

CODEN [USA]: IAJPBB

ISSN: 2349-7750

INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES

SJIF Impact Factor: 7.187

Available online at: http://www.iajps.com

Research Article

KNOWLEDGE ATTITUDE AND PRACTICES OFFAMILY PLANNING AMONG NURSES OF PUNJAB INSTITUTE OF **MENTAL HEALTH (PIMH) LAHORE, PAKISTAN** ¹Rehana Kusar, ²Zobia Idrees, ³Tahira Shaheen

¹Charge Nurse,Lady Aitchison Hospital, Lahore Email ID: rehanatalib2@gmail.com ²Charge Nurse, Punjab Institute of Mental Health, Lahore Email ID: zobiaidrees786@gmai;.com ³Nursing Instructor, Post Graduate College of Nursing Punjab, Lahore

Email ID: ushnahumna@gmail.com

Article Received: July 2021	Accepted: August 2021	Published: September 2021
Abstract: Introduction: A review of the literat awareness but the compliace regardin crisis. Newly married females are less reason they not only hesistate to buybu negative attitude regarding contracept of family planning among nurses work questionnaire containing the sociodem of PIMH, Lahore during August 2019 planning methods. The key sources of participants marked correct options re positive attitude towards the available practicing one or more methods of com the time of the study. Conclusion: Out family planning approaches was satis Lahore. In order to inculcate positi	ture has established that there is an ag the contraceptive methods is poor as informed and reluctant to adopt fa at are also ignorant of their usage. M ion. This study was designed to evalue king in Punjab Institute of Mental He abographic data and the content of the s 9 and November 2019. Result: All the of the information were their instru- garding various types of contraceptive family planning methods. Around 76 traception at r study revealed that although the ext sfactory but the compliance was quit tive attitude and enlighten the ma- king in dfferent departments acrss the sto the the candidates and lift the soci	n adequate ratio of the knowledge and resulting in a number of socioeconomic amily planning approaches. That is the fost of these women host false myths and ate the knowledge, attitude, and practice alth, Lahore. Method: A self-structured study was handed over to the 100 nurses he participants had heard about family tectors (82%). About 84% of the study bes. About 72% of the respondents had a 5% of the study participants had or was tent of knowledge and attitude regarding the low among the nurses of the PIMH, asses regarding the usefulness of the e country need to be trained and taught
Corresponding author:		

Rehana Kusar,

Charge Nurse, Lady Aitchison Hospital, Lahore Email ID: rehanatalib2@gmail.com



Please cite this article in press Rehana Kusar et al, Knowledge Attitude And Practices Of Family Planning Among Nurses Of Punjab Institute Of Mental Health (PIMH) Lahore, Pakistan..., Indo Am. J. P. Sci, 2021; 08(9).

INTRODUCTION:

Family planning is not just a process of halting the reproductive process but a shared decision among the life partners to choose the resources favourable to them according to their needs.

[1] It involves practical approaches by the couples to restrict the offsprings and space the birth process by intervening in the physiochemical environment of their reproductive systems.[2]

Therefore, an Ideal Family planning method should deal with general and reproductive wellbeing of the mother and the child, maintain the desired gap between the offsprings, check unwanted pregnancies and planned abortions, preventing sexually transmitted diseases, and boosting the quality of life for the mother, fetus, and family collectively.[3]

Pregnancy usually results from the fusion of the male sperm and female egg during sexual intercourse inside the female genital tract. Contraception deals with either by interfering with egg release and production or by keeping the egg and the sperm at distance so that they do not unite and get implanted onto the uterine wall thus avoiding unwanted and unplanned pregnancies.[4] According to latest statistics the world population today has reached above 7.7billion and is predicted to touch 9 billion by the next 20 years.[5] populatin explosion has evolved into a global crisis and Pakistan is among the top 6 densely populated countries of the world and a growth rate of about 10 million a year.[4] Despite several awareness campaigns and extensive population welfare programs we are facing extreme challenges to lift the socioeconomic indicators to enhance the preface of human development nationally. [6]

Therefore, it has become essential that the resources should only be reserved for the planned and desired pregnancies because contraceptives not only reduce 25% of maternal mortality associated with unsafe abortions and unplanned pregnancies but also protect the individuals from the STDs such as AIDS(HIV),

Chlamydia, Syphilis, Gonorrhea etc.,[7]Developing countries mostly face the lack of knowledge associated with the supply, cost and the usage of the contraceptives[8] Currently all public and private hospitals are offering both over the counter and permanent methods for birth control.[9] According to study of Jimma, Ethiopia, witnessed that having a good knowledge about cannot warrant of the high utilization practices.[10] WHO has issued guidelines regarding the delivery and administration of contraceptive methods for the health professionals according to their domain and expertise.[11] Pllls and barrier method are usually offered by the Lady Health Visitors and the vasectomies and bilateral tubal ligations are performed by gynecologists.[12] Therefore it is imperative that the all healthcare workers especially nurses possess adequate knowledge attitude and sklls to motivate their clients [13][14] [15]. The prevailing myths in the minds of the young married women can only be cleared by delivering evidence based information at their first visit [16,17] This study is aimed in to evaluate the knowledge, attitude, and practices (KAP) regarding family planning among

nurses of PIMH, Lahore.

