

Awareness and Utilization of Reproductive Rights Among the Women of Reproductive Age in Kapan VDC, Nepal

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ABSTRACT

The awareness and utilization of reproductive right and health is not satisfactory in developing countries including Nepal. This study aimed to assess the awareness and utilization of reproductive rights among women of reproductive age having at least one child. Descriptive study was conducted among 101 married women of reproductive age having at least one child and residing in Kapan VDC, Ward No. 1, Kathmandu, during the year 2010 by using non-probability purposive sampling method and semi-structured Nepali interview questionnaires through home visits. Of the total 101 respondents, most of them (26.5%) were of age group 35-39 years (mean age=33 years) from different ethnic groups and religions. Most were simply literate (38.6%). Of the total, 68.3% were aware of reproductive right with commonest response being family planning (30.4%). The percentages of aware respondents towards sex education, right marriage age, ideal pregnancy age, proper birth spacing and safe abortion were 59.4%, 83.2%, 98.0%, 99.0% and 66.3%, respectively. Furthermore, 38.6% got sex education (51.2% in proper age), 34.6% got married at the right age, 56.4% conceived at right age (29.7% on own will), 78.2% of them utilized any family planning methods of which 35.6% of respondents decided themselves for family planning and 77.2% maintained proper birth spacing. Moreover, 43.6% respondents did abortion due to no desire of child (36.4%) and 34.1% decided themselves for abortion. Furthermore, 65.3% respondents did ≥ 4 ANC visits, 52.5% delivered at health institution, 53.5% respondents did proper PNC visits with 70.3% respondents deciding themselves for PNC. The associations between awareness and utilization for Family Planning, ANC visit, PNC visit and abortion right were statistically significant ($p < 0.05$) except for institutional delivery. Awareness and utilization of reproductive rights in the study population is higher with significant statistical associations. Similar studies in large scale are necessary for generalization of the results.

Key words: awareness, utilization, reproductive right, women, Nepal

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INTRODUCTION

Globally, 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 beliefs, 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. Severe bleeding, infection, hypertensive disorder, physical and sexual violence and obstructed labor are the five main reasons of preventable woman's death worldwide. Altogether, 20.0% of the global burden of women's health is related to sexual and reproductive health problems.¹⁻⁴

Reproductive right is the fundamental human right.⁵ These rights rest on cognition of basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and their right to attain highest standard of sexual and reproductive health.⁶ Reproductive

right can suitably be explained in terms of reproductive health which is the crucial component of everybody's general health. Reproductive health has developmental and intergenerational components.⁷ Reproductive Rights are legal rights and freedoms relating to reproduction and reproductive health.⁸ Good reproductive health and women's reproductive right can ensure that every infant is precious and it helps to reduce poverty, promote economic growth, raise female productivity, lower fertility and improve child survival and maternal health. Utilizing the reproductive right can prevent maternal deaths and improve women's status in the society.⁹ 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. These scenarios of women's status in the country necessitate a comprehensive study on those related issues so that the condition of women, particularly their awareness and utilization of reproductive health and reproductive right, can be improved. Therefore, with an aim to assess the awareness and utilization of reproductive rights among married women,

this descriptive study was designed to find out the existing awareness and utilization of reproductive rights among married women of described territory.

MATERIALS AND METHODS

A descriptive study was adopted to assess awareness and utilization of reproductive rights among the reproductive age group women. The study was carried out in the Kapan Village Development Committee (VDC), Kathmandu, during the year 2010. Ward number one was purposively selected where cultural and religious diversities were present, almost representing the total country population. The study population consisted of married women of reproductive age group having at least one child and residing in the selected ward.

Non-probability purposive sampling technique was used to get desired number of respondents in the study. After taking consent from the respondent, data were collected by interviewing one hundred and one sampled respondents using valid and reliable semi structured questionnaires through home visits. Frequencies, mean and standard deviation (SD) were calculated for selected variables of the respondents. Chi-square test was used to examine the relationship between awareness and utilization of reproductive rights at 95.0% confidence level.

