Community Health Nursing I

NSG 311

University of Ibadan Distance Learning Centre
Open and Distance Learning Course Series Development

General Editor: Prof. Bayo Okunade

Vice-Chancellor's Message

The Distance Learning Centre is building on a solid tradition of over two decades of service in the provision of External Studies Programme and now Distance Learning Education in Nigeria and beyond. The Distance Learning mode to which we are committed is providing access to many deserving Nigerians in having access to higher education especially those who by the nature of their engagement do not have the luxury of full time education. Recently, it is contributing in no small measure to providing places for teeming Nigerian youths who for one reason or the other could not get admission into the conventional universities.

These course materials have been written by writers specially trained in ODL course delivery. The writers have made great efforts to provide up to date information, knowledge and skills in the different disciplines and ensure that the materials are user-friendly.

In addition to provision of course materials in print and e-format, a lot of Information Technology input has also gone into the deployment of course materials. Most of them can be downloaded from the DLC website and are available in audio format which you can also download into your mobile phones, IPod, MP3 among other devices to allow you listen to the audio study sessions. Some of the study session materials have been scripted and are being broadcast on the university's Diamond Radio FM 101.1, while others have been delivered and captured in audio-visual format in a classroom environment for use by our students. Detailed information on availability and access is available on the website. We will continue in our efforts to provide and review course materials for our courses.

However, for you to take advantage of these formats, you will need to improve on your I.T. skills and develop requisite distance learning Culture. It is well known that, for efficient and effective provision of Distance learning education, availability of appropriate and relevant course materials is a *sine qua non*. So also, is the availability of multiple plat form for the convenience of our students. It is in fulfilment of this, that series of course materials are being written to enable our students study at their own pace and convenience.

It is our hope that you will put these course materials to the best use.

Prof. Abel Idowu Olayinka

Vice-Chancellor

Foreword

As part of its vision of providing education for "Liberty and Development" for Nigerians and the International Community, the University of Ibadan, Distance Learning Centre has recently embarked on a vigorous repositioning agenda which aimed at embracing a holistic and all encompassing approach to the delivery of its Open Distance Learning (ODL) programmes. Thus we are committed to global best practices in distance learning provision. Apart from providing an efficient administrative and academic support for our students, we are committed to providing educational resource materials for the use of our students. We are convinced that, without an up-to-date, learner-friendly and distance learning compliant course materials, there cannot be any basis to lay claim to being a provider of distance learning education. Indeed, availability of appropriate course materials in multiple formats is the hub of any distance learning provision worldwide.

In view of the above, we are vigorously pursuing as a matter of priority, the provision of credible, learner-friendly and interactive course materials for all our courses. We commissioned the authoring of, and review of course materials to teams of experts and their outputs were subjected to rigorous peer review to ensure standard. The approach not only emphasizes cognitive knowledge, but also skills and humane values which are at the core of education, even in an ICT age.

The development of the materials which is on-going also had input from experienced editors and illustrators who have ensured that they are accurate, current and learner-friendly. They are specially written with distance learners in mind. This is very important because, distance learning involves non-residential students who can often feel isolated from the community of learners.

It is important to note that, for a distance learner to excel there is the need to source and read relevant materials apart from this course material. Therefore, adequate supplementary reading materials as well as other information sources are suggested in the course materials.
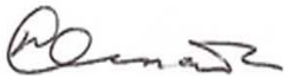
Apart from the responsibility for you to read this course material with others, you are also advised to seek assistance from your course facilitators especially academic advisors during your study even before the interactive session which is by design for revision. Your academic advisors will assist you using convenient technology including Google Hang Out, You Tube, Talk Fusion, etc. but you have to take advantage of these. It is also going to be of immense advantage if you complete assignments as at when due so as to have necessary feedbacks as a guide.

The implication of the above is that, a distance learner has a responsibility to develop requisite distance learning culture which includes diligent and disciplined self-study, seeking available administrative and academic support and acquisition of basic information technology skills. This is why you are encouraged to develop your computer skills by availing yourself the opportunity of training that the Centre's provide and put these into use.

In conclusion, it is envisaged that the course materials would also be useful for the regular students of tertiary institutions in Nigeria who are faced with a dearth of high quality textbooks. We are therefore, delighted to present these titles to both our distance learning students and the university's regular students. We are confident that the materials will be an invaluable resource to all.

We would like to thank all our authors, reviewers and production staff for the high quality of work.

Best wishes.

Professor Bayo Okunade

Director

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Course Information

Course Code & Course Name: NSG 311: Community Health Nursing I

Credit points: 4 Units

Year: 300-Level;   Semester: First Semester

About the Course: This course is aimed at guiding and assisting students to integrate the concepts of Community Health Nursing into their primary professional roles.

Lecturer Information:

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Introduction to the Course:

You are welcome to NSG 311. This is an online course that runs in the distance learning mode. It is a compulsory course open to all nursing students and it is a 4-unit course that has 45 hours of interaction among teachers and learners for the period of the course.

Aim: The theoretical framework for the courses is the system theory. The principle of epidemiology is applied in the maintennce of optimum wellness. The family which is believed to be the primary group essential for the welfare of the individual is the focus of nursing intervention. Primary Health Care (PHC) concepts and strategies form an essential component of the courses. The community serves as the clinical laboratory for nursing intervention.

Study Session 1: Introduction to Community Health Nursing

Introduction

The history of Community Health Nursing reflects a proud tradition of providing care to clients, families and communities in assorted and challenging practice settings. Community Health Nurses are part of a diverse team of health care professionals who provide health care services to our citizens across the lifespan.

Together, we shall explore the various definitions of the "community", "community health nursing", "public health nursing", and the various sub- specialities and roles that Community Health Nurses play to promote, and preserve the health and well-being of individuals, families and communities.

Learning Outcomes for Study Session 1

At the end of this study session, you should be able to:

1.1   Explain the concepts and types of community

1.2   Distinguish between Community Health Nursing and Public Health Nursing

1.3   Enumerate the various sub- specialties in Community Health Nursing practice

1.1   Community

Community health nurses have a rich tradition of providing leadership and care to help empower diverse populations across life-span. Through the International Council of Nurses and various national nursing and public health associations, community health nurses have made a formal commitment to improve the health of the world population.

This commitment, like the declaration from which it arose, is based on the recognition that health is determined largely by the social, economic and political environments in which people live and that effective solutions to health problems must therefore address social, economic and political issues.

1.1.1 Definitions of Community

The term "community" is derived from two Latin words: "com" meaning "together" and "munis" meaning "to serve". Thus "community" means to "serve together". A

community is a collection of inter- dependent people with residential ties to a particular locality.

The term "community" can be described as a penetrable and dynamic collection of citizens who interact with each other and their environment, and who share common traits, culture, qualities, features, social structures, and/or geographical boundaries.

Figure 1.1: *A community*

Source: *http://www.google.com.ng/url?sa=i&rct=j&q=&esrc=s&source=images*

The World Health Organization (WHO, 1998) states that "members of a community gain their social and personal identities by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of identity as a group and share common needs and a commitment to meeting them".

A community can also be defined as groups of people living together in particular places. Definitions which view it as populations and geographical areas are those that have been used by health planners in their assessment and planning work. Community is basically the medium for the development of its inhabitants.

In-text Question

A community is a collection of ----------------people with residential ties to a particular locality.

In-text Answer

Inter- dependent

1.1.2 Types of Community

The following are the types of community

- Geographical Communities
- Community of Culture

- Community Organizations

Geographical Communities: It ranges from local neighborhood, suburbs, village, town or city, region, nation or even the planet as a whole. These are referred to as "community of location" as seen in **Figure 1.2**.

Figure 1.2 –An African Village
Source-
http://www.google.com.ng/imgres?imgurl=http://i1.trekearth.com/photos/2674/african-village.jpg

Community of Culture: It ranges from the local clique, sub- culture, ethnic group, religious, multicultural or pluralistic civilization, or the global communities of today. They may be regarded as "communities of need or identity". Examples are disabled persons, frail aged people.

Figure 1.3-Igbo Community
Source-
http://www.google.com.ng/imgres?imgurl=http://www.igboguide.org/meetingvillage.jpg

Community Organizations: It ranges from informal, family or kinship networks, to more formal incorporated associations, political decision making structures, economic enterprises, or professional associations at a small, national or international scale.

***Figure 1.3** –Extended family*

Source:*http://www.google.com.ng/imgres?imgurl=http://upload.wikimedia.org/wikipedia/commons/8/87/Basankusu_-_typical_fired_brick_house.jpg*

1.1.3 Characteristics of a Healthy Community

A healthy community

1. Is one in which members have a high degree of awareness of being in a community
2. Uses its natural resources while taking steps to conserve them for future generations
3. Openly recognizes the existence of sub-groups and welcomes their participation in community affairs.
4. Is always prepared to meet crises
5. Is a problem- solving one i.e. identifies, analyses and organizes to meet its own needs
6. Has legitimate and effective ways to settle disputes that arise within the community
7. Possesses open channels of communication that allow information to flow among all sub-groups of citizens in all directions
8. Promotes a high level of wellness among all its members
9. Encourages maximum participation of citizens in decision- making
10. Seeks to make each of its system's resources available to all members

In-Text Question

---------------may be regarded as "communities of need or identity"

    a. Geographical communities

    b. Community of culture

    c. Community organizations

In-Text Answer

b. Community of culture

1.1.4 Functions of the Community

- Socialization and social placement
- Economic Needs
- Social inter-participation
- Social control
- Mutual support

1. **Socialization and Social Placement:** The community is the major agent of socialization. It involves inculcating the norms and values of the family and societal roles required of the members.

