ANM

Her Role in 'Health For All by 2000 A.D.'

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HEALTH SERVICES in rural India are delivered through a network of Primary Health Centres (PHCs) and Sub-Centres (SCs). The health functionary ultimately responsible for delivery of services and implementation of National Health Programmes and policies is the Auxiliary Nurse Midwife (ANM) or Female Health Worker. It is she who lives in the SCs and caters to the health needs of rural people.

The ANM plays a highly crucial role in the health services of the country. It is her involvement that is most needed for putting into practice the ideology of Primary Health Care and for achievement of the goals of 'Health For All' by the year 2000. The vital role that ANMs play can be appreciated through a review of the unique placement and potentialities of these functionaries for achieving health goals. These are :

(a) The ANM is part of a workforce which is the largest female health manpower group in rural India. As on 31st December, 1987, there were 1,18,230 of them on the State Nursing Registers. (Government of India, 1989, p. 93).

(b) The ANMs as a body cater to the needs of a huge percentage of the population, i.e., the total rural population of India. This consists of 76.69% of the entire population of the country. According to 1981 Census 525.46 millions lived in Indian villages out of the total of 685.18 millions. All of them were to be provided health services by ANMs in Sub-Centres.

(c) The ANMs' outreach is also greatest because they are not concentrated in just a few pockets of the country like towns or cities, but are spread all over India's length and breadth. They are thus in a unique situation to spread the message of Primary Health Care to those people who most need it.

(d) The ANMs have the best access to the largest population for another reason leaving aside their geographical spread and physical proximity. This is because they are culturally closer to the people they serve as most of them come from similar rural and social backgrounds.

(e) The ANMs' training and job description is another of their strengths. They are women trained particularly to deliver Maternal and Child Health services and Primary Medical Care. Majority of the real and felt health needs of people in inaccessible rural areas fall under these two aspects. Timely health care in these two aspects, it has been stated, would reduce the morbidity and mortality to a very large extent in villages.

Recognising ANMs' crucial role in achieving the targets of 'Health For All', the Government of India made the required changes in their training and scope of functioning to suit the new demands. The earlier syllabus which concentrated on Midwifery alone was revised to include training in a wide range of subjects. (Indian Nursing Council, 1977). The earlier unipurpose functioning in Maternal and Child Health, and Family Planning was enlarged to include a multipurpose job description. (Government of India, 1984).

The number of training schools and the annual intake and out-turn of students went up steeply in the last decade. (Government of India, 1989, p. 84). From an annual intake of 4,264 in 1980, the admission of students to ANM courses rose to 10,981 in 1987 in the 466 educational institutions all over the country. The number of ANMs being trained is on the rise each year. Along with this the number of PHCs and SCs, and the number of ANMs employed in them rose tremendously. There is a higher financial investment in the education and employment of ANMs now than a decade ago. As on 30th September, 1988 there were 16,535 PHCs and 1,10,275 SCs in the country. (Government of India, 1989, p. 151). There were 1,11,858 ANMs in position in different SCs and PHCs of the country during 1988 with another 9,013 posts to be filled. (Government of India, 1989, p. 29).

Functions and Role Performance

The ANM is entrusted with a wide range of duties at the Sub-Centres. The Government of India has made her responsible for Maternal and Child Health and Family Planning Services including Medical Termination of Pregnancy; for Dai training and super-

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vision; for control of Communicable Diseases; for Nutrition and Immunization services; for maintaining health information and record keeping; and, for the treatment of minor ailments, and referral of those beyond her capabilities. The ANM is to perform all this in coordination with other health workers in the villages and PHCs (Government of India, 1984). Detailed manuals were prepared to guide ANMs in performing these duties.

A task analysis of the above large and varied duties will show that a high level of knowledge and skill will be required to perform them effectively. The ANMs' functions are vast, complex and have far reaching implications in the positive direction if carried out. These functions are the key to health improvement in the country.

The ANM, by virtue of her functions in the village, can gain the trust and cooperation of the people. She is the appropriate person for carrying out the tasks of Primary Health Care. It is she who can make the targets of 'Health For All' by the year 2000 a reality in India even though the attainment of these seems highly impossible now.

