

## Chapter 1 : Three Types of Objectives for Planning | racedaydvl.com

*Goals in family planning should include balancing the desire for children with emotional, physical and financial needs. Or, if you do not wish to have children, it's important to recognize this and plan accordingly.*

What is the objective of family planning in the Philippines? The main objective of family planning in the Philippines is to ensure that the population rates rise at a steady pace in relation to economic growth. In many cases, families with many children usually struggle or fail to cloth, feed and educate the children well. What is the objective of planning? Any Project that needs to be executed has to be planned. Any tasks that was begun without proper planning and due diligence is almost always a failure. So, as a responsible project manager you have to plan your project properly to ensure that, your baby is a success. After all, which project manager wants to spend months of his time on a failing cause? What are the main objectives of joint Hindu family business? The objectives of huf are the same as business objectives: Effective running of family business 3. Without sharing the family business to external parties and using the family business profit for the well being of the particular family 4. All the members got the opportunity to conduct the business activity 5. All decision are taken by the most senior male member, so speedy decision making is possible. What are the main objective of human resource planning? A human resources department plays a significant role in a given company, as this department is responsible for hiring individuals and managing existing employees to get a maximum return on all company operations and investments. Daily operations include improving employee relations, developing administrative manuals, hiring new management and performing evaluations to ensure all employees meet company goals and expectations. Since human resources representatives hire people and develop plans for the future, the main focus of this department is planning.. Experienced workers will get the work done for the lowest amount of funding with the goal of bringing in the maximum profits. Union Workers Some workers are controlled by unionized laws and regulations. Companies operating under unionized regulations also have a human resources department. Administrative Manuals Human resources workers are responsible for developing manuals and guides for employees and managers to follow, whether they are training manuals or safety guides. One major objective for the human resources department is to create guides and manuals that not only holds true for years to come, but also provide a planned method of completing tasks in the given company. These administrative guides give the company control over how employees perform tasks.. Equality and Legality Another major objective for a human resources department in terms of planning is to create plans, rules and regulations that meet the local and statewide laws in the given industry. For example, a human resources department of a food-service company must meet local, state and federal laws and regulations for storing food products and service when preparing administrative manuals for employees and managers.. Main object of a business of a business plan? The main object of a business plan can vary from business to business here are some common objectives for creating a business plan; start up in need of funding - the business plan should be written to convince the banks or investors to grant funding start up business for business owner - the plan should provide the business owner with a road map to success, including the exact steps he should take to get the business up and running and targets for sales and expansion of the business existing business for expansion - this plan should be written to provide detailed information about how the business will expand, if they are taking on staff, new premises etc and how it will be funded - if funding is required then the business plan should convince investors of the potential of the business expansion.

### Chapter 2 : Family Planning | Healthy People

*Family Planning: Definition, Objectives and Financial Aspects! Definition: Family planning is the planning of when to have children and the use of birth control and other techniques to implement such plans.*

