Development of Community Health Nursing in India

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ANY attempt at writing the history of Nursing in India involves problems due to the complexities within the framework. Firstly, each province worked in its own way, independent of others, for the establishment of Nursing services depending on its need and the support given by Viceroys and Governors. Secondly, the vastness of the country makes the job of information collection an Herculean task. Thirdly, the non-availability of authentic written works exclusively on this subject creates a hindrance. One has to rely on other sources to get an overview of Nursing. Though much headway is being made in research in the history of medicine and other health professions, Nursing is far behind in this aspect. The only published work is that of Miss Wilkinson, published by the TNAI in 1958 with scanty glimpses of this untouched territory.

This paper delimits its scope to only tracing the development of modern Community Health Nursing from the moment of arrival of Nursing Sisters in 1871 to train nurses at the request of the Government of Madras.

Maternal Health Services

The earliest form of Community Nursing was in the area of maternal and child health—maternal services (Midwifery) starting well in advance of child care. The early missionary women who had some sort of medical training—deeming it would come in useful in their work—started using their basic skills in pregnancy and childbirth. Some of the more well-known of them are: Miss Hewlett, Miss Priscilla Winter, Deaconess Foltz and Miss Bielby. Miss Hewlett also started Dai training in Amritsar.

Nursing history in India and Community Health Nursing, in particular, is closely linked with missionary ladies and the growth of Christianity. In major provinces like Madras, Bengal and Bombay, it was the more enterprising of these who found that medical knowledge enhanced their teachings and so made it a point to carry maternal services and the Christian message side by side. Ladies of the aristocracy who had come to India because their husbands were employed here wished to pass their time doing some good. The work of Miss Nightingale had already created ambitions among many of them to achieve a name in the care of the sick

Midwifery on a large scale started in two important areas: a) training of Midwives, and (b) training and supervision of Dais. The very poor condition of women during pregnancy and childbirth was impressed upon the Queen by Miss Elizabeth Bielby. Miss Bielby had come to India in 1875 with the aim of giving medical care to women, and finding that her meagre knowledge was not sufficient, went back to England to get training in a regular medical college. She reported her observations to the Queen.

When Lord Dufferin was appointed to India, the Queen entrusted Lady Dufferin with the task of providing medical services to the women of India. Charged with this mission, Lady Dufferin went about collecting information to assess the needs and problems of women during pregnancy and childbirth. She can rightly be said to be the first person to organize a large scale health survey in India. She brought together resources from both Englishmen and Indians, and with her efforts, in 1885, was established the National Association for Supplying Medical Aid by Women to the Women of India. This health movement brought home to Indians and Englishmen the health needs of women and children. Training of nurses and midwives started in full swing under the aegis of the Association.

In this movement Dais were correctly identified as the vital links for better result. Dai training, therefore, became an important aspect of Midwifery. As already mentioned, Miss Hewlett was the first to start regular classes for Dais in Amritsar in 1886. She found it difficult to convince the Dais to come for training. They were suspicious of her motives. Neither they nor their clients felt the need for additional training in this basic art which was treated like a family trade. She paid them a fee for each attendance and gave them certificates after a short training. After they reported each case, she supervised their work and if satisfied, gave them a rupee per case. The money was given by the Amritsar muncipality. In this way a beginning was made to ensure safe home deliveries. With the help of the Dufferin Fund similar services were started in other provinces.

But provincial governments took up Dai training only after 1900, when the Victoria Memorial Scholarship Fund was established by Lady Curzon in an effort to do something to improve the conditions of childbirth in India. Many Dais started seeking the help of trained nurses and midwives at the time of difficult labour.

Child Welfare Activities

Child welfare activities were late in arriving in India. What little was done by missionaries was in the form of distribution of milk and other doling out

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activities. Miss Griffin and Miss Graham were appointed in 1918 to Delhi and contributed highly to the development of child welfare. Child welfare services recieved a greater impetus through an appeal launched by Lady Chelmsford in 1919, and the Maternal and Child Welfare Exhibition organized in 1920 through the efforts of the medical women of the Dufferin Association. The Indian Red Cross Society then took interest in the work started by Lady Chelmsford League for Maternal Child Welfare. These two agencies gave grants to provinces to start child welfare services. Meanwhile the Baby Week Movement started by Lady Reading took momentum and Baby Weeks were being organized all over the country. This helped in increasing public awareness to the responsibility of the society towards the health and welfare of the child.

Health Visitors: Once maternal and child health was being taken care of, the need for workers to take health message to all was felt. The visiting nurses' and district nurses' movement was already on the way in England. The two pioneers in child welfare—Miss Griffin and Miss Graham—started a health school in their Dai training centre in Delhi near Kashmiri Gate. They were later given a building at Bara Hindu Rao through the kindness of Lady Reading and this became the present Lady Reading Health School. Miss Griffin was the first Superintendent of the School. At first it was difficult to get students to join the course since the work of the health visitors was completely contrary to the traditions and image of Indian women, but later the number of candidates increased. Health schools started being opened in other parts of the country with help from the League for Women and Child Welfare and the Indian Red Cross Society. The duration of the course was nine months initially which was later increased to eighteen. This training persisted till the arrival of Public Health Nursing after Independence. Some of the health visitor training schools persist even today but many have been converted into training schools for health assistants.

