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RCH in the Context of Women's Health

Mini Varghese

India was the first developing country to start a population control programme way back in 1951. This pioneering effort of adopting intervention strategies to regulate the population growth as a national policy had a very significant bearing on the national development scene in the ensuing years. With the aim to achieve control over the population explosion, the Government from time to time reviewed its policies, adapted its strategies and strengthened its activities in tune with the changing demands consistent with the needs of national development. But in spite of the family planning programme in existence for nearly 50 years, the goal of population stabilization still remains elusive. There can be several reasons for this shortfall. One important reason was that the family planning programme was started purely a demographic initiative, based on numerical methods and target oriented. There was lack of consistency in the policies leading to variations in the accessibility and viability in their implementation. During the seventies there were rigid, coercive implementation methods which caused a setback to the entire programme. This was one issue, which led to the fall of a Government at the centre.

Old Wine in New Bottle

The subsequent Govt. renamed the family planning programme as Family Welfare with a view to regain the public supports. But the emphasis on achieving targets remained. During the 7th Five Year Plan (1984-89) the family planning programme in the country was revamped by incorporating some of the maternal and child health (MCH) services with a focus on the health needs of women in the reproductive age group and children under five years in addition to providing contraceptive and spacing services to the desirous people. The Universal Immunization Programme (UIP) for reducing mortality and morbidity among children under 5 years was started in 1985-86. The objectives of the renamed MCH programmes were to improve the health of women during pregnancy and to broaden their contraceptive choices. The programme was vertical in its approach and focused on fertility control. This programme also did not fair well.

In the nineties (1992-93), during the Eighth Plan, an integrated Child Survival and Safe Motherhood (CSSM) programme was implemented in the country in a phased manner. The CSSM programme included additional services like management of acute respiratory tract infections, diarrhea care and emergency obstetric services. Over the years this programme had contributed to women's health to an extent by broadening its scope from family planning to maternal and child survival issues.

Even though transition had taken place in various forms, the programme was not well integrated to meet the needs of women. But it definitely helped reduce the mortality and morbidity in children and women.

Towards Women's Empowerment

Women's groups, both at national and international levels, voiced their concern over the focus on women only during their pregnancy and that too through medical interventions. A technological approach to women's health and a family planning programme focusing more or less exclusively on female sterilization did not take women's health in a proper perspective. This was not acceptable to many. Some of the international meetings like the International Conference on Population and Development (ICPD) at Cairo in 1994 and Beijing Conference in 1995 helped address some of these concerns in the global context. The Cairo Conference, for example, emphasized the vital linkage between population and development focusing on meeting of individual needs of men and women rather than the demographic targets. Key to this approach was empowerment of women by providing them with more choices and ensuring access to education, health and resources through skill development and employment as well as respect for their reproductive rights.

Reproductive and Child Health (RCH)

The RCH programme draws its inspiration from the ICPD guidelines. RCH is based on the principles that "people have the ability to reproduce and regulate their fertility; women are able to go through pregnancy and childbirth safely, the outcome of pregnancies is successful in terms of maternal and infant survival and well-being, and couples are able to have sexual relations free of fear of pregnancy and of contracting disease". The concept of RCH was to provide to the beneficiary's need-based, client-centered, demand-driven, high quality and integrated health services leading to population stabilisation. RCH aims at making available contraceptive/terminal methods for desirous couples in limiting their family size.

As a signatory to ICPD, the Government of India decided to reorient the family welfare programme. The first step towards implementing this programme was to remove the obsession with contraceptive targets and incentives. The new policy was known as the 'Target Free Approach, later renamed as community needs assessment approach. It integrated the various programmes implemented under the different family welfare schemes.

Some of the significant shifts in the new approach were on decentralized planning and monitoring at the local level identification of partnership and involvement of community, intersectoral convergence specially with panchayat and programme implementation with gender sensitivity.

Client satisfaction is the primary goal of the programme and demographic impact is only secondary. In October 1997 the new integrated package known as the "Reproductive and Child Health" was launched throughout the country. This was meant to provide an integrated family welfare and health services for women and children, with the objective of improving the quality, coverage, effectiveness and access to these services.

The above mentioned principles would be converted into action through:

- improving the quality of services for client satisfaction;
- decentralize d participatory planning;
- meeting the individual and community needs;
- contraceptive choices for both men and women with expanded choices for male methods and responsibility;
- social marketing to improve the availability and upgradation of the level of services.

Issues Overlooked in the RCH

There is a wide gap between the proposed RCH programme and the programme originally visualized by the Government. Other than slight modifications in the components, the programme has not improved much in its content from the earlier CSSM. The only additional services provided in the programme is identification and management of Sexually Transmitted Diseases (STDs) and Reproductive Tract Infections (RTIs). Even though the programme loudly spoke about women in the context of development it has not gone beyond trying to find medical solutions to women's health problems.

The proposed programme is silent on other crucial aspects of women's health like adolescent health, care of menopaused and elderly, infertility, and strategies to involve men for increasing male responsibility. The great need for effective training programmes to develop skills on planning; counseling as well as clinical management for the successful implementation of the programme has not been properly emphasized.

Role of Voluntary Organizations (NGOs)

Voluntary organizations have a special role to play in the RCH programme implementation by incorporating the concerns, which is not addressed in the RCH programme of govt. With the advantage of their being close to the community, they can ensure better accessibility of services leading to greater client satisfaction. There may be a need to upgrade clinical skills of these NGOs through training. NGOs should visualize health in the context of overall development, which involves their effectively addressing the issues of female literacy, nutrition as well as different forms of violence's/atrocities against women. This is to say that in order to improve the status of women's health in India; simultaneous improvement in their socioeconomic conditions is imperative. It is a well proven fact that educated women have fewer children and are in a better position to take decisions regarding their health and other family matters. The need of the hour is to empower women, organize them and provide them with an atmosphere conducive to their development. Apart from merely providing mother and child care facilities, other health problems of women should also be taken care of. Only in such an event, RCH programme can make any substantive contribution towards improving the overall women's health scenario of the country. What we need is not old wine in the new bottle, but new wine in a new bottle.

...The Reproductive Health Index (RHI) developed by the Population Foundation of India, takes into account the factors of: Total fertility rate, Infant mortality rate; Life expectancy at birth

Educational level: Type of medical attention at birth, Birth order and Birth interval. On a 0 to 100 scale, it varies from 87 in Kerala to 27 in UP, the value for India being 46.