

Awareness and Practice on Reproductive Health Rights among Reproductive Age Women in Birgunj Metropolitan City

Srijana Chaudhary¹, Muna Rana², Bineeta Kumari Sah¹, Sabina Adhikari¹

¹Birgunj Nursing Campus, Birgunj, Institute of Medicine, Tribhuvan University, Nepal

²Maharajgunj Nursing Campus, Institute of Medicine, Tribhuvan University, Nepal

Correspondence: Srijana Chaudhary, Assistant Lecturer, Birgunj Nursing Campus, Tribhuvan University, Nepal

Email: sirudiyani1@gmail.com, Phone: 9845184678

ABSTRACT

Background: The reproductive health rights are fundamental human rights ensuring control over own body and decision. This study aimed to find out the awareness and practice of reproductive rights among reproductive age women.

Methods: A descriptive cross-sectional study was conducted. A total of 262 reproductive age women from 15 to 49 years were selected purposively from Birgunj Metropolitan City-13, Parsa. Data were entered into SPSS 20 version and then analysed by using the descriptive and inferential statistics.

Result: Out of 262 respondents, the study findings revealed that 56.5% of the respondents had high level of awareness and 56.9% of the respondents had satisfactory level of practice on reproductive health rights. There was a significant association between the level of awareness and educational status and educational level of respondents ($p < 0.001$) and educational status and educational level of spouse ($p < 0.001$). Similarly, there was significant association between level of awareness and level of practice ($p < 0.001$).

Conclusion: This study concluded that more than half of the respondent had high level of awareness and satisfactory level of practice on reproductive health rights. There is significant association between level of awareness and practice. Level of awareness is significantly associated with education level. Thus, education can enhance women's awareness on reproductive health rights and reproductive health services utilization.

Keywords: Awareness, practice, reproductive age women, reproductive health rights

INTRODUCTION

Reproductive Rights are legal fundamental human rights and freedoms relating to reproduction and reproductive health.¹ The rights of an individual to have control over own womb deciding the number, spacing, timing of their children and the right to sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence.²

Most of maternal deaths are preventable as utilization of reproductive right can prevent pregnancy related morbidity and mortality.^{3,4,5} Even though, Nepal is signatory of all the major international conventions

on reproductive rights including Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and International Conference on Population and Development (ICPD), reproductive health service quality and access are the major public health challenges.⁶

Improving adolescents' and women's knowledge and understanding of sexual and reproductive health is the crucial steps in meeting their reproductive health needs and exercising their rights.² Access and service is a central concern surrounding the promotion of sexual and reproductive health and right of young people.⁷

The burden of the ill reproductive health due to lack of awareness and underutilization of reproductive right among the women is globally higher and also in Nepal which make women more vulnerable to ill health and maternal deaths.⁶ Reproductive health and its problem are still regarded as a taboo in Nepalese community so women in the absence of proper information, awareness and services suffering adverse reproductive health. Therefore, the researcher felt need to assess the awareness and practice of reproductive rights among reproductive age women.

METHODS

A descriptive cross-sectional research design was used to assess the awareness and practice on reproductive health rights among reproductive age women in Birgunj Metropolitan City- 13. A purposive sampling technique was used. The study populations consist of married women of reproductive age 15 to 49 years having at least one child and residing in this ward. A total of 262 respondent were interviewed through structured interview schedule containing main three parts; Part I: Socio-demographic variables information, Part II: Questions related to awareness of reproductive health rights, and Part III: Questions related to practice of reproductive health rights. Ethical approval was taken from IRC of IOM (Ref No. 287 (6-11E²) 077/078). The content validity of the instrument was established by seeking the opinion of the expertise working in NGOs working for Sexual and Reproductive Health Rights (SRHR) and involved in advocacy on SRHR, subject matter expert in Women Health and Development, research advisor and research teacher. Written informed consent was taken from each respondent. The data was collected from 4th February to 5th March 2021. The findings were analysed using descriptive; Chi-square were used to measure the association between the level of awareness, practice and selected variables.

RESULTS

Table 1 shows that mean age of respondents was 29.21

±5.07years. Regarding ethnicity about half of the respondents (49.2%) were Madhesi. Regarding religion, most of the respondents (88.2%) were Hindu. Regarding educational status of respondents, most of the respondents (82.1%) were literate. Out of literate respondents, 44.7% had secondary level education. Regarding occupation, most of the respondents (85.1%) were homemaker. Out of total respondents regarding education status of respondents' husbands almost all (93.1%) of the respondents' husband were literate. Out of total literate respondents' husband, 44.3% had higher education. Regarding occupation of respondents' husband, more than half (60.3%) was service holder.

