Family Planning
A Nurse's Concern

Mrs. S.A. SAMUEL

INDIA was perhaps the first country in the developing world to recognise the importance of population's relation to development. In the year 1950, the Planning Commission warned the Government about the seriousness of the problem : "Unless measures are taken up at this stage to bring down the birth rate, thereby to reduce rate of population growth, a continuously increasing amount of effort on the part of the community will be used up only in maintaining existing standards of consumption. Increasing pressure of population on natural resources retards economic progress and limits seriously the rate of extension of school services, so essential for civilised existence".

Leading Better Lives

The basic aim behind the family welfare programme is to help us all to lead better lives. Until 1963 the approach was essentially clinical where people were expected to come for help. Later, it was modified by introducing extension education and service. Here the emphasis was on motivating people for acceptance and rendering services at their door-steps, as far as possible. World Health Organization defines family planning as a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes, and responsible decisions by individuals and couples in order to promote the health and welfare of the family group and thus contribute effectively to the social development of the country. Thus it helps couples to : avoid unwanted birth ; bring about wanted birth ; regulate the intervals between pregnancies; control the time at which births occur in relation to the ages of the parents; and to determine the number of children in the family.

The gravity of the problem the human race is passing through becomes more evident with a careful look at the demographic data. The world's population in the year 1830 AD was one billion. By 1930, i.e. in hundred years, it doubled, and subsequently fewer and fewer years added billions making the world population 3 billion in 1960, 4 billion in 1975, and it is expected that by the year 2000 AD, it will be 6.35 billion.

The gravity of the problem can be seen from Indian statistics also. India had a population of 547 million in 1971 i.e. 15% of the world's population, while it has only 2.4% of the world's land. In India we are adding 13 million people every year The growth rate being 2% which is very explosive, it will take roughly 35 years, to double the present population which is almost reaching 700 million. Demographic data shows that today a baby is born in this country every 1 and half ($1\frac{1}{2}$) second.

Threat to the Society

To the society, already crippled with poverty, ignorance and disease, this poses a great threat. The population bomb is gradually nearing its explosive stage which is surely damaging to the human race. We are all victims afflicted by the adverse effects of overpopulation. We are constantly facing a mad rush in all walks of our daily lives. Overcrowding has become so common in schools, colleges, buses, trains, markets, cinema houses, hospitals and long queues are a common sight. This has resulted in pollution of air, water, food and improper sanitation leading to many diseased conditions. If this is our fate today, we owe it to the coming generation that a situation is not created where Indians may have to literally struggle for even breathing space. Deterioration in the standard of living is imminent, with problems for food, housing, clothing educational and health needs. By 2000 AD almost 50% of the Indians may be going without houses to live in. All available resources may have to be used up for maintaining people at the subsistence level and with no possibility for improving the quality of life.

Quality of life is a broad and complex concept. It has wider connotations than standard of living or family welfare. It includes : Satisfaction of emotional and psychological needs ; Statisfaction of social aspirations ; Cultural and aesthetic values ; Properly adjusted family life ; Provision of various social welfare services and amenities ; Satisfaction of essetnial needs like food, clothing and housing ; Mental and physical health ; and Recreation.

The ingredients of quality of life are dependent on the education, income of the family, nature of family expenditure and size of family. The problem is so severe, like a poisonous cobra, with its hood spread against us. Indeed, it is frightening to any right thinking person. What is the possible solution ?

The Ideal Solution

The ideal solution is to increase the educational status as studies have shown that educated women upto University level have an average of only two children, compared to illiterate women who have an average of six children. Thus, education is the key to open the doorway to a better tomorrow. But this is not fully practicable due to obvious socio-economic reasons. Hence, other measures have been adopted since 1976 such as mass education of women, raising age of marriage, abortion liberalisation, integrating population education into the school curricula and women's education on family welfare. Though the programme had been launched three decades ago, the results are not upto the mark. This shows that it is a herculean task

that needs concentrated efforts by people of various professions, organisations, groups and involvement of each citizen. It has to become a common concern and co-ordinated efforts of all is essential to reach the same goal.

