# A SURVEY OF PUBLIC HEALTH NURSING IN THE PROTESTANT MISSION ENTERPRISE

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# INTRODUCTION

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## INTRODUCTION

### A. The Problem Stated

During the past two decades there has been a cumulative stress and interest in public health. Fifteen years ago, Dr. Edward M. Dodd, of the Presbyterian Church, U.S.A., felt that concerning public health on the mission field, more had been done than most people realized, and the value from the service rendered was far beyond any statistical limitations. Furthermore, he states: "I know that we are alive to the changing need and opportunity. Ten years from now I believe that still more can be said."[1]

Also indicative of the growing concern for preventive medicine, the International Missionary Council which met at Tambaram in 1938, when considering the subject, "The Ministry of Healing," changed the title of that section to "The Ministry of Health and Healing." The report contains the following passage:

> There is a clear call to give greater attention to preventive medicine. This will mean active sharing

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1. Dodd: Medical Missions and Public Health, p. 17.

> in all forms of health and welfare work and health teaching in schools. . . Emphasis should not be on the mere dispensing of medicines, but rather on tracing each disease to its source with a view to its elimination. Each Christian hospital should be a center of health that educates the community it serves.[1]

Further indication of the attention public health is drawing is evidenced by the survey of nursing and nursing education in mission hospitals conducted by the committee from the Christian Medical Association of India in 1946. In the chapter on Public Health Nursing, the committee reports, "Missions have always taken their place in the forefront as pioneers in all fields of service in foreign lands. One of the great challenges of today in India is Public Health."[2]

In order to ascertain just what advances have been made in recent years, what is being done and how in public health nursing, and what attention it is being shown, it is the purpose of the writer to make an overall survey, inasmuch as is possible with such limited time and space, of all the important phases of public health nursing in the Protestant Mission Enterprise.

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1. Committee of the Nurses' Auxiliary of the Christian Medical Association of India: A Text-Book for Nurses in India, p. 22.
2. Committee from the Christian Medical Association of India, Burma, and Ceylon and the Nurses' Auxiliary: A Survey of Nursing and Nursing Education in Mission Hospitals and Schools of Nursing, p. 34.

## B. The Subject Defined

Before the scope of this survey is elaborated upon, it is first necessary to define public health (or preventive medicine), and then, more specifically, public health nursing. According to Dr. C. E. A. Winslow, professor of Public Health at Yale University:

> Public Health is the science and the art of preventing disease, prolonging life, and promoting physical and mental health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and development of social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health.[1]

Public health nursing, according to the National Organization for Public Health Nursing, "includes all the nursing services organized by community or agency to assist in carrying out any or all phases of the public health program."[2]

Consequently, public health nursing is so closely integrated with preventive medicine that it is impossible to separate them, especially in the loose and indefinite programs which exist in the majority of missions. To talk about the one means to talk about the other. While

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1. Winslow, C. E. A.: "The Health of the World Community," in The Merrick Lectures for 1943: Christian Bases of World Order, p. 184.
2. National Organization for Public Health Nursing: Manual of Public Health Nursing, p. 3.

administratively under a medical health officer or director, it is the public health nurse who is responsible for carrying out and putting into practice the plans and principles of the physician. Dr. Hilda M. Lazarus, the director of Vellore Christian Medical Center in South India, says:

> The public health officer lays down broad outlines and laws for the prevention of epidemics, such as plague, etc., the supply of water, the proper disposal of sewage and refuse, and the care of the future generation in Maternal and Child Welfare, but the key to preventive medicine rests with the public health nurse.[1]

As for the services offered in the public health nursing program, the National Organization for Public Health Nursing includes the following:

> Maternal health (antepartum, delivery, and postpartum)
> Infant and preschool health
> School Health
> Adult health
> Industrial health
> Communicable and noncommunicable disease
>
> All these services together form a well rounded public health nursing program. In all of them the nurse:
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> 1. Helps to secure early medical diagnosis and treatment.
> 2. Renders or secures nursing care of the sick.
> 3. Teaches by demonstration and interpretation, and supervises care given by relatives or attendants.
> 4. Assists the family to carry out medical, sanitary, and social procedures for the prevention of disease and the promotion of health.
> 5. Helps to secure adjustment, as possible, of social conditions which affect health.
> 6. Influences the community to develop public health program, and shares in action leading to betterment of health conditions.[2]

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1. Lazarus, Hilda M.: The All India Women's Conference, Tract #5, Our Nursing Services, p. 4.
2. National Organization for Public Health Nursing, op. cit., p. xiii.

While public health includes all these services, the third point concerning health teaching is becoming increasingly important. In fact, Dr. Wilson G. Smillie, professor of public Health and Preventive Medicine at Cornell University Medical College, believes that the public health nurse's major function is educational.[1]

## C. The Problem Delimited

The scope of this study will include the relationship of public health nursing to other areas of effort on the mission field, the present and future contents of its program, methods of teaching health principles, and the coordination of the Christian message into the public health program. Concerning relationships, the historical, medical, political, and personal aspects will be studied. As for content, not only will the present efforts be discussed, but also the vast untouched areas, the reasons for this limitation, and specific local health problems. Then, the various educational and teaching techniques will be illustrated by the manner in which they are utilized in public health on the mission field. Finally, the study will include the method by which the Christian message is integrated into this field of medicine.

Due to the shortage of fully trained personnel,

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1. Smillie, Wilson G.: Preventive Medicine and Public Health, p. 535.

a trend has developed in which the mission uses health visitors[1] and health educators[2] as well as the public health nurse in the narrower sense. As a result, some of the work discussed here in the public health program may, or could be, relegated to these other persons.

It would require much more time to make this thesis perfectly complete, and even then it is doubtful whether or not an absolutely thorough survey could be done. Dr. Forman, Secretary of the Christian Medical Council for Overseas Work, says that the great bulk of public health nursing is being done by the free-lance nurse, about whom we know very little.[3] For this reason, the surface will be merely scratched by interviewing contacts, obtaining information from mission boards, and scanning literature for articles sparsely scattered throughout.

## D. The Problem Justified

Student and graduate nurses thinking of Christian work are being urged to take post-graduate courses in public health nursing. However, it is extremely difficult for the nurse to know whether she is justified in doing this, for very few people are even vaguely aware of what is

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1. A Survey of Nursing and Nursing Education in Mission Hospitals and Schools of Nursing, op. cit., p. 35.
2. Christian Medical Council for Overseas Work: Priorities in Public Health, p. 2.
3. Forman, Douglas N.: Private interview.

being done in this field in missions. Since nothing comprehensive seems to have been written on it heretofore, except for sporadic articles on limited phases, it will not only add to their knowledge, but to others who are interested in medicine and public health. Furthermore, it will add to the writer's own personal knowledge, and thus serve as a tool toward better preparation in future work.

## E. Method of Procedure

The first chapter, orientating the reader into the various relationships of public health, will draw its information from text book material and various surveys and reports. Scope and methods in the second and third chapters will be studied through personal letters from missionaries and from mission board publications. Data for the fourth chapter concerning the co-ordination of the Christian message in public health will be mainly secured from mission board publications, but also from personal letters. Personal analysis will be involved in the conclusion.

## F. Sources of Data

The majority of references assembled for this study came from literary sources, including books, periodicals, pamphlets, and news-clippings. Of greatest value

was the information obtained from the Missionary Research Library at Union Theological Seminary in New York, and from the Christian Medical Council for Overseas Work, at 156 Fifth Avenue, New York. Other profitable material was procured from the larger denominational boards through direct interview and literature concerning their own specific work.

Another excellent source, which could have been more so if it had been possible to be more extensive, has been the correspondence and private interview with the missionary nurse, herself.

Especially those in administrative positions in these various contacts have been most helpful and encouraging in this attempted survey.

# CHAPTER I

# PUBLIC HEALTH NURSING IN MEDICAL MISSIONS

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# PUBLIC HEALTH NURSING IN MEDICAL MISSIONS

## A. Introduction

Having established the meaning of public health nursing, it is now necessary to understand this profession in its relationships to the rest of society on the mission field. Consequently, the first chapter will begin the study by dealing with its setting in history. As a result of the program which the church has begun with public health on the mission field a tremendous challenge is appearing. Thus, the need and importance of public health nursing in missions will be analyzed. Following this, the study will deal with the reasons for this invasion of public health into medical missions. The relationships of the medical mission and public health with the state will be dealt with next. Finally, attention will be given to the relationship of public health nursing in its immediate environment, that is, its situation with regard to the rest of the personnel concerned, and to the facilities at hand.

## B. Brief History of Public Health Nursing

As the church, in the past, has been the motivator of medicine, so has she again repeated herself in the field of public health. While the roots of public health nursing

originate in the early Christian custom of visiting the sick poor, especially by the different religious orders, the first organized, modern district nursing association was started in Liverpool, England, in 1859, by William Rathbone with the assistance of Florence Nightingale.

In the United States the first group to supply trained nurses for the same work was the Women's Branch of the New York City Mission in 1877.[1]

The growth of this idea was slow but steady. Interest in preventive medicine increased because these pioneer nurses visiting the slums realized the futility of their efforts in meeting the basic needs of the people because they were not able to get at the cause of illness. They realized how health was influenced by factors such as poor nutrition and bad housing, following in the wake of social and economic influences. Under the efficient leadership of Miss Lillian Wald, the visiting nurse service was combined with welfare and social services, and the concept of official community responsibility for nursing care was initiated. Then, in 1902, the New York City Health Department appointed its first health department nurses in the United States.[2]

Not only in this country, but also in the non-Christian world, the church has paved the way for public

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1. National Organization for Public Health Nursing, op. cit., p. xi.
2. Smillie, op. cit., p. 534.

health. Frequently occurring in medical mission reports are such statements as:

> All over the Asiatic and African world, vaccination was early introduced by medical missionaries. Many a time it was the first definite item in preventive medicine and public health. And it is one of the things which has taken hold officially, so that now there is a considerable measure of vaccination.[1]

Dr. Dodd relates the story of Dr. McKean who went to Siam before the turn of the century and whose compassion enveloped the tremendous problem of smallpox. There had been no vaccine introduced into Siam at that time, so he ordered some seed vaccine from London. It took over two months to arrive, and then had to be cultured on a selected calf. With an assured supply of vaccine, thousands and thousands of people were able to partake of this benefit. Eventually, the Siamese government realized the efficiency and importance of this work, and took it over on a still larger scale. "The private, pioneer agency (i.e., the medical mission) had started the idea, educated and stimulated the people of the country, and had stepped aside when the latter came forward."[2]

In Iran, medical missionaries contributed considerably to the preventive as well as curative aspect especially in an educative way. Vaccination was introduded long before the government or any one else was interested.[3]

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1. Board of Foreign Missions of the Presbyterian Church in the U.S.A.: Our Medical Task Overseas, p. 5.
2. Dodd, op. cit., p. 4.
3. Our Medical Task Overseas, op. cit., p. 14.

Examples such as these could be cited over and over again. The viewpoint and co-operation of the nurse already on the mission field for curative purposes is keeping step with the progress of medical science, too. No longer is she (or should she be) a purely remedial agent, but an instrument who teaches the community hygiene and sanitation for the prevention of disease.[1]

The Baptist Medical Missions publication insists that "we should not allow the world to forget that the pioneers of universal medical care and public health were the missionaries of the Lord Jesus Christ" for the battle against disease and death accomplished wonders with scant supplies and meagre equipment.[2]

### C. Need and Importance of Public Health Nursing in Medical Missions

When Christ walked the shores of Galilee, his heart was moved with compassion to extend a healing hand to those who were maimed, diseased and suffering. Similarly, today, the universal need is almost beyong description. Almost every mission report contains information about the tremendous ignorance, superstition and poverty existing simultaneously with malnutrition, foul living conditions, high death rates and preventable diseases.

