



Rural experience of Public Health Nursing Students of Lady Reading Health School, Delhi at Palam Primary Health Centre

By

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THE long awaited day had come for us to leave the metropolitan city of Delhi in exchange for the simple rural life at Palam. Our school bus was filled to the brim with our personal luggage and all sorts of 'things' including kitchenware, cutlery, fuel and food supplies for our two months sojourn at Palam. It was a thrilling experience to sit in an overcrowded bus surrounded by luggage tumbling down when turning a sharp curve, cooking pans rolling on the floor and buckets tipping over for a fall. We looked forward to getting out of the city and seeing the village scenery and gave sigh of relief leaving the hustle and bustle of busy city life. The trip was rather short. Palam Primary Health Centre is 12 miles away from Old Delhi and forms a part of the Rural Health Training Centre of Najafgarh. For the next two months it would become home for the Public Health Nurses. The hostel attached to the Palam Primary Health Centre was transformed into a centre and focal point for group discussion and action planning which would permeate into the nooks and corners of the villages.

India thrives in her villages which contain 85 per cent. of her population. Here are found the farmers who are the backbone of the country. Yet, typhoid, enteric fever, smallpox and T.B. are frequent visitors bringing misery and death. All of these are preventable communicable diseases. In fact 70 per cent. of all the sicknesses which afflict the villagers are preventable. To build a strong India and make her a self-sufficient country we need a succeeding generation of healthy children.

Here at Palam theory and practice work side by side to make our learning meaningful. Scheduling household chores, helping in the kitchen by washing dishes, fetching water and calculating our daily nutritional requirements were some of the ways and means of achieving our purpose and understanding the meaning of rural living. Living with the villagers, sharing their joys and difficulties made me one with them. Nurses, health students and medical students come and go, observe and study the social and cultural behaviour patterns of the villagers. Research is constantly going on so that better techniques in health education can be devised in order to influence rural people especially the women folk. Gradually changes come as the result of continuous contact between health workers and villagers. Evidence of this is the lowered number of deaths among infants during neonatal period. In fact at Palam, cases of Tetanus, once common are now rare in new-borns.

We had the privilege of attending a Panchayat meeting held in the courtyard of the community hall. It was interesting to listen to their discussions and deliberations. Although the Panchayat leader presided, all the members united together to solve their common problems and spoke freely. As public health nurses, we were very happy to hear them seriously considering difficulties of sanitation and the use of proper latrines. We were impressed by the efforts they are making to improve environmental hygiene in their villages. Our eyes were opened to the practical problems involved which we did not realise when we studied these things in the classrooms.

As part of our experience in the prevention and control of communicable diseases we were to

accompany the Sanitary Inspector on a door to door campaign for small-pox vaccination. The reaction of the people came as a surprise to us. Some accepted the vaccination willingly, others passively submitted for vaccination with the cunning intention of removing the vaccine from the arm. We were astonished to see a woman who sucked the vaccine from the area where the smallpox vaccine was innoculated. She was afraid of the reaction. Another girl of 9 years took cowdung, mixed with mud and rubbed it on to the vaccinated area of her baby brother. All this was done immediately after the vaccination and right in front of us. Questions would arise in each of us: Do these people really and truly understand what vaccination is? Are they convinced about the value of smallpox vaccination? Where is the fault? The realisation that it lies with us, as health workers and educators, showed us how far we still have to go.

We were all to suffer from "stage fright" just at the thought of facing a large group of villagers but the school health programme gave us the courage to do health teaching as we experienced the eager response of the school children. We assisted the doctor in the medical examination of the children, treatment of minor ailment, height and weight taking and testing of eyesight. The children's enthusiastic participation in the health discussion proved the potentialities that children have for educating their family and community. If given the facilities in their homes and schools, they have the capabilities of putting into practice what we teach them. We need enthusiastic teachers, dynamic in action with modern ideas and who love to shape the young malleable minds of children. We must first get the teachers to appreciate and under-

stand the modern concept of health.

