

# Community Health Nursing



நலம்வேண்டின் நாணுடைமை வேண்டும் குலம்வேண்டின் வேண்டுக யார்க்கும் பணிவு.

He who desires a good name must desire modesty; and he who desires (the continuance of) a family greatness must be submissive to all.

## Learning Objectives

At the end of the lesson, students will be able to:

- explain the Health Problems.
- understand the National Health Programmes
- elaborate the National Health Policy and Planning
- analyse the Health Care delivery system in India
- understand the FIVE YEAR PLANS
- evaluate the Social Welfare Programmes
- understand the Qualities and Functions of a Public Health Nurse
- follow the principles of Home visiting



## Introduction

“Community health nursing is a synthesis of nursing practice applied in promoting and preserving the health of the population. Community health implies integration of curative, preventive and promotional health services. The aim of community diagnosis is the identification of community health problems. Remarkable development in public health was successful control of many communicable diseases. Nursing and medical services were strengthened to promote

positive health. Now a days more emphasis is focused on the sick to the well person, from the individual to the community. To attain **Health For All** through **Primary Health Care** led to the restructuring of the rural health services. At present Public health nurses are called as Community health nurses who are registered nurses (RN) trained to work in public health settings. It includes nursing services in all phase of health services which is organized for the welfare of the community. In 1958 Indian Nursing Council has integrated Community health into basic curriculum in nursing.

Community Health Nurse (Village Health Nurse, Sector Health Nurse, and Community Health Nurse) is responsible for her defined area of work in the provision of community health services.

## 9.1 Community Health nursing

### Definition

- It is a synthesis of nursing and public health practice applied to promoting and preserving the health of the people.
- Public health: It is the art and science of preventing illness, prolonging life and promoting through organized efforts of the society.
- Community health: It refers to the health status of the members of the community, to the problems affecting their health and to the totality of the health care provided for the community.

### Aims of Community Health Nursing

- To promote health and efficiency.
- Prevention and control diseases and disabilities.
- Need based health care to prolong life.

### Objectives of Community Health Nursing

- Provide antenatal, intranatal and postnatal, care to ensure safe pregnancy and delivery.
- Immunization
- Provide under five children care
- Health education
- To improve the ability of the community to deal with their own health problems
- To strengthen the community resources
- To prevent and control communicable and non-communicable diseases
- To provide specialized services
- To conduct research

### Principles of Community Health Nursing

- It should be planned based on the needs of the community.
- It is based on identified needs and functions.
- Integration of Health education, guidance and supervision with community health nursing services.
- Health services should be realistic in terms of available resources.
- Community is the focus which is the unit of health care services.
- Professional relationship with etiquette and dignity
- Community participation is the integral part of the community health services.
- Individual and family members participation in decision making.
- Health services must be continuous.
- Proper records and reports are essential.
- Proper evaluation of health services
- Health services must be available to all without any difference.

## 9.2. Health problems in india

Poor health is a major problem in India which contributes to the many health problems. Following are three causes of poor health in India.

- High Birth Rate and Rapid Growth of Population
- Malnutrition
- Unsanitary Conditions and Housing

### Health problems are classified in to

- Communicable disease
- Non-communicable diseases
- Nutritional Problems
- Environmental Sanitation problems
- Medical Care Problems
- Population Problems

## Communicable Diseases Problem:

Communicable diseases continue to be the major problem in India, but many of them are controlled in developed countries such as USA. It is estimated that nearly 54% of deaths in India are due to communicable diseases.

Common communicable diseases found in India are



### I. Malaria

Till today Malaria is a major health problem in India which is a big challenge to eliminate and control. Malaria is transmitted by the bites of infected female anopheles mosquito (Parasite). If not treated properly which can become life threatening. The National Malaria Control and Eradication Programmes launched in 1953 and 1958 respectively. During 2016 1.09 million cases were reported and about 331 deaths were registered due to malaria. Whereas the scenario in 2017 was about 0.84 million cases were reported and about 194 deaths were registered due to malaria.

### II. Tuberculosis

Tuberculosis is a leading communicable disease in India accounting for one-fifth of the world incidence. Pulmonary Tuberculosis is contagious bacterial infection caused by

*Mycobacterium Tubercle*, which mainly affects lung. According to the Global TB report 2017 the estimated incidence of TB in India was approximately 28,00,000 accounting for about a quarter of the world's TB cases. Every year about 1.2 million persons develop Tuberculosis of which 0.64 million cases are sputum positive which is highly infectious and 0.32 million people die due to TB. The emergence of HIV-TB co-infection and multidrug resistant TB has become a challenge today.

### III. Diarrheal Diseases

Diarrheal diseases constitute one of the major causes of sickness and death specially in children below 5 years of age accounting for approximately 8% of all deaths among children below 5 years worldwide in 2016. Outbreaks of diarrheal diseases including cholera continue to occur due to the poor environmental conditions. Diarrheal diseases are caused by viral, bacterial and parasitic organisms.

### IV. Acute Respiratory Infections (ARI)

Acute respiratory diseases are one of the major causes of sickness and death in children below 5 years of age. During 2011, nearly 26.3 million episodes of Acute Respiratory Infection were reported with 2,492 deaths.

