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Training Aspects of Multipurpose Health Workers (Female) A Study of a Government and a Voluntary Training Schools in The State of Tamil Nadu

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MASTER OF PHILOSOPHY

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CERTIFICATE

This is to certify that this dissertation "**Training Aspects of Multipurpose Health Workers (Female) - A Comparative Study of a Government and a Voluntary Training Schools in the State of Tamil Nadu**" submitted by **M. Manimegalai** for the degree of Master of Philosophy, is her original work. It has not been previously submitted in part or full for any other degree of this or any other University.

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CHAPTER I

(INTRODUCTION)

INTRODUCTION

The multipurpose female health workers are the only health functionaries within the reach of the rural people and they play a key role in providing the entire package of health services to rural areas where more than three fourth of the country's population lives. So it's imperative that they should be trained and qualified to carry out the duties that are assigned to them in their job description.

In 1948, the General Assembly of United Nations adopted the universal declaration of human rights, and World Health Organization laid down it's constitution.

The Preamble to the World Health Organization's constitution (1948) quoted "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief, economic and social condition" (p.6).

India, like many other countries recognises health care as a right for every individual. In all the countries over the world, the government assumes the responsibility for delivering a health care system which will protect and promote health of it's people and provide curative and

rehabilitative services in the event of illness or infirmity.

The international conference on Primary Health Care in Alma ata on sept. 12th, 1978, also declared that "Health is a fundamental human right and that the attainment of the highest possible level of health is a most important world wide social goal (p. 2). All member countries declared health for all by 2000 A.D. to be the favoured goal and have resolved to take all possible steps to achieve this goal.

Since independence the Government of India has been striving constantly to establish a proper health infrastructure to ensure health care for the entire community. Based on the recommendations of the Bhore Committee (1946) the initial step was to open Primary Health Centres in rural areas to serve as focal point from where curative and preventive services could radiate.

Under the five year plans, considerable progress has been made in opening more and more Primary Health Centres and Health Sub-centres. At present there are 12,269 Primary Health Centres and 82,946 sub-centres in various parts of the country. The 7th five year plan (1986-87) is to have 23,000 Primary Health Centres and 137,000 sub-centres in India.

In the sixties, a number of unipurpose vertical programme had been undertaken to control or eradicate certain major communicable diseases like Malaria, Small Pox, Leprosy and Tuberculosis.

In 1972 it was felt that it would be more meaningful for Health Workers as well as the community to integrate all the programmes. Thus the Government of India through several working committees, reviewed the existing health situation in the country, and recommended to provide comprehensive health care to the population. The committee on Multipurpose Health Workers under Health and Family Planning was constituted in 1972 under the Chairmanship of Kartar Singh, Additional Secretary, Ministry of Health and Family Planning, Government of India.

It was constituted to study the following areas:

1) The structure for integrated health services at the peripheral and supervisory level.

2) The feasibility of having Multipurpose Health Workers in the field.

3) Training for each worker.

This committee supported that although a number of Primary Health Centres and Health programmes have been launched, health services specially to the rural people, who are the backbone of the country, were grossly inadequate. The health personnel employed in each programme were working independently and there was a growing denial for increasing the staff under each programme. The denial being logical, a question was raised whether the same objective could be achieved by pooling the personnel and co-ordinating different programmes. This led to the recommendation of the measures for the integration of Medical Public Health and Family Planning Services at the periphery level.

The committee recommended :

(i) "The presence of Multipurpose Health Workers to provide Health and Family Planning and Nutrition Services to the rural communities is both feasible and desirable.

(ii) A new designation for the present Auxilliary Nurse Midwife as Health Worker (Female) and other basic Health Workers as Health Workers(Male)

(iii) There could be a team of 2 Health Workers one male and one female at the sub-centre level.

(iv) The duration of Auxilliary Nurse Midwife and Lady Health Visitor training can be conveniently reduced by six months in each case.

(v) There should be a Male Health Supervisor for four male Health Workers and a Female Health Supervisor for four female Health Workers. Two thirds of promotion as Health Supervisor should be given to those who are in service. And there should be job responsibilities for each category of workers".

These recommendations were accepted by Government of India and are being implemented in a phased manner since the 5th five year plan period.

The Government of India in 1974 set up a group of medical education and support man power committee popularly known as Shrivastav Committee. It recommended the establishment of two cadres of health workers : Multipurpose Health Workers and Health Assistants, between the community level workers and Doctors at the primary health centres.

The most important recommendation was that primary health care should be provided within the community itself through specially trained Multi Purpose Workers and Health Assistants. This led to the launching of Rural Health Scheme

by Government of India in 1977. Under this scheme steps were taken for Reorientation Training of Unipurpose Workers engaged in control of various communicable diseases programme into Multipurpose workers besides training of Community Health Worker.

Another recommendation was to reorganise the health workers and to increase their number as resources become available and ultimately to provide one male and one female health worker for every 5000 population.

Further the need to strengthen primary health centres was emphasized.

As a result of the decision taken to prepare multipurpose workers for meeting the health needs of the community and the revised educational policy of 10+2+3. The Indian Nursing Council revised and restructured the existing Auxiliary Nurse Midwife training programme curriculum in 1977. As per the Indian Nursing Council recommendations all the government controlled ANM taining programme switched over to Multipurpose Health Worker (Female) training programme in 1979.

The job description of the female and male multipurpose health workers was prepared by the Ministry of

Health and Family Welfare, Government of India 1977.

The multipurpose workers scheme was to be fully implemented in the country before the end of the 6th five year plan. Till 30th June, 1986, training under the scheme was completed in 343 of the 412 districts in India. The training is in progress in the rest of the districts.

It is envisaged to train the required number of female health workers to man the sub-centres which will be established during the 7th plan period, with the existing training capacity.

The multipurpose health workers are totally responsible for rendering comprehensive health care or primary health care to the people under jurisdiction with support from other health workers at the primary health centres. The multipurpose health workers are responsible for functioning as an essential link between village health guides and the organised health sector in the periphery. Therefore the training should not end with the successful completion of the course prescribed for the multipurpose health workers. With the changes in the approaches and strategies the basic training becomes outdated. A continuing training programme has also to be taken up to enhance the management capabilities and supervisory responsibility of

these health workers.

The 7th five year plan has emphasized a scheme of continuing education for primary health care staff with a view to re-educate each category of the health functionaries working at the primary health centres and sub-centre level. The duration of the course will be two to three weeks and each health worker is expected to attend such courses once in five years at the training institute where they got their basic training. Accordingly selected ANM schools (40) LHV schools (14) Health and Family Welfare Training Centres (50), Rural Health Training Centres (11) and one College of Nursing and Medical Colleges are proposed to be strengthened for undertaking continuing education programme for these workers.

The scheme has already been sanctioned for the State of Maharashtra where the training is in progress. The proposal in respect of other states is under active consideration.

Parallel to continuing education consideration has to be given to the careers of Multipurpose Health Workers and their opportunity for advancement. They should also be properly supervised and guided to ensure safe delivery of health care services to the community they serve.

CHAPTER 2

(REVIEW OF LITERATURE)

REVIEW OF LITERATURE

Literature on the training aspects of Auxiliary Nurse Midwives, before the implementation of MPW scheme, and the studies on the multipurpose (female) Health Worker after it's implementation, were reviewed to gain insight into the training aspects of female health workers.

It's through training the female health workers get equipped for rendering health services to the rural people, through the sub-centres, assigned to them.

And most of the studies were undertaken by nurses, working for a degree in nursing or those who are involved in the training and management of ANM's.

In 1970, a survey of ANM's training programme was conducted by training division, Department of Family Planning, Ministry of Health and family planning works, Housing and Urban development, Government of India, The objective is to find out what facilities are available in ANM schools for teaching Family Planning. This study revealed that there were no adequate number of trained teachers to teach Family planning, and not much emphasis was given to community Nursing experience and the schools are less equipped with teaching aids.

Karthiyani (1971) studied the effectiveness of ANM's, in the State of Orissa. This study revealed that the ANM's schools she studied were with minimum educational facilities, and with little experience in community nursing, both theory and practice.

Bage Anandini (1973) in her study of the teaching facilities available in ANM's training schools, in Chotta Nagpur, Bihar came up with the findings that, the school had insufficient equipments with little community Nursing experience and no adequate number of teachers.

The national institute of Health Administration and Education (1973) studied health care by multipurpose workers at the sub-centre level. It found that the family planning programme had assumed overwhelming importance and other areas were either neglected or given less importance, Some of the factors influencing their work outcome were non-availablility of job description, inadequate supervision and, co-ordiantion, lack of discipline, shortage of equipment and, medicine at the periphery level and absence of encouragement and appreciation.

Mukhopadhyay M. (1974) in her study of Job performance of ANM's in terms of their training in West Bengal revealed that their responsibilities in respect of Nursing care in

community is inadequate. And quite a good number of ANM's did not have any learning experience in home delivery.

M. Reid (1976) in her studies of activities of ANM's in Haryana, Punjab and Gujarat states in India revealed that the ANM's who performed a variety of tasks are Multipurpose Health Workers serving all age groups in the community both men and women, and she recommended evaluation of the activities of ANM's from time to time.

E.S. John (1976) in her study to evaluate health care given by ANM's working in selected PHC's indicated that some of the areas of care like Maternal and Child health and Family Planning were very satisfactory whereas in other areas there were definite indicators for improving the care given by ANM's like physical examination of antenatal mothers, administration of tetanus toxoid, completion of laboratory tests vitally important for safe delivery and preventions of infant and maternal mortality.

J.P. Gupta et al (1979) in their study of evaluation of multipurpose workers scheme in Ambala district, revealed that most of the female health workers carried out the activities related to Maternal and Child Health, Nutrition, and control of Communicable diseases, and the performance was low in the areas of Family planning, vital statistics,

Health education, school health, and sanitation.

D.N. Kakkar (1976) in Health centre and the model for training Multipurpose Health workers recommended a health workers training model which delineates the following steps.

(i) know the social and educational background
(ii) set their goals
(iii) select appropriate training model
(iv) implement the programme
(v) and evaluate the programme

According to Kakkar the training of Health Workers should be need based, realistic and suitably modified to achieve the desired results. The relevance of the programme can be measured by the functioning of the products. Functioning depends upon selection of appropriate training methods and facilities available. Other factors like efficiency, educational background and experience of the trainees and their familiarity with the job functions of Health workers also influence the training of health worker.

Sinha et al (1976) undertook a study on evaluation of Multipurpose Workers Scheme in Pataudi. Respondents were interviewed from a Multipurpose Worker area (MPW) and from a Unipurpose Worker area (UPW) The respondents in MPW areas

were more satisfied by the services being rendered by the health workers in comparision to the respondents of UPW areas.

C.B. Joshi et al (1978) in their study of Multipurpose Health worker scheme in five field practice Demonstration Areas of Maharashtra, disclosed that the worker population ratio was much higher than prescribed by the Government of India 1:10,000 population in males and 1:22,000 in females. The output in all health programme showed a considerable increase as a result of the multipurpose functioning.

S. Dutta (1981) in her study of the curriculum implementation of Multipurpose Health Workers Programme in Orrisa, revealed that learning experience provided as per Indian Nursing Council requirements were not adequate. There were problems like shortage of teachers and textbooks. All books prescribed were not taught.

