Development of Public Health Nursing In India and The Role of Men

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PUBLIC Health is an integration of Sanitary, Medical and Social Sciences. C.E.A. Winslow of the Department of Public Health of Yale University defined it thus : "Public Health is an art and science of preventing disease, prolonging life, promoting health and efficiency through organised community effort for the sanitation of environment, the control of communicable diseases, the education of individuals in personal hygiene, the organisation of Medical and Nursing Service for early diagnosis, prevention and treatment of diseases, and the development of a social machinery to ensure everyone a standard of living adequate for maintenance of health, so organising these benefits as to enable every citizen to realise his birthright of health and longevity."

The development of Public Health in India is of recent origin when compared to other advanced countries in the world. When we trace the history of nursing it would be clear that men also were rendering their services along with women for the helpless and sick even during the 7th century and before. History tells us that in India during the reign of King Asoka (226 B.C.—250 B.C.) monasteries were built, houses for travellers were provided and hospitals for both men and animals were founded. Prevention of disease became a matter of first importance even during those days and hygienic practices were adopted. It was said that nurses were usually men or old women. It is interesting to know that the monastic orders including both men and women played a major role in the health services for the suffering sick in the western countries. Mention has also been made about the Knights Hospitallers of St. John of Jerusalem concerning their valuable services towards the sick. From this background we know that men took an active part in taking care of the sick and the helpless even hundreds of years ago in many parts of the world. In those days the sick and the suffering were treated in homes, churches or some public places and history reveals that men were actively engaged in the health services.

Ready for a home visit

With the advancement in science and other medical fields, society changed, civilization progressed and the need for improvement in Public Health was realised by the people in countries like USA and Europe. Accordingly tremendous changes took place in Public Health activities with fruitful results. But in India the actual Public Health movement started only during the 19th century when heavy mortality of the British troops in India attracted the attention of the Parliament in England. This resulted in the appointment of a Royal Commission by the British Army to enquire into the health problems in India in 1888. There was an outbreak of Plague in 1896 which suddenly took a heavy toll of life in India and this resulted in the appointment of the Plague Commission to investigate the various causes. Apart from these, the Reforms of 1919 and 1935 brought rapid progress in the advancement of Public Health Services in India.

In 1859 when Florence Nightingale came to know about the loss of lives of Service Men in India, she began to work for the promotion of health and sanitary conditions of the British Army in India. After a time she changed the army problems into public health problems and worked for almost 20 years which aroused officials in England to improve living conditions for the native population in India. She discussed health and sanitary problems with important persons such as Viceroys and Governors who visited her before leaving for India and brought about health reforms. She also contacted powerful English friends to improve sanitary conditions in India. Thus some progress

in Public Health was made in India through Miss Nightingale's efforts during the 19th century.

Early in the 20th century when development in public health measures progressed, the need for Public Health Nursing was felt by the reformers in India. During the early days the sick in the homes were not cared for by nurses. The maternal and child care was mostly done by untrained Dais, who did not have any scientific knowledge in conducting deliveries and as a result the mortality and morbidity rate was rising high in the country. The discovery and realisation of the appalling conditions associated with child birth was actually the starting point for the modern Public Health work in India Many attempts were made to train Dais with partial success. Some Missionaries and other voluntary agencies took steps to train Dais and supervise them. But this training programme did not prove to be successful until the establishment of the Victoria Memorial Scholarship Fund by Lady Curzon in 1900 in order to improve the conditions of childbirth throughout India. The income derived from this investment of Rs. 7 lakhs was utilised as scholarship for the purpose of training of Dais.

As the country advanced it was realised by the leaders in the health department that Health Visitors were essential to supervise the work of Midwives engaged in M.C.H. services, and as a result the first School for training Lady Health Visitors was established in Delhi in the year 1921 by Lady Reading. Later on similar schools were opened in some other States as well and thus Health Visitors were trained in large numbers. But they confined their services to mothers and children and did not meet the health needs of other members of the family because of their limited training and lack of nursing background. Therefore their training programme was extended to a broader level and they were better prepared to some extent to meet the family's general needs. It was later realised that persons with better preparation were necessary to supervise the work of midwives and health visitors if the health status of the people was to be raised.