The Director of the Program is the contact person for plan development and strategies aimed at accomplishing the family planning goals for West Virginia. There has been a steady increase in the number of clients receiving clinical services each year. The data reflect a growing need for subsidized services. Strategies to meet the objectives include the following: In the past five years, two new, effective, and long-term contraceptive options have been made available to clients enrolled in the Family Planning Program. Depo-Provera contraceptive injection and the Norplant contraceptive system have been offered through the state network of family planning clinics. After extensive counseling and education sessions, many clients of all ages are selecting these birth control options. The Family Planning Program provides financial support for male and female sterilization procedures. In , the Program sponsored sterilization services for females and 49 males. In an effort to increase the overall number of clients served, the Program supports community outreach and education activities. The target audience is composed of the general public, Medicaid and AFDC recipients, and local health care providers. Activities in included distribution of Program brochures, fact sheets, and posters in health care facilities, community agencies, and local shopping areas; displays at local health fairs and health awareness sessions; and the distribution of posters to all WV hospital emergency room and social work departments to increase awareness of Family Planning Program services, with particular attention to the availability of free pregnancy testing. These data comprise one facet for targeting areas of West Virginia for provider recruitment and the allocation of limited financial resources. Because of limited financial resources for the support of contractual agreements and administrative requirements, provider recruitment has not been a priority activity for the Family Planning Program. Professional provider continuing education is offered to keep Family Planning Program providers abreast of current issues in reproductive health, contraceptive methods, treatment modalities, and counseling and education processes. In , the Program sponsored four provider training courses and one live, interactive teleconference. The two-hour teleconference, "Contraception and Beyond: To increase access to contraceptive services and to improve client knowledge about contraception, the Family Planning Program developed and presented two proposals to the WV Medicaid Program to extend eligibility for family planning services to a greater number of Medicaid recipients, allowing government to evaluate utilization and a community-based network of family planning service delivery. Final action on this initiative is pending. As West Virginia moves forward with welfare reform initiatives, a key strategy for reducing long-term welfare dependency and discouraging out-of-wedlock childbearing is preventing unintended pregnancies, and teenage pregnancies, in particular. The OMCH has begun to refocus and revitalize statewide pregnancy prevention activities and has developed an initiative to target unmarried adolescents, young women, and males. The initiative will focus on abstinence education for adolescents and activities to reduce the incidence of out-of-wedlock pregnancies. OMCH has formed a workgroup to address these issues, coordinate activities within OMCH and across state agencies, evaluate effectiveness, and measure progress toward meeting the goals of reducing illegitimacy and preventing teen pregnancies. Family planning is a preventive measure that supports reproductive health, as well as the emotional and social health of individuals and families. Family Planning Program services have had, and will continue to have, a significant impact on maternal and child health and the socioeconomic status of West Virginians. West Virginia Family Planning Program.

## Chapter 3 : Reproductive health

*Family planning is one of the 10 great public health achievements of the 20th century.<sup>1</sup> The availability of family planning services allows individuals to achieve desired birth spacing and family size, and contributes to improved health outcomes for infants, children, women, and families.<sup>1, 2, 3.</sup>*

Management has to develop and implement plans to meet these objectives. Depending on the type of business, the time frame and the focus of management, objectives can have different characteristics. The key for the managers is to match plan implementation to the type of objective. Business Objectives Companies, large or small, can identify problems and establish overall goals for their business, but they need specific plans to make progress. The planning stage includes courses of action and identifies the results that the company wants to see. These results translate into objectives at the different levels of the organization. A department manager may have the objective to increase sales by 10 percent. This becomes an objective of selling 15 more systems this month for one of his employees. To maintain planning clarity, the type of objective must remain the same throughout this translation down the organization.

**Time-Related Objectives** One type of objective includes a time factor. These objectives are short-term, medium-term or long-term, ranging from one month to several years. Planning that includes short-term objectives specifies what immediate results are expected from actions currently in progress. These objectives focus on day-to-day activities. Medium-term objectives are results that influence the annual budgets, reports and strategies. They deal with monthly action plans. Long-term objectives look at results the company needs to meet its overall goals. They focus on results from yearly reviews. Planning specifies time-related objectives as an overall framework for plan implementation. Normal production levels translate into routine objectives. Monitoring safety to prevent the accident rate from rising involves routine objectives. Such objectives typically remain at a constant rate. Management monitors routine objectives for deviations from the norm and to institute corrective action if necessary. Planning specifies routine objectives and assumes the company will meet them as it has in the past.

**Development Objectives** While time-related objectives deal with normal activities within a time frame and routine objectives deal with regular activities, development objectives result from new initiatives. External change imposed on a business or internal changes motivated by new goals result in planning for new development. Such plans specify new activities and estimate the results. These desired results translate into objectives at the various organizational levels. Since the activities are new, the objectives may not be realistic and managers have to be ready to make adjustments to this type of objective.

References 2 Iowa State University: Writing a Business Plan About the Author Bert Markgraf is a freelance writer with a strong science and engineering background. He started writing technical papers while working as an engineer in the s. More recently, after starting his own business in IT, he helped organize an online community for which he wrote and edited articles as managing editor, business and economics.