R. Sarkar (1982) in her follow up study of Auxilliary Nurse Midwives working in the tribal areas of Tripura, revealed that 70 to 100% ANM's expressed that they have adequate experience during training and service in the area of ante-natal activities, but not in supervising the deliveries conducted by dais and no experience in maintaining register for daily supply of medicine. Majority

of the ANM's are performing the activities related to nursing care of the indoor patients and doctors also encourage only that activities of ANM's.

T. Rajarathna (1982) in her study of the facilities, available for the implementation of the Health Worker's (Female) training programme, in Karnataka state revealed that four out of ten Health Workers (Female) schools she studied, were aided by the India population project, had all the physical facilities as recommended by the Indian Nursing Council, but other training schools were lacking such facilities. There were more number of teaching staff than the number prescribed by INC, but they were not adequately qualified to implement the programme.

Eva Mukhopadhyay (1983) in her study of the problems encountered by the sister tutors in implementation of Multipurpose (female) health workers programme in West Bengal came up with the findings that due to new curriculam, increased annual intake of students, and more community based programme tutors encountered problems in almost all the areas. Major problem was observed in providing community health Nursing experience due to acute problem of transport, accommodation, and shortage of supervising staff in the community area.

Viru H. Bhudia (1984) in her evaluative study of the curriculum implementation of Female Health Worker training programme in Gujarat state, revealed that the schools followed the state syllabus, which was same as INC except the class hours and duration of clinical and community field experience. The physical facilities were not adequate. Teaching personnel were qualified but inadequate in numbers according to INC requirement.

Krishna Dutta (1985) in her study of the opinion of female Multipurpose Health Workers employed in West Bengal Health Services on their performance of the task as laid down by Ministry of Health and Family Welfare revealed that the workers were performing activities in all the areas as stated by the Government. The learning experiences were most adequate in areas of Nutrition, Health Education, Primary Medical Care and Communicable Diseases, and not adequate in the areas of Dai training, Vital events and Immunization. Lack of facilities, heavy work load and lack of clear guidelines of job responsibilities, were the problems faced by the workers while performing their tasks.

Dipti Dutta (1986) in her study of the activities performed and the task performance of Female Multipurpose Health workers in relation to Maternal and Child Health Services at their place of work, Burdwan district, West Bengal, revealed that the MPHW (F) spent maximum time in the

area of Nutrition, Immunization, M.C.H. and Record keeping. Least time spent by them was in the area of Family Welfare and Health Education. Lack of clear guidelines for job responsibilities and lack of work facilities and inadequate training were the problems faced by them.

Mehmooda Regi (1988) in her study to assess the job performance of health workers (female) in Jammu and Kashmir, in relation to their training input as laid down by the Ministry of Health and Family Welfare, Government of India revealed that, The higher percentage of role performance in the area of communicable diseases, Family Planning related to population control, Immunization, Primary Medical Care and Nutrition, Lower percentage of job performance, was in the area of family planning related to community involvement and Dai training.

The training was most adequate in the areas of Nutrition, Primary Medical Care, Immunization and not adequate in Dai's training and Vital events.

More time spent on travelling, lack of residential accommodation, less salary shortage of equipments were the problems faced by them.

An evaluative study of MCH services of three PHC's of

Varanasi district undertaken by Kumar et al (1981) revealed that level of care provided by the PHC's was much below the expectation both in terms of quality as well as quantity. It was found that the main factors responsible for the lower than expected performance were lack of supervision and inadequate training of female health workers coupled with the non-availability of the work aids.

A collaborative study by Somnath Roy et al (1986) - Management training for primary health care in the states of Andhra Pradesh, Gujarat, Haryana and Karnataka, assessed the management training needs for staff at PHC and below. This study revealed that 63% of them had undergone reorientation training in the multipurpose worker's scheme. 35.2% said that they were clear about methodology of work and immunization schedule but the impact of the training was much less than expected.

A study by Kumar and Tiwari (1983) pinpointed supportive supervision for MCH in the primary health centres set up in Varanasi. The study revealed that ANMs were not being guided by LHV's or Medical Officers in organisation and conduction of MCH clinics, preparation for health education talks for target population.

A survey by Jain and Talwar (1985) Role and

functioning of health workers in eight project districts of Madhya Pradesh revealed that majority of the female health workers had no transportation and most of them were residing in sub-centre villages. They faced problems like accommodation, shortage of equipments and drugs.

Kesri Devi (1984) conducted a study on health worker (female) knowledge about immunization and their perception of obstacles in the effective implementation of immunization programmes for children under 5 years age. The findings revealed that the health workers received vaccines without expiry dates and inadequate number of syringes and needles at the sub-centres.

H. Singh (1979) in her time study of duties of female Multipurpose Health workers in a primary Health centre, revealed that one multipurpose health worker (female) can effectively cover a population of 2,720 per month under the present set-up.

Vijay K.C. (1987) in her study of performed Role and expected role of Auxiliary Nurse Midwives as preceived by women of selected village in Nepal, came up with the findings that the expectation of village women was higher in all ANM ativities. The study reported the highest discrepancy in the area of child care.

B.N. Kate (1987) in his study of training needs assesssment in usiad project District, suggested that the training is essential for health workers for better implementation of various good health programmes. This study revealed that only 42.3% Multipurpose Health Workers (female) are passed in skill part of care of new born, more attention is to be given of development of methodology to teach the skill part of care of new born and only 47.4% of them passed in skill of midwifery. It was observed that during 12 months step ladder course of nursing, the trainee has conducted very few deliveries. This study emphasized the importance of training and retraining for the health workers.

Madhuree A. Talwalker (1988) in her study of Time allocation pattern of multipurpose health workers, revealed that average of actual working time was around four hours per worker per day. The working time referred did not include time spent on travel. Thus, the actual duration of duty hours was much higher. They had to do a lot of travelling in their field area.

Most of the above mentioned studies were designed to study the facilities in the school and compare the data against criteria laid down by Indian Nursing Council.

The main focus of the most of the studies reviewed was to find out the teaching facilites available. In this regard, They collected the data regarding the teachers social background and their views on the training programme. But the drawback of those studies was they all together left out the students aspects of the training programme.

So far no attempt was made to study both the faculty and the students views on the training prgramme and thier social background.

An attempt was made to study the various aspects of training programme with the main emphasis on the social background the students, teachers and their views on training programme itself. And one school under the state Govt and one school under voluntary organisation were studied to see whether any differences due to management are there in the training programme. This study was carried out in Tamil Nadu State.

The need for the study

It is well known that 79 percent of the Indian population in rural areas is served by 20 per cent of the doctor population and the major institutions of medical care are urban based while the people of rural areas have to

depend upon Primary Health Centres (PHC) network and it's non-functional referral system. The case of Multipurpose female health workers, who serve through Primary Health Centres and sub-centres, is still worse. Only about 5000 MPHW (F) come out of training schools every year although they are the most needed gross root workers. (Qadeer I. 1985).

With this rural-urban dichotomy the rural population solely depends on the Multipurpose Health Workers for it's health services.

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So it's of paramount importance to know how are the Multipurpose (Female) Health Workers, who are within the reach of the rural people are trained. If they are better prepared, they will be able to take the responsibility of basic health services to the community.

Banerji (1981) has shown that the PHC network, like all other welfare services, is inaccessible to the poor. Hence the Health functionaries role who serve through Primary Health Centres and sub-centres especially the Multipurpose (Female) Health Workers, becomes most important, which in turn comes from proper training.

In this context, the training the Multipurpose Health Workers receive, becomes the central point of the study.

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CHAPTER 3

(CONCEPTUALISATION & RESEARCH DESIGN)

CONCEPTUALISATION & RESEARCH DESIGN

Multipurpose Health Workers Scheme in Tamil Nadu

The Multipurpose Health Workers Scheme is now being implemented in all the districts in the state. Before this scheme was launched, the Auxiliary Nurse Midwives were trained in the capital city Madras, in R.S.R.M. Hospital. The duration of the training programme was 2 years, Midwifery was taught for one and a half years and General Nursing was for 9 months.

With the launching of Multipurpose Health workers scheme the designation of ANM's has changed to Multipurpose Female Health Workers. Under this scheme all the erstwhile vertical health programmes and uni-purpose health functionaries were integrated.

At present there are 9 multipurpose female health workers training schools with an admission capacity of 120 students per annum. Besides this six voluntary organisations also give training.

The 18 months training consists of 3 semesters of 6 months duration each. Semester I and II are conducted in

MPHW(F) training schools and semester III is conducted in 51 Rural Health Training Centres attached to the selected Primary Health Centres.

It has been estimated that to meet the needs of the 1990 estimated mid-year population of 422.67 lakhs, 8681 Multipurpose Health Workers (Female) would be required. At present only 7076 Multipurpose Health Workers (Female) are available. To meet the additional requirement 1080 candidates are being trained in the Multipurpose Health Workers (Female) training schools in the state. (A statement showing the number of students passed out upto 1986-87 is enclosed in the Appendix V).

Objectives of the Study

(i) To find out the training the multipurpose health worker receives in a government and in a voluntary school.

(ii) To find out whether the training is closely related to the actual duties she'll have to perform in her work situation

(iii) To study the facilities available in the training school.

(iv) To study the students views with regard to

a) Village life

b) the set-up in which they are going to work.

(v) To study the views of faculty on the training programme and the trainees

(vi) And to find out the social background of the faculty and the students.

Selection of the Schools

A list of Multipurpose Health workers (Female) training schools available in the state of Tamil Nadu was obtained from the Directorate of Mediical Services, Tamil Nadu.

There are 9 Multipurpose Health Workers (Female) training schools at Salem, Tiruchirapalli, Vellore, Dindigul, Kancheepuram, Nagapattinam and Tirunelveli, with an admission capacity of 120 students per annum. Besides this six voluntary organizations also give training as per Government Board of Examination rules.

The training schools impart 18 months training programme, consist of three semester of 6 months duration

each. Semester I and II are conducted in the Multipurpose Health Workers (Female) training schools and Semester III is conducted in 51 Rural Health Training Centres attached to the selected Primary Health Centres.

The study was confined only to two schools, namely the multipurpose Health Workers (Female) training school, Government Head quarters hospital, Kanchipuram and the Multipurpose Health Workers (Female) training school, M.A.C. Institute of Community Health, Adyar, Madras, to study the training aspects. The limitation of the study was mainly due to time constraints.

Data Collection

The following methods were used for collecting the data.

i) Interviews
ii) Participant observation
iii) Analysis of records and documents

(i) Interviews

Interview schedule was prepared to interview the faculty and the students, which had both open-end and

closed-end questions. With the help of the interview schedules, detailed interviews with students and faculty were undertaken. For faculty the interview schedule was developed for collecting (i) The background information of the faculty (ii) Their views on the training programme and the trainees.

The interview schedule for the students, was prepared to collect (i) The background information of the students (ii) Their awareness on the various aspects of the training programme.

The student's interview schedule had several questions, covering the various aspects of their work situation to know their opinion about them.

The schedules were circulated in the class room setting. Before the administration, time was spent in explaining the purpose of the questions and giving instructions for answering the questions and clarifying their queries.

The students of all the 3 semesters were covered for the study. (A copy of the questionnaire is given in the Appendix II).

