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母親と子どもの健康の領域における人的資源の開発 地域保健看護
(Community Health Nursing)

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<資料>

Human Resources Development in the Field of Maternal and Child Health

Community Health Nursing

Process through the formation of a nursing circle "Toko-toko."
Practice of regional support activities by public health nurses (PHNs)

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Introduction

As a matter of fact, opportunities where a PHN and a mother meet often in the region are those at the time of her visiting newborn babies, infants' health checkup and counseling on infants.

Infants' health checkup and counseling not only enable PHNs to detect diseases or abnormality of infants at an early stage but provide opportunities for PHNs to respond to mothers' anxiety over child-rearing as well as to discuss solutions together. Also, in recent years, infants' health checkup and counseling are becoming important for providing an opportunity for dealing with child abuse cases as early as possible.

In this report, I would like to discuss PHNs' responsibilities there as well as the process through which a voluntary circle was formed in Shiraoi Town where I had been working for some four years as a PHN. The circle resulted from mothers' anxiety over child-rearing.

1. Overview of Shiraoi Town

The Town of Shiraoi, with a population of some 22,000, is located in the southwest of Hokkaido. It is a narrow strip of community, extending about 25 kilometers along the seacoast. Main industries are paper manufacturing, beef cattle breeding, and seafood processing.

The number of babies born yearly is around 140 and is on the decline every year. With regard to the situation of families who raise small children, many families moved to the town due to job transfer, and in other areas not few married couples lived together with their parents operating their family business.

2. Anxiety over child-rearing

There were six PHNs working in Shiraoi then. One PHN interviewed about 25 pair of mothers and their infants at an infants' health checkup. PHNs visited districts they were responsible for at the time of seeing newborn babies. They interviewed mothers, looking at the conditions of the house, and checking mothers' health conditions, babies' physical growth and mental development, instructing them on health and giving advice.

Complaints and worries of mothers are listed below, which I heard when I visited families and at the time of health checkup (See illustrations).

<In the case of mother A>

Living with her husband's parents, she carried her first child and looked very happy. She said she herself loved children and that babies were so cute, just like little angels.

However, when her baby actually came, it continued to cry all day but she had to do the housework. And her family took it for granted that she should take good care of the baby. She wondered and doubted whether she was dealing with the baby as properly as a mother should do or as if she was a unqualified mother, eventually blaming herself.

As both her husband and parents-in-law thought that it was only natural a mother should rear a child, she wasn't able to confess her trouble easily and was having a lot of anxiety. She asked herself if no mother but she had that much trouble.

<In the case of mother B>

She was formally a career music teacher. She retired when she had a baby and became a full-time housewife, living in a town-owned housing with her husband, also a teacher.

She was thinking of opening a piano class at home

utilizing her career when she was relieved somewhat of child-rearing.

As soon as the baby was born, she felt hard pressed by child-rearing every day, finding it difficult to have time to spare for herself. Also, in the daytime, she was home alone with the baby and suffered from a lot of stress as she had nobody to talk with. She finally developed a strong dislike for her baby's crying and was often tempted to place the baby in the closet once it began to cry.

She also missed those days when she was working, gradually losing confidence in raising her child.

<In the case of mother C>

She moved to Shiraoi from another town, having a seven-month-old baby. She lived with her husband and baby in a housing complex. Since she moved to Shiraoi, she had no friends and no idea about the facilities and parks for children to play at and therefore often stayed home alone with her child. She had developed anxiety over child-rearing and wanted to have friends to talk to about child-rearing. However, she didn't find opportunities easily, and thought her child too needed playmates. She wondered what she should do.

<Other>

Some mothers who came to the health checkup suffered slight depression due to stress and anxiety from child-rearing. In some cases, their own mother attended to them, and in other cases, children suffered from atopy, and mothers worried whether their babies lagged behind other babies in development.

3. Leading to organization

The PHNs learned, from checking families' health and visiting them, that there were many mothers who were anxious about child-rearing in the districts they were in charge of. They discussed how to alleviate a mothers' anxiety over child-rearing in the whole community, besides providing support individually.

Many mothers voiced that they wanted an opportunity to exchange thoughts mutually. In response to their wishes, The PHNs first came up with an idea of organizing a group, calling it "Mother and Child Play Group" and then talked to the community, appealing "Why don't you talk about

child-rearing?" and "Mothers, why don't you communicate with each other?"

As for methodology for appealing, the PHNs telephoned and visited mothers individually who had anxiety over child-rearing and also publicized through publications and fliers. The activities of the group ranged from self-introduction to playing games, working in a group, playing hand games and doing physical exercise.

On the first day, some 50 mothers participated, a greater number than the PHNs had expected. Participants said that they wanted that kind of gathering in the future, too.

