

7-2023

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### Recommended Citation

Vadivala, R, Amin, A, Jessani, S, & Hudani, S. An unaddressed role of nurses: Barriers in promoting reproductive health in Pakistan: A commentary paper. *Journal of Asian Midwives*. 2023;10(1):38–43.

## An Unaddressed Role of Nurses: Barriers in Promoting Reproductive Health in Pakistan: A Commentary

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### Abstract

Reproductive health has a significant impact on a person's overall wellbeing. Despite this, it is not given major attention. Many people are still unaware of the importance of reproductive health, and one reason for this is the often-overlooked role of nurses in sexual and reproductive health. Nurses, midwives and lady health visitors are the healthcare professionals that play a pivotal role in promoting reproductive health. However, due to several factors, such as burnout among nurses and a lack of educational preparedness, this role of nurses remains unaddressed. This article discusses the general determinants that contribute to the underutilization of nurses in this area and offers recommendations that can be put into action to address these problems and promote reproductive health.

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### Introduction

WHO defines reproductive health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes?" According to a report by WHO, Globally, 800 women die due to pregnancy-induced complications every day, and 99% of the deaths are reported in middle and low-income countries. Moreover, 12% of adolescent girls in these countries get married by the age of 15 years and are at risk of early pregnancy. Six out of ten women in middle and low-income countries deprive of the use

of modern contraception methods leading to unplanned pregnancies (1). One of the critical factors leading to such statistics is nurses' neglected role in promoting women's reproductive health. Nurses play a vital role in promoting sexual and reproductive health as a part of their holistic and patient-centered care. Serrant-Green stated that "sexual health nursing as a distinct area of practice does not really exist" (2). According to a study, only 10% of patients are asked about their sexual and reproductive health history out of 71% of the patients visiting the hospital (3). Hence reproductive health is an essential aspect of a

patient's well-being, but still, it is considered a complex subject to be addressed. Out of 17 SDGs, goals 3, 4, and 5 are specific to promote access to SRHR. Sustainable development goal 3.7 states, "By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs" (4). This highlights how a healthy woman can be a strong backbone of a family, and efforts need to be made to sustain and promote the well-being of women to reduce sexual and reproductive health risks. A nurse is a mediator who plays a vital role in a patient's overall health. My rationale for choosing this topic is to enlighten the unaddressed roles of a nurse, such as an advocate, counselor, and educator, in promoting women's reproductive health and rights.

#### **Lack of educational preparedness of nurses**

One of the determinants is the lack of educational preparedness of nurses. The nursing programs provide detailed education regarding the biopsychosocial needs and issues of women's health, such as pregnancy concerns, cancer screening, and other disease processes. However, they are unable to address and recognize the sexual and reproductive healthcare needs of the client, such as gender identification, STIs, and unplanned pregnancies (5). Lawler stated that "there is sometimes considerable dislocation between classroom/textbook knowledge and what is learned in clinical practice" (6). The pre-licensure nursing education lacks

exposure to maternal health and does not adequately prepare the students to explore sexual and reproductive health needs in clinical practice. Advanced Practice Nurses (APNs) are considered "Central to SRH care" in the United States (7). The lack of APNs in Pakistan leads to the unaddressed needs of patients in SRH. The nurses are not prepared for the roles such as advocates and counselors of women's reproductive health. In a study, 2/3 of the nurses shared that counselling and reproductive health assessment are part of their nursing care. However, only 58.5% offered to counsel and assess the patient's reproductive health needs (8). Due to the lack of educational preparedness, the nurses are reluctant to offer to counsel and communicate with the patient regarding their sexual health concerns.

#### **Burnout of nurses at work**

Another barrier is the work-related burnout of nurses. According to a study conducted in a tertiary hospital in Pakistan, 48.6% of nurses reported burnout at work due to the increasing number of patients, long working hours, and extensive responsibilities (9). SRH is considered taboo and not a basic health pattern to be discussed with the patient. The nurses in Pakistan have several responsibilities in the clinical setting, ultimately resulting in neglecting the patient's sexual health needs. The overburden of work, staff-patient ratio, and busy shifts do not allow the nurses to address the sexual health concerns of the client. According to Evcili and Demirel (8), the nurses reported a lack of time to discuss reproductive health needs in the hospital. Moreover, SRH is a neglected and

unaddressed area due to the increased workload. The nurses feel uncomfortable and embarrassed to ask about the sexual health pattern with the client which leads to misdiagnosis of the patient. The nurses also feel that there is a lack of private spaces in the hospital to initiate discussions about reproductive health with the patient (10). Most wards are general and semi-private; hence, patients do not feel comfortable and safe discussing their sexual health. The nurses are less trained in the clinical setting; hence ineffective communication and lack of knowledge serve as significant barriers for nurses to explore the reproductive health needs of the client.

