KNOWLEDGE, ATTITUDES AND PRACTICES OF LADY HEALTH WORKERS REGARDING FAMILY PLANNING PROGRAM IN TEHSIL MUZAFFARGARH

Tahir Abbas Khan, Hassan Bin Usman Shah*, Iffat Atif*, Muhammad Ahmed Khan, Adeela Mustafa***

RHC Shah Jamal MuzaffarGarh Pakistan, *Yusra Medical and Dental College Islamabad Pakistan, **Combined Military Hospital Bahawalpur/National University of Medical Sciences (NUMS) Pakistan

ABSTRACT

Objective: To assess the knowledge, attitudes and practices of lady health workers (LHWs) regarding implementation of family planning program in Tehsil MuzaffarGarh.
Study Design: Cross sectional study.
Place and Duration of Study: It was carried out from December 2015 to May 2016 involving Lady Health Workers from 10 union councils of Tehsil MuzaffarGarh including both urban and rural areas.
Material and Methods: The data were collected by interviewing 307 LHWs using a structured closed ended questionnaire. The data were entered & analyzed through SPSS version 22.
Results: Lady health workers (LHWs) demonstrated a good knowledge ranging from 78% to 99% of different aspects of family planning. They were poorly informed regarding pregnancy complications, breast feeding and infertility. Almost all of them 305 (99%) showed positive attitude regarding job, trainings, compatibility of family planning with religion, although were unsatisfied with their salaries and monetary incentives.
Conclusions: LHWs have a good knowledge and positive attitude towards family planning except knowledge about infertility, pregnancy complications and breast feeding. Family planning practices are difficult in rural areas because of low literacy rate and dominance of mothers in law, which needs attention.

Keywords: Attitude, Community health workers, Family planning services, Knowledge, Practices.

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INTRODUCTION

The biggest obstacle for realizing dream of universal health coverage is the continuously increasing population of the world[1]. Global population has increased from 1 billion inhabitants in 1800 to 7 billion in 2012. It is estimated that it will reach 8.4 billion by mid-2030, and 9.6 billion by 2100[2]. This rapid increase has been a matter of concern as available resources are limited to deal with a huge population in future[2].

Family planning deals with reproductive health of the mother, having adequate birth spacing, avoiding undesired pregnancies and abortions, preventing sexually transmitted diseases and improving the quality of life of mother, fetus and family as a whole[3,4].

Correspondence: Dr Hassan Bin Usman Shah, Department of Community Medicine Yusra Medical & Dental College Islamabad Pakistan *(Email:hassanbinusman@hotmail.com)*
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Family planning methods are being used since ancient times though its practice increased significantly after 1960 both in developed and developing countries[5]. According to United Nations and other agencies, use of contraceptive methods reached up to 62.9% of women worldwide, 81% in Northern Europe and 54.2% in South Asia in 2000[4,5]. Successful family planning methods significantly reduced rate of induced abortions to 29% worldwide[5]. Unmet need for family planning is a critical problem in developing countries e.g., in Bangladesh it is 18.7%; in Pakistan 23%, while in India, it is 27.1%[5].

Pakistan is the sixth largest country of the world in terms of population with an increase from 34 million in 1951 to 167 million in 2004, about 400% increment in just 53 years[4,6]. Population indicators are alarmingly high with population growth rate of 1.6% and total fertility rate 3.2 as compared to neighboring countries, India and Bangladesh[7].

Pakistan, with the help of WHO, introduced Lady Health Worker Program (LHWP) in its health system in 1994[8]. The overall goal of the LHWP was to contribute towards improving the health of the people of Pakistan[8]. LHW Program got the responsibility to promote health, prevent diseases and divulgence of information at the community level to tackle health related issues[8,9].

LHWs are recruited from local community to establish a communication between communities, health system and the masses. Each LHW serves an average of 1000 residents of a

Table-I: Family planning knowledge of the lady health workers working in urban and rural areas.