### V. Leprosy

Leprosy is a chronic infectious disease which is caused by *Mycobacterium Leprae*. It mainly affects the skin, the peripheral nerves, the mucosa of the upper respiratory tract and the eyes. It is curable when the treatment started in the early stages prevents disability. Multidrug therapy, made available by WHO free of cost to all patients worldwide since 1995, provides a simple but highly effective cure for all types of leprosy. Control of leprosy has improved significantly by Integration of basic leprosy services into general health services to diagnose and provide treatment of the disease within easy reach (PHC). WHO has launched a new global

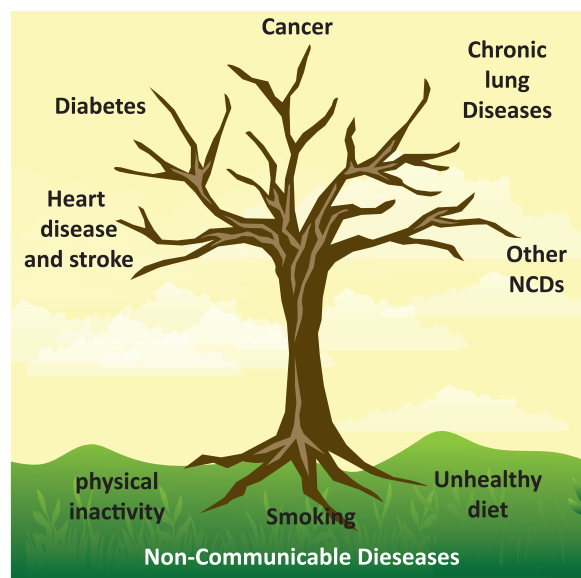
strategy in 2016 –2020: accelerating towards a leprosy-free world – which aims to leprosy control and prevent disabilities.

**DO YOU KNOW?** Leprosy is recorded in ancient vedic writings and it is termed as "Kusht" in those days

### VI. Acquired Immuno Deficiency Syndrome(AIDS)

Since AIDS was first detected in the year 1986 and worldwide it stands in third place. It is estimated that by the end of year 2016, there were about 2.1million cases of HIV positive cases and 62000 people died from AIDS related illnesses in the country.

### Non Communicable Diseases Problem (NCD)



NCDs are the leading cause of death in the world, responsible for 63% of the 57 million deaths that occurred in 2008. The majority of these deaths are due to cardiovascular diseases and diabetes, cancers and chronic respiratory diseases. More than nine million of all deaths attributed to noncommunicable diseases (NCDs) occur before the age of 60. Behavioral risk factors, including tobacco use, physical inactivity, and unhealthy diet, are responsible for about 80% of coronary heart disease and cerebro vascular disease.

Millions of deaths due to Non Communicable Diseases which can be prevented by promoting the public awareness and participation.

### Measures to Control Non Communicable Disease

- Stronger anti-tobacco controls - No smoking
- Promoting healthier diets
- Promoting Physical activity
- Reducing/Stop the use of alcohol;
- Improving people's access to essential health care.



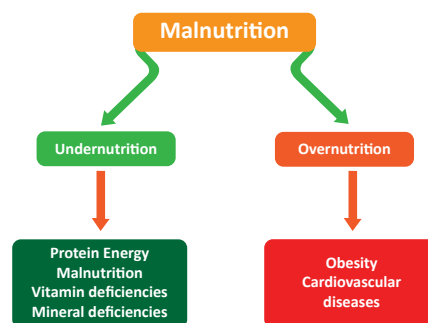
### Nutritional Problems

According to WHO, "Malnutrition refers to deficiencies, excess or imbalances in a person's intake of energy and/or nutrients"

Malnutrition covers two broad spectrums of under nutrition and over nutrition.

**Undernutrition:** Refers to lack of proper nutrition, caused by not having enough food or not eating enough food containing substances necessary for growth and health.

**Over nutrition:** Is a form of Malnutrition in which nutrients are oversupplied relative to the amounts required for normal growth, development and metabolism.



According to World Bank report, India is ranking 2nd in the world of the number of children suffering from malnutrition (i.e. Under weight (43.5), Stunting (47.9), Wasting (20) and overweight (1.9)).

Source: Asamadu et al, *Nutritional Problems and Intervention Strategies in India, A technical Report (2012)*

a) **Protein Energy Malnutrition**- : Caused by the deficiencies of protein and calories. It occurs more commonly among weaned infants and pre school children

**Kwashiorkor** is the deficiency of protein in the diet.

**Marasmus** - severe deficiency of protein and energy in the diet.

b) **Vitamin Deficiencies**: caused by the deficiency of vitamins in the diet.

- Vitamin A deficiency – leads to Night blindness and Xerophthalmia( dryness of cornea)

- Vitamin C deficiency – leads to Scurvy

- Vitamin D deficiency – leads to Rickets

c) **Mineral deficiencies**: caused by the deficiency of minerals in the diet

- Nutritional anemia – decreased haemoglobin in the blood due to the insufficient iron in the diet

- Iodine deficiency disorder (Goitre) – decreased iodine intake.

d) Out of these deficiencies **the two major nutritional problems** of India are

- **Under Nutrition**
- **Nutritional Anaemia**

## Environmental Sanitation problem

Environmental sanitation is the most difficult problem to handle in our country which is multi-factorial and multifaceted.

### Major environmental problems in India are

- Air and water pollution
- Depletion of natural resources

- Improper waste disposal and low level of sanitation leads to soil pollution and breeding places of insects, flies and rodents.
- Sound pollution Traffic pressure.
- Degradation of land Industrialization and urbanization
- Radiation hazards
- Excessive use of fertilizers and chemicals in agriculture.
- Destruction of forests
- Increasing population, poverty, illiteracy, unemployment further increases environmental problems.

