Role of Health Workers in the Rural Context

The health care services have so far been 'urban-oriented' : hardly 20 per cent of the total expenditure on health went to the rural community which represented more than 80 per cent of the entire population of the country. The imbalance can be corrected by launching a new health approach meant to provide a package of integrated health services for the rural folk through community health workers, say Dr. B.N. MITTAL and Y.P. OBEROI of Rural Health Training Centre, Najafgarh.

INDIA lives in villages. The upliftment of the rural areas is of prime importance. Democracy means government of the people, by the people, for the people. It means the greatest good of the greatest number. This is a cooperative enterprise and it can be achieved if all of us participate in it fully.

If India lives in villages, care of its rural health deserves special attention. The new health policy envisaged by the Central Government is characterized by its emphasis on rural heath. The introduction of the Community Health Worker Scheme is a step forward to identify and ameliorate the health needs of the rural community. The idea behind this scheme is to establish a long felt link between the village community and the agency delivering health services. The health care services had so far been 'urban-oriented' so much so that hardly 20% of the total expenditure on health went to the rural community which represented 80% of the entire population of the country. This imbalance can be corrected by launching a new health approach meant to provide a package of integrated health services to the rural folk through community health workers—Jan Swasthya Rakshaks.

The Basic Idea

The basic idea is to have one Jan Swasthya Rakshak for each village covering on an average a population of one thousand or less depending upon the geographical situation. He would not form part of the government hierarchy but would be selected by the community with the underlying idea to encourage involvement of the community without imposing something on them. This worker will be given three months' training at a primary health centre. He would be given a kit containing elementary medicines, for first aid, from various systems of medicine based on regional and local preferences. He will be paid a stipend of Rs. 50 a month. In addition, medicines worth Rs. 600 will be supplied to him every year. The primary function of this category of workers would be to deliver a package of integrated health services to promote and protect the health of the community apart from providing elementary first aid services to the people in his jurisdiction. He will also act as a referral agency for the community.

The new scheme in the first phase has been introduced in 777 primary health centres spread over the country and if this experiment is successful, all primary health centres would be covered in a year or two.

Under the new scheme every village Panchayat will be expected to select its representative in consultation with local health authorities—one who belongs to the community, enjoys its confidence and has the sincerity and competence to serve it in the field of health. The people to be selected will be preferably below the age of 30 years and will have education at least upto the sixth standard. Jan Swasthya Rakshaks will be free to attend to their formal vocations. But they will be rendering health service to the community in their spare time, at least two to three hours daily during morning and evening hours. The Jan Swasthya Rakshak will be provided guidance by the multipurpose health workers. The community will have control over them.

Springing from the local soil the Jan Swasthya Rakshak is in a better position to understand the health needs, values, attitudes, aspirations and the behaviour of the people around him. With his small package of simple medicines he can penetrate deeper into the community hence narrowing the big gap, in course of time, that exists today.

Preventive and Promotive Activities

This worker would be expected to carry out preventive and promotive activities in the field of health and diseases apart from rendering assistance to multipurpose health workers. He is expected to provide health education and integrate this component in all the activities. He, by virtue of being a man from their own area, is in a better position to bring about favourable changes in their attitudes in regard to health. It is expected that the impact of health education services on community rendered by the Jan Swasthya Rakshak may be encouraging. It will improve the community participation in our programme resulting in acceptance of the health service rendered through primary health centres. It will help in making people more health conscious while changing their traditional outlook. The continued public support is likely to narraw the gulf between the health workers and the villagers —promoting human relationships. This worker would solicit the help of other agencies working in the area for the utter success of the projected scheme.

The Jan Swasthya Rakshak will utilise all opportunities while extending health education to the community. Clinics, homes, panchayat meetings, etc. are suitable places where this functionary will combat the population for the purpose of effecting behaviour change favoura-

ble to health. His health teachings will concentrate more or less on matters pertaining to diet, causation and nature of illness and its prevention, personal hygiene, environmental hygiene and family welfare.