Figure 1.4: African children playing

Source- *http://www.google.com.ng/imgres?imgurl=http://www.infoexgraphics.com/darko/wp-content/uploads/2012/10/african-children-playing.jpg*

Though the family is responsible for transforming the infant into a social being who can assume adult social roles, this role is shared with many institutions outside the family e.g. the school, churches, mosques, health and human service agencies.

2. **Economic Needs:** Production, distribution and consumption of goods and services i.e. the means by which the community provides for the economic needs of its members.

Figure 1.5: A market

Source:http://www.google.com.ng/imgres?imgurl=http://thelondonnigerian.com/wp-content/themes/newspro/timthumb.php

3. **Social Inter-participation:** Community's activities that are designed to meet people's needs for companionship e.g. churches, families, public and private organizations.

Figure 1.6: Picture of people in church

Source: http://www.google.com.ng/imgres?imgurl=http://mennoworld.org/wp-content/uploads/2015/04/emm-tanzania-training2.jpg

4. **Social Control:** this has to do with the way in which law and order are maintained in the community e.g. Police, Oodua People Congress (OPC) etc.

5.

Figure 1.7: Community Vigilante
Source:
http://www.google.com/imgres?imgurl=http://www.hrw.org/sites/default/files/media/i
mages/photographs/2014-nigeria-vigilantes.jpg

6. **Mutual Support:** This involves the community's ability to provide resources at a time of diseases, crises and disaster achievable through families, health and social services.

Figure 1.8: Community work
Source:
http://www.google.com/imgres?imgurl=http://www.mormonnewsroom.org/media/640x360/or
ig_Emboitement%252520reseau%252520tshaboobo%252520trench%252520%252520red%
252520dirt%252520032.jpg

1.1.5 Nursing Views of the Community
Nurses can perceive/ consider the community in five ways:
- Aggregate
- Resource
- Community as "client"

- Political Entity
- Human Environment Field

1. **Aggregate:** Community is seen as a collection of separate individuals who constitute the community with a common concern.
2. **Resource:** This is the current and subtle movement to seek the strength within individuals, families and the community at large in contrast to illnesses and diseases. i.e. what is the community doing right that could be built upon or developed to improve their self- effectiveness thus creating a foundation for future interventions and planning.
3. **Community as "client":** here the community is seen as a whole entity in respect to health promotion, prevention of disease, sanitation, epidemics and immunization programs.
4. **Political Entity:** The community's voice for influencing health care service delivery, policies and legislation, which would influence positive change.
5. **Human Environment Field:** A community is more than just a place, it is about people's relationships –"about how we are as a people, how you are a person, it is about the "how" of everyday life.

Activity 1.1: Time allowed 5 days

Observe different communities around you for five days and categorize them. You should also explore one of the ways of viewing the community.

1.2   Community Health Nursing (CHN) Practice

Community Health Nursing practice is the blend of **nursing theory** and **public health theory** applied to promoting, preserving and maintaining the health of populations through the delivery of personal health care services to individuals, families and groups. **The focus of practice is health of individuals, family and groups, and their effect of their health status on the health of the community as a whole.**

Figure 1.9- *A Nurse treating a man*

Source-

*http://www.google.com.ng/imgres?imgurl=http://photos.state.gov/libraries/amgov/3234/Wee
k_2/10142010_AP090724049136-300.jpg*

The CHN is not restricted to the care of a particular age or diagnostic group. The community health nurse conducts a continuing and comprehensive practice that is preventive, curative, and rehabilitative. Participation of all consumers of health care is encouraged in the development of community activities that contribute to the promotion of, education about, and maintenance of good health. These activities require comprehensive health programs.

BOX 1.1 DEFINITION OF COMMUNITY HEALTH NURSING
Community Health Nursing practice is the blend of **nursing theory** and **public health theory** applied to promoting, preserving and maintaining the health of populations through the delivery of personal health care services to individuals, families and groups.

1.2.1   Public Health Nursing (PHN) Practice

Public Health Nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social and public health sciences. **The primary focus is to promote health and prevent diseases and disabilities for entire population groups i.e. it is population- focused.**

Public Health Nursing's use evidences gathered to influence and direct current delivery of care, use of health resources, and policy development and research at local, regional, national and even international levels in order to promote health and prevent diseases.

Public health nursing is a systematic process by which the health and health care needs of a population are assessed in order to identify sub-populations, families and

individuals who would benefit from health promotion or who is at risk of illness, injury, disability and premature death.

Figure 1.10- A Public Health Nurse
Source-
http://www.google.com.ng/imgres?imgurl=http://upload.wikimedia.org/wikipedia/commons/
b/b2/Nurse_from_Uganda_helps_protect_womens_health_(6188985167).jpg

A plan for intervention is developed with the community to meet identified needs that take into account available resources, the range of activities that contribute to health and prevention of illness injury, disability and premature death. The plan is thereafter implemented effectively, efficiently and equitably.

In-Text Question
Public Health Nursing is ---------------- focused
   a. Population
   b. Company
   c. School

In-Text Answer
   a. Population

1.2.2 Difference between Public Health Nursing (PHN) and Community Health Nursing (CHN)
The following is the Difference between Public Health Nursing (PHN) and Community Health Nursing (CHN)

- Public Health looks at everyone from all over. Public health is concerned with things that may be coming down the line and hit all of us (e.g. bird flu, HIV/AIDs).
- Community health mostly involves health care professionals that tailor interventions to a particular community's needs and generally do not plan for the "bigger picture".

1.2.3 Characteristics of Community Health Nursing (CHN)

1. Health orientation
2. Population consciousness
3. Autonomy
4. Creativity
5. Continuity
6. Collaboration
7. Intimacy
8. Variability
9. Long- term commitment to care
10. Focuses on the community

1.2.4 Roles of the Community Health Nursing (CHN)

1. Provider of Public Health Care
2. Care provider to the unhospitalized sick
3. Advocate
4. Educator
5. Sensitized observer
6. Change agent
7. Organizer/ manager
8. Researcher
9. Counsellor
10. Consultant
11. Collaborator.

Activity 1.2

Time allowed 30mins

Take a moment to reflect on what you have read so far. Based on your learning experience, identify places where you can find a community/public health nurse working.

1.3   Practice Sub- Specialties in Community Health Nursing (CHN)

We shall examine some emerging practice sub- specialties in Community health Nursing. We shall briefly explore the roles of public health nurses, home care nurses, field nurses, disaster and emergency nurses, hospice nurses, forensic nurses, mental health nurses, nurse practitioners, occupational health nurses, parish nurses, school nurses, rural and remote nurses.

1.3.1   Correctional Health Nursing

Correctional Health Nursing is a branch of professional nursing that provides nursing services to clients in correctional facilities. People imprisoned in correctional facilities are also entitled to physical and mental health care services in accordance with professional and community standards.

The nurses here are employees of the correctional settings that they work for and must abide by the security procedures and correctional policies that govern these institutions. One of the challenges of working in correctional settings is the contradiction of providing nursing care services in an environment or community that is primarily oriented toward confinement and/or punishment.

Nurses must be aware of social and psychological implications of confinement on the inmates who though majorly may be male; females are also included including substance abuse, infectious diseases (overcrowding), serious mental illness and pregnancy- related concerns.

In-Text Question

People imprisoned in--------------- are also entitled to physical and mental health care services in accordance with professional and community standards.

In-Text Answer

Correctional facilities

The aging population in these facilities presents a challenge to those caring for them. They must constantly remind themselves of the fact that they are relating with inmates who have criminal histories and there is a potential for assault.

Activities here include physical, social and mental assessment for early diagnosis, health education on disease prevention and health promotion, screening for infectious diseases, prompt documentation of case findings, immunization programs, and treatment of various acute and chronic health conditions.

1.3.2 Disaster and Emergency Nursing

An *emergency* is any type of accident that is life threatening and has to be responded to immediately in order for the life to be conserved.

A *disaster* is an event of natural or man-made causes that lead to sudden disruptions of normalcy within the society causing damage. The damage affects life and properties to such an extent that is beyond the capacity of normal socio-economic mechanism to cope with.

In-Text Question

---------------------is a branch of professional nursing that provides nursing services to clients in correctional facilities.

In-Text Answer

Correctional Health Nursing

Disaster Management

Disaster management is the planning and coordination of relevant research to combat a situation or event with a desired goal of minimizing the subsequent devastations. These could be natural or man- made.

Natural disasters

These are group of disasters that are spontaneous, ingenious and natural which include

a. Water –related e.g. flood, tsunamis, El-Nino, dam busts, ground water hazard.

b. Land and mass movement disaster e.g. ground water exploitation, landslides and earthquakes.

c. Others are cyclones, storms, hurricane, tornadoes, avalanches, lightening and frost disasters, collapsed bridges and buildings.

Man- made disasters: this can be conveniently classified into

a. Technological/ industrial disasters: The kind of disasters that fall into this group are- mine disasters, industrial accidents, wars, chemicals, railways, air accidents and fire outbreaks

b. Biodiversity Disasters: Examples include deforestation, anthrax infection attacks during wars and forest fires

c.   Chemical Disasters: these are occurrences of emission, fire or emission involving one or more hazardous chemicals in the course of industrial activities, storage or transportation.

The actual disaster results in a lot of damage to the population in terms of loss of properties and lives. The impact of the first disaster sends another wave of damage triggered by a chain of events relating to the first disaster resulting in indirect damage to people remote from the original disaster e.g. after the first disaster of tsunami, disruption caused to fishing industries is the second disaster.

