Emerging Challenges of Community Health Nursing Services

A Symposium on the above subject was held during the XIII TNAI Biennial Conference at Cuttack in January last. Given in these pages are the texts of three contributions to the Symposium.

An Overview

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Health for All by the Year 2,000 AD is the goal not only of the WHO but most of the countries in the world which also include India. Such a worldwide goal gives priority to primary health care offered by a health care delivery system that necessarily incorporates the community Nursing services as a major and important partner. This perception of health care envisages a social order based on the spirit of self-reliance and self-development taking into consideration the socio-cultural, political and economic factors which influence the health of a community.

Yet, it is a matter of great regret that after eleven long years of declaration at the Alma Ata Conference, there is striking evidence that the ways of reaching this goal have become so standardized with target-oriented approaches, the quality of community Nursing care having become so impersonal for accomplishing these targets, together with the colonial hangovers that influence those in the supervisory hierarchy so that not only many of the qualities essential to community health care have been greatly lost but also the number of people suffering from preventable diseases continues to increase with a rapid growth in population.

Rise in the Population

The steep rise of the population from 61.5 crores in 1981 to nearly 80 crores presently is leading to a depressed economy that adversely affects the health of the many who live at a low subsistence level. To add to it, 2.2 million infants die every year in India, before they witness their first birthday. We have also had vaccines for tetanus, whooping cough, diptheria, T.B., Poliomyelitis, measles and yet these diseases continue to take their unremitting toll: 500,000 die yearly of TB, 250,000 of tetanus, 30,000 of measles and around 200,000 new cases of polio are detected every year. About four million people suffer from leprosy which is not only a medical disease but one with great sociological overtones.

Thus, the present health status clearly indicates that in spite of an increase in the number of primary health care workers there exist a number of factors that lead to the shortfalls in the achievement of 'Health for All' strategy by the target year of 2000 AD.

We shall critically discuss the challenges to be met by the community Nurses who are greatly responsible for attaining the goal. These challenges call for a study of group dynamics of the consumers and providers of service.

We would agree that there is a growing need for an alternate system which will bring community Nursing services to the doorsteps of the community, make them easily available at all times of the day and in seasons, make them cheap enough for one to afford, make things understandable and acceptable within the socio-cultural content, devise ways to develop a rational and scientific attitude towards health by facilitating one's own reasoning capacity and provide this care without robbing an individual of his dignity. This in itself is a tool to make an individual aware of his deprivation and enable him to take steps for appropriate action.

The Foremost Challenge

Viewed in this perspective the foremost challenge to community Nurses is to keep alive a vision of a better tomorrow for the entire mankind. This would lead us to consider the realities of community Nursing and examine the major issues to be improved upon so as to make an impact on the health of each individual in the country.

It has been seen that the poorest where nearly 40% exist below the poverty line are deprived of the basic health care. Like land and other riches, health care too is a preserve of a new an does not reach those who need it mos This inequality is caused precisely because the basic medical knowledge has been kept away from the poor and has been withheld from the deprived sections. We all would agree that there is an ocean of knowledge but without benefiting the common masses. There is a pressing need to find out ways to eliminate the distances between the consumers and the health providers. Also, how the consumers of service can be made to appreciate their maintenance and improvement of health has to be planned.

Some Burning Questions

How can traditional customs, beliefs, behaviour of social organisation be exploited to enhance commitment of

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the masses to health development? How can cultural taboos that influence food intake necessary for the protection and promotion of specific population groups, i.e., pregnant and lactating mothers, infants and growing children, be overcome? How can knowledge of existing health services be accepted with a view to affecting change? How can community involvement for health delivery be mobilised? Until answers are found to these burning questions, there can be no significant extension of primary health care.

The fundamental resource of all health activities is the community itself and full community involvement is the foundation for extension of the health care system. To maximise community involvement means that services have to be extended so that they are acceptable socially and culturally especially in the rural, tribal and slum areas.

For this, a vigorous programme of health information and education is to be developed aiming especially at the children, youth and women's groups to quickly produce rich dividends. The purpose of health information is to help people to solve their own problems through their own efforts, people will then feel better for themselves. For this, nurses must try to share ideas, feelings and information with the community. This is known as 'Communication'.

The dynamics of community mobilization have to be given a high place in the health care system.

For streamlining the Nursing services in the major areas of primary health care it is also most essential to give serious thought to the problems of Nursing education, as it is clear that the majority of programme preparing nurses of all categories are not relevant to the social and health needs of the community. It is, therefore, imperative that the Nurse educators realise the fact that changes are essentially required in Nursing Education, training and practice to respond more efficiently to the current trends in the health care system. There is an urgent need for flexibility in the Nursing education system which should strive for quality care. The educational system needs to be thoroughly overhauled so that learning starts as a process that would help us to understand the working at community in the milieu of the community life and the pattern of social structures. There is a dire need for innovative teaching and learning techniques that would not only bring the community in contact with the classroom, but also take the classroom to the community. This necessitates the mental preparation of the Nurse educators to respond to this great challenge and act as agents of change for the betterment of the providers and consumers of health care.

Another aspect which is a neglected area, especially in the state of Orissa, is the field of research. Teachers as well as administrators at all levels should aim to develop a research mentality amongst Nurses and bring about an awareness of the need to develop sound information systems and to motivate the peripheral staff to elaborate in this activity. It is also regrettable that many of us have not accepted the fact that Nursing education is a continuous process and that no one particular basic programme can ever prepare us for a lifetime of work. For meeting these requirements in-service education in Nursing is a necessity.

Levels of Functioning

The pattern of community Nursing services can be based on three levels of functioning the local or peripheral level at which direct care is given to the community by the Health Workers, the intermediate level at which supervision and guidance is given by the health supervisor, the central or administrative level at which overall direction, consultation and managerial support are provided by the District Public Health Nurse for the total community health prgramme. These three distinct groups are interdependent and interrelated. All should be involved in decision making and in the implementation of service but with varying degrees of programme responsibility. There should also exist a dependable referral and support system at every level of functioning. The administrator of Nursing services also needs support from medical experts, managers, administrators, educators, clinical specialists, behavioural scientists and from many other peer groups. Evaluation should also be an integral part of community health Nursing to organise the services at every level of care.

We Nurses are placed in a unique position for we have access to all age groups in all households. We share the feelings and emotions of people and stand by in their sorrows and joys. The health system has made interventions in the remotest areas of the community, yet we have reached only a segment of our population.

The challenge to us Nurses is to reach the services to the millions who live in the slums, rural and tribal belts of our country. Will the dedicated Nurses accept this challenge and step forward with a commitment to take up this new task? Are we willing to share our knowldge and skills with other people who need it most? Could we lend our hands to them and facilitate them to become self-reliant in their health activities and thereby set the pace for self-reliant development.

They have potentialities to comprehend, critically analyse and take decisions that will help to develop a rational attitude towards health. Then only we can finally assert: "People's hands". Unless we accept this challenge in the years to come, "We will have made an unpardonable contribution to world chaos". (Mahler).

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