

Assessment of societal experiences of Auxiliary Nurse Midwives working in Sub-center of Pune District , Maharashtra.

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Abstract

Background: In the health care delivery system, Auxiliary Nurse Midwives (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. The aim of our study was to assess societal experiences of Auxiliary Nurse Midwives working in Sub-center of Pune district.

Material and Methods: A qualitative study data was collected by using validated semi-structured questionnaire to conduct in depth interview (Audio Taped Interview). The quantitative data was analyzed in percentage and frequencies. Qualitative data was analyzed by using **QSR's N6**, Nvivo and **Atlas Ti** software package.

Results: Out of the total ANM 40.67 percent were reported that people are not easily convince, 38 percent was complaint about lack of cooperation by community members.50 percent of ANM's were complaint about the non-cooperative behaviors about private practitioners and NGO's. About one fifth of the total ANM's reported that illiterate women and specially schedule caste and schedule tribe women are resistance to accept family welfare services.80% percent were reported that social insecurity in remote tribal areas. (47.33%) were reported problems by anti-social aliment behaviors from community and local leaders.32% reported teasing by alcoholic people and youngsters

Conclusion: It was concluded that society should see comfort, wellbeing and provide supportive societal environment to ANMs. These will help them to fulfill the purpose and achieve goal of National Health Program. Social security, community co-operation and involvement, protection of ANMs from antisocial behavior and teasing is very essential to raise quality and standard of healthcare services.

Key Words: Societal experiences, Auxiliary Nurse Midwives, Sub-center, anti-social behavior, health care services

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. ¹They 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 areas. It is, therefore, interesting to assess experiences of ANM while working in the rural and tribal communities.^{2,3}

ANMs feel that they are service providers who work in more complex and drastic environment where they always experienced problems, obstacles, issues and challenges which they managed their own without any assistance supervision or superior and professional support.⁴ While working in rural areas especially in remotest areas physical and Social insecurity for ANM's is a very serious problem through community side especially in tribal and hilly areas.⁵ They face many problems by anti social aliment behaviors from community. Due to illiteracy or low level of literacy in the study areas very serious problems though community side reported by ANMs. Negative experiences predispose ANM at risk for injuries and illnesses, including high stress, Emotional exhaustion and instability which decreases professional competency and efficiency. Hence with this background , there is need to seek the more research study carried out to

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assess societal experiences of ANM working in rural areas in selected district in state of Maharashtra. ⁶ Our aim was to assess societal experiences of Auxiliary Nurse Midwives working in Sub-center of Pune district.

Methods and Material

A qualitative study researcher conducted a pilot surveys covering all Sub-centers come under wagholi PHC contacted 6 ANMs. Data was collected by using a semi-structured questionnaire to conduct in depth interview (Audio taped interview) The quantitative data was analyzed in percentage and frequencies. Qualitative data is analyzed by using QSR's N6 ,Nvivo and Atlas Ti software packages. The interview was conducted by using semi-structured questionnaire as interview guide and Audio recording was done to get reliable and full data or responses from ANM's. The observation from personal interviews discussion and comments from ANM's are narrated was shown below

Results

Researcher conducted a pilot surveys covering all Sub-centers come under wagholiPHC. Total 10 ANM's respondents were interviewed . Audio tape recording isdone. All personal interviews kept confidential and recorded interviews were heard by ANMs. These experiences were related to societal environment.

Selected aspects were studied s such- Social security and safety, attitude and behavior of community and local leaderstowards ANMs, Cooperation by Community and resistance towards health service.