As a partner in the health care delivery system, the nurse is equally concerned about this national problem. Recognising the problem, Indian Nursing Council has integrated family planning in the syllabus of all nurse training programmes—Auxiliary Nurse Midwives, Lady Health Visitors, General Nursing Midwifery and B.Sc. Nursing (Basic as well as post-basic course). Even M.Sc. Nursing in the speciality of Community Health Nursing has specially designed courses. Thus every registered nurse is prepared to advocate family planning through various means and motivate the couples to accept it as a way of life. We have over a lakh registered nurses, 50,000 auxiliary nurses and 6,000 Lady Health Visitors in the country. Most of these working in Public Health Centres and Sub-Centres share the responsibility for promoting family planning with other health workers. This is not fully true of the hospital-based nurses. I am of the opinion that the hospital-based nurses, if utilised properly, can help in better implementation of the family welfare programme.

A nurse comes in close contact with the patients and their relatives each day. As she is the only category of professional worker available at the bed-side round the clock, she establishes better rapport with them. Through purposeful conversation she can come to know the family history and the socio-economic standards. Thus she gets opportunity to discuss with those who are in need of this facility. She can teach them the advantages, various methods and places where the services are available. Many of the misconceptions regarding family planning can be cleared gradually and needy persons referred to appropriate centres.

Student Nurses

Let us look at the large force of student nurses in the country who work in the hospital wards to gain knowledge and skill in the care of patients. Approximately 5,000 student nurses complete General Nursing and 300-400 B.Sc. Nursing each year. They too are in a position to teach their patients and relatives individually and in groups. If each professional nurse and trainee nurse makes it a point to teach at least one person each day of the advantages of family planning, think of the number that is going to be helped on a 1 to 1 basis. In addition, there can be planned group health education that will reach a large number of people. Health education can be stressed by the nurse administrators in the nursing services and education areas.

The trained and trainee nurses who work in the community can use visual aids like puppets, marionettes, posters, and exhibits for health teaching. Role plays are also very good to stimulate the people to think. Nurses can also help and supervise other paramedical workers in the performance of their motivational campaigns.

In countries like Thailand studies have been conducted by the Ministry of Public Health in the performance of post-partum tubal legation by nurse midwife. The results showed that nurse midwives can safely perform this operation with short training. The acceptance of this service by PTS were very good and the attitudes of doctors towards the use of nurses for this role was positive.

It is important that nurses are associated in the planning of these programmes at all levels right from the central to the state, district, primary health centre and hospital so that active implementation and evaluation can be made at all levels. Sharing of responsibility and a feeling of partnership in the efforts to achieve success will motivate each nurse to do her best. Majority of the nurses being women can also be role models by having a small planned family to those who come in contact with them.

References

1. Indu Prabha Gupta, 'Changing Concept of Family Planning' PEN, Nov-Dec, 1982, p. 4. 5, 19.
2. M. Ubaidulla, 'Beyond Family Planning Measures', PEN, Jan. 1 81, p. 4, 14.
3. Romesh Chandra, 'Family Size and Quality of Life', PEN, Jan. 1983 page 4-8.

Crisis Counselling

Mrs. A. SALOME

Counselling the Ill, Dying, the Bereaved

CRISIS is a turning point for better or worse, resulting from any situation. It may be accidental (sudden), known to unknown or it may be growth crisis, crisis is a turning point which is an unusual event in life. We are more concerned when there is failure which means a loss, a unique experience, a mystery, an unpleasantness, experience, separation, unavoidable, unexpected, unbearable experiences possessing a mixture of feelings of pain components like anxiety, worry, uneasiness, mourning, sorrow, upsetting, fear, sadness, helplessness, and heaviness, feelings are syphoned out.

But for a nurse in her work area she is almost exposed to crisis events. Her patients may be terminally ill, illness may be due to a disease condition or a result of accident or injury. A nurse may be exposed to a patient who may show signs of approaching death where recovery is beyond reasonable expectation. While caring patients, a nurse must remain hopeful concerning recovery as a means of saving a life. The

The author is Nursing Tutor, Gandhi Hospital, Secnderabad.