

# THE HEALTH EDUCATIVE ROLE OF THE NURSE IN FAMILY PLANNING

*By*

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Family planning is not a restriction of human life, but rather its enrichment.

John D. Rockefeller

## INTRODUCTION

Population growth is being reorganized more and more as being the most urgent problem facing the well being of mankind. In many parts of the world, it is an obstacle to economic growth and fasters social interest. A resolution to the population problem can only be delivered through strong government organization which provides family planning information and services, people want and need.

Among the many programme undertaken in Egypt was the setting up of courses on family planning. One of the first group of people who needed attention, was the nursing group. Since the nurse comes into close contact with public by the very nature of her work, it was and still is important to find out whether she is in full cognisance of the field of family planning : what it is, how it is being achieved, why, and where patients very often seek the nurse for information and reassurance, unless the nurse feels comfortable by being equipped with all the information needed, her hesitance or insecurities with the topic may be projected on to the patients and bring about possibly failure of family planning programme.

## METHODOLOGY

In 1967, the university of Alexandria faculty of Medicine under the auspices of the Department of Public Health organized a course on family planning for 9 groups of nurses who were randomly chosen, from the four university hospitals (156 nurses).

Upon completion of the course a questionnaire was administered to find out whether the nurses benefited from the course, what were their suggestions for improvement, and finally did they feel they could contribute to family planning programme and take an active part in this programme.

#### QUESTIONNAIRE

A questionnaire was devised and administered to the sample under study. There were 5 questions included which were fixed alternative : the first was designed to find out whether the respondents had participated at all in disseminating information on family planning. The second was aimed at discovering whether the respondents knew the various places which afforded family planning services. The third, was whether the respondents believed they could participate in family planning activities. The fourth, whether they benefited from the course given and should it be repeated for other groups. Finally suggestions for improvement.

#### ANALYSIS OF FINDINGS

In answer to the question No. 1, out of 156 respondents (total sample) 100 (64.1%) stated that they had disseminated information on family planning. Table I illustrates where was the information given., and where did most of the health education on family planning occur, and, where should it be increased.

TABLE I  
Disseminating Informations on Family Planning

Area where information given	No.	%
Outside scope of work	24	24
To hospitalised patients	16	16
To patients' families during visiting hours	11	11
To patients during return visits to out patient dept	6	6
During work in Gyn. & Ob. section	5	5
<b>TOTAL</b>	<b>100</b>	<b>100%</b>

It can be seen that most of the informal teaching is being done outside the work situation. This would be when the nurse goes back to her family, and most probably discusses with friends, neighbours, and family members information on family planning. The least and strangely so is that only 5 stated they were engaged in informal teaching in the gyneacological and obstetrical ward. It should be recalled that only 19 were midwives or nurse midwives, and this accounts for the low number of nurses teaching in the gyneacological and obstetrical wards. Had there been more nurses working in these sections, the number would probably have increased. This applies to all other areas depending on where the nurses work, will influence whether dissemination of information occurs or not. What is clear is, that most of the teaching is done outside the work situation. When asked whether they knew of places which offered family planning services, 124 (79.5%) stated they did know, 25 (16.0%) they did not, and 7 (4.5%) did not reply.

Table II illustrates the places which the nurses cited as offering family planning services to the public.

TABLE II

Nurses' Knowledge of Places Offer Family Planning Services

Places which offer family planning services	No. of nurses informed	%
Gyn. & Ob. hospital	32	25.8
Maternal and Child Health Centre	20	16.2
Private family planning clinic	17	13.7
Health Office	16	12.9
Rural services	30	24.2
Specialist clinic	9	7.2
<b>TOTAL</b>	<b>124</b>	<b>100%</b>

Gyn. and Ob. hospitals seems to be the answer chosen by the greatest number of respondents viz. 25%. The second answer of choice, seems to be rural health services. Thirdly the maternal and child health centers. The attention of the reader needs to be drawn

to the fact that in 1965, the Ministry of Health, on the recommendation by the Egyptian Association for Population Studies, started including in their maternal and child health centers, family planning services. These are equally divided between urban and rural areas and are considered ideal due to the availability of experienced medical staff and the presence of post partum women. Contraceptives are being prescribed and distributed free of charge.

Between the non-replies and those who replied they did not know, the figure seems high viz. 20—15%. Nurses are in a strategic position and should be the first to be thoroughly and up-to-date with family planning information and service. When asked whether they felt that they could contribute to the dissemination of family planning information 75.6% stated they would, 19.2% stated they felt they could not and 5.2% did not reply. Again 24.4% between non-replies and negative answers seems to be quite high and needs further investigation. It would seem that if nurses, who are a vital part of the health team do not feel comfortable or convinced, as will be shown later as far as family planning is concerned, can one expect the mothers to be who may not have the advantage of seeing the magnitude of the problem. Among the respondents who answered yes, 75.6%, the follow-up table shows us the areas where they felt they could disseminate family planning information.