RESULTS

Of the 101 female respondents of reproductive age group from different ethnic groups and religions and having at least one child included in the study, most of the respondents (26.5%) belonged to age group 35-39 years followed by 30-34 years (23.8%) and least (8.9%) of them were of late reproductive age group. The mean age of the respondents was 33 years (range = 20 - 49, SD = 6.99). Also, 38.6% respondents had simply read and write ability followed by those with higher education (34.6%). Moreover, 62.4% of the respondents were housewives. Also, 72.3% of the respondents belonged to single family type and most respondents (72.3%) had one or two children. These demographic data are not shown here. Of the total, 68.3% (n=101) had knowledge about reproductive right and commonest response (30.4%) was family planning while least of them knew about women's right (10.1%) and abortion right (11.6%) as reproductive rights. The most common sources of information on reproductive right were health workers (53.6%) while very few respondents (4.3%) learnt it from their family members. Also, 59.4% respondents, (n=101) were aware about the right for getting sex education of which 20.0% stated that sex education should be given below the age of 16 years. Moreover, 83.2% of the total respondents were aware about the right marriage age of ≥ 20 years. Of the total, 98.0% respondents (n=101) were aware of family planning while 99.0% of the respondents had knowledge on proper birth spacing. 66.3% were aware of decision making right in family planning. (Table 1)

Table 1: Respondent's knowledge on reproductive rights

Variables	Number	Percentage
Knowledge on reproductive right (n=101)	69	68.3
Meaning of reproductive right* (n=69)		
Safe motherhood	6	8.7
Family planning	21	30.4
Child bearing right	16	23.2
Abortion right	8	11.6
Health checkup	11	15.9
Women right	7	10.1
Sources of information*(n=69)		
Radio	22	31.9
Friends	18	26.1
Health workers	37	53.6
Family members	3	4.3
Newspapers	25	36.2
Right to get formal sex education (n=101)	60	59.4
Right age for starting sex education (>16 years, n=60)	12	20.0
Knowledge on right marriage age as ≥ 20 years (n=101)	84	83.2
Awareness on family planning (n=101)	99	98.0
Yes		
Knowledge on family planning right (n=101)	84	83.2
Knowledge on proper birth spacing (≥ 2 years) (n=101)	100	99.0
Knowledge on decision making right for family planning (n=99)	67	66.3

*Multiple responses

Ninety eight percent respondents had knowledge on ideal pregnancy age of ≥ 20 years, 66.3% were aware of right on pregnancy will and 79.2% were aware of their right to do antenatal checkup. However, only 87.1% of the respondents had the knowledge on proper frequency (≥ 4 times) of ANC checkup. Though 84.1% of the total respondents were aware about the right to select the delivery place, 80.2% of the respondents were in favor of institutional delivery. Moreover, 75.2% respondents were aware about both right and need for postnatal checkup and 97.0% respondents had knowledge on right to decide for health care. (Table 2)

Regarding the abortion, 66.3% respondents were aware of safe abortion (institutional abortion) and 61.4% respondents also had known its legalization in Nepal. Moreover, 31.7% respondents responded for voluntary right for abortion. Among the 62 aware respondents to abortion, 80.6% responded for abortion within twelve weeks at any condition and only 14.5% for abortion in case of congenital anomaly. Also, 19.3% of the aware respondents responded for abortion within eighteen weeks in case of rape, incest or at any condition if mother is clinically at any risk. (Table 3)

Table 2: Respondent's knowledge on ideal pregnancy age, ANC visits, delivery place, PNC visits and right to decide for health care (n=101)

Variables	Number	Percentage
Ideal age for pregnancy (≥ 20 years)	99	98.0
Right on pregnancy will	67	66.3
Right to get ANC	80	79.2
Frequency of ANC visit (≥ 4 times)	88	87.1
Right to select the delivery place	85	84.1
Institutional delivery	81	80.2
Right for PNC visits (n=101)	76	75.2
Need of PNC visits (n=101)	76	75.2
Right to decide for health care(n=101)	98	97.0

Table 3: Respondent's knowledge on abortion

Variables	Number	Percentage
Knowledge on safe abortion (n=101)	67	66.3
Legalization of abortion (n=101)	62	61.4
Voluntary abortion right (n=101)	32	31.7
Conditions for abortion* (n=62)		
Within 12 weeks at any condition	50	80.6
Within 18 weeks in case of rape or incest	12	19.3
At any condition if mother's health is at risk	12	19.3
In case of congenital anomaly	9	14.5

