of polio and D.P.T. were followed after one month's interval.

c) Children's Day was celebrated on November 14 in honour of the departed leader of the Nation, Shri Jawaharlal Nehru. This day was celebrated with full enthusiasm. The community members collected the funds from Municipal Corporation, members of Legislative Assembly, F.P.T. & R. Centre (our centre) and the community itself. On that day the president of Chawl Committee, Municipal Welfare Officers, Municipal Corporation, were present there for the celebration. They appealed to the audience to follow in reality the advice of the departed leader that "Today's children are the leaders of tomorrow and hence the future architects of the Nation". This can be possible only if children are really accorded the opportunity by their parents which will be possible only through planned parenthood and further they advised the community to cooperate in the National F.P. programme.

(d) Health and F. P. survey was carried out with the following objectives:

i) To be able to find out,

a) The total population of the area;

b) The total number of eligible couples in different age groups;

c) The knowledge and attitude towards F. P. and the use of contraceptives;

d) The status of immunization against preventable diseases among children of pre-school age;

e) The economic and educational status of the community;

ii) To do a critical study of the health and F. P. problems in the colony.

After collecting the data through survey and group discussions with the community members the following health problems were identified:

i) Environmental sanitation needs improvement.

ii) There is lack of knowledge about the scientific methods of contraceptives amongst the majority of the people.

iii) People in general are ignorant about the maternal and child health programmes.

e) An orientation training programme in F.P. was conducted for three days from 9 p.m. to 10.30 p.m., where twenty five leaders and members took advantage. They showed interest and enthusiasm in the programme by asking several questions. Also, the group participated in discussions. The group desired to know more about the M. C. H. and Environmental sanitation. Accordingly, display of posters and charts on M. C. H. was done and talks were given in small groups. One talk on Environmental Sanitation was also given during the orientation training programme.

Further, the same area was followed for a period of two years to fulfil the objectives of survey findings. Each individual family was given care and guidance for better health.

STRUCTURAL CHANGES IN NURSING EDUCATION IN INDIA (II)

A PLAN OF ACTION

K.C. AGGARWAL

Now, the time has come when we should remedy our system of education and make it mass-based and rural-oriented. There should be a need-based programme to help in the reconstruction of the country. Nursing Service should promote the health of the masses so that they could contribute fully to the overall development process, argues K.C. AGGARWAL, M.N. (P.H.), in this second and concluding article in the series.

NURSING education in India has a long history. It was initiated by the British missionaries on the British pattern. It was also one of the tools for the colonial administrators to keep the intelligentsia of the country happy by providing all the necessary facilities so that they could fall in line with the British Empire in our country. Therefore, standards of practice, curricula and system of examinations, etc., were all on the British pattern.

When the country became free in 1947, naturally, the responsibility for the administration of education and service fell on the people who were educated on the British pattern and were divorced from their own people. Such people in higher positions tried to perpetuate the old vicious circle of nursing education in the country. These leaders were so loyal to their old British masters that any departure in the education system from their familiar system was not even thought of.

The result of such mental attitude is that even today after 29 years of independence, when sweeping changes have taken place in all sectors of life, our nursing education still continues on the Anglo-Saxon pattern which is completely divorced from the socio-economic realities prevailing in the country. Therefore, it is no surprise to note that professionals prepared in such a system find themselves unsuitable to work in their own country and get their cherished satisfaction working in the hospitals in the west.

Need-Based Programme

Now, the time has come when we should remedy our system of education and make it mass-based and rural-oriented. There should be a need-based programme to help in the reconstruction of the country. Nursing service should promote the health of the masses so that

they could contribute fully to the overall development process.

Before delving on the suggested[1] pattern of education system, I would like to point out certain factors which should be considered while planning any nursing programme.

1. Nursing is an applied science which requires a basic understanding of natural and social sciences in order to form a sound foundation for the nursing science courses.

2. Programmes of study which are dead are, in all probability, likely to have a demoralizing effect on the graduates leading to low standards of nursing service.

3. To bring nursing education within the mainstream of education in the true sense is overdue and the new system of education has provided a timely opportunity to achieve this long awaited goal.

4. Education should be meaningful to the learner, useful for the majority of the people in the community.

5. In a poor country like ours, maximum use of the minimum educational resources should be ensured and whenever possible a multi-disciplinary approach should be applied to education.

6. Standards and models for the education of nursing professionals should not be borrowed from elsewhere. Standards and models should be indigenous, developed on the basis of needs and aspirations of the masses.

The New System

The 10+2+3 system of education[2] is a very promising opportunity for nursing leaders to gear the education system so that it becomes a part of the total development process in the country. Within this system of education, we can also clear up the mess of our western-oriented education system. We can make it a broadbased education system. Today there is a long list of diplomas and degrees in our education system giving rise to many conflicts and frustrations in the minds of professionals.

We should develop a two-tier system of education.

1. Practical Nurses/Basic Nurses should be had for our hospitals and community health field. We should try to delineate roles and responsibilities for this category and develop their curricula accordingly. I believe that it is not very difficult to clearly specify certain routine types of activities for this category of professionals.

2. Professional nurses (+3), the candidates who have undergone +2 programme of study, should be entitled to take up this course if they so desire. The curricula for this programme should be a continuum of +2 curricula. These graduates will be fully professional nurses who should be assigned duties of higher order such as decision making about patients/community health needs, setting priorities, finding resources, helping practical nurses in their job, working as nurse supervisors, teachers and research workers and so on.

