Knowledge and Practice on Reproductive Heath Rights among Married Women in Nepal

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ABSTRACT

Reproductive health rights ensure that people are able to have satisfying and safe sex life and that they have the capacity to reproduce with freedom to decide, when and how often to do so. This study aimed to assess the knowledge and practices on reproductive health rights among madhesi married women. A descriptive cross-sectional study was conducted among 384 madhesi married women of reproductive age in Sarlahi district conducted from July 2014 to December 2014. Data were entry in Epidata software and analyzed by SPSS 20 version. Of the total 384 respondents most of them (39.3%) were of age group 25-35 years from different ethnic groups. Most were simple illiterate (65.6%) and housewife (60.9%) very few of respondents were knowledge about reproductive health rights (37%) and not statistical significant relationship with level of knowledge and level of practice (χ_1^2 =2.036, p=0.154). Level of knowledge was statistically significant relationship with educational level (χ_4^2 = 43.983 p<0.001). Use of FP services have statistically significant relationship with Age group (p<0.001). The level of knowledge and level of practice on RHRs is still very low in Madhesi women.

Keywords: *Reproductive health rights; Madhesi women; practice.*

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INTRODUCTION

Reproductive Health (RH) is a state of complete physical, mental and social well-being (not merely the absence of disease and infirmity) in all matters relating to the reproductive system and its functions and processes.[1] Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents.[2] Reproductive health rights ensure that people are able to have satisfying and safe sex life and that they have the capacity to reproduce with freedom to decide, when and how often to do so.[3] Situation of reproductive health and thus the quality of life of females are not satisfactory in developing countries. Unequal access to information, care and basic health services, early marriage (17.2 years), deeply-rooted believes, the prevailing social and cultural structures, low literacy rate (42.0%), the unmet need of family planning (24.6%), and unsafe abortion and delivery conducted by untrained personnel (80.0%) are further increasing the health risk for women. Altogether, 20.0% of the global burden of women's health is related to sexual and reproductive health problems.[4] Reproductive and sexual health rights are rights of all people, regardless of age, gender and other characteristics. That is, people have the right to make choices regarding their own sexuality and reproduction, provided that they respect the right of others.[5] Women have the right to the enjoyment of the highest attainable standard of physical and mental health. The enjoyment of this right is vital to their life and well-being and their ability to participate in all areas of public and private life.[6]A human rights-based approach is based on seven key principles: availability, accessibility, Acceptability and quality of facilities and services, participation, equality and non discrimination, and accountability.[7] Reproductive rights must be protected, promoted and fulfilled if sexual and reproductive health outcomes are to be improved, particularly for the poor and vulnerable.[8] Socioeconomic and demographic characteristics have played important roles in the growth of knowledge about reproductive health rights.[9] The economic and democratic development has significant positive effects on levels of gender equality. The level of social development plays a prominent role in promoting reproductive rights.[10]

Basically in the rural areas different intervention have been done by nongovernmental organization but Women from

the Madhesi community could not come forward due to social and religious restriction and they are deprived of education, information technologies which make un aware and vulnerable to domestic violence gender discrimination Reproductive health and its problem is still regarded as a taboo in Nepalese society as well as in Madhesi community so women in the absence of proper information, awareness and services suffer adverse RH.

Sarlahi district has the comparatively lower literacy rate (41.7%) in the comparison to other district. Among them, women are less literate than men. Poor development of physical infrastructure, High fertility rate (5.06) and birth spacing (<26 month) is also very low. Reproductive health rights have been identified as one of the major public health problem in Sarlahi of Nepal. Therefore, with an aim to assess the knowledge and practices on reproductive health rights among Madhesi married women.

METHODS

The study was a community based cross sectional study carried out on reproductive age group of the madhesi married women. This study protocol reviewed and approved from the department of public health of LA GRANDEE International College. Additional permission for the study was obtained from the district health office of Sarlahi district of Nepal and village development committee. Verbal informed consent was taken from the participant before initiate the interview. Anonymity and confidentiality of the individual were maintained. The study populations were madhesi married women of different VDC of Sarlahi districts of Nepal.

The sample size was determined by using the following formula as shown below

$$n = \frac{(z^2\, pq)}{d^2}$$

Where,

- n = Desired sample size
- Z = Value of standard normal distribution in 1.96 level of significant with 95% confidence interval (CI)
- P = proportion = 50%, 50/100 = 0.5 (There is no proper available literature references was found on this topic so 50% of prevalence was considered for sample size calculation.)
- q = (1-p) = (1-0.5) = 0.5
- d = desirable error = 5%, = 0.05

$$n = \frac{(1.96)^2 x 0.5 x 0.5}{(0.05)^2}$$

the calculated sample size was 384. Study was conducted from July to December 2014 by using multistage sampling method. The data were collected using a semi structure questionnaire with face to face interview. Pretesting of study was conducted on 10% of the sample size in dharmpur VDC of rautahat districts of Nepal. Data were entered in Epidata software and analyzed by using SPSS 20 version software.