(ii) Participant Observation

Partaking in some of the class room lectures and some of the demonstrations in the lab, helped to gather information of the techniques and methods of teaching.

Staying with the students in the hostel also helped me to observe their activities of the hostel life.

(iii) Analysis of Records and Documents

Records and the documents were collected to gather information on the (i) history of the schools. (ii) The admission policy on the available training programme (iii) The time table followed for the trainees (iv) Faculty strength, and information of the teaching method and other activities of the faculty. (v) Details about the physical facilities such as class room, laboratory, library, hospital, field area, transport facilities.

These records and documents were analysed carefully.

The Process of Data Collection

A list was obtained from the Directorate of Medical Services, Tamil Nadu, and the schools for the study were

selected.

First the investigator approached the voluntary school, explained the purpose of the study, and collected the needed information with the co-operation of the faculty members. Meanwhile the permission to study the Govt. training school was obtained from the Government of Tamil Nadu.

After collecting the data from the Voluntary training school, the investigator visited the Govt. training school, Kanchipuram explained the purpose of the study to the concerned people and collected the needed data. The III Semester students were posted in the six Rural Health Centres, but the investigator covered only four Rural Health Training Centres, because of the time constraints and the distance of the RHTC's.

CHAPTER 4

(RESULTS)

RESULTS

The Multipurpose (Female) Health Worker's Training School M.A. Chidambaram Institute of Community Health

The school is located in Madras urban agglomeration, where one half of the voluntary schools for MPHW (F) are located.

Historical Background

The Vol. Health services is a registered society working on many modern ideas of improving the existing facilities for medical relief, education, and research. The society was registered in July 1958. The medical centre was fully equipped and staffed in 1963.

The M.A. Chidambaram Institute of community health is a sub-unit of voluntary Health Services Society, sponsored by M.A. Chidambaram charities and is connected with training and research in community health.

In the begining both the male and female multipurpose health workers were given six months training, and the candidates sponsored by voluntary agencies running mini

health centres, under Tamil Nadu Govt Scheme were undertaken for this 6 months training programme and , this type of training was started in 1983.

The training progamme was recognised under Tamil Nadu Government in 1985 and the nursing council permitted the old candidates of the previous batches to appear for semester wise examinations from July 1985; then onwards the full fledged course for training the Multipurpose Health workers (female) started.

Periodicity of admission

Twice a year, in February and August ten students per batch are admitted.

Eligibility

The Students age starting from 17 to 35, and only unmarried and widows are given first priority in the school.

Selection procedures

The candidate should have passed SSLC or its equivalent is the minimum criterion. But the candidates with higher qualifiacaion or vocational course of study are

preferred the most.

Apart from the above mentioned eligibility criteria, entrance examinations are conducted by the institute. Objective type of question in basic science subjects are given in the entrance examination and the marks obtained in the entrance and the marks obtained in the tenth standard are taken in to account for selection.

In case of the tie of candidates, performance in biology examination is taken into account for selection. In case of the further tie preference is given to age, students with older age are selected.

Stipend

Once the trainees are selected they should undergo $1^{1}/_{2}$ years training programme, and they are given Rs 150 as a stipend per month.

Bond system

Selected candidates will have to execute a bond to serve the voluntary Health Services/MAC Institute of Community Health for a period of three years in the event of their being offered a job. In the event of the candidate

breaking the bond after joining the job within the first year a sum of not less than three times the value of the total stipend received will have to be refunded to the institution. If the candidate leaves the job offered after completion of one year of service and before completion of prescribed three years the amount to be recovered is restricted to a sum of Rs. 2500/-.

Hostel

The selected students reside in the hostel, at the institute for the entire duration. They share the monthly expenditure. Their stay in the hostel is compulsory.

Examinations

The board of examiners for the multipurpose Health workers will conduct semester examinations, (3 semester of 6 months each) for the trainees at the end of each semester.

During the preliminary training the students are taught elementary sciences like Anatomy, Physiology, Nutrition, Hygiene,and Microbiology, child health and Fundamentals of Nursing. They are acquainted with nursing procedures and practical work in the ward on the voluntary Health Services Hospital.

An examination will be held in the 6th week to assess whether the candidate is fit to continue the training. If the performance is unsatisfactory, she will be discharged from the training after recovering the stipend paid so far. However this kind of expulsion had not happened so far.

For practical training in Midwifery they are posted to the corporation Maternal and Child health centres and for abnormal delivery to the Deshmuk hospital, Adyar.

For field practices, during the entire period of III semester, the trainess stay and work in the Health cum Training Centre, Thoraipakkam, which is 7 kms away from the institute.

The study was carried out on 3 aspects.

1) The details of the training school
2) The faculty
3) The student

1. <u>The training school</u> : The documents were collected to know the information on history of the school, it's function, and the syllabus actually taught, The methods of teaching and the time distribution for field work and class work and field practices, hosptial facilities, field area, lab, teaching equipments and library etc.

2. The faculty : Information on the recruitment procedure of faculty members. Their social background, and their views on the training programme and the trainees were collected.

3. The students : The third important aspect of the study was designed to identify the needs of the people who undergo this training programme. And to know their social background and their awareness in the various aspects of training.

Data collection

Methods used for collecting the data are, participant observation, by partaking in the classroom lectures, and some of the demonstrations.

The questionnaires, were circulated to the students, the faculty members and also informal interviews were carried out. Staying along with the students in the hostel helped to get a picture of their hostel life.

The students belonging to all the 3 semesters were studied seperately. Training in the I and II semesters is conduted in the training schools itself.

Now the details of the study are described to have a better understanding of the training programme.

Syllabus

The course of training and the syllabus, prescribed by Indian Nursing council is followed without any modification in it. But the medium of instruction is Tamil, the reference books prescribed by the Indian Nursing council are followed.

Methods of teaching

Class room lectures are given due importance, sometimes External lectures and seminars are also arranged, and demonstrations for practical pruposes.

A full fledged lab with all necessary equipments needed for the training, and the library help the students in learning efficiently.

The availability of a minibus and a jeep, add to the good transport facilities.

The faculty members

The faculty members, teaching in this school are mostly retired people, from various services, having good educational qualification and dedication.

The students

I semester : There are 10 students in the I semester, having a seperate class room for the lectures. All the science subjects such as Anatomy and physiology, microbiology, psychology, socilogy, Hygiene and Nutrition and Fundamental of Nursing which includes Nursing techniques and procedures and First Aid and emergency nursing are taught.

After one month's orientation course from August-September, from October onwards they start attending to ward duties. They work six days in a week, Morning 7 O'Clock to 12 p.m. they attend ward duties, where they are given training starting from the cleaning of the ward, Bed making, patients pulse noting, noting down B.P., Dressing, Post-operative care of the patients, witnessing the operation and family planning operation, helping the nurses, and doctors etc. For this purpose a record is maintained by the students.

Apart from this, Educational trips to various places like primary helth centre, sub centre, leprosy hospital, Mental hospital, Water supply board etc, are made. The purpose of the tour is to know their functioning in totality. A record is maintained for these trips and they are examined by the teachers.

At the end of the semester written as well as practical exams are conducted,covering all the above mentioned factors.

II semester : After completing the first semester course successfully, they enter into second semester.

In the 2nd semester Fundamentals of Nursing which includes introduction to child health, maternal health, family and community health and community health nursing includes domiciliary midwifery, midwifery, and maternity nursing, Family planning and family welfare are taught.

In this semester each student is supposed to conduct 25 deliveries and witness atleast 5 abnormal deliveries in the hospital under supervision.

For this purpose they go to the corporation maternity centres mainly to the centres which are situated in Adyar, Saidapet and Santhome. Morning they go to the maternity centres from 7.00 a.m. to 12.00 p.m. and from 1 p.m. to 5 p.m. they have regular classes. A practical record is maintained by the students conducting the deliveries and they are examined by the evaluators. Sometimes the students carry on night duties in the maternity centres by taking turns among themselves.

At the end of the semester, examinations, both writtern and practicals are conducted.

III Semester : The 3rd semester students live in the field area itself, where they have to carry out their duties, such as conducting antenatal examination, deliveries including home delivereis, nursing of lying in women and babies, child care clinics motivating eligible couples and mothers to adopt family planning methods, health education activities, training dais, immunisation programmes, home visits for family, child and maternal health care, antenatal and post natal care, as a part of their training.

. First few weeks, they spend time in Enumeration of the villages and preparing registers for maintaining their day to day activities in the field. Simultaneously they are taught all the above mentioned community nursing activities in the classes. They maintain 14 registers for maintaining their duties.

The training area is in Thoraipakkam, 7 kms away from the training school. It's a model training cum health centre of M.A.C. Medical Foundation and serves as a nucleus of the field practice area comprising of 6 mini health centres at Thoraipakkam, Kandanchavadi, Sholinganallur, Neelankarai, Kottivakkam and Injambakkam covering a total population of

30,000. This centre has been equipped for conducting deliveries.

A retired Sanitary Inspector/Health Supervisor is incharge for the 3rd semester students. There is a trained multipurpose female health worker to assist him.

Hostel is solely run by the students. They do all the work including cooking, which contribute to their independance on the verge of their training programme.

Sevaram, Thoraipakkam village and mettupakkam are chosen as their field areas. Three students each for the first two places and 4 students for the 3rd village, have to carry out their duties. Each student is allotted 110 to 120 families.

Each one is provided with a kit box. And for health education purposes audio-visual aids like flash cards, flip charts are prepared by the students with the help of the senior sanitarian.

They go to their respective field for 3 alternate days in a week. The rest of the 3 days the classes are taken. Their registers are examined by the senior sanitarian at regular intervals.

MULTIPURPOSE (FEMALE) HEALTH WORKERS, TRAINING SCHOOL, GOVT. HEAD QUARTERS HOSPITAL, KANCHEEPURAN

Location

This training school is in Govt Head quarters hospital, Kancheepuram, Chinglepet district, where the maximum number of Primary Health Centres, and Health sub-centres are located is the important characteristic (table is given in the Appendix VI).

Historical Background of the School

This training school was started in Feb. 1980, in the Govt. headquarters hospital with the aim of providing health services to the rural people, by the Govt. of Tamil Nadu. The number of students intake varies from year to year inspite of the admission capacity of 120 students per annum.

Duration of the Course

$1^{1}/2$ years consisting of 3 semesters of 6 months duration each. The health worker will undergo the first and 2nd semester training in the training school and the training under the 3rd semester in the Rural Health Training Centres (RHTC) in selected primary Health Centres, meant for imparting field practice training in public health

practices.

Selection Procedure

Selection procedures for admission differ from voluntary training school, in the sense, the eligible students, who registered in the Govt. employment exchange are sent application forms. Then the candidates fulfilling desirable qualification are called for the interview. Eligible candidates are selected for the training programme. After 4 weeks of the orientation course, preliminary exam is conducted to assess the ability of the students. Students who failed are discharged from the training programme itself.

In the selection process, for scheduled castes and scheduled tribes people, just a pass in X std. is enough, unlike others - from whom 50 per cent aggregate total is expected and 8 seats are reserved for service home candidates, for which the Department of Social Welfare, Government of Tamil Nadu, recommends.

Stipend

The amount of stipend also differs from Vol. training school. The students are given Rs. 125/- per month.

