How To Achieve Health For All

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THE GOAL of "Health For All" can be achieved with the active participation of the community. The people should be involved and mobilised. Talented health workers should endeavor with slothless instinct to cultivate participatory actions among the masses. The rational approach should be on an increasing understanding of the `user perspective', promoting and strengthening community self-reliance in health and family welfare. With this aim, people will be able to plan, implement and finance health activities by themselves. The services offered by the health workers should not be rejected or under utilised. Thus, if the community participation is ensured in health research programmes, result-oriented achievements will be imminent and manifold. There will be a sound footing for further developmental efforts and a strong foundation can be laid to build an edifice of a healthy nation. It will increase the capacities of disorganised poor section of community who need health services the most.

In a wide sense, the community participation is the process of activities comprising people's involvement in decision-making, contributing to developmental efforts, sharing equitably in the benefits derived therefrom. It will also guarantee beneficiaries' own interest. Mobilising the community should not be considered as participation. They should ratify and accept the developmental process and programmes. The community should have the share of decision-making alongwith the physical involvement in implementing the programmes. Lack of availability, accessibility, acceptability and appropriateness of health care services are said to be the cause of ill-health, infant mortality, low birth weight, etc. Therefore, radical changes in the psycho-social, economic and cultural status are the necessities of today.

Result-oriented Programmes

An external agency, with its group of volunteers/ workers calls upon the targeted beneficiary community to put their help/labour in implementing the project, is not to be termed as community participation. Here the agency controls the process and there may be a conspicuous change for the time being. However, the community should endeavor - rather the workers should ensure that the result-oriented programmes are thoroughly imprinted in the minds of the community for a lasting achievement. This will pave the way for yielding a lucrative result of a healthy living can be achieved among masses. The main strategy should be to sow the seeds in the minds of the community for their involvement, based on passive acceptance of services and support in cash or kind. The health workers should assist the community to identify their problems and needs, and train them to have an innate tendency to shoulder responsibility by themselves to plan, manage, control and assess the collective actions. The tangible results thus achieved will be everlasting, even after the withdrawal of the workers by the Agency.

Apart from the above, community-oriented projects like, Home Nursing, Adult Education, Immunisation camps, Family Planning, Medical Relief, helping in disaster situation, etc., should also be given credence to and community service consciousness should be inculcated among the health disseminating workers.

The Changing Concept

In recent years, the concept of health care is undergoing considerable changes. Involvement of people in their health care is becoming more and more popular. The attainment of highest level of health is the most important worldwide social goal. It requires co-ordinated efforts of all sectors at all levels. Efforts should also be made to co-ordinate and integrate all community services influencing the health of the people like traditional health workers, inter-disciplinary teams, etc. through inter-sectoral approach and support networks to ensure preventive care that is safe and scientifically sound.

As already stated in the Alma-Ata Declaration of 1978 "The people have the right and duty to participate individually and collectively in planning and implementation of their own health care".

Currently, when various programmes for achieving 'Health For All', are running in full swing, the community participation is also to be put into practice in a realistic manner.

People should be motivated to promote basic sanitation in their surroundings, utilise MCH care facilities, preventive and control of locally endemic diseases and education concerning prevailing health problems. Education should be motivated in the light of what we need to do to remain healthy and also what should be done when health begins to deteriorate. Effective educational facilities will help people to adopt and adapt to better health habits. Adequately informed and educated public can preserve, protect and promote health. Man being a social animal, falls prey to many evils knowingly or unknowingly

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which needs to be prevented and avoided.

The main obstacles in implementing primary health care are poor organisation of services, inadequate knowledge of health conditions and its causes. Therefore, the primary aim should be to disseminate the knowledge of health technologies to the community at large. Thereafter, there needs to be an evaluation of the performance of proper use of technologies. Proper evaluation of the implementation of such programmes will unravel the drawbacks and constraints that may hinder in achieving tangible results. Then follow-up actions and successive steps to surmount any such difficulties can be effectively undertaken for proper application of technologies.

