Primary Health Care

Experiences of the Maldives and Singapore

Mrs. Reena Bose, Principal R.T. P.H. Singur, Hoogly, reports on her experiences in Community Health Nursing under Commonwealth Foundation Fellowship in the Republic of Maldives and Singapore from November, 1983 to January, 1984.

The Maldives

With the Award of Commonwealth Foundation Fellowship I paid a two-month visit to the Republic of Maldives starting in November, 1983. The aim of the visit was to gain further competency in conducting research studies in the field of Community Health.

To begin with, a short account of the geographical and cultural background of the Maldives, for a clear perspective of the experience:

The Republic of Maldives consists of an archipelago of 1190 coral islands, strung like pearls on the bosom of the Indian Ocean. Few are the nations of the world that have a landscape as beautiful as Maldives. Recently, it has become a land for major tourist attractions. The country is situated 608 kms south-west of Trivandrum. There are 200 inhabited islands grouped together in clusters called atolls. Islands are not more than ¼-½ km long and are densely covered mostly with lustrous coconut plants.

Male is the capital and the only harbour. An interesting thing about this country is that it does not grow any cereals neither does it have any milk giving animal. Every single item including foodstuff is imported except fish and coconut. The main industry of the country is deep sea fishing and coconut plantation. Maldivians are cent percent Muslim by religion though their ancestors were all Buddhists. They follow the Muslim Law strictly except the Purdah system. The women are quite independent in the islands.

There is no source of fresh water in the islands except rain water which is used for drinking. There is a thin layer of underground water obtainod within a depth of 2-3 ft. which is used for household purposes. Maldivians still use old gifili system for toilet. Gifili is a segregated courtyard sorrounded by a wall, next to the living room. Here a small hole is made with an iron rod where stool is passed and then covered with sandy soil. Therefore, the shallow underground water gets polluted easily and contributes to the country's major health hazard of diarrhoeal diseases. A relatively high infant mortality rate (81 per thousand) is mainly due to diarrhoeal diseases. In 1981 Maldives had a severe outbreak of Shigella which affected mostly children under five. Since then, the Government of the Maldives has laid down, the major reduction in occurrence of gastro-enteritis among children, as the main strategy for achieving good health for the Maldives by 2000 A.D.

Study on Diarrhoeal Diseases

Being primarily interested in diarrhoeal diseases in children, a study was conducted by me among a selected group of mothers to find out about their practices of hygiene, feeding of children and child spacing which might have some relation to the occurrence of diarrhoeal diseases in children. From the study it was concluded that there was great need for health education of mothers mostly in the area of child feeding and child spacing. Also, at the governmental level it was required to organise more tap water sources and arrangement for safe disposal of garbages. Health Workers need to intensify practice of health education in clinics and at homes. Knowledge and practice of family planning is rather deficient due to social bias.

During my stay at the Maldives, I had the opportunity of participating in the National Health Survey-Cum-Service Programme undertaken jointly by the national government and World Health Organization. The experience was a unique one as two weeks were spent on an ambulance ship out in the Indian Ocean carrying out survey-cum-service among selected islands belonging to different atolls. Moreover, sea bathing and snorkeling in the blue lagoons of coral reef and the hospitality shown by the islanders during the trip could never be forgotton.

Training of Community Health Workers

Another experience gathered in the Maldives was in training of Community Health Workers. The Allied Health Services Training Centre at Male runs a twelve-month Community Health Workers' Programme and a six-month Family Health Workers' Programme under the technical guidance of WHO. There were at the time of my visit, 23 Nurses and 12 Doctors all trained outside the country and employed at the only hospital at Male.

Health of the people in the islands is looked after by the Community Health Workers who work like bare foot doctors. One Family Health Worker is posted in each island who is usually a female and performs M.C.H. Care. Foolumas (Traditional Birth Attendants) perform the deliveries. Each atoll consisting of a number of islands is administered by an atoll chief under whom one Community Health

Worker is posted. CHWs are usually male persons. They are given a speed boat to travel in between islands, to supervise the work of Family Health Werkers and to carry out immunization programmes along with treatment of ailments. Communication system between the islands and the atoll headquarters is very good through walkie talkie. There are sea planes, and ambulance boats always ready to attend to any emergency in the islands.

Since the C.H.W. Programme of the Maldives is equivalent to our Multipurpose Health Workers' Scheme, the practical knowledge and experience gained there has provided many useful ideas and was an eye opener for me to realise how effectively C.H.W. could be made to function.

After spending two months in the Maldives, my next experience was at Singapore.

