

Original article:

A study to assess personal experiences of auxiliary nurse midwives working in sub-center of Pune district- exploratory study

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ABSTRACT:

AIM OF THE STUDY: Our aim was to assess personal experiences of Auxiliary Nurse Midwives working in Sub-center of Pune district- Anexploratory study”

MATERIAL AND METHODS: A qualitative study data is collected by using semi structured questionnaire to conduct in depth interview (Audio taped interview) the quantitative data is analyzed in percentage and frequencies. Qualitative data is analyzed by using **QSR's N6**, Nvivo and **Atlas Ti** software packages.

RESULTS: Out of the total ANM's 38% was absolutely facing **residential problems**. More than 50 % of the ANM have accommodation but not in well condition. Out of the total ANM's 23% were having family problems like conflicts and violent, 48%were having non co-operative behavior 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 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 specially remotest and tribal areas. More than one fourth (26.67 percent) of ANM's were 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

CONCLUSIONS: 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.

KEY WORDS: personal experiences, Auxiliary Nurse Midwives

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 specially 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 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. The purpose of research was to assess their personal experiences which they share me from different environment from every day practices and activities in order to gain understanding that allow me to express them in some way. Further purpose was to ascertain how these experiences from activities had affected their practices , profession , personal and family life.

METHODS AND MATERIAL

A qualitative study researcher conducted a pilot surveys covering all Sub-centers come under wagholi PHC contacted 6 ANMs. Data is collected by using a semi-structured questionnaire to conduct in depth interview (Audio taped interview) the quantitative data is analyzed in percentage and frequencies. Qualitative data is analyzed by using QSR's N6 ,Nvivo and Atlas Tis 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

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

SN	Demographic	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.			
	▶ 1 – 2 years	▶ 00	▶ 00
	▶ 2 – 5 years	▶ 02	▶ 20
	▶ 5 – 7 years	▶ 03	▶ 30
	▶ More than 10 years	▶ 05	▶ 50

EXPERIENCES FROM PERSONAL ENVIRONMENT

- Out of the total ANM's 38 percent were absolutely facing **residential problems**. More than 50 percent of the ANM have accommodation but not in well condition. And lacked in basic amenities: 92% and 96% of them did not have electric connection and piped water respectively
- Out of the total ANM's small numbers were having family problems like 23 were having conflicts and violent 23% ,48% non co-operative behavior 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 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 standard education facility for children in the working place specially remotest and tribal areas.
- More than one fourth (26.67 percent) of ANM's were reported lack of facilities for entertainment and communicational in remote rural areas.
- Most of the Remote PHC's and sub-center is 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.
- 78% experienced gender inequalities provides them subordinate states
- 90% experienced inadequacy in safety and security whole working in remotest and tribal areas during night time 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.

DISCUSSION

ANMs feel that they are service providers who work in more complexes and drastic environment where they always experienced problems, obstacles, issues and challenges sometimes these experiences from different situation have adverse effect on their personal and family health and relationship. Occupational Burnout and exhaustion increase the risk for illness; medical error and dissatisfaction in job. Majority of ANMs family life is disrupted because of 24 hours duty overburden of work due to unequal distribution of population and lack of facility of children education near to working place.

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.

Out of the total ANMs small numbers were having family disputes and disturb family life because they could not able to care family due to overburden and 24 hours work schedule . Small numbers of ANMs were having family clashes and conflicts gave raised to violency in family non co-operative behavior of family members, lack of understanding from family members which disturb family life and relation spoil interpersonal relationship.

- ❖ One ANM shared her experienced that It was very sensitive issue when I asked her how she tackle or solve 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 faced related to family relationship due to this job? She took paused 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 stayed 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 life partner where whether to leave the job or finish life they could not able to concentrate in their work place or in the family. This stress disturb 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 said that as female in family I have to see family members, children in family there is no alternative for me .sometimes I gets 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.

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 relatives 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 is definitely affect their work output.

Most ANMs reported being concerned about their children's education: many who had earlier lived in the sub-center 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-center 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-center area.

78% experienced gender inequalities provides 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 overburden and over pressurized to complete targets as compared to MPW .ANM it makes her mandatory sometimes to stay at working place or clinical areas but male health worker does not have such type of compulsion. Even they donot bothered about safety and security of female health worker during night time or even they donot accompany with ANM s when they alone visit to remotest areas.

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.

Nursing implication

ANMs play varieties of role as clinician, care provider. Health educator ,councillor 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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