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1. Powell: The Nurse in the Mission Field, p. 4.
2. Department of Missionary Education and Promotion: Baptist Medical Missions, 1948, p. 2.

From China it was said that "even with accurate statistics it is definitely known that the morbidity (sickness) rates in China are excessive. At the same time facilities for checking and fighting diseases (preventive and curative) are altogether too few."[1] Even now in Shanghai and outlying districts alone, hundreds die unnecessarily from preventable infectious diseases, mainly because they do not know how to keep well.[2]

India reports that the low expectation of life is a reflection of the high mortality rates in early life, illustrated by the fact that of the 6,685,120 deaths occurring in 1938, no less than 3,243,707 (nearly fifty percent) occurred under the age of ten years, forty-three percent of which occurred under the age of five.[3]

Before the recent progressiveness in Iran, the picture was very similar and typical to that in most of the other countries. Endemic and epidemic diseases spread rampantly. Tuberculosis had a very high incidence for a land with so much sunshine. Infant mortality was extremely high. One hospital calculated that in their region eighty percent of the children died before the age of five. However, with the progress of the country, accompanied by

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1. Liu, J. Heng: Hygiene and Public Health--Some Phases of Public Health Work in China, in Chinese Medical Journal, 1934, p. 71.
2. Baptist Medical Missions, op. cit., p. 18.
3. Lazarus, op. cit., p. 4.

the medical progress motivated by missions, the government began to take an interest in health, giving the Ministry of Health an important place. Nevertheless, it will be "a long while before they can catch up on the needs of the country. . . . There is plenty for us all to do."[1]

Taboos, ignorance and superstition all add up to invite disease and often times death to the African people. Fifty percent is estimated to be the mortality rate of mothers at childbirth out in the bush.[2]

From South America comes the cry,

> What of the people outside the bounds of the cities, in pueblos without a sanitary water supply, without sewerage, and without livable houses? The high rate of disease and death, of tuberculosis, typhoid, smallpox, diphtheria, and many other contagious diseases is hard to believe. Many of these pueblos of five to ten thousand people have not one medical doctor to call on.
>
> Missionary nurses interested in public health could do a wonderful service in the good-will centers and mission points to minister to the people.[3]

Such governments as India are realizing the urgent necessity of large numbers of nurses trained in public health techniques who will impart this knowledge to the multitudes, especially in rural areas.[4]

The feeling of need is not only gathering momentum with awakening governments and newly enlightened

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1. Our Medical Task Overseas, op. cit., p. 13.
2. Baptist Medical Missions, op. cit., p. 8.
3. Baptist Medical Missions, op. cit., p. 15.
4. A Survey of Nursing and Nursing Education in Mission Hospitals and Schools of Nursing, op. cit., p. 38.

people, but also with the tired medical workers, who, under the pressure of work, have limited themselves to mission hospitals. They are realizing the futility of conquering the sufferings of the masses through curative work alone. This method is like "putting new patches on old cloth till the rent is made worse."[1] The rampant, needless wastage and crippling of human life will only be overcome by some sort of outreach into community life.

Sailer quotes Mrs. C. A. Bridgman with this very thought-provoking question:

> Can a home be truly Christian when the environment is a place that breeds disease, where light and sunshine are shut out, where drains are stoppered with all kinds of disease-laden filth, where the surrounding area is a breeding place for tuberculosis, typhoid, etc? Where little children living or playing in these homes get sick and suffer for years, sometimes for life, and where many of them die from preventable disease? Where the mother is so dragged down by existing conditions that life is always a burden?
>
> We need a home-visiting group of Spirit-filled, love-impelled, well-informed evangelistic workers with a knowledge of home hygiene and sanitation, who will patiently, systematically, sympathetically, visit and revisit these homes, working with the homemakers, seeking gradually to change the whole environment.[2]

The person who would seem to fit this description and possess the ability to fulfil this need is obviously the public health nurse. As to the need, its extremity is evident. In fact the fields are ripe unto

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1. Chesterman: In the Service of Suffering, p. 78.
2. Bridgman: Mimeograph Series No. 135, New York, Agricultural Missions, Inc., p. 1, in Sailer, op. cit., p. 54.

harvest. Dr. Balfour, an eminent American doctor, has said, "To express a personal view, nurses are the backbone of effective medical service and public health practice."[1]

D. Relationship with Medical Missions

Despite the newly aroused interest in public health amongst medical workers, the majority continue to be preoccupied with the curative work of the mission hospital. This situation is understandable due to the already impossible burden of responsibility, the lack of staff, and the lack of facilities with which to launch forth into new endeavours. However, the thin edge of the wedge is prying in, and those with a flair for public health are turning some of their energies into its various aspects.[2]

Furthermore, public health must not be thought of as something distinct and apart from the medical mission, for there is no clear dividing line between the preventive and the curative emphases. Chesterman feels that it is a mistake to make any sharp distinction between them, for it is like "the two wings of the ministry of health and

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1. Balfour: The Nursing Journal of India, April, 1943, p. 153, in A Survey of Nursing and Nursing Education in Mission Hospitals in India, op. cit., p. 38.
2. A Survey of Nursing and Nursing Education in Mission Hospitals in India, op. cit., p. 35.

healing. . . like flesh and blood intermingling all the while."[1] He then compares it to the Tree of Healing, with curative work as the root, branching out into community service of all kinds, and bearing leaves of public health.[2]

Just as the public health program should be closely interwoven with the medical work, so it should also be closely co-operative with all the other resources which the church offers the community.[3] The health program should have free inter-action with and enhance such efforts as the evangelistic, agricultural, social welfare and educational.

As to the organizational relationship of the public health angle to the rest of the medical work, that topic will be discussed in chapter two under the study of the proposed plan of the Christian Medical Council for Overseas Work.

E. Relationship with the Government

Actually, public health is ultimately a government responsibility. The role of the medical mission in this picture is "to serve as stimulators, educators of the public, demonstrators on a small scale of what can be done, and always to co-operate where possible with constructive

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1. Chesterman, op. cit., p. 95.
2. Ibid., p. 96.
3. Priorities in Public Health, op. cit., p. 1.

government programs."[1] There are, as a result, three main positions under which this service survives: private support from the mission board, subsidy of cost or co-operation in activity with the government, and complete control by the government.

1. Private Service of Medical Missions

Most public health nursing done on the mission field is of this status, primarily because of the informality of the program. However, in the cases where there is an organized program, limited though it may be, the reasons for its self support are varied. Often the government is not yet aware of the economy of such a program, since in its very nature it does not bear the glory of the curative aspect.

Sometimes the mission does not accept help because, in some territories, it would not be able to do Christian teaching along with health teaching.[2]

However, in this type of set up, the chief difficulty is the expense involved, for public health does not attract fees as does the curative work. People are not inclined to request medical attention or pay for it when in healthy condition. An average project involves an initial expense of about five thousand dollars, followed

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1. Our Medical Task Overseas, op. cit., p. 5.
2. Haddow, Mary: Personal letter.

by fifteen hundred dollars for maintenance, plus the salary of a missionary.[1]

2. Co-ordination between Government and Mission

Often, partial use is made of government health centers for the benefit of being able to obtain serums and vaccines without charge.[2] At other times, grants-in-aid are given by the government to support or promote the already existing program.

In some cases, the mission directly co-operates in its activities with the government. For instance, the American Lutheran Board is working in co-operation with the Public Health Department of New Guinea, a Mandated Territory of the Australian government. Attempt is being made to expand this program throughout the territory. The project is difficult, for the lack of civilization is so great that cannibalism is even practiced in many areas.[3]

In the Philippines, the Methodists have little trouble working with government policies. One of the mission's own graduate nurses is now a government employee but also advises and directs the public health program at the Methodist Mary Johnston hospital.[4] Also the Presby-

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1. Priorities in Public Health, op. cit., p. 3.
2. Haddow, Mary: Personal letter.
3. Madden, Alta R.: Personal letter.
4. Culley, Frances E.: Personal letter.

terian Church in the United States says: "In all of our fields where we have medical work, and these include our work in the Congo, in East Brazil, in Mexico, and in Korea, the work is integrated with the government public health program; and in many instances we have a direct part in the public health education of the people."[1]

3. Completely Government Controlled

As far as the urban areas are concerned, most of the communities have their Board of Health which attempts to safeguard the health of the community.[2] Motivated by missionary effort, the government of India has attempted to promote public health. Since government funds cannot begin to cope with the great and unaccessible masses of people, how much less can the mission on its limited budget. Only the fringes are even touched with any type of medical aid.[3] This is, of course, understandable, when such desperate and extreme conditions as have just been described, are taken into consideration.

Whatever the relationship is, it behooves the mission to be aware of, and to co-operate with, the government program, for even the combined efforts will give each more than enough to do.

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1. Cumming, D. J.: Personal letter.
2. Powell, op. cit., p. 4.
3. Sailer: Christian Adult Education in Rural Asia and Africa, p. 63.

## F. Integration of Resources

Since public health nursing has been viewed in its perspective to history, medicine and the state, it will now be studied in its relationship to its own sphere, first with the personnel, and then with its facilities.

### 1. Team Work of Personnel

Most often the personnel consists of a "team" of one, a registered nurse, whose responsibility is for curative work, but who has a bent for public health. Usually, preventive health principles will then be integrated into the daily schedule at the initiative of the nurse.

However, there are a few existent set-ups where the team is a little more elaborate, such as the one at Vellore. With their roadside hospital, comparable to an extension clinic, is a team comprised of a fourth year medical student, a public health nurse, a male nurse, a compounder, and a hospital chaplain. Thus, their weekly tour into the villages helps to relieve the spiritual as well as the physical suffering.[1]

Dr. Forman has a somewhat different slant on the personnel, probably because the organization of his

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1. Roadside Hospital Service Take Relief to Poor and Needy, Extract from The Mail, Madras, March 24, 1951.

plans for the future are of a more inclusive nature. The doctor, the health educator, the regional director and the public health nurse comprise the corps of professional workers. In this case, though, the public health nurse, to be used to best advantage, teaches public health principles to student nurses.[1]

2. Implements

Assuming the need for trained personnel in the first place, the average public health program requires, as far as equipment is concerned, audio-visual aids and means of transportation. However, there are many implements of a more intangible nature, which any nurse with ingenuity can use. In the first place, she must be aware of the fundamental principles of public health. She can then put them across by various methods, mainly by teaching and the utilization of community and church resources. The methods of teaching public health principles will be dealt with under another topic, "Teaching Methods in Communication and Application of Public Health Principles in Missions."[2] As to the use of facilities, there is the very important function of referral of patients to hospital.

The health program should always, as far as practicable,

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1. Priorities in Public Health, op. cit., p. 2.
2. Chapter 3.

> be based upon a hospital, and should be one of the major elements of the outreach of the institution; referral of patients to the base, rather than the development of an elaborate extension curative service, being relied on to win the confidence of the people.[1]

The hospital can also be used as an object lesson for children. Not only does this sort of thing influence the whole family indirectly, but also it helps to cultivate interest in good health and to break down unfounded fears and prejudices towards hospitals and medical personnel.[2]

Then, too, there are other areas of community life which should be willing to co-operate, or integrate their services with public health, such as the educational, agricultural, social and religious field. Certain key people as the teacher or the general practitioner may also be used to further the cause. Governments are often eager to cooperate. In Venezuela: "The health department has taken our nurses (Presbyterian Church in the U.S.A.) on many trips into the interior to cooperate with them in planning a rural health program."[3] With a little constructive imagination, these various implements may be guided into securing better health for the people with tremendous advantage.