MATERIALS AND METHODS:

After seeking approval from the administration of PIMH, Lahore. A self-structured questionnaire containing the sociodemographic data and the content of the study was handed over to the 100 nurses working in dfferent shifts. This questionnaire contained the sociodemographic data and the variables to examine knowledge, attitude and practices regarding the available birth control methods. The data was analayzed by SPSS version 21.

Age groups	Frequency(n=100)	Percentage (%)
≤25	22	22
2629	26	26
>30	62	52
Total	100	100
Income (Rupees)	Frequency(n=100)	Percentage (%)
<50,000	46	46
50,00075,000	34	34
>75,000	20	20
Age at the tmme of marriage	Frequency(n=72)	Percentage (%)
≤20	12	16.7
20-25	49	68.1
>25	11	15.3
Length of marriage (years)	Frequency(n=72)	Percentage(%)
<5	12	16.7
5-10	42	58.3
>10	18	25
Number of children	Frequency(n=72)	Percentage(%)
0	12	16.7
1	14	19.4
2	26	36.1
3	8	11.1
>3	12	16.7
Number of trainings	Frequency(n=100)	Percentage(%)
≤5	62	62
≤5	38	38
Years Of Experience	Frequency(n=100)	Percentage(%)
≤5	48	48
≤5	52	52

Table.1 Sociodemographic data of the participants

Table.2 Correlation between knowledge attitude and practice scores

Variables	Correlation Coefficient	P-Value
Knowldge-Attitude	0.274	0.049
Knowledge-Practice	0.029	0.89
Attitude-Practice	0.162	0.36

RESULTS:

According to the sociodemographic details, out of 100 respondents 62 belonged to Lahore district and 38 were from other parts of the province. About 64% of the participants were Diploma holders. The monthly family income of the majority (46.0%) of the participants was less than Rs 50,000 PKR. Regarding the family size of the participants, majority (36.1%) of them had two children. The majority (26%) belonged to the age group 26-30 year. The mean age of participants was 31.4 ± 6.2 years [Table 1]. About 72.0% of participants were married, and 28.0% stated that they were single. The signicifant associations had a p-value<0.05. (Table.2)

Knowledge status of participants

Almost all the respondents had heard about the various available methods of family planning. The key sources of information were their instructors (82.0%) and curriculum books (12.0%).

About 84% of the study participants marked correct options regarding different types of contraceptives. About 86.0% marked correct response regarding over-the-counter short term contraceptive methods, 76.0% gave correct answers regarding long-term hormonal birth control methods, 94.0% answered correctly regarding permanent method of contraception, and 78.% gave correct response regarding conventional methods of family planning.

Attitude status of participants

The majority (84.0%) of participants showed a favorable attitude toward family planning goals. Out of the married participants, 65.0% possessed favorable attitude and encouragement from their partners. Around 82.0% of the respondents considered adopting contraception and among them 54.0% had discussed it with their husbands. About 97.0% of the respondents supported the concept of having appropriate gap between succesive offsprings. About 82.0 % endorsed other married women for adopting the birth control methods. Around half of respondents stated that family planning is a way forward to elevate the quality of living.

Practice on family planning

Around 76% of the study participants had or was practicing one or more methods of contraception at the time of the study. About 69. % Respondents considered by adopting birth control, the looking after of the children can be better ensured. 60% of the respondents stated that they were motivated by their family physician for the contraception use. Among the married participants about two-third (67%) were using the barrier methods; 50% preffered condoms.

The remaining 33% showed their desire to subscribe to one of the methods infuture.