We found our domiciliary midwifery practice at Palam to be one of the most touchy human experience. We were constantly running up against social customs, traditions, beliefs and taboos associated with pregnancy, lactation and puerperium. For example a woman in labour is not given food to eat except tea without milk but with good amount of ghee. They believe ghee acts as lubricant to hasten the delivery of the head. Little do the villagers know that ghee is an energy producing food which gives the woman the strength to bear down during the crucial time of delivery. During winter a newborn is bathed to remove vernix caseosa and blood stains from the head which the villagers term as "unclean". Milk is not given after delivery and following puerperium for fear of pus formation in the uterus; also fire with heavy smoke is kept inside the confinement room to ward off evil spirits. The leg of the charpoy is tied with a buffalo chain to prevent any evil eye from being cast on the new-born. These and other customs are holding the people back from accepting new and safe health practices. As health workers, we root out negative social customs and improve the positive one for the sake of keeping the social and cultural pattern intact. Day and night we took turns rotating 'on call' for home confinement. November and December months are very cold months of the year. Coldness penetrated into the very marrow of our bones as we sat on our trunks preparing our study plans while waiting for a call to come. When the call finally comes, cold breezes welcomed us into the stillness of the night. We clung together in the dark, followed by barking dogs, hurrying to answer the call of an expectant woman in distress knowing it our privilege to assist her in bringing a new tiny human being into this troubled world. Sometimes we would not make it on time and would find the baby howling and screaming at us for having missed the case. It is hard to predict when the V.I.P. will come. At other times we would have to do vigil duty into the wee hours of morning. In the midst of cows and buffaloes sharing the

warmth of cowdung fire, we boil our instruments in preparation for the most exciting time of our rural experience. (Improvisation of equipment and furnishing when conducting home deliveries is but one of the challenges a well prepared multi-purpose Public Health Nurse meets). Occasionally we were fortunate to partake in the joys of a family which is blessed with the gift of a healthy infant boy. But at times we felt sad to deliver a female infant. Girls deplete the economic status of a family where the traditional practice of the dowry system still prevails. It is very difficult for the midwife—she is happy to assist in the delivery of either boy or girl as long as they are healthy, normal and sturdy but with this social custom persisting and prevailing in rural society one cannot help but sympathise with the poor mother who gives birth to a daughter. However, it makes me realise the urgent need for planned parenthood, marriage counselling and guidance and the teaching of the true meaning of the vocation of marriage in the light of its subsequent responsibilities.

Our project assignment of a family health care study would be one of the most effective means by which we were to arrive at an intimate knowledge and understanding of the villagers and their many health problems. We met our mother and child in the clinic and then followed them into their homes. This is the most important step to assure frequent contact with the family. Observing the home and environment we had to interpret doctor's orders in a new way, we had to think up ways to help them adapt treatments to suit the equipment and situation of the home, we had to replan our health teachings basing it now on a practical situation and not just on a learned theory. We were really helping the family to solve their health problems and with the guidance of various health and social workers, we encouraged the family to follow through on a realistic plan of action.

Sundays were days of rest and recreation. Putting aside our classroom assignments, we could enter

into games of competition—throwball and badminton being the favourites. Some preferred leisurely strolls through the fields, observing the villagers at work. Unknown to us the villagers in return were closely watching us as we walked carefree along the fields chewing sugar cane. One Sunday, we had the unique opportunity of riding on camel's back. This majestic animal with his air of royalty captured our curiosity and nothing would do until we could climb on his back for a ride. In spite of the danger of accidents and other hazards, we persuaded the camel keeper to give us all a ride. He was very good at instructing and directing the camel when to stand, kneel and trot. He taught us how to climb on the back. But once up there, how to ride on his curved bony back with nowhere to hold on for an anchor except the camel's hair? I had a sick feeling in my stomach. I felt like I was hanging in mid air suspended by a piece of thread ready to drop down any minute. My! what an experience.

At last the day came for us to bid goodbye to Palam. In those short 8 weeks it had acquired a special place in our hearts. We came as individual persons but left as a close knit family, having forgotten our differences. We learnt the spirit of team work. Only through working as a group did we accomplish our purpose. The people too gave us much food for thought as they live their happy life day by day with serenity and joy in spite of overwhelming financial difficulties. We learnt the necessity for patience, patience to listen to their hundred-and-one problems and patience to continue teaching though we see no results—gradually though we do see change—a little here, a little there but it gives us a ray of hope. As health workers, we were ever ready to be of service to the family, working as a servant, yet an active leader, a catalyst amongst them leading the people to better their lives. We may have just helped one family, one village, but many a Public Health Nurse, each helping her families, her villages—all their efforts put together do make a difference—do build a strong and healthy nation.