## Medical Care Problems

In rural area 74% population doesn't get benefit of modern curative and preventive health services. Approximately 80% of health services are concentrated in urban area. Addressing to meet inadequate and uneven distribution of doctors, and medical services between rural and urban is the challenging task to health sector.

## Population Problem

During Independence in 1947 India's Population was 30 crores. As on 2018 now it is the second most populated country in the world, current population is 1.35 billion. The population problem is the important problem faced by our country which affects all aspects of, sanitation, housing, health care and environment.





India's population As of February 01, 2019 is 1,350,262,913 (1.35 billion) and estimated to lead China by the year of 2030

### 9.3 National Health Policy And Planning

The Ministry of Health and Family Welfare evolved a National Health Policy which was approved by Parliament in 1983. The National Health policy of 1983 and 2002 have served well in guiding the health sector (Five year Plans). Now in 2017 the last health policy is introduced. The National Health Policy laid down specific targets to be achieved by 2025 AD.

#### Definition

"Health Policy provides a broad framework of decisions for guiding health actions that are useful to the community in improving the health status which ultimately contribute to the quality of life.

#### Objectives

- The need to establish comprehensive primary health care services within the reach of population even in the remotest area of the country.
- To achieve an acceptable standard of good health among the general population.
- To Improve the health status in all sectors and provide preventive, curative, palliative and rehabilitative services through the public health sector with focus on quality.
- Improve health status preventive, promotive, curative, palliative and rehabilitative services provided through the public health sector with focus on quality.

- Assure availability of free, comprehensive primary health care services
- Ensure improved access and affordability, of quality secondary and tertiary care services

#### National Health Policy Goals 2017

1. Increase Life Expectancy from 67.5yrs to 70yrs by 2025
2. Reduction of Total Fertility to 2.1 at National level by 2025.
3. Reduce under five Mortality to 23 by 2025 and MMR(167) to 100 by 2020.
4. Reduce IMR to 28 by 2019.
5. Reduce neonatal and still birth rate to 'single digit by 2025.
6. Achieve and maintain elimination status of Leprosy by 2018  
Kala-Azar by 2017 and Lymphatic Filariasis by 2017.
7. Reduction of disease prevalence/incidence of HIV Global target of 90:90:90
  - 90% of people know about HIV/AIDS,
  - 90% of all people diagnosed receive Antiviral treatment and
  - 90% of all people receiving antiviral will have viral suppression.
8. Achieve and cure rate of more than 85% to elimination status by 2025.
9. To reduce the prevalence of blindness to 0.25 / 1000 by 2025.
10. Increase utilization of public health facilities by 50% by 2025.
11. Reduction in prevalence of tobacco use by 15% by 2020 and 30% by 2025.

### 9.4 Health Planning

Planning of Health service is based on the health needs and demands of the population. The main aim of health planning is to achieve the optimum level of health.

## Objective

- To give a social and economic development. The achievement of optimal level of health.

## Planning commission:

In March 1950, the Govt. of India has appointed a Planning commission to "Promote a rapid improvement in the standard of living of the people by the effective utilization of the resources, increasing production and providing employment in the service of the community.

For the purpose of Planning the health sector has been divided into the following sub Services.

1. Water Supply and Sanitation.
2. Control of Communicable diseases.
3. Medical Education, training and Research.
4. Medical Care.

5. Public Health Services.

6. Family Planning.

7. Indigenous system of Medicine.

The health plan is implemented at all levels such as National, State, District, Block, and Village. Because of the Five Year Plans, considerable improvement has taken place in the field of health. Health is an important sector for the national development, the Planning Commission gave due importance to health for the formulation of Health programmes.

## 9.5 Health Services Organization

The purpose of the health services is to improve the health status of the population. It depends upon the health needs and problems and available resources. In India it is represented the five major sectors.



## Health Care System In India

### 1. Public Health Sector

#### a. Primary Health Care

- Primary Health Centre
- Sub centre

#### b. Hospitals/health centre

- Community health Centre
- Rural Hospitals
- District hospital/ Health Centre
- Specialist Hospitals
- Teaching hospitals

#### c. Health Insurance Schemes

- Central Government Health Scheme
- Employees State Insurance Scheme

#### d. Other agencies

### II. Private Sector

- Private hospitals
- Polyclinics
- Nursing homes and Dispensaries
- General Practitioners and clinics.

### III. Indiginious System Of Medicine

AYUSH - Ayurveda, Yoga, Unani, Siddha and Homeopathy

### IV. Voluntary Health Agencies

### V. National Health Programmes

#### Health Services Organization

The health services are organized in the country from the national level to the sub-centre level in the remote rural areas.

## 9.6 National Health Programmes

After independence of our nation, the National Health Programmes are launched by the Central Government for the control/eradication of the communicable diseases, improvement of environmental sanitation,

improving the standard of nutrition, control of population and promotion of rural health. Various International agencies have been providing technical and material assistance in the implementation of these programmes.

#### Following are the some of the Health Programmes: -

1. National Health Mission
2. Reproductive And Child Health Programs
3. Revised National Tuberculosis Control Program (RNTCP) : DOTS Strategy
4. National AIDS Control Program
5. National Vector Borne Disease Control Program
6. Nutritional Programs
7. National Anti-Tobacco Program
8. National Program For Prevention And Control Of Cancer, Diabetes, Cardio vascular Diseases And Stroke
9. Integrated Disease Surveillance Project
10. Basic Minimum Service Program
11. Programs For Water And Sanitation

#### 1. Nation Health Mission (NRHM and NUHM)

National Health Mission is a strategic plan of central health ministry to strengthen the health systems in rural and urban areas National Health Rural Mission was launched in 2005 for strengthening health systems and provide better rural health Services. It was converted to National Health mission in 2013.