Table 1 Socio-demographic information n=262

Variables	Number	Percent
Age (in years)		
<29	148	56.5
≥29	114	43.5
<i>Mean ± SD 29.21±5.07yrs</i>		
Religion		
Hinduism	231	88.2
Islam	21	8.0
Christianity	6	2.3
Buddhism	4	1.5
Ethnicity		
Madhesi	129	49.2
Janajatis	69	26.3
Brahmin/Chhetri	27	10.3
Muslim	21	8.0
Dalit	16	6.1
Educational status (n=262)		
Can read and write	215	82.1
Cannot read and write	47	17.9
Educational level (n=215)		
Informal education	16	7.4
Basic level	42	19.5
Secondary level	96	44.7
Higher education	61	28.4
Husband's educational status		
Cannot read and write	18	6.9
Can read and write	244	93.1
Education level (n=244)		
Basic level	34	13.9
Secondary level	102	41.8
Higher education	108	44.3

Table 2 show that half of the respondents (51.9%) knows the meaning of reproductive health and 60.6% knows the meaning of reproductive health rights. Most of the respondents were aware of family planning rights. Almost all (97.3%) of the respondents were aware that institutional delivery as their rights, while 43% were aware of 3 postnatal visit. Less than one third (32%) were aware that abortion is legalized in Nepal and 36.3% were aware that they have rights of abortion despite of husband objection.

Table 2 Distribution of respondents by their awareness and practice on reproductive rights n=262

Variables	Number	Percent
Aware of meaning of reproductive health	136	51.9
Meaning of reproductive health rights	159	60.6
Awareness on family planning rights		
Rights to Choose Family Planning	250	95.4
Right to Decide the Number of Children	229	87.4
Right to Decide Birth Spacing	231	88.2
Ideal Birth Spacing	233	88.9
Awareness on safe motherhood rights		
Rights to get Antenatal Check up	233	88.9
No. of Times of Antenatal Visit	180	68.7
Rights for Selection of the Delivery Place	228	87.0
Right Place for Delivery	255	97.3
Rights to get Postnatal Check up	165	63.0
Ideal 3 Postnatal Visit	71	43.0
Awareness on abortion rights		
Knows Abortion is Legalized in Nepal	84	32.0
Conditions for Legal Abortion (n=84)	64	76.1
Appropriate Place for Safe Abortion Service	168	64.1
Rights to have Abortion Despite of Husband Objection	95	36.3

Table 3 shows that majority (76.7%) uses current family planning methods and among them most of the respondents (86.5%) had voluntary choice regarding contraception use. Only 8.1% took self-decision regarding birth spacing, majority (70.4%) had 4 antenatal visit, only 20.9% had done postnatal visit, 12.6% of the

respondent decision on place for delivery was taken by themselves, 21% had done abortion on self-decision. Majority (75.2%) had self-decision on consensual sexual relation, more than one third (35.1%) had self-decision capacity for contraceptive use, while only 14.5% can decide themselves to seek reproductive health care.

Table 3 Distribution of respondents by their practice on reproductive rights n=262

Variables	Number	Percent
Current Family Planning Method		
Users	133	76.7
Allowed to Choose Contraceptive		
Voluntarily (n=133)	115	86.5
Had Birth Spacing (i.e. ≥ 2 years) between two child	129	49.2
Self-decision on Birth Spacing	13	8.1
Received Antenatal Check up		
Had Four Antenatal visit Check-up (n=247)	174	70.4
Health Institution Delivery	237	90.5
Self-decision on Place for Delivery	33	12.6
Received Postnatal Check up		
Had Three Postnatal Visit (n=114)	23	20.2
Induced Abortion (n= 262)		
Self-decision for Abortion (n= 64)	14	21.9
Self-decision Consensual Sexual		
Relation	197	75.2
Self-decision for Contraceptive Use		
Self-decision to Seek Reproductive Health Care	92	35.1
	38	14.5

Table 4 shows that, more than half of the respondents (56.5%) had high level of awareness (above mean awareness score of 21). The maximum score was 40 and minimum score was 6. More than half of the respondents (56.9%) had satisfactory level of practice (above mean practice score of 8). The maximum score was 14 and minimum score was 2.

Table 4 Respondents’ level of awareness and practice on reproductive health rights

n=262

Variables	Number	Percent	95% Confidence Interval	
			Lower	Upper
Level of awareness				
High (≥ 21 mean score)	148	56.5	50.6	62.1
Low (< 21 mean score)	114	43.5	37.7	49.4
Level of practice				
Satisfactory (≥8 mean score)	149	56.9	51.1	62.8
Poor (<8 mean score)	113	43.1	37.4	48.9

Table 5 shows that the level of awareness on reproductive status, level and husband’s educational status, level with health rights was associated with respondent’s educational p value < 0.001.