#### **Lack of decision-making of nurses in clinical setting**

One of the key obstacles is the domination of physicians in the decision-making of the patient's health (11). In Pakistani society, the social image of nurses is not well recognized, and physicians are considered more competent and authoritative in the clinical setting. During my clinical observation, the nurses are the ideal person who knows the best care for the patient due to ongoing interactions. However, when it comes to decision-making, the nurses are not involved in discussing the diagnosis and possible patient needs. According to a study, nurses more often discuss the sexual matters of the client through observation and therapeutic communication. On the other hand, due to the lack of communication and patient involvement, physicians are unlikely to address the reproductive health of the client. They are mainly focused on the pathology of the disease (12).

#### **Conservative culture and sexual myths**

Nurses have a major role in providing holistic healthcare services which includes sexual and reproductive health as well. However, in countries with conservative cultures, talking about sexual and reproductive health is very uncommon. According to research, countries with a conservative culture consider talking about sexual and reproductive health as something sinful, which leads to believing in prevailing sexual myths. As a result, healthcare workers working in that area feel reluctant to ask questions related to this topic, which restricts them from providing holistic care to the patients. As long as the nurses do not overcome their sexual myths and cultural fear, the reproductive health needs of the clients will remain concealed (15).

#### **Role of Midwives and Lady Health Visitors in SRHR**

Midwives and LHVs are the focal people who provide health interventions during labor, encourage active participation of women during childbirth, and counsel pregnant women regarding coping strategies to reduce pain (16). According to a study, if there is a significant increase in the coverage of interventions delivered by midwives compared to the current levels, it could lead to the prevention of 41% of maternal deaths, 39% of neonatal deaths, and 26% of stillbirths. This would result in a total of 2.2 million deaths averted annually by the year 2035 (17). Midwives and obstetrical nurses often have more frequent and consistent contact with pregnant women compared to other healthcare professionals in many countries. This puts them in a favorable position to have discussions about sensitive

topics such as nutrition, physical activity, and weight management (18). Midwives and LHVs play a potential role in monitoring the progress of pregnancy, promoting healthy behaviors, and screening for potential complications. They also help couples to make informed choices regarding family planning and contraceptive methods. They help empower individuals and communities to maintain good health and prevent complications related to sexual and reproductive health.

### Recommendations

The empowerment of nurses and midwives can lead to breaking the stereotypical taboo of sexuality in the community. Some major interventions can be made to help nurses be more competent and skilled in addressing reproductive health.

1. The nurses working in women's health services should be given mandatory courses and training to increase their self-efficacy (13). They should be trained to work efficiently in their clinical areas to improve the quality of care and patient satisfaction.
2. The undergraduate nursing curriculum should include adequate SRH content. This will enhance the competency and skills of the nurses, and they will provide quality care in clinical and community settings (14). Competency and an unbiased approach toward exploring the sexual and reproductive health patterns of the patient should be part of the skill-based assessments of the undergraduate programs. The students should be well trained to assess the reproductive health care needs of the client under supervision.

3. APNs should be promoted in Pakistan that can work collaboratively in SRH. The nurses should be encouraged to pursue specializations in reproductive health, which will prepare them to address sexual health care needs.
4. Sexual health patterns should be asked by nurses in routine health care screening by ensuring the confidentiality of the patient's information.
5. Nurses should be trained to conduct sexual health assessments and counseling of patients efficiently (11). The nurses should have expertise in taking the sexual health history of the patient. Moreover, the nurses should use nonjudgmental communication with the client.
6. An inclusive environment should be promoted in the clinical setting, where all the health care professionals including nurses, midwives, LHVS, physicians and multidisciplinary team work as "partners" and discuss the overall health of the patient not merely the disease.
7. The burnout and workload of the nurses and midwives should be decreased, and psychosocial support should be provided to enhance the mental well-being of nurses (9).

### Conclusion

Addressing sexual and reproductive health is always a challenging and neglected area in health care. Nurses can play an integral role in addressing reproductive health as a part of holistic care. I have seen through my case that being a nurse how advocacy and compassion could have changed the outcomes suffered by the mother. The nurses are underutilized, and their potential is neglected in SRH.

Education, training, competency building, and collaborative involvement of nurses can help them step out of their comfort zones and provide better quality care to address the reproductive needs of the patients.

**The Conflict of Interest:** None

**Funding Sources:** None

#### **Acknowledgment:**

We would like to acknowledge Ms. Kiran Mubeen for her contribution during the Community Health Nursing course clinical experience and for developing research insights.

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