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Vision:

"Women's empowerment through education"

Mission:

"The institute is committed to developing conscientious, confident and caring quality nursing professionals of international repute."

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From Editorial desk: "Redefining Boundaries: Recognizing Nurses as Innovators."

"Nurses have been the frontlines of promotion, prevention, care, and rehabilitation of people and patients' health and safety. But beyond this lies a less recognized but equally powerful identity — that of the nurses as innovators, critical analytical people, and leaders of change and visionaries."

Our Nurse Innovators journal was launched to publish the research and conversations by nurses about healthcare innovations. Healthcare departments, governing agencies, and the general public have recognized nurses as agents of change; however, scholarly and research articles and practical literature highlighting nurse-led solutions are lacking. This journal aims to address that. This journal will open the space for interdisciplinary dialogue needed in nursing practice. The launch of the journal comes at a moment of critical transformation in healthcare. The challenges we face — from global health inequities and workforce shortages to digital transformation and environmental crises — demand new ways of thinking. Nurses, with their unparalleled proximity to patients and systems, are uniquely positioned to inform.

What do we mean by "nurse innovator"? We see innovation not just in technology or start-ups, but in every instance where nurses challenge assumptions, redesign systems, and imagine better ways of delivering care. It is the nurse in a rural community who adapts mobile phone technology to improve antenatal care. The ICU nurse leads a quality improvement initiative to reduce infections and medication errors. The psychiatric nurse who develops a culturally grounded mental health toolkit for the community. Innovation, in this context, is not always high-tech — it is high-impact!

In this inaugural issue and future ones, we will feature a diverse range of content: original research on nurse-led interventions, field-tested solutions from practice, reflective essays from nurse leaders, and interdisciplinary perspectives that expand our collective imagination. We welcome contributions from nurses in all sectors — clinical, academic, community-based, and entrepreneurial — as well as collaborations with designers, engineers, and policymakers who collaborate with nurses to co-create change.

We hope that this journal is more than a publication. We envision a vibrant ecosystem — a space of dialogue, mentorship, and shared purpose. Whether you are a student with an idea, a frontline nurse solving problems daily, or a scholar exploring the theory of practice-led innovation, you have a place here.

We invite you to read, contribute, critique, and connect. Let this journal be both a record of what is and a catalyst for what could be.

Because innovation is not the future of nursing — it is already here. And it begins with the nurse.

We invite you to read, contribute, critique, and connect. Let this journal be both a record of what is and a catalyst for what could be.

Dr. Meena Ganapathy
Chief Editor, NIJ

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"An exploratory study to assess the knowledge of CHAAYA and MALA-D contraceptive method among female of reproductive age group of 20–45 years in selected urban community area of Pune city."

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Abstract: *Family planning has been recognized as a part of maternal and child health services, even though the emphasis on it has been placed only during the recent part. It is a deliberate attempt to space the birth of children to plan the size of the family to ensure that the family is physically and mentally healthy.*
Aim: *To assess the knowledge regarding CHAAYA and MALA-D contraceptive methods among the females of the reproductive age group of 20 – 45 years of selected urban community areas.*
Method and setting: *Quantitative survey design with a Sample size of 200 females in the age group of 20-45 years from the selected community area. A simple random sampling technique was used. A demographic data questionnaire of 7 items and self-structured questionnaire knowledge regarding CHAAYA and MALA-D contraceptive methods were used to collect the data.*
Results: *The study analysis of baseline characteristics was done through the descriptive statistics. It indicates that 56.66% women had good knowledge about CHHAYA, 65.33% women had good knowledge, about MALA-D. 66.66% women had average knowledge about CHHAYA, 54.66% women had average knowledge about MALA-D. 10.00% women had poor knowledge about CHHAYA. 13.33% have poor knowledge about MALA-D.*
Conclusion and discussion: *The study indicates that the majority of women in the community area had average knowledge of both contraceptives. It indicates the need of interventions that will help to enhance knowledge as well as practice of modern contraception. The study will help to understand the females and communities' concepts about family planning. The study underscores the importance of tailored interventions to enhance knowledge and utilization of contraceptives among women in community areas.*

Keywords: Knowledge, Chaaya, Mala-D, Contraceptive Method, Female of Reproductive Age, Urban Community.

I. INTRODUCTION

A family is a unit that is dependent on each other. family planning has been recognized as a part of maternal and child health services, even though the emphasis on it has been placed only during the recent part. The concept of contraceptives existed way before the 19th century.