It is provided under 2 sub - missions

**NRHM** - National Rural Health Mission was launched in 2005 to provide health care to the remote rural population.

**NUHM** - To meet the health care needs of the urban population with the focus on urban poor.

#### Goals of NHM

- Reduction in Maternal Mortality Rate and Infant Mortality Rate
- Universal access to integrated public health services

- Child health, water, sanitation and hygiene
- Prevention and control of Communicable and noncommunicable diseases including locally endemic diseases and emerging diseases
- Population stabilization
- Revitalize Indigenous System of Medicine

### Functions of NHM

- Antenatal and postnatal check up
- Improved facilities for Institutional deliveries
- Trained community level worker
- Complete Immunization
- Good Hospital care
- Provision of household toilets
- Mobile Medical units
- Health and Nutrition

### 2. National Malaria Eradication Programme:

The National Malaria Control Programme (NMCP) was launched in 1953 which was upgraded to National Eradication Programme (NMEP) in 1958. The NMEP achieved remarkable success during the period 1958-1965, by which the incidence of Malaria came down to only 1 lakh cases and no deaths in 1965. In 1994 Resurgence of malaria forced Govt. of India to appoint an Expert committee on Malaria to identify the problem areas and specific control measures. Thus the Malaria Action Programme (MAP) was evolved and is being implemented. The objective of the MAP is to prevent deaths, outbreaks and complications due to Malaria. It has been decided to observe Anti Malaria Month before the onset of monsoon i.e. month of June every year.

### 3. National Tuberculosis Control Programme:

The National Tuberculosis Control Programme was established in 1962 with the objective of reducing the disability and death

from TB by effective treatment. The Govt. of India, WHO and world Bank together reviewed the NTP in 1992. Based on the findings a revised strategy for NTP was evolved. Short term chemotherapy has been introduced in 5 districts to achieve at least 85% cure rate through DOTS (Direct Observation Treatment Short course). It is done by voluntary workers such as teachers, anganwadi workers, dais, ex-patients and social workers. NGOs are involved in Information, Education and Communication.

### 4. National Aids Control Programme:

National AIDS Control Program was launched in India in the year 1987 is to prevent further transmission of HIV, to decrease morbidity and mortality associated with HIV infection and to minimize the socio economic impact resulting from HIV infection.

### 5. National Family Welfare Programme

Family planning was started in the year 1951. In 1977, the Govt. of India re-designated National Family Planning into National Family Welfare Programme and was integrated with Mother and Child Health services. The aim of family welfare programme is to improve the quality of life through education, nutrition, health, employment, women's welfare and rights, shelter, safe drinking water and all factors vital to the life.

### 6. Universal Immunization Programme (UIP)

UIP is a vaccination programme launched by the Govt. of India in 1985. Currently UIP is one of the key areas under NRHM (National Rural Health Mission) since 2005. It consists of vaccination against 12 diseases namely Tuberculosis, Diphtheria, Pertussis, Tetanus, Polio, Measles, Hepatitis B, Japanese Encephalitis, Rubella Pneumonia and Pneumococcal diseases. Immunization is one of the most effective methods of preventing childhood diseases. With the implementation of the Universal Immunization Programme

(UIP) by the Government of India, significant achievements have been made in preventing and controlling vaccine-preventable diseases (VPDs). Introduction of Pentavalent vaccine (pilot project in Tamil Nadu) will further reduce the incidence of pneumonia and meningitis caused by Haemophilus, influenza type b (Hib) bacteria.

### 7. National Diarrheal Diseases Control Programme

Diarrhea is one of the leading causes of child mortality. National diarrheal disease control programme was launched in the year of 1978. It was actually a renamed version of national cholera control programme. The programme emphasized on the use of Oral rehydration Salt (ORS) therapy. It also focussed on the rational use of medications, adequate nutritional and fluid replacements during diarrhea, education on personal hygiene, feeding practices among the mothers of under five.

**DO YOU KNOW?** You can make your ORS at home

**Home – made ORS**

- 6 LEVEL TEASPOONS of SUGAR
- HALF LEVEL TEASPOON of SALT
- 1 LITRE OF WATER  
5 cupfuls (each cup about 200 ml.)

### 8. National Iodine Deficiency Disorders Control Programme

National Goitre Control Programme was launched in the year of 1963 with the objectives of reducing the incidence and prevalence of goitre in the country. Goitre is a condition occurs due to the lack of iodine in the blood. Iodine cannot be supplemented by any foods. Even after 20 years of measures, it was found

that the prevalence of goitre was high. Hence the programme was renamed as Iodine Deficiency Disorder Control Programme in 1992 and enforced on the fortification of iodine in salts at the manufacturing level.

**DO YOU KNOW?** Our body requires very minimal quantity of Iodine (150 µg for an adult). It can be supplied in 10 gm of salt. Excess of Iodine in blood can be excreted in urine.

### 9. National Leprosy Control Programme

The programme was launched in the year of 1955. In 1983 it was renamed into National Leprosy Eradication Programme. The main objectives of the programme are to reduce the leprosy cases, early detection and treat the known cases with effective multi drug therapy.