DISCUSSION:

Despite several awareness campaigns and extensive population welfare programs we are facing extreme challenges to lift the socioeconomic indicators to enhance the preface of human development at the national level [6] Therefore it has become essential that the resources should only be reserved for the planned and desired pregnancies because contraceptives not only reduce 25% of maternal mortality associatted with unsafe abortions and unplanned pregnancies but also protect the individuals from the STDs such as AIDS(HIV), Chlamydia, Syphilis, Gonorrhea etc., [7] Developing countries mostly face the lack of knowledge associated with the supply, cost and the usage of the contraceptives[8] Currently all public and private hospitals are offering both over the counter and permanent methods for birth control.[9] Theresults of this study showed that all of respondents had atleast came across the term of family planning and their major source of information were their instructors (82.%), the majority (72.0%) of the respondents had a positive attitude achieving family reproductive health and about (76.%) of the respondents had or a practicing one or more methods of birth control at the time of the study. These results are lower than a study conducted in Jimma zone, Southwest Ethiopia,[10] and another study done in Rohtak district, India.[20] The difference may be attributed to the sample population comprising only married/commited women. However, the statistics were better than a study conducted in Northwest Ethiopia in 2018.[14] Previous studies encompassed gross differences between the reproductive health care offered by the community and professional organizations [21,22). Both these setups are performing their optimum only when they are provided with the technical support and skill development for the efficent evidence-based error free expertise. [23-29] Around 76.0% of respondents had or were currently practicing a contraceptive method which is higher to the studies conducted in Cambodia [30] Jordan [13] and India,[31] [10] Rohtak district, India,[20] urban slum of Mumbai, [32] and in Sikkim, [33] India [34]. This might be due to the association with the tertiary care setup where good quality low failure rate birth control devices/procedures are accessible. low overall family income and cluster family system operating in dominant parts of the province. In this study, 67% were using the barriers methods and 50% of them preferred condoms, which is comparable to the study by Ashwini Nayak et al. There is clear significance of the reluctancy noted among the low-income group.

The nurses who attended more training sessions practiced more sophisticated birth control methods. Therefore, to rationalize comprehensive reproductive health care a universal policy in collaboration with the recommended guidelines of WHO and UNO should be endorsed for the provision of hassle-free doorstep reproductive and family health coverage for all sectors of the community.

CONCLUSION AND RECOMMENDATION:

Our study revealed that although the extent of knowledge and attitude regarding family planning approaches was satisfactory but the compliance was quite low among the nurses of the PIMH, Lahore. In order to inculcate positive attitude and enlighten the masses regarding the usefulness of the contraceptive methods, the nurses working in different departments acrss the country need to be trained and taught so that the can trickle down the benefits to the thecandidates and lift the socioeconomic outlook of the country.

REFERENCES:

- 1. World Health Organization. Standards for Maternal and Neonatal Care. Geneva: World Health Organization; 2007.
- 2. Survey H. Central Statistical Agency. Ethiopian Demographic and Health Survey 2016 Key Indicators Report. Addis Ababa and Maryland, Ethiopia, 2016.
- 3. World Health Organization. World Health Organization. Fact Sheets on Family Planning, World Health Organization.
- Park K. Park's Textbook of Preventive and Social Medicine. 17th ed. Jabalpur: Banarasidas Bhanot; 2002. p. 325-58.
- Van Bavel J. The world population explosion: Causes, backgrounds and -projections for the future. Facts Views Vis Obgyn 2013; 5:281-91.
- Renjhen P, Kumar A, Pattanshetty S, Sagir A, Samarasinghe CM. A study on knowledge, attitude and practice of contraception among college students in Sikkim, India. J Turkish Ger Gynecol Assoc 2010; 11:78-81.
- Weldegerima B, Denekew A. Women's knowledge, preferences, and practices of modern contraceptive methods in Woreta, Ethiopia. Res Social Adm Pharm 2008; 4:302-7.
- Jahan U, Verma K, Gupta S, Gupta R, Mahour S, Kirti N, *et al.* Awareness, attitude and practice of family planning methods in a tertiary care hospital, Uttar Pradesh, India. Int J Reprod contraception Obstet Gynecol 2017; 6:500-6.
- 9. Republic FD. National guideline for family planning Federal Democratic Republic of Ethiopia. 2011; 1-69.
- 10. Tilahun T, Coene G, Luchters S, Kassahun W,

Leye E, Temmerman M, *et al.* Family Planning Knowledge, Attitude and Practice among Married Couples in Jimma Zone, Ethiopia. PLoS One 2013; 8:e61335.