### Chapter 4 : Family Planning and Reproductive Health | U.S. Agency for International Development

*The Family Planning Organization of the Philippines (FPOP) is the largest and most prominent non-governmental family planning organization in the Philippines.. Important family planning service.*

He explained the use of contraception would help prevent unwanted pregnancies and induced abortions. Karve proposed that the Indian Government should take up a population control programme, but was met with opposition. Mahatma Gandhi was the main opponent of birth control. His opposition was the result of his belief that self-control is the best contraceptive. He saw birth control as a means for women to control their own lives. These factors affecting population growth include poverty, education, public health care. Owing to the foreign aid flowing in for the family planning programs, there has always been a foreign intervention in designing the family planning programs in India without assessing the actual socio-economic conditions of the country. In the early 60s, Indira Gandhi, Prime Minister of India, had implemented a forced sterilisation programme, but failed. Officially, men with two children or more had to submit to sterilisation, but many unmarried young men, political opponents and ignorant, poor men were also believed to have been sterilised. This program is still remembered and criticised in India, and is blamed for creating a public aversion to family planning, which hampered Government programs for decades. Additionally, there was high variance between regions in the use of family planning. They also use camps to enforce sterilization. This process can be done with or without consent. Those with higher education have lower rates due to the delay of getting married and childbirth. An inverted Red Triangle is the symbol for family planning health and contraception services in India. In addition to the newly implemented government campaign, improved healthcare facilities, increased education for women, and higher participation among women in the workforce have helped lower fertility rates in many Indian cities. The objectives of the program are positioned towards achieving the goals stated in several policy documents. The key strategic focus of this initiative is on improving access to contraceptives through delivering assured services, ensuring commodity security and accelerating access to high quality family planning services. A fertility rate of this value drastically increases a population over time. Although the fertility rate average number of children born per woman during her lifetime in India has been declining, it has not reached the average replacement rate yet. The average replacement rate is 2. This rate is said to stabilize a population. Replacement rate can be defined as the rate at which the population exactly replaces itself. The fertility rates in India have dropped rapidly in rural areas, but are dropping at a stable rate in urban and populated areas. There have been several factors influencing recent trends in Indian fertility including, but not limited to: Since this time, the country has recorded a steady decline in order to reach the current rate as of 2. Four Indian states have fertility rates above 3. For detailed state figures and rankings, see Indian states ranking by fertility rate.

### Chapter 5 : Objectives of Family Planning | Healthy Living

*Business objectives can vary from year to year and business to business, but their planning should be well thought out beforehand. Three examples of plan objectives include those that are based on.*

This article has been cited by other articles in PMC. Although there is a growing demand for both limiting and spacing births, female sterilisation, is the dominant method in the national programme and use of spacing methods remains very limited. Fertility decline has been slower in the empowered action group EAG States which contribute about 40 per cent of population growth to the country and also depict gloomy statistics for other socio-development indicators. It is, therefore, important to intensify efforts to reduce both fertility and mortality in these States. The need for collaboration between scientists developing contraceptive technologies and those implementing family planning services is underscored. It has, over the years, adopted a number of different strategic approaches including a coercive target approach, a policy articulating a reproductive health and rights paradigm, contraceptive-specific incentives, and a family planning camp approach, among others 1 , 2 , 3 , 4 , 5 , 6 , 7 , 8 , 9 , Fifty years later, the impact of the programme remains uneven, and India has yet to achieve replacement level fertility. There is an urgent need to re-vitalise and energise programmatic efforts in the empowered action group EAG states where progress has been slow. Priority programme strategies for accelerating fertility decline and improving reproductive health outcomes are discussed in this review. Operationalising the concept of informed contraceptive choice The first, and perhaps, the most important strategy that must be underscored is the need to translate within the national programme, the fundamental concept of informed contraceptive choice which, despite much rhetoric, has remained a mirage for the people of India. The need to do so is greater now than ever before because couples in India want to both limit family size and space their births. There is, therefore, an urgent need to provide a choice of contraceptive methods to enable couples to achieve their reproductive goals. However, female sterilisation, a terminal method, has for decades, remained the mainstay of the national programme. In , female sterilisation accounted for 66 per cent of contraceptive use. Although reported by a negligible minority, female sterilisation was the most commonly used method even by married adolescents India is, perhaps, the only country where such a pattern prevails. The method-mix in this programme includes five official methods “ female sterilisation, male sterilisation, intrauterine contraceptive device IUCD , oral contraceptives, and condoms. Between 14 and 12 , there was a minimal increase from 6. These data indicate that the programme has not, so far, succeeded in providing contraceptives to delay the first birth and to space subsequent births 12 , Nor has it been able to reach men. Thus, contraceptive choice has yet to become a reality for the people of India. Unmet need and unplanned pregnancy Contraceptive needs of the people have changed dramatically over the past decades. In , the unmet need for contraception in India was 13 per cent, of which 6 per cent was for spacing methods Several studies show that unmet need for family planning is greatest in the year olds, in the less educated and in the poorest households 16 , 17 , 18 , In , 10 per cent of all pregnancies were mistimed wanted later and 11 per cent were not wanted 12 indicating that about 20 per cent of all pregnancies about 5. A significant proportion of unwanted pregnancies are aborted, more than half under unsafe conditions. About 8 per cent of maternal deaths are attributed to unsafe abortion in India Emergency contraception, a low cost, simple and effective technology, can provide a back-up method for women to use within the first few days of unprotected intercourse to prevent unwanted pregnancy. But despite considerable evidence-based advocacy with the government to promote this method, emergency contraception pills are essentially provided by the private sector mainly in urban areas. It is time for the public sector to institute a programme for providing emergency contraception. Its strategy should be to reach poor, rural women, who do not have access to the private sector. Early marriage and childbearing Early marriage continues to be the norm in India. Data from the National Family Health Survey-3 NFHS-3 12 show that in , more than two-fifths of all women aged years were married before the legal minimum age of 18 years and almost one-half of married adolescents were mothers. Less than 10 per cent of these young couples had used any contraception. A sizeable proportion of births to adolescents were unplanned, underscoring that there is a substantial unmet need for contraception in this population