Miss Nightingale's Contribution

Public Health Nursing was given lesser importance compared to hospital Nursing even though Miss Nightingale, the founder of modern Nursing, had made gigantic contributions to the development of Public Health in India. She was behind most reforms through her influential friends like Lady and Lord Napier, Sir John Lawrence and others. She was ahead of her time when she advocated economic policies before seeking health improvement. She said that irrigation should come before sanitation. She had never been to India, but gained a clear understanding of the problems by circulating questionnaires to all persons of high rank in India. She was already a legend in England after her health care feats in the Crimean War. It is reported that Viceroys and Governors went to her after they heard of their posting to India to get a briefing of the situation with special reference to hospitals and health condition of people. Along with Mr. Clark she worked for municipal drainage and water supply in Calcutta. She held great influence over Lord Ripon, Lord Dufferin and Lord Napier and through them achieved certain changes for the improvement of health of the people.

It was Miss Nightingale who first described District Health Nursing—the forerunner of the modern Health Visitor and Public Health Nurse. She said that health visiting did not mean giving charity; for there were many clothes-givers and soap-givers; people gave everything but not health education and Nursing care. She named the district health workers, "Health Missioneries". If Health Visitors can be said to be the predecessors of Public Health Nurses, their birth took place in Liverpool when a trained nurse—Mary Robinson—began to visit the sick in their homes. Public Health services therefore started as extensions of hospital Nursing with not much preventive work.

Development in India Today

Upto the Bhore Committee recommendations, hospital Nursing in the form of General sick Nursing, and Community Health Nursing in the form of Health Visitors course were two separate programmes. Midwifery was different from these two. They also had different bodies for registration and examination. Drawing from the experience of Canada and the United States who coined the term Public Health Nurse, the Bhore Committee recommended this person for India also. The Committee made estimates of requirements, described her functions and gave details of the courses of study. It was felt that the Health Visitor with her inadequate training was not capable of doing the job assigned to her. The Mudaliar Committee was also of the opinion that Health Visitors should be replaced by public Health Nurses who were fully qualified nurses and midwives with further training in the field of public health.

Even though the Bhore committee very strongly recommended starting Public Health Nursing Courses, very little was done to this effect. A post basic Public Health Nursing course was started in the College of Nursing, New Delhi in 1951 (later discontinued) and another in the All-India Institute of Hygiene and Public Health, Calcutta, in 1952. Later, the collegiate programmes, both in Delhi and Madras Universities, integrated community health as a part of the four-year undergraduate course. Other colleges followed the same pattern. The Indian Nursing Council also made an effort at imparting Public Health training by stating that public health should be an integral part of the General Nursing course.

At present, two ways of imparting Public Health Nursing education to nurses are being followed: (a) Integrated into the basic Nursing course—either the General Nursing and Midwifery of the B. Sc. Nursing; and (b) Separately as a post-basic course for a short duration of ten months to one year—as in the AIIHPH, Calcutta, and the Lady Reading Health School, New Delhi.

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PHC PROGRAMME

In Support of Health for All

Mrs. SEETHALAKSHMI

DURING the last five years, the role of national nurses' associations in the implementation of the Primary Health Care Programmes has been debated and discussed at all levels, both national and international, which has created a new awareness among the Nursing professionals.

During the conference in 1981 on the theme of 'Health for All by 2000 AD : the Role of Nursing in the Health Services in India', it was realised that nurses need to be open to change. They should be encouraged to have an enquiring mind to think and act independently and provided enough opportunities for developing their professionalism. This would be a stepping stone to success of the Nursing profession in realisation of 'Health for All by 2000 AD'.

Nurses are re-examining their specific role at all levels of health programmes and becoming more conscious of the issues evolving in the country. They are getting ready to assume suitable roles to meet the challenges preferred by the changing needs of the society.

To discuss the role of Nursing in support of 'Health for All by 2000 AD' it is necessary to discuss what Primary Health Care means for a nurse. Primary Health Care addresses the main health problems in the Community providing promotive, preventive, curative and rehabilitative services through Community Health Nursing with emphasis on community diagnosis, nursing processes and physical assessment.

Primary Health Care is likely to be most effective if it employs means that are understood and accepted by the community and applied by nurses at a cost the community and country can afford.

In India as in many other developing countries the development of health services did not keep pace with the changing needs of the population either in quantity or in quality and as we know the Nursing profession also faces the same problem because it is a part and parceal of the total health care system. Any effec t on the health care system directly or indirectly affects the Nursing system.

If the goal of universal health coverage is to be attained via Primary Health Care, the services must be efficient, appropriate and consistent with the basic needs of the community. Here nursing has the full potentiality to broaden its perspective and to advance the role of Nursing to meet the challenge.

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We all know that goals have been set for professionals in order to help the attainment of 'Health for All by 2000 AD'. With these basic goals in view the professional nurse has to examine how best she has been able to play her role in the total health care system. She can review her performance and evolve strategies for Nuring profession.

I feel that Nursing education should be oriented towards Primary Health Care and related manpower development.

It should incorporate Nursing research in all facets of Primary Health Care.

As a professional nurse in deeply contact with the community, she can influence people at community level to make use of health care services, she has to help strengthen the health care system, by ensuring proper delivery of health care services. She has to modulate her different roles. This indeed is a challenge to her profession. She has to encourage more of team work rather than individual approach because that will help her to motivate the community as a whole and not by part.

We all know that the goal of Primary Health is ultimately to develop or prepare the community for self care and for self-reliance. If nurses at all levels understand this and take action with regard to the development of self care and self-reliance in the community they would be doing what is essential without wasting their valuable time and energy.

Community Health Nursing

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The Health Visitor has been abolished in most places and a new Health Supervisor or health Assistant has taken her place under the Multipurpose Health Scheme. The concept of public health nurse is gaining ground gradually.

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