# Auxiliary Nurse-Midwives In Family Planning

**Miss K.M.S. Annapurna**

After a two-year training in 'Nursing and Midwifery' the Auxiliary Nurse-Midwife enters the Sub-centre of a Primary Health Centre which takes care of about 10,000 people in the health programmes. She has an important role and a heavy responsibility. She is a guide to the eligible couples, a help to expectant mothers and a boon to the new-born.

She is directly responsible to the Health Visitor and gets her guidance from the lady D.E.E. of her district, Mass Education and Information Officer and the Health Visitor regularly.

After she takes over charge at the sub-centre, she prepares her tour programme with the help of the Health Visitor of the P.H.C. The programme is scheduled in such a way that the cases are properly attended to during her visit to the village.

Initially she starts her work by surveying the villages in her area and preparing a village-wise list of targets and eligible couples and maintaining a survey register for each unit of 1,000 population. In the process of survey she is known to the village mothers and is gradually accepted as their good friend. She registers ante-natal and post-natal cases and lists the names of children who have not been immunised. While collecting the data regarding births and deaths that occured during the month, she also collects information relevant to the F.P. programme. This includes the particulars about the couples that adopted permanent methods of contraceptives, couples inclined to adopt F.P. methods and the couples that are resistant to F.P. In addition to these, the ANM also finds out those couples which are in need of treatment for sterility. Her repeated visits in the area make her popular and she gains their confidence.

**A Health Educator :** During her visits to the villages she talks to the mothers about personal hygiene, sanitation weaning diet and other matters of their interest. She educates indirectly, but effectively. She brings home to them the significance of F.P. and suitable contraceptive methods, causes of sterility and its cure. She helps sterility cases by referring them to the Urban F.P. Clinics for diagnosis and treatment and starts educational and motivational activities simultaneously, by direct and indirect approaches.

(Miss Annapurna, M.A., Dist. Extention Educator, Dharmapet, Andhra Pradesh)

**A motivator :** When she succeeds in motivating a good number of c ases for vasectomy or sterilisation, she takes the initiative for organising vasectomy and tubectomy camps in the area. After the camp, she follows up discharged cases.

The ANM intensifies her educational activities during the special fortnight celebrations to achieve more targets. She puts forth all her efforts with enthusiasm to show positive increase in the number of adopters.

Once the ANM builds up the rapport in her area, she is not only an acclaimed motivator but also an idol in whom the people repose their faith. While going round the post-operative wards of the Tubectomy camps for interview, the author of this article observed that the patients wanted the ANM by their side so that they may express themselves freely and frankly and they recognised the ANM more as a community member than a member of the health team.

The ANM serves as the most effective agent in the programme for extension education and mass communication for family planning. It is, however, expedient that care is taken to keep her informed about latest developments in the programme as also to impart her adequate training in the F.P. work.

## NURSE MIDWIVES

According to Mukherjee Committee, pattern of having one Auxiliary Nurse-Midwife (ANM) for 10,000 population approximately, 8 A.N.Ms are required for each primary health centre serving about 80,000 population. The total number of A.N.Ms in position in 1968 in the sub-centres was 21,000. During 1969-70, the figure, however, increased to 30,000. With the expansion of training facilities for A.N.Ms, it is estimated that about 60,000 A.N.Ms will be available by the end of the Fourth Plan period. There are 332 A.N.M schools in the country with an admission capacity of 6,000. On an average, 5,500 students are admitted to the schools and about 5,000 have been qualifying every year so far. The requirements for A.N.Ms by the end of the Fourth Plan will be about 64,000 to man 42,000 sub-centres and 5,427 primary health centres. The number to be planned for will have to be in fact, somewhat larger in this field on account of the loss of a substantial number of trained A.N.Ms because of marriage and other social factors.

It is expected that by the end of the Fourth Plan period, each State will attain self-sufficiency in providing A.N.Ms except Uttar Pradesh, Bihar and Orissa. Attempts are, however, being made to establish A.N.M schools in these three States to overcome the shortage. The UNICEF assistance in this regard will also be available. It is, therefore, possible to meet the requirements of A.N.Ms by the end of the Fourth Plan through the existing training facilities and the expansion envisaged as well as by adjusting the regional imbalance which exists at present.

(*Swasth Hind*)