In-Text Question

----------------is an event of natural or man-made causes that lead to sudden disruptions of normalcy within the society causing damage.

   a. Emergency
   b. Disaster
   c. Calamity

In-Text Answer

b.   Disaster

The devastating consequences of disasters have maimed, mortified and marginalized communities, cities, the commoners, women, children, elderly and the affluent. It has brought untold hardship with resultant psycho- social implications.

In a disaster, health care providers especially nurses are faced with a lot of casualties. The fundamental principle guiding resource allocation is to do good to the greatest number of people. Most times, decisions are based on the likelihood of survival and consumption of available resources. e.g. a low triage is assigned to conditions of low mortality rate.

Every nurse should be familiar with Disaster Management cycle and the Emergency Preparedness Act.

1.3.3   Forensic Nursing

Forensic nursing is defined as the application of nursing science to public or legal proceedings; the application of forensic aspects of health care combined with the bio- psycho- social education of the registered nurse in the scientific investigation and treatment of trauma and/or death victims and perpetrators of abuse, violence, criminal activity and traumatic incidents.

Clients treated and cared for by forensic nurses include victims of sexual assault; elder, child, or domestic abuse; unexplained or accidental deaths. Forensic nurses need to be knowledgeable about the handling and processing of forensic evidence and the importance of maintaining "the caring principle into the delivery of nursing care while still maintaining the legal rights of the victim".

In-Text Question

-------------- is not a natural disaster

    a. Chemical disasters

    b. Tsunamis

    c. Land disaster

In-Text Answer

    A) Chemical disaster

1.3.4 Hospice Care

Hospice care is a coordinated program of palliative services (which alleviate pain or other symptoms without curing) delivered to terminally ill clients and their families. Interventions provide for the physical, psychological, social, and spiritual care of dying persons and their families.

Hospice emphasizes the caring and comfort aspect over the curing aspect via interventions to alleviate symptoms and control pain in the client and provide support and instruction to the client and significant others. Caring and curing interventions include actions that preserve the humanity and protect the dignity of dying clients and their loved ones.

Hospice care nurses should explore the following issues and their associated meanings with clients, family members and significant others: pain management, expectations of health care providers, the meaning of suffering, preferred location for end-of- life care, and visitors. It also involves the delivery of holistic, sympathetic, empathetic, personal care to dying individuals and their family members during critical periods.

In-Text Question

----------------- is the application of forensic aspects of health care combined with the bio-psycho- social education of the registered nurse in the scientific investigation and treatment of trauma and/or death victims and perpetrators of abuse, violence, criminal activity and traumatic incidents.

a. Hospice Nursing

b. Correctional Nursing

c. Forensic nursing

In-Text Answer

b.   Forensic nursing

1.3.5   Mental Health Nursing

This is defined as providing nursing assistance in achieving a positive sense of emotional and spiritual well- being that respects the importance of culture, equity, social justice interconnections and personal dignity among the populace.

One effective model of practice is for nurses to work together, often with other health care disciplines, at agencies organized for assessment, treatment and support of clients. However, the focus should be on preventive activities through promotion of physical, social and environmental determinants of mental health.

In-Text Question

-------------------- is the interventions provide for the physical, psychological, social, and spiritual care of dying persons and their families.

In-Text Answer

Hospice Care

1.3.6   Nurse Practitioners

S/he is a licensed registered nurse with advanced clinical and scientific knowledge and decision-making skills in assessment, diagnosis, and health care management. Nurse practitioners can practice in a variety of community–based settings to meet the health care needs and challenges facing diverse groups of citizens across the lifespan.

 Nurse practitioners have the ability to:

a. Provide health awareness screening activities (e.g. pap smear)

b. Monitor and assess infant growth and development

c. Diagnose and treat minor illnesses (e.g. ear and bladder infections) and minor injuries; screen for and diagnose the presence of chronic diseases

d. Monitor and assess patients with stable chronic conditions.

In-Text Question

---------------is defined as providing nursing assistance in achieving a positive sense of emotional and spiritual well- being that respects the importance of culture, equity, social justice interconnections and personal dignity among the populace.

In-Text Answer

Mental Health Nursing

1.3.7 Occupational Health Nursing

Occupational nursing is a synthesis and application of principles from nursing, medicine and environmental health (the study and prevention of environmental problems), toxicology (the study of poisons), and epidemiology.

It focuses on the promotion, protection, and preservation of workers' health within the context of a safe, productive, and healthy work environment. The occupational health nurse has multiple clinical, educational and administrative responsibilities.

Clinical responsibilities include pre-placement assessment, annual physical examination, diagnosis and treatment of acute minor illnesses, emergent care, and counselling.

Educational obligations consist of identifying teaching/ learning needs, developing programs, and evaluating learning outcomes.

Administrative duties include performing referral and follow-up, monitoring the work site, implementing corporate and governmental regulations, communicating worker health needs to corporate management, and various other administrative tasks. Nursing intervention may be geared toward the individual worker, a group of workers on the same unit, or a population of workers with similar actual or potential needs.

In-Text Question

-------------- is not an example of clinical responsibilities of an occupational nursing

    a. Pre-placement assessment

    b. Annual physical examination

    c. Referral and follow-up

In-Text Answer

c. Referral and follow-up

1.3.8 Parish Nursing

A parish nurse is a registered nurse who provides general nursing services to members of a faith congregation as a part of the ministerial team. The nurse promotes the health of parishioners and their families by integrating theological, psychological, sociological, and physiological perspectives of health and healing with the belief and culture of the congregation in order to improve the quality of life of the parishioners.

They do more of health promotion activities. Parish nurses can integrate caring principles into practicing by focusing on the beliefs and values of the individual and can effectively combine the strengths of humanities and science, medicine and religion, doctors and clergy, and spirituality and health to better client outcomes.

In-Text Question

A ----------------------is a registered nurse who provides holistic nursing services to members of a faith congregation as a part of the ministerial team.

    a. Village Nurse
    b. Parish Nurse
    c. City Nurse

In-text Answer

b.   Parish Nurse

1.3.9 Rural and Remote Nursing

The health and well- being of rural and remote communities is dependent upon an educated and sustainable health care workforce that can provide accessible and high quality health care services to their citizens.

Activity 1.3

Time allowed 20mins

Take a moment to reflect on what you have read so far. Identify which areas of community health nursing practice are practiced in Nigeria and which is your favorite.

Self-Assessment Questions (SAQs) for Study Session 1

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 1.1 (Testing Learning Outcome 1.1)

Define community according to the world health organisation

SAQ 1.2 (Testing Learning Outcome 1.2)

Explain Community Health Nursing and Public Health Nursing.

SAQ 1.3 (Testing Learning Outcome 1.3)

List the various sub-specialities of CHN practice.

Notes on the Self-Assessment Questions (SAQs) for Study Session 1

SAQ 1.1:

The World Health Organization (WHO, 1998) states that "members of a community gain their social and personal identities by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of identity as a group and share common needs and a commitment to meeting them".

SAQ 1.2:

Community Health Nursing practice is the blend of nursing theory and public health theory applied to promoting, preserving and maintaining the health of populations through the delivery of personal health care services to individuals, families and groups. **The focus of practice is health of individuals, family and groups, and their effect of their health status on the health of the community as a whole.**

Public Health Nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social and public health sciences. **The primary focus is to promote health and prevent diseases and disabilities for entire population groups i.e. it is population- focused.**

SAQ 1.3:

- Correctional Health Nursing
- Disaster and emergency nursing
- Forensic nursing
- Hospice care nursing
- Mental health nursing

- Nurse practitioners
- Occupational health nursing
- Parish nursing
- Rural and remote nursing
- School nursing
- Home nursing

Study Session 2: Primary Health Care (PHC)

Introduction

Primary health care is the first level of contact with the national health delivery system for individuals, families and communities; bringing quality health care as close as possible to where people live and work.

In this study, you will learn about the concepts of Primary Health Care, Core Principles of Primary Health Care, and Nurses involvement in Primary Health Care.

Learning Outcomes for Study Session 2

At the end of this study session, you should be able to:

2.1   Explain concepts of Primary Health Care

2.2   Identify the core principles of Primary Health Care

2.3   Describe Nurses involvement in Primary Health Care

2.1   The Concept of Primary Health Care (PHC)

In 1978, the World Health Organisation and member states in the Declaration of Alma Ata highlighted the "gross inequality in the health status of the people particularly between the developed and developing countries as well as within countries".

It was noticed that there was an ever- widening inequalities in the burden of disease and in access to care, both between and within countries, whether industrialized or developing. To address all these, WHO focused on PHC as the key to attaining the goals of its 1977 strategy "Health for All by the Year 2000". This was reconfirmed at Riga in 1992 but timeline reviewed to 2015 (Millennium Development Goals).

When PHC was embraced in 1978, it was seen as the optimal route for improving health and addressing the enormous challenges facing health care systems. It is thus necessary to take stock and learn from the various successes and failures.

2.1.1 Defining Public Health Care

Public Health Care is the "essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally acceptable to

individuals and families in the communities through their full participation, and at a cost that the community and country can afford".