- 11. Family Planning Global Handbook WHO 2018 [Internet]. [Cited 2019 Feb 04]. Available from: https://www.fphandbook.org/sites/default/files/gl obal-handbook-2018-full-web.pdf.
- 12. Welfare UF, Fertility T, Goals D. Family Planning. 2002.
- Mahadeen AI, Khalil AO, Hamdan-Mansour AM, Sato T, Imoto A. Knowledge, attitudes and practices towards family planning among women in the rural southern region of Jordan. East Mediterr Health J 2012; 18:567-72.
- Semachew Kasa A, Tarekegn M, Embiale N. Knowledge, attitude and practice towards family planning among reproductive age women in aresource limited settings of Northwest Ethiopia. BMC Res Notes 2018; 11:7-12.
- 15. White K, Hopkins K, Grossman D, Potter JE. Providing family planning services at primary care organizations after the exclusion of Planned Parenthood from publicly funded programs in texas: Early qualitative evidence. Health Serv Res 2018; 53:2770-86.
- Ai O, Ol A, Aa A. Contraceptive practices among women in rural communities in South-Western Nigeria. Global Journal of Medical Research 2011; 11.
- 17. Oyedokun AO. Determinants of contraceptive Usage: Lessons from women in Osun State, Nigeria. J Humanit Soc Sci 2007; 1:1-14.
- Santos JRA. Cronbach''s alpha: A tool for assessing the reliability of scales. J Extension 1999; 37:1-5.
- 19. Republic FD. National guideline for family planning Federal Democratic Republic of Ethiopia. 2011.
- Gupta V, Mohapatra D, Kumar V. Family planning knowledge, attitude, and practices among the currently married women (aged 15– 45 years) in an urban area of Rohtak district, Haryana. 2016; 5:627-32.
- Frost JJ, Frohwirth LF, Blades N, Zolna MR, Douglas-Hall A, Bearak J. Guttmacher Institute 1 Publicly Funded Contraceptive Services at U.S [Internet]. Clinics. 2015 [cited 2019Feb 04] .Available from: <u>https://www.guttmacher</u>. org/sites/default/files/report_pdf/publicly_funde d contraceptive services 2015 3.pdf.
- 22. Carter MW, Gavin L, Zapata LB, Bornstein M, Mautone-Smith N, Moskosky SB. Four aspects of the scope and quality of family planning services in US publicly funded health centers: Results from a survey of health center

administrators. Contraception 2016; 94:340-7.

- Lohr PA, Schwarz EB, Gladstein JE, Nelson AL. Provision of contraceptive counseling by internal medicine residents. J Womens Health (Larchmt) 2009; 18:127-31.
- 24. Akers AY, Gold MA, Borrero S, Santucci A, Schwarz EB. Providers' perspectives on challenges to contraceptive counseling in primary care settings. J Women's Heal 2010; 19:1163-70.
- 25. Chuang CH, Martenis ME, Parisi SM, Delano RE, Sobota M, Nothnagle M, *et al*.Contraception and abortion coverage: What do primary care physicians think? Contraception 2012; 86:153-6.
- 26. Biggs M, Rocca C, Brindis C, Hirsch H, Grossman D. UCSF UC San Francisco previously published works title did increasing use of highly effective contraception contribute to declining abortions in Iowa? Contraception 2015; 91:167-73.
- Luchowski AT, Anderson BL, Power ML, Raglan GB, Espey E, Schulkin J. Obstetriciangynecologists and contraception: Practice and opinions about the use of IUDs in nulliparous women, adolescents and other patient populations. Contraception 2014; 89:572-7.
- 28. Biggs MA, Harper CC, Brindis CD. California family planning health care providers' challenges to same-day long-acting reversible contraception provision. Obstet Gynecol2015; 126:338-45.
- 29. Wood S, Beeson T, Bruen B, Goldberg DG, Mead H, Shin P, *et al.* Scope of family planning services available in federally qualified health centers. Contraception 2014; 89:85-90.
- 30. Sreytouch V. Knowledge, Attitude and Practice (KAP) of Family Planning among Married Women in Banteay Meanchey, Cambodia.
- 31. Quereishi MJ, Mathew AK, Sinha A. Knowledge, attitude and practice of family planning methods among the rural females of Bagbahara block Mahasamund district in Chhattishgarh. Glob J Med Public Health 2017; 6:1-7.
- 32. Moizuddin MK, Shahabuddin S, Ajit GS. Study of Knowledge and Practice of Contraception in Urban Slum Community Mumbai. International Journal of Current Medicaland Applied Sciences 2014; 3:35-41.
- 33. Renjhen P, Gupta S, Barua A, Shipra J, Binita K. A study of knowledge, attitude and practice of family planning among the women of reproductive age group in Sikkim. J Obstet Gynecol India 2007; 63-7.
- 34. Ashwini Nayak U, Ramakrishnan KG, Venkateswar KN, Vijayshree M. Assessing the knowledge, attitude and practice of contraception

in rural India: A necessary step in achieving population control 2017; 6:3328-31.

35. Gambhir P, Khaira R, Singh A, Raj H. A crosssectional observational pilot study regarding status of contraceptive prevalence ratein family planning programme in rural practice area of government medical college Patiala. Journal of Dental and Medical Sciences 2018; 17:35-40.