RESULTS

Of the 384 female respondents of reproductive age group form different ethnic groups and religions Table 1 shows that majority 39.3% (151) of respondents were of age group 25-35 years where mean was 29.59 years, 7.576 years, minimum age was 15 years and maximum age was 49 years. Majority 99.2% (381) of respondents were Hindu and rest was Christian. Majority 63% (242) of respondents were disadvantage non dalit terai caste. Majority 65.6% (252) of respondents were illiterate. Majority 95.3% (366) of respondents got arranges marriage followed by 2.9% (11) love marriage, where as 0.8% (3), 0.8% (3) and 0.2% (1) court marriage, force marriage and child marriage respectively. Majority 51% (196) of respondents had nuclear family, 60.9% (234) were house. Nearly third quarter 72.4% (55) of respondents had a monthly income of NRs <9500 thousand followed by 13.2% (10) monthly income of NRs 9500 to 14500 thousand and 14.5% (11) of respondents had NRs> 14500 thousand.

Table 1: Distribution of respondents by socio-demographic and background Information (n=384)

Variables	Frequency (n)	Percentage (%)
Age		
15-25 Years	110	28.6
25-35 Years	151	39.3
35-45 Years	100	26
More than 45 Years	23	6
Mean age 29.59 Years, SD 7.576, Max 49 Years and Min 15 Years		
Religion		
Hindu	381	99.2
Christian	3	0.8
Ethnicity		
Disadvantage non dalit Terai caste	242	63
Dalit	93	24.2
Upper caste groups	49	12.8
Respondent's educational status		
Illiterate	252	65.6
Primary	73	19
Secondary	38	9.9

Higher secondary	11	2.9
Bachelor	10	2.6
Types of marriage		
Arrange marriage	366	95.3
Love marriage	11	2.9
Court marriage	3	0.8
Force marriage	3	0.8
Child marriage	1	0.2
Family types		
Nuclear	196	51
Joint	188	49
Occupation		
Housewife	234	60.9
Agriculture and housewife	96	25.1
Agriculture	25	6.5
Small business	12	3.1
NGO/INGO Job	7	1.8
Daily wages labor	6	1.6
Government Job	4	1
Monthly income in NRs		
<9500	55	72.4
9500-14500	10	13.2
>14500	11	14.5

Table 2 describes of respondents by their knowledge and practice on components of reproductive health rights. Third fourth 63% (242) of respondents did not know about reproductive health right. Majority 65.4% (251) of respondents answered best marriage age of their daughter is above 18 Years. Percentage distribution due to multiple respondents the Majority 60.7% (159) of respondents had physical violence followed by 60.3% (158) dowry violence where as 40.5% (106), 23.3% (61), 0.8% (2) and 2.3% (6) sexual violence and others (Touchability and man dominate) violence and did not know about violence with them respectively. Majority 87.2% (335) of respondents heard about family planning, more than half 57% (217) of respondents answered that both husband and wife decide the birth of child. Nearly Third fourth 58% (214) of respondents answered both husband and wife decided child spacing followed by 33.9% (125) husband, 31.7% (117), and 16.5% (61) self and father and mother. Percentage distribution due to multiple respondents the majority 46.7% (175) of respondents answered both husband and wife decided about FP and during this study period majority 56.5% (213) of respondents used FP services.

Among those who were checked up heath during reproductive health problems (RHPs) majority 74.1% (260) of respondents asked husband to check up during RHPs and 34.2% (120) self. Majority 91.7% (352) of respondents had poor knowledge on RHRs and 21.4% (82) of respondents has satisfactory level of practices.