Spreading of primary health technology should be on quantitative and qualitative basis. While quantitative refers to the coverage of population and areas, qualitative refers to the ability of the health workers to imbue in the community a desire to adopt such technologies.

The basic principles of primary health care can be assumed as under:

i) Accessibility of health services to all;

ii) Maximum individual and community involvement in the planning and operation of health care services;

iii) Emphasis on services which are preventive and promotive rather than the curative services;

iv) Use of appropriate technology;

v) Integration of health development with total overall social and economic development.

Here again, another cognizable vital aspect emerges. The primary objective of making available to the community the preventive and curative health services and trying to get their participation do not necessarily mean that the aim of healthy living can be achieved. This should be followed by going into the nutritional problems as well. Malnourished people are prone to infection which may lead to malnutrition. Hence, the community should be given proper nutrition education, and if possible some nutritional supplements should also be provided to the needy ones. Thereafter, sanitation and protection of food and water supply are also effective preventive measures.

Health care is the key to achieve an acceptable level of health for all. Health means complete physical, mental, spiritual and social well-being and not merely the absence disease or infirmity. The methods of highly specialised, complicated, magnified curative care requires higher level of technical skill and competence. Hence the prime motive should be to adopt simple basic care to ensure prevention of illness and maintenance of good health. The monopoly of knowledge of health care should not be confined to the health professionals and health workers only. Health information education should form a part and parcel of health care services. The health workers should, with their dedication, devotion, and selfless service, spread the health care programmes. They should work with the people and for the people and adapt themselves as much as possible to the community by knowing their needs etc. They should co-operate with the community and strive to achieve the aim of healthy living. The community should feel the necessity or concern for health and its needs have to be mobilised. The value of health maintenance has to be inculcated or upgraded from dormant to dominant level. There should also be group leadership or collective leadership and not continuing with the concept of a single charismatic leader with a shared common value system. This will lead to individual and collective interests harmoniously combining with complementing each other.

There should be sufficient input of health care infrastructure on a regular basis and a drive to imbue in the community their right and awareness for a wider participation, and involvement. This will pave the way for building the nation's health which is co-related to the national developmental schemes.

Nurse on the Silver Screen

I FULLY endorse the views expressed by Ms K. Jyoti of Visakhapatnam in The Nursing Journal of India, October 1990 under Readers' Views.

Very often, we see on the T.V. screen, either in films or serials, nurses working in hospital departments, alongwith doctors in scenes that are so unreal. The nurse's role is sometimes shown as stupid. Their dress is shown shabby which is an apology for a nurse's uniform. Their intelligence and professional knowledge is nowhere shown as alleviating the suffering of a person who is sick and needy. In fact, it is always shown as a nurse carrying a basin/towel, pushing the trolly, and following the doctor. It is not clear what the producers mean by this cheap exposition of scenes like this. The nurse is never shown as a major partner in the medical field; she is always pictured as a sort of maid. Some human failures may be in a nurse, just like in any other person or professional, but the media gives it undue importance sometimes, which is a bad reflection on the nursing image for the public. Many or all producers, artists, stars run to foreign countries when they need medical advice or treatment. Do they ever see nurses in hospitals there, as they show through their media in our country, or have they ever seen a movie abroad depicting a nurse's role as they show in their pictures here.

One contributing factor for this cheap image of a nurse is the present day trend to give girls some experience in clinics or nursing homes run by one or two medical practitioners for few months and declare them nurses (even for this kind of training. These girls are employed in many private hospitals as 'Nurses'. This kind of cheap labour should be discouraged for the sake of nursing profession in our country and these girls should not be classified as nurses to save the image of fully qualified and registered nurses.

Does the film producer think of nursing of India even in 1990 as a cheap profession ? This kind of picture of nurse's role as a maid in the wards or facing the command and shout of doctors etc. makes the public think that 'Nursing profession has no social status', as someone remarked the other day to me. I wonder, what the reaction of another profession would have been, if they were lowered like this on the screen.

I feel it is high time the authorities of the nurses' organisations take up this matter with the authorities concerned to uphold the dignity of our Nursing Profession.

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