REAL NEEDS OF THE COMMUNITY

K.C. Aggarwal

Of late nurses have become conscious of their decreasing role in the health team. Newer categories of health personnel are replacing the nurses at least in the rural health care structure. Various committees and study groups appointed by the Government of India from time to time have recommended the introduction of newer categories of health personnel in order to meet the health care needs of the rural communities who have hitherto been neglected.

In such a situation, when these newer categories of health personnel are emerging and assuming much of the nursing functions, it is but natural for the members of the nursing profession to be vocal and impress upon the policy makers and health administrators and the community as a whole that nurses are capable of meeting the health needs of the community.

Too Late ?

Why, all of a sudden, we are too vocal ? What were we doing in the past ? Why we as a profession did not give sufficient thought to this important component of nursing care ? Though we have woken up, yet rather too late.

One would, perhaps, agree with the saying, "it is better to be late than never". True, as the saying goes. But the irony is that we do not have any plans to meet the health care needs of the community, nor are we willing to change our hierarchical organization and educational structure so that at least in the future nurses shall be able to meet the health needs of the community.

Let us examine the reality as to whether we as nurses have met the health care needs of the community in the past. All the evidence available from Bhore Committee, Mudaliar Committee, Jain Committee, and a number of investigation by government and private agencies, goes to suggest that there were hardly any nurses in rural India in the past and, therefore, it is fair to agree that nursing profession in the past concentrated itself within the four walls of the hospitals and simply neglected the rural communities that is to say, more than 80 per cent of the population in the country.

At present, according to evidence available from Nursing Outlook Survey[1], CAHP-TNAI Nursing Survey[2], more than 85 percent of the nurses are concentrated in the urban areas (for 20 per cent of the population). Therefore, it is reasonable to conclude that 80 per cent of the population is being neglected by this so called noble profession. The voice of the nursing profession that nurses can meet the health care needs of the community, may be true in its own interpretation, but from a rational point of view the situation is that there is no question whether nurses can meet the health care needs or not but that nurses are simply not available in the rural areas in the country.

Meeting the health care needs of the community is not the sole province of any particular group of health and allied professionals but is the job of a multidisciplinary team of which the nurse is a member. Therefore, the question is not whether nurses can meet the health needs of the community or not but whether nurses as members of this interdisciplinary team can play an effective role contributing towards the team efforts in trying to meet the health care needs of the community.

Health Team Concept

Even if we suppose that in the years to come, nurses will go to the rural areas as members of the health team, we believe, they will not be able to meet the health needs of the community. We find that in the General Nursing[3] and B.Sc. Nursing training curricula[4], not even 10 percent of the total emphasis is given on Community Health Service courses. Here, one may argue that since Community Health and Community Health Nursing is integrated with all the other courses, there is no need for special emphasis. The argument has some weight but still integration of community health has not taken place in spite of the recommendations of the Indian Nursing Council.[5]

(i) Orientation to the community health (rural) is almost non-existent and even at places where it is, students do not become sensitive to the health care needs of the community simply because rural posting is seen as a waste of time both by the faculty as well as by the students.

(ii) In our educational institutions, Community Health Nursing is being given a second grade treatment. Public Health Nurses of equal training and experience with those of Sister Tutors are not given equal status. Then, there is little wonder that future nurse practitioners develop an attitude of indifference to rural health work.

Quality of Teachers

It is a vicious circle of perpetuation of colonial attitudes. Our teachers, trained in the Western tradition, have always tried consciously or unconsciously to disseminate their elite-based views to teacher trainees. These teacher trainees, after the completion of their training, perpetuate the same Western tradition which has been handed down to them. Thus, when a sea change has taken place in the health care needs, their priorities, national goals and aspirations of the people, future practitioners are being still trained in the same old Western tradition.

Our foreign trained teachers overemphasize the importance of health education, thinking that the community is ignorant about good health practices such as nutrition, sanitation of the environment, clean water, feeding to babies, etc. But the fact is that rural communities are wiser than such teachers of Community Health, and behave as they do, in a rational way. To tell a mother that she should give this and that to her child, keep her house and surroundings clean, take clean water, these nurses often forget that majority of our people are extremely poor. Awareness studies done at National Tuberculosis

Institute, Bangalore[6] prove the futility of health education, when we are not able to meet even the felt health needs of the community.

Secondly, with their traditional type of work (assuming that nurses are there in the rural areas), whether nurses will be able to contribute and help the community to gain, regain, retain and promote health as a member of the interdisciplinary team ? According to Ivan Illich,[7] health professionals often cause iatrogenic diseases among the people. That is to say, health professionals also cause diseases in the community by their interventions. They tend to lower the power of the community to keep itself healthy (deprvire the people of their own method the deal with their problems in their own way). This may be more true for nurses in the hospital setting where till today it is thought that a good nurse is one who does most of the work for the patient.

Dependence to a Stage of Independence

Nursing means bringing the patient from a stage of dependency, which the disease process brings about, to a stage of independence. Therefore, with the Western type of education, and a traditional type of nursing, nursing care, we are not bringing the patient to a stage of independence from a stage of dependency.

Until now we have talked whether fully trained nurses have met the health needs of the community in the past, whether they are meeting these at present and on the performance of past and present we have predicted that if the same educational pattern continues then there is little possibility that nurses in the future, ensuring that they will go to the rural areas, will be able to meet the health needs of the community as members of the health team.

Now, let us examine as to whether 35,000 ANMs and 20,000 LHVs scattered throughout the country, can meet the health care needs of the community or not.

(i) All the investigations carried out about the effectiveness of ANMs and LHVs go to suggest that neither they are educationally prepared to carry out the type of duties expected of them nor they are socially and psychologically motivated to undertake such a task.

Studies conducted at Narangwal[8] Jawahar Lal Nehru University,[9] an investigation by the author[10] and ICMR Investigation at PGI, Chandigarh[11] clearly bring home the point that the services of ANMs and LHVs do not reach beyond a local 5-km radius, that 80 per cent of the deliveries are still conducted by the local Dais, ANMs attend more to the upper classes and the rich families and that their effectiveness in conducting the deliveries is not superior to that of the local Dais.

Not Educationally Well Equipped

When we analyze as to why it is so, we find that their education does not prepare them for the task they are required to do in the community. On analysis, we find that out of a total of 580 hours of lectures,[12] only 60 lectures are on Community Health Nursing; Secondly, their training is in hospitals; thirdly, orientation to rural areas is lacking; fourthly, their lectures are urban-oriented and not sensitive to the felt health care needs of the community. When we examine the training programme of that of her supervisor,[13] we find that in some of the aspects the latter's training is inferior to that of the ANM.

To cover up our failures, we misinterpret some of the reports of the committees set up by the Government of India. In a sense, these committees have themselves twisted the truth. It is thought that the Kartar Singh Committee Report on Multipurpose Workers Scheme[14] is a panacea for all the health problems of the community. The concepts of healthy zone, shadow zone and ill health zone are misconceived and not on a firm foundation. Integrated communities cannot be artificially devided into such zones as conceived. It is argued that through the medium of multipurpose workers an integrated package of health, family planning Nutrition and MCH services can be provided to the community. From this report one can clearly find the duality in the minds of the committee members. On the one hand, it firmly believes that multipurpose workers can meet the health needs of the community at the peripheral level; at the same time, the committee also recommends that Malaria workers should be made multipurpose workers only when malaria enters the maintenance phase in a unit.

The concept of twilight zone and other zones is discriminatory in nature which is against all the canons of justice. Secondly, the recommendations of this committee are based on the KELOI Study in Rohtak district[15] and the validity of this study is questionable on many grounds.

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