

Nursing/Midwifery Discussion Paper N° 2

*The Potential Role of Nursing
and Midwifery Personnel
in Public Health*

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Nursing/Midwifery Discussion Papers

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Nursing and midwifery are being, and will continue to be, influenced by these and other forces – and in turn have important contributions to make to developing and implementing strategies for health. These papers do not provide official WHO policy statements, but are meant to raise issues and contribute to ongoing policy development and operational solutions. We hope your comments will provide WHO with a rich source of information in developing our thinking for the future and thank you in anticipation.

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The potential role of nursing and midwifery personnel in public health

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Abstract

The concept of primary health care reinforces the interdependency of health and other social sectors. Development in itself means improvement in the living conditions and quality of life enjoyed by society and shared by its members. Development therefore contributes significantly to health while it is also obvious that only healthy people can spur development.

The training and orientation of nurses and midwives, particularly those with public health training, position them very close to the communities such that they understand and can relate to community members. These health workers can therefore serve as effective and reliable linkages between the health and other sectors to work to improve community health status.

This potential role of nursing and midwifery professionals is often not easily identified and promoted. Thus, the curricula of nursing and midwifery schools in several countries are grossly deficient in aspects of public health and primary health care that could strengthen these professionals in the performance of their roles.

It is suggested that countries regularly review their nursing and midwifery schools' curricula so as to improve them and ensure that the graduates of such schools are equipped with the knowledge and skills to meet changing community health needs and demands.

The potential role that nursing and midwifery personnel can play to bring about improved public health is considerable, but it requires a real partnership with communities and other sectors of civil society.

Introduction

It is becoming increasingly evident that health care provision is not an exclusive preserve of health professionals. The family, and by extension the community, are the oldest institutions in provision of health to their members. Promoting health, preventing illness and caring for the sick are age-old human concerns and certainly not the prerogative of any single occupation. Indeed the bulk of nursing and healing is carried out by families.

Nursing and midwifery personnel, who are traditionally the closest of the health professionals to the community, should start to appreciate that if their services are to continue to be relevant to the needs of the public they will have to adjust and be even closer to that public. This will be necessary if nursing and midwifery care are to meet the challenges of living in the 21st century.

It has often been said that a great deal of resources could be saved if more attention were given to public health. Also that many of the remarkable achievements recorded in health care were not necessarily

through the use of high technological medicine practised in institutions of health but through adequate promotive and preventive health care practised in the community. The increasing awareness of the public health potential of nurses in primary health care has provided the much needed opportunity to take health to the doorstep of the public and to encourage members of the public to see themselves as active collaborators in promotive, preventive and rehabilitative health care. The rural dwellers, particularly in the developing world where they constitute 70 - 80% of the population, have no teaching or specialist hospitals. They hardly have primary health care centres. Their health has been sustained largely through initiatives such as Bamako's Oral Rehydration Therapy (ORT), or the Expanded Programme on Immunization (EPI).

Increasingly, nursing and midwifery personnel should be more involved in community development approaches and should be committed to looking beyond the individual to the whole family and the community. This approach will allow a holistic community development process that ensures that care is given not from a static predetermined point of health concern but on adequate response to health and social problems that people face each day.

Nurses and midwives practising public health should serve as health care providers, health counsellors, health educators, social workers and confidantes. This is particularly necessary because public health must establish and promote linkages between the health sector and social sectors responsible for shelter, education, supply of potable water, food and transport. This is why public health is everyone's concern. Nurses and midwives can make a significant impact on the improvement of the health of the community if they continue to facilitate these linkages with public health.

This discussion paper aims at highlighting some of the largely unfulfilled potential roles of the nursing and midwifery personnel in public health in order to maximize their skills for improving community health status. It must, however, be stressed that in order to be able to take up this challenge effectively, nursing and midwifery personnel will need to be continuously updated and oriented to face new challenges in public health. This can be achieved by incorporating appropriate public health components in the current curricula. Although it is acknowledged that the curricula of nursing schools in many countries are rich in public health, there is room for improvement to meet the increasing demand of communities for high quality, accessible and affordable health care.

