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Research Article

A Mixed Method Study to Assess the Job Performance of Female Health Workers (ANMs) and Problems Faced by them in the Selected District of Uttar Pradesh

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A B S T R A C T

Introduction: Female health workers (ANMs) are one of the important links between health services and the community. The success in improving the comprehensive primary health services for the rural poor in India depends on how efficiently female health workers (ANMs) is able to perform.

Objectives: The main objectives of the study were to assess the job performance of female health workers and problems faced by them and beneficiaries.

Methodology: Both qualitative and quantitative approach with a non - experimental research design was adopted for the research study. 71 female health workers (ANMs) by using Convenience sampling technique and 91 beneficiaries by using systemic random sampling technique were selected for quantitative approach and for qualitative part 7 female health workers (ANMs) and 9 beneficiaries were chosen from Shrawasti district, Uttar Pradesh. Data collection was done by using rating scale and semi-structured interview schedule.

Result: The study revealed that according to the female health workers the majority of the female health workers (ANMs) were doing good performance while according to beneficiaries only few of them were providing services to the community as per the IPHS guidelines. Main problems of female health workers identified were lack of resources, lack of safety, less salary, shortage of staff, no provision of residential accommodation, heavy workload.

Conclusion: Drawn from the study was a need to strengthen the grass root level interventions in terms of strengthening the sub centers.

Keywords: Female Health Workers, Job Performance, Beneficiaries, Problem Faced

Introduction

Community health is a holistic phenomenon that caters to all the sections of the society i.e. poor, rich, child, adult, elderly, men, and women.[1] Health is a fundamental human right and a worldwide social goal which is essential to the satisfaction of basic human needs and to an improved quality of life and that is to be attained by all the people.[2] The National Rural Health Mission (NRHM), is the latest broad vision for improving comprehensive primary health services for the rural poor in India. ANMs are positioned as a key health worker within the NRHM human resources framework. ANMs works at health sub-centres. The sub-centre is a small village-level institution that provides primary health care to the community.[3]

The Mukherjee committee in 1966 prescribed a system of targets and incentives for identified ANMs and other village-level workers as agents for the popularization of the health programmes. In the 1950s and 1960s, training of ANMs mainly focused on midwifery and mother and child health. In 1973, the Kartar Singh committee of the Government of India combined the functions of the health services and changed the role of ANMs. The committee recommended that there should be 1 ANM available per 10,000-12,000 people.[3]

The ANM cadre is the most well-educated and oldest cadre among the village-level health workers, having been established in the 1960s.[4] The female health worker (ANM) is placed in a strategic position at the sub-centre and recognised as the "interface" between government health services and the community.[5]

Nurses are popular scapegoats. They are blamed for whatever goes wrong in the hospitals by all patients, their relative, doctors, and administrators. The attitude of the government and public and private agencies towards nursing in India are reflected in the working conditions of nurses which are far from satisfaction.[6]

The high power committee reports that poor working conditions, lack of equipments and supplies an inappropriate nurse-patient ratio and dissatisfaction among nurses are the basic factors that contribute to the deterioration in the quality of care, which affects the status of the nursing profession. Transport is a serious problem frequently brought up by the nurses working in rural areas.[7]

Iyer and Jesani reported that ANMs may be placed at remote subcenters and are often unmarried and being called out to homes on false pretenses and sexually assaulted. Unmarried ANMs have reported being verbally harassed by young men in the village and have had stones thrown at them.[8]

A descriptive study was conducted by Jacob on satisfaction of mother regarding the Antenatal services provided through female health workers. The study was carried out in 14 villages in Ranchi districts. 100 mothers were interviewed on the level of satisfaction and the study revealed that 84% of mothers were not satisfied with the services provided by female health workers.[9]

Commitment to the security standards and the security of beneficiaries is one of the most important criteria that focus on the adoption of the different programs for the quality of the health services. Due to the limited studies on the client satisfaction in health care sector of rural areas, I had found it appropriate to assess the beneficiaries satisfaction and problem faced by them with the quality of health care provided in rural areas by female health workers and as there are very few published studies available on the comprehensive appraisal of job performance of ANMs and problems faced by them after coming of new cadre of ASHA workers. So, In this background, the present study was conducted in a district of Uttar Pradesh for appraisal of the job performance of ANMs and problems faced by them and beneficiaries.

Statement of the Study

A mixed method study to assess the job performance of female health workers (ANMs) and problems faced by them in the selected district of Uttar Pradesh.

Objectives of the Study

- To assess the job performance of female health workers (ANMs), expressed by themselves.
- To assess the job performance of female health workers (ANMs), expressed by beneficiaries.
- To assess the problem in depth faced by female health workers and beneficiaries.