Meanwhile the Bhore Committee was appointed by the Government of India in October 1943 to study the existing health conditions and health organisations in the country This Committee made a survey of the conditions and published a Report in 1946 with a view to formulate further health programmes. The Committee made a number of recommendations for the improvement of health conditions in India. One of them was that Nursing Colleges should be established to provide degree courses in nursing. The other was that male nurses and male staff nurses should be trained and employed in large numbers in Male wards and Male Out-patient Departments.

With the recommendations for the improvement of health conditions and with the felt need of the country, it was decided to start a course in Public Health Nursing at post-basic level in order to provide qualified nurses with adequate preparation for effective supervision of the midwives and health visitors in the various public health fields and thus to provide better service to the community. Accordingly in 1952 a Public Health Nursing programme was started at the College of Nursing, Delhi, and later it was transferred to the All-India Institute of Hygiene and Public Health, Calcutta in 1953. WHO and UNICEF had extended their aid for the improvement of this training programme. Towards the end of 1960 a post-certificate course in Public Health Nursing was introduced at the Lady Reading Health School, Delhi and a similar course of training was started in Kerala in 1961. Still later schools for such courses were established in Indore, Ahmedabad and Nagpur. All the Nursing Colleges in the country are also imparting Public Health Nursing as an integral part of the B.Sc. (N) course. But it is discouraging to note that opportunities for men nurses in India in the field of Public Health Nursing are not much, whereas in USA and other western countries these privileges have been extended for men nurses including work in the field of Public Health Nursing. USA stood first in this respect along with other advancement in education, economic status and assisting in the uplift of under-developed countries In India opportunity for men in Public Health Nursing offered itself when the nursing leaders in Kerala and the Kerala University opened the door for men to take the B.Sc. Nursing Course (at post-basic level) in which Public Health Nursing is integrated. The University of Kerala and the College of Nursing, Trivandrum are to be congratulated for giving this opportunity to men nurses who can play an important part in the field of Public Health Nursing.

A few people have raised the question as to what a male nurse can do in Public Health Nursing.

Public Health Nursing mainly includes activities connected with the following programmes :

(1) Medical relief (integrating preventive aspects in the care given).
(2) M.C.H. Programme
(3) School Health Programme
(4) Family Planning and Welfare
(5) Control of Communicable diseases
(6) Environmental Sanitation
(7) Maintenance of Health and Vital Statistics
(8) Health Education

The goal of these programmes is prevention of disease, prolongation of life, and promotion and maintenance of optimum health. In our country majority of the people are not giving much importance to the aspect of "prevention of diseases". They are more concerned with treating the diseases when they occur. Therefore a large amount of money is wasted in the attempt of treating diseases that could be easily prevented, whereas in other advanced countries the money is being utilized for raising the standard of living resulting in healthy and happy lives.

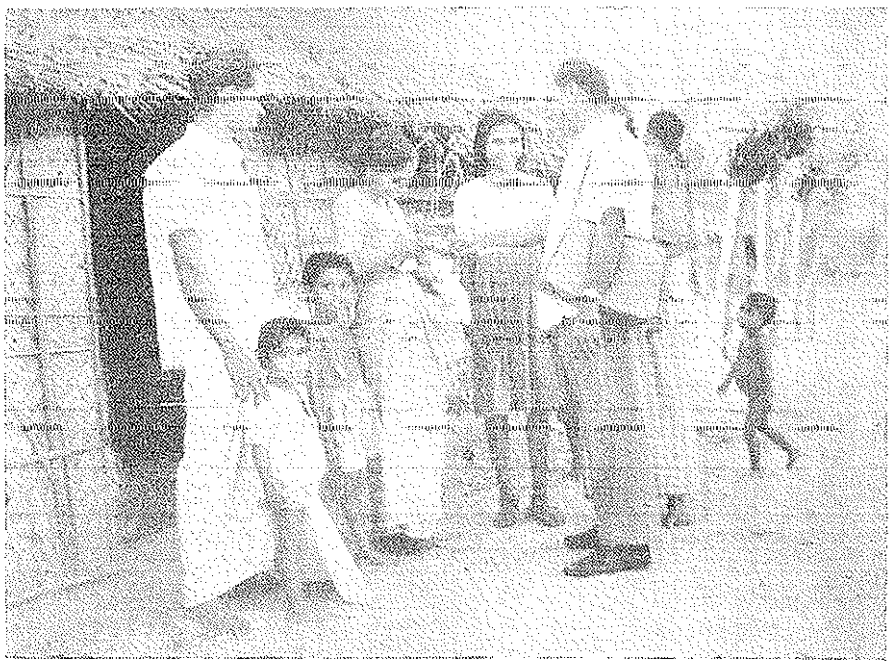
Therefore in order to bring about changes in our people intensive health education is essential. Health education aims at bringing about desirable changes in the health practices and behaviour of the people concerned. Through effective health education only people can be made to understand the need for positive health habits for healthy living and prevention of diseases.