## G. Summary

This chapter has shown how those missions, which

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1. Priorities in Public Health, op. cit., p. 1.
2. Children at Vellore, p. 2.
3. Our Medical Task Overseas, op. cit., p. 60.

have pioneered in medicine in the past, are now pioneering in the public health field. These advances have brought the vast need more into the fore, and the church is beginning to accept the challenge. It has been shown that curative work, although extremely necessary, is inadequate and as a result there must be plans for a greater emphasis on the preventive aspect. It was discovered that as a result of the recent interest of missions in public health, governments are gradually taking over this responsibility. Many governments now subsidize the public health program of medical missions. As a result of this study, it has been seen that the public health nurse, her co-workers and associates must work together as a unit utilizing the various facilities and resources at hand, in order to strengthen the effectiveness of their task in teaching the people how to keep well.

# CHAPTER II

# AREA AND SCOPE OF PUBLIC HEALTH NURSING

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## A. Introduction

This chapter will deal with the extent of the area and scope of the various services of public health nursing offered today in the Protestant mission enterprise. These will include extension-clinic, anti-epidemic, child welfare, hygiene and morbidity nursing services. However, before these services are discussed, the various limitations of and reasons for them will be studied. Finally, a few of the more pertinent and specific local public health problems which are existing today will be dealt with.

## B. Limitations and Causes

The progress of public health is an uphill journey. It is difficult to convince a man to take measures to keep well when he is healthy. However, even when he realizes that preventive health measures are very urgent, the success of public health lies in first meeting what he feels to be his most pressing need. The difficulty may be a cattle disease, an irrigation problem, or the lack of a school teacher. These difficulties may have to be cleared away before any rapport is established between

the people and the nurse and before the public health nurse's function can be carried out. Only then can she win their confidence and be ready to solve the health needs of the people.[1]

A further reason for slow progress is the "general lack of knowledge of the principles of hygiene and sanitation, and of the causes of disease."[2] The reason for this situation is obviously that the people, especially primitive and backward groups, are very poor, ignorant, and superstitious. These conditions in turn find their sources in such deep-rooted customs as child marriage, in clumsy agricultural methods, and in pagan religions. Consequently, it takes infinite patience, time and persistence to instruct the people. They have no idea of sanitation, of keeping themselves or their homes clean. A nurse in India writes that "it is hard to conceive that there is such filth and so much disease."[3] Similar reports are repeatedly made by missionaries overwhelmed by such widespread disease.[4] Since filth is the cause of so much disease, the cultivation of a health sense is difficult, but progress is being made.[5]

There is a great need for adequate facilities and trained workers. Since both facilities and personnel

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1. Forman, Douglas N.: Suggestions for a Local Community Health Program in a Mission Field, p. 2.
2. Sailer, op. cit., p. 59.
3. Mercer, P.: Personal letter.
4. Baptist Medical Missions, 1948, pp. 7,9.
5. Haddow, Mary: Personal letter.

have never been sufficient to carry on a curative program, how much less are they adequate for the development of the preventive one. Back in 1934, Dr. Heng Liu reported from China:

> The number of hospitals, clinics, health stations, doctors, dentists, nurses, pharmacists, and midwives, etc. are almost negligible in proportion to the population and the extent of service necessary, so that whatever health work is done in the immediate future must be the most essential and elementary unless the area covered is a very minute one. Other utilities and facilities which are considered essential for health work such as water-works, sewage systems, etc. are practically non-existent except in a few large cities.[1]

The concern of medical missionaries to secure sufficient nurses to do this type of work is indicated in their suggestion that they would use any extra money to train visiting nurses.[2]

There are no available statistics on the number of public health nurses on the mission field. Furthermore, it would be difficult to differentiate between curative and public health nurses. Although there is one nurse in the United States to approximately every 500 people, in India there is only one nurse to every 48,000 people.[3] Since there are not enough nurses in the foreign field, and even fewer public health nurses, and since India is better off medically than other countries, the inevitable

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1. Liu, Heng: Hygiene and Public Health--Some Phases of Public Health Work in China, in Chinese Medical Journal, 1934, p. 71.
2. Sailer, op. cit., p. 66.
3. Vellore Christian Medical College Board: This is the Vellore Christian Medical Center, p. 1.

conclusion is that the ratio of public health nurses to the population is negligible. A vast, untouched field awaits the arrival of Christian public health nurses and equipment to meet this need.

## C. Areas of Greatest Effort

As mentioned before, the public health program in existence on the mission field is very limited. However, this section will consider programs most closely related to the public health field. These include extension-clinic services, anti-epidemic services, child welfare, pre-school and school services, health teaching and morbidity nursing (sick visiting) services.

### 1. Extension-clinic Services

For the most part, extension-clinic services are organized as a clinic, dispensary (stationary or mobile), or health center. One of the most common is the ordinary clinic, usually staffed by nurses with an interest in public health, and conducted at the hospital, church, or any available shelter. All the larger denominations, and most of the smaller ones, hold clinics in their areas of work.[1] These clinics are usually prenatal, baby, or

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1. Lamson, Byron S.: Lights in the World, pp. 144,158,170.
   Haddow, Mary: Personal letter.
   Culley, Frances: Personal letter.
   Baker, Marjorie: Newsletter, Nov., 1951.

general in nature.

Another popular type of extension work is the dispensary. Performing treatments, dispensing medicines and teaching hygeine are the main procedures in its service. This work also includes the hospital outpatient department but the emphasis of the latter is more inclusive and more curative than a dispensary. Again, most of the major denominations conduct dispensaries, and usually include health teaching as well as the dispensing of medicine and the demonstration of nursing procedures.[1] In recent times the travelling dispensary is becoming increasingly popular. The most famous of these is the roadside service initiated by Vellore Hospital, eighty miles west of Madras. A vivid description of this work is portrayed by a staff reporter from The Mail, a Madras newspaper:

> From far and near they come by foot, over hot, dusty roads, by oxcart, or overcrowded buses, and on the roadside they wait patiently till the blue hospital rolls up on its appointed mission of healing.
>
> For many years the Christian Medical Hospital has been running a mobile hospital unit, taking healing to nearby villages, carrying relief and joy into hundreds of homes and huts, spreading a message of hope to those suffering from major ailments, not excluding the dreaded scourge, leprosy. . . .
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> The Van filled to capacity, with cases of bottles of tablets, ointments, powders, injection capsules, bandages, cotton--everything a hospital on wheels could

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1. Lamson, op. cit., pp. 100,155.
   Bulle, W. E.: Calling All, p. 5.

> carry--moved out of Vellore shortly after 9 a.m. to return, none knew when. . . . Over 250 patients were treated and 100 leprotic patients were given weekly injections.[1]

Each person participating in this work has his own responsibility. After the evangelist tells the crowds the Gospel story, the nurse gives a health talk, and the doctor dispenses the medications.[2] This roadside service is one of the main avenues by which the student nurses obtain their experience in public health.[3]

Recently, the trend has been toward rural health centers. In these the public health nurse covers "general and specialized health work, immunizations, care of the sick, accident cases, clinics, prenatal check-ups, teaching first aid and home nursing."[4] The aim is to make a concerted approach to village problems: medical (treatment and prevention), nutritional, agricultural and spiritual. At Vellore, the center contains a small treatment unit with eight beds for patients, a residence for staff, and ample land for agricultural demonstrations.[5] This enterprise, located at Kavanur, is making a splendid contribution toward the prevention of disease, assisted

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1. Roadside Hospital Service Takes Relief to Poor and Needy, op. cit.
2. Culver, Elsie: Healing by the Roadside, p. 2.
   Lyon, S. S.: Evangelistic and Religious Work, Christian Medical College, Vellore, p. 1.
3. Vellore Newsletter, No. 3, July, 1951.
4. Board of National Missions, Presbyterian Church, U.S.A.: Careers in National Missions, Nursing, p. 1.
5. Lyon, op. cit., p. 1.

by the teaching and friendly contact of their nursing students.[1]

A survey of nursing in Indian mission hospitals showed that in a number of villages the health center had become a part of the church center, and was contributing to the educational, physical and spiritual health and welfare of the village community. These services are offered freely to everyone in the community and not limited to Christians only. Even though too great a proportion of time, money and effort is spent on curative work, there has been marked evidence of accomplishment in the health field.[2]

2. Anti-epidemic Services

Sooner or later every health worker encounters a fully developed epidemic of a particular disease such as smallpox, cholera, plague, malaria or typhoid. "Recalling such situations medical missionaries and their associates have prided themselves on the public health measures which they had taken to combat epidemics."[3]

Even though these campaigns do not even approximate a total public health program, they must not be minimized, for they have definite value. In emergency

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1. Cochrane, R. G.: Kavanur--A New Medical Unit at Vellore, p. 1.
2. A Survey of Nursing and Nursing Education in Mission Hospitals and Schools of Nursing in India, op. cit., p. 35.
3. Suggestions for a Local Rural Community Health Program in a Mission Field, op. cit., p. 2.

situations, non-medical personnel can be recruited to render invaluable aid by "immunizing large sections of the population, temporarily disinfecting wells, providing for the disposal of human waste, killing rats and rat fleas, exterminating mosquitoes and their larvae, etc."[1]

The present epidemic disease situation is widespread due to the inadequacy of mission funds and forces. In fact, "if all the eleven hundred or so medical missionaries in existence were to concentrate on just one disease--say malaria--it would still be far beyond their control. The answer is in education and multiplying of forces." However, gradual progress is being made in this direction.[2]

3. Anti-endemic Services

An endemic is similar to an epidemic, but is prolonged or continuous. Because of its long-standing presence often an indifference is built up toward its eradication and it becomes an accepted status quo. Nevertheless, these ever-present menaces remain a challenge because of the high rate of debilitation and death which they produce.[3] Among the major endemic diseases against which campaigns of prevention and eradication have been conducted in certain localities for many years, are malaria,

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1. Dodd, op. cit., p. 18.
2. Ibid., p. 18.
3. Chesterman, op. cit., p. 82.

hookworm, trypanosomiasis, bilharzia, syphilis, yaws, tuberculosis and leprosy.[1]

By far the most widespread of these diseases are leprosy and tuberculosis. Since most of the work done for these is curative, the situation will be discussed only briefly in this study. As segregation is of the greatest importance in controlling these diseases, institutions are the crux of the whole situation. They contribute to the advancement of public health through data from case findings as well as actual segregation.[2] Worldwide statistics are not available, but the contribution of Indian mission hospitals is seen in the following figures. There are 46 leprosy institutions in India accommodating 9,535 patients, and there are 8 sanatoria for tuberculosis accommodating 2,337 patients.[3]

The task of overcoming leprosy is overwhelming since there are over two million leprous patients in China, at least one million in India and from one to five percent of the native population in Africa.[4] In the process of sheltering the leprous outcast, the medical missionary has, by isolation, decreased the spread of the disease by

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1. Suggestions for a Local Rural Community Health Program in a Mission Field, op. cit., p. 2.
2. Dodd, op. cit., p. 13.
3. Statistics relating to Mission Hospitals, Tuberculosis Sanatoria, Dispensaries, and Leper Homes in India, Burma and Ceylon, based on Reports for 1945, p. 4.
4. Chesterman, op. cit., p. 93.

removing the focus of infection from the community. This is a preventive measure of great significance.[1] If leprosy were to die out with the leper, a generation or two could be expected to eradicate it. Unfortunately their offspring contract the disease through frequent contact. In order to segregate the leprous parents from their children it is necessary to find satisfactory foster mothers. Coercion in this procedure would defeat its own aims.[2]

Gandhi was much impressed with the wonderful work done by the mission hospitals for the lepers. He noted that missions had a monopoly on this work not because of an unwillingness to share it but simply because others refused to participate in this challenge. "Lepers need more than medicine; they need friendship, love and devotion, and these are something which a 'missionary spirit' alone can supply."[3]

As far as tuberculosis is concerned, it has been definitely limited in its control due to lack of funds and facilities. Further limitations have resulted from the erroneous belief on the part of the people that it is less contagious than leprosy.[4]

> Tuberculosis flourishes almost unchecked in India; while in Africa, on what appears in most parts to be virgin soil, it thrives like the weeds of the jungle.

