Therefore, a purposeful nursing education should prepare a nurse who would understand, appreciate and participate effectively in such an integrated health care approach.

For this a village has been visualized as the starting point for work outwards instead of converging to villages from the city. The new model has placed greater emphasis on health education of the people and seeks their active participation in the health services. "Health of the people, by the people, for the people" should receive considerable attention.

In order to improve the effectiveness of Community Health Nursing Services, continuous monitoring of the activities of various nursing personnel is a must but at present such a system is not existing. Therefore, there is a great need to establish an independent monitoring cell at the State level headed by a nurse which should provide feedback for successful participation of nursing personnel in the health programmes, at various levels.

The key person in the implementation of the new scheme of health care is the qualified Public Health Nurse who has to provide care at the grassroots level. She also cannot do all the things but get many things done by ANMs., H.V.s., Dais etc. The education of such a person is of paramount importance. Therefore, I turn now to Nursing Education.

Agents of Change

In order to perform their duties Nursing graduates should be trained not only to become nurses, but also to act as an agent of social change. Their outlook should be preventive and community oriented. Therefore, the present Nursing Education curriculum which emphasizes hospital oriented education should have a community bias. Community Health Nursing should be given top priority in the nursing curriculum.

It is also imperative to give adequate status and salary to those who carry the image of the nursing profession to the remotest community. Because it is one of the ways to attract young nursing personnel to this unattractive discipline.

It is shocking to know about the plight of young Public Health Nurses, Health Visitors and A.N.M.s. that their working conditions are not commensurate with their duties, responsibilities and the nature of their job. Though much lip service has been paid nothing concrete has been done during the last 30 years. Therefore, I appeal to the Government of India to take necessary steps to remove the disparities in emoluments and other working conditions of the nurses such as housing and living facilities and also to provide protection to our young sisters working in remote and difficult areas.

So far I have talked at some length about the pitiable condition under which our young sisters work in the rural areas. At the same time I would like to emphasize that the working conditions of the nurses working in the urban hospitals are far from satisfactory.

Therefore, I would request to the employers of Government and private hospitals and health agencies to realize that the total quality of patient care depends largely on the efforts of the so far neglected members of the nursing profession. I would like to take this opportunity to appeal to them to see that the scales of remuneration and other living conditions of nurses are improved without much delay.

A Wider Role for Our Nurses

Our educational system needs restructuring so that it becomes an institution of social relevance and importance and prepares socially conscious nurses who could become agents of social change, writes K.C. AGGARWAL.

THE health of the community depends on a multiple of social, economic, cultural, political and technological factors and in turn contributes towards the overall development. Therefore, the health of a community has to be viewed from a holistic viewpoint. Provision of health care facilities is one of the factors which may help the community to be healthy. The nursing care component is a part of the total efforts of the health care team.

If social, economic, political, cultural and technological strategies aim to help the community for its happiness and healthy living, then an integrated approach has to be adopted. This integrated approach is possible only if such strategies are developed and applied as per the requirements of the society for its welfare. It means the efforts of all those who are committed to the welfare of the society should realize the social, economic and political situation and their influence on the various aspects of the lives of the community. Thus, if health profession, of which nursing is an integral part, aims to improve the health of the community, then those who are responsible for planning and implementing the health care strategies, shall thoroughly understand the intricacies of such factors which in different combinations and permutations influence the level of health of a community. Then, let us have a glance at the socio-economic realities of the masses in our country and their influence on the health status of a community.

1. 75% of the people live in rural areas, in a perpetual state of poverty, ignorance and disease.

2. 50% of the people live below poverty line, i.e., on Paise 50 per day per person. These people lead a miserable life ridden with perpetual debt, disease and oppressed by a handful of powerful elite.

3. In India, on an average, 75% get only minimal calory requirements (2200 cal) and 3.9%, upper income group, get by the same standards 177% of their requirements. It has been assessed that, in many developing countries, including India, 20% of the poorest consume food that is half of the 10% of the richest. The disparities in nutritional status of different socio-economic classes constitute one of the mechanisms that perpetuate social injustice.

4. Undernutrition is never stated as a cause of death. The Inter-American investigation of mortality

in childhood indicated that malnutrition was the underlying cause of death in children under 5 years in 7% of cases and an associate cause in 46.2% of cases. Thus, 50% of mortality is directly or indirectly associated with malnutrition which is closely related to the poverty of the people.

