Perception and Attitude of Nursing Personnel towards Family Planning

By

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(Paper presented at the TNAI Conference held at Bhopal in October 1966)

Introduction

Family Planning has widely been accepted as an important policy for the welfare of the State. Ever increasing population is one of the vital problems confronting the human society. Man's uncontrollable fertility has become an hindrance for the uplift of the under-developed countries, especially India. Government of India have the distinction of being the first in the world for adopting a national policy for fertility control. The recent increase in the population of India and pressure exercised on the limited resources of the country have brought to the forefront the urgency of the problem of family planning and population control.

The application of medical knowledge and social care has lowered the death rate while the birth rate remains fairly constant. This has led to the rapid growth of population. It is therefore apparent that population control can by achieved only by reduction of birth rate to the extent necessary to stabilize the population at a level consistent with the requirements of national economy. All progress in this field depends first on creating a sufficiently strong motivation in favour of family planning in the minds of the people and secondly on providing the necessary advice and service based on acceptable, efficient, harmless and economic methods. For this—

(i) Intensive studies about the attitude and motivation, affecting family size and techniques and procedures for education of the public on family planning;

(ii) Field experience on different methods of family planning as well as medical and technical research

are necessary.

The success of family planning method in a nation-wide birth control programme depends more on its effectiveness, techniques and motivation. Hence the socio-economic and medical science experts have to work jointly to achieve this aim in a most effective manner. Much responsibility lies on the Nursing and Medical personnel for the scientific execution and success of this programme. Considering the above factors, this research study has been organised by the Public Health Section of the Trained Nurses Association of India to investigate the role of nursing personnel in the propagation of family planning programme. The role of nursing personnel can be better learned by studying the perception and attitude of nursing personnel, which is a new venture in studying the factors responsible for making the family planning programe successful.

RESEARCH DESIGN

Nature of Data

The data which were collected in Part I for the attitude study and Part II for the study of perception of the nursing personnel were gathered from hundred per cent. sample survey carried out in Chhindwara from the Nursing personnel of the three health units *viz.* (1). District Hospital (24 nurses) (2) T.B. Sanatorium (21 nurses) and (3) Maternity and Child Health Centre (5 nurses).

44 per cent. of the respondents are married and 56 per cent. of the respondents are unmarried, between the age range of 21 to 53. They belong to the two main religious groups *viz.* (1) Hindus—22 per cent. (2) Christians—78 per cent. Among the Christians, 8 out of 39 *i.e.* 20·5 per cent. belong to Roman Catholic denomination and remaining 31 *i.e.* 79.5 per cent. are Protestant Christians.

Respondents are classified according to their ranks :

Table No. 1

Matron	...	4 per cent.
Sister Tutor	...	12 ,,
Sister	...	12 ,,
Staff Nurse	...	56 ,,
Health Visitor	...	6 ,,
A.N.M.	...	10 ,,

Classification according to marital status

Table No. II

Married	...	44 per cent.
Unmarried	...	56 ,,

Classification according to the range of age :

Table No. III

Age Group	Married	Unmarried
	%	%
21-25	8	30
26-30	8	12
31-35	12	4
36-40	10	4
41-45	4	4
46 and above	2	2

This study reveals that marriage is compulsory among the Hindu girls and almost every Hindu girl marries by the age of 25.

Table No. IV

Classification of married nurses according to the age group and religion :

Age Group	Hindu	Christian
	%	%
21-25	10	18
26-30	—	14
31-35	—	4
36-40	—	4
41-45	—	4
46 and above	—	2

Table No. V

Income Group—Classified :

Below up to 100	2 per cent.
100-125	8 ,,
126-150	2 ,,
151-175	30 ,,
176-200	26 ,,
201-225	NIL
226-250	16 ,,
251-275	6 ,,
276-300	6 ,,
Above 300	2 ,,

Table No. VI

Educational Standard

Middle	38 per cent.
Matric	48 ,,
Inter.	12 ,,
Graduate	0 ,,
Post-graduate	2 ,,

Table No. VII

Regional Classification

1.	Andhra Pradesh	2 per cent.
2.	Gujarat	2 ,,
3.	Kerala	36 ,,
4.	Madhya Pradesh	48 ,,
5.	Madras	2 ,,
6.	Punjab	2 ,,

Table No. VIII and IX are summarized in para number 3 under "Research Design.

Table No. X

Married nurses are classified according to the size of their family.