Public Health Care 'a basic level of health care that includes programs directed at the promotion of health, early diagnosis of disease or disability, and prevention of disease. Primary health care is provided in an ambulatory facility to limited numbers of people, often those living in a particular geographic area. It includes continuing health care, as provided by a family nurse practitioner'. (**Mosby's Medical Dictionary 2009)**

Public Health Care 'Socially appropriate, universally accessible, scientifically sound first level care provided by a suitably trained workforce supported by integrated referral systems and in a way that gives priority to those most need, maximizes community and individual self-reliance and participation and involves collaboration with other sectors. It includes the following:

- health promotion
- illness prevention
- care of the sick
- advocacy
- Community development.' (Australian Primary Health Care Research Institute)

In other words, PHC is an approach to health beyond the traditional health care system that focuses on health equity-producing social policy. PHC includes all areas that play a role in health, such as access to health services, environment and lifestyle. Thus, primary health care and public health measures, taken together, may be considered as the cornerstones of universal health systems

At the broadest level, PHC includes all services that play part in health, such as income, housing, education and environment. It includes primary care i.e. the diagnosis and treatment of illness and injuries. It also includes critical elements of health promotion and prevention of illness and injuries.

One of the greatest strengths is citizen participation in needs identification and service delivery and bringing these services as close to people as possible.

BOX 2.1: DEFINITION OF PUBLIC HEALTH CARE
Public Health Care is the "essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally acceptable to individuals and families in the communities through their full participation, and at a cost that the community and country can afford".

2.1.2 Challenges facing Global Health

Public Heart Care together with economic and technological advances, and targeted disease funding- contributed extensively to these gains. However, since then the HIV/AIDS pandemic has tragically affected this increase in life expectancy in sub-Saharan Africa.

However, there are many more challenges facing global health:

1. the rising cost of health care
2. Increasing consumer expectations and demands
3. Changing demographics and aging populations
4. Nursing and other health care workers shortages
5. Legislation and/or political will to fully utilize nursing potentials
6. Social conflicts and unrest which destabilize services and constrain resources
7. Natural and man-made disasters
8. Endemic and pandemic diseases, as well as new and re- emerging ones.
9. The surge of chronic diseases
10. Making shift to community- based care.

Some health outcomes have improved significantly. Many diseases such as measles and poliomyelitis have been better controlled; others like small pox have been eradicated. Immunization rates have improved in most countries across the world especially in developing countries by up to 80%. There is now a significant decline in infant and child mortality and a substantial increase in life expectancy.

Figure 2.1*: Immunization for Measles Control*
Source:
http://www.google.com/imgres?imgurl=http://www.gavi.org/uploadedImages/Library_and_news/News/GAVI_features/2012/DSC_0050-measles-myanmar_340.jpg

International evidences suggest that health care systems based on strong PHC orientation have better and more equitable health outcomes, are more efficient, have

lower health care costs, and can achieve higher user satisfaction than those whose health systems have a weak PHC orientation.

In-text Question

When PHC was embraced in 1978, it was seen as the---------------- for improving health and addressing the enormous challenges facing health care systems.

In-text Answer

Optimal route

2.2   Core Principles of Public Health Care

The *Declaration of Alma-Ata* suggests that PHC work focus on five core principles:

1. Active public participation
2. Accessibility
3. Health promotion and chronic disease prevention and management
4. The use of appropriate technology and innovation (including knowledge, skills and information), and
5. Inter-sectoral cooperation and collaboration

These principles will create a strong framework for building primary health care system through networked research.

These are some other core principles of public Health Care

- Equal and universally accessible health services: no geographical nor financial geographical barriers.
- Community participation in defining and implementing health agenda
- Inter-sectoral approaches to health
- Appropriate technology
- Emphasis on prevention and health promotion

2.2.1 Elements/ Components of Public Health Care

Primarily, there were eight components of public Health Care

1. Health education
2. Promotion of food supply and proper nutrition
3. Provision of adequate supply of a safe water and basic sanitation
4. MCH including FP
5. Immunization- both maternal and child

6. Treatment of minor ailments and injuries
7. Prevention and control of local endemic and epidemic diseases.
8. Provision of essential drugs;

Secondary elements added with time were:
9. Dental/ oral health
10. Mental health

The recently included ones are:
11. Care of the disabled
12. Care of the elderly
13. Occupational health
14. Prevention and management of Non- communicable diseases

The ultimate goal of primary health care is the attainment of better health services for all. The World Health Organization (WHO) has identified five key elements to achieving this goal:

- Reducing exclusion and social disparities in health (universal coverage reforms);
- Organizing health services around people's needs and expectations (service delivery reforms);
- Integrating health into all sectors (public policy reforms);
- Pursuing collaborative models of policy dialogue (leadership reforms); and
- Increasing stakeholder participation.

Behind these elements lies a series of basic principles identified in the Alma Ata Declaration that should be formulated in national policies in order to launch and sustain PHC as part of a comprehensive health system and in coordination with other sectors:

- **Equitable Distribution of Health Care** – according to this principle, primary care and other services to meet the main health problems in a community must be provided equally to all individuals irrespective of their gender, age, caste, color, urban/rural location and social class.
- **Community Participation** – in order to make the fullest use of local, national and other available resources. Community participation was considered sustainable due to its grass roots nature and emphasis on self-sufficiency, as opposed to targeted (or vertical) approaches dependent on international development assistance.

- **Health Workforce Development** – comprehensive health care relies on adequate number and distribution of trained physicians, nurses, allied health professions, community health workers and others working as a health team and supported at the local and referral levels.

- **Use of Appropriate Technology** – medical technology should be provided that is accessible, affordable, feasible and culturally acceptable to the community. Examples of appropriate technology include refrigerators for vaccine cold storage.

- **Multi-Sectional Approach** – recognition that health cannot be improved by intervention within just the formal health sector; other sectors are equally important in promoting the health and self-reliance of communities. These sectors include, at least: agriculture (e.g. food security); education; communication (e.g. concerning prevailing health problems and the methods of preventing and controlling them.

  In sum, PHC recognizes that health care is not a short-lived intervention, but an ongoing process of improving people's lives and alleviating the underlying socioeconomic conditions that contribute to poor health. The principles link health and development, advocating political interventions, rather than passive acceptance of economic conditions.

2.3   Nurses' Involvement in Primary Health Care

Nursing practice is the very essence of primary health care. This is because our education, experience and the settings where we work make it so. Nurses deliver services wherever people are found: in homes, schools, workplaces, prisons, health and wellness clinics, and other community settings; as well as hospitals and research centers.

In virtually every country of the world, nurses constitute the health care provider group. They are also critical to the training and supervision of other health personnel and to the planning, organization, monitoring and evaluation of PHC services.

Primary health care nurses adopt the definition of health in the Declaration of Alma-Ata – that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

In-text Question

Primary health care nurses adopt the definition of health in the--------------------

In-text Answer

Declaration of Alma-Ata

They reaffirm health as a human right and see economic and social development as a prerequisite to the attainment of health for all. They see the promotion and protection of health, including the reduction of social exclusion and disparities in health, as having positive effects on economic and social development and on world peace.

Primary health care nurses see the participation of people as a group or individually in planning and implementing their health care as a human right and duty. One way of expressing this is through a phrase that originated in the disability movement – 'Nothing about me without me'. Primary health care nurses acknowledge the dignity, culture, values, beliefs and rights of individuals/groups.

2.3.1 Impact of Nursing on Primary Health Care

Primary Health Care can be discussed from nursing perspectives:

Having nurses at the center of PHC means

1. Improved access to care
2. Improved prevention of chronic diseases
3. Improved cost- effectiveness
4. Improved health outcomes
5. Improved surveillance
6. Improved disaster management and recovery
7. Improved patient's compliance with care
8. Leveraging technology for PHC
9. Improved data gathering and generation
10. Improved maternal and child health through counselling etc.

2.3.2 The roles of a Primary Health Care Nurse

A model of the roles of nurses is that their work may cover:

- Health promotion
- Illness prevention
- Midwifery, antenatal and postnatal care
- Treatment and care of sick people
- Rehabilitation and palliation
- Community development
- Population and public health

- Education and research
- Policy development and advocacy

Self-Assessment Questions (SAQs) for Study Session 2

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 2.1 (Testing Learning Outcome 2.1)

Explain the role of WHO in Primary Health Care

SAQ 2.2 (Testing Learning Outcome 2.2)

List the core principles of Public Health Care

SAQ 2.3 (Testing Learning Outcome 2.3)

List 5 Impact of Nursing on Primary Health Care

Notes on the Self-Assessment Questions (SAQs) for Study Session 2

SAQ 2.1:

In 1978, WHO and member states in the Declaration of Alma Ata highlighted the "gross inequality in the health status of the people particularly between the developed and developing countries as well as within countries".

It was noticed that there was an ever- widening inequalities in the burden of disease and in access to care, both between and within countries, whether industrialized or developing. To address all these, WHO focused on PHC as the key to attaining the goals of its 1977 strategy "Health for All by the Year 2000". This was reconfirmed at Riga in 1992 but timeline reviewed to 2015 (Millennium Development Goals).

When PHC was embraced in 1978, it was seen as the optimal route for improving health and addressing the enormous challenges facing health care systems. It is thus necessary to take stock and learn from the various successes and failures.

SAQ 2.2

Core Principles of Public Health Care includes

- Equal and universally accessible health services: no geographical nor financial geographical barriers.
- Community participation in defining and implementing health agenda
- Inter-sectoral approaches to health
- Appropriate technology
- Emphasis on prevention and health promotion

SAQ 2.3

Impact of Nursing on Primary Health Care

1. Improved access to care
2. Improved prevention of chronic diseases
3. Improved cost- effectiveness
4. Improved health outcomes
5. Improved surveillance

Study Session 3: Family Theories

Introduction

Look around you! You will find out that some of the people you meet every day come from different families. Your family serve as a starting point for teaching and learning. From birth, your parents taught you how to speak, eat, dress and you learnt other values from your community.

In this study you will learn about different concept under family, the implication of the family on community Health Nursing, functions and structure of the family, family theories of Nursing and family assessment.