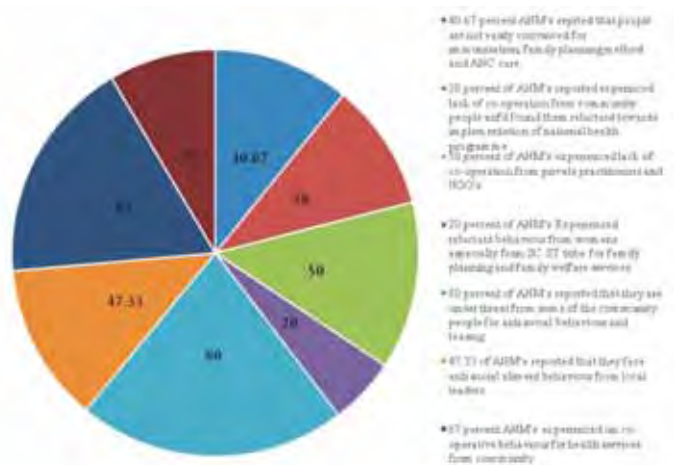
Table 1: Distribution of ANMs according to their demographic characteristics

SN	Demographic Variables	No. of ANM	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.	Experience		
	▶ 1 – 2 years	▶ 00	▶ 00
	▶ 2 – 5 years	▶ 02	▶ 20
	▶ 5 – 7 years	▶ 03	▶ 30
	More than 10 years	▶ 05	▶ 50

Result

- ✓ Out of the total ANM 40.67 percent were reported that people are not easily convince about immunization, space method, ANC and RTI/STI services.

- ✓ Out of the total ANM's 38 percent was complaint about lack of cooperation by community members for implementation of the national health programmes.
- ✓ 50 percent of ANM's were complaint about the non cooperative behaviors about private practitioners and NGO's.
- ✓ About one fifth of the total ANM's reported that illiterate women and specially schedule caste and schedule tribe women are resistance for the ANC, immunization and family welfare methods.
- ✓ Out of the total ANMs near about 80% percent were reported that social insecurity is a very serious problem especially in remote tribal areas.
- ✓ Total of service providers near about fifty (47.33%) were reported problems by anti social aliment behaviors prom community and local leaders.
- ✓ About 67% of total ANMs complained that people were not easily convenience and shows unco-operative behavior for health services.
- ✓ 32% reported teasing by alcoholic people and youngsters



Graph 1) Graphical presentation of results obtained during study

Discussion

ANM are privilege persons very close to community for 24 hours so they develop friendly relationship than therapeutic relationship with community. NMS are useful parameters for appropriate practice but they do not tell her what to do in every situation. Every day practice real life situation are complicated and more complex. Sometimes boundaries between own professional and personal life are difficult burden for development of mutual trust and faith in ANM and society .ANM has to develop sometimes human relationship rather than professional or conventional relationship with society .Due to absence of societal support cooperation and security in rural and remote areas we experience some unique challenges when compared to our urban counterparts. For some, these challenges may make us more susceptible to societal violence, clashes and conflicts which decrease soci-

etal relationship and mutual respect from community. Lack of societal al support moral support and encouragement hampered self identity, competencies, confidence and decrease reputation of ANM. This hampers professional harmony and job satisfaction called as WORK PLACE BULLYING.^{7,8}

The experiences were drawn from social environment where their midwives work. We begin here by looking at ANM narrative of their experiences interacting with community and others.

Due to illiteracy or low level of literacy in the study areas community is not easily convince . To accept health care services, Even though the private practitioners and NGO's are not cooperative for implementation of national health programmes. One of our participant replies that according to patient's mood and convenience she has to work and justifies it with another hand of harassment from local leader who demand services at their homes like immunization.^{9,10,11}

Social insecurity for ANM's is a very serious problem through community side especially in remote tribal areas. Generally ANM's and LHV's are visited in the field alone. They faced many problems by anti social aliment behaviors and teasing by alcoholic and youngsters. One of ANM's were complaint about social insecurity of She said with bitter heart that She was at place called as MANDAVGAN FARATA which a pretty far and she was bringing a delivery patient to Sassoon hospital, initially the relatives of patient promised that they will drop her back but later they refused and it was pretty late (12 am), then she took rickshaw and went alone service providers in the field by antisocial community people.⁷