#### Types of units functioning in the country

1. National Leprosy Control Units are established in highly endemic areas.
2. Survey, Education and Treatment (SET) Centers attached to Primary Health centers.

### 10. National Cancer Control Programme

**National Cancer Control Programme (NCCP)** is a community health programme designed to reduce the number of cancer cases and deaths and improve quality of life of cancer patients. NCCP helps to reduce the cancer burden and improve services for cancer patients and their families. The National Cancer Control Programme was launched in the year 1975 - 76.

### 11. National Mental Health Programme

The Mental Health programme was launched during 1992 with a view to ensure availability of Mental Health Services for all, especially the community at risk and under privileged section of the population.

## 12. Respiratory Disease Control Programme

The standard case management of ARI and prevention of death due to pneumonia is an integral part of RCH programme. Peripheral health workers are being trained to recognize and treat pneumonia with Co-trimoxazole.

## 13. Nutritional Programmes

The Govt. of India have initiated several nutritional programmes to combat malnutrition. ICDS, Vit. A prophylaxis programme, Prophylaxis against Nutritional Anemia, Special Nutrition Programme, Mid-day Meal Programme, Special Nutrition Programme are sum of the nutritional programmes.

## 14. Reproductive and Child Health Programme (RCH):

Refer: Child Health Nursing Unit 8.

## 9.7 National Programme for control of Blindness

The National Programme for control of visual impairment and blindness was launched in 1976 is the 100% centrally sponsored and incorporates the earlier trachoma control programme was started in 1963.

### Goals

- To reduce the prevalence of blindness 1.49% to < 0.3%
- To establish an infrastructure and efficiency levels in the programme.

### Objectives

- To establish eye care facilities for every 5 lakh population
- To develop human resources for eye care services at all levels.
- To improve quality of service delivery.
- To secure participation of civil society and the private sector.

## 9.8 20 Point Programme TPP twenty

In addition to the Five Year Plans and Programme, in 1975 the Govt. of India initiated a special activity called as 20 points programme as an agenda to promote social justice and economic growth. On August 20, 1986 the existing 20 point programme was restructured to eradicate poverty, increase productivity, reduce inequalities, remove social and economic disparities and improve the quality of life.

8 out of 20 points are directly or indirectly related to health.

### Components / ACTIVITIES

1. Cataract surgery
2. Eye screening(camp)
3. Eye Dination
4. Vitamin A prophylaxis
5. voluntary organization
6. IEC Activities

- Point 1 - Poverty eradication.
- Point 2 - Power to people
- Point 3 - Support to farmers
- Point 4 - Labour Worker
- Point 5 - Food security
- Point 6 - Housing for all
- Point 7 - Clean Drinking water.
- Point 8 - Health For All
- Point 9 - Education for all
- Point 10 - Welfare of schedule caste ST, minority and OBCs
- Point 11 - Women welfare
- Point 12 - Child welfare
- Point 13 - Youth developments
- Point 14 - Improvement of slums
- Point 15 - Environment protection and a forestation
- Point 16 - Social security
- Point 17 - Rural Road
- Point 18 - Energisation of rural area
- Point 19 - Development of backward areas

## 9.9 School Health Programme

School health is an important branch of community health nursing. In 1961 the five year plan, school health and school feeding program was started in many states.

### Health problems of the school children

- Infectious diseases
- Malnutrition
- Dental carries
- Intestinal parasites
- Disease of eye, ear and skin

### AIMS

Promotion of Health & Well being of all school children by Comprehensive health care.

1. Promotion of Positive Health
2. Prevention of Diseases
3. Early Diagnosis and adequate Treatment & Follow up.
4. Promoting Health awareness among children.
5. Provision of Healthy environment.

### Services provided in School Health Programme

- Health check up
- Prevention of communicable disease
- Spot treatment
- Referral services
- Health education

## 9.10. Five Year Plans

Centrally sponsored Five year plans (FYPs) are integrated national economic programs. India launched its first FYP in 1951 after the independence under the influence of

our first Prime Minister Jawaharlal Nehru. The First Five Year Plan was one of the most important because it had a great role in India's development. Health as an important factor in the utilization of the manpower and the uplifting the development of the country, health programmes were given considerable importance in the Five Year Plans. The main objectives of the health programmes are the control or eradication of major communicable diseases, strengthening of the basic health services, population control and the development of health manpower resources. 11th Five Year Plan (2007-2012) aims to raise the average economic growth rate to 9% from 7.6% during 10th Five Year Plan.

### Eleventh Five Year Plan

The Eleventh Five Year Plan provides an opportunity to restructure policies to achieve good health for the people, especially the poor and the under-privileged. The 11th Five year Plan will give special consideration to adolescent girls, women of all ages, children below the age of 3, older persons, disabled and tribal groups.

### Goals to be Achieved by the 11th Five Year Plan

1. Reduction of MMR to 1 per 1000 live births.
2. Reducing IMR to 28 per 1000 live births.
3. Reducing Total Fertility Rate (TFR) to 2.1.
4. 4. Provision of clean drinking water for all by 2009.
5. Reducing the Malnutrition among the children age group of 0-3 years
6. Reducing the anaemia among women and children by 50%.