Public health and the education of nursing and midwifery personnel

Nursing education is faced with challenges it has never experienced before in today's world of rapid scientific and technological advances. This is as a result of the social, economic and political changes that occur in the global village which influence the health of the citizens.

As these technological factors impact on the environment, new health needs emerge. Diseases that had hitherto been eradicated are now resurfacing with vengeance in many regions while some altogether new ones are adding their weight. Challenges are coming from infectious diseases such as Acquired Immune Deficiency Syndrome (AIDS), malnutrition from poverty and ignorance, high maternal and child mortality resulting from a wide range of causes including induced abortion and female genital mutilation (FGM) depending on the region. Physical and psychological trauma are also not excluded from the new pattern of ill-health.

Despite the added demands in health care, the resources of the world are not improving; rather there is a continuous downward spiral in the resources of each region with the developing world being worse off. Most countries in these parts of the world have not been able to meet the minimal five percent of total budget allocation to health, as recommended by the World Health Organization (WHO). The results, among others, are usually poor standards of care, consumer dissatisfaction, and ill health.

In order to solve some of the problems highlighted, countries must now devise systems that can meet the health needs of their people even in the presence of lean resources. Recognition must however be given to the fact that the health challenges of countries differ and are influenced by their level of development, culture, politics and many other factors. Generally, the focus should be on promotive, preventive and community health care that will reduce the cost of curative care. In addition, there is a need to ensure better access to basic health services.

These challenges and the need for a community health orientation are placing unprecedented demands on nursing and midwifery care thus necessitating a constant review of public health oriented curricula in a rapidly changing society. Nursing and midwifery curricula should place emphasis on changes that lead to improved health care within the patient's or client's own environment.

Curricula should take cognizance of the expanded functions and responsibilities of nurses and midwives in public health. The curricula need to break the barrier of restrictiveness of practice. With an enhanced public health oriented curricula nursing and midwifery personnel have the potential of influencing positively the health status of the public. This

development will also have the potential of enhancing their own professional image.

Presently, most nursing and midwifery curricula have specific modules that focus on community health nursing with theoretical and community practical components. Some of the components include basic concepts, principles and practice of community health nursing (Nursing and Midwifery Council of Nigeria, 1991) (See appendix).

A closer look at the units as contained in the appendix shows that the components of community nursing are not only shallow but incomplete. The curricula in some other regions have more comprehensive components. The Nigerian component which was referred to above is also undergoing review with proposed additional components which include: basic concepts and definition of community nursing, care of special groups, identification and control of traditional practice, occupational health nursing, environmental health, and international health. The societal expectations of health care providers are increasing with every passing phase. Nursing and midwifery personnel should therefore continually update their knowledge so as to be able to perform credibly as members of the health team and meet societal expectations and needs.

It is very crucial to provide on-the-job continuing education opportunities as many nursing and midwifery personnel will not advance beyond the basic qualification. This will help make it possible for them to achieve their potentials in public health nursing and midwifery care.

In many countries, nursing regulatory bodies have adopted the development of protocols as supplementary to nursing practice in areas where there are deficiencies. This concept should be adopted by countries where it is not already in practice particularly in the developing countries. Examples of such protocols include: protocol on family planning, management of labour, neonatal care, community care for AIDS patients, etc. This is another way of improving on components that might be deficient in the current curricula.

Nursing and midwifery regulatory bodies, in order to be able to develop their human resources to fully play their role in public health, need to work out important strategies that will enhance the training of a well-informed, responsible professional, equipped to provide effective public health services in the community.

A major area that needs emphasis is the incorporation of training in leadership skills to enhance the quality of public health practice. Often the nursing and midwifery personnel work alone with the public where he/she cannot afford to be confused, must be able to truly listen to all voices in the community and should be able to demonstrate leadership skills required in decision-making as well as in decision implementation.

