

FIELD PRACTICE AND PRIMARY HEALTH CARE

Field practice is chiefly meant to broaden understanding of community health. Primarily, field practice forms the practice ground for the observation (develop, knowledge, skills and tools) of the primary health care components in the context of health care delivery system. It considers the administrative aspects of community health services. The emphasis is on planning of community health programme, control of communicable diseases, national health programmes besides school. In certain situations occupational health is also covered. Direct experience in the community involves participatory involvement, evaluation of activities, responsibilities and role relation with other health workers.

The behavioural objects of field practice are :—

1. Understand the administrative aspects of health services at the various levels and possess knowledge of health legislation, wherever found necessary.
2. Apply knowledge of epidemiology in the study of communicable diseases and possess understanding of national health problems and programmes.
3. Develop ability to assist the community to identify their priority needs and to be able to help them plan, organize, and implement a community health care programme; which meets their expectations.
4. Demonstrate ability to work in a team, teach, and encourage other health workers and
5. Understand the role of doctor or nurse in school and occupational health and participate in programme planning, teaching and evaluation.

Students activity in field practice consist of :— Identifying the functions of primary health centre and the role and responsibilities of the health personnel, the voluntary health agencies as well as other government agencies contributing to the health care delivery system and to conduct community health survey in a selected village to assess the health needs, recognise and utilize the available resources to meet the health needs of the community, identify the formal and informal leaders in the community and involve them while organising various programmes in the village, participate in the activities of the specific clinics conducted by the primary health centre related to national health programme, participate in the school health programme, conduct group discussions and discuss the role of community in the prevention of the communicable diseases, discuss the role of community health professionals in the national health programme and plan and conduct in service training educational programme of health workers of the primary health centre.

It is precisely with this object in view primary health centre are attached to the Preventive and Social Medicine Departments of medical colleges as field practice areas; a few sub-centres of one or more primary health centres are ear-marked for ANM's training schools etc. They are actually 'windows' through which the spectrum of activities are observed and practiced.

Primary Health Care

Introduction: Since health is viewed as an integral part of socioeconomic development, an acceptable level of health cannot be achieved by the health sector alone. It requires the coordinated efforts of the health sector and relevant activities of other socioeconomic sectors. Hence the current social policy is to reorient and restructure the health care delivery services in order to attain the objective of health for all by the turn of the century-the main thrust being primary health care.

Objectives: The objective of health services is to attain the goal of an acceptable level of health, that will enable every individual to lead a socially and economically productive life by the year 2000 A.D., through the best utilization of available resources. The goals of this global strategy are reduction in infant mortality rate, an increase in expectation of life,

reduction in total death rate, basic sanitation by 1990 A.D., an improvement in nutritional status and a growth rate of 1 per cent by 1985. The key to achieve these objectives is defined as primary health care.

Historical: In India ‘comprehensive’ health care or integrated health care was first conceptualised by Bhore Committee in 1946 and meant to provide curative, preventive and promotive health services from ‘womb to tomb’ for every citizen. The essence of the comprehensive care was that the available doctor should be concerned not only with the illness of the individual but also with all the factors that govern the well-being of the whole community. Later on, the WHO came out with the term ‘Basic Health Services’ with the definition of group of functions essential to the health of public. Interestingly the primary health centres have not been able to effectively cover the whole population under their jurisdiction.

Primary Health Care: A new approach to health care, has to be found to overcome these deficiencies in providing health care services to the rural mass and hence the concept of ‘primary health care’ came into being. The main difference in concept from the previous approach (provider oriented) to the new approach is that the latter has been described as ‘health by the people, placing peoples health in peoples hands’ (acceptor oriented). It is qualitatively a different approach and the methods adopted are different although the ends are the same as those of earlier approaches. The concept of primary health care was adopted in the year 1978 in an International Conference Alma Ata Declaration jointly sponsored and organised by WHO and UNICEF. Primary health care is defined in international health care as ‘Essential Health Care’ made universally accessible to individuals and families in the community, by means acceptable to them, through their full participation and at a cost that the community and country can afford. It formed an integral part both of the country’s health system of which it is the nucleus and of the overall social and economic development of the community. India is a signatory to this Alma Ata Declaration and is strongly committed to health for all by 2000 A.D.

Primary Health Care addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly. Since these services reflect and evolve from the economic conditions and social values of the country and communities, they

will vary by country and community, but will include at least: promotion of proper nutrition and an adequate supply of safe water, basic sanitation, maternal and child care including family planning, immunization against the major infectious diseases, prevention and control of local endemic diseases, education concerning prevailing health problems and the methods of preventing and controlling them, and appropriate treatment for common diseases and injuries.