sub-group. Married adolescents years constituted the largest group with unmet contraceptive need, especially for spacing methods. Unmet need among married adolescents was 27 per cent. As adolescents face several barriers geographic and social in accessing family planning and other reproductive health services, it is important to design and implement programmes strategies to overcome the special barriers that they encounter



### Chapter 6 : Family planning - Training Course in Sexual and Reproductive Health Research

*The objective of the module is the training and education of health care workers in developing countries on public health and programmatic approaches for family planning. The training can be based at various levels with emphasis on the importance of informed reproductive choices, with the aim of improving the health of women and their families.*

**Introduction 10 minutes** The day before your lesson, instruct your students to bring pictures from home that they can paste into a book that they will make. Explain to your students that they are going to be discussing families. Discuss with your students what family means to them. Potential discussion questions include: How are families a system that works together? How are families the same and how are they different? What do families around the world look like? Instruct your students to draw a picture of their families. Have them label the individuals in their drawings. Direct your students to draw a picture of their families celebrating something, such as a holiday. Walk the students through some of the pictures. Give suggestions to your students about what they could write. **Independent working time 20 minutes** Have your students pick 4 people to write about. Direct your students to think about the roles and responsibilities of the people. Ask them to think about what their families need or want. Instruct your students to paste pictures of their families inside their books. Offer details and potential examples of family interactions to your students. Have these students write a story about an experience that they have had with four of their family members. Give your students a word bank or sentence starters to write about their families. **Assessment 5 minutes** Walk around as your students write about their family members, making sure that they use complete sentences. Make sure that your students write how each family member has an important role in the family. Remind them that no two family members are alike! **Review and closing** Ask everyone to share their family books. After everyone has shared, ask your students to describe how families are different.

*This manual is designed for training health professionals (family doctors and nurses) from the primary health care level in the provision of Family Planning services. The concept of the manual is designed for an interactive working style, with active involvement of the trainees in the learning process.*

Family Planning in India: Notes on Family Planning in India Article shared by: Notes on Family Planning in India! For the success of family planning programme, there is need to motivate the people. India lives in villages where people are illiterate, ignorant and tradition bound. They think and act according to the rural value system. Even in urban areas, vast sections of the population hold on to old beliefs, traditions and values. The traditional joint family system is a barrier to the small family norm. Family planning emphasises the fact that birth control is a scientific method by which a couple can control the size of family. The birth of a child is not the matter of fate but a matter under human control. In many countries including India, the problem of population explosion is a major one. As a result of the efforts made by the Government for solving this problem, the concepts like family welfare and family planning have gained popularity. Family welfare puts stress on health, child care, protection against child diseases, caring of pregnant women, nutritious food, education, etc. The programmes of family planning try to control the birth rate by changing the attitude of people towards the adoption of family planning techniques. Thus, family welfare and family planning lay emphasis on increasing the quality of the population which is possible only through population control.