### Twelfth five year plan

The twelfth five year plan emphasized more on the strengthening of the health system

#### Goals:

- Universal access to services

- Safe drinking water and sanitation
- Wholesome nutrition
- Basic education and safe housing
- Hygienic environment

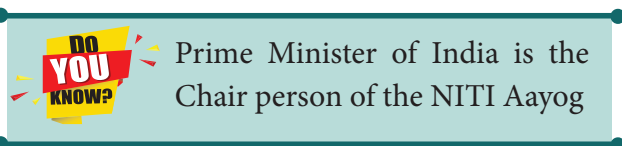
#### Targets to be achieved

- Reduce IMR to 25 by 2017
- Reduce MMR to 100 by 2017
- Reduce TFR to 2.1
- Prevent and reduce anemia among women to 28%
- Prevent and reduce burden of communicable diseases and non communicable diseases

#### NITI Aayog

After the completion of 12th five year plan, NITI Aayog ( National Institution for Transforming India) takes up the planning and programming of the health sector functioning.

It was formed in January 1, 2015. It is the 'Think Tank' of the Government of India. It provides both directional and policy inputs. It designs policies, programmes and strategies for the Government of India.



### 9.11 Social Welfare Services

Social welfare services are organized to cater to the people who are very poor. These include women and children, aged scheduled castes and tribes.

#### The Ministry of Welfare

The Ministry of welfare, Govt. of India has been formed by pooling subjects related to welfare of the disabled, welfare of the scheduled castes and tribes and minorities. Women and child welfare development programme is looked after by a separate department of Women and Child Development set up in the Ministry of Human Resources Development.

#### Welfare Programmes

**1. Welfare of the disabled:** The Number of disabled persons in the country has been estimated to be around 2.21% of the total population that is 2.68 Cr. (2016 updated) The Ministry of Welfare is implementing programmes for the early detection, treatment, education and rehabilitation of disabled persons, namely the blind, the deaf, the orthopedically handicapped, spastics, the mentally retarded and the leprosy cured patients.

**2. Social defense :** Problems of family and social disorganization are manifest in the form of delinquency, juvenile vagrancy, drug addiction, alcoholism and crimes of various types. In order to control these problems, programmes of social defense have been launched by the Government, mainly within the framework of specific legislation and allied measures.

**3. Women and child development:** The Department of Women and Child Development in the Ministry of Human Resource Development has two sectors : (i) Nutrition and child development, and (ii) Women's welfare and development. The Central Social Welfare Board and the National Institute of Public Co-operation and Child Development assist the Department in its functions.

#### Central Social Welfare Board

The Central Social Welfare Board was set up in 1953 which surveys the needs and requirements of social welfare organizations in the country. Social welfare schemes sponsored by the Board are implemented through voluntary agencies such as Mahila Mandals. The Mahila Mandals receive grants up to the extent of 75% for approved activities.

#### Some of the Activities of Social Welfare Board

**1. Nutrition Programmes :** These are feeding programmes to children in the age group 0-6 years, nursing and expectant mothers.

**2. ICDS Project:** In the fifth year Plan highest priority had been accorded to child welfare programmes. The most important scheme in this field was the Integrated Child Development Services.(ICDS) for children in the age group 0-6 years, nursing and expectant mothers, etc., Under the scheme supplementary nutrition, immunization, health check up, referral services, nutrition and health education and non-formal pre-school education are provided. There are now 5422 ICDS projects operating in the country.

A Child Development Project Officer is in-charge of each ICDS project. An Anganwadi is the focal point for the delivery of services to the community.

## 9.12 Voluntary Organizations/ Agencies

Apart from Central and State Governments, More than 10,000 voluntary organizations are also engaged in social welfare activities.

### Functions

1. Supplimenting and gurdng the work of government agencies
2. Pioneering: Example research
3. Education
4. Demonstration: bore hole latrins by Rockefeller foundation
5. Advancing health legislation

## 9.13 Special Community Health Nursing Services

### 1. Industrial Nursing

The aim of occupational health nurse is to keep the people at work healthy and to prevent them from illness and injury due to the working environment.

The following are the basic functions of Occupational or Industrial Nurse

- Identify the occupational Hazards
- Educate them about the control of the occupational hazards.

- Initial treatment for the emergencies such as injuries and illnesses.
- Early diagnosis of the occupational or other illnesses and to screen the people at risk.
- Assist the management in placement of the people in suitable work.
- Provide advice and supervision of conditions at work which may affect the health such as environmental sanitation.
- Health Education

### Role of Nurses in Occupational Health Services

- Assist the doctor for the examination of the employees.
- Protect and improve the physical and mental health of the workers.
- Provision of first aid and treatment for minor illnesses and injuries.
- Assess, identify and notify the management regarding the hazards affecting the workers.
- Conduct health education
- Home visit to the employees to educate regarding the health and family welfare.
- Nutrition
- Communicable Disease prevention
- Environmental sanitation
- Protective Measures for the employees
- Medical Check - up and Immunization

### 2. Tuberculosis Nursing

In the control of communicable diseases nurses play a vital role in the community level. The following are the nurses role in control of Tuberculosis which an airborne infectious disease affecting the people living in poor living standards and with low immunity. Pulmonary tuberculosis is responsible for the majority 85% of TB infections.