One of NM shared very bad experience while working in tribal area local leader came to her for abortion of his sexual partner but it was against MTP Act she refused it so that person harassed her physically for longer time made her false complaints to administration that she had not given proper care if they have to give 100% target pproch should be distribute population what is expected to norms. During night time she told that there was no as 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 accompany. It becomes a 'to be or not to be' situation for ANM while performing her duty especially at night and that too remote tribal area. This is due to social insecurity and personal safety. ANMs have sometimes harassment by Medical community and local political leader.¹²

One of ANM She experienced that when she was unmarried she faced different types of teasing from youngsters and alcoholic people but since she got married her social position, status in community and work place raised.

One of ANM shared her experiences that on the first month of her appointment she undergone various teasing harassment and testing my certain groups in the community like youths cost and blame her whenever question of distribution if contraceptive she heard certain statement like dark you are them yourself you first how to use then we will use it sometimes people stone her have so that persons ANM could situation the harassment la-

tent for 6 months but from her true quality rendered services to she won the confidence if community and certain good people from village and develop professional non conventional relationship with them. Another hand of harassment from local leader who demand services at their homes like immunization.¹³

Some of the ANMs have reported that generally the community members are not at all cooperative. Rather many times, they are creating problems. They do not get much respect from the people in the community. They do feel we should available to them as per their convenience.⁸

One of ANM shared her experience that she did her work with dedication and honesty so she remain satisfied through her working periods, and everyone should go by same way to have peaceful life. One of experience shared by ANM,s that she had given appointment to members in family due some reason it was not possible to her visit there on 2-3-4 day if she visited there family do not give her response or the loss their confidence or they neglect her usually it happen and because of that they lose faith and confidence and it leads to reduce community participation and involvement community becomes reluctant towards health services and mutual trust and faith in health care providers, she had to work very hard and struggle with lots of efforts to develop faith and to get co-operation from community. When unexpected unpleasant awful things happen unfortunately people or community sometimes disposed to blame themselves. And thus ANM experiences feeling of disappointment and inadequacy.

It is concluded that society should see comfort, wellbeing and provide supportive societal environment to ANMs. These assist them to fulfill the purpose and achieve goal of national health programme. Before increasing the number of field functionaries there is a need to improve social and logistics support OF ANMs. Social security, community co-operation and involvement, protection of ANMs from antisocial behavior and teasing is very essential to raise quality and standard of healthcare services. If the profession is to continue and flourish the member of profession need to be able to flourish this can be achieved in positive and comfortable societal environments there needs to be safe and open forum for ANM to express their needs and share their experiences so hierarchy can listen carefully and give justice to them by providing optimum and productive societal environment to provide good quality health services to community.

ANM should help to secure her values and beliefs to raise sound knowledge and practices while working in profession. She should aware about her limitation, boundaries responsibility and code of ethics, ethical principles while working in rural communities especially in tribal and remotest areas. Local government like panchayat, local political leaders and the local community can be empowered to monitor the visits of the ANM provides logistic and societal support and appraises theirwork. Remove obstacles, solve problems and eliminate Political interference. To avoid resistance from community and to get co-operation from them this can be done by collaborative, co-operative approach

with good communication skill along with these ANM's have to work very hard with lots of efforts to develop faith and to get co-operation from community. ANM has to develop human relationship rather the professional or conventional relationship with society. The relationship and interaction of ANM in society have significant effect in their practice relationship make bad situation good and good situation bad. In complex situation ANM work harmoniously because if good rapport in the community. It seems that quality of this relationship with community and others helps ANM and their practices to flourish as social practices.

Conclusions

It was concluded that society should see comfort, wellbeing and provide supportive societal environment to ANMs. These will help them to fulfill the purpose and achieve goal of National Health Program. Social security, community co-operation and involvement, protection of ANMs from antisocial behavior and teasing is very essential to raise quality and standard of healthcare services.

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