Bond

If the trainees are found to be satisfactory to continue the trianing, they are required to execute a bond to serve in rural areas under the community development projects, for a period not less than 3 years after successful completion of training.

The nursing council prescribed examination pattern and the syllabus are followed by them.

The Faculty Members

All faculty members are females, having qualifications either as degree in Nursing or Diploma in Public Health Nursing is the important characteristic.

Every faculty member is expected to teach every subject (i.e.) The subjects to be taught by them, are assigned to them in rotation per semester.

I Semester

There are 29 students in the first semester. The duties, and the subjects to be learnt are the same as prescribed by the Indian Nursing Council. They go to the Govt. Head quarters hospital itself for ward duties.

Educational trips are made to one primary Health Centre, (RHTC attached) One Health Sub-centre, Institute of Public Health Poona Mallea, Madavaram Milk Dairy, Kancheepuram Water Supply Board, Cancer Institute, Leprosy hospital, Mental hospital, King Institute (vaccine production), a voluntary training school, to know their features and functions in detail.

II Semester

There are 55 students in the 2nd semester. They practice midwifery in the maternity ward of the Govt. headquarters hospital itself. They are supposed to conduct atleast 15 normal deliveries, assist in 5 ceasarians. A record is maintained for this purpose and it's examined by the supervisor at regular intervals.

III Semester

There are 30 students in the 3rd semester. They are posted in 6 RHTC's - Porur, Paranthur, Maduramangalam, Thirupukuzhi, Poonimangadu and Valliyur, in Chinglepet district itself. Porur, Paranthur, Maduramangalam and Thirupukuzhi RHTC's were chosen for the study.

It is important and essential that the PHC having the Rural Health Training Centres (RHTC) has to be developed as a satisfactory field practice/demonstration area to train

the female health workers in various public health practices.

The field practices to begin with may consist of an area with a population of 8000 to 10,000 and be located within a radius of 2 to 3 kms from the PHC headquarters.

Each Rural Health Training Centre (Porur, Paranthur, Maduramangalam, and Thirupukuzhi - chosen for the purpose of study) has 5 trainees. For every trainees 150 families have been allotted with a total population of 500 to 600 for providing total health care to the families. And they enumerate the families allotted to them and take cencus and enter in the family reigster all the data pertaining to sex, age, occupation, income, literacy, health status and family practice in respect of each individual in the family under the relevant columns.

RHTC in Porur

The areas Ramavaram, Valasaravakkam, Maduravayal and, Vanagarem are covered by 5 students. They have been allotted 150 or nearly 150 families. Even trainees have less number of families are covering around 600 population.

RHTC - Paranthur

Areas covered are Kottavakam and Mettuparanthur, 2

students per area.

RHTC - Maduramangalam

Kanthur, Mabalevimangalam, Gunakarampakkam, and Kannuthangal areas are covered by 5 students.

RHTC -Thirupukuzhi

Keelsiranai, motavakam colony (Melsiranai), Keelsiranai colony and Pudur areas are covered by 5 students.

The Porur RHTC is well equipped, and the trainees get opportunities to attend many seminars and lectures delivered by doctors, who come from the heartland of the Madras city for the training purpose. The areas covered by the students are not far away from the centre.

But in case of other 3 RHTC'S, the villages have sometimes Kacha Road connecting the PHC's. The areas they have to cover are alteast 2 to 3 kms away from the training centre. They have to walk both ways.

All the 4 RHTC's have one Public Health Nurse, each. The PHN's have full control over the trainees. The PHN is provided with an accommodation in the training centre itself.

The Multipurpose (female) Health Worker's Training School, Govt. Headquarters Hospital, Kancheepuram

The faculty

The faculty members, play equally an important role as the trainees. They are indirectly involved in rendering health services to the people. So it's of paramount importance to know how they train the students, what are their views on the training programme and the trainees.

For this purpose the faculty of both the Government and voluntary school were interviewed with the help of the interview schedule. (It is given in the Appendix - I).

The faculty as prescribed by the Indian Nursing Council

As prescribed by the Indian Nursing Council, a principal Nursing Officer should be appointed as administrative head of the training school, For the average of 30 students, one principal nursing officer, two public health nurses, two Nursing tutor and one senior sanitarian are required to carry out the training programme and additional staff would be required to assist teaching and field supervision when number of students exceed 30, and

one public health nurse or nurse tutor should be appointed for every additional 15 students.

In the Training School for Multi-purpose female Health Workers, Government Headquarter's Hospital, Kanchipuram, all the faculty members, were interviewed with the help of the interview schedule.

The faculty strength

There was a nursing tutor, who was the head of the training school, and two group II nursing tutors, and five public health nurses.

The nursing tutor was the administrative head of the training school, the group II nursing tutors used to assist the head of the training school and they take incharge of the administration in the absence of the head of the school.

Educational Qualification

The Nursing tutors have B.Sc. (Nursing) as their basic degree and in addition to that one of the nursing tutors, has diploma in public health and paediatric Nursing. The pulic health nurses are with the qualification of

Diploma in public health nursing.

All of them had studied in two of the nursing colleges located in renowned Medical Colleges in the city of Madras, namely Madras Medical College and Stanley Medical College.

All of them are from urban areas and most of them belong to the age group 40-45 years. Each faculty has 5-10 hours teaching work per day. And most of them have 1-5 years teaching experience, three of them have 5-10 years teaching experience, but when it comes to the training school where they work, every body has 1-5 years teaching experience.

Faculty's Opinion

The responses of the faculty members were analysed and tables were prepared.

Table No. 1

Q.12 Do you think the MPW scheme has benefitted the ANM's. Give your reasons.

No's.	Responses	N=10
1.	They are benefitted educationally and monitorily	4
2.	They are trained to solve almost all health problems	3
3.	They are benefitted	3

It's the faculty which moulds the workers to perform the functions, given in their job description. Therefore, their opinions were asked to know whether the multipurpose workers scheme has benefitted the ANMs and the reason for it. Out of 10 faculty members, four of them (40%) say that the ANM's are benefitted both monitorily and educationally.

With the increase of pay scale and of budget allotment, they say, the ANM's are benefitted monitarily and with the inclusion of the science subjects and more community health aspects, they are benefitted educationally.

Three of them (30%) say that the health workers are trained to solve almost all the health problems by which they mean that the responsibilities of ANM's increased, with this they will be able to provide total health care to the people.

Three of them (30%) say that the MPW Scheme has benefitted the ANM'S definitely.

Table No. 2

Q.13 Female Health workers are supposed to play a key role in rural health services. Do you think training programme is consistent with the needs to serve the rural people.

No.	Responses	N=10
1.	Yes	10

Since the female health workers are supposed to play a key role in rural health services, the faculty's opinions were asked whether the training programme is consistent with the needs of the people. All of the, (100%) say that the programme is consistent to serve the rural people, though later on they came up with the suggestions to improve the training conditions of the health workers.

Table No. 3

Q.14 What do you think the working conditions of female health workers?

No's.	Responses	N=10
1.	They are given maximum targets for family planning programme and more written work.	3
2.	It's difficult for the girls, they need protection	2
3.	For every worker, 3000 population should be alloted for better care in M.C.H. services	2
4.	Home care and Emergency care will be of more help	1
5.	The emphasis on family planning, Immunization and M.C.H. programme, have improved.	1
6.	It's horrible, because most of the subcentres are located in lonely places	1

The opinions about the working conditions of the female health workers were asked. Three of them (30%) say that they are given maximum target for family planning and are given more written work.

And two of them (20%) say that the work situation is difficult for the young girls. The other two say, (20%) if the population of 5000 to be covered by each worker is reduced to 3000, they can give better care to M.C.H. work.

One of them says, (10%) working condition is horrible, because, the health subcentres are located in lonely places.

Table No. 4

Q.15 If the female health workers get posted in the village soon after the training prgramme, do you think they will be able to work independently or they are likely to face any problems.

No's.	Responses	N=10
1.	Yes, they can work independently	1
2.	They can work without any problem if the village people cooperate	2
3.	Staying alone in the village is a problem for the girls	3
4.	They need guidance atleast in the beginning of of their service	2
5.	The village people want all the services at their doors including curative services. That's a problem	1
6.	They can work independently except in the remote places.	1

If the female health workers get posted in the village soon after the training programme, will they be able to work independently or they are likely to face any problem. With regard to this question three of them (30%) say that

staying alone in the village is a biggest problem for the young girls.

Two of them (20%) say that they can carry out their work without any problem if the villagers co-operate with them.

The other two say (20%) that because of the difficulties in staying alone they need guidance atleast in the beginning of their service, then they will be able to work independently without any problem.

One of them says (10%) that if the subcentre is not in the remote place, they can work without any problems. One of them says (10%) that the villagers want all the services to be delivered at their doors including the curative services. Then it becomes difficult for the workers to deal with it.

Table No. 5

Q.16 Please give your suggestions to improve :

(i) The working conditions of female health workers.

No's.	Responses	N=10
1.	The subcentre should be in the centre of the village.	3
2.	One ayah should be posted in the subcentre, to assist the MPHW(F).	3
3.	She has to be provided with accommodation and adequate transport facilities.	3
4.	The supply of drugs and other equipments needed should be sufficient.	2
5.	She has to be given minimum target for family planning and wriiten work should be reduced.	3

And finally their suggestion to improve the working condition of the female health workers were asked, Eight of them (80%) came up with the suggestions that the subcentre should be in the centre place, and that from there they will be able to cover the total population alloted to them. The workers should be provided with proper accommodation and transport facilities for rendering a better health care to the people. And one ayah should be posted in the subcentre to assist them in their work. And they have to be given minimum target for family planning and written work should be reduced.

And two of them say (20%) that they should be supplied with adequate drugs and equipments in the centre.

Table No. 6

Q.16 (ii) to improve the female health wokers's training school

No's.	Responses	N=10
1.	The duration of the course should be increased.	4
2.	The stipend should be increased.	3
3.	Transport facilities should be increased.	2
4.	According to the syllabus prescribed books should be given to the schools.	2
5.	Warden and housekeeper should be posted.	7
6.	Different budget for the maintenance of the building & water supply should be alloted to the school.	1
7.	In RHTC, Senior Sanitarian post should be filled either by Sanitary Inspector or Public Health Nurse	1

And opinion to improve the training school were asked. Since their training school does' not have any warden or house keeper for the hostel maintenance, most of the faculty say that a warden and a housekeeper should be posted.

And four of them (40%) apart from the above mentioned demand, say, the duration of the course and the stipend for

the students should be increased. The transport facilities should be adequate.

And some of them suggest that according to the syllabus, the prescribed books should be given to the schools.

One of them says, different budget for the maintenance of the building and water supply should be allotted.

And one says, in RHTC, the senior sanitarian post should be filled by either Sanitary Inspector or Public Health Nurse.

The Multipurpose (Female) Health Workers Training School, M.A.C. Institute of Community Health, Adyar, Madras

The faculty members of the multipurpose female health worker's training school, M.A.C. Institute of Community Health, Voluntary Health Services, Adyar, were interviewed for the purpose of studying their views on the training programme and the trainees, with the ehlp of the interview schedule.

There's a additional director in the school who is the administrative head of the school.

The faculty consists of six members. Five of them are the retired people from Government services. Only one of them is a non-retired member serving the school.