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1. Dodd, op. cit., p. 13.
2. Chesterman, op. cit., p. 88.
3. Ibid., p. 83.
4. Dodd, op. cit., p. 14.

> The problem of tuberculosis is intertwined with every phase of social and national life, and to touch it only in the infinitesimally small proportion of the sufferers who go to seek hospital aid seems as useless as trying to kill locusts with a pea-shooter. Early diagnosis is essential. This means a net-work of tuberculosis dispensaries staffed by experts who understand X-ray work and deflation treatment. Visits to patients in their homes and examination of contacts are also necessary. He who would wrestle with tuberculosis needs a long arm.[1]

Endemic prevention is a fairly attractive phase of public health. Success in it is fairly well assured if concentration of effort is possible. Success with one disease must not lead to complacency toward other uncontrolled diseases. All must be controlled if a reasonable standard of health is to be enjoyed by the people.[2]

4. Child Welfare

"Children are a point of contact all the world around."[3] Since they are less set in their ways than their parents, and more receptive to new ideas and methods, they present a wonderful opportunity for reaching the parents. A nurse with the Canadian Baptists in Bolivia says, "It is with the children in the schools that opportunity lies--and in them is our hope for the future."[4] Even in baby and preschool clinics much can be accomplished. But child health begins even farther back, and the best work can often be done in prenatal clinics to assure optimum health right

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1. Chesterman, op. cit., p. 83.
2. Suggestions for a Local Rural Community Health Program, op. cit., p. 3.
3. Dodd, op. cit., p. 14.
4. Haddow, Mary: Personal letter.

from birth.

a. Preschool Health Protection

Recently, the idea of "baby clinics" or "child health centers" is becoming a familiar part of the medical program of missions.[1] In the preventive program of the Presbyterian USA Board, it is felt that well baby clinics which are widely popular, "can not only prevent trouble for the babies brought there but can teach a great deal to the community."[2] A survey of nursing in India made in 1946 recommends for certain communities that a health project be developed consisting of day nurseries for babies of working mothers. Not only would preventive work be accomplished, but the earning capacity of the family would be maintained. This project would also consist of a kindergarten and primary school care for the older children of factory working parents.[3]

Because over seventy per cent of the babies were dying, Dr. Agnes Fraser in Nyassaland skilfully used this fact as an opening wedge and developed what she called "mother-craft" classes.

> Little by little the women kindled and responded and put into practice what they learned. She could prove to them for example, that it was healthier to wrap up and protect a newborn baby than to leave him lying unclothed and uncovered on the damp mud floor of the

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1. Dodd, op. cit., p. 15.
2. Our Medical Task Overseas, op. cit., p. 5.
3. A Survey of Nursing and Nursing Education in Mission Hospitals and Schools of Nursing in India, op. cit., pp. 34,36.

> hut, as the local custom prescribed. She could prove that reasonable feeding did away with colic and sickness and death, as compared with literally cramming adult food down the baby's throat. A long-suffering celluloid doll, named Tobias, did duty for lessons in bathing, the treatment of burns, and even for sulphur ointment for the itch--though Tobias might justifiably have held out on the last.[1]

The development of the prenatal clinics is a newer trend, and is attracting more and more interest. The recent Bhore report for India feels that "every child has the right to be assured a fair chance of living a normal, healthy life and of contributing, eventually as an adult man or woman, its full measure to the general advancement of the community." The report suggests that the solution to the problem lies in the "proper care of expectant mothers, and the provision of adequate ante-natal, natal and post-natal attention."[2] In the Philippine Islands, the Methodists are holding both pre and post-natal clinics at their Mary Johnston Hospital, as well as in rural places.[3] A nurse with the Baptist mission board in India says, "The women are beginning to come to the ante-natal clinics but of course we only skim the surface."[4] With similar situations all over India, these maternity clinics along with various child welfare work are the basis on which preventive

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1. Dodd, op. cit., p. 15.
2. A Survey of Nursing and Nursing Education in Mission Hospitals and Schools of Nursing in India, op. cit., pp. 34,36.
3. Culley, Frances: Personal letter.
4. Mercer, P.: Personal letter.

programs are being built in order to secure community co-operation.[1]

b. School Health Services

The survey in India reports, "India will go forward on the feet of her present day children and unless we look to the health of the school child we cannot hope to have a strong, healthy nation."[2] The school is now considered an indispensable approach to the health program. Sailer, a pioneer in missionary education, quotes an interesting example of a typical health instruction situation:

> Little children were asked how many had a baby brother or sister. There was enthusiastic response. "How many have had to bury a baby brother or sister?" All hands went up but two. The children wondered why so many babies died. This led to discussion of the causes of fever, the source of mosquitoes, and the diseases they cause, how they can be destroyed, guarding against germs, and many other health problems. There was no indication of any lack of ability to think logically in response to skillful questioning. The final outcome was that the parents began to be interested and decided to build a village dispensary, in which the children assisted.[3]

The school health program seems to be a permanent fixture, with challenging potentialities for expansion.

"Hygiene is now alongside the big 'Three R's' as a school subject, and demonstration of the ways and wiles of parasites and microbes is given so repeatedly and re-

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1. A Survey of Nursing and Nursing Education in Mission Hospitals and Schools of Nursing in India, op. cit., p. 35.
2. Ibid., p. 34.
3. Sailer, op. cit., p. 67.

alistically that 'germo-phobia' results."[1] A nurse with the United Lutheran Board in Africa states that in their Liberian mission, hygiene is taught in grades six through ten by the missionary nurse during the second semester.[2] A nurse in Angola, Africa, tells how her village health lessons became so popular that she was invited to give them in school. They were so much appreciated she now teaches hygiene in two schools twice a week.[3] This definite need is being met. Sailer feels that "it would be nothing short of tragic for Indian and Chinese children to be drilled in the mastery of reading symbols and taught nothing of care for their bodies."[4] This fact would, of course, be applicable in any country.

In a survey in Alleppo, Syria, some years ago, the school health program was found to have three objectives. Discovery of remedial defects was the first aim. The survey found that many physical handicaps could be removed, especially vision defects. Secondly, disease prevention was to be emphasized for both children and parents. The consequent wholesale examination was the most effective weapon with which to convince a fatalistic people. Finally, the cultivation of a "health-sense" was attempted. Because of the ignorance in the homes, this sense was almost lacking. The survey of these school children consisted

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1. Chesterman, op. cit., p. 95.
2. Lutheran Global Missions--Annual Report for 1948, p. 73.
3. Baker, Marjorie: Newsletter, Nov., 1951.
4. Sailer, op. cit., p. 62.

of laboratory examinations, numerous observations by the nurse, search for physical deficiencies and disease by the doctor, and private interviews and health talks. While Syrian children are more poorly developed than the American child, it was found that they suffer from much the same physical conditions as children elsewhere.[1]

The Christian Medical Council for Overseas Work has drawn up an excellent plan with suggestions for a simple school health program in a mission field. It includes general considerations, such as the need and manner of securing the cooperation of a physician, and a plan of supervision and care which involves a periodic physical examination, regular visits, and routines of care and treatment. Detailed instructions are given the nurse toward rapid, efficient and practical ways of accomplishing the periodic routine examinations. While the regular physical examinations should be done by the doctor, nevertheless there are many special procedures which can be performed by school staff members and older interested pupils. Practical suggestions are also given as to the layout for infirmary and dispensary space, content of medical records, organization of a dental service as well as ways in which the pupils can assist in the health program.[2] This would seem

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1. Dodd, op. cit., p. 12.
2. Christian Medical Council for Overseas Work: Suggestions for a Simple School Health Program in a Mission Field, pp. 1-8.

to be a very useful and effective plan for anyone needing assistance in the establishing of a school health program.

5. Hygiene and Health

The need, according to a nurse of the Baptist mission in Nigeria, is not so much a "breakdown of the native African's reluctance to go to a hospital for treatment, as the personal training in how to prevent the need of hospitalization--or just a practical course in hygiene."[1] Freedom from disease means maximum physical vitality, the result not only of outward personal cleanliness and habits, but also the care of the body through a balanced and healthful diet.

a. Personal Hygiene

A nurse in Nigeria, Africa, feels that the proper use of soap and clean water could do more to prevent disease than any other one thing. "The need for the knowledge of proper cleanliness is apparent on every hand. Filthy bodies and dirty clothes and living quarters provide lurking places for disease-breeding parasites."[2] Lessons in cleanliness seem to be a part of the daily routine of every nurse on the mission field.[3] However, accomplishment of the task is not as simple as it sounds, partly because

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1. Baptist Medical Missions, op. cit., p. 7.
2. Ibid., p. 8.
3. Evoy, Haddow, Mercer, Baker, etc., Personal letters.

of tradition and custom, and partly because of the unavailability of water and the expense of soap.[1] Medical missionaries are unanimous that change takes a long time and much patience. Teaching requires the line upon line, precept upon precept sort of instruction. Progress here depends on patient and undiscouraged perseverance.[2]

As for nutrition, it can hardly be stressed enough. "It is of major importance, for proper nutrition and diet play a major part in the up-building of strong, healthy bodies."[3] In a survey of nursing in India, Dr. D. C. DeFouseka of Ceylon reports recent investigations found that a large percentage of marked defects have been dietary in origin. The people were listless and lazy due to a deficiency of calories and lack of protein, calcium, and vitamin A requirements. The result was a poor physique, and consequently poor out-put of labour.[4] The nature of a diet has a tremendous effect on the total vitality and well being of the people.

Of course, ignorance of proper nutrition is not the only reason for an inadequate diet, for in many places the food supply is one-sided and insufficient. Half of

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1. Suggestions for a Local Rural Community Health Program in a Mission Field, op. cit., p. 6.
2. Evoy, Fern: Personal letter.
3. A Survey of Nursing and Nursing Education in Mission Hospitals and Schools of Nursing in India, op. cit., p. 35.
4. Ibid., p. 34.

Africa's families have a calorie count which is only fifty percent of the normal requirement. Their backwardness is due to this lack, and a better diet would build up their resistance to infection.[1] However, in the All-India Conference of Medical Research of 1925 it was felt that the loss of efficiency of the average person due to preventable malnutrition was at least 20 percent. Furthermore, experiments in China have indicated that the diet failed to provide reserves, and disaster resulted when there was a lowering in the quantity or quality of food.[2]

The results of poor diet are illustrated by an example from Africa:

> Again the diet of the people also plays an important part in the diagnosis and treatment of their diseases. The people subsist largely on yams, cassava, maize, sweet potatoes, and guinea corn, all carbohydrates. Practically no milk and very small quantities of meat are eaten. Nut or vegetable oil is their chief supply of fat. Some green vegetables mostly of the leafy variety go to make up their diet. All foods are highly seasoned with red peppers--cayenne--which are ground to a pulp and added to the food.
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> Most of the patients brought to the clinics and hospitals for treatment are found to have a very low hemoglobin. Often it is as low as 40% and sometimes as low as 10%. This is largely due to diet, but is also aided by diseases that destroy red blood cells, such as malaria and intestinal parasites.[3]

Religious beliefs also complicate the problem of obtaining an adequate diet. The Hindu does not eat

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1. Sailer, op. cit., p. 56.
2. Ibid., p. 58.
3. Baptist Medical Missions, op. cit., p. 8.

meat because of his abhorrence of taking life. Consequently he is deprived of protein in his diet.[1] The same lack is found in Africa, where the people allow the calves to have all the milk from the cattle.[2] As a result, the people are deprived of the protein, minerals and vitamins from the milk which they need so badly.