*Multiple responses

Percentage of respondents who got sex education in their life was 38.6%, of which only 51.2% got sex education in proper age. Similarly, 34.6% of them got married at the proper marriage age. The mean age of marriage is 18 years (SD=3.46). The knowledge of right marriage age and age during marriage showed no significant statistical association ($p > 0.05$). Utilization of right pregnancy age was by 56.4% of the respondents. The mean age of respondent during first pregnancy is 20 years (SD=3.01). The knowledge of age of first pregnancy and age during first pregnancy has no significant statistical association ($p > 0.05$). Moreover, 29.7% respondents became pregnant on their own will. Also, 78.2% respondents utilized any type of family planning methods. Moreover, 77.2% respondents took the decision on family planning. The knowledge of right of family planning decision making and utilization of it on own will showed significant statistical association ($p < 0.05$). Also, 77.2% of the 84 respondents (excluded 17 women had no children) maintained proper birth spacing. The knowledge on birth spacing right and birth spacing practice had significant statistical association ($p < 0.05$). Moreover, 83.5% of respondents got counseling during family planning. (Table 4)

Regarding abortion, 43.6% respondents did abortion in their life, of which 34.1% respondents decided themselves and 29.5% respondents decided jointly with husbands. There was significant statistical association between knowledge of abortion right and decision making for abortion ($p < 0.05$).

Also, 65.3% respondents did ≥ 4 ANC visits during their last pregnancy. There was significant statistical association between knowledge of ANC visit and having ANC visit during last pregnancy ($p < 0.05$). Moreover, 52.5% respondents gave birth to their last child at health institution and there was not significant statistical association between knowledge on right of institutional delivery and delivery at institution during last pregnancy ($p > 0.05$). Moreover, 53.5% respondents did PNC visits at their last postnatal period. There was significant statistical association between knowledge of right of PNC visit and had PNC visit during last postnatal period ($p < 0.05$). (Table 5)

Table 4: Respondent's sex education, marriage age, pregnancy on own will and age at pregnancy

Variables	Number	Percentage
Got sex education(n=101)	39	38.6
Sex education in right age (n=39)	20	51.2
Right marriage age as ≥ 20 years (n=101)	35	34.6
Right pregnancy age as ≥ 20 years (n=101)	57	56.4
Pregnancy on own will (n=101)	30	29.7
Utilization of family planning methods (n=101)	79	78.2
Involvement in family planning decision (n=79)	61	77.2
Birth spacing right (≥ 2 years)(n=84) [‡]	78	77.2
Counseling during family planning (n=79)	66	83.5

[‡]Seventeen women had only one child

Table 5: Utilization of abortion right & safer pregnancy services by respondents

Variables	Number	Percentage
Respondents doing abortion at least once	44	43.6
Decision for abortion (n=44)		
Self	15	34.1
Husband	13	29.5
Family members	1	2.3
Health workers	2	4.5
Both	13	29.5
Utilization of safer pregnancy services (n=101)		
Had ≥ 4 ANC visits	66	65.3
Delivered at health institution	53	52.5
Had PNC visits	54	53.5

DISCUSSION

More than two-third (68.3%) of the respondents had knowledge on reproductive rights and most common response (30.4%) was family planning followed by child bearing right (23.2%), while least of them knew about women's right (10.1%) and abortion right (11.6%) as reproductive rights. The knowledge on reproductive right was higher, but non-specific with most common response being family planning. This might be due to deliberate education of women in the country for family planning. The lesser knowledge on abortion indicated that peoples were not informed about abortion while informing

them about family planning and child bearing. Considerable numbers of women were not aware of their right which may be due to their low literacy rate, little focus of education methods on women's right and patriarchal society. Health workers (53.6%) were the most common sources of information on reproductive rights followed by newspapers (36.2%). This might be due to interaction of respondents with the health workers during the health checkup as well as due to general health awareness program. Knowledge through newspapers was somewhat lower which can be correlated with lower literacy and little access to newspapers. Very few respondents (4.3%) learnt it from their family members and this implies that the family members are not aware about the reproductive rights. Moreover, our society does not allow people to discuss about the sex-related matters among family members.

More than half of the respondents (59.4%) were aware about the right for getting sex education. This finding is supported by similar study which recommends that sex education should be started from 12-14 years.¹⁰ Also, 20.0% respondents felt the necessity of sex education during 10-12 years and after 16 years. Because majority of respondent thought that most of the girls will start their periods between 14-16 years in Nepal, they told sex education will be required only after menstruation. However, it is needed before the menarche because the girls at pubertal age remain unaware of slight mental and physiological changes due to menstruation and the education helps them take each such situation easily. Among the 101 respondents, 38.6% of the respondents got sex education in their life, out of them only 51.2% of them got sex education in proper age. This necessitates facilities for sex education during proper age.