Learning Outcomes for Study Session 3

At the end of this study session, you should be able to:

3.1   Explain the concepts under family

3.2   Analyze the implication of the family on Community Health Nursing

3.3   Highlight the functions and structures of the family

3.4   Describe the various theories applicable to family nursing

3.5   Explore the concept of family assessment

3.1   The Concept of a Family

The family has long been regarded as the basic unit of the society. Community health nurses seek to empower families by building mutual partnerships that help to protect and promote the health and the well- being of members of the family unit. It is also to equip the family about health strategies that seek to inform and empower families to make informed decisions about their health and well-being.

3.1.1 Definition of Family

The traditional definition of family is a "**legal**, **lifelong**, **sexually exclusive** marriage between one **man** and one **woman** with **children**, where the **male** is the **primary provider** and the **ultimate authority**".

Critiquing traditional definition of the family

In critiquing the traditional definition of a family the following terms have been challenged

- Legal
- Lifelong
- Sexually exclusive between one man and one woman
- Male being the primary provider and ultimate authority
- Children involvement

The World Health Organisation's acceptable defines family as " a self- identified group of two or more individuals whose association is characterized by special terms, who may or may not be related by bloodiness or law, but who function in a way that they consider themselves to be a family'**.**

OR

A family refers to two or more individuals who depend on one another/ who choose to be involved in each other's' lives and are therefore bound together by emotional ties and a sense of belonging (for emotional, physical and/or financial support).

Traditional Definition
- family is a "**legal**, **lifelong**, **sexually exclusive** marriage between one **man** and one **woman** with **children**, where the **male** is the **primary provider** and the **ultimate authority**".

WHO Definition 1
- family is " a self- identified group of two or more individuals whose association is characterized by special terms, who may or may not be related by bloodiness or law, but who function in a way that they consider themselves to be a family'.

WHO Definition 2
- A family refers to two or more individuals who depend on one another/ who choose to be involved in each other's' lives and are therefore bound together by emotional ties and a sense of belonging (for emotional, physical and/or financial support).

3.1.2 Types of Families

Let's remind ourselves of the various definitions, roles, functions and values of families!

| Traditional/Nuclear Family |
| Extended Family |
| Family of Origin |
| Family of Procreation |
| Blended (bi-nuclear) Family |
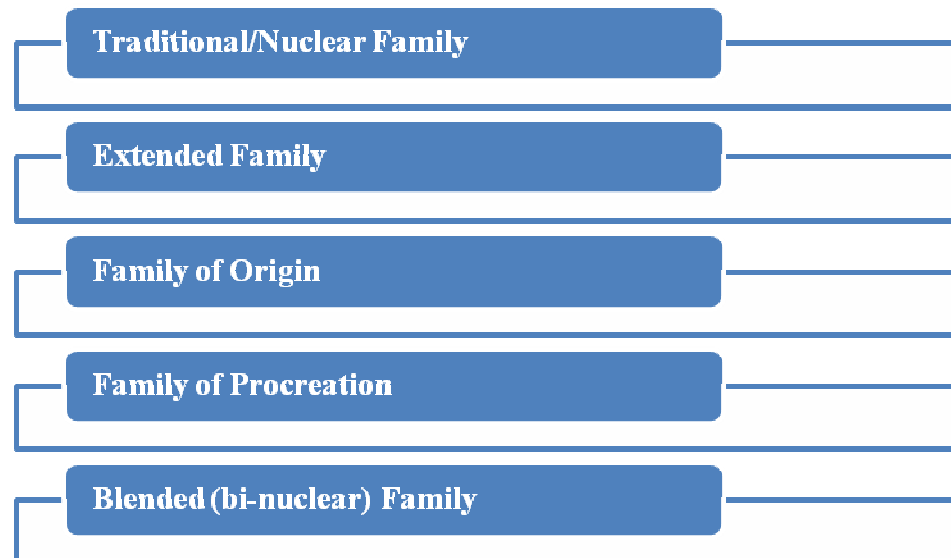
Traditional/ nuclear family: a social unit composed of a father and a mother joined together in matrimony and their biological children/offspring (natural, adopted or both)

Extended family: a family that extends beyond the nuclear family, consisting of grandparents, aunts, uncles, and cousins all living nearby or in the same household. An example is a married couple that lives with either the husband or the wife's parents.

Family of origin (or orientation): the family into which an individual is born

Family of pro-creation: the family created for the purpose of raising children

Blended (bi-nuclear) family: the combination of two divorced families through remarriage.

We now have single- parents' families, step-parents families, same-gender families, families of need (voluntary family) and families consisting of friends.

Advancement in reproductive technology has given rise to:

Surrogate motherhood (when a woman, for someone other than herself, carries a child conceived from an egg which was not her own) e.g. in gayism / lesbianism.

(Staples, 1989) predicted that in the next 25 years

    a. Sexual relations will precede marriage

b. People will have a trial period of cohabitation before entering into marriage, and marriages will be delayed to late twenties/ thirties

c. The divorce rate will continue to increase

d. Remarriage will occur more slowly

e. Couples will limit their families to 1 or 2 children

f. Dual wage- earner family will be the norm in all households

In-text Question

--------------- is the family into which an individual is born

a. Extended family

b. Family of orientation

c. Family of pro-creation

d. Nuclear Family

In-text Answer

b.   Family of orientation

3.2   Implication of the Family on Community Health Nursing

Every society and the world at large go through changes. Human relationships often evolve in different shape and form to meet up with changes in the environment. The family as a unit of the society has evolved into different compositions of people. Therefore opinions differ from place to place, people to people on the definition of family.

A family is what anyone says it i.e. there is no hard and fast rule to it. Avoid putting your biases to such areas as the definition of family is subjective. Community health nurses working with families should communicate and include all family members in health care planning.

3.2.1   Perspectives of Viewing the Family

Community health nurses views the family from 3 perspectives:

- As a Context
- As a Client
- As a Component of Society

As a Context: in this context, the emphasis of care is the individual bearing in mind that he or she is a part of a larger system, the family. Mostly used in other specialty areas of nursing e.g. how has the clients' diagnosis of insulin-dependent diabetes affected the family?

As a Client: when the family is seen as a whole, rather than the individuals. The family is viewed as a set of interacting parts and emphasizes assessment of the dynamics among these parts rather than the individual parts. It looks at the family as a interactional system e.g. how is the family reacting to the mother's recent diagnosis of liver cancer?

As a Component of Society: the family is seen as one of the many institutions of the society along with health, education, religious and financial institutions to receive, exchange or give services.

In-text Question

When a nurse asks 'how is the family reacting to the mother's recent diagnosis of liver cancer'? S/he sees the family as--------------------- perspective

    a. As a Context

    b. As a Client

    c. As a Component of Society

In-text Answer

b.   As a Client

3.3   Family Functions and Structure

Throughout history, a number of functions have been performed by the family. This refers to how families go about meeting the purposes of the broader society.

3.3.1 Family Functions

Family functions are basically divided into 2:

- **Instrumental functions**: those that pertain to activities of daily living.
- **Expressive functions:** those that have to do with the affective or emotional dimension of the family.

The functions include:

1. **Socialization and social placement**: the parents are the major agents of socialization which involves inculcating the norms and values for the many family roles that are required of the family members.

   The family is responsible for transforming the infant into a social being who can assume adult social roles. Although this role is shared with many institutions outside the family e.g. the school, churches, mosques, health and human service agencies.

2. **Reproductive function**: the continuity of both the family and the society continues to be ensured through this function. Though thwarted, by the various emerging trends discussed about earlier, this function is being achieved through adoption, artificial insemination, or other technological means that may or may not include a second parent.

3. **Economic function**: achievement of economic survival is now done through many means as against what operated in the past (children were expected to contribute towards this, fathers were expected to bring in money while the mother stays at home to take care of the children etc.)

In-text Question

---------------- Function takes care of the continuity of both the family and the society

In-text Answer
Reproductive function
3.3.2 Family Structure
This refers to the characteristics and demographics (e.g. age, sex, number) of individual members who make up family units. More specifically, it defines the roles, responsibilities and the positions of family members. There is no "typical" model of family structure. The family structure changes and modifies over time. The same individual may participate in a number of family life experiences over time.

3.4 The Family Theories

A number of theories in nursing and social sciences give insight into family dynamics and family processes.

3.4.1 Nursing Theories
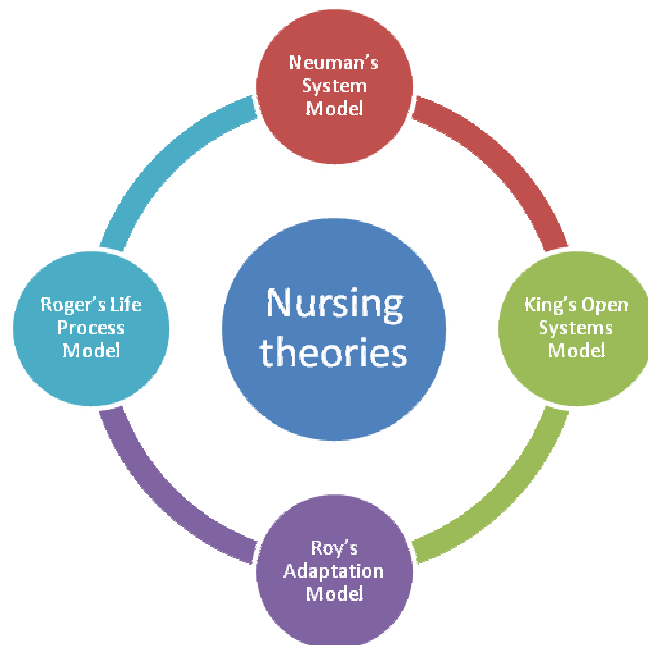
A. Neuman's System Model

Neuman's System Model has family system approach as its foundation. This model opines that

a. The way family members express themselves influences the whole and creates the basic structure of the family.

b. All transactions takes place within this structure and are directed toward keeping the structure stable as it moves between **stability (wellness) and instability (illness).**

The major goal of the nurse using this theory is to **help stabilize** the family system within its environment.

b. Roy's Adaptation Model

Roy believes that the family can be a unit of analysis and the adaptive system that is assessed. Enhancement or modification of the **focal stimuli** (factors precipitating an adapting response), **contextual stimuli** (all other factors that contribute to the behavior), and **residual stimuli** (factors that may affect behavior for which effects are not validated) promotes adaptation of the family system.