However, there have been encouraging signs, especially in cases where the missionaries have induced some of the people to try out what has been taught. A nurse with the Methodists in Angola writes that the people liked the talks about food values and how to improve their diet. At the close of the lectures, the preacher's wife stood up with her fat baby in her arms and told the congregation, "It is true what our missionaries have told us. I have always remembered and practiced what my teachers. . . taught us. It has worked. I have been healthy and have a healthy family. We must all plant and eat more nourishing food."[3]

b. Environmental Sanitation

In addition to the problems of nutrition and personal cleanliness, there is also a wider aspect to the phase of hygiene, namely environmental sanitation. "Suitable housing, sanitary surroundings and a safe drinking

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1. Our Medical Task Overseas, op. cit., p. 17.
2. Nelson, Marie: Personal letter.
3. Ibid.

water supply are the primary conditions for securing such a measure of environmental hygiene as is essential to ensure the prerequisites of a healthy life."[1]

Crowded and filthy living conditions are main sources of the spread of infections and insect-borne diseases.[2] Nurses from all countries say that the people have no idea how to keep themselves or their homes clean.[3] This situation is not entirely due to the carelessness or ignorance of the people, but rather to the fact that they have little time or energy to wash clothes or bodies, or to sweep their homes after the daily struggle of making a living is over.[4]

There is also the problem of sanitary facilities and disposal of sewage. Some people may be persuaded with difficulty to install family septic tank toilets or community septic latrines, but it is even more difficult to persuade the people to use them.[5] In China, "crooked drains constructed on the principles of necromancy soon choke, and there is a general indifference to sanitation."[6] This indifference is equally true of other countries.

A safe drinking water supply is another important

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1. A Survey of Nursing and Nursing Education in Mission Hospitals and Schools of Nursing in India, op. cit., p. 34.
2. Baptist Medical Missions, op. cit., p. 9.
3. Haddow, Mary: Personal letter.
4. Suggestions for a Local Rural Community Health Program in a Mission Field, op. cit., p. 6.
5. Mercer, P.: Personal letter.
6. Sailer, op. cit., p. 59.

concern. A nurse in India reports, "Water whether a canal, river or lake becomes the open-air latrine for the whole area. This same body of water will be used for all purposes by these same people."[1] Because of the bathing spree taken by the Hindus in early morning, an attempt to provide a pure water supply may prove frustrating.[2] In Syria, everyone drinks out of open ditches which are used for everything. As a result, there is much diarrhoea, and at least fifty percent of the people have worms of one type or another.[3]

However, efforts are being made in many areas to overcome these hindrances and to produce a new attitude amongst the people. In the weekly visits to Kavanur, the Vellore student nurses discuss such topics as diet, family budgets, soakage pits, refuse pits, flush latrines and smoke outlets in the houses.[4]

A nurse in Ethiopia points out two important considerations in this problem of unhygienic conditions. In the first place, the people need motivation to change from their unsanitary customs. Secondly, the approach of the nurse must be diplomatic and tactful to accomplish this. Since it is human nature to resent criticism,

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1. Mercer, P.: Personal letter.
2. Peter: Observations on Public Health in Southern Asia, op. cit., p. 18.
3. Rice, Homer E.: Personal letter.
4. Vellore Newsletter, July, 1951.

barriers may be raised against further progress if a condescending or superior attitude is displayed. Change takes a long time and much patience.[1]

c. Mental Hygiene

In many countries, women often have serious emotional disturbances from various repressions and frustrations due to domineering husbands. Nurses interested in these situations can often teach these wives information and skills that their husbands do not know. This gives them a healthy sense of self-respect.[2] Nurses with an interest in mental hygiene are becoming more aware of the need in this field and are beginning to accept the responsibility which it presents.

In America, mental hygiene has progressed a long way in theory, in practice it has lagged far behind due to the lack of finances, personnel and facilities. With this situation in the western world, one can imagine what the conditions might be like on the mission fields. However, there are evidences of some progress along this line. In the not too distant future, Vellore expects to establish a special unit for the treatment of mental and psychological disease.[3] It will be the first institution in India for the care and study of curable mental ailments.[4]

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1. Evoy, Fern: Personal letter.
2. Sailer, op. cit., p. 69.
3. Christian Medical College, Vellore, p. 15.
4. Scudder, Mrs. John: Health for India, p. 1.

6. Morbidity Nursing Services

Although a great deal of any missionary nurse's time is usually taken up with home visiting, especially of the sick, very little has been written about it. Opportunities for home visitation usually come at the request of a friend or member of the family, or as a follow-up visit to discharged hospital patients for health supervision and to demonstrate procedures. This gives the nurse a chance not only to observe conditions, but also to teach cleanliness, nutrition and care of communicable diseases.[1] Most nurses readily lay hold of this opportunity.

## D. Local and Specific Public Health Problems on the Mission Field

Custom and religion are two great factors contributing to the dreadful health conditions found in so many countries. Unsanitary communal living, as is found in Africa illustrates this relationship. A one-room dwelling houses both the family and its cattle. Lack of utensils and use of the communal dish as well as free expectoration are the usual conditions found in homes. An average household may have only one or two blankets under which all sleep to keep warm. These conditions make the segregation of diseased persons practically impossible, the result of which is an epidemic.[2]

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1. Lazarus, op. cit., p. 4.
2. Evoy, Fern: Personal letter.

The high mortality rate of mothers and babies is due to the custom bound procedures of delivery. The high death rate of mothers and babies from tetanus infection is reported recurrently by missionary nurses. In India and Africa it is the custom to plaster the floors of the home with cow dung to keep the dust and insects under control. This is an excellent environment for the breeding of tetanus germs. Since the floor is used as the delivery table in less privileged areas, infection is inevitable. Furthermore, after the ordinary unsanitary treatment of the umbilical cord, a high percentage of babies get lock jaw six to eight days after birth and die.[1]

Of course, many other traditions contribute to the high death rate among children. In many areas of India castor oil is given daily to the child from the day of birth up through early childhood. Likewise a large dose of calomel is given for any upset. This results all too frequently in a fatal case of calomel poisoning.[2]

The influence of religion on public health is illustrated by India better than any other country. The Hindu belief in the transmigration of souls through animal life even up to 8,400,000 species, protects all animal life in India. Included in them is the rat. If public health workers attempt to kill rats to combat plague, a

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1. Mercer, P.: Personal letter.
   Criswell, Marion: Personal letter.
   Baptist Medical Missions, op. cit., p. 8.
   Sailer, op. cit., p. 61.
2. Mercer, P.: Personal letter.

riot results.[1] Furthermore, the Hindu will not kill the malaria-bearing mosquito. Thus, this malaria-ridden land through its belief complicates further the public health problem.[2]

The fatalistic view of the Mohammedans merely worsens the situation. Sailer tells the story of a village sheik who protested against the advice not to drink water from the canal. He maintained that Allah had put the germs in the water and had put him in the village, and therefore according to the will of Allah he should drink the water. The doctor proceeded to ask him if he would get off the tracks if he heard a train coming. When he replied in the affirmative, the doctor compared the germs with the train. Danger is something every wise man should avoid.[3]

Sickness is generally accepted as a matter of fate. Consequently, medical aid is often regarded with suspicion. In the Punjab, when the cattle are ill it is said to be the will of God. Rather than inoculate the cow, charms are hung across a lane. At times the people will not allow a well to be disinfected in a malaria season.[4] Many other strange ideas exist, such as never sponging a fever patient, and using the darkest and most

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1. Peter, op. cit., p. 19.
2. Our Medical Task Overseas, op. cit., p. 17.
3. Sailer, op. cit., p. 59.
4. Ibid., p. 59.

airless room in the house for the sick room.[1] The death of children is ascribed to evil spirits rather than to bad sanitation. A similar attitude is illustrated when the need for "an operation in a case of child-birth may be decided by consulting the Koran opened at random" rather than the demands of the case.[2]

While the practice of sacrificing the children to the god, Moloch, has been abandoned, Chesterman feels that it has merely been replaced by allowing them to be claimed by the god, Mammon. Child labour is accepted in Africa and the Orient. In Iran the law has progressed to the place where it forbids children under seven years of age to labour in the carpet factories, because of intolerable conditions and interminable hours of work.[3]

The East, and especially China, presents another social problem, drug addiction. Apparently, opium and heroin addicts have been on the increase, especially in "occupied" territories of China. "Practically every mission hospital has a drug addict ward or an opium refuge wherein is enacted a process of re-humanization of the victims who have been bereft of all physical and moral fibre."[4] There are innumerable other interesting yet tragic problems awaiting the public health nurse.

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1. A Text-Book for Nurses in India, op. cit., p. 26.
2. Sailer, op. cit., p. 59.
3. Chesterman, op. cit., pp. 90,91.
4. Ibid., p. 91.

## E. Plans for Furtherance of Public Health

Having dealt with the problems, conditions and work of the public health nurse in the present day, this study will now deal with the various aspirations along this line of mission boards and of the Christian Medical Council for Overseas Work. From the material just studied it is concluded that there is no complete over-all public health program on any mission field carried on by any denomination. However, there are many plans for the future of varying intensity and efficiency.

### 1. Proposed Plans of Mission Boards

Most of the larger denominational mission boards report the desire for a greater emphasis on public health and several openings for public health nurses.[1] The Canadian Baptists are attempting an interesting variation of this emphasis. They are training national or native girls for this work because they can gain entrance into homes where a foreigner is not accepted.[2]

The need for a Public Health Institute is evidenced by the fact that Vellore Christian Medical Center has allotted $63,000 toward its development during the

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1. Friberg: Personal letter.
   Calling All, Missouri Synod, 1950, p. 4.
   Lamson, op. cit., p. 159.
   Our Medical Task Overseas, op. cit., p. 37.
2. Haddow, Mary: Personal letter.

years 1950-1955.[1] It expects that this emphasis will reduce the burden on hospitals, and improve the general living conditions of the people. Vellore plans to play an effective role in providing public health workers to do a widespread job in training and counselling people in health education.[2] Rural units of preventive medicine are planned to be built around already existing rural outstations.[3] Working toward the attainment of their plans, the School of Nursing at Vellore at the present time has a public health nurse as a member of the nursing faculty "for the purpose of integrating health principles throughout the curricula of the various programs." She helps to develop and organize a plan for health teaching in the outpatients department, in midwifery work, and in the rural health unit system for the student nurses working for a degree. The School of Nursing feels that "the development of this aspect of nursing education is of special value at this time when many plans for rural welfare are under consideration in this country."[4]

The Presbyterian USA Foreign Board of Missions feels that the Miraj medical school in India can make a unique contribution in the field of public health.

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1. This is Vellore Christian Medical Center, p. 2.
2. Vellore Aims at Rural Service, in American Reporter, op. cit., p. 3.
3. Scudder, op. cit., p. 4.
4. Christian Medical College: School of Nursing, Vellore, 1951-52, p. 7.

> This project envisions a careful recording of the physical condition of every inhabitant of the village chosen for study, then provision of a pure water supply and the sanitary disposal of excreta, immunization of the people against cholera, typhoid and all other preventable diseases of the area, instruction in better methods of agriculture and better selection of foods from the few foodstuffs available to insure a diet of maximum nutrition value--and a careful recording of the results over a period of several years. . . . Both the missionary doctors and their Indian associates are carrying on in this active medical center in a splendid way now but specially trained personnel and much laboratory equipment must be added to make the research projects fruitful.[1]

While it is encouraging to find these efforts in this area of work, a thorough, sustained expanded program is preferable to a spotty, sporadic one. Consequently, the Christian Medical Council for Overseas Work has worked out a planned public health program which is to be sustained, comprehensive, and integrated into the medical mission program.