Nursing and midwifery and public health: the way forward

The term public health nursing is increasingly becoming the choice word to community health nursing by nursing regulating bodies. This is to correct the impression that public health refers to the activities of those who work for government bodies in the delivery of health care (de Tornay R, 1980). Today, however, many nongovernmental bodies provide health care at all levels of care. Community and public health nursing are oriented towards individuals, families and the society at large. Public health includes all the components of community health and a wider range of other social services that impact on health. However the two terms are used interchangeably.

The interdependency of health with other social infrastructures has continuously increased the needs and demands for health services. As a result, there has been an expansion in the roles of nursing and midwifery personnel. Consequently, some of the present day nursing and midwifery curricula in many countries are community oriented.

Student training is now based on a combination of institutional, urban and rural community health care in order to meet the health needs of the society. Thus, nurses and midwives are able to function outside the hospital and are better able to adapt to changes in the health needs and demands of the community in an expanded public health role.

Nursing is a dynamic profession which responds to the changing health needs and demands of the society. Among the wide range of definitions propounded for nursing, the most widely used is the one by Virginia Henderson which states that "the unique function of the nurse is to assist the individual, sick or well in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge and to do this in such a way as to help him regain independence as soon as possible" (Henderson, 1960).

From this definition it can be said that nurses assist individuals, families and communities to determine and achieve the physical, mental and social health potential within the context of the environment in which they live. Nursing by definition is therefore geared to service of the community.

Another area of nursing that emphasizes its significance in the community is the aspect where nursing focuses on promotion of the active involvement of the individual and his or her health care, thus encouraging self-reliance and self determination (WHO, 1996b).

The midwife ensures good antenatal care to improve the health status of the mother through encouraging adequate nutrition. She does everything to ensure safe and normal delivery of a healthy baby and assists in the

reduction of maternal mortality by rendering family planning services including fertility service. A look at these services confirms that they are usually provided at the community level, especially these days when home delivery is advocated.

The situation in developing countries makes community health paramount where 60% of rural dwellers seek alternate health care due to the inaccessibility of maternity homes and hospitals (Adebajo, 1997). It can therefore be said that, if given encouragement, the midwife's ability to play her potential role in public health can be of immense importance to improving the health status of the community.

In line with public health practice, community health nursing specifically targets vulnerable populations such as high-risk pregnant women, the very poor, the elderly and mentally ill, as well as family caregivers.

The focus in all areas is to prevent disease, prolong life, and promote health and efficiency through organized community effort to improve nutrition, sanitation and a safe environment, control communicable infections, educate individuals and communities in personal hygiene, organize medical and nursing services for the early diagnosis and preventive treatment of diseases, and develop the social machinery for ensuring that everyone attains a minimum standard of health and living.

In general, the aim of public health, in line with other social services, is to add to human comfort by preventing ill health, promoting a return to good health and creating conditions for healthy living. While excellent nursing and midwifery care in hospitals is important, it only complements good public health services.

Information provision is a vital component of nursing and midwifery functions and must address the changing concerns of individuals, families and communities. Genuine listening, sharing professional knowledge and building on the client's experiential knowledge are basic to competent practice (Kennedy, Polioka, Chaudry, 1997). Such concerns may not directly focus on health matters, but may require active support in developing income generating activities or better housing and transportation.

In a study on the client-nurse relationship as experienced by public health nurses (Pavilainen and Astedt-Kurki, 1997), it was reported that successful collaboration requires an active and committed involvement and a joint effort to help clients cope with their situations. In other words, there has to be not only a shared understanding of the ultimate goal of nursing, but also open and sincere confidence - building interaction for the creation of a sense of confidentiality and trustworthiness. This is the base of all successful nursing and midwifery work.

