# Role of Physician for Promoting the involvement of other Health Personnel and Auxiliaries in Implementing Programmes of Fertility Regulation and Family

*Recommendations for the enhancement of this role for Nurses ANMS and Nurse Dais*

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ALTHOUGH India was the first nation in the world to adopt a comprehensive national family planning programme in 1952, there has been no significant reduction in the birth rate. Because of advancement in Medical Sciences and health care services in the country, the death rate in India has declined from 48.6 in 1921 to 14-15 per thousand in 1976, but the birth rate is still ranging between 30-34 per thousand.

The present National population policy has declared the target to bring down the birth rate from 33 per 1000 to 30/1000 by 1982-83 (National Herald, 25th Feb. 1979). According to the latest projection, our country's population will be 657.3 millon by 1981, if the present rate of growth continues.

Considering the magnitude of health workers' task to provide minimum basic health care to the people of our country, it becames imperative that the health planners evolve a strategy in which family welfare is integrated as a part of the overall comprehensive health care system. It is only recent that sociologists and biologists are collaboratng to study the inter-relationships of this complex problem. A survey done by Economists during 1978-79 states that intensification of the family planning efforts is inescapable, if India is to succeed in its endeavour to tackle the problem of unemployment and sustain a meaningful rate of economic growth.

It is therefore, being increasingly realized that unless a multidisciplinary approach is utilized to insure the combined efforts and experiences of professional groups to tackle the issue, the success wil be difficult.

In order to achieve the objective stated, physicians with their expertise in medical and biological sciences can exert leadership to initiate and educate other health workers to carry out programmes of fertility regulations. This approach calls for a shift in the existing institutionalized curative care to a community based comprehensive health care delivery services which mainly refers to preventive, promotive, and rehabilitative aspects of care giving priority to family welfare.

Nurses can play a key role and should not lag behind in assuming their responsibilities to participate in family welfare programmes. Their responsibilities as custodians of health and as teachers of health practices bring them close to patients under circumstances, in which their functions are attributed to:—

(1) **Case finding:** Identification of eligible and target population for fertility regulation. This identification requires data on demographic, social, cultural, economic and health characteristics of the population served. Nurses, Basic Health Workers (A.N.M.), Health supervisors and Nurse Dais should maintain community data profile which includes: (a) currently pregnant, (b) currently lactating, (c) parity, (d) already practising family planning methods, (e) entering into reproductive age.

(2) **Mobilizing available resources for family welfare:** These resources should be specified in terms of manpower facilities, equipment and supplies, finance and administrative infrastructure. A definite policy is to be developed to be followed by the workers.

(3) **Referral services:** A clear cut referral procedure should be available for nurses and they must know the proper channel of communication.

(4) **Active participation in the programme:** The preparation of Nurses and Basic Health workers should be such that they can assist physicians in clinical and biological tests, pelvic examination, post-natal examination, assist in I.U.D. insertion etc.

(5) **Follow-up service:** A policy has to be developed to provide follow-up care by the health team members for their clients who attend institutional as well as community services. This should be based on Nurse-population ratio and Physician-population ratio in specified geographical areas.

(6) **Educative role:** Doctors and other health workers are expected to educate eligible couples regarding biology of human reproduction, con-

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cept and principles of family welfare, fertility regulations, devices and community resources. Nurses are in a better position to motivate couples to accept suitable methods by virtue of their constant contact and rapport with the patients and families. This is possible only if nurses have a mastery of knowledge in the area of fertility regulation and population change. They also require to gain self-confidence and communication skills. A variety of audio-visual aids are to be made available to the health workers to meaningfully relate their ideas to the public. A study done by the writer of this paper in 1972-74 in Uttar Pradesh among 400 Diploma student nurses on their knowledge and attitude towards birth control programme revealed that their knowledge, attitude and communication skill were inadequate to actively participate in the family planning programme.