The faculty members are with different qualifications but with the same dedication. Most of them belong to the age group of 55-70 years with rich teaching experience.

Faculty's Opinion

Table No. 7

Q.12 Do you think the MPW Scheme has benefitted the ANM's, Give your reasons.

No's.	Responses	N=6
1.	They gain more knowledge	3
2.	They strengthened the activities of ANM's	1
3.	They can provide total health care to the rural people	1
4.	With 5000 population, they can do sufficient service to the people	1

Their opinions were asked to know whether the MPW Scheme has benefitted the ANM's and the reasons for it. Three of them say (50%) that they gain more knowledge, by which they mean that the inclusion of science subjects and more aspects of community health.

One of them says (16.6%) it strengthened the ANM's activities, by adding more number of responsibilities to them.

The other one says (16.6%) that with the increased responsibilities, they can provide total health care to the rural people.

One member says (16.6%) that with the 5000 population coverage, they can render sufficient service to the people.

Table No. 8

Q.13 Female health workers are supposed to play a key role in rural health services, Do you think the training programme is consistent with the needs to serve the rural people.

No.	Responses	N=6
1.	Yes	6

The female health workers are supposed to play a key role in rural health services, so they were asked whether the training programme is consistent with the needs to serve the rural people. All of the faculty members (100%) opine that it's consistent with the needs to serve the rural people.

Table No. 9

Q.14 What do you think of the working conditions of female health workers.

No's.	Responses	N=6
1.	Accommodation for the health workers is essential	1
2.	Adequate transport facilities	1
3.	Difficult for the young girls to live alone	1
4.	It's poor and needs lot of improvement	1
5.	It's fairly good	1
6.	It's safe and adequate	1

They were asked about the working conditions of female health workers. Everyone came up with different kind of responses.

One says, (16.6%) accommodation for the health workers

is essential in their work situation.

Another says (16.6%) transport facilities are essential for the health workers.

One says (16.6%) it's very difficult for the young girls to live alone.

One says (16.6%) that the working condition is very poor, since the workers don't have proper accommodation, transport facilities, proper supervision etc. So it needs a lot of improvements.

Two of them (33.3%) came up with the opinion that the working condition is safe and adequate. With the help of field practices, that they learn during their training programme, they will be able to deal with any kind of problems and work efficiently.

Table No. 10

Q.15 If the female health workers get posted in the village soon after the training programme, do you think they will be able to work independently or they are likely to face any problems.

No's.	Responses	N=6
1.	They need guidance atleast in the beginning of their service.	4
2.	The knowledge they acquire and the field practices they do during the course will make them work independently without any problem.	1
3.	With 5000 population, they can work without any problem	1

When asked if the female health workers get posted in the village, soon after the training programme, whether they'll be able to work independently or they are likely to face any problems. Four members (66.6%) say it's difficult, so they need guidance atleast in the beginning of their service. Then they will be able to work independently.

One of them says (16.6%) with the knowledge they acquire and the field practices they do during the course work will make them work independently without any problem.

The other one (16.6%) says that with the allotment of 5000 population for each health worker, they can work without any problem.

Lastly, their suggestion to improve the working conditions of the female health workers and the training school, were asked.

Table No. 11

Q.16 Please give your suggestion to improve the

(i) Working conditions of the female health workers

No's.	Responses	N=6
1.	Residential accommodation is very essential to expect better services from them.	4
2.	The centre should be supplied with sufficient equipments and drugs.	2
3.	One ayah should be posted in the sub centre to assist the female health worker.	2
4.	No answer.	1

As far as the working conditions of the female health workers are concerned Four of them say (66.6%) residential accommodation is very essential to expect better services from the workers, the sub-centre should be supplied with sufficient equipments and drugs and one ayah should be posted in the sub-centre to assist the female health workers.

Table 12

Q.16 (ii) to improve the female health workers training school.

No's.	Responses	N=6
1.	Books should be available in the vernacular language.	4
2.	Work load for teachers is too much	1
	The facilities made available are adequate.	1
	No answer.	3

When asked about their opinions to improve the training school, Four of them (66.6%) say that books should be available in the vernacular language. One says (16.6%) that the facilities made available are adequate. One of the faculty says (16.6%), the work load for the teachers is too much in the voluntary school. This is because of the shortage of personnel in the voluntary school.

Two people have not suggested anything, when they were asked about it, they opined in the informal interview that the co-ordination is lacking, which is the hindrance to the training programme itself.

Social background of the students

To understand the social background of the students, the interview schedule was designed to gather information of age, marital status, Rural/Urban background, educational qualification and marks obtained, and parents educational qualification. Also the students were asked to indicate the class, they belong to according to them. The information gathered from the government and the voluntary schools are given separately.

Multipurpose Health Workers (Female) Training School, Government Head Quarter's Hospital, Kanchipuram

Table No. 13

Semester (N=86)	Age						Native Place		Marital Status			
	18-20	21-23	24-26	27-29	30-32	32-35	Rural	Urban	Single	Married	Widow	Sepr.
I (N=29)	6	12	8	2	1	-	22	7	28	-	-	1
II (N=37)	2	8	3	1	8	15	15	22	9	27	-	1
III (N=20)	-	8	5	2	4	1	10	10	15	2	2	1
TOTAL	8	28	16	5	13	16	47	39	52	29	2	3

32.51% of the students belong to the age group 21-23 and 18.6% of the students belong to 33-35 age group.

Rural/Urban background

Out of 86 respondents in the government school 47 students (54.65%) are from rural background and 39 students (45.34%) are from urban background.

Marital Status

51 students (59.30%) are not married and 29 students (33.72%) are married and 4 students (4.65%) are separated from their husbands and 2 of them (2.32%) are widows.

Table No. 14

Semester (N=86)	Educational Qualification			Marks Obtained		
	10th	+2	Above	I Class	II Class	III Class
I (N=29)	4	20	5	2	24	3
II (N=37)	21	9	7	3	23	11
III (N=20)	9	10	1	1	16	3
TOTAL	34	39	13	6	63	17

Educational qualification

39.53% of the students are with 10th Std. qualification and 45.34% of the students are with +2 qualification and 15.11% of them have qualification above the +2 level. Some had completed their degree courses and some left their degree courses in between.

Marks obtained

73.25% of the students obtained II class mark, 6.9% of the students obtained I class mark and 19.76% of the students obtained III class mark.

Table No. 15

Parents/Husbands Educational Qualification

Semester (N=86)	Father					Mother					Husband				
	Nil	Pri.	Mid.	Sec.	Grad.	Nil	Pri.	Mid.	Sec.	Grad.	Nil	Pri.	Mid.	Sec.	Grad.
I (N=29)	5	7	14	1	-	7	2	5	-	-	-	-	-	-	-
II (N=37)	2	10	13	-	-	9	8	4	-	-	-	5	9	6	8
III (N=20)	5	2	8	4	-	6	2	6	-	-	1	-	2	1	-
TOTAL	12	19	35	5	-	22	12	15	-	-	1	5	11	7	8

Parents/Husbands Educational Qualification

13.95% of the students fathers and 25.58% of the students mothers, are not educated. 22.09% of the students fathers, and 13.95% of the students mothers are with primary level education. 5.81% of the students husbands are with primary level education.

40.69% of the students fathers and 17.44% of the students mothers and 12.79% of the students husbands had middle school level of education.

None of their parents are graduated but 9.3% of the students husbands are graduated.

Table No. 16

Semester (N=86)	Class			
	Lower	Lower Middle	Middle	Upper Middle
I (N=29)	8	7	13	1
II (N=37)	4	5	28	-
III (N=20)	3	9	8	-
TOTAL	15	21	49	1

The students were asked, which class they belong to, according to them. 56.97% of the students belonged to middle class families, 24.41% of the students belonged to lower middle class families and 17.44% of the students belonged to lower class families.

Multipurpose Health Workers (Female) Training School, M.A.C. Institute of community Health, Madras

Table No. 17

Semester (N=86)	Age						Native Place		Marital Status			
	18-20	21-23	24-26	27-29	30-32	32-35	Rural	Urban	Single	Married	Widow	Sepr.
I (N=10)	8	2	-	-	-	-	3	7	10	-	-	-
II (N=10)	10	-	-	-	-	-	7	3	10	-	-	-
III (N=10)	6	3	1	-	-	-	1	9	10	-	-	-
TOTAL	24	5	1	-	-	-	11	19	30	-	-	-

Rural/Urban background

Out of 30 students 11 students (36.66%) belong to rural areas and 63.33% of the students are from urban background.

Marital Status

Cent per cent of the students are not married.

Educational Qualification

93.33 per cent of the students are with +2 qualification and 6.66 per cent of the students are with 10th std. qualification.

Table No. 18

Semester (N=86)	Educational Qualification			Marks Obtained		
	10th	+2	Above	I Class	II Class	III Class
I (N=10)	1	9	-	-	6	4
II (N=10)	1	9	-	10	-	-
III (N=10)	-	10	-	-	10	-
TOTAL	2	28	-	10	16	4

Marks Obtained

53.33 per cent of the students obtained II class marks and 33.33% of the students obtained I class marks and 13.33% of the students obtained III class marks.

Table No. 19

Parents Educational Qualification

Semester (N=86)	Father					Mother				
	Nil	Pri.	Mid.	Sec.	Grad.	Nil	Pri.	Mid.	Sec.	Grad.
I (N=10)	-	-	4	2	3	1	-	4	2	-
II (N=10)	-	2	4	3	1	-	2	5	2	-
III (N=10)	-	-	4	2	2	-	1	5	3	-
TOTAL	-	2	12	7	6	1	3	14	7	-

Parents Educational Qualification

6.6% of the students fathers and 10% of the students mothers are with primary level of education. 40% of the students fathers and 46.66% of the students mothers are with middle school level of education.

23.3% of the students fathers and mothers are with the secondary school level of education and 20% of the students fathers are graduates.

Table No. 28

Semester (N=86)	Class			
	Lower	Lower Middle	Middle	Upper Middle
I (N=10)	-	2	7	1
II (N=10)	-	2	7	1
III (N=10)	1	3	5	1
TOTAL	1	7	19	3

The class to which they belong according to them revealed that one of the 30 students belonged to lower class and 23.33% of the students belonged to lower middle class and 63.33% of the students belonged to middle class families and 10% responded that they belonged to upper middle class.

Student's Opinion

Students opinions regarding the various aspects of the training were asked with the help of the interview schedule which has both open-end and closed-end questions.

Table No. 21

Q.10 How do you like this training programme?

No.	Responses	Government School				Voluntary School				C
		I (N-29)	II (N-37)	III (N-20)	T (N-86)	I (N-10)	II (N-10)	III (N-10)	T (N-30)	N-116
1.	Services to the humanity	18	14	5	37	10	6	7	23	60
2.	Due to poverty		1		1					1
3.	It gives independence and confidence		1		1					1
4.	To serve the family and and educate the children	4	1		5					5
5.	It guarantees a job		3	1	4					4
6.	Prevention of diseases	5	11	12	28					28
7.	To get a good name in society							1	1	1
8.	Service to the patients			1	1		1	1	2	3
9.	Don't like it	2	6	1	9		3	1	4	13

The students were asked how do they like the training programme. Nine kind of responses were given by them.