The nurse using this theory assesses the family coping skills and the environmental context within which the family faces the stressor and uses this data to facilitate a positive adaptation to the changes engendered by the crisis.

In-text Question

----------------- Model is applied when the need to help stabilize the family system within its environment.

    a. Roy's Adaptation Model
    b. Roger's Life Process Model
    c. Neuman's System Model

In-text Answer

c.   Neuman's System Model

b.   Roger's Life Process Model

Rogers describes the family as an "irreducible family energy field". She believes that individuals within the family generates "energy" and the energy generated by family dynamics influences all members i.e. **family members can learn from one another in ways that are unique and beneficial to the family members**.

In-text Question

The nurse can use the----------- model to assesses the family coping skills and the environmental context within which the family faces the stressor

In-text Answer

Roy's Adaptation

b.   King's Open System Model

Imogene King views the family as both a context and as a client. She believes that nurses are partners in health care with families and respects clients/ family's decisions. The theory opines that family nursing consists of helping individuals to reach goals through improved interaction and communication.

She speak out that mutual goal setting requires decision making between the nurse and the family- as individuals or as a whole. She assumes that the client has the right to self- determination. It frees the nurse to provide education, instructional support, resourcing, and referrals that are truly going to make a big difference to the clients'/family's lives.

It is one that encourages active clients' participation by empowering them to make informed decisions regarding their individual lives and the health of the entire family. The nurse simply develops a healthy relationship with the family, identifies actual/ potential problems, provides adequate information and mutually set realistic goals for short- term or long- term resolution of the identified problems.

In-text Question

----------------views the family as both a context and as a client

In-text Answer

Imogene King

3.4.2   Social Science Theories

These theories are important to understand because they give direction to nursing care of families.
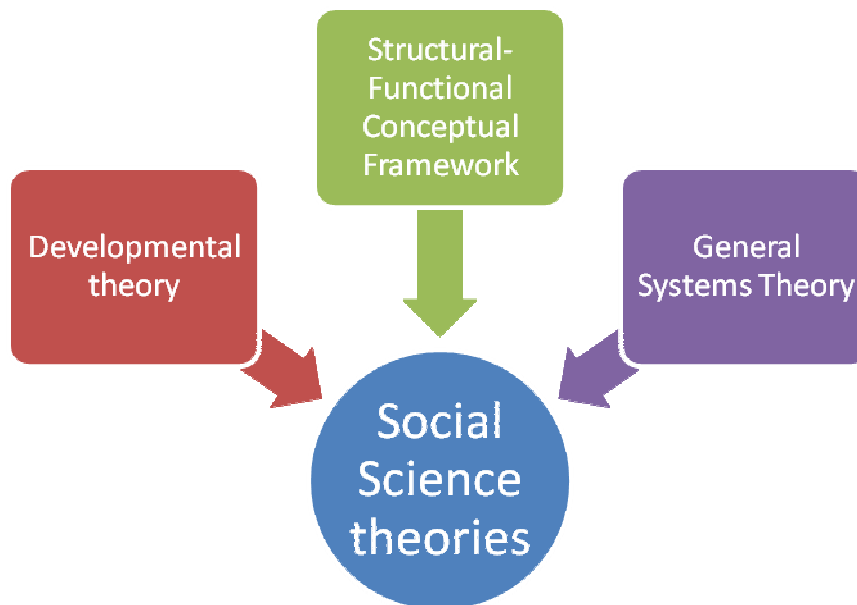
Developmental Theory

It is also known as the Life Cycle Approach. It purports that families evolve through typical developmental stages and experience growth and development much in the same way as individuals.

Each stage is characterized by specific issues and tasks. The ways in which the tasks are resolved help determine the family's capability for handling the challenges of the next stage. Developmental tasks are works that must be completed at each stage of development before movement to the next stage is possible.

This approach is useful in that it helps the nurse in planning the health care that is family oriented and appropriate to the family's stage of development. The degree to which developmental tasks are successfully resolved by the family affects the functional and dysfunctional aspects of family life.

In-text Question

----------------- is also known as the Life Cycle Approach

In-text Answer

Developmental Theory

Anxiety is generated when developmental tasks are resolved poorly and this anxiety may be carried from one generation to another. Unpredictable life events such as childlessness, untimely death, divorce, severe illness, war and the like, all create stress for the family.

Adoption

Adoption is another aspect of family development having certain phases, tasks and emotional issues that must be addressed. Birth parents, adoptive parents, and adoptees each have their own developmental tasks.

However, this model has limited value because it purports a two-parent nuclear family and begins with marriage. It maintains that the nuclear family is the norm and that most young adults marry in their early twenties before developing a career of their own and child- rearing activities.

Activity 1.1

Time allowed 30mins

Most family forms today do not fit into this configuration. Discuss- what used to obtain and what now obtains in reality.

- Birth parents: must make a decision to give up the child; prepare for the adoption; relinquish the child for adoption; resume their lives afterwards and mourn the loss of the child; may later decide to search for the child or make themselves available to be found by the child; or finally accept the loss with peace.

- Adoptive parents: first make a decision to adopt and go through the process of adoption; receive the child and accept the new member into the family; deal with adoptive issues throughout life – link up with biological parents or not.
- Adoptee: separation from biological parents; bond with adoptive parents; decides whether to seek out their biological parents or not; disclosure of adoptive status to family of procreation or not etc.

The major strength of this approach is that it provides a basis for forecasting what a family will be experiencing at any period in the family life cycle.

In-text Question

-------------- first make a decision to adopt and go through the process of adoption

a. Birth parent

b. Adoptive parent

c. Adoptee

In-text Answer

b.　　Adoptive parent

Structural- Functional Conceptual Framework

Family structure refers to family organization, arrangement of family units and the relationship of family units to one another.

There are 3 main dimensions of family structure:

- **Internal family structure** (family composition, gender, rank, and order)
- **External family structure** (extended family and larger systems)
- **Contextual family structure** (ethnicity, race, social class, religion and environment)

This theory looks at the arrangement of members within the families, relationships between the members, and the roles and relationships of the individual members to the whole family. Emphasis is placed on how the societal structure supports the basic functions of the families, or vice versa.

This approach describes the family as open to outside influences, yet at the same time the family maintains its boundaries.

Nurses refer to this model when they talk about the structure, forms or type of family, such as single- parent families, step families, nuclear families, or extended families. It is a useful framework for assessing families and health.

Illness of a family member results in alteration of the family structure and function e.g. if a single mother is ill, she may not be able to carry out her various roles, so

grandparents or siblings may have to assume childcare responsibilities. Family assessment will include determining if changes resulting from health issues influence the family's ability to carry out its functions. Family power structures and communication patterns are affected by the illness of a parent.

In-text Question

Nurses refer to-------------------- model when they talk about the structure, forms or type of family, such as single- parent families, step families, nuclear families, or extended families.

In-text Answer

Structural- Functional Conceptual Framework

General System Theory

Systems depend on both positive and negative feedback to maintain a state of homeostasis/ steady state. The theory is also called cybernetics. The theory is useful in family assessment because it emphasizes the interdependence of the family parts and asserts that whatever affects the family as a whole affects each of its parts.

The theory also explains the way a member relates with other members of the family and with the **society (ecomap).**

3.5   Review of Family Assessment on Community Health Nursing

The identification of one or more family to utilize is not an end in itself but a means to an end. It is to help the Community Health Nursing assess the family for strengths, weaknesses, potential and actual threats.

To be assessed are:

3.5.1   The Family Environment

This is the physical, psychological and social dimensions of the environment within which the family lives. This is beneficial because all these have their contributory impacts on the family.

Physical Environment: this includes the dwelling and the conditions both inside and outside. Size, number of rooms, orderliness, condition of the yard, furnishings, plumbing, heat, health and safety hazards e.g. presence or absence of smoke detectors

and fire extinguishers, emergency exits etc.; ability to purchase basic services e.g. refuse collection, security, electricity etc.

Other physical aspects of the environment to be assessed include neighbourhood, air and water quality. Information about the neighbourhood can be obtained through windshield survey and by asking questions from the family members: how easily accessible are schools, churches, mosques, hospitals, stores, public transportation; types of homes occupying the environment, crime rate, air, water and noise pollution, quality of sanitation etc.

In-text Question

------------------ This is the physical, psychological and social dimensions of the environment within which the family lives.

In-text Answer

Family environment

Each of these areas should be addressed based on the identified need of the family. In addition, the family members should be asked about their knowledge and perceptions to some of these issues because this to a large extent influences both the way the family functions within that environment and the degree to which the family will respond to nursing interventions.

Psychological Environment: significant aspects of this include developmental stages, family dynamics and emotional strengths. Also to be assessed is the communication patterns- verbal and non- verbal, both within and outside the family, family roles and coping strategies in use.

