percent in the district. The exponential rate is 3.4 percent and 0.04 as the correlation coefficient of determination. Among all the blocks, the first rank goes to the Kurunthancode block (108 percent), and is followed by Thucklay block (105 percent), Agastheeswaram block (103 percent), and Thovalai block (100 percent). The performance of all the blocks is good except Padmanabhapuram block (67 percent). However, the overall performance of various blocks shows an average growth rate of 95 percent.

The achievement of IUD programme is loosing its importance in the district. The average achievement of IUD programme in
the district is 90 percent. However, the trend line fitted in this case is negative with an exponential growth rate of 3 percent and 0.3 as the coefficient of determination. The performance of IUD Programme in the district is further analysed through block wise. Among the blocks, Agastheeswaram block has recorded a high percentage of achievement (107 percent), and Thovalai block (102 percent). Kuzhithurai Block has low performance rate of 59 percent. However, the average performance percentage of the district is 84 percent. The blocks Kurunthancode, Munchirai, Rajakkamanagalam and Thiruvattar have the performance percentage of over 90 percent.

The Achievement of *Contraceptives Programme* in the District is more during 1999 and is very low in 2009 to the extent of 75 percent. The trend over the years under study is lowering to the extent of 144 percent. The average performance is recorded 77 percent with 149 percent growth rate. The trend line fitted in this connection shows a negative trend with an exponential growth rate of 3.4 percent and 0.14 as coefficient of determination. The Performance of Contraceptives Programme in the District shows an overall achievement of 75 percent. With regards to the block wise achievement, Rajakkamanagalam block has crossed the target by achieving 102 percent and is very low for that they could hardly able to achieve nearly 50 percent in case of Munchirai and Kuzhithurai blocks.
Year wise performance of the *Oral Pills Programme* in the District is narrated in the table which exhibits that during the years 1997 and 2002, the programme has crossed the target level, whereas during the latest year 2009, the performance rate is just 55 percent. The overall performance in the district is 75 percent and the average performance rate is 77 percent. The exponential growth rate for the target is 1.5 percent and for the performance is 4 percent. The coefficient of determination for the target is .06 and for the achievement is 0.31. As far as the block wise performance of Oral Pills Programme is concerned, it is noted that only the Rajakkamanagalam block has crossed the targeted figure. The achievement rate is hardly 50 percent in case of Colachel and Kuzhithurai. Comparatively, the performance of Thovalai Block is appreciable. However, the overall performance in the district is 75 percent with an average of 77 percent.

The Family Planning Programme in the district consists of Sterilization, IUD, Contraceptives and Oral Pills. The overall performance integrating the entire four programmes in the district has recorded 86 percent of achievement. The exponential growth for the target is estimated as 2.2 percent. The coefficient of determination for the target is .47 and for the achievement is .01. Though the achievement rate of Family Planning programmes in the district is able to reach 86 percent, the Rajakkamanagalam block has reached more than the target to the extent of
107 percent. The average performance in the district is 83 percent. Almost in all the blocks, the performance rate is more than 50 percent. The blocks Agastheswaram and Thovalai have more than 90 percent of achievement.

In Kanyakumari District, the Sterilization Programme ranks first with an achievement rate of 98 percent, which is followed by IUD Programme to the extent of 90 percent. The programmes Contraceptives and Oral Pills have the same achievement rate of 77 percent. This may be due to the awareness of the people due to higher education and employment.

Among all the blocks, the Rajakkamangalam block is able to reach and cross the target of Family Planning Programmes to the extent of 110 percent while all the other blocks have achieved more than 50 percent of the target on an average.

Though the Nagercoil municipality tops both in population and literacy rate, it lacks behind in the performance of family planning programme. The performance of family planning programme tops in Killiyoor block which has 6th rank in population and 11th rank in the literacy rate. The least population in the district is in Padmanabhapuram, the least literacy rate is in Melpuram block and the least performer of the family planning programme is Kuzhithurai municipality. The correlation between the literacy rate and the performance of family planning programme is -0.32. Hence, it can be concluded that there is no association
between the literacy rate and the performance of family planning programme in the district.

A comparative analysis of census figure of Kanyakumari District for the past five decades clearly shows that Kalkulam taluk had always the highest population followed by Vilavancode and Agastheesaram whereas Thovalai always recorded the lowest. This may be due to the rugged terrain, more of forestland and absence of coastal zone. Comparatively, Population Density is more in Kanyakumari district, decadal Population Growth is less but the Sex Ratio is very favourable in the district as it has 1013 female for every 1000 males. The Literacy rate and the Female Literacy are higher in Kanyakumari district than in Tamil Nadu and India. Hence the district is placed in a favorable situation except population density as the area in the district is lesser as the against the population growth.