Principles of Primary Health Care: Primary health care is founded on four principles (1) equitable distribution of health services; (2) community involvement; (3) multisectorial approach; and (4) appropriate technology. Primary health care has social and developmental dimensions and it is valid to all the countries although varying from one area to the other. Primary health care is the area of strategy for activity to attain the goal of health for all by 2000 A.D. and the concept has been accepted by all the member countries of WHO. In fact the current universal policy is to build health care services through primary health care.

In order to make primary health care universally accessible in a community as quickly as possible, maximum community and individual self-reliance for health development is essential. To attain such self-reliance requires full community participation in planning, organisation and management of primary health care. Such participation is best mobilized through appropriate education which enables communities to deal with their real health problems in the most suitable ways. They will thus be in a better position to take rational decisions concerning primary health care and to make sure that the right kind of support is provided by the other levels of the national health system. These other levels have to be organized and strengthened so as to support primary health care with technical knowledge, training, guidance and supervision, logistic support, supplies, information, financing and referral facilities including institutions to which unsolved problems and individual patients can be referred.

Primary health care is likely to be most effective if it employs means that are understood and accepted by the community and applied by community health workers, at a cost the community and the country can afford. These community health workers will function at the grassroots

level workers, reside in the community they serve and are properly trained socially and technically to respond to its expressed health needs. Apart from these village health guides, there are traditional birth attendants (Dais) who with a brief training, attend to the care of the mother and child at the village level.

Personnel of Primary Health Care: In India, attempts are being made to provide primary health care through village health guides (community health worker) and multi purpose workers (health assistants/health worker–male and female) supported from the local primary health centre and subcentres. The primary health care is the first level of point of contact between individuals and the health system. The village health guide is selected from within the village. The guidelines laid down for their selection are as follows:

- (a) Selected man or woman, should be a permanent resident of the local community.
- (b) Should be able to read and write, having minimum formal educational at least up to VI standard.
- (c) Should be acceptable to all sections of the community; and
- (d) Should be able to spare at least 2 to 3 hours every day for community health work.

After selection, the village health guides are given a three month intensive training in the nearby primary health centres. They are taught fundamentals of health science including treating of minor ailments, first aid during emergencies and accidents, health education about environmental sanitation and personal hygiene, education and motivation about family planning. His activities are limited to such areas for which he is trained. He obviously cannot solve all cases. He refers such patients to the nearest health centre.

The course of training is for one month—2 days in a week and on the other four days they will accompany the health worker to the villages. After successful completion of training, each dai will be provided with a Dai's kit. On an experimental basis in a few states, presterilized delivery kits are being provided.

Intersectorial Approach: Intersectorial approach is one of the pillars of primary health care. Health cannot be attained by the health sector alone. In developing countries in particular, economic development, anti-poverty measures, food production, water, sanitation, housing environment protection and education contribute to health and have the same goal of human development. Primary health care, as an integral part of the health system and of overall social and economic developments, will of necessity rest on proper coordination at all levels between the health and all other sectors concerned.

No sector involved in socioeconomic development can function properly in isolation. Activities in one, impinge on the goals of another: hence the need for constant consultation between the major social and economic sectors to ensure development and to promote health as part of it. Primary health care too, requires to support of 'other sectors; these sectors can also serve as 'entry 'points' for the development and implementation of primary health care. The agricultural sector is 'particularly important in—most countries.

Nutritional status can be improved through programmes in agriculture and home economics geared to meeting priority family and community needs. It is particularly important to ensure that women enjoy the benefits of agricultural developments as well as men. They also require knowledge about nutrition, which they can apply with the resources available in particular, concerning the proper feeding of children and their own nutrition during pregnancy and lactation. Similar policies in support of health are needed in other sectors.

Water for household use is as important as water for cattle, irrigation, energy and industry. Plentiful supplies of clean water help decrease mortality and morbidity, in particular among infants and children, as well as making life easier for women. Rural housing that is properly adopted to local climatic and environmental condition has a positive effect on health. Certain aspects of public works and communications are of strategic importance to primary health care, particularly for dispersed populations.