Table 5 Association of level of awareness on reproductive health rights with socio-demographic variables n=262

Variables	Level of Awareness		χ ²	p-value
	Low N(%)	High N(%)		
Age (in years)				
<29	70(47.3)	78(52.7)	1.983	0.159
≥ 29	44(38.6)	70(61.4)		
Religion				
Hinduism	99 (42.9)	132(57.1)	0.340	0.560
Others	15(48.4)	16(51.6)		
Ethnicity				
Madhesi	56(43.4)	75(56.6)	0.001	0.974
Others	58(43.6)	73(56.4)		
Educational status				
Can read and write	69(32.1)	146(67.9)	63.576 ^a	<0.001*
Cannot read and write	45(95.7)	2(4.3)		
Educational level (n=215)				
Informal education	8(50.0)	8(50.5)	64.454 ^a	<0.001*
Basic level	33(78.6)	9(21.4)		
Secondary level	24(25.0)	72(75.0)		
Higher education	4(6.6)	57(93.4)		
Occupation				
Homemaker	102(45.7)	121(54.3)	3.027	0.082
Others	12(30.8)	27(69.2)		
Educational status of husband				
Can Read and Write	97(39.8)	147(60.2)	20.399 ^a	<0.001*
Cannot Read and Write	17(94.4)	1(5.6)		
Educational level of husband (n=244)				
Basic Level	26(76.5)	8 (23.5)	52.547	<0.001*
Secondary Level	54(52.9)	48(47.1)		
Higher Education	17 (15.7)	91(84.3)		
Husbands’ occupation				
Service	16(45.7)	19(54.3)	0.080	0.778
Others	98(43.2)	129(56.8)		

*p- value significant at<0.05 a: expected cell value <5

Table 6 depicts level of awareness of reproductive health rights was significantly associated with the level of practice.

Table 6 Association between level of awareness and level of practice n=262

Level of Awareness	Satisfactory Practice	Poor Practice	Pearson Correlation	p-value
	No. (%)	No. (%)		
High	98 (73.6)	35 (26.3)	0.525	<0.001*
Low	51 (39.5)	78 (60.4)		

Significance at level of 0.01 in 2 tailed

DISCUSSION

This study result shows that, more than one third of the respondents 51.9% and 60.6% were aware of the meaning of reproductive health and reproductive right respectively. This result contradicted with the study conducted in Egypt, which revealed 28.75% and 30% were aware of the meaning of reproductive health and reproductive rights respectively.⁸ This difference might be due to majority of respondents in this study was literate and the influence of mass media could be the reason.

This study revealed that right to determine the number and spacing of children and right to family planning use were the most known reproductive health rights. This finding is similar with the study conducted in Nigeria and Ethiopia.^{9,10} In this study about 90% were aware that birth spacing should be ≥ 2 years and 49.2% of the respondents were practicing ideal birth spacing. Similar findings were revealed conducted in Haryana, India in which, 82.6% of the respondents were aware and 40% of the respondents had ideal birth spacing practice of ≥ 2 years.¹¹

Regarding the respondents awareness on safe motherhood rights, most of the respondents (88.9%) were aware on right to get ANC visits. This finding is similar with the study conducted in Nepal, which showed that 79.2% were aware of their right of Antenatal visit.⁶ This study result showed that 70.4% had done ≥ 4 times Antenatal visit which is consistent with the study of Nepal, which revealed that 69% had done Antenatal visit for at least 4 times.¹² This present study showed that, most of the respondents (87.0%) were aware on right to select delivery place. This finding is similar with the study conducted in Nepal, which revealed that 84.1% were aware on right to

select delivery place.⁶ This study revealed that, almost all (97.3%) were aware that the health institution is the right place for delivery which is consistent with the findings of the study conducted in India, which revealed that 91% were agreed that delivery should be conducted in health institution.¹³ This study revealed that, almost all (90.5%) of the respondents had their delivery in health institution and less than half (43.5%) had Postnatal checkup. This finding is similar with study of Ethiopia, which shows that 86.5% of the respondent had their delivery in health institution and 53.3% had Postnatal checkup.¹⁰

This study revealed that, less than one third (32.0%) knew that abortion was legalized. This finding is consistent with the study of Nepal, which showed that 32.3% knew that abortion was legalized.¹⁴ Regarding decision making self-decision for abortion was made by 21.9%. The study conducted in Nepal revealed that 34.1% had abortion on their self-decision.⁶ This findings contradicts with the present study that could be due to differences in study site as the research was conducted in Kathmandu.

The finding of this study reveals that majority of the respondents (75.2%) had consensual sexual relation and this finding is similar with the study where 79.9% in province 2 could say no for sex with their husband.⁴

In this study more than half (56.5%) of the respondents has high level of awareness and 56.9% had satisfactory level of practice. Study conducted in Sarlahi, result shows 37.0% were aware and 21.4% had satisfactory level of practice on the reproductive health rights which is less than this present study.¹⁵ The potential difference could be due to difference in study population as the research was conducted only among Madhesi married women.