The current curricula of both nursing and midwifery training from the Nigerian experience lack the detailed concepts of public health nursing which focus on the linkage and interdependency of health with other social

infrastructures. There is also less emphasis on the interdependency and partnership of the public (clients) with the nursing and midwifery personnel in the determination of needs and necessary interventions.

Public health and service provision

Since the pursuit of the primary health care (PHC) approach by many governments, tremendous gains have been recorded in terms of improved health status. These gains are however being constantly eroded by the fact that many countries restrict implementation to selective components of PHC. The need for genuine community participation in setting goals and evaluating achievements is often ignored, as well as the crucial role other sectors such as education, commerce, and agriculture play in attaining better health.

The potential role that nursing and midwifery personnel can play to bring about improved public health is considerable, but it requires a real partnership with communities and other sectors of civil society.

Health promotion through health education

Health education is the provision of an adequate knowledge that can enhance the community's ability to have insight into the social, cultural and political aspects of specific health issues as they affect an individual, group or an entire community. Such knowledge is expected to equip people with the required skills and attitudes to approach health issues in a constructive, mature and effective way which is culturally acceptable.

One of the innate qualities to be promoted in the training of nursing and midwifery personnel is good communication and education skills, and knowledge on effective ways of providing meaningful health education to the public.

Health education can only be meaningful if used in relation to specific health issues which are of concern to individuals, families or the general community. Some of the health problems which have been addressed by this approach with positive influence are guinea-worm, diarrhoea in infants, infant malnutrition and hypertension.

Whatever health issue is at stake, the target audience should be identified and the component of a health education programme should be derived from information provided by that audience. It is also important to identify the leaders within the target group and recognize them as such. Furthermore, it is important to involve members of the groups in the activities of the programme and, indeed, in programme design, implementation and evaluation. Many programmes which have succeeded

have found this to be essential. So have those that failed even though they found out too late.

Depending on the nature and sensitivity of the problem to be addressed the approaches and methodologies of health education will differ. The target audience also often dictates to a great extent the approaches and methodologies. Where the target audience is a group of well-informed people with a common interest, workshops, seminars, symposia, rallies, lectures and talks may be appropriate. When messages are directed to a predominantly illiterate audience, the methodology of health education adopted has to be such that it will capture and sustain their interest and, most important, first address their specific concerns.

Demonstrations as used in nutrition classes or for preparation of oral rehydration therapy with the use of salt and sugar solution were found to be effective. Other acceptable approaches for such audiences may include use of pictorial educational materials, songs, or jingles. These methods are appropriate for messages on family planning, breastfeeding, pre-natal and post-natal care, HIV prevention campaigns, etc., but must have a close fit with symbols and images understood by the people.

Messages that are directed to an entire nation or community could be communicated through the print and electronic media, particularly community newspapers and radio while television might only be appropriate for urban dwellers. In most cases, there is need to stratify the population and target the messages appropriately: youth, women, men, the elderly, educated, etc., have particular characteristics and requirements. Some communities identify with live drama in public squares, the town crier and use of a public address system or other traditional/folk vehicles of public communication.

In developing countries where an issue might have deep traditional roots, such as harmful traditional practices, the best approach might be to first meet with opinion and religious leaders. Such topics can be addressed through talks to social clubs, schools, women's groups, and through home visitation. One approach is the development of drama skits which highlight health problems such as the dangers inherent in specific traditional practices such as female genital mutilation. The drama can be presented by community members themselves to varied audiences as a means of community outreach. Some more sophisticated methodologies include the use of documentary videos aired at public waiting areas such as bus terminals.

Nursing and midwifery personnel if adequately prepared and oriented are perfect health educators and can develop some of the health education messages crucial to the improvement of public health. In addition, these methods allow a relaxed atmosphere and can foster social support and create a friendly alliance of equal partnership between health personnel and the community.

