

Nursing in South East Asia

by

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When WHO began, ten years ago, to survey health needs and to plan with the governments of the countries of South East Asia, it was immediately realized that one of the greatest problems was the shortage of trained health workers. The measure of this need can be gauged by the fact that among India's population of more than 350 million (1951 census) there were only 16,550 registered nurses, 19,281 midwives and 577 Health Visitors.

There were schools in each country in the Region for training nurses and midwives, but they were too few. The output needed to be increased, the standard of training raised, and the curricula modified. It was important that both nursing and midwifery students should be taught public health.

Accordingly, the first nursing projects to be assisted by WHO were in nursing and midwifery education. International nurse tutors were assigned to help in expanding and strengthening existing schools and in establishing new ones. In most cases the team consisted of a senior nurse tutor, a midwife tutor and public health nurse, with sometimes an additional nurse tutor for practical teaching in the hospital wards. The aims of such projects were :

(1) To expand and upgrade the training programmes of nurses and midwives ;

(2) To modify the curricula in order to include the teaching of public health and domiciliary midwifery and to give greater emphasis to such important subjects as paediatric nursing ;

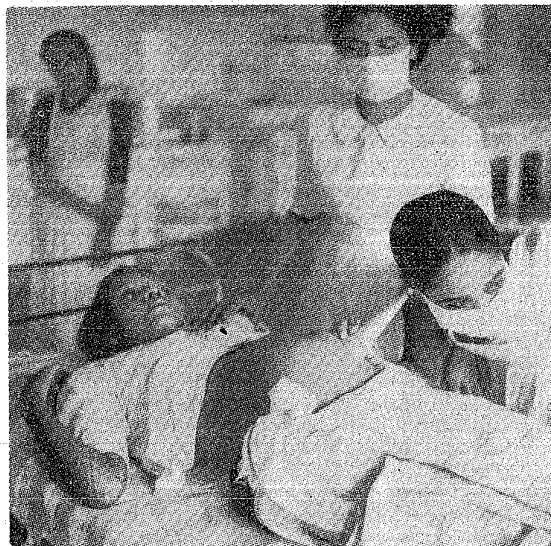
(3) To develop the necessary practical training fields ;

(4) To establish in-service staff education programmes for graduate nursing and midwifery staff ;

(5) To prepare national counterpart tutors to take over a responsibility for the training programmes.

In the past ten years WHO has assigned teams of from one to four tutors to each of 24 schools of nursing or midwifery to give the above type of assistance. At first, one of the greatest handicaps was a lack of suitable national counterparts because there were not the qualified nurses available. WHO helped by granting overseas fellowships and by conducting short in-service courses for tutors.

The limited development of public



The student Midwife listens to the foetal heart beats.

health services made it difficult to arrange for practical training in public health. However, close collaboration was established with WHO-assisted maternal and child health, tuberculosis and venereal-disease control projects. International nurses worked on most of these projects, and one of their duties was to help in the field training of nursing and midwifery students. There were scarcely any textbooks in the local languages, but gradually the supply has been increased. Governments are preparing texts, often with WHO assistance, and lecture notes of WHO tutors have been translated and mimeographed.

As soon as the key nursing and midwifery schools had been strengthened, the next step was to help the countries to train their nursing leaders locally and to strengthen nursing administration at the Directorate level. Aid has been given in developing post-graduate courses for nurse and midwifery tutors and public health nurses in Burma, Thailand and Indonesia, and for midwife tutors and public health nurses in India.

Ten years ago there were in South East Asia three post-graduate courses for training nurse tutors (all in India), and none for public health nurses. Today there are seven for tutors and six for public health nurses, most of which have had assistance from WHO. The shortage of qualified tutors and public health nurses is still great, and, all too frequently, the best use is not made of those who are available. However, increasing numbers are being trained, and there is a growing awareness of the importance of using them to better advantage.

The field of mental hygiene is one which is now being given greater attention, but there are very few trained psychiatric nurses anywhere in the Region. In 1956, with WHO assistance, the first course was established in India for training psychiatric nurses. The course in India is now being used as a regional training centre.

For a number of years, assistance has been given in conducting refresher

courses. WHO nurses in almost all projects give help, as part of their duty, to refresher courses for tutors, matrons, paediatric nurses, public health nurses, health visitors, midwives (especially courses in domiciliary midwifery), and in such special fields of nursing as paediatrics, tuberculosis and venereal diseases. The courses have proved their value and have now become accepted as a necessary continuing activity.

Ten years ago India was the only country in the Region which had a nurse in the Health Directorate. Today there are nurses in the Directorates of Health in Burma, Ceylon, India and Thailand; there are nurses in the Directorates of six of the fourteen States in India, and Indonesia has made provision for the appointment of a chief nurse.

WHO has provided country nursing advisers to Burma, Ceylon, Thailand, and to three States in India and there are plans to provide them in Afghanistan and Indonesia and in two additional states in India. Fellowships are awarded for advanced study in nursing administration. These developments are making it possible to bring about a closer co-ordination of planning for the training and use of the various categories of nursing staff.

In 1956, a WHO-sponsored Regional Seminar on Nursing provided the first opportunity for nurses in South East Asia to meet and discuss mutual problems. It demonstrated that this type of session can be very useful in helping senior nurses to clarify their thinking and to plan the ways in which they can exercise leadership in their profession.

The participants have since stimulated follow-up activities in their own countries. As a result of one of the suggestions at the Seminar, plans are under way for a WHO-sponsored Regional Conference in 1959 to study what the categories of auxiliary nursing personnel should be and how they can best be used.

Considerable progress has been made, but much still remains to be done. The output of the nursing and midwifery schools falls far short of requirements,
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