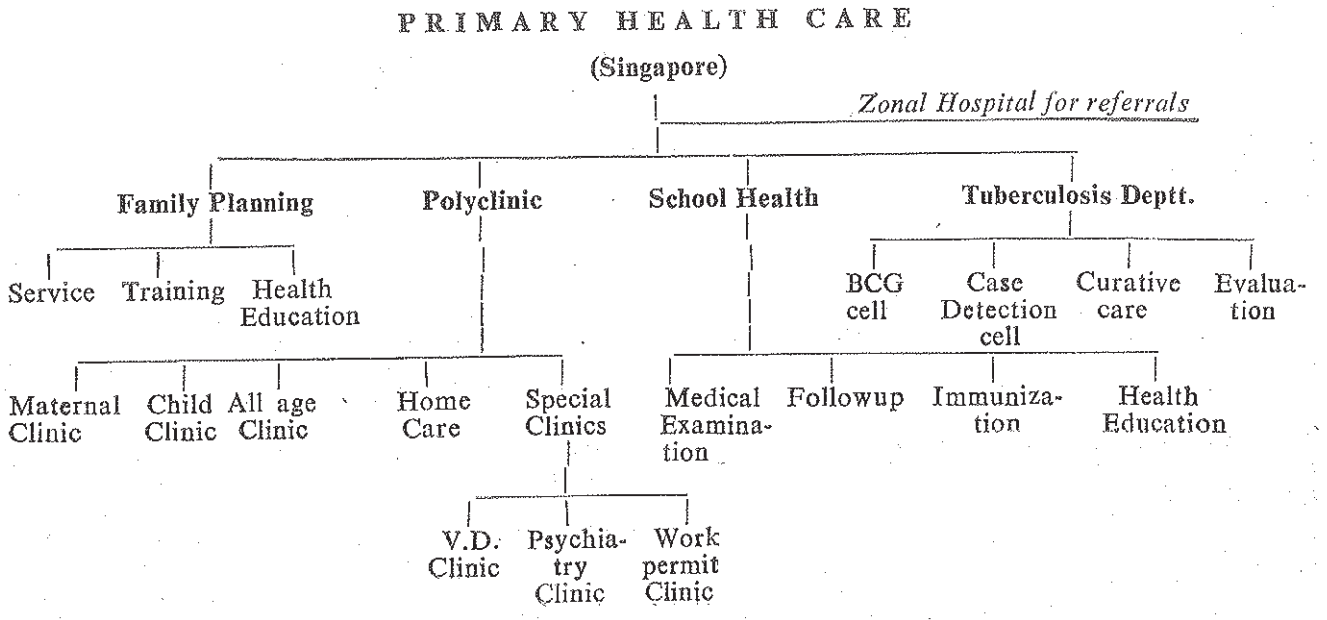
SINGAPORE

In contrast to the Maladives, Singapore is a country with a total urban community. It is the world's most densely populated land, situated at the tip of an island with few outlying islands. The interesting feature about Singapore is its multi-ethnic population. Chinese predominate numerically and the other two major ethnic groups are Malay and Indians. Singapore is said to be the largest market of the east.

The country was visited by me with an aim to study its Primary Health Care, as it runs an efficient and well organised health care system. Singapore has been divided into three Zones each having a referral hospital and a Polyclinic. Curative, preventive as well as home care services are rendered through the Polyclinic. Patients needing specialist care or indoor care are referred to the Zonal hospital by the Polyclinic. Private practitioners can also refer cases for home care to the Polyclinic. Primary Health Care is organised under M.C.H. and Family Planning Service, general services for all ages, special services for T.B., V.D., Mental Health and School Health Care.

It was interesting to find that nurses of F.P. Service contact the mothers in the hospital for F.P. consultation on the first day of the delivery. They are then followed up by the nurses in their homes and in the Polyclinic which they attend after 5 weeks. Nurses of T.B. Department immunize new born with BCG vaccination, also on the first day of delivery. The rest of the immunization schedule for the new born is completed by the nurses of the Polyclinic. The T.B. Department carries out mass miniature X-Ray in the housing estates one after another to detect cases. There is total coverage of all schools by the School Health Department. Doctors and nurses in school health work in teams. Booster doses of all immunization, along with Seondary BCG Vaccine after Mantoux Test, is given coverage by the School health Department. Overweight is found to be a problem among the school children. There is hardly any under- or mal-nourished.

The salient feature observed in the health care system of Singapore is its only two categories of workers : doctors and nurses. There are few social workers who are employed only in the School Health Deaprtment. Nurses are of three levels, Assistant Nurses with two years' training, Staff Nurses with three years' diploma and Nurse Practitioners with one-year post-basic course in Midwifery, Paediatric and Community Health. For practice of Midwifery, a nurse practitioner needs 5 months' further training at Maternity Wards. Fire ambulance service employs staff nurses in each ambulance who get in-service specialised training in first aid and resuscitational care. Teachers of the Nurses' Training School (which is only one) have the responsibility of teaching naval officers and pre-medical students. The schemes which



have helped the Government to maintain good health of the population are : (i) renewal of work permit only after urine and blood examination of all foreign inhabitants every six months, and (ii) control of population through issue of disincentives for the parents. The country has already reached zero growth in population.

Though health care system in Singapore has attained a high standard, it was regrettable to find that Nursing Education has not been uplifted to the College level. Inspite of that nurses with undergraduate preparation are practising efficiently. Many Nursing Officers are frustrated because of stagnation in the promotional channel. The only satisfaction is that they seem to be fairly well placed in the society and are well paid. I was much impressed by the efficiency and prefection with which the nurses work in Singapore. They are extremely methodical, time conscious, and hard working. They have established a very good system of supervision, which not only checks the care rendered but also provides encouragement to the subordinates. The Trained Nurses' Association of Singapore has a small membership, but it organises very interesting annual programmes, in-service training programmes as well as recreational tours for the nurses.

To conclude, I would recommend our nurses to visit Singapore instead of Western countries for observation and study of the health system, particularly the Nursing Service, which has definitely achieved a desired standard.

Before finishing I would like to explain the administrative set-up of Primary Health Care in Singapore. It functions under 4 departments.

(1) Family Planning : has 3 cells : Service, Training, Health Education.
(2) Polyclinic.
(3) School Health.
(4) Tuberculosis Section.

If Primary Health Care is not enough and any client needs special consultation he is referred to the Zonal hospital.

Stop Press

XI T.N.A.I. Biennial Conference

We are delightened to inform our members that Andhra Pradesh Branch, TNAI will be hosting XI Biennial (60th) Conference of the T.N.A.I. in Hyderabad during October 1985. Detailed information about the Conference will be published in the forthcoming issues of the Journal. The Theme of the Conference will be "Nursing and Patient Care Standards". The same theme is also to be highlighted during the Nurses' Day celebrations by the State branches.

Secretary, TNAI