THE world population today as it stands is about 3,000 million and it is expected that by the end of this century it would be doubled. India is one of the largest countries in the world with the second largest population and the rate of increase is about 2 per cent, per year. This situation of population explosion has created a fear among the politicians, health authorities and various other people in our country and has resulted in the establishment of several family planning programmes to regulate the rate of birth and thus reduce the ever-growing population. Government has taken increasingly great measures since independence to solve this great problem and has given priority to family planning. Since the advent of community blocks and panchayat raj in the country, health services are gradually being extended to the rural people in every area through the primary health centres. The primary health centres have several categories of personnel, such as health visitors, health inspectors, auxiliary health assistants, auxiliary nurses and other personnel of whom the public health nurse is now an important member of the team. In our country the family planning service offered in a primary health centre especially Maternal and Child Health Programme. Usually primary health centres include generalised services of family health, communicable disease control, environmental sanitation, nutrition, maternity and child health clinics of which family planning becomes one of the most important objectives.

As a member of the health team the public health nurse can contribute significantly toward the promotion of Family Planning through the generalised programme, especially in rural areas. Eighty per cent. of our people live in rural areas. Studies also have shown that families in rural areas are larger. Thus it is evident that although the population problem is widespread, both in urban and in rural areas the immediate and larger task will be for us as health workers to work intensively to solve this problem in rural areas where the majority of the population live.

The objectives of family planning are: to provide health and happiness in families by:

1. reducing births of unwanted children
2. helping parents to have children only when wanted (spacing)
3. assisting childless couple to have children.

There are certain factors like superstitions, religious beliefs, ignorance, illiteracy, traditions etc. in our country which cause general resistance among people to accept any kind of advice in relation to health matters. The same factors act as barriers in the family planning programme today. Though family planning is acceptable in principle, it is not practised actively due to poor motivation.

We can collect a few instances where women would have come to us asking for a pill or injection to abort since they do not want to continue the pregnancy due to various reasons. It is evident that they are feeling the need for some method of preventing conception, though not at the right time. Again we find women in rural areas indicating an interest to have the tubal sterilization done; but soon after delivery the picture changes and we find them not wanting the operation. They feel that they will not be able to carry out their normal work such as pounding, drawing water etc. They are afraid or suspicious of the methods that are advocated today in our country. Most of their fears are unfounded or based on misinformation.

The solution to this problem is to educate the people, both men and women, and to promote a healthy interest among them to accept modern birth control measures. However, discussions on family planning measures are embarrassing subjects especially for women. Even yet to talk about sex is considered a taboo in our country. Therefore the approach to this subject needs to be on a private or on an individual basis. Studies have shown that with systematic education we can arouse the interest and motivate people to plan their family effectively.

Role of the Public Health Nurse

A public health nurse can contribute a great deal in any programme of education of people. Her function is such that she can easily fit family planning into her work in rural areas. An important aspect of her work is home visiting when she provides nursing care, treatment, and health counselling to antenatal mother, post-
nata! mother, children, patients having tuberculosis, communicable diseases and so on. The public health nurse’s activities also include services at the clinic, school, office, health centres, industry etc. in all phases of her work, emphasis is placed on the prevention of diseases, promotion of health and rehabilitation. Thus the public health nurse is in an especially strategic position where she can play an important and unique part in a family planning programme. In her work she establishes more association with the individuals and families in a community than any one else. As mentioned earlier, women like to discuss matters concerning family planning privately to a doctor or to any lady health worker. Since we do not have enough doctors to make home visits in a community, the public health nurse is the next best person to carry out family planning work while doing her regular home visiting. She can communicate the right kind of information to individuals at home, at clinic, or anywhere.

While a public health nurse interviews antenatal and postnatal mothers at clinic taking down their histories and filling their records, or while the mothers are waiting to see the doctor, she could talk to them, find out their opinion on family planning, their practices, etc. She could also try to introduce the modern birth control measures. To aid her in this, she can use visual aids such as posters, films, models, pamphlets, charts, flash cards etc. Similarly while carrying out any treatment at home or doing any service for the patient, e.g. giving bath to a baby or giving an injection, she will have time to discuss family planning also with the women. This type of counselling on a private basis encourages and strengthens the relationships between the patient and public health nurse and helps to remove the unnecessary fears and doubts.

A public health nurse can assist

the doctors in the clinics in the distribution of contraceptive and in maintaining records of patients receiving them, in follow-up and reporting to the doctors about the use and effectiveness. She can also contribute a great deal by taking an active part in research programmes.

Since we do not have enough qualified public health nurses to work in our health centres, it is necessary to utilise other categories of personnel like gram sevaks, gram sevikas, midwives, health visitors, dais and other workers who are employed in the community development projects to carry out family planning work. The public health nurse working in close association with them can instruct them about modern methods of birth control and the use of visual aids. Both the public health nurses and the welfare workers can play a key role in the dissemination of information on family planning.

We find that in our country it is necessary for the woman to get permission from their husbands to undergo sterilization. It might be difficult to contact the man of the house as he usually goes out for work. Also in some places it is more acceptable if a male health worker approaches the husbands. Therefore gram sevaks may be called upon by the public health nurse for help to talk to the husband and get his consent. A successful family planning programme can be carried out with the help of the staff of the community development projects if only they could be made use of in an effective way. In addition to educating personnel, public health nurse can assist in organizing and conducting training programmes in blocks for youth leaders, panchayat leaders, women leaders etc. who will be working as associate agents of the panchayats to help in the family planning work.

However in a programme like this she needs to emphasize that whatever they do should be purely educational and encourage them to

direct couples to Primary Health Centres or other reliable sources for medical advice, especially with the latest device I.U.C.D. It is essential that the women are referred to Primary Health Centres to have this done by the lady doctors.

Another group of people who could be used in family planning work are school teachers. In certain areas where there is no health or social welfare worker available it may be possible to motivate and use teachers in family planning work on a voluntary basis. As a matter of fact this is carried out in a few of the private institutions and the teachers have been found quite effective in helping to carry out the family planning programme. The public health nurse who comes in close contact with such institutions in rural areas could organise regular classes for teachers on family planning with the help of the Medical Officer and other health workers.

Every health worker rendering community health services has a responsibility in the prevention of illness and promotion of health of which family planning becomes an integral part. Every one of us should be conscious of including this subject in all our endeavours. However the task is not easy. Only by continued visits to homes by public health nurses and other community workers, and by persistent health education activities on a mass and individual scale will we be able to overcome the barriers and motivate people to accept the advice and services offered.

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