

Original / Research Article

A Study to Assess Personal Experiences of Auxiliary Nurse Midwives Working in Sub-centre of Pune District- An exploratory Study

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Abstract

"To assess personal experiences of Auxiliary Nurse Midwives working in Sub-centre of Pune district- An exploratory study" - A qualitative study data collected by using semi structured questionnaire to conduct in depth interview

Results : Out of the total ANM's 38% were absolutely facing residential problems. More than 50% of the ANM have accommodation but not well maintained. Out of the total ANM's 23% were having family problems like conflicts and violence, 48% were having non co-operative behaviour from family members, 33% having lack of understanding, 28% having family disputes and clashes and 76% reported that it is hard to give time to family and to solve family problems in time. 82% reported that due to 24 hours duty schedule they have to ignore family members and suggests that they should have 8 hours duty. 68% of ANM's were worried about standard education facility for their children. About one third of the ANMs were facing problem of basic education facility for children in the working place especially remotest and tribal areas. More than one fourth (26.67 per cent) of ANM's reported lack of facilities for entertainment communication and transportation in remote rural areas. 45 to 57% ANMs reported health problems, 78% experienced gender inequalities provides them subordinate states and 90% experienced inadequacy in safety and security while working in remotest and tribal areas.

Introduction

In the health care delivery system ANM is most responsible and accountable health service provider in the community at the grass-root level, providing all the primary health care services to the individual, family and community. They are major and integral part of rural health care delivery system. The ANM is the key field level functionary who interacts

directly with the community. They are also called as backbone of health care delivery system. Their services are considered essential to provide safe, effective, accessible, affordable, accountable, equitable, and reliable health care services, especially to poor and vulnerable sections of population in rural especially tribal and hilly areas. ANM's are service provider who works in complex environment where they always experienced problems, obstacles, issues and challenges which they managed on

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their own without any assistance or support. Sometimes these experiences from different situation leads frustration, stress, have adverse effect on their physical and psychological health, ultimately have impact on personal and family health and relationship. It is, therefore, interesting to assess personal experiences of ANM while working in the rural and tribal communities.

Need for The Study

ANM plays an important and integral role in the health care delivery system as primary health care provider at individual, family and community level. While working in rural areas she has experiences related with personal environment. Negative experiences predispose ANM at risk for injuries and illnesses, including high stress. Long-term physical and psychological health problems, occupational burn out, emotional exhaustion. All these decreases efficiency and ability of ANM to render quality and cost effective care to rural community.

Material and Methods

Researcher conducted a pilot surveys covering all Sub-centres coming under Wagholi PHC of Pune district. Data is collected by using a semi-structured questionnaire to conduct in depth interview. The quantitative data is analysed in percentage and frequencies. Qualitative data is analysed by using QSR's N6, N vitro and Atlas Ti software packages.

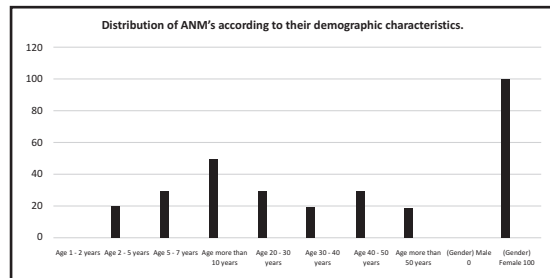
Results

Total 10 ANM's respondents were

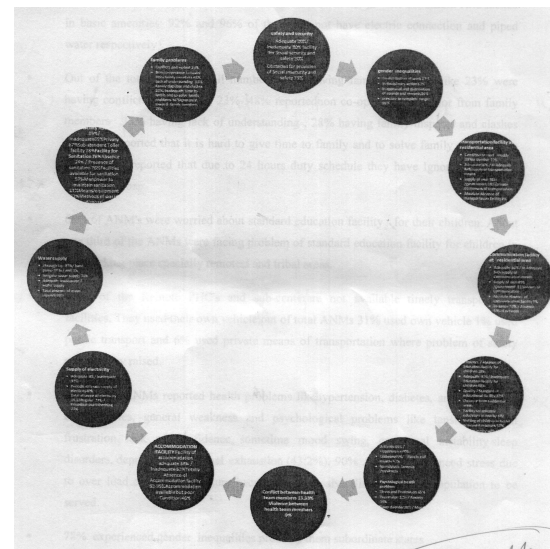
interviewed. Audio tape is done.