2. Proposed Plans of the Christian Medical Council for Overseas Work

The basis of every good public health program should be a good curative center in the form of a medical college, medical training institute, central or even rural hospital. This basic foundation is especially necessary in backward areas, where the diagnostic and therapeutic medical services are not well developed. This relationship provides for not only the integration of the preventive

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1. Rhoads, Paul S.: Medical Visit to India, p. 9.

and curative services, but also the conservation of time and energies in the preventive field of service. Furthermore, the presence of organization and cooperation helps to win the confidence of the people.

Of the three suggested centers, the medical college is the most ideal. This is due to the fact that it would be the resource for educational facilities, trained personnel, initiation of further organization, and field work for experience. The department of public health of this medical college serves as the "base and power-house for an extension service in public health with the centers in Christian hospitals scattered over the province or the entire country. This is the keystone of the project."[1] Just as the medical college extends its services to these regional hospitals, so the hospitals also extend their services. The outreach of the hospital, includes local community health services in three or four selected villages within a thirty mile radius.

Ideally, these three levels of the health program, national, regional and local, are coordinated by a director and other types of specialized personnel in charge of the national and regional levels, and a health educator or public health nurse in charge of the local community health service. However, the health educator is preferred

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1. Forman, Douglas N.: A Planned Public Health Program as an Integral Part of Medical Missions, p. 2.

for this local program, because too often the public health nurse is absorbed into curative activities because of the shortage of personnel in hospitals. With a Master of Science in Public Health, but with no nurse's training, the health educator is the spearhead of the program. She trains, inspires and organizes this health education enterprise.[1] While these are the duties of the public health nurse in the western world, it is felt that in overseas work she can be used to better advantage. "The public health nurse should, as a rule, devote her energies to the training of national nurses in the public health department of a recognized school of nursing, rather than to actual field activities."[2]

Costs for the organization, administration and support of the plan are given in detail. Special projects needed but optional are as follows: a mass X-ray tuberculosis survey, mobile unit, a mosquito eradication unit, a sanitary construction unit, and an audio-visual aids production team. The most important and practical facilities are all included.[3]

If the suggestions given in this plan for a public health program are put to use in the network of sound public health principles, the medical mission enterprise

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1. Priorities in Public Health, op. cit., pp. 1-3.
2. A Planned Public Health Program as an Integral Part of Medical Missions, op. cit., p. 5.
3. Ibid., pp. 6-9.

will be helped to a great degree.

## F. Summary

This chapter has shown that public health has been limited in scope on the mission field because of pressing needs, lack of knowledge of health principles, inadequate facilities and scarcity of trained personnel. Ignorance, poverty, customs and superstition intensify the problem of disease to a great extent. However, it was evident from this study that much has been accomplished. The areas of greatest effort have been in the realm of clinics, epidemic prevention, instruction of children, personal and social health teaching, and the general visitation of the sick. The clinics are usually of the stationary or mobile dispensary type or of the more organized type, the health center. Epidemics of acute or chronic nature are continually encountered and much time and effort are being put forth toward their control. The instruction and welfare for children is accomplished mainly through prenatal, baby, and preschool clinics and through health teaching and examinations in the schools. It has been shown that the program is not static. Plans are being made by all major denominations to increase their public health effectiveness. The Christian Medical Council for Overseas Work has drawn up a comprehensive and well organized program, a project which has not previously been attempted. If utilized, it will be an invaluable contribution in the progress toward maximum health for the people.

# CHAPTER III

## TEACHING METHODS IN COMMUNICATION AND APPLICATION OF PUBLIC HEALTH PRINCIPLES IN MISSIONS

# CHAPTER III

## TEACHING METHODS IN COMMUNICATION AND APPLICATION OF PUBLIC HEALTH PRINCIPLES IN MISSIONS

### A. Introduction

The chief problem which confronts the nurse as she undertakes the preventive health problem on the mission field is her choice of method by which she translates general public health principles into personal application and practice. According to the Christian Medical Council for Overseas Work, "In essence and in method a community health program is one of education and suasion."[1] The method of teaching usually depends on the place of the teaching situation. This chapter will deal first with the indirect teaching done by the missionaries, Christians, and institutions. Then it will deal with the direct learning which may be accomplished through personal interview or by group work. Opportunities for group teaching are usually in the home, hospital and community.

### B. Indirect Teaching

Concomitant learning is constantly taking place in every situation in which the missionary nurse finds herself. Although it is the result of the unintentional part of her teaching program, it is nonetheless just as

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1. Priorities in Public Health, op. cit., p. 1.

important. It is in this area that attitudes and motivation are built up. The missionary, the Christian group, and their institutions all play a significant role in overcoming the indifference or prejudice of the people, especially by means of personal example.

1. Example of the Missionaries

When missionaries make use of available precautions to maintain good health, the people inevitably observe and often imitate their habits. The health of their children and the attractiveness of their homes have an appeal and make an impact which any amount of direct teaching lacks.

In the missionary nurse, especially, the personality and appearance of the individual is very important. Nurses with a cheerful and inspiring manner find it easier to convince people of the truth of their teaching and motivate them to action. If she is unsympathetic or lacking a knowledge of human nature,[1] her efforts for reform may fail.

2. Example of the Christians

Encouragement to practice health principles is far more effective when it is backed up by the testimony of a healthy family and a clean home. This situation is illustrated by the native preacher's wife in Angola who

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1. Suggestions for a Local Rural Community Health Program in a Mission Field, op. cit., p. 5.

urged the people to plant and eat more vegetables, fruit and nourishing food because she had always had a healthy family and knew from experience these procedures were successful.[1] In India:

> Time and again the people themselves have asked the question, "Why do the Christians get along so well in the cholera and plague epidemics when we die?" The answer, slowly percolating, is that the Christians, unhampered by Hindu inhibitions and all the medical nonsense which goes with it, accept scientific ideas and follow the modern doctors' advice. They use the available vaccines. They boil their drinking water and they exterminate rats. The results stand out.[2]

3. Example of Institutions

Just as the habits and practices of the missionaries and Christians influence the attitudes of the people, so Christian institutions also exert a similar influence. Even the plan and construction of the mission buildings, and especially of the health center can be used to teach simple lessons in hygiene. If they are simple, but contain such important public health facilities as ventilators, closets, cooking platforms or stoves, screening, septic tanks and bored hole latrines, they will be a source of constant interest and challenge to the people.[3] Thus, the indirect, and often unintentional teaching of cooperative missionaries makes one of the strongest impacts on the health attitudes of the people.

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1. Nelson, Marie: Personal letter, ante, p. 38.
2. Our Medical Task Overseas, op. cit., p. 18.
3. A Text-Book for Nurses in India, op. cit., p. 23.

## C. Direct Teaching

Because of the ignorance and superstition of the people, and because of the unavailability of medical aid for the masses, a systematic instruction in health practices must be made effective for the people.[1] In a formal teaching situation, this may be done by means of personal interviews, or through group work in the hospital, clinic, home or community situation.

### 1. Personal Interview

The personal interview may take place at the clinic, as a follow-up visit after hospitalization, or merely as a routine or friendly call. The public health nurse has ready access to the homes and gets to know the housewife and mother, who is most responsible for the cleanliness of the home, nutrition, and sanitary conditions of the environment. It is the nurse's task to "instruct the mothers on dietetics, clothing, cleanliness, the prevention of disease, the early diagnosis of symptoms, and in fact, the way to obtain health for her family."[2]

In the Vellore set-up, this method of instruction is integrated into the training of public health nurses. Furthermore, they teach simple lessons of hygiene

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1. Sailer, op. cit., p. 62.
2. Lazarus, op. cit., p. 4.

and diet not only to their hospital patients in the home, but also to those who do not come to the hospital.[1]

2. Group Teaching

Group teaching varies with the place and method. One often depends upon the other. Usually it takes place in clinic, hospital, school or community. The methods employed usually involve lectures, audio-visual aids (including literature), projects and demonstrations.

a. Lecture Method

One of the simplest ways in which the lecture method is used is in the health talk frequently made in the hospital, dispensary, or itinerant clinic.[2] However, lecturing is not very effective in dealing with these untrained people. Often the group does not understand the subject matter.[3] If it does, it seldom knows how to put it into practice. Usually, more practical methods than the lecture must be employed.

Nevertheless, this type of instruction has been used successfully in the school. In many cases the children, having been taught in school, can transmit helpful ideas to parents. Since many subjects are beyond the experience of childhood, children cannot be the only means relied on

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1. Hagberg, Gordon P.: Vellore Hospital Aims at Rural Service, in American Reporter, April 11, 1951, p. 4.
2. Sailer, op. cit., p. 66.
3. Ibid., p. 69.

to fully instruct the parent on all phases of health teaching.[1]

The School of Nursing of the Christian Medical College at Vellore employs the lecture method, among others, to prepare nurses to bring the knowledge and practice of healthful living to their patients.[2] While there are appropriate occasions to use this method, additional techniques are needed in order to accomplish one's objectives, and thus motivate the learner to action.

b. Audio-visual Method

The careful use of various types of audio-visual aids have proved effective. Literature, posters, pictures, charts, flannelgraph, slides, filmstrips, and films are some of the more common methods.

Even fifteen years ago, it became common procedure for the mission hospital to issue printed leaflets and pamphlets on such subjects as infant feeding, vaccination, tuberculosis, eye disease, venereal diseases, and general hygiene.[3] Many times the concentrated effort in the distribution of literature has been the means of averting a serious epidemic.[4] There is a great demand for larger quantities and better quality of small pamphlets on health subjects which contain clear and simple instruction.[5]

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1. Ibid., p. 62.
2. School of Nursing, Christian Medical College, Vellore, 1951-52, p. 7.
3. Dodd, op. cit., p. 15.
4. Sailer, op. cit., p. 67.
5. Ibid., p. 66.

Attractive leaflets and pamphlets are especially effective when their content is closely correlated with a good illustration, also when they are used as follow-up after a film. These leaflets and booklets are not wasted even in areas where there is a high percentage of illiteracy because they are read over and over again to the members of the community by those who are literate.[1]

Although the value of posters and pictures is obvious, it must be remembered that even pictures are hard to understand. Often the native people do not know what the pictures are supposed to represent.[2] The nurse must use them with an awareness of this possibility and explain the pictures carefully.

One of the most economical and convenient of the audio-visual aids is the chart. By representing a few basic and vivid facts, it can be used repeatedly by the public health nurse to drill into her audiences the most important factors in disease transmission and good health. Also, "demonstrations of microscopic slides showing bacteria, larvae and ova of intestinal parasites, have been used effectively with small groups."[3]

The possibilities of flannelgraph are impressive, and even puppet shows have been used successfuly. The

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1. Suggestions for a Local Community Health Program in a Mission Field, op. cit., p. 6.
2. Sailer, op. cit., p. 69.
3. Suggestions for a Local Community Health Program in a Mission Field, op. cit., p. 6.

value of slides, film-strips, and moving picture film goes almost without saying.[1] The government can often supply for the mission station good movies, which depict the setting and customs of that country.[2] Whatever the film, it should be simple in nature, preceded with preparation of the group before the showing, and followed up by suggestions for a course of action, according to the purpose of the film.

c. Demonstrations

"Actual demonstrations of procedures, in drama or real life, in which the inhabitants participate is of course the best teaching method of all."[3] This method has been attempted on both the individual and community scale with excellent results. The greatest value of mass vaccinations done by mission hospitals lies in the demonstration of their efficacy. As a result of these mission efforts, people now demand this service from their governments.[4]

Vellore sends a staff doctor and public health nurses into neighbouring villages, not merely to lecture about sanitation and hygiene, but actually to build model latrines. Some of the villagers are persuaded to install

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1. Ibid., p. 5.
2. Mercer, P.: Personal letter.
3. Suggestions for a Local Rural Community Health Program in a Mission Field, op. cit., p. 6.
4. Dodd, op. cit., p. 5.

some of these inexpensive latrines for themselves. Gradually, other improvements, such as drain pits, cesspools, compost piles are demonstrated in the villages,[1] and are copied by the people.