Table 2: Distribution of respondents by their knowledge and practices on components of reproductive health rights

Variables	Frequency (n)	Percentage (%)
Heard about reproductive health rights (n=384)		
Yes	142	37
No	242	63
Best marriage age of their daughter (n=384)		
Below 18 years	13	34.6
Above 18 Years	251	65.4
Types of violence in Madhesi society (n=262)*		
Physical violence	159	60.7
Stigma and discrimination	158	60.3
Dowry violence	106	40.5
Sexual violence	61	23.3
Touchability & man dominate	2	0.8
Don't Know	6	2.3
Heard about FP (n=384)		
Yes	335	87.2
No	149	12.8
Who decided the birth of child*(n=381)		
Both husband and wife	217	57
Husband	129	33.9
Self	114	29.9
Father in law and mother in law	69	18.1
Family member	14	3.7
God gift	4	1
Who decided birth spacing*(n=369)		
Husband and wife both	214	58
Husband	125	33.9
Self	117	31.7
Father in law and mother in law	61	16.5
Decision makers on family planning*(n=375)		
Husband and wife both	175	46.7
Husband	160	42.7
Self	124	33.1
Father in law and mother in law	102	27.2

Friends	31	8.3
Neighbor and family member	2	0.5
Use of family planning methods (n=377)		
Yes	213	56.5
No	164	43.5
With whom they asked for RHPs check up*(n=352)		
Husband	260	74.1
Self	120	34.2
Father and mother in law	100	28.5
Family members	67	19.1
Neighbor	3	0.9
level of Knowledge (n=384)		
Poor level of Knowledge	352	91.7
Satisfactory level of Knowledge	32	8.3
level of Practices (n=384)		
Poor level of Practices	302	78.6
Satisfactory level of Practices	82	21.4

***Multiple Responses**

Table 3 shows that the distribution of the variables and associations of the factors with the knowledge level and practice level of RHRs of the madhesi married women are present in table 3. It was found that poor level of practice 79.5% among poor level of knowledge and 68.5% among satisfactory level of knowledge. Level of practice have not statistically significant relationship with level of knowledge on RHRs ($p>0.05$). It was found that level of knowledge on RHRs was 13.4% among radio/TV and 39.1% among newspaper. Level of knowledge on RHRs have statistically significant relationship with Sources of information ($p<0.001$).

Table 3: Distribution of respondents by association of their level of knowledge and level of practice on RHRs and level of knowledge and sources of information.

Level of Knowledge	Level of Practice						Test of significance	P-Value
	Poor n=302 (78.6%)		Satisfactory n=82 (21.4%)		Total			
	n	%	n	%	n	%		
Poor	280	79.5	72	20.5	352	100	χ_1^2=2.036	0.154
Satisfactory	22	68.8	10	31.2	32	100		

Sources of information		Level of knowledge						Test of significance	P-Value
		Poor n=35 (91.7)		Satisfactory n=32 (8.3%)		Total			
		n	%	n	%	n	%		
Radio/TV	Yes	174	86.6	27	13.4	201	100	χ_1^2 =14.35	0.001
	No	178	97.3	5	2.7	183	100		
Newspaper	Yes	14	60.9	9	39.1	23	100	χ_1^2 =30.37	0.001
	No	338	93.6	23	6.4	361	100		

DISCUSSION

In this study about 37% of respondents were aware about the reproductive health rights. Study conducted by Kaphle M[4] majority 68.3% of respondents had knowledge about reproductive right which is higher than this study because the research was conducted in Kathmandu capital of Nepal. As per our finding, 56.5% of respondents answered the right marriage age of >20 years. Kaphle M[4] reported that majority (83.2%) of the respondents were aware about the right marriage age of > 20 years. Which is higher than this study because due to the traditional practice of doing early marriage in Terai region. In this study about 87.2% of respondents knew about any method of FP. study by Malalu PK[11] reported that 80.8% of respondents knew any method of family planning which is similar with this study.

In the current study showed that, three fifth 57% of respondents made decision by herself and husband of birth of child. Study by Kaphle M[4] showed that 50.7% both husbands and wives decision of birth of child which is similar to this study.

In this study about 55.2% of respondents had radio/TV as sources of information RHRs. Study by Adinew YM[5] reported that majority 80.4% of respondent's sources of information for RH was radio/TV. This is higher than this study because the respondents of adinew have higher accessibility of radio/TV.

In this study there is also no statistical significant association between women's attitudes toward best marriage age of their daughters and age of the respondents [1.102, p=0.603]. Study by Kaphle M[4] reported there is not statistical significant association between women's attitudes towards best marriage age of their daughters and age of the respondents [p=0.130] which is similar to this study.

CONCLUSION

In this study knowledge on reproductive health rights among participants were low. Three fifth of respondents were not aware about the reproductive health rights. Three fifth of respondents had perceived physical and dowry violence. Almost of respondents got marriage with decision of both fathers and mothers. There is strong statistically significant relationship with sources of information (radio/TV, newspaper) and level of knowledge on RHRs. Practice was found higher in respondents having satisfactory knowledge. Development partners and government authorities should be conducted programs on raising awareness on reproductive health rights throuygh mass media i.e. radio, television, and newspaper. There should be implemented the empowerment program for Madhesi women.

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