51.72% of the students answered that they like the programme because it gives an opportunity to serve the humanity. (43% of Govt. School and 76% of Voluntary School

Students gave the answer).

24% of the students answered that they like the programme because they can prevent the diseases, (all of them belong to the Govt. School).

11.2% of the students camp up with the answer that they don't like the training programme (10.46% Govt. School 13.33% Voluntary School). They joined this course, because of their families influence, that's the reason they don't like the course which they explained during the clarification of the answers with the investigator.

4.3% of the students answered that they want to serve their family and educate their children. All of them belong to the Govt. School.

3.4% of the Govt. School students answered that this programme gives them a job guarantee.

One (0.8%) of the students in Govt school came up with the answer that due to poverty she liked to do this programme.

The other one student (0.8%) from the Govt. School came up with the answer that it gives independence and

confidence.

Table No. 22

Q.11 Which part of the training do you like most?

No.	Responses	Government School				Voluntary School				
		I (N-29)	II (N-37)	III (N-20)	T (N-86)	I (N-10)	II (N-10)	III (N-10)	T (N-30)	C (N-116)
1.	Mid Wifery	-	-	8	8			7	7	15
2.	Nursing	25	27		52	10	9	1	20	72
3.	Home visit & Health Education		2		2			2	2	4
4.	Field Work	1		7	8					8
5.	Anatomy		4	1	5		1		1	6
6.	Maternal and Child Health	1		4	5					5
7.	Ward duties	2	4		6					6

The students were asked which part of the training programme they like the most.

70% of the students like the hospital nursing the most (72% of Govt. School and 66.66% of Voluntary School).

12.91 of the students liked the midwifery part. (9.3%

Govt. School and 23.33% Voluntary School)

4.3% of the students liked maternal and child health, they belong to the Govt. School.

6.8% of the students liked the field work, they belong to the Govt. School.

3.4% of the students like Home visit and Health Education in the the field work itself. (2.32% Govt. School and 2.32% Voluntary School).

Table No. 23

Q.12 What are the plans after the course?

No.	Responses	Government School				Voluntary School				
		I (N-29)	II (N-37)	III (N-20)	T (N-86)	I (N-10)	II (N-10)	III (N-10)	T (N-30)	C N-116
1.	Higher studies	-	1	-	1	-	2	2	2	3
2.	Find a job	29	36	20	85	9	8	10	27	112
3.	Any other	-	-	-		1	-	-	1	1

The students were asked about their plans after their course, and three choices (i) higher studies (ii) Find a

job, (iii) any other plans, were given.

96% of the students, answered that their plan is to find a job after the course (98% Govt. School and 90% Voluntary School).

Only 2.5% of the students came up with the answer that they go for higher studies.

Table No. 24

Q. 13 What influenced you to choose this course:

No.	Responses	Government School				Voluntary School				
		I (N-29)	II (N-37)	III (N-20)	T (N-86)	I (N-10)	II (N-10)	III (N-10)	T (N-30)	C N-116
1.	Influenced by the family	10	13	6	29	1	5	-	6	35
2.	Want to get a job	19	23	14	56	9	3	7	19	75
3.	Accidental	-	1	-	1	-	1	3	4	5
4.	Any other	-	-	-	-	-	1	-	1	1

The students were asked what influenced them to choose this course, and the choices to (i) family (ii) get a job (iii) Accidental (iv) Any other, were given.

64% of the students answered that to get a job, they chose this course (65% Govt. School 63% Voluntary School).

30.77% of the students came up with the answer that they were influenced by the family (33.72 Govt. School and 20% Voluntary School).

4.3% of the students gave the answer that they chose this course accidentally.

Table No. 25

Q.14 Your opinion about the training facilities:

No.	Responses	Government School				Voluntary School				
		I (N-29)	II (N-37)	III (N-20)	T (N-86)	I (N-10)	II (N-10)	III (N-10)	T (N-30)	C (N-116)
1.	Satisfied	29	37	19	85	10	9	10	29	114
2.	Not satisfied	-	-	1	1	-	1	-	1	2
3.	Poor	-	-	-	-	-	-	-	-	-
4.	Any other	-	-	-	-	-	-	-	-	-

The students were asked their opinion of training facilities in the school. The choices, (i) Satisfied (ii) Not Satisfied (iii) Poor (iv) Any other, were given.

98.27% of the students answered that they were satisfied with the available facilities in the training school (98.83% Govt. School, 96.66% Voluntary School).

1.72% of the students came up with the answer they were not satisfied with the available facilities.

No body said that the available facilities were poor.

Table 26

Q. 15 Please describe Primary Health Centre:

No.	Responses	Government School				Voluntary School				C
		I (N-29)	II (N-37)	III (N-20)	T (N-86)	I (N-10)	II (N-10)	III (N-10)	T (N-30)	(N-116)
1.	There's 1 PHC for every 1 lakh population. It imparts health services to the rural people.		5	4	9	1	4		5	14
2.	Every 30,000 population has got one PHC	1	1	2	4	6		10	16	20
3.	It provides primary health care to the village people.	12	23	6	41		4		4	45
4.	Treatment for minor ailments, Family planning advice to pregnant women, health education.	15	3	1	19		2		2	21
5.	For preventing diseases, and promote health of the rural people.	1	5	7	13	2			2	15
6.	No answer					1			1	1

Since the multipurpose female health workers serve the rural people by rendering health services through primary Health Centres and sub-centres, they were asked to describe the primary Health Centre.

12.06% of the students answered that there is one primary Health Centre for every 1 lakh population and it imparts health services to the rural people (10.46% Govt. School and 16.66 Voluntary School). One student (0.86%) didn't give any answer.

38.79% of the students answered that primary heatlh centres provide primary health care to the people. (47.67% Govt. School 13.33%) Voluntary School.

17.24% of the students came up with the answer that every 30,000 population has got one primary health centre (4.65% Govt. School and 53.33% Voluntary School).

18.10% of the students answered that primary Health Centre provides treatment for minor ailments, Family planning advice to pregnant women and health education (22.09% Govt. School and 6.6% Voluntary School).

12.93% of the students gave the answer that primary health centres are there for preventing diseases and promote

the health of the rural people (15.11% Govt. School and 6.66% Voluntary School).

Table No. 27

Q. 16 Please tell the duties of MPHW(F) posted in the sub centre :

No.	Responses	Government School				Voluntary School				
		I (N-29)	II (N-37)	III (N-20)	T (N-86)	I (N-10)	II (N-10)	III (N-10)	T (N-30)	C (N-116)
1.	All the duties	1	12	1	14		1	3	4	18
2.	Immunization, M.C.H., Health Education.	16	19	9	44	9	7	7	23	67
3.	Ante natal, post-natal care and referring the cases.	1	5	7	13		2		2	15
4.	Area visit, Review meeting, Immunization etc.	1	1	2	4					4
5.	No answer	10		1	11	1			1	12

The students were asked about the duties of MPHW(F) posted in the sub centre. They answered the job responsibilities of the MPHW(F) but many of them emphasized on some of the repsonsibilities.

10.3% of the students did not answer (12.79% Govt. School I Semester students 3.33% Voluntary School I Semester student).

57.75% of the students emphasized on Immunization, M.C.H. and Health Education (51.16% Govt. School and 76.66% Voluntary School).

15.51% of the students had given all the duties as prescribed by Indian Nursing Council (16.2% Govt. School 13.33% Voluntary School).

12.93% of the students answered that ante-natal post-natal care and refering the cases are the duties of MPHW(F) (15.1% Govt. School 6.66% Voluntary School).

3.44% of the students emphasized on Area visit, Review meeting.

Table No. 28

Q.17 a) Do you know District Health Organization? Comment:-

No.	Responses	Government School				Voluntary School				C
		I (N-29)	II (N-37)	III (N-20)	T (N-86)	I (N-10)	II (N-10)	III (N-10)	T (N-30)	(N-116)
1.	Yes	6	34	16	56	5	4	10	19	75
2.	To prevent the disease of the people in the whole district.		1		1		5		5	6
3.	It's in the district Headquarter. All the PHC's in the district are under it's control.	1	1	1	3	5			5	8
4.	No answer	22	1	3	26		1		1	27

The students were asked whether they know District Health Organisation and their comments were asked.

64.65% of the students restricted their answer to yes, they did not comment on it. (65.11% Govt. school and 63.33% voluntary school).

23.27% of the students did not give any answer (30.23% Govt. School and 30.3% voluntary school).

6.89% of the students answered that the District Health Organization is in the district headquarters. All the PHC's in the district are under it's control. (3.48% Govt. School and 16.66% voluntary school).

5.17% of the students anwsered that it's to prevent the disease of the people in the whole district. (0.86% Govt. school and 3.48% voluntary school)

Table No. 29

Q. 17 b) Do you know the superior officer of MPHW(F)?

No.	Responses	Government School				Voluntary School				C
		I (N-29)	II (N-37)	III (N-20)	T (N-86)	I (N-10)	II (N-10)	III (N-10)	T (N-30)	(N-116)
1.	Health visitor, Health Inspector, Doctors.	1	2	1	4		5		5	9
2.	Medical Officer, Health Visitor and Sector Nurse.	2	21	3	26		1		1	27
3.	Health visitor, Health Supervisor, Doctor, Health Director.	4	7	13	24	5	3	10	18	42
4.	No answer.	22	7	3	32	5	1		6	38

The student were asked about their superior officers.

36.20% of the students came up with the answer, that the superior officers of ANM's are Health visitor, Health Supervisor, Health Inspector, Doctor, and Health Director (27.90% Govt school and 60% voluntary school).

23.27% of the students answered that the superior officers are Medical officer, Health visitor and sector Nurse (Health Supervisors have been called sector Nurse in Tamil Nadu state) (30.23% Govt school and 3.33% voluntary school.

7.75% of the students emphasized on Health visitor, Health Inspector and Doctors (4.65% Govt school 16.66% voluntary school)

Table No. 30

Q. 18 a) What is your opinion about village ?

No.	Responses	Government School				Voluntary School				
		I (N-29)	II (N-37)	III (N-20)	T (N-86)	I (N-10)	II (N-10)	III (N-10)	T (N-30)	C (N-116)
1.	Village is the base for everything Development of villages is the development of the country.		6	2	8		1		1	9
2.	Village is the place where people live or agriculture and are without basic necessities.	5	4	2	11	2	1	5	8	19
3.	Village is the place where simple people live. They lead a simple and peaceful life.	3	2	3	8		8	1	9	17
4.	Village is full of people who are illiterate and superstitious.	21	25	13	59	8		4	12	71

The students opinion about village was asked. Since they are trained to render rural health services, it was felt that their opinion about village and the village people, was important.

61.20% of the students came up with the answer that the villages are full of people who are illiterates and superstitious. (68.60% Govt school and 63.33% voluntary school)

16.37% of the students answered that village is the

place where people, live on agriculture and without any basic necessities (12.79% Govt school and 26.66% voluntary school).

14.65% of the students gave the answer that village is the place where simple people live and they lead a simple and a peaceful life (9.30% Govt school and 30% voluntary school).

7.75% of the students came up with the answer that village is the base for everything. Development of villages is the development of the country. (9.30% Govt school and 3.33% voluntary school).

