Public Health Nursing for Male Nurses

By RUTH HARNER

For many decades, ever since the concept of Public Health Nursing has been accepted as a need, it has been identified with mother and child care in India. It was recognised that the extremely high infant and mother mortality rates in this country necessitated vigorous action in order to prevent deaths, and to lower these rates. Red Cross Mother and Child Welfare Centres were opened all over the country, and after Independence most of these were taken over by Municipalities and State Governments and the work expanded. Lady Health Visitors were trained in large numbers to work in these centres with major responsibilities in midwifery and child care.

Although this double problem still exists (though not to the same degree as in the past and it deserves attention) it is interesting to note that the Health programmes of State and Central Governments have greatly expanded in other directions, and the Mother and Child Centres are no longer separate entities. In general, they are becoming part of the Primary Health Centres and Family Planning Centres.

The Central Government Publications Division in the yearbook “India, 1968” lists many active programmes for the prevention of diseases sponsored by the Union Government. In all of these male Public Health Nurses could contribute a great deal in fact, in those which require travelling, or living in rural areas, they can more easily be accommodated and many of the manifold problems encountered by female Nurses, Health Visitors and A.N.M’s do not exist for men placed in the same position.

Preventable Diseases

The major health problems represented by these National Schemes to control preventable diseases could be greatly lessened if full use could be made of male nurses with special background in Public Health Nursing, mainly in the following fields:

Malaria: While the incidence of malaria has greatly lessened, there were more than 2 lakhs of cases reported in 1967, and these remain a reservoir of infection which can again spread across the country. Male nurses can be very quickly trained to work closely with unit medical officers and district health officers in malaria eradication methods and teaching of the public.

Filaria: Male nurses can be appointed in the increasing number of filaria clinics as well as filaria control units. A large percentage of the 80 lakh persons with filarial disease manifestations are men with such difficulties as hydrocele. Control of the disease in rural areas will be very difficult without health education in which male nurses could take an active part.

Tuberculosis: This disease has an extremely high morbidity rate varying from 7-30 per 1,000 persons in various regions, and the rates for males is higher than for females. Male nurses are already employed in Tuberculosis clinics and Sanatoriums, and could do a better job with Public Health training. This seems especially important in the programme for the domiciliary treatment of tuberculosis accepted in the country at present. Even if the patients are females, a male Public Health Nurse could help educate and motivate the family and particularly the husband, to make sure treatment and preventive measures are faithfully carried out.

Leprosy: The prevalence rate of this disease in some areas of the country is 40 per 1,000 and an increasingly active programme of survey, education and treatment in which male nurses can work closely with doctors trained in anti-leprosy work is being developed. Men are already being given special training to carry out surveys in some areas.

Veneral Diseases: A survey 18 years ago showed that about 5 per cent of the population had syphilis and another 5 per cent were infected with gonorrhoea. Despite the establishment of many V. D. clinics, in many areas these are still insufficient. Because of the nature of these diseases, it is much easier for male nurses to assist the doctors in the detection programme, treatment and education to prevent the spread of the disease among male patients.

Smallpox: Although the large scale vaccination programmes are undertaken by non-medical personnel trained to give vaccinations, a male nurse with Public Health education could be of great assistance in the motivation of the population through health education to accept vaccination and request it not only for Smallpox but for Cholera, Typhoid, Tetanus and Diptheria as well.

Trachoma: Some states have been found to have a prevalence rate for trachoma of over 50 per cent of the population. This presents a huge problem of treatment and prevention which has hardly been touched. Male Public Health Nurses trained to recognise cases, report the incidence and carry out the follow-up treatment could make an invaluable contribution to the control of this disease.

Male nurses can be very effective in assisting the wide-spread immunisation programme for those diseases for which vaccines exist.

Other Public Health Programmes

Cancer: This is another problem under investigation to determine its extent in the country, and it would seem that there is a great deal of undiagnosed and hidden cancer in the country. Male nurses can be usefully employed to discover such cases and assist

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in the education of the public towards early detection of cases.

Eye Diseases: Another difficult to control affliction is that of the many types of eye diseases. Male nurses who have been involved in advance publicity and detection of cases for Eye camps and assisting the doctor's orders following the days of the operations have done very well. They could be much more widely used in this field.