The sample respondents of study group consists of 84 percent of middle aged females ranging from the age 25 to 45, 55 percent technically qualified and degree holders and 41 percent have regular employment. As the district is the combination of all religion people, 47 percent of the sample respondents are Christians, 46 percent are Hindus, and the remaining 7 percent are Muslims. Hence, the study group is the blend of all religion people. It is known from the survey that 44 percent of the sample group belongs to the community of Backward Community, 23
percent Other Community, 18 percent Most Backward Community, and 15 percent to Scheduled Caste and Scheduled Tribes. Out of the sample group, 55 percent live in Nuclear family, and 45 percent live in Joint family. Hence, people tend to live in Nuclear family than Joint family. The economic status of the sample respondents reveals that 41 percent are able to earn to the maximum of Rs.10000, 28 percent between Rs. 10000 and Rs. 20000, 22 percent between Rs. 20000 and Rs. 30000, and 9 percent above Rs. 30000. Hence, the economic status is fairly good.

Preference of Hospitals from the study that on an average 44 percent of the sample respondents from the district have opted Government Hospitals for taking treatment and 66 percent have preferred private hospitals for treatment. The urban area of Nagercoil people have preferred the Government Hospitals more as there is vast opportunity of getting better treatment through Medical College. The usage of Government Hospitals is scanty in the blocks of Thiruvattar and Kurunthancode where the accessibility of Government Hospitals is low.

Among the sample group, 21 percent have preferred the Government Hospitals to get the treatment at low cost, 22 percent to get additional Benefits like maternal benefits given by the government, sterilization benefits and so on, 19 percent prefer the government hospitals as it is nearer to them, 20 percent to get more facilities like free accommodation, nutritious meals and so on. As per ranking, the main aim
of the respondents to visit the Government Hospitals is to get additional Benefits, treatment at low cost, more facilities, Nearness, and after care facilities. However, there is not much variation in the ranks and so people generally prefer Government Hospitals to get all sorts of chosen facilities.

On an average, 17 percent of the sample respondents do prefer private hospitals to reach in time by considering the nearness of the place, 18 percent each prefer the same in expectation of more facilities and specialized services, 17 percent in search of better care, 16 percent to enjoy better hygienic methods and the remaining 15 percent to get proper after care services. Hence, the preference of private hospitals is mainly in anticipation of getting more facilities, and Specialized Services, Nearness and Best care, More Hygienic, and to get after care services as per ranking.

The variables Unhygienic, less care, Food habits, and the Nature of job are the main reasons for causing diseases which are followed by the variables irregular eating, and improper treatment. Hence, the hygienic problems of the district should be taken care of to eradicate the frequent attack of diseases and to safeguard the people from the disasters.

The opinion survey on the various Family Planning Programmes reveals the fact that they are highly useful to 98 per cent of the respondents, for 93 per cent each it is equally useful and harmful, and for 90 per cent, it is Moderate and for 80, it is highly harmful. On an overall assessment, 62 percent are satisfied with regards to the
implementation of Family Planning programme whereas 38 percent of the sample respondents still have fear over the programmes.

Reasons for the inadequate diseases were surveyed from the respondents and they feel that improper diagnosis, improper guidance, Lack of interest have the topper in the rank with 15 percent each, which is closely followed by the variables Ignorance, Lack of supporters, and Lack of infrastructure with 14 percent each, and Poverty is the least noted variable with 13 percent. Hence, poverty is not considered as the major reason for inadequate treatment as per weighted average ranking. Ignorance among the people and poverty prevailing are the basic reasons for getting inadequate treatment among the public. Further, Improper guidance, Lack of supporters and Lack of infrastructure facilities also form part of the reasons for inadequate treatment among the people of Kanyakumari District. The ANOVA test reveals the fact that Lack of support, improper diagnosis, and Lack of interest on the part of the respondents were the major constraints which prohibit the sample respondents from getting proper treatment. The least identified variables are Poverty, Improper guidance and Lack of infrastructure. Hence, with the support from the Government and other Non Government Organizations, and with the proper diagnosis of diseases in time will help the sample group to get rid of their diseases in time.
More awareness, Proper guidance, Proper counseling, Proper follow up, Proper treatment, and adequate assistance are the expectation of the sample respondents in improving the general health and to lead a successful life. It is inferred from the study that the sample group was in need of various awareness measures with regards to the various diseases and their impacts and also proper guidance with regards to the relief measures of Family Planning programmes. Through t test, it is inferred that Proper counseling and proper treatment are the main expectation of the people as far as the Family Planning programmes are concerned. The standard deviation is more in case of Proper counseling and proper treatment, and is low in case of Proper follow up and Proper assistance. Hence, it is understood that proper counseling and treatment are the essential needs of the respondents whereas they were satisfied with regards to the follow up and assistance programmes.

