

W. H. O. AND THE NURSING PROFESSION

*Article on W.H.O. Activities for publication by the
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By

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The essential purpose of the World Health Organization which now groups over 70 Nations is to raise world levels of health and to continue in a co-operative effort the prevention of major killing diseases, and the strengthening and development of public services in all countries. The part of the Nurse, and particularly that of the public health nurse, in realising any improvement in public health is fully recognised by the health authorities from Member States who meet yearly in the World Health Assembly to decide on WHO activities.

Expert Committee.

In February 1950 an Expert Committee on Nursing was summoned by the World Health Organization to survey many of the problems facing one of the largest of all professional groups composed mainly of women. The Committee which was attended by members from eight countries, including Miss T.K. Adranvala, Chief Nursing Superintendent of the Directorate General of Health Services of the Government of India outlined proposals for raising the educational standards for nurses and auxiliary personnel in the light of recent advances in public health and medicine.

As things stand now the shortage of nurses is world-wide, the Committee noted. "The quantity of available nursing services", their report states, "varies among nations from those with none whatever for millions of people, to those with one nurse for approximately each 400 persons." Illustrating this situation, it was mentioned that in England and Wales there were 5,000 beds available for the treatment of tuberculosis which remained empty owing

to the lack of trained nursing personnel. In India only 100 to 200 nurses are employed in anti-tuberculosis work, whereas the actual needs of this country are estimated at 10,000 nurses in this one field.

As a first measure towards increasing the number of candidates for the nursing profession the Committee recommended that studies be made, on the national as well as on the international level, of the factors preventing their recruitment. Since these factors are directly related to the social and economic status of women, and to psychological attitudes of related health personnel and other population groups, the Committee recommended that these studies should be conducted by a staff including psychologists and sociologists.

In addition to these comprehensive investigations it was proposed that a joint WHO/ILO pilot study be undertaken on the working conditions of nursing personnel, including hours, salaries, health conditions and other personnel policies.

As far as standards of training are concerned, the committee formulated a series of recommendations setting minimum requirements at all levels for nursing personnel, ranging from auxiliaries such as vaccinators to highly placed administrators of nursing services and specialised personnel in such fields as psychiatry and industry. These suggestions are intended for the use of governments in the development of their nursing school and public health programmes.

WHO's role in this field, the Committee stated, should be to provide governments with all information needed on various aspects of nursing, including the

available training programmes throughout the world. Further it should foster educational opportunities through fellowships, sponsor international seminars on nursing problems, and promote a wide distribution of nursing literature everywhere. The International Council of Nurses was asked to co-operate closely with WHO in this undertaking.

In South East Asia.

WHO field programmes in South East Asia possess considerable interest for the Nursing Profession. These programmes which at the moment include malaria Control, Venereal Disease Control, Maternal & Child Health and B.C.G. vaccination are all undertaken with the full co-operation of national and local health services, and in some cases are joint projects of United Nation International Children's Emergency Fund (UNICEF) and WHO.

One of the most important members of each of the four WHO/UNICEF malaria control teams at present operating in India, is the international public health nurse who together with her Indian parallel nurse and other nurses stationed in the area cover all the villages in the team's area of operation. The nurse collects infant blood smears for the team's epidemiological records and at the same time gives treatment for malaria and for minor ailments, holds pre-natal clinics wherever possible and generally keeps a check on the health of the mothers and children throughout the area. In many cases the public health nurse also pays regular visits to the schools in the area where again she treats ailments and gives health talks at schools and in the villages.

It can be seen that the nature of the work undertaken by the public health nurse brings her into close personal contact with the village people and this enables her to do real job of health education and to gain the interests and co-operation of villagers in the Malaria Control Work.

The venereal disease control team which for the past year has been doing

valuable work in the Himachal Pradesh with headquarters at Simla also has an international public health nurse attached to the team. This team is a joint enterprise of WHO, the Central Government and the Himachal Pradesh Government. One of its most valuable activities has been the training of doctors and laboratory workers from many provinces in India as well as other countries in South East Asia in modern methods of diagnosis and treatment. The public health nurse has undertaken her share in the teaching programme and she and her two matching nurses have proved their value as points of contact between the team workers and the local population.

The WHO Maternal and Child Health Team located in Najafgarh (Delhi Province) is doing work of immediate interest



Did the vaccination take?
College of Nursing student does home visiting.

to the nursing profession. The emphasis is on the training of nurses, midwives and health visitors in practical down-to-earth aspects of Maternal and Child Health work in the field, and a number of students from the Delhi College of Nursing have spent several weeks of field training in this area.

Later in the year it is proposed to expand the project into an overall Teaching and Training Centre providing courses in Delhi Hospitals as well as in the field.