Social Environment: includes religion, race, culture, social class, economic status and external resources such as school and health resources (how does the family manage health and illnesses).

Family Strengths

Family strength includes
1. Ability to provide for physical, emotional, and spiritual needs of the family,
2. Sensitivity to the needs of other family members
3. Effective communication pattern
4. Ability to provide support
5. Security and encouragement

6. Ability to initiate and maintain growth- producing relationships within and outside of the family
7. Capacity to create and maintain constructive and responsible community relationships in the neighbourhood
8. Ability to grow with and through children, ability for self- help and the ability to accept help when appropriate
9. Ability to perform family roles flexibly,
10. Respect for the individuality of each family member,
11. Ability to use a crisis or seemingly injurious experiences as a means of growth and a concern for family unity and loyalty

Though attainable, it is unlikely that any family will have all these qualities. However, the degree to which they manifest these behaviours gives the nurses clues to how well the family is managing its life. The stronger the family is, the lesser the intervention and vice- versa.

3.5.2   Family Assessment Tools
The following are family assessment tools
- Genogram
- Family health tree
- Ecomap etc.
- **Genogram**: it is a tangible and graphical picture outlining family's patterns over a period of like three generations. It records family information e.g. significant life events, cultural and religious identification, occupations, place of residence.
- **Family health tree**: genogram + genetic and familial diseases, obesity, anorexia nervosa, mental illness, infectious diseases, family risk factors (cancers, DM, hypertension) and strengths (longevity, specific diseases' resistance, regular general health check etc)
- **Ecomap:** it is a visual depiction of the family members contact with the larger systems through a graphic description of its relationship and interactions with its immediate external environment. It helps to explore the available connections and resources identifying the ones to be made and explored as well.
- Other tools include observation of the family and their environment and the family interview.

The whole family should be engaged in completing the assessment tools so that family member's involvement in their own health care is ensured right from the beginning.

It should also be noted that "visual gestalt", conveyed through the use of these tools provides information more simply and usefully than writing in words. They act as constant reminders for nurses **to "think the family", "Review of the tools".**

3.5.3 Family Diagnosis

There are two major systems of nursing diagnosis based on actual and potential threats identified during family assessment.

1. The Omaha System of problem identification. It has four levels: the domain, the problem, the modifiers and the signs and symptoms.
2. The North American Nursing Diagnosis Association (NANDA) community diagnostic labels.

Self-Assessment Questions (SAQs) for Study Session 3

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 3.1 (Testing Learning Outcome 3.1)

Enumerate Staples 1989 prediction of the state of families in the next 25 years

SAQ 3.2 (Testing Learning Outcome 3.2)

Enumerate the Perspectives of Viewing the Family

SAQ 3.3 (Testing Learning Outcome 3.3)

Briefly explain family structure

SAQ 3.4 (Testing Learning Outcome 3.4)

Highlight the family theories

SAQ 3.5(Testing Learning Outcome 3.5)

Highlight the Major areas Community Health Nursing assesses the family

Notes on the Self-Assessment Questions (SAQs) for Study Session 3

SAQ 3.1:

(Staples, 1989) predicted that in the next 25 years

a.   Sexual relations will precede marriage

b.   People will have a trial period of cohabitation before entering into marriage, and marriages will be delayed to late twenties/ thirties

c.   The divorce rate will continue to increase

d.   Remarriage will occur more slowly

e.   Couples will limit their families to 1 or 2 children

f.   Dual wage- earner family will be the norm in all households

SAQ 3.2

Community health nurses views the family from 3 perspectives:

As a Context: in this context, the emphasis of care is the individual bearing in mind that he or she is a part of a larger system, the family. Mostly used in other specialty areas of nursing e.g. how has the clients' diagnosis of insulin-dependent diabetes affected the family?

As a Client: when the family is seen as a whole, rather than the individuals. The family is viewed as a set of interacting parts and emphasizes assessment of the dynamics among these parts rather than the individual parts. It looks at the family as a interactional system e.g. how is the family reacting to the mother's recent diagnosis of liver cancer?

As a Component of Society: the family is seen as one of the many institutions of the society along with health, education, religious and financial institutions to receive exchange or give services.

SAQ 3.3

Family structure refers to the characteristics and demographics (e.g. age, sex, number) of individual members who make up family units. More specifically, it defines the roles, responsibilities and the positions of family members. There is no "typical" model of family structure. The family structure changes and modifies over time. The same individual may participate in a number of family life experiences over time.

SAQ 3.4

Family theories

- Nursing Theories
- Social Science Theories

Nursing Theories

- Neuman's System Model
- King's Open Systems Model
- Roy's Adaptation Model
- Roger's Life Process Model

Social Science Theories

These theories are important to understand because they give direction to nursing care of families.

- Developmental theory
- Structural- Functional Conceptual Framework
- General Systems Theory

SAQ 3.5

Family Environment

Family Strengths

Family Assessment Tools

Family Diagnosis

Study Session 4: Child Abuse and Neglect: Implication to Community Health Nursing Practice

Introduction

All families lose their balance from time to time, often because of illness or disability (addiction, violence, alcoholism, chain smoking etc.). There are families that even experience all at a time! Vulnerable families are those whose physical and emotional resources are so insufficient that critical tasks and family functions are threatened.

In this study, you will learn about child abuse and child Neglect and the roles a nurse can play in addressing the situation.

Learning Outcomes for Study Session 4

At the end of this session, you should be able to:

4.1   Explain the concepts and types of abuse in the family

4.2   Explain child abuse and types of child abuse

4.3   Identify and describe the various levels of nursing intervention for children undergoing neglect and/or abuse.

4.1   Child Abuse and Neglect

Figure 4.1*- An abused boy*

Source*-*

http://www.google.com.ng/imgres?imgurl=http://www.helpguide.org/images/abuse/abused-boy-350.jpg

Child abuse is more than bruises or broken bones. While physical abuse is shocking due to the scars it leaves, not all child abuse is as obvious. Ignoring children's needs, putting them in unsupervised, dangerous situations, or making a child feel worthless or stupid are also child abuse. Regardless of the type of child abuse, the result is serious emotional harm. Sometimes, the crises in the family can be so overwhelming even for a healthy family.

4.1.1   Types of Abuses in the Family

Different types of abuses take place in the home:

- Domestic violence (ranges of violence within the family)
- Spousal/ partner abuse (physical, emotional or sexual abuse perpetrated by either husband or wife against the marriage partner; also called "marital rape").
- Wife abuse (physical, emotional, or sexual abuse perpetrated by husband against his wife)
- Women battering (women in relationships in which battering is on-going)
- Elder abuse (physical abuse, neglect, intimidation, cruel punishment, financial abuse, abandonment, isolation, or other treatment of an elder, resulting in physical harm or mental suffering).

In-text Question

------------------is the physical, emotional, or sexual abuse perpetrated by either husband or wife against the marriage partner.

     a. Domestic Violence

     b. Spousal abuse

     c. Wife abuse

     d. Husband Abuse

In-text Answer

b.   Spousal abuse

4.2   Child Abuse

Child abuse is the physical, sexual or emotional maltreatment or neglect of a child or children. According to the Journal of *Child Abuse* and Neglect, *child abuse* is "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual *abuse* or exploitation, an act or failure to act which presents an imminent risk of serious harm".

Child abuse is defined as a physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child by somebody who is responsible for the child's health and welfare.

Figure 4.2*- An Abused Child*

Source- http://www.google.com.ng/imgres?imgurl=http://blackandbrownnews.com/wp-content/uploads/2012/04/ChildAbusedCrying.jpg

Each year, ~ 160,000 children are severely abused, 3 million are abused and/or neglected, and 1,000-2,000 die as a result of the assault by their caretaker. Under-fives are the mostly abused followed by under – one. Children are often referred to as innocent. They are vulnerable by the virtue of their age, size, sex, basic dependence on adults and lack of power.

Child abuse is interpreted differently from one culture to another by culture, socio-economic groups and neighbourhoods. This is largely because children are regarded to as their parent's properties and so the community has been so reluctant to interfere in matters concerning child rearing.

4.2   DEFINITION OF CHILD ABUSE

Child abuse is defined as a physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child by somebody who is responsible for the child's health and welfare.

4.2.1 Types of Child Abuse

There are basically 4 types of child abuse

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

Physical Abuse: The obvious signs are seen like bruises (normal childhood bruising is common over bony prominences whereas bruising of soft tissues- lower back, buttocks, abdomen, under the armpit or shoulders where the child/ baby was grabbed, multiple sites at different stages of healing- is suggestive of abuse);

Other signs include burns- cigarette burns, hot iron, curling comb, immersion of arms and legs in hot water; fractures, abdominal injuries- though may not have external signs.

Figure 4.3 - A physically abused Child
Source
http://www.google.com.ng/imgres?imgurl=http://saharareporters.com/sites/default/files/page_images/news/2011/Dup(1)IMG00248-20111006-1801.jpg

Sexual abuse: Child sexual abuse (CSA) is a form of child abuse in which an adult or older adolescent abuses a child for sexual stimulation. Sexual abuse refers to the participation of a child in a sexual act aimed toward the physical gratification or the financial profit of the person committing the act. This may or may not involve force or coercion depending on the age of the child.

Figure 4.4 – Sexual Abuse
Source- *http://www.google.com.ng/imgres?imgurl=http://americansendingabuse.org/wp-content/uploads/2013/03/sexual-assault-500x250.jpg*

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Emotional abuse: This involves verbal or behavioural actions which diminishes the self -worth or self-esteem of the child. It includes name calling, put- downs, isolating, stigmatizing, humiliating or ignoring the child. Community health nurses should help to explore which is applicable and assist parents to make a conscious effort to resolve this.