Number of children in the family	Number of married ladies
No children	13.63 per cent.
1	31.03 ,,
2	27.25 ,,
3	0.00 ,,
4	9.00 ,,
5	9.00 ,,
6	4.50 ,,

PERCEPTION AND ATTITUDE ANALYSED

Part I—Attitude

The data were collected to gather the attitude of the respondents under seven headings :

Table No. XI

Ideal age for Marriage

Ideal age of marriage	Giris	Boys
	%	%
16-17	14	—
18-19	20	—
20-21	54	16
22-23	4	22
24-25	4	52
26-27	2	4
28-29	2	—
30 and above	—	4

88 per cent. of the respondents have suggested that ideal age for marriage for girls is between 16 and 21 and for boys it should be between 22 and 25. This analysis shows that there is a tendency for early marriage for girls.

Table No. XII

Ideal Sex Ratio and Number of Children

No. of children required	Number of girls (denoted in percentage)				Number of boys				Total No. of ladies
	1	2	3	Any No.	1	2	3	Any No.	
1	—	—	—	—	—	—	—	—	—
2	6	—	—	—	6	—	—	—	6
3	40	6	—	4	6	40	—	4	50
4	4	26	2	—	2	26	4	—	32
5	—	4	4	2	—	4	3	2	10
6	—	—	2	—	—	—	2	—	2

Majority feel that the ideal number of children should be 3. There is motivation for more children, but where there is liking to have 3 children, preference is to have 2 boys and 1 girl.

Table No. XIII

Attitude towards marriage

	Married	Unmarried
Marriage necessary	(21) 95.5%	(22) 68.5%
Marriage not necessary	(1) 4.5%	(6) 31.5%

Seven out of 50 respondents do not favour for marriage. Remaining 43 respondents favour for marriage. They believe that marriage is essential because of the reasons of old age, security social prestige, for progeny etc. Where there is positive attitude towards marriage, there is need for family planning.

Attitude towards family planning devices—The attitude towards family planning devices personally used by married respondents was gathered. The modern family planning devices are used by 27.3 per cent. of the married respondents. They follow Rhythm method, use of condom, Foam tablets and jelly for delimiting the size of their family. One of the married respondent is understood to have been successful in the use of native jelly (ordinary coconut oil) only. One out of six married ladies who are practising family planning devices applied loop with failure, on account of excessive bleeding and she was compelled to deloop, but was successful with the other methods (spermicidal and physical barrier).

Table No. XIV

Attitude towards family planning devices

Married ladies who are using Family Planning methods	Married ladies who do not use Family Planning devices
7 out of 22 used Family Planning method	15 out of 22 respondents (Reasons—Newly married, secondary sterility, separated life).
1 out of the 7 used only native jelly. 1 out of the remaining 6 used loop and found it a failure.	

Family Planning methods in order of preference according to the respondents.

Table No. XV

S. No.	No. of devices known in order of preference.	1st	2nd	3rd	4th	5th	6th	7th	8th	Total
1.	Foam tabs.	36	14	14	16	4	2	2	—	82
2.	Rhythm method	14	4	14	10	8	4	6	2	62
3.	Loop	14	6	14	22	8	2	6	2	70
4.	Condom	12	16	14	8	4	2	2	—	58
5.	Sterilization	12	18	24	20	12	2	12	—	100
6.	Jelly	4	26	16	2	4	6	—	—	58
7.	Native oil jelly	4	—	—	—	—	—	—	—	4

This table denotes that the respondents are fuly aware of the use of various family planning devices and are able to advise the people with regard to the propagation of family planning methods.

Familial background and family planning methods

Table No. XVI

Perception of use of family planning devices by parents

1. Practised family planning	6 per cent.
2. Not practised family planning	64 per cent.
3. Having no idea of family planning	30 per cent.

For the creation of the positive attitude towards any object or issue, family background plays a dominant role. On the basis of the above phenomenon, an attempt has been made to know whether the respondents have perceived or have some idea about the use of family planning devices in the family circle. Majority are not having any family background with regard to family planning devices.

Religious belief towards family planning

Table No. XVII

Religious hindrances on family planning practice

	Religions group	There is hindrance	No hindrance
1.	Hindu	10 per cent.	12 per cent.
2.	Roman Catholic	16 per cent.	0 per cent.
3.	Protestants	4 per cent.	58 per cent.

Family planning has not been advocated by any religion, but it is intensively conditioned by it. Family planning practice, as per the 16 per cent. respondents belonging to Roman Catholic faith, is objectionable. 10 per cent. Hindu respondents also believe the same. The above data indicate that attitude towards family planning is not positive on account of religious faith.

PART II—PERCEPTION

The second part of the study is meant to find out the attitude of people towards family planning as perceived by the respondents. Information on this has been elicited through a number of questions in the second part of the questionnaire.