Six international B.C.G. Vaccination teams have also been working in different parts of India during the past year, and in these teams the nurses play an important role in that they carry out under the supervision of doctors the actual

tuberculin testing and B.C.G. Vaccination. These teams are put into the field by the International Tuberculosis Campaign which is a joint undertaking of UNICEF and Scandinavian Red Cross Societies.

The work of the international public health nurses varies from team to team, but health education in conjunction with curative and preventive nursing is undertaken by all, and in rural areas the needs are great. It is however obvious that when health programmes for any country are drawn up the activities in relation to nursing cannot be divorced from these and the nurse has a very definite, responsible and important part to play not only in caring for the sick, but in the prevention of disease and in the building up of the health of the nation.

REGIONAL BRANCH ELECTION

There appears to be some confusion as to what is meant by the "Nomination" of a member, and the "Election" of a member to office.

Definition.

To "Nominate" is to name as a candidate. The named person is known as a nominee and whose name will be submitted to the voters for "election" or not as they wish.

To "elect" is to choose a "nominated"

person for office by vote.

Thus while several names may be submitted as nominations, only one will be selected by the voters and "elected" to a specified office.

We hope that when a State decides to have an Election, all members will exercise their franchise. It is very disheartening for the Organising Committee to discover that members are too disinterested to vote or return the Ballot Paper.

Sample Ballot Paper.

BALLOT PAPER

Election to the the Executive Committee of the Shangri La Branch, T.N.A.I.
Rules to be observed by the voters.

1. Voters must be members of the T.N.A.I. and must give their name and number.
2. The voters must mark with a cross (X) against the candidate to be elected.
3. Only one candidate must be elected for each office.

Voters X	Name, No. qualifications and post held by candidate.	Office.
X	Miss B. Singh, R.N. R.M. D.N. 456 Sister Tutor, N.Z. Hospital, Agra.	President.
	Miss M. Roose, R.N. R.M. 123 Matron, A.B.K. Hospital, Delhi.	

Voting Member's Name and Number : I Anderews : 1001
Address : H.K. Hospital, Simla.

Please forward to Returning Officer, 1, Hill Road, Delhi before the 2nd May, 1950.

HEALTH VISITORS LEAGUE SECTION

I hope that the revival of your page will be of interest to you and I invite you to contribute to it. It will appear in alternate issues of the Journal.



You and the Community.

The Public Health Nurse may be said to be in the vanguard of the Nation's battle for health. She holds a key position because she has free entrance into the home and community. She is in close contact with the people and if she is the right type of nurse, she will soon be accepted as a guide, friend and teacher. If she is alert and ready to make the most of her opportunities, there is no limit to the potentialities of a good public health nurse. She is both nurse and educator.

Public Health nursing covers a wide field of activities and the main objective is the promotion and maintenance of health; the control and prevention of disease; care of the sick and rehabilitation.

In India there are many other things to keep in mind too, for the people are mostly illiterate and full of fears and superstitions which need careful handling if one is to be a successful nurse. For this reason, every public health worker should study the manners and customs of the villagers as soon as she is posted to a strange community; it pays to understand your community so as not to upset their particular way of life. By trying to understand why certain things are done and by not trying to abolish their strange, and probably unhygienic customs immediately, you will have gone a long way towards winning their confidence and paving the way to co-operation. Every public health worker will know that she is dependent on the respect and co-operation of the community, if she is to achieve her goal.

How are we to secure appreciation of the Public Health Nurse?

Firstly, the thing we should bear in mind, apart from our skill as nurses, is that to enlist the good opinion of the public, professional behaviour is important;

that in spite of difficulties, we must keep our ideals high and unblemished.

There is great shortage of Health Visitors in India and the reason is not hard to find. On the whole, the living and housing conditions are poor, salaries low and very often there is no protection or safety ensured for those who have to live in villages. These factors and the standard of education required, have done nothing to enhance the prestige of the Health Visitor in India. Very few centres provide adequate facilities for satisfactory working; so she either becomes careless, or discouraged and loses that zest for life which is so necessary for good service, and the happiness of the nurse and her contacts. There are about nine Health Schools for training Health Visitors in India and some of these have a good programme of teaching and an effort is being made to equip the student with a sound background of public health nursing and teaching; but what happens when the graduate Health Visitor leaves her school? More often than not she is tossed haphazardly into some place which lacks the means to carry on the good work. Sometimes she is sent to a place to find that there is no accommodation for her, nowhere to set up a clinic, no servant, no equipment and no money to support her while she hunts for a place to live and work.

We hold a considerable amount of data recording the frustration and heart-ache of many health visitors. And still many high officials groan because Indian women will not take up this fine work. This line of talk carries no weight to-day because we are awake to the real state of affairs. All we would say to our Governments is, raise the standard of living conditions, provide adequate protection for the village worker, pay a salary which would enable the Health Visitor to maintain her status as a professional, and we will recruit the better educated women for public health work and plenty of them too.

L. D.