There are 71 percent are belong to the native place and other 29 percent are settled in the places by migration. The reasons for migration are Job, Business, Employment, More facilities, Comfort, Marriage, and other common reasons. The children are living outside due to Education (56 percent), Job (37 percent) and other common reasons (7 percent).

The awareness of immunization for the women has got from various sources. There are 36 percent who gathered the information from Friends, 34 percent from Parents, 33 percent from Books, 32 percent from
NGOs, and 20 percent from Relatives. Some women have got the news of immunization from the media. 67 percent have got it from the Television, 48 percent from Radio, and 32 percent from the Newspapers. Apart from gathering information from the persons and media, some have got the same from other sources. They include 55 percent from the Government agencies, 21 percent from Boards, 17 percent from Hoardings, and 11 percent from some other sources.

The age of the male members of the family members ranges from 20 to 40 at the time of marriage. Among them, for 45 percent, the age ranges from 20 to 30, and for 54 percent, it ranges from 30 to 40. At the time of marriage, 10 percent of the women are below the age group of below 20, 81 percent between 20 and 30, and 10 percent between 30 and 40. At the time of delivery, 7 percent of the women are in the age group of 15 to 20, 77 percent between 20 and 30, and 16 percent between 30 and 40. For 93 percent, the number if abortion is one child, for 7 percent it is 2. The Spacing of Conception of the sample women reveals the fact that, for 41 percent the spacing is one year, for 39 percent, the spacing is 2 years, and for 20 percent, the same is for more than 3 years.

With regards to the child birth, 69 percent have conceived male child, and 73 percent female child. The involuntary abortion has happened to a few women. Among them, 35 percent are male child, and 65 percent female child.
The awareness and adoption of birth control techniques are of vital importance in getting a healthy family. As such the query made in this connection reveals that 100 per cent of the sample respondents have got clear cut idea of birth control and the various methods available too. Getting two children is popular and desirable by the modern family members. The government also insisting the same among the people through family planning programmes. The way of life changes the citizens to have one child for a family. As per the opinion of the sample group 36 per cent are of the opinion that getting one child is preferable, 55 per cent having 2 children, 7 per cent favours 3 children and 2 per cent 4 children, and none has preferred more than 4 children.

The birth without pre plan or unexpected has happened only for 2 per cent and the rest 98 per cent have planned and expected children by their will and wish. The same group is aware of the safe period and their plans are being successful. The peculiarity of the group lies in the successful awareness and implementation of family planning too. The sample group has learned about the small family norms through family and through education. There are 58 per cent having the knowledge of small family and 59 per cent have acquired through education.

With regards to the awareness of the Family Planning Programme, majority of the respondents have aware of the Maternal and Child Health Programme, which is followed by the Child Survival and safe
motherhood programme, expanded programme on immunization, programme on oral rehydration therapy, universal immunization, medical termination of pregnancy, pre natal diagnostic technique, reproductively and child health project, national population policy, Tamil Nadu health system project, and national rural health mission. Out of the sample respondents, 24 per cent have totally aware of the Family Planning programmes, 20 per cent highly aware, 26 per cent Partially aware, and 30 per cent not at all aware of the programmes. Hence, it can be concluded that the awareness among the sample group is good.

There are many special programmes available for family planning. Out of the sample respondents, 89 per cent believes that Education is the best source to understand the programmes, which is followed by Insurance Scheme, Communication, and Information. And their knowledge is limited with regards to the other types of programmes like post partium, PAP, Sterilization Bed Scheme, Service Delivery, Pamp welfare, and Micro Surgery. On an average, 51 per cent has awareness of the different special programmes available and others not aware of the same.

With regards to the awareness of the family planning methods, Female Sterilization method is popular among the sample respondents, then about the oral Pill, IUD, Condom, and male Sterilization. Among the sample group, 42 per cent have no idea of various birth control
techniques, 19 per cent have little idea, 16 per cent have some idea, 13 per cent have more idea, and only 11 per cent have fully aware of the methods. However, female sterilization is popular and followed by many women in the district than male sterilization.