Community assessment

Appropriate assessment of individuals, families and the community is crucial before their health needs can be met and they can be mobilized toward a specific health goal. An in-depth understanding of a community's characteristics and open dialogue will assist public health personnel to establish the needs of the community in partnership. Nursing and midwifery personnel should be aware of the importance of community assessment and should receive training on the factors to look for and their implications for the provision of health care.

The following basic information is necessary for a complete assessment of a community for the purpose of adequately meeting their needs (NANNM, 1984):

- demographic information
- epidemiological information
- health and health related resource information
- cost information and the relationship between all the above and health problems.

Demographic information will assist in determining such things as:

- the volume of health services required, based on the population
- the range of health services needed depending on the age/sex composition of the population
- the approach to health care delivery, which will vary with the geographical distribution of population.

Epidemiological information is essential in order to learn about:

- the diseases prominent in the area
- the age, group or sex the diseases affect in particular
- the time of the year each disease is predominant
- how much activity limitation (morbidity) the diseases cause
- how much death the diseases cause (mortality rate)
- the social effect on the population.

Health related resources information will establish:

- Available physical facilities, e.g. hospitals, health centres, maternity/health post, etc.
- available human resources (government, NGOs, private practitioners)
- available funds, etc.

- whether these resources can be realistically reallocated and what other local resources can be harnessed to meet health needs.

The cost implication of a specific health activity must be known in order to determine the implication for services. It is when all this information is available that the community can be well served.

Community mobilization

Community mobilization is the act of gathering people together to create awareness and action through organized programmes. Key elements for successful community mobilization include getting to know the community, understanding the characteristics of the community, using the right approach to enter the community, and involving members of the community in the planning and mobilization of the community.

The norms of the community should be respected when planning and implementing community mobilization. The mobilizer should understand and accept the community's culture and language. Nurses and midwives are uniquely suitable for community mobilization as they are usually well accepted by members of the community. This asset, adequately used for community mobilization and applying the various health education strategies already discussed, can make a significant positive difference to public health.

Sanitation and hygiene

Sanitation and hygiene are basic elements of preventive health and one base of nursing and midwifery.

Adequate hygiene and proper sanitation can potentially rid the public of a number of preventable diseases such as malaria, cholera, diarrhoea, respiratory infection, etc. Hygiene involves both personal life and the environment. On the personal angle it involves the care of the body, hair, teeth and nails. Environmental hygiene involves maintaining a clean environment which is free from such problems as mosquito habitation and respiratory droplet discharges, noise and pollution. Sanitation and hygiene affects the public so directly that nurses and midwives who service the public closely will make a difference to public health if they can pay more attention to sanitation and hygiene in the community.

The sanitary reform law of the 1870s in Britain imposed certain uniform health standards and regulations on the country (HMSO, 1976), although some people at the time considered it an interference with individual liberty. The dividends however were the elimination of cholera, and a decline in the death rate from tuberculosis and infectious childhood diseases. This era was before the advent of preventive or curative medical measures and to a large extent the success was due to the educational

activities of doctors and district nurses. The situation is still close to that era today in the developing world where improved sanitation and hygiene will continue to make much impact on the health of the public.

Immunization

Nurses and midwives continue to play a significant role in the immunization of children and pregnant women. World immunization coverage of children for 1980 was reported to be 20% (WHO, 1992). By 1990 however, from the same report, the coverage rose to 80% among infants for the BCG and measles vaccine. Today the picture remains steady in most parts of the world due to the relentless efforts of nurses and midwives who are the main implementers of immunization programmes.

The cost savings of poliomyelitis immunization are substantial and apparent (HMSO, 1976). The cost of one preventive procedure is well justified when one considers the high cost of treating the disease and its effects in terms of physical handicap, illness and premature death. The Expanded Programme on Immunization report of 1992 by UNICEF showed the incidence of measles to have fallen by 66%, while the measles mortality rate fell by 88% (WHO, 1992) in comparison to pre-immunization levels. As immunization programme implementers, nurses and midwives have contributed significantly to reduction of infant and maternal mortality rates due to communicable diseases.