This study reveals that there was significant association between level of awareness and educational status, level of respondents; educational status and educational level of husband. This finding is significant with study conducted in Ethiopia.¹⁰ Likewise, there was significant association between level of awareness and level of practice. This could be due to the fact that educated people has better information about the rights and are empower to exercise their reproductive rights.

The study was conducted among reproductive aged women but knowledge and involvement of husband was not assessed. So it is recommended to conduct study on assessing the knowledge and involvement of husband in reproductive health rights of women.

CONCLUSION

The study findings conclude that more than half of the respondents have high level of awareness and satisfactory level of practice on reproductive health rights. The awareness on reproductive health rights is significantly associated with educational status and educational level of respondents and spouse. There is a significant association between the level of awareness and level of practice. Local level government should conduct programs to promote women's educational status to enhance women's SRHR awareness.

ACKNOWLEDGEMENT

The researchers would like to thank the respondents who participated in the study.

CONFLICT OF INTEREST

This study has no conflict of interest.

REFERENCES

1. International Fourth Women Conference. 1995. Report of the International Fourth Women Conference at Beijing. Retrieved from <https://www.un.org/womenwatch/daw/beijing/dpibrochure.html>
2. WHO. 2014. Sexual and Reproductive Health and Rights; A global development health and human rights priority. Retrieved from https://www.who.int/reproductive_health/publication/gender_rights/srh_right_comment/en/
3. WHO. 2019. Maternal mortality. Retrieved from http://www.who.int/en/news_room/fact_sheets/detail/maternal-mortality.
4. Nepal Demographic and Health Survey. 2016 Nepal Demographic and Health Survey Key findings. Kathmandu, Nepal. Retrieved from <https://www.dhsprogram.com/pubs/pdf/fr336/fr336.pdf>
5. Sharma S. Reproductive Rights of Nepalese Women: Current status and future directions. Kathmandu University Medical Journal. 2004; 2(1), 52–4. Retrieved from <http://pubmed.ncbi.nlm.nih.gov>.
6. Kaphle M. Awareness and Utilization of Reproductive Rights Among the Women of Reproductive Age in Kapan VDC, Nepal. Journal of Health and Allied Sciences. 2013; 3(1), 5–9. doi: 10.37107/jhas.42
7. Braeken D, Rondinelli I. Sexual and Reproductive Health needs of young people: Matching needs with systems. International Journal of Gynecology & Obstetrics. 2012; 119, 60–63. doi:10.1016/j.ijgo.2012.03.019
8. Rashad WA, Shamekh AH, Ragheb SS. Assessment of Women's Awareness about Reproductive Rights. American Journal of research Science. 2013; 1(9), 65-83. Retrieved from <https://www.researchgate.net/publication/277659562>
9. Makinde OA, Adebayo AM. Knowledge and Perception of Sexual and Reproductive Rights among Married Women in Nigeria. Sexual and Reproductive Health Matters. 2020; 28(1), 1-14. doi:10.1080/26410397.2020.1731297
10. Tadesse T, Dangisso MH, Abebo TK. Sexual and Reproductive Health Rights Knowledge and Reproductive Health Services Utilization among Rural Reproductive Age Women in Aleta Wodo district, Sidama zone, Euthopia: Community based cross sectional study. BMC international health and human rights. 2020;20(1). <https://doi.org/10.1186/s12914-020-00223-1>
11. Yadav B, Pandey S. Study of Knowledge, Attitude and Practice regarding Birth Spacing and Methods Available for Spacing in Rural Hrayana, India. International Journal of Reproduction, Contraception, Obstetrics and Gynecology. 2018; 7(4), 1389. doi:10.18203/2320-1770.ijrcog20181038
12. Deo KK, Paudel YR, Khatri RB, Bhaskar RK, Paudel R, Mehata S, Wagle RR. Barriers to Utilization of Antenatal Care Services in Eastern Nepal. Frontiers in Public Health. 2015; 3. doi:10.3389/fpubh.2015.00197
13. Bharati R, Raj S. Awareness on ANC and PNC services among women of urban slum in Delhi. International Journal of Health Sciences and Research. 2019; 9(6), 223-233. Retrieved from https://www.ijhsr.org/IJHSR_Vol.9_Issue.6_June2019/32.pdf
14. Thapa S, Sharma SK. Women's Awareness of Liberalization on Abortion law and Knowledge of Place for Obtaining Services in Nepal. Asian- Pacific Journal for Public Health. 2012; 27(2), 208-216. doi:10.1177/1010539512454165
15. Yadav R, Gahatraj N, Yadav D, Marahatta SB. Knowledge and Practice on Reproductive Health Rights among Married Women in Nepal. Journal of Health and Allied Sciences. 2016; 5(1), 53–57. doi:10.37107/jhas.36