When a change is to be effected in a family or group, it is the father of the family or the most important person of a particular group who should be influenced first in order to bring about the desired change. A male nurse is no doubt a strong and effective instrument for this aspect of the service.

During my field experience at a village near Quilon, I had the opportunity to render my services to a few families. I established harmonious relationship with the families by showing sincere interest in them and as a result people in that community were satisfied with the services of the Public Health personnel. While giving health talks I was able to motivate them in listening to the instructions and guidance regarding practice of positive health habits in their daily lives. I was happy to note later on desirable changes in their health habits. I quote only one instance but I sincerely feel that men nurses also are capable of bringing about healthy changes in the people by effective health education.

The School Health Programme is another aspect of Public Health activities in which men nurses can take part. Children are the future leaders and nation builders and therefore their health is more important from the Public Health point of view. Teaching school children personal and environmental hygiene and how to prevent disease was one of the interesting activities that I had carried out with suitable aids during my experience. This was an effective and impressive service for the students in the School Health Programme.

Another aspect of Public Health service is the M.C.H. Programme. Now-a-days great emphasis is being given to this aspect of the work as it includes Family Planning which occupies the headlines of every newspaper in India. At present we are facing a great problem in our country—the population explosion. Our leaders are trying to reduce the growth of the rising population by various methods of birth control. It has been said that two babies are born every second in some part or other of the world. The unchecked growth of population may bring about a catastrophe. The Public Health Nurses have a great responsibility in educating the community in this respect. It is realised that this service can only be improved through Health Education. It is my experience that men nurses are very suitable to guide and motivate the male members of the community for Family Planning, which at present cannot be carried out effectively only by the female staff engaged in this work.



Visiting a family during field experience.

During my experience in the Medical College Health Unit, Trivandrum, I observed that female members of the Unit paid more attention to children and mothers in the homes. As a result the health needs of the adult male members were almost neglected. I was able to identify in one of the families, that the head of the family was suffering from mental disorder since 5 years. This problem was known to the Public Health Nursing staff in the area but nothing could be done effectively due to various limitations. When I understood this problem and I being a male nurse took certain steps to help solve this problem. Moreover, being a public health nursing student, I realised that this is not only a problem to that family but also a problem to the community. Therefore I have decided on further study of the family and its problems. I could sense the emotional tension and threat caused by this problem to the family. I felt that the first and foremost thing to do in helping the family to solve this pressing problem was the immediate removal of the sick person from the house for treatment. I consulted my supervisor and with his able direction and guidance all arrangements were made for the admission of the person to the Mental Hospital. To do this I approached a number of people such as the Panchayat President of the area for assistance in transportation of the patient to the Mental Hospital and other nursing staff in order to get their co-operation and help. Facing many problems, at last I succeeded in admitting him in the Mental Hospital where treatment could be started immediately. The remaining family members were relieved of their emotional stress and strain to which they were subjected since 5 years.

I visited the Mental Hospital twice to enquire about the condition of the patient and his progress. To my satisfaction I found that he had improved remarkably and the family members when informed of this matter, were greatly relieved and satisfied with our services. Thus

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