1. Case finding
2. Health Supervision (DOTS)
3. Domiciliary care - Isolation
4. Prevention of the spread of infection
5. Drug compliance

6. Nutrition
7. Health Education

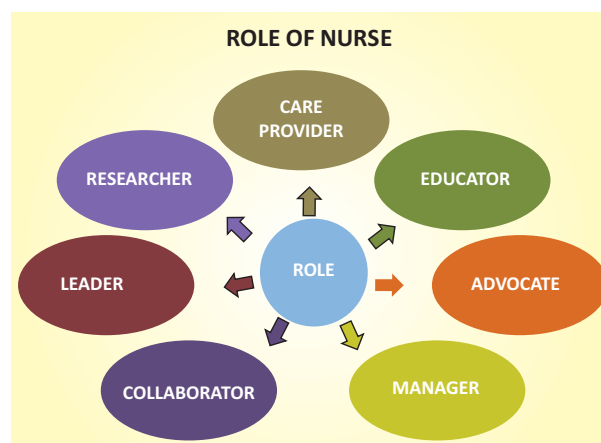
### 3. Leprosy Nursing

Leprosy is one of the major health and socio-economic problems in the country. Nurses responsibility in the care of Leprosy patients is divided into the following categories

1. Nurse - patient relationship - An effective Nurse Patient Relationship enhances the appropriate management of Leprosy cases.
2. Recorder and observer of facts - Accurate observation and correct recording of facts are vital role of a nurse and she has to provide accurate account of health.
3. Health Education regarding
  - **Leprosy is curable and the deformities are preventable** and must be educated about the drug compliance.
  - Family Education - about the preventive measures, Isolation of under 15 years children, especially infants from active patients who are infective.
  - Need for assistance and support during the course of illness and recovery stage.
  - Family Education - Educate the family regarding the misconceptions regarding Leprosy.

#### Qualities of a community Health Nurse

- The nurse must have interest on the people.
- Understand the human behavior.
- Sincere.
- Empathy.
- Honest.
- Charitable.
- Resourceful.
- She must have observation, communication, interview skills and technical skills.
- She must have ability to make interpretations, make judgment, and take decisions.
- Self discipline on emotions and other aspects of behaviour and action.



#### Functions of Public Health Nurse

##### 1. General Duties

- ✓ Provision of nursing services to the community.
- ✓ Maternal health (Antenatal, Intra natal and postnatal care)
- ✓ Infant and pre-school health
- ✓ Prevention of Communicable diseases.

**2. Administrative Duties** - is responsible for the implementation of policies and programme relating to nursing and midwifery services.

**3. Supervisory-** To promote harmony and efficiency within the health teams to improve the quality of life.

**4. Educational** - Participating and organizing In-service training programme.

**5. Caregiver** - They provide prenatal care and education for expectant mothers, including information about maternal nutrition, referrals for childbirth classes, and postpartum assistance.

**6. Community Educator** - As educators, community health nurses focus on presenting materials in a clear and understandable format. They provide information to individuals, families, and communities that create a framework for healthy living and healthy choices.

**7. Leader** - Community health nurses use evidence to implement policy changes and quality-based practices..

**8. Researcher-** As researchers, community health nurses collect and use evidence to execute positive changes for better health.

**9. Advocate** - Advocate on the local, state, and federal level to provide better access to healthcare, protect funding for public health programs, and reduce or eliminate health disparities.

**10. Disease prevention specialist** - Community health nurses focus on long- and short- term care for disease prevention. Their work includes averting or controlling the spread of the flu and other communicable diseases.

**11. Director and Co-ordinator** - Community health nurse has to plan and organize and make sure that the work is done as planned and organized.

**12. Collaborator** - Community health problems cannot be solved by single health worker. It involves many people who work together in a team.

Healthcare experts say public health has made great strides in the past decades, allowing people to live longer and healthier lives.

## 9.14 Home Visiting

Home visiting is the back bone of all MCH services.

### Purposes

- To carry out simple nursing care in home.
- For the prevention of disease
- promotion of health of the members of the family.
- To investigate the service of an infection disease
- To make use of the inter – referral system

### Principles Of Home Visiting

1. Based on the needs of the people.
2. Planned prior to the visit
3. Collect the background information regarding the family and community

(family size, occupation, income religion, resources, customs and culture).

4. Identify the health problems of the family.
5. Use safe technical skills and nursing procedures.
6. In health teaching be sure of what you teach to the family.
7. Be kind and courteous to the family will help to gain the confidence.

### Planning And Evaluation Of Home Visit

The purpose of planning is to achieve definite objectives within a specified time and with the available resources.

1. First make survey and prepare a map of the area with following details
  - a. Topography(Area Map)
  - b. Location of the village
  - c. Population
  - d. roads
2. Prepare the family folders and individual cards with adequate information.
3. Identify the families or individuals in need of home visiting e.g. Antenatal, postnatal, toddlers, infants, sick and those who are not in a position to reach the health care settings.
4. Treat minor illness with the help of community bag. Refer if necessary.
5. Follow up to find out how far the instructions given were followed.
6. Evaluation - Evaluate what has been achieved.

Even if the mother is attending the antenatal clinic regularly, it is suggested that she must visited at least one home visit by the health care provider (ANM/VHN) because the AN mother will be relaxed at home and also we can evaluate social and environmental conditions at home.



- Smallpox was the first disease to be eliminated from the world through public health efforts and vaccination.