Public health and primary health care

Long before the Alma-Ata Declaration on Primary Health Care (PHC) in 1978, the United Nations, after its inauguration in 1948, realized that there were other maladies or problems that could cause wars without weapons. It will be recalled that the UN was created after the Second World War to ensure that countries would stop fighting and be at peace with one another.

While working on this process, other conditions that could ravage humans worldwide needed urgent attention. They included disease, homelessness, hunger, water scarcity, poverty, natural disasters, vulnerability of special risk groups such as children, women, refugees, the elderly and disabled.

These problems impact directly on public health. Basic social and economic resources and well-being are the prerequisites to the human pursuit of good health, which is defined as "the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1988).

Primary health care, as defined at the International Conference in Alma-Ata in 1978, comprises five basic concepts: (i) universal coverage of

the population, with care provided according to need, (ii) services should be promotive, preventive, curative and rehabilitative, (iii) services should be effective, culturally acceptable, affordable and manageable, (iv) communities should be involved in the development of services so as to promote self-reliance and reduce dependence, and (v) approaches to health should relate to other sectors of development. (WHO, 1988).

The Conference further recommended that PHC should include "at least" eight elements: (i) education concerning prevailing health problems and the methods of identifying, preventing, and controlling them; (ii) promotion of food supply and proper nutrition, an adequate supply of safe water, and basic sanitation; (iii) maternal and child health care, including family planning; (iv) immunization against the major infectious diseases; (v) prevention and control of locally endemic diseases; (vi) appropriate treatment of common diseases and injuries; (vii) promotion of mental health; and (viii) provision of essential drugs. (Tarimo and Webster, 1997)

Thus, it is recognized that there is need to incorporate PHC into other development programmes such as environment, occupational health, food and nutrition, urban growth, education and literacy, gender issues and the elderly. In all these programmes, the issues to be confronted relate to the delivery of public health and PHC elements which are basic functions of public health nursing.

Community involvement and a genuine partnership, based on good human relationships between health workers and the population, are needed to improve the health status of the public. When the community people are involved in their own health needs assessment and care with the nurses and midwives they are able to come together to improve their environment and develop social support networks. Services provided through this approach are often more accessible and appropriate to local needs.

At an international policy level resolution WHA45.5 of the Forty-fifth World Health Assembly urges Member States to "strengthen education in nursing and midwifery, adapt educational programmes to the strategy for health for all and revise them where appropriate in order to meet the changing health needs of the population" (WHO, 1993). Resolution WHA49.1 of the Forty-ninth World Health Assembly further urged Member States "to monitor and evaluate the progress toward attainment of national health and development targets and in particular the effective use of nurses and midwives in the priority areas of equitable access to health services, health protection and promotion, and prevention and control of specific health problems." (WHO, 1996a).

These policies reinforce the fact that the curricula and practice of nursing and midwifery should not be static but should be reviewed and revised from time to time to meet changing public health needs. It is through this process that their potential role in public health can be fulfilled.

Public health and intersectoral linkages

Public health practitioners think about how to do things differently. They are concerned with the social context of ill health. They are curious about why a particular problem exists. They study the pattern of its occurrence and look into alternative ways of tackling the problem.

Public health demands that connections be made between individual clients' complaints and the community in which they live, linking health experiences with other social structures. This makes for more valid diagnosis and effective interventions and treatments. Service provision with a public health approach therefore requires a broader perspective, making correlations with other social infrastructures such as housing, education, transport, and agriculture. Public health practitioners need the capacity to work with other health professionals as well as working across professional and organizational boundaries thereby integrating services of all the different sectors to achieve a better public health.

Public health practice relates to a multisectoral approach to health care. There are usually interactions and collaborations between a wide range of personnel such as public health nurses, physicians, other nursing personnel, midwives, health educators, sanitarians, engineers, agricultural officers, teachers, voluntary health workers, traditional birth attendants, community health workers and a host of others.

