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**Family Planning Success Based on Equity : Human development, Health and Governance in the Indian State of Kerala**

The egalitarian nature of the society, high status of women, rise in female literacy, and increase in age of marriage have all combined to produce an enabling environment for the success of the Family Planning program in Kerala. As the policies and goals of the national Family Planning program were the same in every state, the success of the program in Kerala is remarkable. The state of Kerala is people-oriented, committed to equitable and universal access to services has adopted a multi-sectoral approach to health, and exhibits political will to support health initiatives. These factors, which were an integral part of the success of the Family Planning program in Kerala, can be seen as elements of good governance for health.

**Kerala and its Economy**

The state of Kerala is located in e Southern Peninsula on the West Coast of India. Established in 1956, it was the first socialist state in India. In 1991 its population was estimated at 29.1 million, or roughly three percent of the national population. Kerala is distinctive for its remarkable achievements in social and economic equity. Despite the socio-developmental advancement of the state, Kerala can be described as economical backward. In 1987-88, Kerala's GDP only 1,416 rupees per capita compared to a national per capita GDP of 1,910 rupees. This 'backwardness' is partly attributable to the policies of successive governments in Kerala in promoting egalitarianism: in the year 1987-1988, only 16.9% of the population of Kerala was living below the poverty line, compared to a national figure of 29.2%. It may, therefore, be said that it is not economic but political factors, which have lead to the high level of social development in Kerala.

**Employment and Environment**

Factors contributing to the emergence of an egalitarian society in Kerala include the implementation of land reforms, establishment of a minimum wage in agriculture and industry, and better working conditions. There has been continual improvement in the habitat and environment of both the rural and urban-dwelling people in Kerala. The State has seen improvements in housing and sanitation, increased access to electricity and improvements in the quality

and accessibility of safe drinking water. Environmental factors such as these play a significant role in the health of the people: there is a positive correlation between the availability of electricity and piped water and a reduction in crude death rates. [1]

**There is a correlation between increased levels of female literacy, and decreased fertility rates**

**Education**

Kerala provides its population with universally accessible education. The State has invested heavily in both primary and secondary education, with great success. While the literacy rate for the Indian population as a whole was 51.5% in 1991, the literacy rate for Kerala at that time was 90.5%. Ensuring the people access to education has not only resulted in an increasingly skilled and employable workforce, it has ensured a study flow of suitably trained and locally available medical and health care personnel.

Kerala has been particularly active in promoting the education of girls and women. In 1991, 86.17% of women in Kerala were literate, compared to a national average of 39.21%. In 1989, 35% of employees in the organized sector in Kerala were female, compared to a national figure of 12%. In addition to presenting employment opportunities for women, the education of girls and women - most importantly at the secondary level has lead to an improved understanding of matters associated with health and hygiene.

**Kerala's sex ratio in 1991:** -1,036 females for every 1000 males, National average: - 927 females for every 1,000 males.

**Status of women**

Educated women are better able to assess the risks to their own health and that of their children and have a better understanding of the value of health-promoting behaviors. Moreover, educated women are more likely, and better able, to seek and obtain health care when necessary. An educated women is also more like to delay marriage, and therefore childbearing, than an uneducated women. In 1981, the average age of marriage for Keralite women was 21.9 years, compared to a national average of 18.3 years. In a culture, which generally encourages girls to marry in their teens, the trend in Kerala to delay marriage by several years reduces the risk to the health of women and children. More mature

women are less likely to encounter complications during childbirth and tend to be more capable of caring for their children.

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1991 - female life expectancy:

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1991 - female life expectancy:

- Kerala : 71.1 yrs

- national : 59.1 yrs

1996 - infant mortality rate

- Kerala : 13 deaths/thousand live births

- national average : 72 deaths/thousand

And perhaps most significantly, women who have had access to education are more likely to practice family planning than those who have not. The Family Planning program in Kerala has succeeded in assisting couples in achieving their desired family size. The state has achieved the greatest reduction in fertility rates in all of India: between 1951 and 1991 the population growth rate in Kerala fell from 2.08 to 1.31, compared to an increase in the national population growth rate from 1.25 to 2.11 over the same period. Although the increase in the national population growth rate is partly attributable to the improved health status of the Indian population, the comparative success of Kerala is nonetheless significant. In addition to limiting the number of children a women has, family planning has allowed Keralite women to extend the period of time between pregnancies, resulting in lower levels of maternal, infant and child morbidity and mortality. Kerala has achieved remarkable success within the mandate of the national population policy and Family Planning program goals set by the government of India. In 1994, Kerala had a contraception prevalence rate of 51.5% - 6.1% higher than the national rate.

The egalitarian nature of the society and the high priority assigned to the education of women and girls in Kerala has provided women and girls with a high status not accorded to them elsewhere in the country. The most striking evidence is Kerala's sex ratio. Elsewhere in India, the tendency to favor males over females has resulted in an unnaturally low number of females in the population.

**Challenges to the health system**

Although the commitment of Kerala to human development has contributed enormously to the improved health status of the population, the financial burden of maintaining such a costly social welfare system is now resulting in serious financial problems for the health system. For although the Kerala health system was intended to be equitable, it was not sustainable.

Kerala has a long history of organized health care. When the State was founded in 1956, the foundation for a sound health care system had already been laid. Thereafter, there was remarkable growth and expansion of government health services. The number of beds in government hospitals rose from 13,000 in 1960 to 38,000 in 1996. The annual compound rate of government expenditure on health during that period was higher than the compound rate of total government expenditure and higher than the annual compound rate of growth of the state domestic product [2]. Despite an intense period of growth in the health sector, following the creation of the state of Kerala, funding for the health sector has gradually diminished since the mid 1980's due to growing financial pressures. The inadequacy of funds has lead to a severe decline in the quality of medical care in government hospitals. This has lead to substantial growth in private, for-profit health care.

The private sector has been particularly successful in providing facilities for sophisticated tertiary care. This can be attributed to both the government's inability to provide these costly services and to the need for the private sector to focus on the most commercially profitable services. The public sector has been reduced to such a degree that many government-run primary health centers do not provide any curative services. Other than immunization and sterilization, most of the population's health needs are met by the private sector. This has lead to an increase in the cost of medical care to the people. Meanwhile, the government has been unable to establish effective mechanisms or policies to regulate or over-see the activities of the private sector and private sector facilities.

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**Call for change**

The ongoing decay of the public sector and the growing imbalance in the public/private mix must be addressed in order to ensure that the Keralite health system is equitable and sustainable: in order to restore 'primacy' to primary health care. Although the original system was intended to increase equity in access to health care, its inability to sustain itself has resulted in an increasingly inequitable health system. While the egalitarian social system which shares some of the guiding principles of good governance created an environment which enabled the improvement of the health status of the population, it is good governance practices which are required to address the growing crisis in Kerala's health system.

Adapted from "The impact of the Family Welfare Program in the States of Kerala and Uttar Pradesh", by Usha Vohra

1. In 1996, Kerala had a crude death rate of 6.2 per thousand, and a sanitation availability rate of 49.46%; the Indian state of Uttar Pradesh, in contrast, had crude death rate of 10.2 per thousand and a sanitation availability rate of only 7.44%.

2. Compound rate of growth of health expenditure was 13.04% in this period, compared to compound rate of growth of total government expenditure of 12.45% and annual compound growth rate of state domestic product of 9.81%.