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THE CONTRIBUTION OF A PUBLIC HEALTH NURSING SERVICE TO A RURAL COMMUNITY

by

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Introduction

Public health nursing services rendered to rural communities can be considered from different angles. Their effective contribution towards betterment of its health will depend largely on:

1) rural community itself

2) specific services which can be offered and

3) staff and means available.

1. The Rural Community

The economic and social standards of a community, its geographic location, its degree of progress in hygiene and knowledge of healthy living are some of the many factors which determine the specific needs for public health nursing services.

In communities where these factors are favorable, one sees the scope of such services widening more and more: from home care of the sick and practice in preventive measures the services are spreading into the fields of rehabilitation, health counseling, child guidance etc, this all contributes toward the "state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity", as health is defined in the constitution of the World Health Organization.

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Comparing this type of community with one where the economic and social standards are relatively low, where great ignorance prevails concerning hygiene and health, and where in addition there are unfavorable climatic or geographic conditions, it goes without saying that a public health nursing service to such a community involves an entirely different approach and different methods are required to be used. In these communities the final contribution of the public health nursing services to improved health is a longer process and its aims have to be focussed first on fulfilling the most obvious needs.

Public health staff from well developed communities, assigned to work in communities as described above, must be well prepared to meet difficult, often quite primitive circumstances and possess great ability for adaptation.

Many books have been written on the subject of public health, but most of them are, as Ruth Freeman states: "primarily concerned with the process and problems of providing public health nursing in a technically advanced, economically favored situation with well developed health and social services".(1) This is logic, but however valuable these books are, they are of little help to the nurse in lesser developed communities. Therefore, a public health book, written in the light of experiences in these communities, would be of greater advantage.

2. Specific services which can be offered

If the services which can be offered are limited, for example by lack of adequate and sufficient personnel, the contribution to better health of the community is consequently also limited. One should keep this in mind when progress is slow.

Whereas in the Western countries public health nursing started with home nursing of the sick, this process is usually not practised in communities in the East. Not only is this type of nursing often strange in the eyes of the community, because of existing cultural and religious customs, it is also true that personnel willing and capable of carrying out such services is very limited.

It is mostly the maternal and child health service which initiates public health nursing in the less advanced communities. This is more readily accepted and meets a primary need.

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(1) Ruth Freeman: public health nursing practice, W.P. Saunders, editor, page 3.

3. Staff and means available

In the more technically and economically advanced societies as described in the book quoted above, the staff is usually well trained and in general well paid. This is to be contrasted with the sometimes untrained or partially trained and poorly paid staff working in less favoured communities. The quality of staff is a very decisive factor in the successful contribution of public health nursing activities to the rural community.

Therefore, training of personnel is a vital component in the health programmes in lesser developed communities. This can be accomplished through formal training programmes for health workers, or through intensive in-service training programmes. The lack of means can also be a handicap to the development of a public health nursing programme where there are certain basic needs such as transport and/or equipment.

Whatever the reason may be, it is well to realize from the beginning when introducing public health nursing in a rural community the possibilities and impossibilities, and to find ways and methods with the staff and means available to make a successful contribution of public health nursing, keeping in mind the saying: "One must make shift with what one has".

Drawing upon personal experiences gained in rural health projects in two of the less-well developed countries "A" and "B", some details of public health nursing services are considered.

Preparation of the community for the public health nursing services

In country "A", after the choice of the area was made for the rural health development and training centre, which included fourteen villages, contact was made with the chiefs of the villages and with them the health needs were discussed. A health committee was established in the village where the first health centre was to be opened. Later these were established in other villages. At the time of the arrival of the international public health nurse, one year later, the house numbering and census taking was completed in five of the fourteen villages. Vaccination against smallpox commenced in the schools and one health centre had been recently opened. It had a dispensary, a prenatal and an infant clinic. Later a pre-school child clinic was started. The house to house visits to fill out the census forms had served many purposes beyond those of census taking such as

providing opportunities to become acquainted with the families in the community and their needs, interpret the public health services to be offered and to note their interest.

In general the community readily accepted our services and soon after the centre was opened, the attendance to the various clinics increased rapidly. This was especially noticeable for the infant and the pre-school children's clinics. A large percentage of the children attending the clinics were ill.

Home visits revealed that the mothers in general did not see any need to visit the clinic when their child was healthy - healthy as seen through their eyes. This opinion is a common experience and quite understandable, but nevertheless presents a challenging situation for which the nursing staff try to find solutions.

In country "B", we tried in one of the centres to improve the situation by accepting infants only on appointment, and to refer all sick children to the dispensary. The ultimate result was that very few mothers kept the appointment, nor was this idea acceptable to some of the national medical staff.