- India, with 1,350,117,491 (1.35 billion) people is the second most populous country in the world, while China is on the top with over 1,415,489,506 (1.41 billion) people
- Anti Malaria Month before the onset of monsoon i.e. month of June every year.
- Major Milestones in National Health Programs are
  - 1992 – Child Survival And Safe Motherhood Program (CSSM)
  - 1997 – RCH I and RCH II
  - 2005 – National Rural Health Mission
  - 2013 – RMNCH + A Strategy
  - 2013 – National Health Mission

### Nursing Career Profiles in Community Health

Community Care Coordinator	Mental Health & Addictions School Nurse	Palliative Nurse Specialist	Home Health Nurse	Diabetes Nurse Educator	Public Health Nurse	Parish Nurse

### SUMMARY

Community health nursing is the newer aspect of healthcare that has grown in response to changing environmental and social structure changes into a worldwide movement. Fast growing elderly people, improvement in health technologies and rising healthcare costs has an impact upon the development and scope of practice for community health nurse.

### GLOSSARY

A-Z

Anemia	Decreased number of circulating red blood cells in the body	இரத்த சோகை
Xerophthalmia	Abnormal dryness of the conjunctiva and cornea	நீர்க் கசிவற்ற கண்ணழற்சி
Kwashiorkor	Malnutrition caused by protein deficiency in the diet	புரதச்சத்துப் போதாமையால் வரும் நோய்



Marasmus	Severe malnutrition characterized by energy deficiency	உடல் இளைப்பு
Juvenile delinquency	A young person who commits crimes	இளம் குற்றவாளிகள்
Eradication	the complete destruction of something	அழிப்பு
Immunization	the process of protecting a person from infectious diseases	நோய்த்தடுப்பு
Isolation	the complete separation of a person from others a person suffering from contagious or infectious disease	தனிப்படுத்தப்பட்ட நிலை
Domiciliary	of or relating to a domicile, or place of residence	இருப்பிடத்தைச் சார்ந்த
Empathy	the ability to share someone else's feelings or experiences	பரிவு / பச்சாத்தாபம்
Parasite	Organism obtaining nourishment from or living one another organism	பிறரை அண்டி வாழ்பவர்; ஒட்டுயிர்
Outbreak	Sudden onset more than the normal expectation	திடீர்
Prevalent	existing very commonly or happening often	அதிகமாக
Incidence	the rate at which something happens	நோய்நிகழ்வு
Goiter	an enlargement of the thyroid gland	முன்கழுத்துக் கழலை
Depletion	the act or process of emptying or removing	சிதைவு
Radiation	the action or process of radiating	கதிர்வீச்சு
Palliative	specialized medical care for people with serious illness	நோய்த் தணிப்பு
Rehabilitative	to restore to a condition of good health	மறுசீரமைப்பு
Hospice care	supportive care to people in the final phase of a terminal illness	இறப்புநிலை உதவி



### Student Activity

1. Make a Visit to the Sub Center and observe the functions of a village health nurse in your area.
2. Make a Visit to the ICDS unit and assess the anganwadi worker in your area.



### Teacher Activity

Assign the students to conduct a survey in a street and find the prevalence of Clients with Non communicable diseases such Diabetes, Hypertension and Heart Attack (Myocardial Infarction).





## Evaluation

### I. Choose the correct answer

1. Malaria is transmitted by the bite of
  - a) Female Mosquito
  - b) Female Housefly
  - c) Male mosquito
  - d) Male housefly
2. Airborne disease which mainly affects lungs
  - a) Typhoid
  - b) Cholera
  - c) Tuberculosis
  - d) AIDS
3. Protein deficiency leads to
  - a) Anemia
  - b) Protein Energy Malnutrition
  - c) Goitre
  - d) Rickets
4. Xerophthalmia is caused the deficiency of
  - a) Vitamin C
  - b) Vitamuin D
  - c) Vitamin A
  - d) Vitamin K
5. WHO was started
  - a) 1948
  - b) 1950
  - c) 1986
  - d) 1990
6. Following are the vector borne diseases except
  - a) Malaria
  - b) Filaria
  - c) AIDS
  - d) Dengue
7. Identify the communicable disease from the following
  - a) Cholera
  - b) Cancer
  - c) Diabetes
  - d) Cardiovascular Diseases
8. Following are the common health problems of the school children except
  - a) Infectious diseases
  - b) Malnutrition
  - c) Dental caries
  - d) Diabetes
9. Tuberculosis is a
  - a) Waterborne disease
  - b) Airborne disease
  - c) Vector borne disease
  - d) Food borne disease
10. DOTS is a treatment given for the effective treatment of
  - a) AIDS
  - b) Leprosy
  - c) Cancer
  - d) Tuberculosis



### II. Define the following

1. Health.
2. Community Health Nursing
3. Primary Health Care

### III. Write short notes on

1. What are the aims of community health nursing?
2. Mention the health problems of India.
3. What are the components of NRHM
4. Discuss the environmental sanitation problem.
5. Write about the targets of National Health Policy
6. Enumerate the functions of Village Health Guide
7. Mention the principles of Primary Health Care

### V. Answer in detail:

9. Explain in detail about the national health problems.



10. Write about the National Health programmes
11. What are the roles and functions of the public health nurse?
12. Write about the non communicable diseases and preventive measures
13. Explain the Five year Plan.
14. Write about the Home visiting.
15. Voluntary Health Agencies
16. Write about the role of nurse in Tuberculosis nursing
17. 10 What are the qualities of community health nurse?
18. Explain about home visiting
19. Write about the School Health Programme



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3. Park. K "Essentials of Community Health Nursing", 5th Edition M/s Barnabas Bhanot Publishers, Pp -320-357



## INTERNET LINKS

1. [www.tbcindia.com](http://www.tbcindia.com)
2. [www.google.co.in](http://www.google.co.in)
3. [www.who.int/malaria/en](http://www.who.int/malaria/en)