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EDUCATION MEDICAL AND PARAMEDICAL PERSONNEL

by

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Discussion on nursing, professional and auxiliary

Unless the theory and practice of family planning are built in to the basic preparation of professional nurses, family planning will become an area of nursing service which may or may not be practiced by nurses, even when they are in a position to do so.

We are, in nursing, in that phase where family planning is a new concept in health, therefore new knowledge and the new skills for implementing the theories of family planning must be identified and included in the preparation of professional health workers. In this phase, those who are already practicing as nurses must be given the opportunity of orientation and study in family planning - and of course those most likely to be involved in these activities should be the first to be selected for training. Although this must be done it is only remedial, it is costly and often haphazard. It should be considered a short term expedient.

Much more effective, is to ensure that family planning, in theory and in practice, is intrinsic to the basic preparation of the nurse, and that the public and the related health professions come to expect that all nurses are qualified to engage in these functions if called upon to do so. This is the long term approach to professional responsibility.

Within the framework of nursing function the principles of family planning, as a health activity, are not new or different. Case findings and the determination of priorities, the application of broad concepts of care to the individual needs of the patient or family, counselling and helping the patient to carry out medical advice, follow up for observing, reporting and recording progress, these activities are part of the fabric of nursing, in the hospital and the home.

With new advances in medical science, whether epidemic control in the community, selection of high risk categories in prenatal care, nutrition counselling, or monitoring of patients in intensive care units in the hospital, the basic preparation in nursing principles has stood the test of adaptation to the performance of new tasks.

I would caution therefore against training programmes which seem to imply that these principles of nursing service are new in family planning.

Given the basic principles of nursing function, however, new knowledge in family planning does exist, is growing, and must be included in the scope of the educated, professional nurse. This new knowledge may be identified in four areas

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I. The effect on the health of people of all aspects of human reproduction and family structure.

This includes pregnancy, the spacing of pregnancies and the outcome of pregnancies, sex behaviour, fertility and infertility, methods used for controlling and preventing pregnancy, family size and composition and family resources, and the implications for health of these factors.

To the professional nurse this is essential theoretical background for implementing family planning activities in health services.

II. The behaviour and attitude of people to medical and nursing intervention in this intimate, and in many cultures sacrosanct, sphere of family functioning

How are people reached most effectively? At which point in their lives, as children, adolescents, parents, in the prenatal or post-natal stage of the maternity cycle, when children are sick or well, when the family has suffered the death of children or when all their children survive? Who is best able to discuss family planning as a health measure? Who in the family is most likely to accept the ideas and practice the method? Where are the barriers? Which procedures have yielded dependable data reflecting not only the volume of work achieved but actual change in the peoples' practice of family planning? To the professional nurse this information is background on which to base guidelines for nursing action, or the basis for experimentation with new approaches, not yet tried.

III. The performance of clinical procedures

This will differ in relation to policies and manpower needs of different health services. It may include assisting the physician in family planning clinics, inserting IUDs, prescribing the pill and understanding in both cases the significance of side effects and the action to be taken. It will include a new focus in case finding, based on eligibility and need for family planning as well as defined criteria of high risk and emergency categories, additional elements in the record system and a new network of referrals. As progress is made in the development of birth control methods, and as constraints are relaxed on the provision of abortion services, nurses will be involved in new nursing procedures.

The professional nurse will participate in the formulation of standard operating procedures to ensure uniformity and a high standard of practice.

IV. Nursing administration in family planning

Planning activities in relation to the objectives of the programme, include an appraisal of the needs and a measure of available resources, assignment of functions including supervision and practice, evaluation and modification of the plan. These activities, inherent in professional nursing must be studied in relation to the integration of family planning activities in nursing service.

The professional nurse should be aware of the various experiments in the delivery of this service, such strategies as motivation by incentives, the function of lay workers, and the various criteria for evaluation.

In these four areas of theory and practice I have tried broadly to identify curriculum content for professional nurses. I believe family planning belongs in the curriculum in the biological, physical and social sciences, at all levels, and in the application of these scientific principles to the care of patients in medical and surgical nursing, paediatric and obstetric nursing, maternal and child health and public health.

The nursing profession, in order to incorporate this new knowledge into the basic curriculum must prepare teachers. WHO is presently assisting over 200 projects in 102 countries in all six regions, more than half of these are basic and post-basic education programmes. In these, and in all educational programmes, faculty must be prepared to teach family planning in all nursing courses. Fellowships, short courses and special experiences have been supported by WHO for nurses, and workshops are conducted on curriculum development.

Lastly, the nursing profession must be supported in its responsibility for research in the teaching and practice of family planning, and in its significance to the health of individuals, families and communities.

Cultural and economic factors are so clearly among the determinants of acceptance of family planning practice as a feature of health living. It is essential that nurses participate in, or conduct research in the countries or cultures in which they operate. The community and the homes of the people, accessible to nurses to a greater degree than to many other professions, represent what might be regarded as a laboratory of human behaviour, and of responses to innovations such as family size limitation and pregnancy spacing. Independent research as well as in collaboration with other members of the health team is essential to foundations on which professional nursing must develop its family planning activities.