5. There is ill distribution of national income and high levels of fertility. Still the allocation of largely scarce resources is imbalanced and to the profit of sectors of the economy and the population which do not have any bearing on the quality of life of the majority of the population. The very sectoral allocation of resources strengthens curative, largely urban, health services paying a lip service to the widely stated rural preventive orientation of national health policies.

6. Health services follow the economic distribution pattern, leaving the poor without services and highly susceptible to illness caused by poor nutrition, long hours of work in most unfavourable working conditions and lack of resources to treat even communicable diseases.

7. Health care facilities of the most sophisticated type are available to the privileged few who can afford to pay and at the same time thousands die due to the lack of simple medicines for diarrhoeas, fevers and other infections. Thus, poverty engenders and complicates health problems, the solution of which lies in tackling the fundamental problems of poverty, social injustice and the perpetual state of exploitation of the masses by the few.

8. The influence of Western values and models of health care and training have prevented our country from developing and appreciating traditional health practices and the use of herbal medicines and remedies and the health professionals work in some kind of vacuum far away from the social realities and the felt health care needs of the masses. We have also not applied our mind to the yogic practices as advocated by our ancestors.

9. The health problems are too often described as technical problems rather than as political and economic ones. This was nurtured in the West due to the germ theory of disease, but in the West, with the germ theory evolution, there was overall improvement in the public health facilities and socio-economic status of the people. Thus economics and politics were neglected as factors to produce or heal diseases.

10. Health problems, especially in rural areas, are a consequence of the prevailing economic and political order and that such problems cannot be tackled by means of health technology alone.

11. About 80% of the trained nurses are concentrated in urban areas, catering to the needs of 10% of the people from the upper strata.

12. Inspite of the Bhore Committee's recommendation about the posting of four Public Health Nurses on a primary health unit in the short plan, even after 30 years, all the districts in our country are not fortunate to have even one Public Health Nurse.

13. The training of ANMs is highly urban-biased and conducted mostly in the hospitals by the Western educated educators and, therefore, preparing a type of person who is not able to play his role effectively in the community and often suffers from frustration due to professional, administrative and personal reasons.

14. Due to our apathy to the appalling health problems and to their solutions, many newer categories of health professionals are emerging slowly and one wonders whether in time to come, there could remain a role for a nurse as far as health care to the rural communities is concerned.

15. There are 211 for GNM, 308 for ANM, 58 for GN and 40 for M training centres along with 23 for LHVs and 21 for degree and post-certificate programmes turning out roughly 10,000 graduates of various categories every year.

16. Because of the Western model of nursing education in content and form, thousands of nurses leave the country every year for Western and Arabian countries to get some satisfaction of working in the sophisticated hospitals of the type where they were prepared.

17. Various educational programmes in nursing have come into being due to the international influence and other vested interests and the graduates cannot find interest and satisfaction from working in their own country because of the elitist character of the education system.

18. There is lack of political conviction and commitment for the welfare of the so far neglected people : Thus, an indifferent attitude to the problems of this profession.

From the above points it shall not be construed that nursing is the only profession which is failing to realize its obligations. Rather the situation in nursing is far better than Medicine, Engineering and so on.

The socio-political forces and factors which are responsible for keeping the poor in a perpetual state of poverty, disease, ignorance, are also responsible for preventing nurses to do their duty to their sick and poor brethren who have never heard of them.

It is also a reality that if a nurse is to act as an agent of social change, there is a need for complete overhauling of the education and administration system for nurses in our country. A nurse who is always oppressed at every stage of her training and work by her teachers and superiors, cannot play such an important role.

The role of a nurse if she is to act as an agent of social change is much beyond her clinical functions. It follows that Public Health Nurses and their fellow professionals should, along with their clinical functions, arouse awareness in the community for a social revolution. Let the nurses be an agent to arouse a societal rationality point of view in the leaders and masses in the community. Nurses are in a happy situation to achieve this objective by virtue of their social, spatial and psychological nearness to the people.

The sooner we realize that nursing profession has not marched along with other social, economic and technological development in our country the better. As a nurse, I understand how painful it is to say that we have been ineffective health team members. For such a sorry state of affairs one can hardly blame our young nurses, because after all they are the product of a social situation which is far from realizing the needs of the people. Today if nurses are not going to rural areas, it would be a great injustice to blame them. In our profession, there is no dearth of devoted, dedicated and intelligent people who could successfully take up the challenge posed to them but with the present education and nursing administration structure, their capabilities are thwarted.