Table 31

Q. 18 b) The large number of people are poor. Who are they? Why are they poor?

No.	Responses	Government School				Voluntary School				
		I (N-29)	II (N-37)	III (N-20)	T (N-86)	I (N-10)	II (N-10)	III (N-10)	T (N-30)	C (N-116)
1.	People, who are illiterate, ignorant and having more number of children are poor.	12	16	10	38	9	4	9	22	60
2.	Daily wage earners, with that their needs are not met. So they are poor?	12	17	3	32	1	1	-	2	34
3.	Solely depend on agriculture, that's why they are poor.	4	3	5	12		4	1	5	17
4.	No basic necessities and no sanitation.	1	1	2	4		1		1	5

The large number of people in the villages are poor, who are they? Why are they poor, The students were asked this question.

51.72% of the students answered that people who are illiterate, ignorant and having more number of children are poor. (44.18% Govt school and 73.33% voluntary school)

29.3% of the students came up with the opinion that daily wage earner's needs are not met with what they earn so they are poor. (37.20% Govt school and 6.66% voluntary school)

14.65% of the students opined that the village people are solely depend on agriculture, that is the reason for them being poor.

4.3% of the students came up with the opinion that there's no basic necessities and sanitation in village (4.6% Govt school and 3.3% voluntary school)

Table No. 32

Q. 19 a) If you get posted in a village, how will you propose to live? Please Comment?

No.	Responses	Government School				Voluntary School				
		I (N-29)	II (N-37)	III (N-20)	T (N-86)	I (N-10)	II (N-10)	III (N-10)	T (N-30)	C (N-116)
1.	By understanding the people, their way of life and their health practices.	26	37	17	80	10	9	10	29	109
2.	With the help of the chief and other elderly people of the village.	3		3	6		1		1	7

The students were asked, if they get posted in villages, How will they propose to live.

93.36% of the students commented that they live by understanding the village people, their way of life and their health practices. (93.02% Govt school and 96.66% voluntary school).

6.03% of the students answered that with the help of the chief of the village and other elderly people of the village they can live and render services in the villages. (6.97% Govt school and 3.33% voluntary school)

Table No. 33

Q. 19 b) It's often said that it's difficult for young girls to live alone and work in the village do you agree?

No.	Responses	Government School				Voluntary School				
		I (N-29)	II (N-37)	III (N-20)	T (N-86)	I (N-10)	II (N-10)	III (N-10)	T (N-30)	C (N-116)
1.	Yes, it's difficult, so live with family members.	3	1	2	6					6
2.	No it's not difficult, the people will give protection.	20	28	7	55	6	8	9	23	78
3.	Yes, Girls will face security problems everywhere.	6	8	9	23	4		1	5	28
4.	Yes, village is the place where rumours spread fast.			2	2		2		2	4

It is often said that it's difficult for young girls to live alone and work in the village - the students were asked whether they agree with this opinion.

67.24% of the students commented that it's not at all difficult since the village people will give protection to them. (63.95% Govt school, 76.66% voluntary school).

24.13% of the students came up with the answer that the girls will face security problems everywhere (26.74% Govt school, 16.66% voluntary school).

5.17% of the students commented that it's difficult to live alone so they are proposed to live with their family members. (6.97% Govt school).

3.44% of the students commented that, its's difficult, sine the village is the place where rumours spread fast. (2.32% Govt school and 6.66% voluntary school).

Table No. 34

Q. 20 Are there any special problems do you think you will face in the work situation in the village.

No.	Responses	Government School				Voluntary School				
		I (N-29)	II (N-37)	III (N-20)	T (N-86)	I (N-10)	II (N-10)	III (N-10)	T (N-30)	C (N-116)
1.	No	18	21	16	55	6	3	9	18	73
2.	Yes, because most of them are illiterate.	9	2	1	12	2	3	1	6	18
3.	Yes, because they are superstitious.	2	9	3	14		3		3	17
4.	Yes, because of the living condition lack of transport facilities, etc.		3		3	1	1		2	5
5.	Serving the different caste people will creat a problem.		2		2	1			1	3

The students were asked whether they will face any special problems in their work situation.

62.93% of the students came up with the answer that they will not face any problems. (63.95% Govt school, 60% voluntary school).

15.5% of the students answered that they will face problems since most of the village people are illiterates (13.95% Govt school, 20% vlountary school).

14.65% of the students answered that they will face problems due to the superstititous belief prevailing in villages (16.27% Govt school, 10% voluntary school).

4.3% of the students came up with the problems like living conditions and lack of transport facilities. (3.48% Govt school, 6.66% voluntary school).

2.5% of the students came up with the answer that serving the different caste people will create problems in rendering health services. (2.32% Govt school, 3.33% voluntary school).

Table No. 35

Q. 21 At the end of the programme, if you get a job in the village, do you think you'll be able to carry out the responsibilities assigned to you?

No.	Responses	Government School				Voluntary School				
		I (N-29)	II (N-37)	III (N-20)	T (N-86)	I (N-10)	II (N-10)	III (N-10)	T (N-30)	C (N-116)
1.	Yes	28	36	17	81	10	10	10	30	111
2.	Yes, provided the village people co-operate with us.	1	1	3	5					5

The students were asked, At the end of the programme, if they get jobs in the villages, whether they will be able to carry out the responsibilities assigned to them.

95.68% of students answered that they will be able to carry out the responsiblities assinged to them. (93.02% Govt school, 100% Voluntary school).

4.3% of the students came up with the answer that they will be able to carry out their responsibilities provided the village people co-operate with them in their work situation (5.81% Govt school).

Table No. 36

Q. 22 All of us have hopes and fears about life.
a) What are your hopes?

No.	Responses	Government School				Voluntary School				C
		I (N-29)	II (N-37)	III (N-20)	T (N-86)	I (N-10)	II (N-10)	III (N-10)	T (N-30)	(N-116)
1.	Definitely get a job.	22	31	17	70	9	9	7	25	95
2.	Definitely serve the family members.	7	6	3	16	1	1	3	5	21

The students were asked what are their hopes and fears in life?

64.65% of the students hoped that they will definitely get jobs, (58.13% Govt schools, 83.33% voluntary school).

18.10% of the students hoped that they will definetly serve their family members.(18.60% Govt school, 16.66% voluntary school).

Table No. 37

Q. 22 b) What are your fears?

No.	Responses	Government School				Voluntary School				C
		I (N-29)	II (N-37)	III (N-20)	T (N-86)	I (N-10)	II (N-10)	III (N-10)	T (N-30)	(N-116)
1.	Will the work be carried out efficiently without any problem?	6	21	7	34	5	8	1	14	48
2.	Living alone in the village is a fear.	5	6	1	12	2	2		4	16
3.	Will the job be assigned without bribing?		2		2	1			1	3
4.	No fear.	14	8	11	33	2		9	11	44
5.	Will this course be finished successfully?	4		1	5					5

41.37% of the students feared that whether their work will be carried out efficiently without any problem (39.53% Govt scholl 46.66% voluntary school).

37.93% of the students came up with the answer that they don't have fears. (38.37% Govt school, 36.66% voluntary school).

13.79% of the students feared for living alone in village.

(13.96% Govt school, 13.3% voluntary school) 4.3% of the students feared that whether the training programme will be completed by them successfully (5.81% Govt school).

2.5% of the students feared whether they will get jobs without bribing (2.32% Govt school, 3,33% voluntary school).

CHAPTER V

(DISCUSSION)

DISCUSSION

It's essential that the multipurpose health workers (female) who belong to the lowest cadre of the health service hierarchy be trained and qualified to carry out the duties that are assigned to them. The training they receive must be more closely related to the actual duties they will be called upon to perform (A list of duties the MPHW(F) is expected to perform is given in the Appendix III).

According to the multipurpose health worker (female) curriculum prescribed by the Indian nursing council and presently being used in MPHW(F) training schools, the MPHW(F) should be qualified to perform all the functions mentioned in the list of the teaching and supervision if the subjects have been well done.

The analysis of instructional hours given in the curriculum, shows that the training is more weighted towards hospital nursing, but actual job description and job experience are at the field level. Only one semester is contributed to community health. With the shortage of time and with more responsibilities, it becomes difficult for the trainee to carry out all the responsibilities assigned to her. This kind of dis-orientation will contribute to the poor performances. (the instructional hours for the theory

and practice of the training programme is given in the Appendix IV).

The students spend most of their time in the third semester maintaining various registers for carrying out their activities such as (i) The overall information of the villages they cover (ii) Maternal care Register (iii) child care (iv) Assessment of malnutrition (v) Domiciliary midwifery (vi) Birth -Report for born alive infants (vii) Health Education (viii) Death - Report (ix) Referral slip register (x) Maternal referral slip register (xi) Children referral slip register (xii) Supply of drugs (xiii) Performance report and (xiv) Instructions and procedures register for students.

There are several text books, manuals and guides that are given in the suggested readings, of the syllabus. The most of the prescribed books are by foreign authors. The most widely used text book is the text book for Auxiliary Nurse Midwives by Ms. Audrey. M. Chalkky. It deals with the introduction to Nursing, Anatomy and physiology, medical nursing, surgical nursing, paediatrics, personal and community heatlh, health problems and community nursing. There's no midewifery in this book. It's available in the vernacular language.

Apart from the above mentioned book, the Indian authored books, manuals and guides are mostly followed by the teachers. They found them more relevant and practical. The books for subject like sociology are not prescribed. It may lead to the negligance of these subjects on the parts of teachers. (The books prescribed by the Indian Nursing Council is given in the Appendix-VII). The subjects, sociology and psychology are taught by the teachers who are with varied academic background since it's important to know the sociological processes as they relate to individual, family and community and social factor that effect community's health, welfare and life, and psychological principles to understand the personal, individual and group behaviour, to develop inter-personal skills, to motivate the group to improve the health care, it's very essential that teachers with sociology and psychology background impart the knowledge to the students. Otherwise it becomes a shortcoming to the trainee, which in turn reflects in her performances during her work.

The whole educational programme is reflected by the faculty of the training institution, their qualification and adequacy in terms of number. The MPHW(F) can do better if she receives all of the required lectures and practice. The teachers studied have never been exposed to work in the community.

The rural health system is based on a network of PHC. The PHC's are the focus of preventive care as well as simple curative care. It's very important that health functionaries have some knowledge of the PHC network and subcentres through which they have to render their services, and about District Health Organization to which the health worker refer more complex health problems. But unfortunately the students responses about PHC's, sub centres and, District Health Organization, revealed that, even though they are aware of the health care system in which they are immediate part and play a key role in providing rural health services, they are not aware of the exact structure and functions of the health care system.

The questions regarding the duties of MPHW (F) only 15.5% of the students could describe all the duties. 57.75% of the students emphasised on the duties like immunization, M.C.H. and, health education (Table No. 27). This may be due to the influence of family planning programme on M.C.H. and health education.

It was felt that the MPHW(F) who plays a key role in providing health care services to the rual people, must have an understanding of village and the rural poor and the cause of poverty. The responses of the questions regarding the rural people and the cause of poverty, revealed that they

are not aware of the existing condition of the village and rural population. 51.72 per cent of the students opined that village people are illiterate, ignorant and having more number of children. So they are poor (Table No. 31). It revealed that they don't have adequate understanding of the village and the rural people. 29.3 per cent of the students answered that daily wage earner's needs are not met with what they earn, so they are poor. It revealed that to certain extent, some of them are aware of the realistic economic condition of the rural people.