The course content prescribed in family planning seems inadequate to meet the present and future demand for the participation of nurses in the programme. Therefore, the existing curriculum and teaching strategies for diploma nurses need to be revised and strengthened. It is also necessary that the instructors of Schools of Nursing must be well prepared to teach subject, having preparation for teaching a B.Sc. nursing degree, to teach the diploma nurses. Many schools are run by untrained teachers and are not able to implement the curriculum proposed.

(7) **Administrative role:** Nurses in senior positions and having required qualifications and preparations should be involved at all levels of administrative planning for framing policies, implementing and evaluating the programmes. Their participation is vital for effectively delegating and supervising the programme and establishing priorities within the available manpower resources and facilities. They are also responsible to maintain accurate records and reports and help physicians in assessing the success of the programme, and contribute suggestions for providing competent services in family welfare programme. It is important to refer to certain major problems existing in nursing which inhibit their participation in fertility regulations:

(1) **Shortage of Nurses**

The required ratio of Nurses to Doctor is 3:1 whereas the present ratio is in a reverse position, i.e., 1:2-3. Statistics of 1979 show that developing countries have only 15% of the total nurse population of the world, whereas these countries have 66% of world population. The recommended ratio of Nurse : Patient by Indian Nursing Council is 1:3 in teaching institutions and 1:5 in non-teaching institutions which do not exist in our hospitals, usually a nurse is assigned to take care of more than 20-30 patients. The major causes of attrition rate are low salary, poor working conditions, lack of facilities, more working hours and lack of social security resulting in dissatisfaction.

(2) Study shows that 47% of Nurses' time is being utilized for non-nursing functions and nurses are mostly away from the bedside of patients.

(3) The preparation of Nurses, Basic Health Workers/ANM, Nurse Dais and other public health supervisors are not vested under one administrative control and there is no co-ordination between the preparation and functions of these workers in many States.

(4) Family planning content was first introduced in the medical and Nursing curriculum in the beginning of the 2nd Five year plan. Later, the course content in family planning was revised and integrated in Diploma nursing curriculum by Indian Nursing Council in 1963.

So far, no evaluation has been done in the area to find out the implementation of course content taught in the Diploma school by the authorized body. Training schools are not regularly supervised and guided to cope with medical advancement and changes in health care system.

**Recommendations**

(1) Working conditions and salary of nurses should be improved to retain and recruit more nurses from educated groups of women to overcome shortage of nurses.

(2) Non-nursing duties should be shifted to auxiliary personnel and clerical staff etc. so that Nurses can devote their time in all aspects of health care services.

(3) Adequate social security should be provided to all Nurses, ANM's and Aides to work in urban and rural areas.

(4) Management of all categories of Nurses, Basic Health Workers, Health Supervisors and Nurse Dais should be vested under one administrative control by amalgamation of existing pattern of fragmented training. A post of Additional Director, Nursing, be created to accept this responsibility.

(5) Policies should be adopted to legally participate and provide care for minor ailments when nurses and other auxiliary workers associate with selected families for providing immediate care to the family members.

(6) Nurses placed in senior positions such as administrative, supervisory and teaching must have a minimum preparation of B.Sc. Nursing. They also should attend short-term courses in their respective fields to cope with rapidly advancing health sciences and technology, in order to assist the physicians intelligently.

(7) A regular Inservice Education programme in the area of fertility regulation must begin in all hospitals and other public health agencies under the leadership of physicians, so that the health workers will be equipped with current information and advancement taking place in medical sciences in relation to fertility regulation and family welfare.

(8) Services of voluntary agencies and educational institutions should be studied, strengthened and utilized.

(9) Health Ministry be advised to create a post of a Nurse-Coordinator who is suitably qualified and prepared to plan, implement and evaluate the participation of nurses in fertility regulation programme who will be liaison between medical and other health workers to communicate the plan of action and its progress from time to time.

(10) An examining body be constituted at State and National level in collaboration with Indian Nursing Council to formulated objective and evaluate and modify the programme of participation of nurses and other auxiliary personnel regularly.

Finally, I may emphasize that the current trend in health care system should be diverted from health hierachical structure to a health team approach. Leaders from all disciplines including nursing be accepted as essential components at all levels of comprehensive health care services.

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