Attitude towards family planning methods, Female Sterilization is the most popular method adopted by the people of Kanyakumari District, which is followed by Oral Pill, IUD, Condom, and Male Sterilization. The scores are obtained after assigning weights to the variables. As per the attitude of the sample group, 71 percent has no liking towards the Family Planning programmes, 17 percent have little bit of likings whereas 12 percent like it very much. However, 29 percent have the knowledge and usage of Family Planning programmes.

The prevention of child birth is taken by the sample respondents in different ways as per their knowledge and facilities. In Kanyakumari district, Female sterilization is most popular, which is followed by oral Pill, IUD, Condom, and male Sterilization. The ranks are the result of weighted average. The opinion of the sample group is that 85 percent have not practicing any Family Planning programmes, 5 percent of them rarely use it, 4 percent some times and the rest 6 percent always use it. Hence, the usage is common only among 15 percent of the sample respondents.
Attitude towards the composition of children is that the society has a tradition of joint family system wherein more number of children are being brought up and so naturally the sample respondents are of the view of getting more number of children, preference of one female child dominates of having one male child, some have preferred one male and one female and a few have the liking of begetting one male or female child.

The idea of being a small family is conceived through various sources. The study result shows that majority of the respondents have got the idea from Government Agencies, Family members, friends, Teachers, Political leaders, society leaders, community leaders, and also from Religious leaders as per ranking order. Hence, the role of Government Agencies and the family are highly appreciable in this respect.

Among the sample respondents, 31 percent feel that they are much interested in keeping small families, 26 percent have just interested, 19 percent have little interest, and 24 percent have not at all interested.

Economic impact is positive in the cases like Income, Miscellaneous investments, Livestock, Jewels, Household Articles, Expenses, Investments, Savings, Fixed Assets, Properties, and Business when compared with the table value of Z at 5 percent level of significance 1.96. The impact is negative in case of Livestock and Debt which means
the sample respondents have reduced the usage of livestock rearing and also the debt.

The impact on Physical and Mental 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, repeated diseases, General Health problems, Uterus Problems, a sense of guiltiness, Tiredness, Obesity, Physical ailments, Tumors, Dissatisfaction and Bleeding. However, in case of General health and physical ailments, the result is negative as it shows the negative impact on these variables.

The economic status out of the sample respondents, 32 percent have got their income from Wages, 25 percent from Business operations, 23 percent from salary, and others from SHGs and other agricultural activities. The earning capacity of the respondents are measured through monthly income which revealed that for 59 percent, the monthly income is upto Rs.10000, for 32 percent, the monthly income is upto Rs. 20000, and for 9 percent, the monthly income is above Rs. 20000.

The monthly expenditure of the respondents ranges from Rs.2000 to Rs.10000. From among the sample respondents, 34 percent have the practice of saving through SHGs, 27 percent in Post Offices, 20 percent in Banks, and others in L.I.Cs (7 percent), Chit Funds (6 percent), Shares (3 percent), and Indigenous Bankers (2 percent). Among them, 63
percent have the savings of Upto Rs.1000, 14 percent between Rs.1000 and 2000, 8 percent between Rs.2000 and 3000, and the rest 15 percent above Rs.3000 per month. Hence, the saving pattern of the women in the district is well organized.

The survey reveals that nearly 30 percent of the respondents do have borrowed from banks, 20 percent in L.I.Cs, 18 percent from SHGs, 10 percent each from Chit Funds, and Co operative Banks, 8 percent from Post Office, and 5 percent from Indigenous Bankers. Among them, 32 percent have borrowing of upto Rs.2000, 20 percent from Rs.2000 to 4000, 9 percent between Rs.4000 and 6000, 11 percent between Rs.6000 and 8000, and the rest 28 percent above Rs.8000.

Out of the sample respondents, 98 percent have satisfied with the cash rewards they got from the Government, 76 percent with the free treatment, 67 percent after care, 99 percent form the medical insurance card, and 100 percent from the ambulance services. Hence, the respondents have satisfied with the benefits they derived from the Government.

The social impact of the respondents who underwent any one of the family planning methods is being measured with the help of the weighted average method and the result showed that the respondents are able to run the family, they could able to get recognition in the society, able to save as their family expenditure is restricted due to small family, better education to the children, improved decision-making power, able to solve
the problems, improved self image, better planning, recognition in the family, being independent, being self confident, economic freedom, mental satisfaction, and able to improve good infrastructure in the house.