Table 1 : Distribution of Auxiliary Nurse Midwives according to their demographic characteristics

SN	Demographic	No.	Percentage
1	Age (years)		
	20 - 30	03	30
	30 - 40	02	20
	40 - 50	03	30
	More than 50	02	20
2	Gender		
	Male	00	00
	Female	10	100
3			
	1 - 2 years	00	00
	2 - 5 years	02	20
	5 - 7 years	03	30
	More than 10	05	50



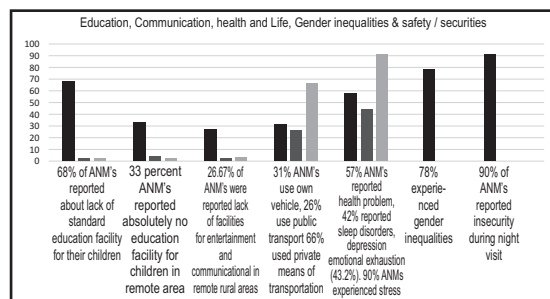
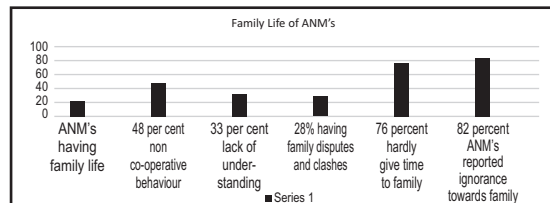
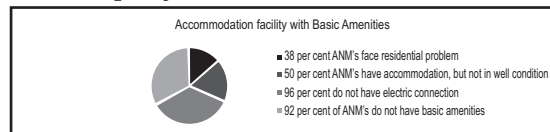
Themes, subthemes and statement of ANM's related to personal experiences



Experiences from personal environment

- Out of total ANM's 38 percent were absolutely facing residential problems. More than 50 per cent of the ANM have accommodation but not well maintained. And lacked in basic amenities: 92% and 96% of them did not have electric connection and piped water respectively.
- Out of total ANM's small numbers were having family problems like 23% were having conflicts and violence. 23%, 48% reported non co-operative behaviour from family members. 33% having lack of understanding, 28% having family disputes and clashes and 76% reported that it is hard to give time to family and to solve family problems in time; 82% reported that due to 24 hours duty schedule they have ignorance towards family members.
- 68% of ANM's were worried about standard education facility for their children. About one third of the ANMs were facing problem of standard education facility for children in the working place especially remotest and tribal areas.
- Most of the Remote PHC's and sub-centres are not available timely transportation facilities. They used their own vehicle, out of total ANMs 31% used own vehicle, 1% used public transport and 6% used private means of transportation where problem of safety and security raised.

- 45 to 57% ANMs reported health problems like hypertension, diabetes, arthritis, pain in calf muscles, general weakness and psychological problems like tension, burnout, frustration, lack of confidence, sometime mood swing, emotional instability, sleep disorders, depression, emotional exhaustion (43.2%). 90% ANMs experienced stress due to over load and work pressure because of excessive distribution of population to be served.
- 78% experienced gender inequalities provide them subordinate states
- 90% experienced inadequacy in safety and security while working in remotest and tribal areas; during night time there was no such facility of safety and security. It was her own responsibility to take care of her safety and security to stay alone at sub centre without any company.



Personal experience Related to Residential facilities

ANMs are facing accommodation problems. They do not have / get staff quarters. If quarter is provided it is not in minimum good condition. It is with lack of basic amenities like electricity, piped clean water, toilet, drainage, sanitation etc. It makes it difficult for ANMs to live with their families in rural areas. Not available a suitable rented room in their surrounding working village.

- ❖ 31 years ANM shared her experiences that her husband works in another district, and it is difficult to reside here alone. "There is no Accommodation. Rents are high - people ask for Rs 500-600 for a house, which I cannot afford"

Family life / relation

- ❖ Out of the total ANMs small numbers were having family disputes and disturb family life because they were unable to care for family due to overburden and 24 hours work schedule. Small numbers of ANMs were having family clashes and conflicts gave rise to violence in family non co-operative behaviour of family members, lack of understanding from family members which disturb family life and relation, spoil interpersonal relationship.
- ❖ One ANM shared her experience that it was very sensitive issue when I asked her how she tackles or solves the domestic violence? To make them understand the actual problem and to tell them how to solve them helps

solving the problem. She literally started to cry when I asked her What family problems do you face related to family relationship due to this job? She took pause and said that ignorance is usually experienced. When she goes for Night call to attend deliveries lots of misunderstanding was experienced initially but now family members have understood.

- ❖ 26 years old ANM shared her experience that when she alone visit to tribal area or sometimes she had to stay in tribal areas there was misunderstanding between husband and family members which lead to quarrel and dispute in relation.

Most of ANMs reported that sometimes there are conflicts and clashes between lifepartner where whether to leave the job or finish life; they were unable to concentrate in their work place or in the family. This stress disturbs emotional stability; increase their level of anxiety and depression. All these create her health problems like psychological problems like tension, burnout, frustration, mood swing, emotional instability.