(1) The respondents were grouped according to their experience to denote the opportunities to perceive the attitude of people towards family planning and noted the information under the following

headings :

1. 'A'—category—Respondents having experience in Family Planning Clinic, F.P. camp, maternity, O.P.D.
2. 'B'—category—Respondents having worked in Maternity Wards.
3. 'C'—category—Having worked in Medical surgical ward.
4. 'D'—category—Teaching staff.
5. 'E'—category—Nurses fresh in service.
6. 'F'—category—Those who withheld opinion.
7. 'G'—category—Indicate the total perception summarised with regard to the knowledge of the attitude of people towards family planning.

The attitude of the patients have been classified in three categories.

1. Knowledge of Family Planning Scheme.
2. Interest shown by people regarding Family Planning.
3. Those who are using family planning devices.

Table No. XVIII

	Knowledge about FP methods				Taken interest to know about FP				Approximate no. used FP devices			
	Many	Few	Very few	No Idea	Many	Few	Very few	No Idea	Many	Few	Very few	No Idea
Total observations.	32	7	2	6	21	11	9	6	11	9	18	9

Out of the 50 respondents 47 respondents' opinion has been recorded as above and 3 respondents fall under 'F' category. By analysing the information denoted as above in total observation, it can safely be predicted that considerable number of patients are well informed theoretically about Family Planning scheme. They do exhibit their keen interest to know more about family planning, but practically only insignificant number of patients do believe in practising family planning. The respondents have limitations regarding the information furnished by patients regarding themselves.

It is observed that at times the official records do not depict the correct picture and patients also fabricates responses. Nothing can be said very authentically, but the generalisation can be made that people are enthusiastic only theoretically and not practically with reference to the Family Planning.

(2) Attitude of patients belonging to various socio-economic and cultural group as observed by respondents.

(a) Urban patients' attitude.

Table No. XIX

Classification of social status	Many	Few	Very few	Nil	Not seen	Total
(i) Upper class Rs. 500 and above	24	8	14	42	12	100
(ii) Middle class Rs. 151-500	24	26	14	32	4	100
(iii) Lower class Rs. 0-150	12	12	32	38	6	100
(iv) Scheduled caste	6	2	12	64	16	100
(v) Adivasis	—	—	—	—	100	100

On the basis of the observation of the majority of the respondents, it can safely be concluded that people belonging to the different walks of life are quite apathetic towards Family Planning scheme. However majority of the urban population who use Family Planning techniques belong to the upper and middle class status.

Lower class people also take slight interest whereas the attitude of the scheduled caste people towards family planning is very insignificant. No adivasi is either convinced or uses family planning devices.

(b) Rural patients attitude.

Table No. XX

Classification of the social status.	Many	Few	Very few	Nil	Has not seen	Total
1. Upper class Rs. 500 and above	20	8	14	16	42	100
2. Middle class Rs. 151 to 500	20	22	18	32	8	100
3. Lower class Rs. 0-150	12	10	24	38	18	100
4. Scheduled caste	—	—	—	70	30	100
5. Adivasis	—	—	—	—	100	100

By analysing the above data it can safely be concluded that like the urban population only the patients belonging to the middle class category are interested in Family Planning. No adivasi has been found interested in Family Planning from rural areas too.

(3) Idea of Family size and sex ratio according to patients view given by respondents (Denoted in precentage).

Table No. XXA

Total No. of child	No Idea	BOYS 1	2	3	4	5	Total	No Idea	GIRLS 1	2	3	4	5	Total
nil	8	—	—	—	—	—	8	8	—	—	—	—	—	8
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	—	4	—	—	—	—	4	—	4	—	—	—	—	4
3	—	6	6	—	—	—	12	—	6	6	—	—	—	12
4	—	2	8	4	—	—	14	—	4	8	2	—	—	14
5	—	—	2	16	6	—	24	—	6	16	2	—	—	24
6	—	—	2	2	8	2	14	—	2	8	2	2	—	14
7	—	—	2	2	4	—	8	—	—	—	4	2	2	8
8	—	—	—	2	4	4	10	—	—	—	4	4	2	10
9	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10	—	—	—	—	—	6	6	—	—	—	—	—	6	6
	8	12	20	26	22	12	100	8	22	38	14	8	10	100

The above data shows that the tendency for large family is still existing among the people in this area. Only 4 per cent. of the respondents viewed that there are people who desire for 2 children in the family while 24 per cent. respondents felt that people feel that ideal size of family is five and more others think still larger number as shown in the table above.

(4) Factors responsible for slow progress of the family planning scheme.