Knowledge items	Urban n=144 n (%)	Rural n=163 n (%)	*p*-value
Best family planning method for a newly married couple			
Condom use	128 (88.8)	116 (71.1)	0.001
IUCD	4 (2.7)	8 (4.9)	
Tubal ligation	2 (1.3)	14 (8.5)	
OCPs	8 (5.5)	6 (3.6)	
Safe days	2 (1.3)	14 (8.5)	
How OCPs are given			
Daily	142 (98.6)	161 (98.7)	0.901
Weekly	2 (1.3)	2 (1.2)	
Method for prevention of sexually transmitted diseases			
Condom use	138 (95.8)	147 (90.1)	0.033
IUCD	0 (0)	2 (1.2)	
Tubal ligation	2 (1.3)	0 (0)	
OCPs	0 (0)	6 (3.6)	
Safe days	4 (2.7)	8 (4.9)	
Can we use more than one FP methods at one time			
Yes	26 (18.1)	6 (3.6)	0.001
No	118 (81.9)	157 (96.3)	
Reasons for not using FP Methods			
Family pressure	2 (1.3)	4 (2.4)	0.099
Desiring a male child	70 (48.6)	97 (59.5)	
Side effects of FP/ others	72 (50)	62 (38.0)	
Best Age for acquiring pregnancy			
14- 17 years	2 (1.3)	10 (6.1)	0.003
18- 21 years	98 (68.0)	81 (49.6)	
22- 27 years	44 (30.5)	70 (42.9)	
More than 28 years	0 (0)	2 (1.2)	
Most critical period of pregnancy			
First 3 months	124 (86.1)	66 (40.4)	0.001
3- 6 months	18 (12.5)	59 (36.1)	
6- 9 months	2 (1.3)	38 (23.3)	
Iron supplementation during pregnancy			
First 3 months	2 (1.3)	56 (34.3)	0.001
From 3rd to 9th month	84 (58.3)	47 (28.8)	
During before and after pregnancy	58 (40.2)	60 (36.8)	
Period for exclusive breast feeding			
6 months	82 (56.9)	93 (57.0)	0.439
12 months	2 (1.3)	4 (2.4)	
2 years	60 (41.6)	66 (40.4)	

community and they report to LHW supervisors in their respective BHUs and RHCs[8,9]. They serve in remote and underserved areas, spread health awareness, muster community participation and has provided primary health care services to grass root level[7-9].

This study was planned to the identify strengths and weaknesses of LHW Program in terms of their knowledge, attitudes and practices. LHWs belonging to Tehsil MuzaffarGarh have been selected as this was one of the remote areas of Punjab with low literacy rate, low contraceptive prevalence and high fertility rate[10].

PATIENTS AND METHODS

This cross-sectional study was conducted involving LHWs in 10 union councils of Tehsil Muzaffar Garh. Study duration was 6 months from December 2015 to May 2016. The sample size was calculated by WHO sample size calculator and found to be 275 LHWs with an expected knowledge of family planning to 50%. However, a total number of 307 eligible LHWs were selected through non probability convenience sampling technique and divided into urban and rural groups. Urban group was selected from Muzaffar Garh city, Shah Jamal, Mahra city and Khan Garh while rural group was selected from union councils Gere Wahin, Mondka, Basti Kharik, Ahmed Mohana and Sharif Chajra.

LHWs employees of Punjab health department, between age group 22 to 55 years, having more than two years of experience, resident of and working in Tehsil MuzaffarGarh were included in the study. LHWs likely to be quitting service or going on long leave were excluded.

A structured closed ended questionnaire was administered after taking informed consent and assuring data confidentiality. Permissions were taken from doctors of the respective BHUs, LHW supervisors and EDO health MuzaffarGarh. Data were entered and analysed in SPSS version 22. Descriptive statistics were presented by calculating frequencies and percentages. Chi-square test was used to ascertain association between age, education, immigration, marital status, employment status and knowledge, attitude and practices of family planning. A *p*-value of <0.05 was taken as statistically significants.

Table-II: Attitudes of the lady health workers working in urban and rural areas.

Attitude items	Urban n=144 n (%)	Rural n=163 n (%)	*p*-value
Satisfied with their training & job			
Yes	144 (100)	161 (98.7)	0.182
No	0 (0)	2 (1.2)	
Provision of FP knowledge to unmarried boys & girls			
Yes	108 (75)	36 (22.0)	0.001
No	38 (26.3)	125 (76.6)	
Inclusion of FP education in syllabus			
Yes	124 (86.1)	69 (42.3)	0.001
No	20 (13.8)	94 (57.6)	
FP knowledge will increase pre-marital sexual relations			
Yes	40 (27.7)	129 (79.1)	0.001
No	104 (72.2)	34 (20.8)	