- ❖ One of ANM's said that as female in family I have to see family members, children in family; there is no alternative for me. Sometimes I get less co-operation from family members have to tackle my own problems. I have to work very hard with lots of efforts to develop faith and to get co-operation from life partner and family members.

Health and life

Due to workload unequal distribution of population and pressure to complete targets these all create health problems to ANMs such as arthritis, diabetes, hypertension, general weakness pain in calf muscles and psychological problems like tension, burnout, frustration, stress lack of concentration sometime mood swing, emotional instability.

- ❖ 34 years ANM shared that I have to stay alone during night shift at sub centre, nobody accompanies me. Sometimes I used to feel pressurised of workload, but always try to do work with own satisfaction and try to remain happy throughout the working hours. I go to ISKON temple regularly and follow them by my mind fully. I made myself fully prepared to face any problems in future. because of this reason many of my colleagues leave the job, but I still feel I will get job satisfaction

Safety and security

Social insecurity for ANM's is a very serious problem through community side especially in remote tribal areas. Generally ANM's are visited in the field alone. They faced many problems by anti social element, behaviour and teasing by alcoholic and youngsters. Due to absence of societal support, co-operation and security in rural and remote areas they experience some unique challenges when compared to their urban counterparts. For some, these challenges may make them more susceptible to societal violence,

clashes and conflicts which decrease societal relationship and mutual respect from community. Lack of societal support, moral support and encouragement hampered self identity, competencies; confidence and decrease reputation of ANM.

Children Educational facilities

About one third of the ANMs were facing problem of standard education facility for children in the working place. Lack of facility of standard education for the children of ANM forces her to manage her child to accommodate either at relative's place or at the hostel of the school for good and quality education. Mostly ANMs were standing at district head quarter and daily or weekly up-down because their children are studying there. Thus majority of ANMs family life is disrupted for their children education. This definitely affects their work output.

Most ANMs reported being concerned about their children's education: many who had earlier lived in the sub-centre village said that they had shifted to a bigger village or town because local facilities for education of grown-up children were either remote, or of poor quality. In such instances, they traded their children's inconvenience of commuting to school with their own time and effort in commuting to the sub-centre from a town. By contrast, ANMs whose children were very young and either did not go to school or went to primary school found it convenient to live in the sub-centre area.

Some of experiences described below in their own words

- ❖ One of ANM shared her experiences that schools are available but no good quality of education at these schools so we have to send our children to hostel to get good quality of education. To improvement of quality of education there must be equality of education in all aspects.
- ❖ ANM said that no educational schools for children in Lohegaon and whatever is available it is not adequate. There is educational facility in Wadgain Shinde which is 8 km from Lohegaon but her Children were studying already in Pune so still they are pursuing education in Pune. When I asked about the education facility for their children in rural area she said schools are available but no good quality of education at these schools so we have to send our children to hostel to get good quality of education.

Gender inequalities

78% experienced gender inequalities provided them subordinate states ANM as Nurse Inequalities were seen in distribution of work delegation of authority, accountability, disciplinary action against negligence and misconduct, pressure to complete target, performance apprise and distribution of population to serve. NMS feel that they were overburdened and over pressurised to complete targets as compared to MPW, ANM makes her mandatory sometimes to stay at working place or clinical areas but

male health worker does not have such type of compulsion.

- ❖ One of ANM shared her experience that MPW don't bother about to complete target nobody punishes themno disciplinary action for same. Only ANM to punish.
- ❖ Night calls to be attended by ANM only, MPW will not attend night calls.

Conclusion

It is concluded that some of experiences of ANMs hampered professional harmony, personal and family life and job satisfaction. It is very crucial that ANM should secure her values, beliefs, sound knowledge and practices. She has to make autonomous decision in best environment of society while working in remotest areas. There are a number of interventions that can mitigate the occupational hazards and stress. They can be individual-focussed or organisation-focussed. Individual-focussed interventions include stress programme. Stress management programmes can reduce anxiety, sleep disorders, and other symptoms of stress. Organisational interventions focus on reducing stressful aspects of the work environment by defining stressfull characteristics and developing solutions to them by providing productive and comfortable environment.

Nursing Implication

ANMs play varieties of role as clinician, care provider, Health educator counsellor, manager and administrator. In the context of organisational tensions and pressures

the experience of ANM through the unpredictable intensity of the health care services process can be a significant source of stress for Auxiliary Nurse Midwives. Although increasing attention is now being paid to ANMs' traumatic experiences and wellbeing Ambiguity in the role of ANMs has muddled policy and confused action. Accurate job description should be given to ANMs. The long duration required to develop a cadre of professional ANMs. It is crucial need to recognise ANMS as professional.

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