Therefore, to begin with, our educational system needs restructuring so that it becomes an institution of social relevance and importance and prepares socially conscious nurses who could become an agent of social change. Education models have to be indigenous in nature and character. We have to find out our role in the health care team and then decide about the various levels of nurses needed for such a role. If nurses are to act as an agent of social change, liberal education content has to be much more than professional content. It may also be possible that some professional interests are also to be sacrificed if this bigger objective is to be achieved. It is an open question as to whether we are ready for such sacrifices or not. There is also an increasing realization that the best way of training nurses is not to train them in a large sophisticated urban hospital which accustoms them to expect facilities which cannot be provided elsewhere in the country and which disenchants them from working in a rural health centre subsequently.

To prepare a type of nurse who would participate effectively in the overall process of social transformation an interdisciplinary approach to nursing education is a pre-requisite. From it flows the concept of integration of nursing education with the system of general education. Let us not devote too much time on clinical instruction and the theoretical knowledge at the cost of liberal education. In the new role, curative, preventive and promotive activities would be a part of a bigger role encompassing social and economic transformation activities for developing a political consciousness in the people for demanding their rights and privileges and meeting their own obligations. Such a role requires a comprehensive knowledge of a variety of subjects and practical experience in various situations in the community on various aspects of community life along with clinical experience in hospitals and Public Health Institutions in the community.

The type of role envisaged for nurses above would also call for inter and intra-professional mobility of nurses. This, in simple terms, means that a nurse may not always remain a nurse. She may become a social worker, a doctor, an educator, an engineer and the like and she shall also move from one field of work to another in nursing. Such a mobility would enrich her process of thinking and help in concretization of her ideas for bringing about social changes, a social order where maximum people would have access to the minimum necessities of growth and development.

GOA BRANCH REVITALIZED

The election of the Goa Union Territory Branch was held during the first week of June 1977. The following members form the Executive Committee of the Branch :

President: Miss M. J. Velho, Government School of Nursing, Margao.

Vice-President: Mrs. J. M. Benjamin, Nursing Superintendent, Ribandar Hospital, Ribander,

Secretary: Miss Leela Naik, Government School of Nursing, Altinho, Panaji.

Treasurer : Mr. Pramod Naik, Mental Hospital, Panaji,

S.N.A. Advisor ; Miss T.U. Annamma, Matron, T.B. Hospital, Margao.

Elected Member to Council, T.N.A.I; Miss J. Lakhani, Tutor, School of Nursing Medical College Hospital, Panaji.

Chairman, Public Health Section; Miss Alba Cairo, Government School of Nursing, Altinho, Panaji.

Chairman, Membership Committee : Mr. V.B. Porob, Ward Master, Mental Hospital, Panaji.

Chairman, Programme Committee: Mr. A.M. Porob, Ward Master, T.B. Hospital, Margao.

Chairman, Nursing Service Section and Economic Welfare :

Miss Mary Ghodke polled the highest number of votes. As Miss Ghodke is going on study leave, this post goes to Mrs Shanta Naik, M.P.T. Hospital, Vasco-da-Gama who polled the second largest number of votes.

Representative ANM & MA :
Mrs. E.M. Mesquita,
School of Nursing, Altinho, Panaji.

READERS'FORUM THEME FOR THE MONTH OF JULY

As already announced in the June issue of the Journal, a special feature READERS' FORUM will be brought out from the August issue and that a theme will be announced in advance. In pursuance of the same, the readers may note that the theme for September issue of the Journal is :

SELF EMPLOYMENT IN NURSING

Readers are welcome to express their views on the theme. The article should be of five hundred words, typed in double space and in triplicate. The best contribution will be given a cash award of Rs. 25 by courtesy of M/S English Book Store.

The articles should reach the Editor, Nursing Journal of India latest by July 31, 1977.

MANAGEMENT SEMINAR FOR NURSES

The Indian Hospital Association in collaboration with the Trained Nurses Association of India is holding second Management Seminar for Nurses in New Delhi for one week from August 1 to 6, 1977. The Nursing Officers, both hospital and community based, can apply for this Seminar.

The tution fee for the course is Rs. 150/-. The cheque for the same be drawn on 'Indian Hospital Association. For further information please write to :—

Dr. P. N. Ghei, Secretary-General, Indian Hospital Association, C/o Directorate General of Health Services, Nirman Bhawan, New Delhi-110001.