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—Jolly Rohtagi

Nursing—A Much Glorified But Vilely Abused Profession

IN 1945, the Shore committee recommended that by 1971, there should be one nurse for every 500 persons in the country. But by 1971, the actual ratio was one nurse to 4,740 people ! If we are to reach the desirable ratio by 1990, we need 16.7 lakh nurses. In 1971, there were only 68,250 general nurses, 41,520 auxiliary nurse mid-wives, and 5,914 lady health visitors. About 60 per cent of them are stationed in urban areas.

Why, in a situation of growing unemployment, is there such a deficiency of nurses in this country? In Sweden, there are three nurses for every one doctor. But in India, there is only one nurse for 2.3 doctors ! Is this lack of nursing woman power due to certain wrong priorities in our health care system? In what specific ways are nurses downgraded? And does this downgrading hinder women from wanting to join the nursing profession?

The number of nursing schools in India in 1970 was 57. Inspite of a gross deficit in the number of nurses in the country, the number of training schools had declined from 1966 to 1970. Though a recent World Health Organization report says that India has a surplus of doctors, and a deficit of nurses, yet the number of nurses trained in a year is almost equal to the number of doctors trained. Many nursing training schools are attached to hospitals. Often, the training is geared to the specific needs of the particular hospital, rather than aimed at providing an all-round training.

A survey conducted by the Trained Nurses Association of India, found that there is a shortage of clinical training, classroom space, hostels, laboratories and recreational areas for auxiliary nurse mid wives. Even sanitary facilities and water supply are sometimes inadequate. Some students have to spend their rare off-hours procuring and preparing food. Nursing students have very little opportunity to come into contact with other student groups. They remain cut off from the social and intellectual life of universities.

As a result of these poor working and living conditions, it is difficult for student nurses to be enthusiastic about their studies.

The average cost of training a nursing student is Rs 5,650 for a general nurse and Rs 3,185 for an auxiliary. On the other hand, the cost of training a doctor, as quoted by the health minister four years ago was Rs120,000 ! Though these are not exact figures, the gap is obviously very wide.

If professional groups are to be given recognition for their usefulness to society, then doctors and nurses deserve equal prestige and respect. But unfortunately, there is a vast difference in the status of doctors and nurses. The survey earlier quoted reports that 65 per cent of nurses feel that doctors do not treat them with consideration. The doctor treats the nurse like a helper not like a colleague, even though the nurse is better equipped by her training to handle certain areas of patient care, than is the doctor. But the nurses are not trained to diagnose and prescribe, they do not get due credit from doctors or patients, so that creative satisfaction goes to doctors while the nurses have perform all the monotonous, necessary but unrecognized labour.

Since much physical and non-intellectual work is involved in nursing, and since our society respects white-collar jobs more than the manual labour, the nurses are treated as inferior to those "god figures of health care"—the doctors.

The Indian Nursing Council recommended a ratio of one nurse to every three patients in teaching hospitals, but nearly 80 per cent teaching hospitals record over 80 per cent of overcrowding. In such a situation, staff nurses are over worked and have to do many other jobs besides patient care and so not have the time they need for supervision of students.

77 per cent of nurses say they do not have job satisfaction, and the reasons for their dissatisfaction are overwork, inadequate salary and bad working conditions.

For instance, the main role auxiliary nurse midwives are supposed to perform is imparting health education and family planning information. So auxiliaries should form the backbone of community health care in rural areas. But reality, as a WHO survey shows, an auxiliary spends 45 per cent of time giving medical care (because doctors avoid going to rural areas), 40 per cent in travelling (because of inadequate residential arrangements in villages), five per cent on paper work (because of cumbersome bureaucratic procedures) and only ten per cent on duties for which she has been trained.