A nurse in Africa says that practical demonstrations done in the baby clinics can do much to alleviate suffering and to prevent its recurrence in the future.[2] One of the most effective ideas in demonstration used by Dr. Fraser in Nyaasaland was the use of a celluloid doll, called Tobias. Tobias suffered from various imaginary ailments and was treated for them. Groups of women observed the treatment and then performed it themselves.[3] As a result, they learned by doing as well as by mere observation.

It is more important to help the people to discover things for themselves than merely to tell them what to do. One example of this educational method is given from Africa:

> Some fine looking chicken eggs belonging to the missionary were admired. The missionary asked a woman if she would like some to set and offered to boil some and send them to her. The women objected that eggs did not hatch if boiled. They were also sure that maize would not sprout if boiled. They were ripe to accept the suggestion that boiling kills life. This led to the idea that insects in clothes might be killed by boiling water and that rags used to bind wounds should be boiled.[4]

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1. Vellore Hospital Aims at Rural Service, in American Reporter, op. cit., p. 3.
2. Baptist Medical Missions, op. cit., p. 9.
3. Sailer, op. cit., p. 69.
4. Ibid., p. 69.

In 1930, Dr. Robert Goheen, on the coast south of Bombay, was instrumental in averting a plague epidemic. Rats were dying from the plague germs carried by the fleas with which they were infested. Dr. Goheen realized that the time was crucial. Because his own hospital staff was inadequate, he challenged three boys' schools to distribute rat poison to exterminate the rats. As a result the epidemic was cut short. Thus, Dr. Dodd asks:

> Imagine, if you will, the instructive value of that splendid life and death battle on those scores of alert youngsters. Will superstition or inertia or tradition have quite the same hold on them when another epidemic threatens? Will it be garlands and sacrificed chickens for them next time, as decreed by their elders, or will it be science? Who knows the potential of that one educational demonstration?[1]

Good use can be made of the hospital for demonstration to groups of people, especially school children. Once a year, all the Christian churches of India set apart a day called "Hospital Sunday." The Christian Medical College Hospital at Vellore opens its institution to its friends for the following three days as well, culminating in "Hospital Day." Effort is made to get friends and neighbours to realize that this is their hospital and their responsibility. This is mainly done through exhibits. The "Hygiene and Public Health Exhibit" shows the necessity of a safe water supply, proper sewage disposal, and causes of parasitic diseases and epidemics. The "Child

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1. Dodd, op. cit., p. 10.

Welfare Exhibit" demonstrates the proper care and feeding of infants, avoidance of infection, the different children's diseases and their treatment. The "Adult Diet Exhibit" suggests ways for balancing the diet without adding to the expense.[1] Ten days before this "Hospital Day," Vellore arranges for groups of children from various schools to come by bus to visit the hospital.

> The boys in these groups love to see the X-ray and the ice-manufacturing machine, while the girls seem most interested in the nursery and the children's ward. All of them like the hygiene museum and learn a good deal from it. I heard one child explaining a malaria chart to her grandfather most eagerly and quite accurately.[2]

d. Projects

Projects, exhibits and models carry great appeal to the villager and country dweller. Models can vividly show such important needs as maternal and child care, housing and sanitation, home nursing and communicable disease control. As for exhibits, one of the best is an annual baby show.[3]

Dr. W. W. Peter, a medical missionary to China, created some very striking exhibits, one of which was "an endless belt on which little puppets moved, coming out of Chinese houses and falling into coffins. This illustrated the frequency of the death rate in China as compared with

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1. Hospital Day, Christian Medical College, Vellore, Mar/49, p. 1.
2. Children at Vellore, op. cit., p. 2.
3. Suggestions for a Local Rural Community Health Program in a Mission Field, op. cit., p. 5.

America."[1] Many thousands were deeply impressed.

Other projects require more planning and equipment. The Home Economics Department of Cheeloo University attempted a nutrition project by feeding three different cages of rats three different typical diets. The recommended diet noticeably gave better results than the other two, even than that of the more wealthy classes. One little girl, who had always refused her vegetables, reformed her diet when she discovered that the rats that ate the vegetables grew the best. A further lesson was learned when the rats littered. The one which fed upon the recommended diet had nine pups, eight of them born alive, while the one on the less nutritious diet had only four pups, three of which were born dead.[2] This sort of teaching method conveys something which a lecture could never carry.

Other public health projects involve a more highly organized effort, such as the systematic campaign organized in Foochow in 1920. There had been a severe epidemic of cholera the previous year in which about 19,000 people died. Temple worship and idol processions had been to no avail. Expecting the epidemic to break out again the following year, Dr. Peter evolved a plan of reaching hundreds of thousands of people through meetings, literature, and with floats in parades. The floats depicted good and bad sanitary

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1. Sailer, op. cit., p. 67.
2. Ibid., p. 68.

methods, the manner in which food becomes infected, and such details as safe and unsafe ways of eating melons. Students explained the exhibits by means of megaphones. The message was brought home by their shouting such short, simple and forceful slogans as: "Boil yourwater, cook your food; if you do not use firewood, you may have to use coffinwood. Firewood is cheap; coffinwood is dear. Take your choice."[1] The epidemic was checked by these painstaking but rewarding projects.

## D. Summary

In this chapter it was seen that there are several methods by which the public health nurse, and her associates can teach public health principles. One of the most influential, but least realized methods is the unintentional or indirect health teaching put into effect by the example of the Christians, the missionaries and their institutions. It was shown that direct teaching takes place in the more formal situation with personal interviews or with group work in home, clinic or hospital. The methods used vary with the type of learning situation. One of the most common methods is the lecture method, especially effective for school children and student nurses. The usefulness of this technique is increased or supplemented

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1. Ibid., p. 67.

by others, especially audio-visual aids. It was stated that literature, posters, pictures, charts, flannelgraph, slides, filmstrips and films are some of the most common types of audio-visual aid. However it was discovered that the best teaching method of all involves actual demonstration and participation in the health lesson being taught. Another effective and vivid method is the project method which may involve exhibits, models, competitions, and other original projects. All methods must be used with simplicity, imagination, preparation and follow-up. It was noted that adequate and challenging methods are necessary to motivate the people to put these health principles into practice and to raise their standard of health.

# CHAPTER IV

# COORDINATION OF PUBLIC HEALTH NURSING WITH THE CHRISTIAN MESSAGE

# CHAPTER IV

## COORDINATION OF PUBLIC HEALTH NURSING WITH THE CHRISTIAN MESSAGE

### A. Introduction

Many Christians possess a sceptical attitude toward public health as a part of the medical mission program. They pose many legitimate but answerable problems. This chapter will deal with the most common and important problems, and point out the distinctive opportunities that public health has in propagating the Christian message. Methods of incorporating evangelism in this work will then be discussed. Finally, the importance of preventing public health from becoming an end in itself instead of a means will be studied.

### B. Justification from a Spiritual Standpoint

A difficult question to answer is the rightness of prolonging a life of misery when the person has nothing for which to live. It must be remembered that sickness produces life-long handicaps and disabilities as often as it produces a high death rate. People with such defects are an economic burden on the citizens of the country.[1] Public health is not just a reducer of mortality rates,

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1. Lazarus, op. cit., p. 4.

but also a promoter of optimum health. Consequently, it would assist the people to increase their contribution to society by lowering the number of handicapped and increasing the number of employable persons.

Furthermore, Sailer feels that health so enriches life that as Christians "we feel under obligation to cultivate it both in ourselves and in our families. Sickness, pain, and lowered vitality are evils to be removed as far as possible. Jesus' compassion for physical suffering should be shared by his followers."[1]

Another problem raised in connection with public health in missions is that liberty in personal evangelism is curtailed. "The public health program has one very serious lack in our (Mennonite) estimation. Although it benefits people physically and relieves bodily suffering, it lacks the spiritual touch."[2] However, this would seem to be a limited view of evangelism. It is not legitimate to be legalistic or dogmatic in the manner that the works of one's faith must be manifest. That is to say, one should not have to be categorized as an evangelist or medical worker in hospital in order to effectively spread the gospel of Jesus Christ. Results have shown that many preachers are less effective in their Christian witness in this country

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1. Sailer, op. cit., p. 54.
2. Janzen: Personal letter.

than the insignificant secretarial, agricultural, or public health worker in a foreign country. If the Christian's purpose is to do God's will, he cannot help but tell the people about the good news of salvation. "Preventive health work carried on by consecrated persons is just as truly a Christian ministry of helpfulness, mediating the love of God to those benefited by it, as is organized curative work."[1] The important requirement is to be spiritually fit, using all of one's God-given talents to carry out His purpose.

Furthermore, the Christian is his brother's keeper. With the benefits of physical as well as spiritual health, he is compelled, in fact obligated, to share them. The Christian message goes hand in hand with public health service. By the positive approach of treating the whole man, the Christian message has a more vital and lasting effect.[2]

Many of the reasons for the presence of public health in missions are identical to those for medical missions. Christian medical work has "helped to make Christianity recognized and appreciable as a practical service to humankind."[3] However, its basic justification begins with Christ.

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1. Priorities in Public Health, op. cit., p. 1.
2. Culley, Frances: Personal letter.
3. Our Medical Task Overseas, op. cit., p. 14.

> He was the Great Physician--both of the body and of the soul. His compassion for the sick and the suffering is the wellspring of medical missions--this ministry of healing of the Christian Church. He was also the Great Teacher, who opened men's minds to the truth. He healed and he taught. Often, but not always, he combined healing and teaching at the same time. He is our inspiration, our example, our authority, our continuing spiritual resource.
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> We therefore think of this Christian medical work both as an expression of our Christian faith and as a witness to it. It is the conviction of the love of God, revealed in Christ, which must have practical, tangible expression. It could not be Christianity without this.[1]

The missionary cannot be indifferent to the sufferings of the people. Because of his or her kindly care and skill a door is opened for the ministry of evangelism, and the religion professed by the nurse or doctor is established through works.[2] "Hence it has been the thesis of mission workers that practical scientific exemplification and religious teaching should go hand in hand, because of their value to each other."[3]

Jesus, himself, placed healing and evangelism in close association. The Gospel according to Mark tells us that "after John was arrested, Jesus came into Galilee, preaching the gospel of God, and saying 'The time is fulfilled, and the kingdom of God is at hand; repent, and believe the gospel. . . .'"[4] "That evening, at sundown,

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1. Ibid., p. 3.
2. Allan, Roland: The Relation between Medical, Educational, and Evangelistic Work in Foreign Missions, in Church Missionary Review, 1920, p. 54.
3. Dodd, op. cit., p. 17.
4. Mark 1:14,15.

they brought to him all who were sick or possessed with demons. And the whole city was gathered together about the door. And he healed many who were sick with various diseases."[1]

Furthermore, this healing ministry was not limited to himself. He intended that his followers should also heal the sick. He instructed them, "Whenever you enter a town and they receive you, eat what is set before you; heal the sick in it and say to them, 'The kingdom of God has come near to you.'"[2]

Vellore, the most prominent medical center in existence which is supported by mission funds, works for the purpose of extending the Kingdom of Christ on earth, and of bringing "health to the whole man."[3] The attitude is held that the ministry of healing needs no emphasis as "an integral part of the Church's task for it reveals effectively something of the love and redeeming power of Christ, and of the appeal which Christian Medical Service makes to both Christian and non-Christians there can be no doubt."[4]

### C. Distinctive Opportunities

Many of the opportunities to witness to the

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1. Mark 1:32-34.
2. Luke 10:8-9.
3. Christian Medical College, Vellore, op. cit., p. 11.
4. Ibid., p. 4.

