



DOES NURSING EDUCATION TODAY MEET THE NEEDS OF THE COMMUNITY?

by

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WE all are familiar with sick people, as our work is with them. When we are caring for them, do we remember that they come from a home, where there may be several other members? Sometimes it may be the bread winner for the family or a child who is the centre of attraction, or another important member of the family. Whoever it is, sickness causes a certain amount of disturbance in the family. It affects the whole family, financially and functionally. If he is a working man, his sickness affects his work, thus the production; when the production is affected, the conveniences available to the public are involved.

The sickness is due to mal-adjustment on the part of the individual in his own setting. He has to adjust to the environment, either adapting himself to the environment or changing the environment to be suitable for his living. When he is no longer able to adjust to the environment, he becomes sick and seeks medical aid. He may come to the hospital, where we look after him and send him home again. Hospitals are specially set up to look after sick people. After curing his sickness he goes home, to the same environment without knowing how to live there. He may come back to us with the same or some other sickness. Every patient who comes to us should be considered as an individual, with his special needs in relation to his position in the family, society, and the particular environment in which he lives. Unless we help him to adjust to that particular situation, we have taken care of only the

physical sickness, not the person as a whole.

Sickness is costly and facilities are very limited. The average Indian, if he does not work almost every day, finds it difficult to carry on his life. The facilities available for the sick are very limited.

Bed Facilities. The beds available in the country for medical care are 0.4 per 1000 population (1960), even after the vigorous attempt during two Five Year Plans.

1 Doctor—4,800 population—
1—2,000 expected

1 Nurse—10,300 population—
1—500 expected

All these doctors and nurses are living in the urban areas, whereas over 80 per cent of the people are still living in the villages. So the limited medical facilities, and the personnel available do not reach the majority of the population.

With the present training programme in medicine and nursing, we are trying to attract the health workers to the homes and villages. After the completion of training courses only a few are willing to go to rural areas.

Very few of our people seek medical aid early. People are not health conscious. We have to help our nursing students to become aware of this. We have started formal health teaching programmes in the training schools but how many of them carry it over in practice on the wards, in the O.P.D. and the home, except for certain fixed hours of the day? This is something which should be part of

the care of every patient and his family. Do we Nurse Educators give sufficient attention to this situation?

What are our health needs? We are still fighting many problems, which advanced countries overcame in the early part of the 20th century, or even earlier. The basic health needs of the people are more or less the same all over the world, but ours is little more exaggerated.

Requirements

Health protection care during pregnancy, child birth and childhood, adulthood and preventive inoculation.

Wholesome adequate food.

Safe living and working environment.

Safe water to drink.

Health education.

We know how these health needs are met in our country.

Maternity and child mortality and morbidity rates are still very high.

India—Maternal mortality 10 per 1000 live births (1960)

England—Maternal mortality 0.72-0.75 per 1000 live births (1959)

Infant mortality in India is 99.9 per 1000 (1955)

Whereas in Sweden 17.4 per 1000 live birth (1955)

The diet surveys carried out in different parts of the country have shown that for about 30 per cent of the families the food consumed is insufficient to provide the necessary energy requirements; that the diet is almost invariably ill-

balanced ; that there is in terms of food factors, a deficiency of fats, vitamins and proteins of high biological value. From the recent daily papers we read that the food that are available in restaurants and hotels are not wholesome and a number of the people are victims of food poisoning. We know how unsafe is the food sold on the roadside, to which a majority of our people are attracted ; this may be due to the low cost or because it is within easy reach. Religious belief, superstitions, and personal likes and dislikes also play an important part to causes of malnutrition and under-nutrition.

Safe Environment. In India, the people, generally speaking, live in a dangerous environment. His surroundings are full of filth and dirt loaded with micro-organisms. The importance of a clean environment is not recognised.

The Water Supply in our villages and towns is so unreliable and unsafe. Even if safe water is supplied, before it gets to the consumer it is likely to be contaminated at various points e.g. collection and transportation, before reaching the consumer.

Health Protection. I do not know how much we emphasise this point. Most of the communicable diseases are preventable. The Bhore Committee said that India is a store

house of all kinds of communicable diseases. Preventive measures are available, but people do not understand them well enough to co-operate with the health authorities. India is now engaged in a Small-pox Eradication Programme through mass vaccination but in spite of having an army of vaccinators, and other helpers, a block area in North Arcot District was able to cover only 50 per cent of the population. In villages, we now have many facilities for health services but we still find people suffering from preventable ailments. It is because people are not aware of these facilities and to use them to improve their health. People do not take care of illness in the early stages with the result, a simple cold which can be controlled in two or three days may turn into a pneumonia or bronchitis, lasting for days or weeks. Every nurse should be a health educator and try to change the attitude of people towards sickness and health.

To some extent we have been able to bring down the death rate due to preventable diseases, through protective measures. A rapidly increasing population presents another problem. So we have to think about family planning to bring down the growth of the population and the governments are doing all they can to propagate family planning.

Mental health is another thing

which we should improve if we want to have a better race ; if we can attain this, we may prevent many national conflicts.

In the past, the nurse had mostly an illiterate population to deal with. Today's pattern is different. Education is made compulsory. The present day nursing student will be practising among a more literate community whose outlook in life is changing. Always people are moving about with an enquiring mind. They will expect their nurse to answer their questions ; if she does not satisfy their needs she may find it difficult to be accepted by them. Today's nurse needs to be well-educated and well-informed. We can enable the student to develop other interests by adding subjects other than nursing and medical subjects in curriculum, and by extra-curricular activities.

I was trying to enumerate some of the needs of the community at present. Many of us have advanced nursing education and some of us are still actively engaged in educating others. I am leaving a question to you—Nurse Educators—Is our curriculum adequate to meet the needs of today and of tomorrow ? If not, let us hurry up, and go along with the rapidly changing world. Otherwise there will be big lag between us and the people whom we serve.

ALUMNI ASSOCIATION

School of Nursing, C.M.C. Hospital, Vellore

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Asst. Secretary		Miss P.K. Saramma Miss Susannamma Varghese	-do- -do-
Elected Members—2 (Two members are to be elected)		Miss A. Chacko Mrs. Kasthuri Rao Miss V.K. Sosamma Mrs. Sarama George	Christina Rainy Hospital, Madras. Rural Health Centre, College Hill, Vellore. C.M.C. Hospital, Vellore. C.M.C. Hospital, Vellore.

Signature of Voter :

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MISS A. P. THOMAS,
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