Family planning is a deliberate attempt by the pair in the reproductive age group to space the birth of their children and to plan the size of the family by the social, economic, and health conditions to ensure that the family is happy both physically and mentally. Small differences in the family size will make big differences in the birth rate. The difference of only one child per family over ten years. It will have an enormous impact on the population growth. Contraception is essential to preventing unintended pregnancy. While contraceptive use has increased significantly over the past decade, quit and gaps in use remain common. Women cite side effects as the reason for stopping methods. **Renjhen P et. al** conducted A study on knowledge, attitude, and practice of contraception among college students in Sikkim, India. The result of the study showed that a significant number of students had knowledge about family planning and temporary contraceptives like condoms and contraceptive pills but had poor knowledge about permanent methods and Cu-T. Most students thought contraceptives were to be used to prevent unwanted pregnancy and for birth spacing. The most used contraceptives were condoms, followed by combined use of OCP and condoms. They indicated the need to motivate the youth for effective and appropriate use of contraceptives when required.[1] **Jabeen M. et. al** conducted a study about knowledge, attitude, and practices of contraception in women of reproductive age. The descriptive cross-sectional survey showed that 56.2% of respondents had heard of some method. While interviewing it is found that samples have given positive responses regarding the use of contraceptives and stated family planning as prohibited in their religion. The use of contraceptives was (30.8%). The practice was more common in grand multipara $p < 0.0001$, > 35-year-old

ladies p < 0.0001, working women p < 0.01 and those with education up to matric and above p < 0.001. The study concluded that the frequency of contraceptive use is comparatively low despite the high level of awareness.[2] **Mubashar H. et. al.** researched the knowledge, attitude, and practice of contraceptives among Saudi Women in the Aseer Region, Saudi Arabia. The cross-sectional and hospital-based study concludes that a significant proportion of respondents have good knowledge about contraception. However, the practice of contraception and compliance is low. The desire for more children is one of the major factor's reasons for the non-use of contraception.[3] **Aldabbagh RO, Al-Qazaz HK.** Studied Knowledge and Practice of Contraception Use Among Females of Child-Bearing Age in Mosul, Iraq. A cross-sectional study design disclosed that Iraqi women had good knowledge and positive practices towards birth control methods. Educational level was an important factor in determining the knowledge and positive practices towards contraceptives.[4]**Eisenberg DL et. al**. conducted the study about Knowledge of contraceptive effectiveness a cross-sectional analysis of a contraceptive knowledge questionnaire that had been completed by 4144 women. The study demonstrated significant knowledge gaps regarding contraceptive effectiveness and overestimated the effectiveness of pills, patches, rings, and condoms.[5] **Gosavi A, Ma Y, Wong H, Singh K.** studied the Knowledge and factors determining the choice of contraception among Singaporean women**.** A cross-sectional survey of 259 female patients, aged 21–49 years concluded that women in Singapore have poor awareness and knowledge of contraception, especially long-acting reversible methods. More effective ways are needed to educate women about contraceptive methods.[6]

II. METHODOLOGY/DESIGN OF STUDY

The study used a quantitative approach. The study research design was a survey is used design. The study aimed to assess the knowledge regarding CHAAYA and MALA-D contraceptive methods among the females of the reproductive age group of 20 – 45 years in a selected urban community area. The data was collected from a selected urban community area in Pune city. The total sample size was 200 females of the reproductive age group of 20–45 years who have given their consent for the study voluntarily. A simple random sampling technique was adopted to select the samples. The tool included demographic data as section 1 for the demographic profile consists of 7 items and section 2 included a structural questionnaire on knowledge regarding CHAAYA and MALA-D contraceptive method. The tool was validated by the 12 experts of different fields along with a blueprint, objective of study, and evaluation criteria.

III. RESULTS/ FINDINGS

The analysis of data is divided into 2 sections. Section 1 includes Baseline distribution of the participants according to the demographic variables using frequency and percentage and section 2 includes the level of knowledge CHAAYA and MALA-D contraceptive method among the female of reproductive age group of 20–45 years of selected urban community area. Descriptive statistics (frequency, percentage,) were used to analyse the data.

Table 1: Baseline distribution of the participants according to the demographic variables using frequency and percentage.

N=200

Sr. no.	Demographic variable	Frequency (f)	Percentage (%)
1.	Age of participants		
	20-25	68	13.60%
	26-30	76	15.20%
	31-35	33	6.60%
	36-40	18	3.60%
	41-45	5	1.00%
2.	Education of participant		
	Illiterate	0	0%
	Below 10^{th}	20	8.33%
	10th – 12^{th}	77	12.83%
	Graduation	76	12.66%
	Post – graduation	24	4.00%
	Other	4	4.00%
	Marital status		
	Married	200	100%
	Unmarried	0	0%