The PHNs convinced the mothers that the meeting should be planned and managed not only by PHNs but also by the mothers so that meetings would continue.

4. Activities of a nursing circle "Toko-toko"

Leaders who would take care of the meeting were selected from among participating mothers in the meeting "Mother and Child Play Group." The caretakers mostly prepared for and planned the meeting, and this developed into the first circle activity in the town. The circle was named "Toko-Toko" and regular meetings were held twice a month at a child's house or the community center.

At the meeting, kids were able to play as freely as they liked, while mothers talked about child-rearing and their life, making it a communication opportunity.

By participating in the nursing circle, mothers found that other mothers too worried about rearing their children, and found themselves becoming cheerful by chatting with each other." Many of them said "We can share worries about child-rearing with each other and discuss solutions." It was found that mothers were moving forward with child-rearing.

As the circle was becoming active, messages and rules were discussed by the circle members with the caretakers being leaderships and the circle eventually came to be managed by themselves.

<Rules determined by mothers>

- To create an atmosphere for mothers to listen to and talk about worries with each other easily.
- To form a group of 5 circle members and make a network.
- Chairwoman and vice chairwoman act as a liaison with

the PHNs.

- To actively talk to new entrants in order to let them adapt themselves to the circle as early as possible.
- To prevent cavities, not to bring in sweets.
- Not to give children snacks at liberty as some children may suffer from atopy. To be careful about the ventilation of the children's playroom.
- To discuss worries and anxiety of all the participants in the circle, and new rules to make.
- To introduce seasonal events for mothers and children to enjoy together.
- To publish Toko-Toko newsletters.

5. Responsibilities of the PHNs

The PHNs satisfied the mothers' needs and took their wishes to gather together seriously, creating a motivation. Instead of programs organized by the PHNs, all members of the circle are required to abide by the rules determined by themselves and express their opinions.

The members' opinions occasionally conflicted with each other, and they were not able to solve problems by themselves and come up with ideas.

In such cases, the PHNs acted as a mediator and encouraged them to think about the original objectives of the circle and helped them independently continue circle activities.

The specific actions that PHNs took are as follows:

<Responsibilities of PHNs>

- To participate in the meeting regularly and understand the actual situation of the circle activities. To get ready to give advice to mothers whenever asked.
- In the circle, to provide both group and individual consultations. (on children's physical and mental growth and development, and providing guidance of living or family care and etc.) To be careful about individuals' privacy at the time of an individual consultation.
- To grant the circle with activity expenses (To appropriate a budget for part of a mother and child support program).
- To secure sites for the circle activities. To provide information on the nursing circle for the management organizations of a children's house, a community hall, a regional healthcare center, a community center, and ask

for their cooperation. To provide a healthcare education responding to mothers' needs and considering an appropriate time and period. Instructors were secured, ranging from the PHNs to nutritionists, dental technicians, medical doctors, sports instructors, teachers, childcare workers, depending on the education programs.

- To introduce the nursing circle at the time of health checkup and visiting newborn babies.
- To introduce the nursing circle to the board of education of the town, the social welfare council and to ask them to provide information on events, care lesson courses, volunteer activities related to child-rearing.

The PHNs should work behind the scenes, what might be called "backseat players," always thinking and racking their brains with the mothers so that they can play a key role, and understand their wishes. Also, our main roles are to collaborate and coordinate with other organizations concerned as well as provide new information.

6. Conclusion

The nursing circle, "Toto-Toto" of Shiraoi celebrated its 10th anniversary last year. In my opinion, the PHNs should have a close look at a child and carefully observe the parents looking after the child, be able to identify a support necessary to the family as well as the region where the family lives.

The mothers, even after leaving the nursing circle and finishing child-rearing, are willing to work as volunteers. They sometimes give advice to mothers who currently have difficulties in rearing their children.

Importantly, the PHNs need to develop supportive activities, from individual to group, then from group to community, in other words, from dots to a line, from a line to a circle, and to think over as to how the residents in the local community can lead a healthy life, and put it the idea into practice.

It is also becoming important to extract residents' power and capability (i.e. human resources development).

The PHNs from now on are required to value the chance of meeting with residents, heed to them, judge and analyze their voices from the professional viewpoint, and thereby support local people.