Industrial Health: A growing problem in India is that of Industrial Health, involving as it too often does, the overcrowded living conditions in the slums of cities as well as the hazards of the factory itself. The vast majority of these workers in large scale industries are men, and it seems logical that male nurses could be most useful in clinics and hospitals attached to industries.

The Contributory Health Service Scheme (or Central Government Health Scheme) started in Delhi being adopted in other parts of India. Again, with the large majority of government workers being men, male public health nurses could work in these clinics and the visiting nurse programme along with female nurses caring for the families.

School Nursing provides another field where male Public Health Nurses could make a very real contribution. Young children and older boys respond well to health teaching by male nurses. They can help in regular health check-ups, annual physical examination and in follow-up treatment of defects.

Male Nurses can also be used in giving Nutrition education to school children as well as adult groups. The serious problem of protein deficiency in a growing population needs the mobilisation of every possible resource in its control. Male nurses who can take Public Health Nursing can be equally as effective in this field as are female nurses.

Male Public Health nurses located in rural or urban areas, could be of great assistance working with Public engineers personnel in improving sanitation and water supplies. The best programme and facilities can fail without the understanding and acceptance of Hygienic rules by the public. Male Public Health Nurses with the understanding of mechanisms of the sanitary equipment and water supply systems, as well as background knowledge of hygiene and prevention of diseases, would be in an ideal situation to assist in these programmes.

There have been frequent calls for Medical Relief and Services following floods, earthquake, cyclones and fires in recent years in this country. Male nurses with Public Health background could be used more easily than female nurses in these natural calamities where the hazards are of a serious nature.

They can also assist in Research in health related studies now being carried on in the country.

Because of its great urgency, the Family Planning Programme is receiving the lion's share of attention and finance in the Health Programmes of both Central and State Governments. Public acceptance has been slow and still is far short of what is necessary if the goal of a drop in the birth rate from 41 per 1,000 to 25 per 1,000 is to be reached by 1976. One important factor in this is the lack of understanding of the effects of various methods of birth control. And very often it is the husband, the head of the family, who refuses any method. It is very difficult for single women Nurses and A.N.M's to persuade women much older than themselves, and almost impossible for them to talk with the men about it. Here is an urgently needed service which can be carried out by male Public Health Nurses—the education and motivation of the male population towards family planning, assisting in vasectomy clinics and mobile teams, and in follow-up work of operative cases. This opportunity and need cannot be over-looked.

In all that has been mentioned above, Health Teaching to increase the general knowledge of the population on health matters is essential to reach the goal of improved standards of health for the entire nation. There is no reason why male Public Health nurses cannot do this as well as female nurses. The added skill and knowledge for giving the most effective health teaching which is imparted in the Public Health Nursing programmes should not be withheld from male nurses.

It may be seen from the above discussion that in all of these areas of public health nursing and even including the care of infants, male Public Health Nurses are equally usable as female nurses, except in Midwifery and the care of the mother. This one lack is more than offset by the fact that men can more easily be located in rural areas and slum areas where women must have a greater degree of protection and in addition, men are more able to withstand the physical problems involved in moving out of the centre into the community or surrounding areas for which a Public Health Nurse is responsible.

One problem seems to be the fear that a male Public Health Nurse will set up his own "Private Practice." This is not impossible for either a man or a woman. But a nurse, who has had a full general nursing course and a public health nursing programme in addition, including the ethical and moral standards imparted through these various courses, is much more likely to practice within the limits of the profession, in cooperation with other members of the health team, and in support of the health schemes established by Central and State Governments, than a person with no preparation or very short courses in a single health related subject.

Considering the great extent of the Public Health problems in India, the justified reluctance of women nurses to specialise in a field which necessitates their living and working in very difficult situations, and the need for men in some specific areas of health services, it becomes a logical and necessary step to open the field of Public Health Nursing to Male Nurses. In fact there is no reason why this natural resource cannot be utilised to help raise the health standards of India.

It is time for Nurse Educators and leaders to consider this question and think of a change from the existing policy of limiting Public Health Training to Female Nurse.