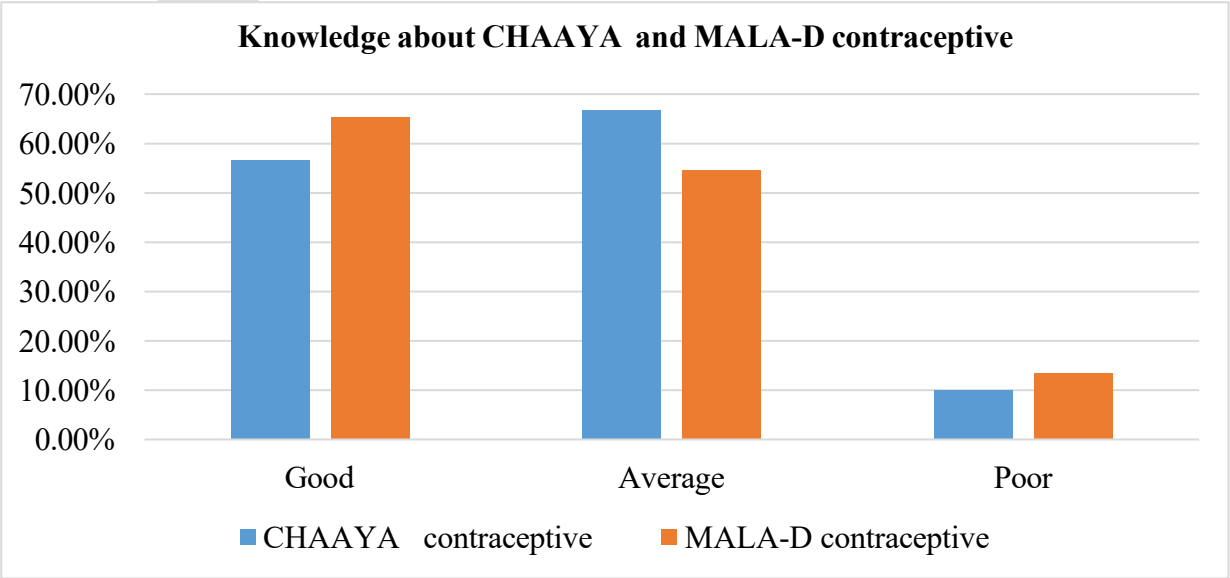
Divorced	0	0%
Widowed	0	0%
Gravida		
Null parity	19	6.33%
Primigravida	87	29.00%
Multi gravida	94	31.33%
Family type		
Nuclear family	127	42.33%
Joint family	68	22.66%
Other	5	1.66%
Income		
10,000-50,000/-	144	48.00%
50,000-1,00,000/-	48	16.00%
More than 1,00,000/-	8	2.66%

The finding in Table 1 showed that 13.60% of females belong to the 20-25 age group, 15.20% belong to 26-30 age group, 6.60% belongs to the 31-35 age group, 3.60% belong to the 36-40 age group and 1.00% belongs to 41-45 age group. 0% of females are illiterate, 8.33% are below 10th, 12.83% are 10th – 12th, 12.66% are Graduates, 4.00% are Postgraduate and 0.66% are others. 100% are married, It also shows that 6.33% are Nulliparous, 29.00% are primigravida, and 31.33% are multi-gravida. The type of family of the urban community area in the female showed that 42.33% had nuclear family, 22.66% had joint family, and 1.66% had other (single person). 48.00% belongs to the 10,000-50,000/- income range, 16.00% belongs to the 50,000-1, 00,000/- income range and 2.66% belongs to the more than 1, 00,000s/- income range.

Table 2: The level of knowledge of CHAAYA and MALA-D contraceptive methods among the females of the reproductive age group of 20–45 years of selected urban community areas.

N=200

Sr.no	Matrix	CHAAYA contraceptive		MALA-D contraceptive	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
1.	Good	85	56.66%	98	65.33%
2.	Average	100	66.66%	82	54.66%
3.	Poor	15	10.00%	20	13.33%



Graph 1: The level of knowledge of CHAAYA and MALA-D contraceptive methods among the females of reproductive age group of 20–45 years of selected urban community area.

The above table and graph compare the knowledge of CHHAYA and MALA-D contraceptive methods of the urban community area in the female. It indicates that 56.66% have good knowledge about CHHAYA, 65.33% have good knowledge about MALA-D, 66.66% have average knowledge about CHHAYA, 54.66% have average knowledge about MALA-D and 10.00% have poor knowledge about CHHAYA. 13.33% have poor knowledge about MALA-D.

IV. DISCUSSION

The current study findings showed that the demographic data for the study is well distributed. The majority of females belonged to the age group of 20-30 years. They were educated and 100% were married. It also showed that most females were primigravida and multi-gravida. The majority belonged to nuclear and joint families. The income range was also varied. The comparison of the knowledge on CHHAYA and MALA-D contraceptive methods of the urban community area in the females indicated that approximately half samples have good knowledge about both contraceptives. Based on findings and experiences while conducting the study following recommendation are offered for future research. Developing a health education for spreading awareness about CHHAYA and MALA-D contraceptives. Further research is needed to investigate the women who complain side effects of contraceptives. Determine the cause of contraceptives CHHAYA and MALA-D side effects. A qualitative study can be conducted to assess the knowledge and practice for CHHAYA and MALA-D contraceptives.

V. SUMMARY AND CONCLUSION

Many females in the study had good to average knowledge of CHAAYA and MALA-D as contraceptive options, primarily through healthcare providers and word of mouth. Challenges included misconceptions about contraceptive methods, limited access to specialized services, and affordability concerns. Recommendations included targeted educational campaigns, healthcare provider training, improved accessibility, and addressing cultural barriers to enhance contraceptive uptake. The study underscores the importance of tailored interventions to enhance knowledge, access, and utilization of CHAAYA and MALA-D contraceptives among women in urban Pune.

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