Meaning of Family Planning: Family Planning means Planned Parenthood. Thus, family planning is not just a method for population control but in a broad sense, it is concerned with the very quality of human life. Family planning is a social movement which lays emphasis on the overall development of the family. As the basic aim of family planning is to limit the size of the family, married couples are convinced to adopt birth control methods and to have children by choice and not by chance. But it has not more than 2. It is a resource-poor country with high population density of per sq. High growth rate of population puts pressure on scarce resources resulting in reduction in per capita income, thereby retarding the development process. Further, high population growth rate tends to retard social and economic development because it alters the age structure of the population, places a very heavy burden on education, employment, health services, food and natural resources and prevents the raising of the quality of life of Indians. Thus family planning is essential for an all round and sustained growth of the Indian Economy. Family planning is beneficial not only for an individual but also for the Indian economy as a whole. Family planning leads to a reduction in birth rate of children and therefore the number of dependents in a family. As a result, children will be better looked after, fed and educated. With less number of children to support, the standard of living of the family will improve. Thus family planning is necessary for better health and long life of mother and child and for overall prosperity and happiness of the family. When the standard of living of majority of families rises through family planning, the quality of life of the entire society improves. Family planning is also necessary for rapid economic development of India. As the growth of population is reduced in absolute numbers, the per capita income will rise. Simultaneously, the growth rate of labour force will come down. This will have effect of improving the employment situation in the country and the unemployment problem will be solved to a considerable extent. On the other hand, small families with less and healthy children, having better education and health services through family welfare programme bring out a healthy labour force. This will, in turn, raise productivity and income levels in the country. High incomes will raise the rates of saving, investment and capital formation and ultimately the growth rate of the Indian economy. On the other hand, economic growth improves employment opportunities and raises incomes, and family welfare improves the quality of life. Thus, in brief, the need for family planning in India arises: For rapid and sustained economic development of the economy; 2. For raising the living standards of the people; 3. For attaining and maintaining the optimum size of the population in keeping with our resources; 4. For improving the quality of population; 5. For maintaining the health of the mother and child; and 6. For making the population aware of available facilities relating to reproductive and child care programme and of small family norm. Over the years, India has gone through a variety of family



planning strategies of neutrality, experimentation, population control, maternal and child health care, etc. We discuss these strategies along with their outcomes or results. The period following independence and before the beginning of the planning era was one of neutrality. During this period, health care services were primarily in the hands of private general practitioners who provided comprehensive, integrated and good quality services. But technology for detection of diseases and management of health problems was limited. Health care services were mainly based in urban areas, were costly and so out of reach of the poor. Government hospitals and dispensaries were very few and in urban areas. Thus, the majority of population belonging to the poorer sections and those residing in rural areas did not have any health care facilities. As a result, death rates among women and children were quite high due to maternal morbidity and mortality. During , family planning as a method of population control, was started as the government programme. Couples were motivated to visit such centres for maternal and child health care and family planning services. These centres persuaded couples to use contraceptives and undergo sterilization of one partner in case their family was complete. Efforts were also made to extend family planning services to rural areas in some states under the block development programme. But there was slow progress due to resources and manpower constraints. This was the period of experimentation in which these measures had no impact on the fertility rate, mortality rate and the natural growth rate of population because of poor outreach of family planning services in the country as a whole. The decadal growth rate of population was During this period, the Extension Approach to family planning was adopted. This approach emphasized the adoption of an Educational Approach to family planning through Panchayat Samitis, Village Development Committees and other groups so as to change the attitudes, behaviour and knowledge of the people towards family planning in rural areas. This was supplemented by the Camp Approach to provide care to children and pregnant women in order to improve access to immunization. Efforts were also made to provide the birth spacing method to rural women through camps. The family planning programme was also target oriented and the target was to reduce the birth rate to 25 per persons by To make this programme more popular, Cafeteria Approach was adopted. Under it, the couples were given advice on different types of family planning methods to be adopted. The choice of a particular method was left to them. For the effective working of the family planning programme, a separate department of Family Welfare was created in the Ministry of Health and Family Planning in Despite these approaches, the Department was unable to achieve any improvement in child and maternal health services due to the lack of infrastructure and manpower and follow-up services. This period was the beginning of population control policy in which many new initiatives were undertaken during the Fourth Plan. To make this programme more effective, Selective Approach was adopted under which couples in the reproductive age-group of 25 to 35 years were persuaded to undergo sterilisation. The Medical Termination of Pregnancy MTP Act, was passed which enabled women with unwanted pregnancy to obtain safe abortion services. Another important measure was the integration of family planning services with improving the health and nutritional status of women and children. To implement it, monetary incentive was given to couples undergoing voluntary sterilisation. This was followed by massive compulsory sterilisation drive of during the Emergency which led to the sterilisation of In the post-Emergency period, the family planning programme included: The Family Planning Programme was renamed as Family Welfare Programme and efforts were made to increase integration of family planning services with those of child and maternal health and nutrition services. The emphasis on voluntary sterilisation slowed down the Family Planning Programme. As a result, the number of sterilisations fell from The National Health Policy was formulated in to provide comprehensive framework for planning, implementation and monitoring of MCH services. A network of centres in urban and rural areas was established to provide these services. The Universal Immunization Programme UIP was started in which was extended to cover all districts by the end of In October , the Reproductive and Child Health RCH programme was started to stabilise population and improve quality of life by reducing maternal and infant mortality and morbidity, and assuring reproductive health and choice to couples. These services are provided through secondary and tertiary health care centres in the country. The results or outcomes of the various family planning strategies over more than five decades are depicted in Table The crude birth rate declined from With improvement in maternal and child health care and nutritional status of the population, better medical facilities and control over killer