However, in spite of her unique placement, training and other potentialities the ANM's performance has not been very encouraging. Many studies have pointed out that the ANM has not been effective in carrying out her role as health care provider. (Bhatnagar and Sengupta, 1980; Chuttani and others, 1976; Subba Rao and others, 1980; and, Virmani, 1984). Health Information and health care indicators of the country are also a proof of the low achievements so far. ANMs have been held responsible for the slow progress in health. Certain Observations have been made repeatedly highlightling the inefficiency of the health care system in general and the poor role performance of ANMs in particular. These are :

(a) the extremely slow improvement in health status in the country even in the present decade despite the changes brought about for facilitating achievements — this is supported by the apparently low targets reached so far and the poor figures of health indicators presented in our health statistics. (Government of India, 1989, pp. 41 and 298).

(b) The low utilization, and the poor opinion of Government Health Services by the rural people — an evidence of this is seen in the thriving practice of poorly qualified medical practitioners in the villages.

(c) The low impact that the ANMs have had on the community — this has been deduced from the poor opinion that rural people have regarding ANMs, the lack of support and the poor image and status of ANMs.

This dismal picture necessitates a review of the total health care system in the country. The origin of the cadre of ANMs, their achievements and impact so far and their prospective roles have to be carefully studied. Some of the reasons for the failure of ANMs have been studied through various field studies and can be summarised as : (a) the heavy workload of ANMs; (b) the low support and security to ANMs in the villages; (c) the poor working facilities; (d) the negligible supervision and guidance in work; (e) the inadequacies in training and very few opportunities for continuing education; and (f) the poor referral and communication system. Besides these certain issues closely related to their working have been held responsible for the low achievements, viz, the lack of scope for improvement in education, poor opportunities for career advancement; health policies and programmes which are incongruent with realities and do not facilitate work; the low involvement of ANMs (any Nurse for that matter) in decision making; and the inadequate attention to social matters of ANMs, specially those relating to gender.

Through trial and error it was learnt that the health services' structure best suited to India is one with a strong rural foundation comprising a generalised health care cadre at the village level. Accepting this fact that only efficient and widespread rural health services provide a hope for achievement of targets, a sincere attempt has to be made in either of two directions : a) reorganize and strengthen the present health care system with ANMs as key persons ; or b) search for an alternative system keeping the Indian rural situation in view.

If the first step is to be selected, a few measures for strengthening the work of ANMs could be :

* Setting realistic health goals which ANMs can achieve under their conditions of work and setting goals based on real needs of people.

* Facilitating performance through timely guidance, support and supervision, and the provision of necessary materials for work.

* Preparing a strong supervisory and evaluatory cadre at the middle managerial level.

* Involving ANMs in goal setting and other decisions regarding rural health care.

* Encouraging educational improvement and ensuring career rise.

* Facilitating positive relations with community and fostering a positive working environment.

Since Independence in 1947, the Government of India has been taking steps to boost up the role and performance of Nurses. But, despite the recommendations of the Bhore (1946) and the Shetty (1954) Committees the involvement of Nurses in Health Planning and decisions has remained peripheral. When the Primary Health Care and the 'Health For All' concepts were to be implemented the

Government brought out a National Health Policy in 1983 which indicated a deeper involvement of ANMs if healths goals were to be realised. A High Power Committee on Nursing was formed in 1989 (Government of India, 1990) which put forward several measures for enhancement of the role of Nurses in general and ANMs in particular for the achievement of national health objectives. The Division of Health Manpower Development of the World Health Organization has also recommended in its report several measures for greater involvement of Nurses in 'Health For All' (WHO, 1982).

However, no major shift in training and working of ANMs has been noticed in India even though health authorities are aware of the major role that ANMs can play. Political, social and economic constraints seem to hinder the taking up of stronger measures to strengthen their role. But if the commitment to achieve 'Health for all' goals is sincere a step in the forward direction has to be made. Before the old system can be totally condemned and a new model is adopted, the lacunae in the present system have to be fully analysed. This would help to either fill in the gaps in the present health care system or to prevent them in the new one.

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CALENDAR OF EVENTS

The 2nd Asian Cardiac Nursing Conference, jointly organised by Penang Cardiology and Cardiothoracic Paramedic Association, Department of Cardiology and Department of Cardiothoracic Surgery, Penang Hospital, Ministry of Health, Malaysia, will be held at Sandby Bay Paradise Hotel, Penang, Malaysia, during April 24-27, 1997. Those interested may contact Tan Ah Hong, Chairperson of the Organising Committee, C/o Cardiothoracic Intensive Care Unit (Ward CICU), Penang Hospital, Jalan Residency, 10990, Penang, Malaysia. Tel : 04-2002174/175, Fax : 604-2281737.