Conclusion

On the basis of findings the researcher arrived at the following conclusions and suggestions.

The World Health Organization was of the opinion that when enough food, protected water, education, work for all, environmental awareness and basic sanitary facilities are provided to everyone, it will lead to a healthy world. The general observation of the Kanyakumari District shows that while acute diseases and ailments of the young have drastically declined, the chronic diseases of the elderly are on the increase. While communicable diseases indicate a declining trend, life style related diseases are on the increase. While physical disabilities have come down mental retardation and cerebral palsied seemed to have increased. While mortality rate has come down morbidity rate has increased.

The Family Planning Programme in the district consists of Sterilization, IUD, Contraceptives and Oral Pills. The overall performance integrating the entire four programmes in the district has recorded 86 percent of achievement. The average performance in the district is 83 percent. Almost in all the blocks, the performance rate is more than 50 percent. The blocks Agastheeswaram and Thovalai have more than 90
percent of achievement. In Kanyakumari District, the Sterilization Programme ranks first with an achievement rate of 98 percent, which is followed by IUD Programme to the extent of 90 percent.

The programmes Contraceptives and Oral Pills have the same achievement rate of 77 percent. Among all the blocks, the Rajakkamanagalam block is able to reach and cross the target of Family Planning Programmes to the extent of 110 percent while all the other blocks have achieved more than 50 percent of the target on an average. The correlation between the literacy rate and the performance of family planning programme is -0.19. Hence, it can be concluded that there is no association between the literacy rate and the performance of family planning programme in the district.

The study group consist of the blend of all religious people, middle aged, with reasonable qualification and income. The urban area of Nagercoil people have preferred the Government Hospitals more as there is vast opportunity of getting better treatment through Medical College. The usage of Government Hospitals is scanty in the blocks of Thiruvattar and Kurunthancode where the accessibility of Government Hospitals is low. They do prefer private hospitals in anticipation of getting more facilities, and Specialized Services, Nearness and Best care, More Hygienic, and to get after care services as per ranking. On an overall assessment, 62 percent are satisfied with regards to the implementation of Family Planning
programme. Ignorance among the people and poverty prevailing are the basic reasons for getting inadequate treatment among the public. More awareness, Proper guidance, Proper counseling, Proper follow up, Proper treatment, and adequate assistance are the expectation of the sample respondents in improving the general health and to lead a successful life.

Female Sterilization is the most popular method adopted by the people of Kanyakumari District, which is followed by Oral Pill, IUD, Condom, and Male Sterilization. The economic and social impact is positive through family planning. However, in case of General health and physical ailments, the result is negative as it shows the negative impact on these variables. The respondents have satisfied with the benefits they derived from the Government. The hygienic problems of the district should be taken care of to eradicate the frequent attack of diseases and to safeguard the people from the disasters. Hence, it can be concluded that though Kanyakumari District is performing well in many areas of health care, there is scope for further development and is possible with the active participation of the government, private sector and the public. However, the success of population education and family planning programme in a variety of settings demonstrates that informed individuals everywhere can and will act responsibly in the light of their own needs and those of their families and communities.
Suggestions

The investigator wishes to make the following suggestions:

As reflected through the study, there are substantial state-level variations in contraceptive prevalence, the method-mix commonly used, the extent of unmet need, the level of awareness of reversible methods, and the quality of services. This clearly highlights the importance of state-specific interventions to improve family planning services.

The family planning programme has been successful in improving contraceptive acceptance and reducing fertility rates but its achievements have been modest. While contextual and structural factors like high levels of illiteracy, poor access to sources of knowledge, poverty, gender and non-gender-based disparities are partly responsible, the direction, emphasis and strategies followed hitherto in the family welfare programme have contributed largely to the limited success of the programme.

As is known, the small family norm is widely accepted and general awareness of contraception is universal. However, awareness of reversible (modern or natural) methods is relatively limited among both women and men. Awareness of specific reversible methods that are suitable for young women was even more limited among young women compared to other women. Inadequate knowledge of contraceptive
methods and incomplete or erroneous information about where to obtain methods and how to use them are the main reasons for not accepting family planning. Studies assessing correct, adequate and timely knowledge suggest that only a small proportion have complete knowledge of various contraceptive methods.