TABLE III  
Nurses' Opinion Regarding their Contribution in Disseminating  
Information on Family Planning

Number Item	Places where contribution can be made	No.	%
1	In-patient wards	15	12.7
2	With the public	14	11.9
3	In the outpatient	8	6.9
4	In-patient wards and public	39	33.0
5	In-patient wards and outpatient	39	33.0
6	The public and the outpatient	3	2.5
TOTAL		118	100%

As can be seen from the above table, both in-patient wards and with the public, and wards and in the out patient department seem to be the areas most favoured by the nurses to do informal teaching. The reader will be asked to refer to Table I, where nurses did not do too much teaching on family planning in the out patient department, yet they definitely stated that this is where they would do informal teaching, if given the choice. Contact with the public ranks are also high (33.0%) when combined with item 1, and 11.0% on its own and emphasized the importance of the nurse in her community.

The 31.4% of respondents who stated they could not contribute, either could not or would not give the following reasons for their beliefs. It can be seen in Table IV that 36.6% felt that in order to get involved, in anykind of activity in family planning, special training was necessary. The first and last reason could very well be combined, since both have to do with lack of knowledge in sensespecial training involves an understanding of family planning as well as skills. Thus, where the two are added, it gives us a total of 53.3%.

Nursing programmes did not have family planning courses integrated or given as a separate unit. It is only very recently that these concepts and the need to correlate this material within the total programme has been felt. Consequently, graduates of 4—5 years ago may not have had a course in family planning. The one offered by the Department of Public Health may have been the very first formal course given. There is definitely a need for courses and inservice education for nurses, on family planning wherever the field of work may be.

TABLE IV  
Reasons for not Wanting to Share in Disseminating  
Information on Family Planning

Reasons	No.	%
— Need for a special training to carry out family planning activities.	11	36.6
— Lack of time	9	30.0
— Lack of faith	5	16.7
— Lack of knowledge	5	16.7
<b>TOTAL</b>	<b>30</b>	<b>100%</b>

Lack of time also ranks high and may be due to overwork of nurses and to their shortage. As for lack of faith, this may be better solved when there is further investigations on the reasons for lack of faith. When the reasons are identified, the courses taught should be geared to the very questions which raise doubts in the nurses' minds. Full discussion and persuasion should be aimed at.

Table V indicates whether the nurses' benefitted or not from the course given.

TABLE V

Nurses' Opinion on their Benefit from the Course Given

Nurses' opinion	No.	%
— Yes	133	85.2
— No	12	7.8
— To a certain extent	2	1.2
— No reply	9	5.8
TOTAL	156	100%

The majority stated they did benefit from the course and when we add those who answered to a certain extent we will find that 86.4% felt the course was of benefit to them. If the «no» answers are added to the non-replies, it will give us a total of 13.6%.

Of the 133, that stated they positively benefitted, when asked whether the course should be repeated to other groups of nurses it is not strange that 82.7% stated it should (which is the majority) yet there is still a small percentage in *disagreement* or not, willing to state their opinion (Table VI). When further clarification was needed, 72.9% stated that other topics should be included, 6.3% did not agree to it and 20.3% did not reply.

TABLE VI  
Nurses' Opinion on Repeating the Course

Nurses' opinion	For other groups		Inclusion of other topics	
	No.	%	No.	%
— Yes	110	82.7	97	72.9
— No	2	1.5	9	6.8
— No replies	21	15.8	27	20.3
TOTAL	133	100%	133	100%

Of the 7% who stated they did not benefit from the course, Half the nurses (50%) refused to commit themselves to any suggestion. Others suggested adding more subjects or changing certain subjects.

#### SUMMARY AND CONCLUSIONS

156 nurses upon completion of a course on family planning, were requested to fill out a questionnaires which aimed at finding out : (1) whether the course was of benefit to them and if yes or no, what would be suggestions for improvements. (2) Whether they believed they could contribute to family planning by disseminating information, if yes, where, if no why.

1. Most of the nurses stated they did benefit from the course, although a small percentage did not. Very few suggestions for improvement were given.

2. 64.8% of the nurses were already involved in disseminating information on family planning, however most of it was outside the work situation.

3. Only 64.1% were aware of where family planning services were given.

4. 75% believed they would participate in diaseminating information on family planning, the areas selected were with the public, the hospitalized patients and the out patient department.

5. 19.2% believed they would not contribute to family planning activities, such as disseminating information. The reasons given were : the need for special training. — 31.8%, lack of time — 30%, lack of faith — 16.0%, lack of knowledge — 16.7%.

The above findings point out to the following conclusions and recommendations. That there is still a proportion of nurses *not* involved in family planning, either due to lack of time, or due to lack of opportunity. Every nurse is a public health nurse, and also a citizen. The problems facing her country, faces her community, neighbourhood and family. It is thus strongly recommended that well organized courses on family planning be taught in the nursing programs, and for those who have already graduated, short and continuous course in the field, and new materials and ideas feeded back from the field into well organized public information programmes.

The role of the nurses in family planning is mostly motivational in nature. Thus, the motivational objective is to convince ones family, neighbourhood and community on the desirability of family planning and be able to provide the necessary information about family planning such as the various contraceptives used. Family planning should be recognized as an essential part of the nurses' professional roles. This concept has to start from the basic programme and be developed in the other courses as well. Once the nurse has the knowledge and understandings needed, she will use this knowledge most effectively when she is comfortable and confident of her own abilities as a motivational force.

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