The question may be asked as to what duties Practical/Basic Nurses will be performing and how to fit them in the performance visualized here. To answer this question we have to find out what activities various categories of nursing personnel are performing today such as A.N.M's staff nurses, ward sisters etc., and then identify those which are of routine type not requiring much of professional skill and knowledge: For example, bed making for general patients, meeting personal hygienic needs of the patients such as mouth care, back care, sponging of the body, taking temperature, pulse, respiration, house keeping duties such as serving diets, holding charge of linens and helping the professional nurses in other higher order activities in the hospital. Similarly, for community health nursing field, certain responsibilities can be delineated, such as: Survey of the area, home visiting and care of minor ailments, referral services, distribution of F.P. materials, participating in nutrition programmes, conducting normal deliveries, organizing well-baby clinics and technique of immunization. In short, to prepare them for responsibilities they are supposed to carry out as Female Multipurpose Workers.

Cooperative Effort

With no reservations, I believe that such a worker can be prepared within 2 years under the +2 programme. I also believe that such education is even possible in the secondary schools conducting XI and XII class programmes which are situated near a nursing college, school of nursing, hospital, medical college RHFPTC etc. It should be a co-operative effort of the education and Health departments.

To fit in the system of general education within the framework outlined, the following optional courses can be offered for this group:

Natural Science Group

1. Chemistry
2. Biology

Home Science Group

3. Foods and Nutrition
4. Physiology and Mother Craft

and

5. Nursing (hospital and community) group to be formed under the technology group envisaged in the new system.[3]

To make it a more broadbased programme, sociology can be offered in lieu of one of the subjects stated above as deemed fit by the experts. Nursing programme for 200 marks shall include :

1. Midwifery, theory & practical
2. Hospital Nursing, theory & practical.
3. Community Nursing, theory & practical.

The Midwifery Experience

Now, a very relevant question which may come to the minds of the readers is : how will it be made possible to teach nursing courses including midwifery along with other full-fledged courses ? I believe with imaginative planning of the clinical experience, it

is not difficult to implement the programme. For example, to teach and develop skills in some routine type of duties under hospital nursing, it can be effectively taught when students are posted in the Gynaecology and Obstetric Department for their midwifery experience. After all, other than learning how to conduct deliveries and after care of mother and child, they would be required to perform all the above mentioned routine types of duties and no separate posting and teaching for hospital nursing is necessary. Similarly, when students are posted for domiciliary midwifery in the rural areas, an atempt should be made to help the students develop necessary skills in community health nursing activities. After all, for domiciliary midwifery, students would be required to visit homes, conduct interviews, conduct ANC and PNC clinics and render first aid care for minor ailments, do immunization work, etc.

Integrated Courses

We have to plan our nursing courses in such a manner that maximum use of the minimum time available is made possible. Even practicals in Home Science courses, as mentioned, can be made a learning experience in hospital and community nursing. For example, in courses in foods and nutrition, an effort should be made to teach as to how to plan diets for various categories of patients/socio-economic groups. Similarly, while teaching Biology, Anatomy and Physiology courses should be integrated with it, if Biology and Anatomy and Physiology are taught as an integrated course. I believe very little separate teaching would be required to be done in the subjects of Anatomy and Physiology and the students' grasp of the subject will be much better then if these subjects are taught in isolation.

The whole programme is to be implemented as an integrated one. Of course, F.P. is to be integrated at every step in all the programmes without offering any special programme.

In the beginning, there may arise many difficult problems but with imaginative planning and a firm conviction in the system, as suggested here, it will not be difficult to surmount the initial curricular problems

If planned properly and implemented with a team spirit with an open mind, there will be the following advantages of the programme as envisaged here :

1. Nursing education will become a part and parcel of the general system of education.
2. Maximum use of scarce resources would be ensured.
3. Proper utilization of nursing personnel would be possible.
4. The programme would be an open programme, that is, if a candidate feels that he/she is a misfit in the nursing profession, depending on his/her academic achievement at the +2 level, he/she can opt for the following courses for +3 studies.
   1. Home science
   2. Medicine
   3. General B. Sc.
   4. B. Sc. Nursing
   5. Barefoot doctor, if the scheme materializes.
   6. B.A., Engineering, architecture and some isolated courses which are envisaged in the system of 10+2+3.

Wide Choice

In short, the+2 candidates prepared under this scheme will have wide choices to opt out for the+3 course and nursing profession will have willing candidates to remain in nursing. Here, one is likely to think that all the bright candidates will opt out for other prestigious programmes such as medicine, home science, engineering etc. and only inferior candidates will opt for nursing. If we analyze the motivations of our present day students in nursing colleges and schools, we will find that majority of the students have joined nursing, not because of a liking for this noble profession but because of getting no opportunity elsewhere. Even if a candidate, after completing the+2 course, joins medicine, engineering, home science etc., I believe he/she will still carry the image of nursing to a wider group. It will help in the understanding of nursing profession by the masses. Even if a candidate after completing the+2 programme joins medicine, he/she will be a doctor who will understand nursing and will co-operate with the nursing profession rationally, something hardly noticeable at present among our medical colleges.

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1. Aggarwal, K.C. "Some suggested structural changes in Nursing Education", *The Nursing Journal of India*, July, 1976.
2. *Report of the Committee to Prepare Syllabi* for the Higher Secondary Education, Classes XI & XII to the Maharashtra State Board of Secondary Education, 1973.
3. *Report of the Committee to Prepare Syllabi* for the Higher Secondary Education, Class XI & XII to the Maharashtra State Board of Secondary Education, 1973.

Report of the sub-groups on :

1. Home Science
2. Physics, Chemistry and Biology.
3. Sociology, Psychology and Philosophy and Logic.