Table No. XXI

Causes	Affected	Not affected	No Idea
1. Religious	58	14	28
2. Social and cultural	28	44	28
3. Economic	18	54	28
4. Health	30	42	28

It has been observed that family planning scheme is not gaining the due popularity in India mainly on religious and cultural reasons. Then come the reasons of fear of health. Economic factors are also responsible for slow progress of the scheme. 28 per cent. of the respondents are ignorant about the factors of slow progress. Thus we can conclude that a considerable number of Nursing Personnel who are the propagators of Family Planning, are ignorant about the progress of the scheme and could not give any reasons for the slow progress and the people mostly are conditioned by socio-cultural and religious factors.

(5) View point of Family Planning scheme by educated and uneducated.

Table No. XXII

Acceptance Graded	Educated	Uneducated
	%	%
1. More accepted	50	24
2. Know well	6	6
3. Less accepted	4	34
4. Not accepted	8	20
5. No Idea	26	16

Educated people have more positive attitude towards Family Planning as observed by the respondents, in comparison with the uneducated. It is also observed by 18 per cent. of the respondents that even some of the educated people also do not accept Family Planning scheme as against 20 per cent. of the respondents opinion of the uneducated.

(6) **Viewpoints of the types of obstruction.**

Table No. XXIII

Types of obstruction	Opinion given by no. of respondents.
	%
1. Ignorance about technique	6
2. Non-availability of contraceptives at MCH centre	10
3. Distance of the clinics from the residence	22
4. Fear of operation	14
5. Not having enough male doctors	2
6. Dissatisfaction of loop method	4
7. Culture barrier	14
8. No idea	28

Of the 7 points mentioned by the respondents, distance from the clinic to the residence falls in the more frequency while a considerable number gave their opinion as fear of operation and non-availability of contraceptives.

(7) Opinion regarding Family Planning—A success or failure.

Table No. XXIV

Reasons supporting the opinion	Number of respondents Success	Failure
	%	%
1. More attendance in FP clinic	16	—
2. More operation are carrried out	40	—
3. More operations done in Family planning camp	2	—
4. More Foam tablets are consumed	14	—
5. Success observed in TB patients pregnancy delayed	4	—
6. More people are coming in Village Family Planning Clinic	2	—
7. Failure on account of introduction of loop	—	2
8. Technique of using tablets faulty	—	6
9. No idea expressed	—	14

The above data denote that the respondents feel that the Family Planning Programme is attaining

gradual success—Only 4 out of 50 i.e. 8 per cent. respondents viewed that it is a failure on reasons of technical default.

SUMMARY AND CONCLUSION

As far as Nursing Personnel are concerned they have a positive attitude towards Family Planning. The ideal age for marriage is between 21 and 25, they want from 2 to 3 children (one girl and two boys). They practise family planning and have some idea of spacing the child birth. Out of the various Family Planning devices they prefer condom with or without foam tablets. The above factors reveal two things. (1) That as far as the females of this profession are concerned, family planning is successful (2) The nurses as the propagators of family planning schemes can deliver the goods as they have a positive attitude towards family planning.

As regards the perception of the Nursing personnel with regard to the attitude of the general patients, the situation is not encouraging. According to the findings, their marriage age is quite low. They want more number of children, very few practise family planning whole-heartedly and majority of them are only theoretically interested in the Family Planning Programme. Only educated and upper and upper middle class patients show a positive attitude towards Family Planning.

The above study reveals that the general mass who need family planning are either totally ignorant about family planning or are not convinced of this programme because of the socio-economic bias and as such our main efforts have to be centred among them. It is also noticed that women of this area do not like to go for operation or application of loop.

It is, therefore, clear that concentrated efforts have to be made among such peoples of population who need family planning most and also only such material should be distributed which is most preferred and can be easily used.

TNAI DELHI BRANCH NOMINATION SHEET

Nominations are called for the following office bearers :

S. No.	*Present holder of office*	*Name of Nominee and TNAI Number*	*Address of Nominee*
1.	**Treasurer** Miss I. Kulkarni		
2.	**Men Nurses Representative** Mr. B.L. Sharma		
3.	**Chairman, Public Health Committee** Miss S. Bhatia		

Name of Nominator :
TNAI Number :
Full Address :

Signature of Nominator :

Closing Date : October 31, 1967
Return completed nomination sheet to :
MRS. P. GHEI,
SECRETARY, DELHI BRANCH TNAI,
D-11, ANSARI NAGAR,
NEW DELHI-16.

NOTE : Consent of the nominee should be obtained before completing the nomination sheet.