Before the Child Care Club "Toko Toko" Is Stand

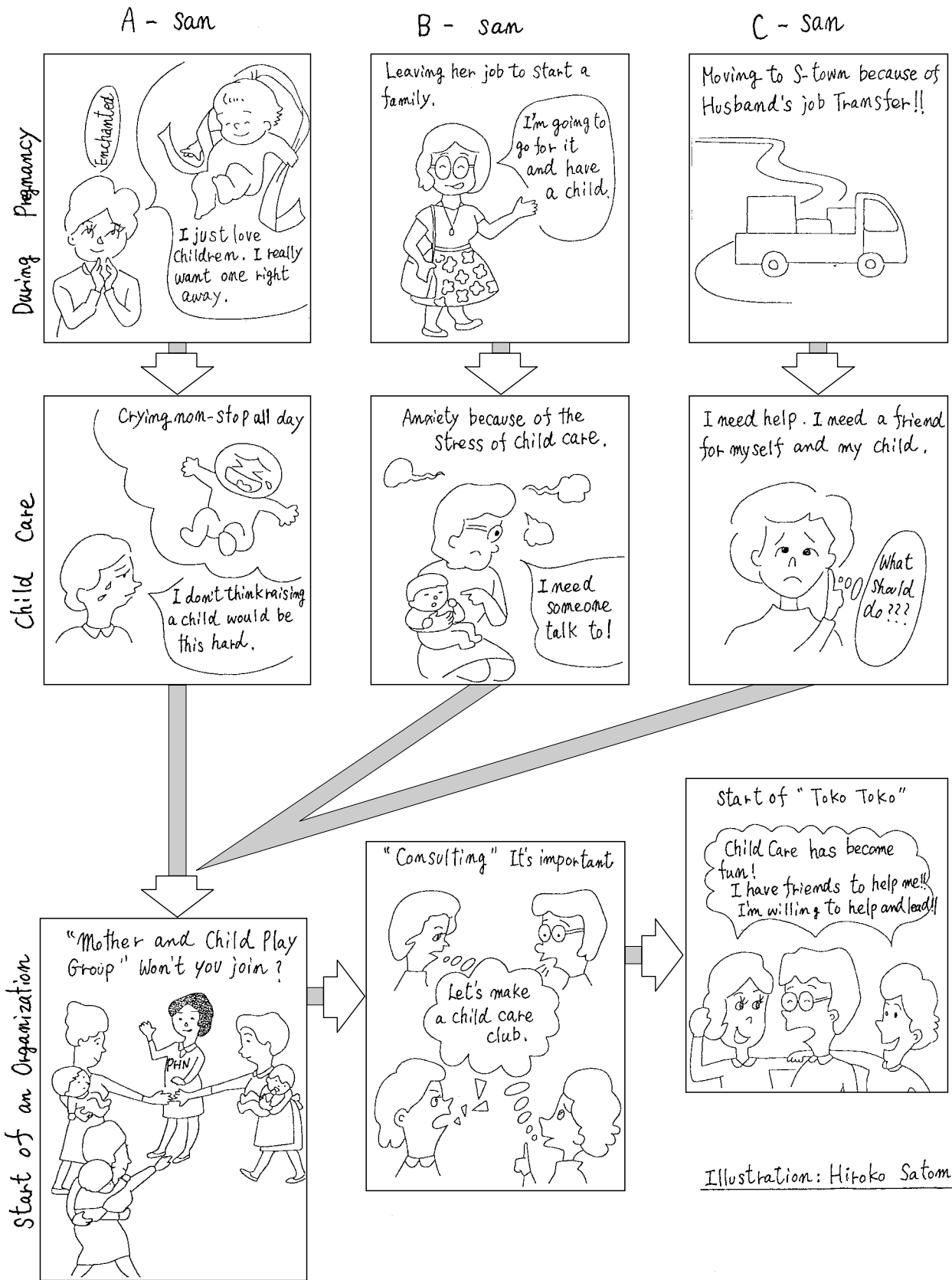


Illustration: Hiroko Satomi

JICA "Human Resources Development in Maternal and Child Health" Course Training Characteristics of Public Health Nurse Activities in Japan

— From creation and evaluations of instruction planning of lectures,
laboratory exercises, and observation/practical training concerning
"Skills of community health nursing" —

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Summary

Asahikawa Medical College has conducted JICA Human Resources Development in Maternal and Child Health Course Training for those who have been engaged in nursing in developing countries since 2003.

In one of the trainings, "Maternal and child health nursing skills in community", we created an instruction plan consisting of lectures, laboratory exercises, and observation/practical training with a view to understanding and acquiring knowledge regarding the characteristics and skills of public health nurse activities covering nursing for individuals, groups and entire regions.

As for the evaluation method, we had eight trainees, who had participated in the 2006 JICA Human Resources Development in Maternal and Child Health Course Training, review three instruction plans for lectures, laboratory exercises, and observation/practical training through non- structured interviews after the observation/hands-on training.

As a result, the trainees reported that public health nurses have conducted their activities with reliance upon local people. They also reported the importance of linkage to fields other than nursing and of administrative measures, the importance of cooperation and linkage with residents.

Key words Maternal and child health nursing skills in community, characteristics of public health nurse activities, sequence of instruction planning

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