Within the patriarchal set-up in India, women have relatively little power. The critical role of the husband has been noted in several studies on decision-making related to the use of contraception, especially during the early years of marriage. Most couples do not discuss with each other when to have their first child, birth spacing or contraception. Though the need for promoting shared responsibility and the active involvement of men to improve reproductive health for all has been acknowledged, men’s roles have not been properly defined in government programmes. To popularize the family planning methods among men, the shortage of men health workers is the major reason.

Efforts to broaden the basket of choices have been under way, including clinical trials to assess the safety and efficacy of available methods such as estrogen-progestogen combination injectables, vaginal rings and long-acting IUDs, and the development of new methods of male and female fertility regulation.\(^{(35)}\) As part of expanding contraceptive choice, the government has introduced emergency contraceptive pills in the Reproductive and Child Health programme. Not only is access to a wider
choice of methods limited, but providers also often do not assist women and men to exercise their right to contraceptive choice by offering them complete and accurate information on the variety of methods available. Research on users’ perspectives/client acceptability of methods is limited, but available evidence suggests that many of these methods are acceptable to women in rural and urban areas.

Health and family planning workers are required to regularly visit households in their assigned areas to provide information related to health and family planning, counsel and motivate women to adopt appropriate health and family planning practices, and deliver other related services. Access to contraceptive methods has increased significantly, and only a negligible minority of women perceives availability, accessibility or cost as major impediments to using contraception. Yet, in practice, access to and availability of services are significant issues of concern. Many new initiatives, the restructuring of existing measures, particularly those undertaken by NGOs, and some experiments with public-private partnerships have been successful in improving access to and availability of contraceptive and other reproductive health services.

It is now widely acknowledged that the quality of family planning services is generally poor. Little consideration is given to interpersonal interactions. Service providers tend to be insensitive and disregard women’s need for privacy. Pre-acceptance counselling or check-
ups are limited, and little attention is paid to post-acceptance follow-up services.

Though the Family Planning programme has experienced significant growth and expansion over the past half century, pregnancies continue to be unplanned and the unmet need for contraception remains substantially high. Important sub-groups, such as adolescents, are neglected or underserved, the vast majority of contraceptive users are sterilized, contraceptive choice is conspicuous by its absence and quality of care is limited within the programme. However, the underlying issues including limited contraceptive choice, poor quality of services, restricted access, gender inequalities and lack of male involvement continue to plague the programme. Mechanisms to address these issues remain elusive and the strategies outlined in policies to address these core issues remain poorly implemented.

The survey result shows that nearly 66 percent have opted for private hospitals. The reasons attributed to this situation include inadequate facilities to deal with emergency care, procedural delays, reported corruption and the lethargic attitude of the health care providers. The average person has a feeling that the maternity care in a government hospital costs almost the same as that of the private hospital but not that safe. With the improvement of infrastructure facilities and by providing safe and secure services in the Government Hospitals, this situation can be
reversed and the real fruits of the services can be equally enjoyed by all the people.

Poverty is the main parameter of the people in the district in deciding the pattern of treatment. The facilities and the services available in the government hospitals are inadequate to the people in the district. Therefore, private hospitals in the district must be grouped and a better network should be established to serve the people better, at a reasonable charge. In order to ensure that the common patient is not subjected to irrational or profit driven medical regimens, the contemporary code of ethics be rigorously implemented.

Many of the diseases are caused by the changing life style pattern of the general public. Therefore, more awareness should be created on life style related diseases including cancer, diabetics, cardiac disorders, hyper tension, HIV/AIDS and constant efforts should be taken to promote a healthy life style at all stages and levels. The Government, NGOs, religious organizations, welfare clubs, community based organizations and every civil society organizations should take up this issue on a priority basis and incorporate programme within their ongoing activities, only a combined force could bring about a change in the life style related diseases.

Today the younger generations are more vulnerable to diseases of various natures due to various reasons. Therefore School and College students are the most impressionable targets for imparting
information relating to the basic principles at preventive health care. Every educational institution must have health clubs to address the crucial issues on health and to adhere into the best practices of health care and preventive measures.

**Scope for Future Study**

1. The role of Government Hospitals and the private Hospitals can be studied to know effective implementation of the Family Planning Programme in the district.

2. Separate Family Planning methods can be dealt separately to bring out the performance of the programmes.

3. A comparative analysis can be carried to highlight the relationship between the population and the Family Planning methods.

4. General health of the women can be studied both before and after the implementation of Family Planning Programme.

5. State wise performance of Family Planning Programme can be conducted to know the best performing district.