Each of the personnel plays an interdependent role with one another. In the centre however are nursing and midwifery personnel who by virtue of their training and broad responsibilities are expected to provide the linkage among clients, families and communities with other relevant sectors. It should however be acknowledged that nursing and midwifery personnel will need highly skilled people for guidance and training within the collaborative framework of public health, who might have a range of basic professional education prior to specialization in public health.

The health sector is not capable of meeting all the health-related needs of the public by itself. This is why coordination with other sectors is essential. Economic development, anti-poverty measures, food production, water sanitation, housing, environmental protection and education contribute to health and have the same goal of human development (WHO, 1978).

Development in itself should mean improvement in the living conditions and quality of life enjoyed by society and shared by all its members. Development should not be about acquiring monetary wealth alone as it is only when there is an acceptable level of health that individuals, families and communities can enjoy other aspects of life, including occupation and recreation. Health is therefore uniquely important for social and economic development. Nursing and midwifery personnel should appreciate that any actions aimed at improving the health and

socioeconomic situation of the community should be regarded as mutually supportive rather than competitive. They have a responsibility to develop strategies leading to real collaboration between essential social and economic sectors for the improvement of public health.

These sectors can serve as entry points for health promotion. For example, a particular community's priority might be a good accessible road that will enable them to transport their agricultural produce to the city market for enhancement of their economic status, whereas the immunization rates of children in that community might be below the acceptable level and thus their children continue to die of diseases that are preventable with immunization.

Nurses should know how to link the community with the local ministry of works and housing and facilitate community action with the aim of assisting them to find a solution to their road problem. When the community sees such efforts they become willing to listen to the immunization crusade.

One of the crucial roles of nurses and midwives in public health is adequate supervision of housing and the environment. They need to work with the community to ensure a clean environment and proper sanitation. Situations where houses are susceptible to rodents that carry diseases should be prevented, such as inadequate demarcation of animal pens from human houses. Good cross-ventilation, adequate garbage disposal and basic cleanliness are also very important.

Adequate nutrition is a prerequisite to good health and in addition can increase resistance to certain infections. The agricultural sector is particularly important in developing countries for promotion of public health. When production of food for family consumption becomes an integral part of agricultural policy, the improvement of the public health status can be guaranteed. When globalization and farming for export determine a country's agricultural policy, public health may be in serious danger.

At a local level nurses and midwives can effectively increase the knowledge of women in the community about nutrition which they can apply with available resources for proper feeding of their children as well as to their own nutrition during pregnancy and lactation.

In many developing countries, water-borne diseases contribute to high morbidity and mortality rates. Adequate supply of clean water will certainly reduce mortality and morbidity particularly among infants and children. The water resources sector must take responsibility for bringing urban and rural water supplies to easy reach of the public. Public health personnel are in a position to link the community with this sector for adequate supply of safe water.

Local associations can also propagate health education messages. Where early marriage and teenage pregnancy are common, the major cause is usually lack of formal education of girls and lack of community awareness

and willingness to actively address this issue. Through close ties with the communities nurses help raise awareness and can influence parents to send their children to school. They are in a position to make them appreciate the benefit of education and possibly initiate community action to find alternatives to child labour, including alternatives to the often heavy responsibilities of girl children in the home.

Public health personnel need to form a strong alliance with the mass media for the propagation of health information. The mass media can play a supportive educational role through provision of appropriate information on health. The media can also help to depict the benefits or disadvantages of particular practices, thereby encouraging or discouraging such practice. For example the issue of female genital mutilation which is seen as controversial in certain communities can be handled by the mass media but it also needs community activation. Nurses and midwives can sell ideas to the media for the benefit of public health in parallel to facilitating change at the local level.