It is understood that such teaching will equip the individual and the family to deal more effectively with health problems confronting them. A hint from the Jan Swasthya Rakshak will have a lasting effect because the community will listen more readily to him. It is visualized that the health educational service in the periphery is likely to be strengthened with the progress of the scheme.

While extending health education this worker can make use of all available educational approaches —individual, group and community —with support from audio-visual aids.Simple media which are familiar and indigenous will be utilised by the workers. Posters, charts, khadi graphs and other cheap materials can be conveniently used to reinforce his teaching sessions. Exhibitions will be an additional educative and recreative medium and mini exhibitions can be organized if feasible. Writing slogans on the walls is another indigenous medium of communication in vogue in rural areas. Informal discussions with people will be of immense help.

Nothing to exaggerate an atmosphere of understanding and a close relationship between the multipurpose health workers and Jan Swasthya Rakshaks should be created for making the new health policy a success. Moreover, the success of any health programme depends considerably on the involvement of the people who happen to be active partners. This can be brought about by systematic health education in the community.

Nurse and the People's Health

The image of the nurse has to be changed and that too must be from the beginning of the career of training by changing the training pattern, says Mrs. A. BAHL, Sister Tutor, Goa Medical College, Panaji and suggests how nurses can be really helpful in the programme for better health of the community.

MEDICINE and Nursing are two interdependent professions and must advance simultaneously if the community is to be benefited fully from the development in medical sciences. Due to the impact of advance in science, Nursing came to be recognised as a profession. The present day concept of Health is to practise Medicine on people and keep the people healthy, whereas the W.H.O, concept is : "*Health* is not merely absence of disease or infirmity, but a state of well being physical, mental and spiritual, resulting in a well adjusted individual, member of the happy family, and of the community and nation at large".

The sum total of the people's health reflects the Health of the Community which is the reflex of the Health of the Nation. The present day Nurse, instead of imbibing this philosophy, still follows the age-old tradition of looking after only the sick without caring for the health of the people.

The image of the nurse is projected to the public inadequately. The doctor expects the nurse to be a second helper to him in looking after patients in the hospital, inspite of her being better prepared than the doctor in certain areas during her training. Why is the image stagnant as such? Perhaps the faults are in the training programme, may be to her service conditions or traditons that is going on in the eyes of the public. It is a correct tradition or does it need improvement? It was corrected at one time when medical care was the objective of medicine. Today, this concept is changed and it has also changed the pattern of tradition. The image of the nurse has to be changed and that too must be from the beginning of the career of training by changing the training pattern. The change will not become effective until the teachers change the concept of Nursing or Medical care. The student nurses are inadequately prepared during their training to meet the requirements of the community as the duration is of only 3 months. She is prepared for nursing the patients in the hospitals. The student nurses should be given an extensive course on community health in the first six months and the subject should be in uniformly distributed during the course. Proper guidance and supervision at all levels including the students by experienced Public Health Nurses are essential in community health.

Today, the Nurse is expected to function as an important member of the health team, right from the periphery, that is, in the home of the family in the rural community. At the periphery her services include Domiciliary Midwifery and Nursing Care, Maternal and Child Health Nursing, Family Planning Programme, School Health Programme, Paediatric Nursing, Nutrition Programme, Sanitation, etc. Because she serves at this level, she can help the nation in looking after the health of mothers and children which stimulates, promotes and fosters the growth and welfare of the nation.

Since Nursing is a dynamic profession, in a fast changing society, rapid changes and new technology in the medical services have brought out newer dimensions of Nursing Care. The magnitude of learning needs have reached such great heights as to meet the needs of the present situation. A nurse is a model of healthy and integrated personality and she helps in the scientific studies and research. She undergoes a particular organised training and is capable of working both in the hospitals and the community. She functions as a member of the health team and is able to take up a leadership role. Nurses occupy a key position in the health team and the role of a Nurse is of pivotal importance. A sociological understanding of the role and performance and the interactive pattern between the Nurse and the