

Summary

This study was done to assess the role of the public health midwife in the delivery of primary health care. The study was carried out in RDHS division ,Galle in 1988.

40 Public Health Midwives were randomly selected and questionnaire 1 and 2 was administered to them. Questionnaire 1 was designed to collect the basic data of the public health midwife and her needs and requirements as the provider. Questionnaire 2 had variables to assess the quality and quantity of her work performance. Required records and returns were collected from the selected public health midwives. 800 eligible families were selected randomly from the study areas. Questionnaire 3 was administered to them. This consisted of variables to assess acceptance of the PHMM by the mothers and particulars of home visit of the Public Health Midwife.

The work performance of the study sample was assessed and the relationship of the work performance to demographic, socio economic, service experience and service facilities of the Public Health Midwife was analyzed.

92.5% of the Public Health Midwives lived in the working area. Home visiting of 45% Public Health Midwives were satisfactory, but due to the wide variation of the size of the population, number visits per household was poor in 40% of the Public Health Midwife areas (an average of less than 3 visits per year). 60% of the Public Health Midwives did an average of 2 - 3 ante natal field visits per mother. 77.5% of Public Health Midwives did 2 or less post partum visits per mother.

32.5% of the Public Health Midwife areas had more than 100% registration of eligible families. Average number of home deliveries attended by the Public Health Midwife in the study area was 3 per year. 32.5% of the Public Health Midwives had not attended a single home delivery during the year and 12.5% of them had an average of 19 home deliveries for the year 1988. 65% of the Public Health Midwife areas had no untrained deliveries.

The immunization coverage of children and pregnant mothers were very good in the study area. 92.5% of the Public Health Midwife areas had an average birth weight of 2.5 Kg. or more. The performance of ante natal examination and immunization was good. The Public Health Midwives scored very poorly

for the examination of preschool child.

The age of the Public Health Midwife had no significant effect on her work performance. Performance of examination of pregnant mothers by married Public Health Midwives were significantly better than the unmarried Public Health Midwives. The number of ante natal visits were significantly high in Public Health Midwife with many children in her family.

The Public Health Midwife classified in the social class 4 & 5 score significantly higher in the performance of immunization and talquist's test. Educational level of the Public Health Midwife had no significant association to work performance.

The service experience or the service period in the present station of the Public Health Midwife did not demonstrate any significant difference in work performance except, the number of untrained deliveries and the average birth weight in the area. The areas with senior Public Health Midwives had significantly high number of untrained deliveries. There was positive correlation between the untrained deliveries and number of home deliveries ($r= 0.9$). The average

birth weight was low in the areas where the Public Health Midwives with less seniority. The work performance of Public Health Midwives with and without bicycles were not significantly different.

The population and the extent of the Public Health Midwife area showed no significant association to work performance except, a negative correlation was found between the population and number of home visits per household.

The average number of supervisions by the supervising Public Health Midwife and Public Health Nurse was 5 and 3 (respectively) per Public Health Midwife per year. The number of supervisions by the Medical Officers were very poor.

Considering the civil disturbances prevailed in the country during the study period and the limited facilities the performance of the Public Health Midwife was satisfactory. Provision of achievable targets, organized supervision, manageable population and incentive for field work may improve the performance thus enabling the country to reach the goal of Health for All by the year by 2000.

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