Feed roads not only connect the farmer to the market but also make it easier for people to reach villages bring new ideas together with the supplies needed for health and other sectors. Information and publicity departments role need hardly be stressed. The educational sector also has an important part to play in the development and operation of primary health care. Community education helps people to understand their health problems, possible solutions to them and the cost of different alternatives. Many agricultural and industrial activities can have side effects that are detrimental to health. To mention a few, irrigation schemes can create the right conditions for the breeding of mosquitoes that transmit malaria and other insect borne diseases, artificial lakes can lead to the proliferation of the snails that carry schistosomiasis, industrialization can lead to the pollution of air and water with toxic chemicals and the accompanying urbanization can provoke psychosocial problems. It is therefore wise to incorporate preventive measures in industrial and agricultural projects which pose particular health hazards. In addition, the industrial sector can support primary health care by establishing industries related to health, in particular for essential foods and drugs. In the words of Tejada,-de-Revaro 'primary health care is unavoidably multisectorial'.

Overcoming Obstacles : Obstacles for effective implementation of primary health care can be overcome if one is prepared for in advance. The most important single factor in promoting primary health care and overcoming obstacles is a strong political will and support at both national and community level, reinforced by a firm national strategy. But specific antidotes can also be employed. Opposition from the medical industries can be directed into positive channels by interesting them in the production of equipment for appropriate technology to be used in primary health care. There may even be misguided for primary health care based on the wrong assumption that it implies the cheapest form of medical care for the poor, with the bare minimum of financial and technical support. Only political intervention coupled with forceful explanation of the real purpose and scope of primary health care can overcome such an attitude.

Primary Health Care and development: Primary health care contributes to development by improving health status and by stimulating action and organization in support of the development process. As an example, the

control of certain communicable diseases by primary health care and other means often helps to promote development in general. In addition, by drawing on untapped human and financial community resources, primary health care can contribute to the awakening of the social interest that is so important for mobilizing people's efforts for development. Thus primary health care can be a lever for increasing social awareness and interest, initiative and innovation.

Community Participation: Self-reliance and social awareness are key factors in human developments. Community participation in deciding on policies and in planning, implementing and controlling development programmes is now a widely accepted practice. Community participation (another aim of primary health care approach) is the process by which individuals and families assume responsibility for their own health and welfare and for those of the community and develop the capacity to contribute to their and the community's development. They come to know their own situation better and are motivated to solve their common problems. This enables them to become agents of their own development instead of passive beneficiaries of development aid.

A clear national policy is needed which will promote community cohesion around efforts for health and related development, will foster the coordination at the local level of all sectoral programmes that have a bearing on primary health care, will build up the capacity of communities to make their health and other social aspirations known, and will ensure that the community controls both the funds it invests in primary health care and the personnel providing it. Community participation also requires mutual support between government and community, reinforced by mutual information feedback.

Role of Voluntary Health Organisations (Non-Governmental Organisations) : The role played by voluntary organisations is being increasingly recognised, not only by our society but also by the governments. In recent years, the accent of our central government has been on encouraging voluntary agencies in taking part in health care delivery system. The voluntary health agencies can help strengthen the work of official agencies by lending personnel or by contributing funds for special equipment, supplies or services and explore ways and means of doing

new things. There is unlimited scope for health education in India. The official agencies cannot cope with the problem, unless it is supplemented by voluntary effort on the part of the people. By putting up demonstration and experimental projects, the voluntary health agencies could advance the cause of public health. The voluntary agencies can also mobilise public opinion and advance legislation on health matters for the benefit of the whole community.

Indian Medical Association which itself is a voluntary agency is most suited to spearhead the movement by giving a lead in chalking out effective programmes and streamline the functioning of voluntary agencies to be complementary to the efforts of the Government.

Drugs: Medical drugs are an important component of health technology. It is universally agreed that fewer drugs are necessary than the number at present on the market in most parts of the world. A model list of about 200 essential drugs is now available, prepared after international consultation. The number of drugs needed for primary health care may be lower than 200 but this list can be used as a basis from which to select those drugs required in specific local circumstances. Drugs for use in the community should be simply and clearly labelled, carry clear instructions and be safe for community health workers to use.

Summary: People are the most important resource of any country. Their co-operation and involvement of the human potential is crucial to the success of any programme. Fundamental principle on which primary health care is based and its strategy developed is the active participation of the individuals and families of the entire community at all levels.

Success of achieving the physical, mental, spiritual, biological, cultural, social and economic health of the individual and family which is the main goal of primary health care surely depends upon political will, committed bureaucracy, sustained involvement voluntary health agencies and above all keen and prolonged participation by the members of the community.