Christian faith are common to straight medical work and to public health. Some of these are: to serve in opening doors for evangelistic mission approach, to serve as an entering wedge into new countries, to help prove that we do love our neighbours as ourselves, and to serve as a living demonstration of the contrast between self-centered paganism and an altruistic concern for the healing of body and soul as found in Christianity.[1] In addition to these opportunities, there are certain distinctive advantages for the public health nurse which are not readily afforded the medical worker in hospital.

In the first place, it is the public health nurse who gets into the home and learns all about the family problems, health, economy, and environment.[2] The nurse, as a follow-up worker in the home, is an absolute necessity. Half the value of the facilities and skill of physicians and technicians is negated if a trained nurse does not visit the home. Elaborate written instructions are of no use for a mother who cannot read, or who cannot afford to buy the materials ordered in the clinic.[3] It is up to the nurse to solve these problems, and in doing so she has gained an insight into the family situations, and has established rapport with its members. This intimate

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1. Calling All, op. cit., p. 2.
2. Lazarus, op. cit., p. 4.
3. Laird, Mary F.: The Value of Follow-up Work in the Family, in The Chinese Recorder, 1925, p. 443.

contact creates an excellent opportunity for planting the "seed." The family feels the nurse is interested in them and that she cares. The barriers are more easily broken down. The family is often ready for the gospel. Consequently, a relationship is established between the family and public health nurse which is afforded to no other medical worker.

Then there are the clinics. Here the mother has an opportunity to talk over the questions and needs of those about whom she is most concerned--her children and herself. The fact that her prime interests are first taken care of, plus the fact that this is a private interview gives the nurse a chance to do spiritual counselling and to present the claims of Christ.

The schools afford another vantage point. Here the nurse can stress the need for spiritual health as well as mental and physical health in her health talks and private contacts. Her consequent findings from these talks give her an opportunity to get into the homes for follow-up. At this time she may also give the results of her health examination of the child and suggest a course of action. As mentioned before, other opportunities for entrance into the home are given after a patient has been discharged from the hospital. Thus, the home offers a ready opening to proclaim the good news of Jesus Christ who can heal the soul as well as the body.

## D. Methods of Incorporating Evangelism

The method of combining the Christian message with public health nursing varies with the individual and the situation. The most common way is to begin with a service after which the clinic is held or a health talk given. The following illustration is typical:

> While healing the body we have a great opportunity to heal the soul. . . In my own work I always hold a clinic after a church service or Sunday School meeting, and many have been converted because they came primarily for medicine but heard first the Wondrous Story. I cannot over-emphasize this point.[1]

In this situation, the individual is both medical worker and evangelist.

Another common method, and somewhat similar, is for the evangelist to accompany the nurse and to contact the people who are waiting their turn to see her. Vellore incorporates this approach in its roadside work:

> A catechist and a Bible woman go out each week with the travelling dispensary. As the ambulance halts by the roadside the patients who are waiting for treatment will gather round our workers and listen to Bible stories and short addresses. Here we have had good results. Three villages have become Christian as a result of this work. They have been incorporated into the Vellore pastorate of the Church of South India, which is now caring for them.[2]

While the medical staff works, the evangelist gathers the people around him to tell them the Gospel story, to pray or to distribute picture cards and Gospels. He also answers

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1. Haddow, Mary: Personal letter.
2. Evangelistic and Religious Work, Christian Medical College, Vellore, p. 1.

questions and talks with individuals. Sometimes he gathers a group of children around him, teaches them a hymn and tells them a favorite Bible story. Following his talk, one of the nurses gives a short lesson in public hygiene.[1]

The United Lutheran Church, in its work in Liberia, always begins its dispensary day with a religious service.[2] The Baptist Women's Mission Society follows a similar procedure in the Belgian Congo. A baby clinic is held at Kipasi, where the infants are examined and treated for malaria, colds, skin disease, running ears, anemia, etc. Just before the clinic is opened a service is held in which the missionary stresses the necessity for a heart cleansed through Jesus Christ in order to have clean thoughts. Truthfulness is very difficult to attain amongst people who consider it virtuous to make a lie seem like the truth.[3] This illustration is typical of the average situation and procedure found in mission clinics.

Furthermore, there is an excellent opportunity for teaching the Christian message in the school. Any nurse with a bent toward health teaching has usually numerous openings to teach in schools. Graduate nurses are doing health education work in the Methodist Kinder-

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1. Culver, Elsie T.: Healing by the Roadside, p. 2.
2. Lutheran Global Missions, Annual Report for 1948: ULC in America, New York, p. 71.
3. Jorgenson, Alice O.: Missionary Newsletter, Woman's American Baptist Foreign Mission Society, August, 1950.

garten in the Phillippine Islands,[1] and in a girl's school in Angola, Africa.[2] Nurses with the United Lutheran Church are teaching hygiene in the upper grades in the schools.[3] In these contacts, the alertness of the individual nurse will afford many openings to witness for Jesus Christ. When tours are conducted for school children under the auspices of the hospital at Vellore, they also include a visit and stay at the chapel.[4] Consequently, opportunities for the integration of the Christian message depend on the initiative and ingenuity of the nurse. Finally, the personal life of the nurse is the greatest testimony of all.

### E. Importance of Public Health as a Means not an End

The danger of confusing "means" and "ends" confronts all medical work as well as public health. According to the Southern Baptists, "the main purpose of medical missions is to bring Christ to diseased souls in sick bodies."[5] However, it must be remembered that when medical missions are divorced from the evangelical motive, spiritually they tend to shrivel and decay, just as do other departments in the mission enterprise. Because Christians have been

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1. Culley, Frances: Personal letter.
2. Baker, Marjorie: Newsletter, Nov., 27, 1951.
3. Lutheran Global Missions, Annual Report for 1948, op. cit., p. 71.
4. Children at Vellore, op. cit., p. 2.
5. Baptist Medical Missions, op. cit., p. 13.

enlightened (in contrast to pagan society), medical progress has inevitably followed. Since Christ dominates body as well as soul, he leads the Christians to care for both.[1] As an end in itself, medical missions produces sterility, but when kept in proper subordination to evangelism, it rises to its highest power, fulfilling its most glorious purpose.[2] Dr. Chesterman says that "it is becoming more and more recognized that medical missions can only claim to exist and persist if they are taking a definite share in carrying the Gospel to every creature, that is in the direct evangelistic appeal to the mind and conscience as well as to the emotions and the body."[3]

The relief of suffering and the keeping of men alive is not sufficient, for their most vital need is spiritual. With this attitude in mind, Dr. Barnes, the first Chairman of the Medical Committee for the Presbyterian Church USA says:

> The consciousness of this divine office must characterize and determine the whole of our work. We cannot be satisfied with our hospitals until this spirit permeates every part of the day's routine. . . To give loving help to body, mind and soul, as the Great Physician Himself would give it, is the purpose and justification of our work; and everyone who comes within our gates should be told in language which he can understand that, first of all, his happiness depends on a right relationship with his God, and that our deepest desire is to help him establish this relationship.

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1. Baptist Medical Missions, op. cit., p. 13.
2. Roland, op. cit., p. 58.
3. Chesterman, op. cit., p. 95.

> Expect your hospital to be among the most prolific of the birthplaces of souls born into the new life of Christ, and as such regard it as being among the most important activities of the church organization and deserving of an adequate proportion of the church's working strength. See to it that no soul seeking physical help from your medical co-worker returns to his place without knowing why we are all here.[1]

Dr. Bulle, with the Missouri-Synod Lutheran Church in India, is quite concerned lest the physical need of the people become the primary concern of the medical group rather than their spiritual state. The Lord Jesus Christ left us this example. Thus Dr. Bulle says, "Our medical work must always be connected with the application of the Word of God, otherwise it will slip down into a mere welfare program."[2]

The medical missionary enterprise is more than a great health project. Sailer believes its ultimate aim is "to induce men and women to dedicate themselves unreservedly to the service of God, and for this reason to cultivate all their capacities in order that through these they may make the largest contribution to life."[3]

## F. Summary

Many questions are raised as to the inclusion of public health nursing in the medical missions program. This chapter has dealt with the more important problems.

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1. Our Medical Task Overseas, op. cit., p. 8.
2. Calling All, op. cit., p. 6.
3. Sailer, op. cit., p. 64.

It was noted that public health does not prolong a life of misery but rather removes the misery by reducing the number of handicapped people, and thus raises the economic standard of the country. It does not limit personal evangelism, but rather assists it. It stands on the same authority as medical missions in general, that is, the example of Jesus Christ. It was shown that the public health nurse has the opportunity to enter the home and school in a manner afforded no other medical missionary. Evangelism in her work may be done by herself, or by the assistance of some other missionary or native Christian. However, her public health work must be used as a means for evangelism, and not an end in itself lest it should become a welfare program and supplant the goal of Christian missions. It was seen that public health nursing, effectively used, can be the means of bringing abundant life to those in spiritual as well as in physical distress.

# SUMMARY

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# CONCLUSION

# SUMMARY

This survey has shown how missions have been historically responsible for the progress of medicine. In the western world, this progress has also included preventive medicine. Consequently, medical missions are now assuming the responsibility for public health work in the non-Christian world. It has been noted that the task of curative work surpasses human capabilities. The only solution to the problem of widespread disease is to prevent it. As medical missions have demonstrated the necessity of public health, governments have gradually realized their responsibility and are taking on the task themselves. Furthermore, it was seen that an effective program involved cooperation between the public health nurse and her other associates. An alert and informed nurse can advantageously utilize facilities and community resources in order to secure better health for the people.

It has been shown that both the lack of finances and personnel as well as the widespread ignorance, poverty, customs and superstition have slowed the progress of public health nursing on the mission field. However, many public health services are being offered today, and have been noted in this study. They include all types of clinics, anti-epidemic work, instruction of children, personal and

social hygiene, and morbidity nursing services. It has been noted in this study that the organization of public health services has been sporadic and undefined. The major denominations are now planning more comprehensive programs. One of the most outstanding programs is that of the Christian Medical Council for Overseas Work.

In this study, it has been discovered that there are many methods by which public health principles are conveyed. They may be taught directly or indirectly, to individuals or to groups. The method used varies with the situation. It has been seen that various combinations of the lecture, audio-visual, demonstration and project methods may be used. However, simplicity, combined with careful preparation and follow-up are basic requirements for all effective teaching.

This study has dealt with the more important problems posed concerning the justification of public health in the medical missions program. The purpose of public health has been to give the common man an opportunity for a reasonable degree of health by which a productive life is made possible. Public health nursing combined with the desire for evangelism can make a real contribution to the work of missions. However it must not allow itself to become a mere welfare program. The justification of the program of public health lies in its responsibility for the physical well-being and also for the spiritual well-being of the people.

# CONCLUSION

As a result of this study, it may be validly concluded that there is a specific need and place for public health nursing in the medical missions program. Its place will become increasingly important until in the distant future, it will be able to relinquish the project to responsible governments. Although limited in scope, public health has already proved its value and usefulness in its contribution toward raising the standard of health for the people.

There is a need for flexible and varied methods in teaching public health principles. Both formal and informal methods are necessary, and the nurse must use them with careful forethought and preparation. Diplomacy in approach and skillful presentation are prerequisites for an effective public health program.

Finally, public health nursing has made a tremendous impact on the total community life in countries where it has been practiced. Through its services to the people, not only has it sought to control disease and to develop within the people a sense of health-mindedness, but it has also ministered to their spiritual needs. Public health has always been most effective when kept in its proper perspective as a tool of evangelism. Because of its distinctive and genuine desire to meet the needs of

the "whole man," people are looking more and more to the public health services for help.

As some of these proposed programs get under way, much more information of a definite nature will be available concerning the accomplishments and organization of public health in missions. For the future, limitless and challenging opportunities await the public health nurse in her contribution to the Protestant mission enterprise.

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