Materials and Methods

A non-experimental descriptive research design was selected for the study. The setting of the study was different subcenters and community of shrawasti districts of Uttar Pradesh. The data was collected in 5 weeks. In the present study, for quantitative part, sample comprises of 71 female health workers (ANMs) working in the health and wellness centres at Shrawasti district, Uttar Pradesh. and 91 beneficiaries from the community of Shrawasti district, Uttar Pradesh and for qualitative part 7 female health workers (ANMs) and 9 beneficiaries were interviewed as the data saturation level was obtained at that point. Convenience sampling technique was adopted to select the female health workers (ANMs) working in the health and wellness centres at shrawasti district, Uttar Pradesh. Systemic random sampling technique was used to select beneficiaries from the community of Shrawasti district, Uttar Pradesh.

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Sample Comprises of the Female Health Workers

Working in the health and wellness centre of Uttar Pradesh and willing to participate and available at the time of data collection.

Sample Comprises of the Beneficiaries

Living in the community at shrawasti district of Uttar Pradesh and willing to participate and available at the time of data collection.

The Study will Exclude

- Health workers other than female health workers (ANMs)
- Female health workers (ANMs) who had less than six months of work experience
- Beneficiaries who had less than 1 year of living experience in the community at shrawasti district of Uttar Pradesh
- Beneficiaries who had any mental health problem

After obtaining ethical permission from the Institutional Ethical Committee of Jamia Hamdard, New Delhi, to conduct the research study, a formal permission for conducting research was obtained from the MLA and CMO of selected district of U.P. A written informed consent was taken from each study subject. The final study was conducted at shrawasti district, Uttar Pradesh. The subjects comprised Female health workers working in the subcenters at shrawasti district and beneficiaries living at shrawasti district, U.P.

The tool for data collection was a rating scale in order to assess the job performance of female health workers expressed by themselves and beneficiaries and a structured interview schedule to assess the problem in-depth faced by female health workers (ANMs) and the beneficiaries living in the shrawasti district Uttar Pradesh. To ensure the validity of the rating scale and interview schedule (open ended questions), tools were submitted to seven experts for validation from the field of nursing and community medicines. Reliability of the rating scales (female health workers and beneficiaries) were worked out by Cronbach's alpha and was found to be 0.82 and 0.80 respectively. The result confirmed that the tool was reliable for the study. Descriptive statistics were used for data analysis.

Result

Sample Characteristic

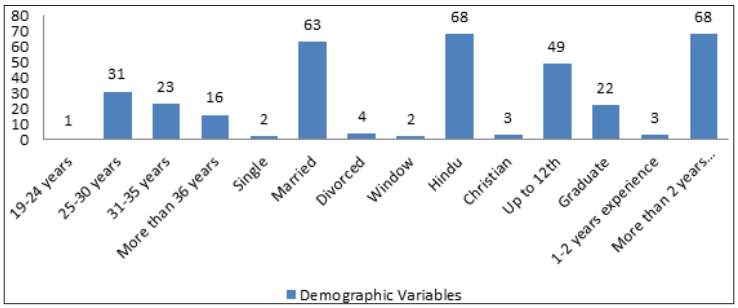

Figure 1.A bar graph showing percentage distribution of female health workers as per their demographic variables

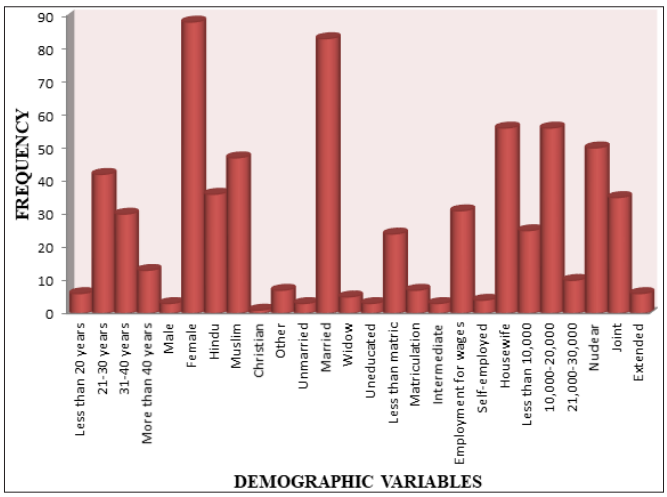

Figure 2.A cylindrical diagram showing frequency distribution of beneficiaries as per their demographic variables

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Section 2: Findings related to the job performance of female health workers (ANMs.)

The data presented in the table 1 shows that the majority of the female health workers (ANMs) 64 (90.15%) were doing good performance followed by 7 (9.85%) doing fair performance none have poor performance.

Data presented in the table 2, shows that the majority of the female health workers, 44 (48.35%) were doing fair performance followed by 33 (36.36%) doing poor performance and 14 (15.39%) were doing good performance.