RESULTS

A total of 307 LHWs from Tehsil MuzaffarGarh were interviewed. The mean age of LHW's was 34.84 ± 6.04 years. A total of 293 (95.4%) LHW's were married and 211 (68.7%) of whom had 3 to 4 children. Majority of LHW's, 269 (87.7%), had education till middle or matriculation, while their spouses were mostly laborers 57.6% and farmers 16.8%. Out of the

total, 163 (53%) were from rural background and 144 (47%) belonging to urban areas of MuzaffarGarh. Almost all LHWs i.e. 303 (98.7%) were permanent employs of Punjab Health Department. Majority of LHWs had an experience of 5 to 15 years and almost all of them, 277 (90.2%), were comfortable to deliver family planning information to their clients.

Both urban and rural participants marked safe days as the most uncertain method and the urban participants were more clear that none of the family planning methods is 100% effective. LHWs lack knowledge about the best age for pregnancy although participants from urban background had comparatively better knowledge in this aspect (table-I). Majority of study participants 301 (98%) did not consider FP contradictory to the Islamic laws, while 286 (93.1%) did not consider abortion as a basic right of a couple. Only 21 (6.9%) respondents thought that abortion is a right of every couple.

Table-I shows that LHW's from both rural and urban background lacked knowledge about exclusive breast feeding and its knowledge. Out of total 307 respondents, 210 marked wrongly that only after menopause, one will know that the couple is infertile. A couple can be declared infertile if they fails to conceive after 2 years with a normal relationship and without using family planning method. Only 23 participants responded correctly, out of whom 21 were from urban background and only 2 were from rural areas (*p*-value=0.001).

There was a misconception that mothers only need iron supplements during 3rd to 9th month of pregnancy.

Most of the rural participants were against FP education to unmarried. This may be due to the more conservative society in rural areas as compared to urban areas (*p*-value=0.001). A total of 146 (47.6%) LHWs were of the opinion that family planning information should be given to unmarried boys and girls while 169 (55%) think that giving family planning information to youth will promote pre-marital sexual relations (table-II).

About 277 (90.1%) respondents said that it was easiest to motivate wives to use FP methods while 94.2% said that mother in laws were most difficult to convince in a family (table-III).

LHWs consider themselves as the best option for FP consultation especially in the rural areas as shown in the figure.

Table-III: Practices of the lady health workers providing family planning information to community.

Practice items	Urban n=144 n (%)	Rural n=163 n (%)	*p*-value
Women feel ashamed			
Yes	66 (45.8)	95 (58.2)	0.029
No	78 (54.1)	68 (41.7)	
Easily communicate			
With educated females	102 (70.8)	101 (61.9)	0.013
With uneducated	4 (2.7)	0 (0)	
Easy with both	38 (26.3)	62 (38.0)	
Easy to motivate for FP			
Husband	16 (11.1)	4 (2.4)	0.005
Wife	126 (87.5)	153 (93.8)	
Mother in law	2 (1.3)	6 (3.6)	
Difficult to motivate for FP			
Husband	12 (8.3)	4 (2.4)	0.030
Wife	0 (0)	2 (1.2)	
Mother in law	132 (91.6)	157 (96.3)	

DISCUSSION

A good knowledge of family planning and contraceptive methods with positive attitude can increase contraceptive prevalence rate of a country and can make FP program more successful[11,12]. Knowledge has a direct relation in increasing practice of FP methods, as shown by the studies showing more knowledge of FP increases contraceptive use significantly[13,14]. Correct transmission of knowledge becomes much more important for health care providers who are consulted directly by masses[14]. Therefore, this study assessed knowledge, attitudes and practices of LHWs regarding implementation of family planning practices among general population.