Within the framework of community participation, the role of other professional health workers, traditional medical practitioners and traditional midwives cannot be ignored. Nurses and midwives should be willing to provide them with necessary assistance and guidance. On the other hand, when complex care or advice on problems is needed, the nursing and midwifery personnel should recognize the need for and seek the assistance of relevant and more qualified health professionals in the public health field such as public health nurses, health visitors, physicians, social workers, etc.

The traditional medical practitioners and midwives are often part of the community. With a high maternal mortality ratio of an estimated 430 maternal deaths per 100 000 live births (WHO, 1996c) as a consequence of childbirth and its complications and also with a ratio of 1 nurse to 2180 population in countries of low income economies (WHO, 1994), traditional midwives are usually more accessible especially to the pregnant women with whom they live within the community. They assist at deliveries and provide immediate care to the new born infants. Nurses and midwives owe these traditional health workers appreciation and respect and must provide them with adequate training that will enable them to carry out their jobs at no risks to their patients. Public health is certainly the business of all, and nursing and midwifery personnel should be able to promote the concept of collaboration.

Conclusion

The potential role of nursing and midwifery personnel in public health is enormous. As already mentioned, at least 70-80% of people in the developing world live in rural areas where a large number of nursing and midwifery personnel also work. They have first hand information about disease patterns in their areas of practice. They refer patients to health centres, hospitals and for specialist care in many instances. They play a crucial role in diagnosis, treatment, and follow-up as well as in care. Their information is very important to disease surveillance and their role in this regard cannot be under estimated.

Increasingly, nursing and midwifery personnel are faced with the challenges of caring for groups who are vulnerable to ill health. Political, cultural, socioeconomic and other factors influence the health status of the population. Vulnerability can be caused by poverty, ignorance or as a result of war and instability. Often vulnerable groups include the elderly, women, children and the handicapped. Public health nurses are specially prepared to cater for the needs of these groups. However, the number of such specialists are inadequate to meet the needs of these high risk groups. All nurses and midwives can fill a big gap by addressing population-based public health care.

There is a consensus globally that nursing and midwifery personnel will benefit from more education oriented towards public health. Nursing and midwifery curricula in countries need to be expanded accordingly. Nursing and midwifery personnel will also benefit from continuing education programmes. They should also have access to post-basic and university programmes relating to public health. The more nursing and midwifery personnel have access to any form of such educational development, the more they will be able to maximally expand and play their potential role in public health. This, no doubt, will make the needed significant positive impact on improving the health status of the public.

While education must be strengthened, this is not enough to make a difference. Improved public health requires a redistribution of responsibilities among professions as well as with communities. It requires sound management of the health sector and adequate legislation. And it requires genuine collaboration of all sectors affecting health. Above all else, poverty needs to be addressed by society.

Appendix

Component of the community health module of the Nigerian nursing curriculum

Unit 1 - Primary Nursing Care, which includes:

- a. Individual and family history taking; assessment of emotional and development status of individual and family; physical examination; problem-oriented recording; methodology for collection and interpretation of a data base.
- b. Assessment of nutritional status and principles of dietetic counselling.
- c. Review of pathophysiology systems and the common dysfunctional processes occurring in minor illness and chronic disease across all age groups with emphasis on significant signals and symptoms and deviation from normal.
- d. Diagnostic laboratory - with clinical content and laboratory experience in the performance of selected laboratory tests needed to establish patient data base and interpretation of findings.
- e. Review of pharmacology - pharmacodynamics and the chemotherapeutic actions of major drug groups, drug interaction and drug abuse.
- f. Primary health care management - clinical content and experiences with patients stratified by age groups. Practice to include health promotion, education and maintenance; disease prevention; management of acute, common and chronic diseases; family planning concepts and techniques.

Unit II - Organization of community nursing services and the roles of nursing within these services:

- a. Nursing service in health centres
- b. Nursing service in out-patient departments
- c. Nursing service in schools
- d. Nursing service in homes

Unit III - Referral Techniques

Unit IV - Health records and statistics

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