The majority of nurses come from families which have an income below Rs 300 per month and have an average size of seven members while a majority of medical students come from urban elite families. This difference in family background affects the social status of the two professions. Many nurses and their parents feel that nurses are not respected, because they have to deal with male patients, and also because people consider nursing an unclean job. Nearly 50 per cent of nurses and their parents feel that it is difficult for nurses to get married. Nearly 95 per cent of general nurses, and all auxiliaries are women. In our male-dominated society, a profession overwhelmingly occupied by women can hardly acquire equal status, no matter how vital its contribution may be. The doctor-nurse relationship reflects the male-female relationship in our society. A doctor, even if she is a woman, becomes the husband-figure—ordering, scolding, dominating the nurse. This fact becomes very clear when one observes that the male nurses receive better treatment. Doctors, patients and even women nurses respect male nurses more. Doctors admit that they don't feel free to order or shout at male nurses while women nurses are at times even physically assaulted by male doctors. (See **Manushi** No. 6 for the case of nurse Shiela Massey who was brutally attacked and injured by Dr Routray of Lohia hospital). In Rewa medical college, when a doctor slapped a nurse, the nurses went on strike. But they were threatened by the college authorities who probably felt insulted to see women nurses challenging the authority of a male doctor.

Perhaps in no other profession, except of course prostitution, are women so sexually exploited as they are in nursing. Nurses are often at the mercy of all the men in the hospital—the superintendent, doctors, patients, relatives of patients, and even wardboys. Relatives of patients in private wards, very often harass nurses, especially on night duty. Since they are influential people, they threaten the nurses. Those who resist may have to face complaints, suspensions and remarks in their records that they are "disobedient, and negligent in their duty" as if to please every male is also part of their duty.

Recently, when one old political leader visited Wardha as a state guest, a staff nurse was posted to take care of him. The main duty given to her was to massage his naked body and bathe him. When she refused, she was threatened with transfer and also told that it was her duty and she should do it, considering him as her father and a respected person.

A few news clippings will make clear that the attitude of most doctors to nurses is sexually exploitative. In Rajasthan three Keralite nurses died due to sexual exploitation by doctors; in Bombay; a nurse Aruna committed suicide after she was raped; at Basti in UP, five goondas entered the hostel of the nursing college and raped five nurses in broad daylight; in Nalanda medical college, a 23 year old nursing student Mary was found dead on December 1, 1978, and it was later discovered that she had been raped by a medical student. This case was suppressed by political pressure. (See **Manushi** No. 5).

Auxiliary nurse midwives are very insecure when they are posted in remote villages. There was the tragic case of Ms Vaidya who was murdered in Vada village in Maharashtra because she refused to give in to the sexual overtures of the local leader. One auxiliary who left the job, reported: "At night, many village goondas used to come to me, show their sex organs and ask for Nirodh of that particular size."

It has now been realized that the doctor, as at present trained, is a white elephant which a poor country and people cannot afford to train and sustain in large numbers. Apart from the high cost of educating doctors in the present fashion, doctors are usually not effective in reaching rural people because of their elitist background, education, attitudes and aspirations. The important role nurses can play in health care has to be understood within this specific context.

Women of childbearing age and children below 15 years of age together constitute two-thirds of the total population of this country. They also form the biologically vulnerable section of the population. Most of their diseases are easily preventable and treatable. They are also the more neglected sections in the family structure.

It is agreed therefore, that maternal and child health has to be the main thrust of community health care. The auxiliary nurse midwife is more suited to play the key role in maternal and child health services than is a doctor.

As a woman, the auxiliary can best communicate with women, who form the most important target group for nutrition, birth control and other health education. However, at present the medical system has a very oppressive attitude towards women's health in general, and family planning in particular— the entire burden of contraception falling on women. Having been educated within this system, auxiliaries are also infected with these attitudes. Auxiliaries will first have to discard the practice of seeing the problems of women through men's eyes, with indifference, contempt and coercion. They must be helped to see women's health problems through women's eyes, women's understanding. Only then, can auxiliaries help women to get rid of guilt and ignorance regarding their bodies, and to have a positive attitude towards their bodies and their health.

Auxiliaries, village health workers and *dais* together can form a strong female infrastructure for community health care. Together, they can manage more than 90 per cent of the health problems of the community. Such a female network will be of great help to the rural women who do not have access to health care today.