Figure 4.5- Expression of Anger (Emotional abuse)
Source-
http://www.google.com.ng/imgres?imgurl=http://thumbs.dreamstime.com/z/emotional-abuse-concept-vector-illustration-couple-fighting-keyhole-34495916.jpg

Neglect: Child neglect is a very common type of child abuse. It is a pattern of failing to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, or supervision. Child neglect is not always easy to spot.

Figure 4.6 -Neglected Children
Source-
http://www.google.com.ng/imgres?imgurl=http://www.msh.org/sites/msh.org/files/ffield_image_cropped/cubs-2_nigeria_1.jpg

4.2.2 Myths and Facts about Child Abuse and Neglect

MYTH #1: It's only abuse if it's violent.

Fact: Physical abuse is just one type of child abuse. Neglect and emotional abuse can be just as damaging, and since they are more subtle, others are less likely to intervene.

MYTH #2: Only bad people abuse their children.

Fact: While it's easy to say that only "bad people" abuse their children, it's not always so black and white. Not all abusers are intentionally harming their children. Many have been victims of abuse themselves, and don't know any other way to parent. Others may be struggling with mental health issues or a substance abuse problem.

MYTH #3: Child abuse doesn't happen in "good" families.

Fact: Child abuse doesn't only happen in poor families or bad neighborhoods. It crosses all racial, economic, and cultural lines. Sometimes, families who seem to have it all from the outside are hiding a different story behind closed doors.

MYTH #4: Most child abusers are strangers.

Fact: While abuse by strangers does happen, most abusers are family members or others close to the family.

MYTH #5: Abused children always grow up to be abusers.

Fact: It is true that abused children are more likely to repeat the cycle as adults, unconsciously repeating what they experienced as children. On the other hand, many adult survivors of child abuse have a strong motivation to protect their children against what they went through and become excellent parents.

In-text Question

Cigarette burns, hot iron, curling comb, immersion of arms and legs in hot water could be an example of ------------------------abuse

   a. Physical abuse
   b. Emotional abuse
   c. Sexual abuse

In-text Answer

a.   Physical abuse

4.2.3 Nursing Assessment of Child Abuse

The Community health nurse who works with the family or individuals is in a position to recognize abuses and to advocate for the child. Advocacy is difficult, if the nurse cannot maintain the objectivity necessary for obtaining a history. This is because history taking is an important aspect of advocacy.

Also, differentiating between child abuse and child discipline may pose a challenge too. Any suspicious finding warrants a thorough history and a complete physical assessment to provide for child's safety.

In-text Question

----------------- involves verbal or behavioural actions which diminishes the self -worth or self-esteem of the child

a.   Physical abuse

b.   Emotional abuse

c.   Sexual abuse

In-text Answer

b.   Emotional abuse

4.2.4 Risk Factors that predispose Children to Abuse and Neglect

1. Unplanned/ unwanted pregnancy
2. Teenage pregnancy
3. Single parenthood
4. Closely spaced children
5. Substance abuse
6. Social isolation
7. Poor support system
8. Limited knowledge of child development
9. Previous report to child protective services
10. Previous history of child abuse
11. Partner violence
12. Children with disability/ developmental challenges

In-text Question

----------------- is an important aspect of advocacy.

    a. History taking

    b. Story telling

    c. Fortune telling

    d. History making

In-text Answer

a.   History taking

4.2.5 Effects of Child Abuse and Neglect

All types of child abuse and neglect leave lasting scars. Some of these scars might be physical, but emotional scarring has long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work and at school. Some effects include:

Emotional

Child abuse can cause a range of emotional effects. Children who are constantly ignored, shamed, terrorized or humiliated suffer at least as much, if not more, than if they are physically assaulted. Abused children can grow up experiencing insecurities, low self-esteem, and lack of development. Many abused children experience ongoing trust issues, withdrawal, trouble in school, and forming relationships, Reactive Attachment Disorder (RAD)

Physical

The immediate physical effects of abuse or neglect can be relatively minor (bruises or cuts) or severe (broken bones, hemorrhage, or even death). In some cases the physical effects are temporary; however, the pain and suffering they cause a child should not be discounted. The long-term impact of child abuse and neglect on physical health and development can be Shaken baby syndrome, impaired brain development, Poor physical health etc.

Psychological

Children who have a history of neglect or physical abuse are at risk of developing psychiatric problems, or a disorganized attachment style. Disorganized attachment is

associated with a number of developmental problems, including dissociative symptoms, as well as anxiety, depressive, and acting out symptoms.

4.3   Child Neglect

This is when the family fails to provide for child's basic needs of food, clothing, shelter, supervision, education, emotional affection and stimulation, and health care. It is the most frequently reported form of child maltreatment. A thorough history taking and assessment is critical as well.

Figure 4.7- *A neglected boy*

Source-

http://www.google.com.ng/imgres?imgurl=http://e08595.medialib.glogster.com/nesharocks/
media/74/74d6e4f3e0b70526dd46879413cf0883ac8509bf/child-abuse-shadrach-muyila.jpg

Depending on the particular manifestation of neglect, the community health nurse should assess what type of education and support the family might need to improve the care of the child. If the family does not have enough resources to provide for basic needs, the nurse can offer referral to social service agencies that can assist.

It is also necessary to explore the parents' childhood upbringing because if they too were neglected then, it may just be natural to parent in the way they know.

In-text Question

--------------is the most frequently reported form of child maltreatment.

In-text Answer

Child Neglect

An important nursing intervention is to teach specific skills for increased positive parent- child interactions, improving problem- solving abilities, enhancing personal hygiene and nutritional skills.

Family therapy may be another useful help if the family is willing.

Neglect may lead to other types of abuse, or it might exist alongside with other types of abuses or as a singular form of abuse. Though neglect is less externally traumatic than other forms of child abuse, the long- term effect and potential for adult dysfunction are serious.

4.3.1 Red flags of Child Neglect

Points to be considered by the nurse in checking for Child Neglect;

- Is clothing too large, too small, or inappropriate for child's developmental stage?
- Is the child dressing himself, herself without any adult's supervision?
- Do the parents have unrealistic expectations of the child's ability to cope with environmental realities e.g. cold weather?
- Is either parent abusing substances and thus depleting the family income?

Activity

Time allowed 1hr

Review the various indicators of different types of child abuse implications for community health nurse.

4.3.2 Primary Prevention of Child Abuse and Neglect

- Community mitigation laws/ policies against violence
- Public health education
- Strong community sanctions
- Decreased vulnerability to violence/ abuse through decent dressing, security consciousness within and outside the home
- Health education- child health education, adolescent education, self defense skills etc.
- Family cohesion
- Assessment of risk factors already explored.

4.3.3 Secondary Prevention -Early Identification/ Prompt Management

- Family Recreation Periods to ventilate Abusive Risk Factors
- Effective Communication with Abusive Families
- Early identification of Signs and Symptoms of Abuse
- Identification of Stressors
- Removal of Client away from Stressor or Eliminating the Stressor etc.

4.3.4 Tertiary Prevention- Rehabilitation and Prevention of Recurrence.

- Referral to appropriate community agencies
- Role modeling
- Support groups
- Public policies etc.

Self-Assessment Questions (SAQs) for Study Session 4

Now that you have completed this study session, you can assess how well you have achieved its Learning Outcomes by answering these questions. You can check your answers with the Notes on the Self-Assessment Questions at the end of this Module.

SAQ 4.1 (Testing Learning Outcome 4.1)

Briefly explain the Types of Abuses in the Family

SAQ 4.2 (Testing Learning Outcome 4.2)

Briefly explain the types of child abuse

SAQ 4.3 (Testing Learning Outcome 4.3)

Enumerate the Primary Prevention of Child Abuse and Neglect

Notes on the Self-Assessment Questions (SAQs) for Study Session 4

SAQ 4.1:

Different types of abuses take place in the home:

- Domestic violence (ranges of violence within the family)
- Spousal/ partner abuse (physical, emotional or sexual abuse perpetrated by either husband or wife against the marriage partner; also called "marital rape").
- Wife abuse (physical, emotional, or sexual abuse perpetrated by husband against his wife)
- Women battering (women in relationships in which battering is on-going)

- Elder abuse (physical abuse, neglect, intimidation, cruel punishment, financial abuse, abandonment, isolation, or other treatment of an elder, resulting in physical harm or mental suffering).

SAQ 4.2

Physical Abuse: The obvious signs are seen like bruises (normal childhood bruising is common over bony prominences whereas bruising of soft tissues- lower back, buttocks, abdomen, under the armpit or shoulders where the child/ baby was grabbed, multiple sites at different stages of healing- is suggestive of abuse);

Other signs include burns- cigarette burns, hot iron, curling comb, immersion of arms and legs in hot water; fractures, abdominal injuries- though may not have external signs.

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Emotional abuse: This involves verbal or behavioural actions which diminishes the self -worth or self-esteem of the child. It includes name calling, put- downs, isolating, stigmatizing, humiliating or ignoring the child. Community health nurses should help to explore which is applicable and assist parents to make a conscious effort to resolve this.

SAQ 4.3

Primary Prevention of Child Abuse and Neglect includes the following
- Community mitigation laws/ policies against violence
- Public health education
- Strong community sanctions
- Decreased vulnerability to violence/ abuse through decent dressing, security consciousness within and outside the home
- Health education- child health education, adolescent education, self defense skills etc.
- Family cohesion
- Assessment of risk factors already explored.