Moreover, 83.2% of the total respondents were aware about the right marriage age of ≥ 20 years whereas only 34.6% of them got married at the proper marriage age with no statistical association. This finding resembles the finding by similar studies.⁴ Similarly, overall mean age at marriage was 14.7 years in Jumla.¹¹ Despite the law against early marriage in country, still early marriage is in practices due to social, cultural, religious and educational system of our country and most of the women are compelled to do early marriage. Early marriage can also mark the end of a girl's education depriving her of associated benefits. Young married girls are also more likely to experience domestic violence and sexual abuse. They also face high risk of forced sex and HIV.¹²

Almost all respondents (98.0%) were aware of family planning and proper birth spacing where contraceptive prevalence rate of respondents was 78.2% and 77.2% of the respondent's maintained proper birth spacing between their successive children. Higher publicity, effectiveness, economy, safety and easy availability of family planning services might have contributed to this. Similar studies showed awareness of

women about various family planning methods.^{4,13}

Regarding the decision for family planning method, 66.3% were aware of decision making right in family planning and 35.6% respondents took the decision themselves. This percentage of aware people on decision making for family planning is even better in our Nepalese context. The rest of the women might have taken decision for it together with the husband or by husband alone and in rare events by family members or health workers. The finding of this study contradicts with the finding of similar study conducted in Bolivia which showed that decision regarding family planning was mostly taken by couple (64.0%), followed by women only (19.6%) and by man only (9.7%).¹⁴ High rates of women's participation in joint contraceptive decision-making may be taken as encouraging. Yet, husbands' domination is evident in directing wives to use contraceptives.¹⁵ The knowledge of right of family planning decision making and its utilization showed significant statistical association ($p < 0.05$).

Of the total respondents, 66.3% were aware of pregnancy on will and 29.7% became pregnant voluntarily. Similarly, 98.0% respondents were aware on ideal pregnancy age and 56.4% women became pregnant at right age. Such awareness and utilization matches with the finding by similar Nepalese and Indian studies.^{4,16}

Moreover, the association between awareness and utilization of ANC visits was statistically significant ($P < 0.05$). The minor missing of ANC visits can be recovered by more intensive education. Good ANC visit was also shown by a local study in Duwakot VDC.¹³ However, less than one third of the pregnant women attained the recommended four ANC visits and only few women had ≥ 4 ANC visits during last pregnancy.^{11,16} Women with knowledge did not utilized institutional delivery during last pregnancy ($p < 0.05$) and this may be due to various social, cultural, economical and technical hindrances despite government encouragement.⁴ Knowledge and utilization of PNC services was good in our study and similar results were observed in other studies too.^{13,17}

Moreover, 97.0% respondents had knowledge of right to decide for health care and 70.3% respondents decided themselves. Good participation in decision making for own reproductive health is appreciable despite the gender difference in reproductive health decision-making which is strongly attributable to unequal gender power relations, traditional gender roles and the financial cost associated with such a service.¹⁵ The higher level of knowledge on safe abortion and its legalization might be due to mass dissemination of information on abortion since its legalization in 2002 and opening of many comprehensive abortion care (CAC) centers. However, there is not still the proper

utilization of abortion right though being aware, which may be due to social constraints.

Since abortion right is the reproductive right of the female, they must have autonomy towards their rights whether they are married or unmarried. Most of the respondents (80.6%) knew only about the primary condition for abortion and they were still little aware of other conditions which might be due to socio-cultural conditions, lack of reproductive education or their total dependence on clinicians. Supporting to such findings, several studies and public opinion polls conducted during 2002-2007 showed that knowledge about the legalization of abortion in the country and the three legal conditions for abortion was found to be low (16-60%) among various segments of the population of Nepal.¹⁸ The major

reasons for abortion were: no desire of child (36.4%) and health problem (25.0%). In a similar study, for nearly 3 out of 5 women, the reason of abortion was already determined number of child and primary (42.0%) reason was inability to afford the another child at a time, but sometimes due to family planning failure and few other reasons.¹⁹

CONCLUSION

Awareness and utilization of reproductive rights, both are crucial to maternal and child health. Awareness and utilization of reproductive rights in the study population was higher with significant statistical associations except in case of knowledge and utilization of institutional delivery. With the continuation of awareness programs, similar studies in large scale are needed for the generalization of the results.

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