The consequence of crowded clinics, for example seventy to eighty infants per session, is that the already limited staff of health personnel is so involved in "getting through" the heavy patient load that not enough time remains or can be spent for the valuable individual talks with the mothers, nor for real preventive work or positive promotion of health. Also sometimes the staff's conception of what public health is, is not strengthened in these circumstances.

The question that arises is: In what respects could the programme for preparing the community be modified or extended to help prevent this undesirable situation?

Could an improvement be achieved if this preparation included more education, not only in health but also in the purposes of the maternal and child health clinics, before such a centre starts to operate?

This would serve better to prepare the people for what to expect.

Primary needs of the community

To ascertain what the primary needs of a community were, was not such a problem as to trying to meet them with the means available.

What the chiefs of the villages had already mentioned as their needs, we saw confirmed when working in the community and in making home-visits.

The sanitary needs were quite obvious that is, lack of safe water supply, of properly built latrines and means for proper garbage disposal.

These factors for example made our health teaching for general and personal hygiene less effective. How can one expect a mother to give a daily bath to her baby if the water is scarce and/or to wash vegetables, if the water that is available is polluted.

We found also a great need for education in all matters concerning health and food values.

The need for medical and nursing care was already known. In all but one of the fourteen villages (total population 25,000) there were no doctors and no nurses, only local midwives.

It was a first concern to start a short and practical training course for these illiterate and untrained "dayat" as they are called. This has contributed much to the establishment of improved health services as well as good relations, which are of vital importance, because:

1) the dayat has a great influence in the community,

2) the data they provide of births and infant mortality can be relied upon,

3) we need their confidence and cooperation, in view of the tradition that the "profession" is transferred from mother to daughter. This is so that the old dayat will encourage their daughters for a training that is better than that which they received.

This four-month course for eighteen dayats proved to be one of our more successful training enterprises, and we were asked to give similar courses for the thirty-six dayats of the adjacent district.

In this connection I must add that the regular follow-up of the dayat was essential for maintaining the high level reached during the course. In planning is a fifteen-month course for the young dayat-to-be which has now the full cooperation and interest of the old dayat.

Categories of nursing personnel participating in the nursing services

Public health nurses. In country "B", there were already qualified public health nurses available for the rural health programme. In country "A", they were lacking and this was a handicap in the development of the services.

Nurse-midwives. In country "A", there are qualified nurse-midwives working, but with no preparation in public health nursing.

Health visitors. The health visitors in country "A" have followed a twelve-month course which recently extended to fifteen months to become familiar with rural health work.

Nurse aids. The nurse aids had some on-the-job training in hospitals.

The general educational level for health workers in country "A" was below nine years of school and for country "B" nine years and above.

How public health nursing personnel were assisted in making their optimum contribution to the community.

An optimum contribution is best promoted by a proper team spirit. To cultivate such a spirit is an extremely important task. It has enormous advantages when members of the health teams are trained together from the beginning, as happens in country "B". Some methods which helped to foster team spirit and work were:

1) group meetings, where mutual problems were discussed,

2) staff meetings, where different categories of staff learned about each others work and were realistically confronted with the aims and problems in the communities,

3) individual guidance in the daily work in the community and in the centres,

4) evaluation of work, and encouragement,

5) responsibilities for special duties were delegated and interest was shown in their performance,

6) training programmes commenced, such as are now in operation:

   a) supplementary courses in public health and health education for the health visitors and nurse aids,

b) in-service training in public health administration, nursing, teaching and supervision for the nurse-midwives to enable them to train auxiliary and rural midwives better, to carry out supervisory functions and to administer a nursing service programme.

Cooperation with other health agencies

In contrast to the situation in the more developed countries, we hardly ever find in the rural communities under discussion other types of health agencies operating, but sometimes the government has simultaneously other rural development programmes which include health services. This was the case in country "A". In an adjacent district a community development project from the Ministry of Social Affairs was operating which had also a small health unit.

Successful efforts were made by the advisers of both the projects and their counterparts to find ways of cooperation through the ministries. A first consequence of this was that the dayats of that district were trained by our staff and that both ministries agreed on cooperation and eventually integration of the health activities of the two projects. As there is always a shortage of health personnel, this integration would also enable us to serve more communities.

Summary

1. The contribution of public health nursing services to a rural community depends on different factors determined by the community itself, the services offered and the personnel available.

2. One cannot compare the demands and execution of public health nursing services in a developed community with those in a lesser developed one.

3. The proper preparation of a community for the public health nursing services cannot be emphasized too much; success of the programme will, to a great extent, depend on it.

4. The most urgent needs of a community in a lesser developed country are often many and it is essential to decide the priorities in view of the limited resources available.

5. The different categories of nursing staff should be well chosen and every effort made to improve their performance and to promote team spirit in order that their contribution to the community will be at an optimal level.

6. Cooperation with other health services programmes should be aimed at for economical and practical reasons.
