



PUBLIC HEALTH NURSES IN THE FIELD OF RESEARCH

BY

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"PUBLIC Health is People", and naturally it concerns the individual, family, community, and the nation as a whole. Therefore we find that, today the health services are not only concerned about the illness and the curative aspect but have acquired a much deeper and wider meaning in seeking to promote and preserve health.

Public Health services are based on social, economic, cultural, psychological (both the individual, and the family), and medical factors.

The modern public health movement was started in 18th century by John Peter Fank, and actually took shape in England in the 19th century. During the early part of 19th century, general sanitation and hygiene was very poor in India. Services available during that period were rendered by untrained and unskilled people. The untrained midwife was very close to the people (women), but we know the sad results of this relationship was a high infant and maternal mortality.

When we study the history of the 19th century health services, we find some very interesting facts, both in India and abroad. Poverty and diseases formed a vicious circle in the community—men and women sick because they are poor and poor because they are sick.

The premature death was largely due to poverty. Although industrialisation is the sign of development in a country, it makes urban life for the lower income group extremely hard; and the rural community suffers because of lack of communication and unawareness of the consequences of the industrial revolution.

We believe that "the highest attainable standard of health is one of the fundamental rights of every human being", for improving and maintaining the health of the people, and that the prevention of the disease is the best solution and the most economical.

Today by health we mean a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (WHO).

Public Health Programmes

Public health workers today owe a lot to the Bhole Committee. This Committee published a report on their Health Survey in India in 1946. They suggested a plan for providing well-developed health services in India, in which "long term" and "short term" programmes were framed depending on the period within which the suggested projects were to be completed. The "long term" programme had in view the completion of a major objective of a fully developed programme in 30—40 years. The "short term" programme was to take 10 years for its completion.

The long term programme—made for districts having 3 millions population, included:

(1) Primary Unit (2) Secondary Unit and (3) the district headquarters organisation. These services were for both rural and urban population.

"Short term" programmes include the provision of personal and impersonal health services, under the province-wide organisation for (1) Combined preventative and curative health services, (2) Special health services.

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In 1948 the World Health Organisation came into existence and for the first time in the world history, an agency was organised through which health problems could be discussed at an international level. This organisation as we all know provides personnel and subsidised funds on a priority basis. The epidemiological problems got the first priority in the under-developed countries.

Apart from the contribution towards such public health fields such as malaria, tuberculosis, venereal diseases and other communicable diseases, maternal and child health, mental health, social occupation, nursing and public health administration, it made generous contributions also towards the education side of the nursing services. The World Health Organisation assisted India in such performances as advance educational courses in nursing, midwifery and public health.

Short term courses were arranged for specific areas including a 3-month course for Ward Sisters, paediatric nurses, and a domiciliary midwifery course.

With the Government, W.H.O. assisted with the training of auxiliary-nurse midwives which helped in meeting that immediate need in the public health field.

Emphasis was made on practical experience. Thus integration of public health in the basic nursing course aimed to prepare nurses to teach good health habits to people; the *prevention of disease* being a stated objective.

The Functions of Public Health Nurse

The functions of the public health nurse are many-fold. The fundamental responsibilities of nurses are to *conserve life, to alleviate suffering, and to promote health*. Her functions include:

1. Planning action and evaluation programmes.
2. Demonstrating and teaching the family to shoulder the responsibilities of promoting and maintain health in looking after the sick.
3. To help and explain to the family the importance of environmental sanitation and how it affects the health.
4. To help the individual to adjust with the society, by moulding emotional state in adjusting with the community.
5. Planning and organising group classes for health education in nutrition, sanitation and child care.
6. To make the people aware of the damages of such diseases as tuberculosis, venereal diseases, leprosy and other communicable diseases.
7. Evaluation—This is very important as it is only in this way she is able to prepare future plans, make corrections and modifications where necessary, taking into consideration the reactions of people to the services rendered, and attitudes likely to be encountered in future.

The Knowledge Required by a Public Health Nurse

Personnel in the Public Health field should be able to make an adjustment between the social and cultural framework and the purely medical field. Modifications of the scientific application opens the way to greater success and brings public health personnel nearer to the family. What is needed is the knowledge of the community in the wider sense. It should be studied from various angles; as from the economic status, the family structure, political leanings and religion.

The folk medicine should also be studied, because it will provide

clues to help in breaking the wrong ideas about illness, and how to tackle them. Such studies in the public health field are as important as the study of the epidemiology. To obtain an adequate knowledge about a community, the public health team should include a sociologist, social-psychologist, statistician apart from medical personnel. To provide a good service to the community, the medical team should include a physician, public health nurse or health visitor, sanitary engineer and sanitary inspector and trained midwives. With the help of anthropological techniques and with the correct attitude of mind, public health workers are able to collect a lot of important information that can be useful in their work.

By understanding the psychological and social customs and beliefs, health workers can apply that knowledge to good advantage. It is important to remember that while studying an individual or a family, members of the team should have a similar attitude of mind. The attitude should be that of sympathy and respect for the people. A close study of superstitions will do much to eliminate most of the wrong ideas. The starting point for the team should be the study of the community way of life.

Statistical information in planning a project include:

1. (a) Collection of facts and statistical figures.
- (b) Analysis of the facts and figures.
- (c) Planning and programme.
- (d) Evaluation, and replanning if needed.
2. The Statistical figures are essential here:
 - (a) Socio-economic factors.
 - (b) Morbidity and Mortality.
 - (c) Resources.
3. Other information:
 - (a) Nutritional status of the children and adults.
 - (b) Crops and vegetables available in the area.
 - (c) Sanitation—source of drinking water, system of sewerage and disposal of human excreta.
4. Plans for the community development.

It is necessary to maintain accuracy and uniformity in the schedule while collecting data. Incomplete information affects the computing of accurate data.

Before planning, a statistician must be consulted on every project.

Difference between Domiciliary Service and Public Health Service

Here I should like to narrate my own experience gathered while working in the Maternity and Public Health field.

I worked at Watford (England) with the Domiciliary Midwives under the Watford Maternity Hospital in England. The maternity service in England is well organised and maintains a very high standard of work, both in the hospitals and in the home services.

Midwives work closely with lady health visitors. The midwife takes the charge of a pregnant mother from the time she registers herself at the maternity clinic, till the 14th day after delivery, or until both she and the baby are discharged.

The health visitor is informed on the day the mother is discharged, and she takes over the responsibilities for this family from this point.

The maternity field is mainly concerned with the maternal and child health care. The midwife sees the mother both at home and in the clinic. In the clinic, a doctor examines the mother on her first visit and as required. Blood tests, chest X-ray and urine examinations are routine in every clinic. The midwife has a very important role in the family life but she is not a regular visitor as is the health visitor.

In India while I worked at Delhi and in Singur I found my knowledge inadequate.

During my service in a children hospital I found that a lot of children returned to the hospital from time to time and quite a few of them died after coming back 3-4 times. I tried to keep close contact with the mothers and realised they have very little

(Conid. on page 158)