Table 1.Frequency and percentage of female health workers (ANMs) job performance expressed by themselves

n_1=71

Job performance	Range of job performance score	Frequency	Percentage
Good	125-159	64	90.15%
Fair	89-124	7	9.85%
Poor	53-88	0	0%

Table 2.Frequency and percentage of female health workers (ANMs) job performance expressed by beneficiaries (rating scale)

n_2=91

Job performance	Range of job performance score	Frequency	Percentage
Good	91-73	14	15.39%
Fair	72-52	44	48.35%
Poor	51-31	33	36.26%

Table 3.Frequency and percentage of problems experienced by female health workers (ANMs)

n_1=7

S. No.	Items	Frequency	Percentage
1.	Less salary	4	57.14%
2.	**Scarcity of resources** a. Lack of articles. b. Shortage of equipments and supply. c. Lack of accommodation for clients. d. Lack of stationary. e. Non-availability of toilets and safe drinking water. f. Shortage of medicine.	 7 7 5 4 7 7	 100% 100% 71.42% 57.14% 100% 100%
3.	**Lack of safety** a. Harassment by people. b. Crime prone area. c. Stray animals are roaming around. d. Dominating people.	 4 6 7 6	 57.14% 85.71% 100% 85.71%
4.	Shortage of staff.	6	85.71%
5.	No provision of residential accommodation.	5	71.42%
6.	Lack of supervision by health supervisor.	5	71.42%
7.	Heavy workload.	7	100%
8.	**Family problem** e. small children. f. Old parents in law. g. Working place is far from the residence. h. Chronic illness in the family.	 4 4 5 3	 57.14% 57.14% 71.42% 42.85%
9.	Approaching centre is a time consuming and expensive process.	5	85.71%

n_1 is female health workers (ANMs).

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Section 3: Analyses of qualitative data to find out problem in-depth faced by female health workers and beneficiaries

Table 4.Frequency and percentage of problem experienced by beneficiaries

n_2=9

S. No.	Items	Frequency	Percentage
1.	Language barrier with female health workers (ANMs)	7	77.77%
2.	Non-availability of female health workers(ANMs) in the centre	7	77.77%
3.	Difference in religious/ cultural beliefs	4	44.44%
4.	Improper construction of centre	6	66.66%
5.	Shortage of staff	8	88.88%
6.	Rude behavior of the staff	8	88.88%
7.	Lack of safety	8	88.88%
8.	Lack of medicines and articles	6	66.66%
9.	Lack of washrooms and toilets	8	88.88%

n_2 - Beneficiaries

Discussion

The present study reveals that according to themselves majority of the female health workers were doing good performance. An article published on Village Health and Sanitation Committees [10]revealed that the awareness about Village Health and Sanitation Committees was highest among ANMs followed by ASHA and CDMO/ MOs, PRI, SHG .

The present study also revealed the unsatisfactory portion of the beneficiaries as they have to suffer at the end with the fair and poor job performances of the female health workers. According to the beneficiaries, very few ANMs were doing good performance. This is consistent with the findings of a collaborative study by WHO and NIHFW also revealed that 65% of the female health workers were not doing their jobs properly.

It was the subjective feeling of the researcher that during the course of the data collection it was found that the female health workers (ANMs) were attending very few clients other the ANC and infants (only for immunisation). They generally refer them to the district hospital without any assessment.

The present study showed different challenges faced by the female health worker like workload, time management, scarcity of resources, safety etc. This is consistent with the findings of Ghosh in a study on performance and satisfaction of ANMs which showed that they were dissatisfied regarding their pay scale, workload.

The survey report also showed that majority of female health worker had no mean of transportation (76%) were also residing in sub centres villages. In conducting clinics 44% reported problems like lack of accommodation in the clinic (34.3%), sterilization of equipments (30.7%), lack of AV AIDS (31.3%) and shortage of stationaries (36.5%).

The present study also revealed different challenges faced by the beneficiaries like language barriers, non- availability of female health worker in the centre, improper construction of the centre, lack of medicine and washrooms in the centre, rude behaviour of the staff which is consistent with the findings of Jacob on satisfaction of mother regarding the antenatal services provided through female health workers. The study revealed that 84% of mothers were not satisfied with the services provided by female health workers.

Conclusion

The final result of the study showed that according to the female health workers the majority of the female health worker (ANMs) was doing good performance and none have poor performance as they are providing services to the community while according to beneficiaries the majority of the female health worker (ANMs) were doing fair job performance while many of them were poor and only few were providing services to the community as per the IPHS guidelines. The study showed different challenges faced by the female health workers who are the grass root workers but poor functionalities of the health system are critical elements limiting their role and beneficiaries to whom female health worker's are serving.

Important Abbreviations

NRHM: National Rural Health Mission
PHC: Primary Health Centre
ANM: Auxiliary Nursing Midwives
IPHS: Indian Public Health Standards
MOHFW: Ministry of Health and Family Welfare
MO: Medical Officer
ASHA: Accredited Social Health Activist

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MCH: Maternal and Child Health Care
MLA: Member of Legislative Assembly

Conflict of Interest: None

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