diseases, the death rate and infant mortality rate have been considerably reduced. While the crude death rate declined from Similarly, the child mortality rate declined from The Maternity and Child Health Care and Family Planning Programmes adopted over the years have not only increased the couple protection rate but also life expectancy at birth for both male and female population. The couple protection rate increased from The life expectation at birth for male rose from These results also reveal that India is following the demographic transition pattern of the third stage, where the death rate is declining faster than the birth rate due to better medical facilities and family, maternity and child welfare programmes of the government. The Planning Commission and the Department of Family Welfare have been laying down targets for family planning, health and welfare activities in each Plan. Over the years, there have been progressive achievements in their targets. Some of the major achievements in family welfare programme are:

### Chapter 8 : What is the objective of family planning in the Philippines

*USAID supports Family Planning 's goal to reach million more women and girls in the world's poorest countries with access to voluntary family planning information, contraceptives, and services by*

A reproductive life plan is a set of goals and action steps based on personal values and resources about whether and when to become pregnant and have or not have children. References 1 Centers for Disease Control and Prevention. Achievements in public health, " The effects of unintended pregnancy on infant, child and parental health: A review of the literature. Studies in Family Planning; 39 1: Providing quality family planning services: Office of Population Affairs, Publicly Funded Contraceptive Services at U. Clinics, , New York: Family planning and the burden of unintended pregnancies. Estimates for , the Guttmacher Institute. The consequences of unintended childbearing: A white paper [Internet]. Unintended pregnancy and associated maternal preconception, prenatal and postpartum behaviors. Predicting maternal behaviors during pregnancy: Does intention status matter? Differences between mistimed and unwanted pregnancies among women who have live births. Perspect Sex Reprod Health. Preconception and interconception health status of women who recently gave birth to a live-born infant"pregnancy risk assessment monitoring system PRAMS , United States, 26 Reporting Areas, Urban Institute Press; The Public Costs of Teen Childbearing. National Campaign to Prevent Teen Pregnancy; Pediatr Clin North Am. Fertility, family planning, and reproductive health of US women: Data from the National Survey of Family Growth. Guttmacher Institute; Jun. Improving contraceptive services use in the United States. Guttmacher Institute; No. The continuing need for a robust family planning clinic system. Guttmacher Report on Public Policy; May;2 5. Access to adolescent reproductive health services: Financial and structural barriers to care. Recommendations to improve preconception health and health care"United States: Am J Obstet Gynecol. Healthier women, healthier reproductive outcomes: Recommendations for the routine care of all women of reproductive age.

### Chapter 9 : Objectives of Family Planning | Health FAQ

*The West Virginia Family Planning Program is addressing Objectives through the health promotion channels to the communities listed in the box. The Director of the Program is the contact person for plan development and strategies aimed at accomplishing the family planning goals for West Virginia.*