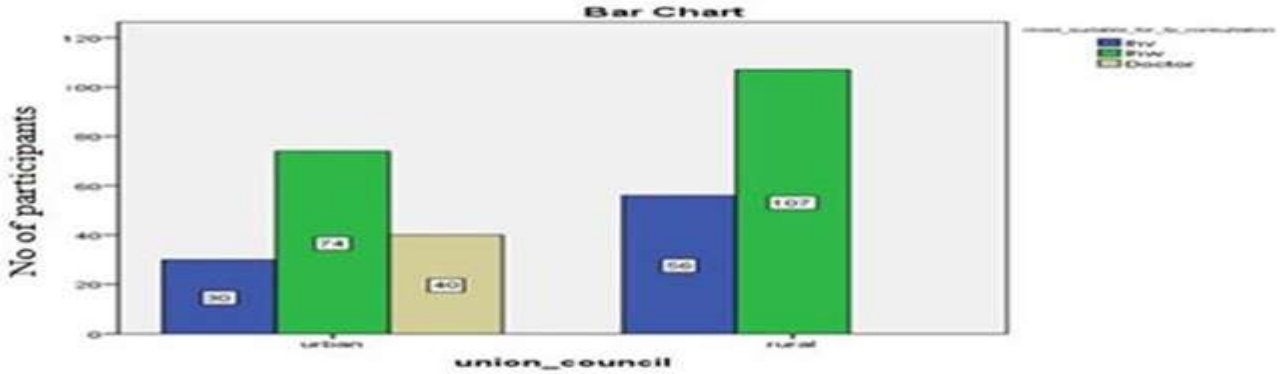

Figure: Best choice for family planning consultation in urban and rural areas.

The participants of the study had good knowledge regarding family planning methods and hence, they can successfully address targeted population and correctly advise them about use of specific family planning methods. Similar findings were also seen in the studies done in Karachi[11], India[13] and Sukkur[14,15].

Study participants had not enough knowledge regarding best age for pregnancy, dangerous age for pregnancy and most critical period of pregnancy. Similar findings were also seen in the studies done in other parts of Pakistan[16,17]. Like a study done in Sindh[17], there was lack of knowledge regarding use of iron supplements during pregnancy. There were also misconception about most critical period of pregnancy among the participants which was not the case in a study conducted by Lindstrom et al[18].

Surprising 41.7% of participants marked 1-2 years for exclusive breast feeding, showing lack of knowledge regarding exclusive breast feeding. Recently Pakistan suffered deaths of children in Sindh province due to Kwashiorkor-Marasmus malnutrition which can be investigated keeping in view the knowledge and opinions of LHWs regarding exclusive breast feeding[17,19].

FP is just not about birth spacing rather it also addresses the issues of infertility. In this study participants were also asked about infertility, the response was not encouraging which was also seen in a study done in Karachi[20] and Khairpur (Sindh)[21].

Study participants considered that desiring the male child was the most important factor for not using FP methods mostly in rural areas while in urban areas most important factor experienced by participants was the fear of side effects. This showed lack of proper counselling in both urban and rural populations. Only 1.9% of the participants experienced that family pressure was the main hurdle. Previous studies conducted on general population regarding disapproval to FP showed that most of the participants deny using FP methods considering them harmful to womb and a cause of sterility[17,21]. Another study done in KPK showed that main reason for not using any method was the desire for children followed by pressure from husband, religious prohibition and desire for a son[22].

Attitude towards FP education to unmarried boys and girls depicted that majority were against the FP education to unmarried thinking it may lead to pre-marital sexual relations which is not the case in developed countries[18]. Not giving FP education to youth costs 30000 lives every year in Pakistan due to unsafe abortions and their complications[23].

Majority considered their job as tough; report to various levels in health sector, extensive field work and to cover large populations, similar findings were also seen in the studies done in India[13] and Sindh[17].

Interestingly, a majority of participants considered themselves as the most suitable choice for FP consultation. It was appreciative that they considered themselves as well prepared but this over confidence can lead to non-referral of serious or deserving cases leading to complications which was seen in few cases in Sindh[17, 24].

The study participants considered wives easiest, while mother in laws, as most difficult to convince who generally wanted to have their grandchildren as soon as possible, similar to studies done in different part of Pakistan[22,23,25].

The main limitations of the study were small sample size due to non-availability of resources and information bias was possible on part of the LHWs.

CONCLUSION

LHWs have a good knowledge and positive attitude towards family planning except knowledge about infertility, complications and breast feeding. Family planning practices are difficult in rural areas because of low literacy rate and dominance of mothers in law, which needs attention.

RECOMMENDATION

There is still a room of improvement as they lacked information regarding accuracy of contraceptive methods, their simultaneous use, pregnancy events, infertility and exclusive breast feeding by regular trainings and evaluations. The motivation level of LHWs must be enhanced by regular capacity building refresher courses, revision of their salary structure and monetary incentives to achieve the desired goals.

CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

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