However, for this to be possible, certain major changes will have to take place. Firstly, womanpower will have to be increased. In 1971, there was one auxiliary for every 13,170 persons in the country. The government set a target of one auxiliary per 5,000 people to be reached by 1985. However, this ratio is also inadequate. The Ramalingaswami committee, 1980, recommended one for every 3,000 persons. To meet this target, many more training schools will have to be opened. Training facilities must also be improved. Training should not be geared to use student nurses as a pair of

hands for hospital routines. Training should be community-oriented and community-based rather than hospital based.Today, a diploma-holding doctor is allowed to use all medicines but anuxiliary has very limited powers. Even after three years' training, she still has to get a doctor's signature before she can get an aspirin from the hospital. The rural health research centre at Narangwal has stated that "an auxiliary can treat 90 per cent of children's sicknesses." So also, the director general of the WHO said: "I am convinced that in any field of health technology it has been shown that with only two to three per cent of conventional medical technology, we could arrive at 80 per cent of necessary care." Paramedical workers with proper training have successfully performed tubectomies in Bangladesh and caesareans in Tanzania. Auxiliaries should be given more curative powers so that they can treat most of the common illnesses in rural areas.

To bring about these changes, funds will have to be diverted from medical colleges to nursing colleges. New priorities have to be defined. As most of the elite class today sets its eyes on admission in medical college, a shift in the focus will be vehemently opposed by this class and by doctors.

Nursing is probably the only professional group which is so exclusively made up of women. The problems of the profession are the problems of women. So a struggle against exploitation of nurses will necessarily involve women's issues. Also, since auxiliaries have close contact with rural women and with village health workers and *dais*, they can use this contact to spread awareness on women's issues, and to organize resistance.

General nurses are the arteries of hospitals. At crucial moments in women's fight for justice, general nurses can utilize their unique position to paralyse one of the most essential services and turn the balance in favour of women. For all these reasons, nurses as a group have immense potential to play a key role in the women's struggle. It is time activists and organizations within the feminist movement realize this. ❐

Attack On Women Sparked Off Qutub Tragedy

THE country was recently shocked by the tragedy at the Qutub— when a stampede resulted in the death of 45 people, including many children. Subsequently, there have been the usual blundering attempts to make scapegoats of the Qutub employees, the electric supply authorities and the concerned ministry. While the authorities have undoubtedly displayed callous negligence, the more important question is why the stampede took place at all. There was a time, some years ago, when

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the Qutub was not electrically lighted but this did not prevent people from visiting it safely.

The panic at the Qutub began with an assault on Jackie and Maree, two women from New Zealand, who were visiting the tower that day. As the two women tried desperately to escape from the attackers, and ran down the narrow winding staircase, people became scared and thought the tower was falling down. Some eyewitnesses also say they saw the attackers push people down the stairway. Badly shaken, and wearing borrowed clothes, having lost her own in the skirmish, Jackie said she thought the attack on them "had been planned. First the lights went out and then began the teasing. People ripped my clothes, stole my gold chain and watch, and constantly tried to take away my money pouch. We thought that since we were foreigners, they were being unkind to us."

Newspapers which reported the incident, tended to underplay its significance as a violent assault on women, for example, one article in the Indian Express said: "Incidents of tourists being harassed...often go unreported as a tourist has little faith in police efficiency nor does *he* want to get entrapped in a legal mess." Such language glosses over the fact that it is women travelling alone, who become targets of such violence. Violent attacks on women at monuments, parks and other public places are now so frequent that teachers hesitate to take groups of girls out on picnics and excursions. These attacks therefore act not just to terrify individual women but to intimidate all of us from, moving around even in our own cities. It constitutes a collective pressure forcing women to depend on men as escorts. We reported in Manushi No.8 on the Jama Masjid rule which forbids women to climb the tower without a male escort. Strange laws which penalize the victims rather than the perpetrators of aggression!

Foreign women travelling in India without male companions, are constantly insulted, harassed, assaulted, even abducted, the ostensible excuse being that western women are promiscuous and immoral, so do not mind being sexually assaulted. However, it is a hopeful sign that many more women, both foreign and Indian, are beginning to travel alone or in groups. The only way for us to combat aggression is not to withdraw from public places but to be present in larger and larger numbers so that we do not feel isolated and unsafe. ❐