The students were asked, how are they proposed to live in the village if they get posted. 93.36 per cent of the people opined that they live by understanding the village people, their way of life and their health practices (Table No. 32) 4.3 per cent of the students came up with the practical problems like living conditions and lack of transport facilities. 62.93 per cent of the students answered that they will not face any problems in the villages, since the village people would take care of them. These kinds of answers revealed that their trust in the village people. This belief will definitely lead to have a better understanding of the rural people and their needs, which will make the health workers render their services efficiently.

The students were asked to express their hopes and fears for the future. The responses of the students were categorised (Table No. 36). The majority of the students (64.65 per cent) are concerned about their job. They expressed that they will definitely get jobs. This concern for job has an important implication. This is one of the factor which influenced them to join this programme. At the same time 41.37 per cent of the students feared that whether they will be able to carry out their work efficiently without any problem. (Table No. 37) According to them, the problems they are likely to face, are living alone in the villages, in terms of security and other practical problems like accommodation and trasnport facilities. 37.93 per cent of the students came up with the answer that they don't have any fears. They opined that everything is in their hands. They will be able to manage any kinds of problem and work efficiently.

The study of the training of the government and the voluntary school revealed that they differ in four aspects like selection procedure of the students, admission capacity, Faculty recruitment and educational qualification of the faculty.

Selection Procedure

The students with X standard or +2 pass qualification, registered in the Government Employment Exchange, are sent

application forms. The eligible students are interviewed, and, the admission follows. Scheduled caste and scheduled tribe people are given concession in the selection process and 8 seats are reserved for disabled people, usually it is recommended by the Department of Social Welfare, State Government.

In case of the voluntary school, following the advertisement in the local newspapers, the applicants are called for an entrance examination. The students are selected on the basis of the marks obtained in the entrance examination and X standard or +2. Sometimes, on requisition of the state government, students are admitted in addition to the students selected by the voluntary school.

Admission capacity

In the government school 120 students are admitted per annum. In the Voluntary School 20 students are admitted per annum.

Recruitment of faculty

The eligible faculty members are recruited by the directorate of Medical services, the state government, in case of the government school. In the voluntary school, following the advertisement given in the local newspaper, the applicant are interviewed, and the admission follows.

CHAPTER VI

(CONCLUSION & SUGGESTIONS)

CONCLUSION AND SUGGESTIONS

The objective of this study was to look into the various aspects of training that is being given to the multipurpose female health workers in the state of Tamil Nadu. Special focus was to see how far these training programmes actually serve her to perform her duties in the actual work situation. This work studied the facilities available, worker's views of village life and the set up in which she is going to work. It also focuses on the views of faculty members on the training programme, and the trainees, besides their social background and that of students. For this purpose, a Government and a voluntary training school were selected.

The duration of the trianing programme is 18 months, consisting of three semesters of six months each; the first and second semesters training is conducted in the training school. The thrid semester is conducted in the Rural Health Training Centres.

The syllabus that is being followed by the Government and voluntary training school are the same as prescribed by Indian Nursing Council. The government and voluntary school differ from each other on the selection procedure of the students, recruitment procedure of the faculty and the

admission capacity of the students.

On the whole, the training programme is hospital oriented, since first and second semester are spent in hospitals. Training in community health is being imparted in a single semester.

The physical facilities like, hospital for institutional training, laboratory, class rooms, demonstration room, library etc. are available as prescribed by the Indian Nursing Council. In the case of the government school transport facilities are not adequate. Amount of stipend is also less.

The students are aware of the village life and the poor people. They have got no clear cut idea as to what could be the causes of poverty; most of them opined that the villagers are poor becuase of illiteracy, ignorance and lack of family planning. Quite a number of students came up with ideas relating to economic and social processes that exist in the villages.

The students generally are not aware of the exact structure and functions of the health care system, even though they have some idea about the primary health centres and sub-centres through which they are going to work.

The faculty members were interviewed to find out their views on the training programme and the trainees. They are dissatisfied with the maximum number of target for family planning programme and too much of written work. They are dissatisified with the non-availability of the prescribed books given in the syllabus. They suggested that the trainees when they are posted in the villages need guidance at least in the beginning of their service. Most of the faculty members are from urban background. In the government school, most of the faculty members are with B.Sc. (Nursing) or Diploma in Public Health Nursing Qualification. In the case of the voluntary school, the teachers are mostly retired people.

The students are both with the rural and urban background, but their socio-economic background are not reflected on their responses. With the probe into the training aspects of the schools, the following suggestions are made.

Suggestions

(i) The duration of the course for Community Health Nursing should be increased.

(ii) The emphasis should be given to the teaching of the structure and functions of the health care system in detail.

(iii) The amount of stipend should be increased.

(iv) Transport facilities as adequate as possible should be made available.

(v) The books prescribed should be more tuned with the training programme.

(vi) All the books taught should be made available in vernacular languages.

Definition of terms:

1. **Multipurpose Health Worker's Programme**

It's a programme prescribed by the Indian Nursing Council for the training of Multipurpose Health workers in it's revised version of A.N.M course August, 1977. The current terms are : Multipurpose Health Worker (Male) and Multipurpose Health Worker (Female).

2. **Training**

Basic preparation by planned instruction and practice which the Multipurpose Health Worker (Female) receives in order to work efficiently in her work situation.

3. **Work Situation**

The position in which the Multipurpose Health Worker (Female) is going to render her services after completing the training programme successfully.

Facilities

Quality which makes learning easier, for the Multipurpose Health Worker (Female) in her training period.

Limitations of the Study

1) The study is limited only to two schools of the state.
2) The role performance of the Multipurpose Health Workers (Female) were not studied to know the effectiveness of the training.

APPENDIX I

1. Name :
2. Age :
3. Sex :
4. Native Place :
5. Marital Status :

   Single

   Married

   Widow

   Separated
6. Educational Qualification :

   Where are you trained :
7. Designation :
8. Hours of work :
9. Teaching load :
10. Teaching experience :
11. Service experience :
12. Do you think the multipurpose workers scheme has benefitted the ANM's. Give your reasons.

13. Female Health Workers are supposed to play the key role in rural health services. Do you think the training programme is consistent with the needs to serve the rural people.

14. What do you think the working conditions of female health workers.

15. If the female health workers get posted in the village soon after the training programme, do you think they will be able to work independently or they are likely to face any problems? What do you think?

16. Please give your suggestion to improve

i) The working conditions of the female health workers

ii) The female health workers training school

APPENDIX II

1. Name :

2. Age :

3. Native Place :

   Urban
   Rural
   District
   State

4. Marital status :

   Single
   Married
   Widow
   Separated

5. Educational Qualification :

   10th Std.
   +2
   Above

   Marks obtained

   I Class
   II Class
   III Class

6. Semester :

   I Semester
   II Semester
   III Semester

7. Educational Qualification :

	Father	Mother	Husband
Nill			
Primary			
High School			
Secondary			
Graduate & above			

8. Occupation

	Father	Mother	Husband

9. What do you think the class to which you belong :-

Lower

Lower Middle

Middle

Upper Middle

10. How do you like this training programme.

11. Which part of the training do you like the most?

12. What are the plans after the course?

i) Higher studies

ii) Find a job

iii) Any other

13. What influenced you to choose this course :

i) Influenced by the family

ii) Want to get a job

iii) Accidental

iv) Any other

14. Your opinion about training facilities :

i) Satisfied

ii) Not satisfied

iii) Poor

iv) Any other

15. Please describe primary health centre.

16. Please tell the duties of the ANM posted in the subcenter?

17. Do you know the District Health Organization? and do you know the superior officer of ANM's?

18. What is your opinion about village?

The large No. of rural people are poor? Who are they? Why they are poor! Comment.

19. If you get posted in a village, How will you propose to live? Please comment.
It is often said that its difficult for young girls to live alone and work in the village, do you agree.

20. Are there any special problems to do you think you will face in the work situation in the village?

21. At the end of the programme if you get a job in the village do you think you will be able to carry out the responsibilities assigned to you.

22. All of us have hopes and fears about the life.

What are your hopes?
what are your fears?

APPENDIX III

At the end of the training programme the students health workers are expected to carry out the following job responsibilities.

1. Explain the principles of healthful living related to all age groups in the community.
2. Perform basic health care activities in community and institutional setting.
3. Plan and carry out nutrition and health education activities in the home, clinic and community.
4. Provide basic maternal and child health care including immunization services, family helath care, and family planning services.
5. Perform basic midwifery procedures and basic nursing techniques with special emphasis on domiciliary and home nursing procedures.
6. Provide first aid and emergency nursing care, elementary medical care including treatment of minor ailments.
7. Participate as a responsible member of the health team.
8. Identify community resources which could be utilized for health promotion, health maintenance, and prevention of diseases.
9. Assist in the training of community/village level health workers.
10. Promote community development activities.

APPENDIX IV

	Theoretical Instruction	Supervised Practical Training in Laboratory/Field/ Clinical Area	Field/Clinical Experience		TOTAL
Semester I	8 weeks	7 weeks	8 weeks	=	23 weeks
Semester II	8 weeks	7 weeks	8 weeks	=	23 weeks
Semester III	8 weeks	6 weeks	8 weeks	=	22 weeks
	24 weeks	20 weeks	24 weeks	=	68 weeks

APPENDIX V

Statement showing the number of admission and passing out of Multi Purpose Health Workers (Female)

S.No.	Year	No. of Pupil Admitted		Year of Passing	No. of Pupil Passed out		
		Govt.	Voluntary Organisation		Govt.	Voluntary Organisation	Total
1.	1979	150	55	1981	531	53	584
2.	1980	660	85	1982	765	50	815
3.	1981	673	95	1983	601	101	702
4.	1982	770	125	1984	708	96	804
5.	1983	906	130	1985	957	161	1118
6.	1984	1061	155	1986	925	154	1079
7.	1985	1042	169	1987	493	106	599

APPENDIX VI

Health Unit Districtwise Distribution of Primary Health Centre and Health Sub Centre in Tamil Nadu as on 1-4-1988.

S.No.	Health Unit District	Number as on 1-4-88	
		PHC	HSC
1.	Cuddalore	20	254
2.	Villupuram	22	288
3.	Kallakurichi	25	304
4.	Tiruvarur	47	423
5.	Thanjavur	29	311
6.	Pudukottai	41	240
7.	Tiruchirapalli	42	247
8.	Karur	28	199
9.	Dindigul	33	283
10.	Madurai	15	198
11.	Periakulam	22	206
12.	Sivaganga (PMR)	24	198
13.	Ramnad	26	209
14.	Virudhunagar (Kamarajar)	21	210
15.	V.O.C.	24	244
16.	Tirunelveli	26	283
17.	Kanyakumari	22	263
18.	Chengalpattu (N)	29	328
19.	Chengalpattu (S)	31	320
20.	Cheyyar	35	312

21.	Tiruvannamalai	18	203
22.	Vellore	31	333
23.	Dharmapuri	40	432
24.	Salem	26	222
25.	Namakkal	23	162
26.	Tiruchengodu	24	261
27.	Periyar	37	389
28.	Coimbatore	43	446
29.	Nilgiris	24	190
	TOTAL	**838**	**8058**

APPENDIX VII

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