

Lack of Education effecting women attitude towards Reproductive health rights in Sargodha, Punjab Pakistan.

By

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Abstract

This study examines the socio-cultural factors effecting women attitude towards Reproductive Health Rights. A study was designed to study the effects of education, society and culture on women reproductive health, to examine the knowledge of women towards HIV/STDs, to assess the socio-cultural characteristics of the respondent's attitude towards reproductive health rights, to investigate the relationship between respondent's socio-cultural factors and their attitude towards reproductive rights. Factors including in the study age of respondents and their husband, age at marriage of both, type of family and number of children, Awareness about RHR, Domestic decision making, Knowledge about HIV/AIDS, Communication rate among partners, Knowledge about RH services, Availability of RHR, Cultural factors on RHR, Son preference. This study is based on field work including three tehsils of Sargodha Distt. The study consists of close ended questionnaire. The sample was selected on the basis of stratified sampling. In the present study five hypotheses were constructed to analyze the hypotheses, statistical methods through SPSS were applied to the mention simple tables. The chi- square was applied to test the relationship between the two variables of hypothesis. A p-value and gamma test has checked the natures of relationship, the hypothesis were finally interpreted and results were obtained. Results of this study indicate that there are some social and cultural factors that affect women attitude towards Reproductive Health Rights in Sargodha District, Punjab, Pakistan.

Keywords: Reproductive Health Rights, HIV/AIDS, RH services

1. Introduction

“O mankind! Be careful of your duty to your Lord who created you from a single soul, and from it create its mate, and from them twain, has spread a multitude of men and women” (The Qur’an, 4:1).

Islam has prescribed an approach to both health and sexuality, two important components of a healthy reproductive life. Health is considered in Islam as a blessing given by God to human beings. The Prophet (PBUH) said, "There are two blessings which many people do not appreciate: health and leisure time." [Sahih Al-Bukhari Book 81, Chapter 1, Hadith No. 6412, p. 1232.].

Reproductive health deals with the reproductive processes, functions and system at all stages of life. Reproductive health includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases."(World Health Organization: 2000) Reproductive health means that individuals can manage their own sexuality and have unrestricted access to the full range of reproductive health care options. Implicit in this understanding of reproductive health is the right of all women and men to be informed, to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and to have access to appropriate health care services that enable women to safely go through pregnancy and childbirth. Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood, and crucial during adolescence and adulthood, sets the stage for health beyond the reproductive years for both women and men, and affects the health of the next generation. The health of the newborn is largely a function of the mother's health and nutrition status and of her access to health care. Reproductive health is a universal concern, but is of special importance for women particularly during the reproductive years. Although most reproductive health problems arise during the reproductive years, in old age general health continues to reflect earlier

reproductive life events. Men too have reproductive health concerns and needs though their general health is affected be reproductive health to a lesser extent than is the case for women. However, men have particular roles and responsibilities in terms of women's reproductive health because of their decision-making powers in reproductive health matters. At each stage of life individual needs differ. However, there is a cumulative effect across the life course þ events at each phase having important implications for future well-being. Failure to deal with reproductive health problems at any stage in life sets the scene for later health and developmental problems. Because reproductive health is such an important component of general health it is a prerequisite for social, economic and human development. The highest attainable level of health is not only a fundamental human right for all; it is also a social and economic imperative because human energy and creativity are the driving forces of development. Such energy and creativity cannot be generated by sick, tired people, and consequently a healthy and active population becomes a prerequisite of social and economic development.

Reproductive rights are legal rights and freedom relating to reproduction and reproductive health. The World Health Organization define reproductive rights as follows: Reproductive rights rest on the recognition of the basic right 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 the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence. Reproductive rights may include some or all of the following: the right to legal or safe abortion, the right to birth control, the right to access quality reproductive healthcare, and the right to education and access in order to make free and informed reproductive choices. Reproductive rights may also include the right to receive education about contraception and sexually transmitted infections, and freedom from coerced sterilization, abortion, and contraception, and protection from gender-based practices such as female genital mutilation (FGM) and male genital mutilation (MGM).

Reproductive rights began to develop as a subset of human rights at the United Nation's 1968 International Conference on Human Rights. The resulting non binding Proclamation of Teheran was the first international document to recognize one of these rights when it stated that: "Parents have a basic human right to determine freely and responsibly the number and the spacing of their children." States, though, have been slow in incorporating these rights in internationally legally binding instruments. Thus, while some of these rights have already been recognized in hard law, that is, in legally binding international human rights instruments, others have been mentioned only in non binding recommendations and, therefore, have at best the status of soft law in international law, while a further group is yet to be accepted by the international Community and therefore remains at the level of advocacy. (World Health Organization report, 2002).

The issues rose in Beijing and Cairo regarding women's reproductive health and sexuality are human rights issues. Reinforcing them are universal human rights standards defined in the Universal Declaration of Human Rights, CEDAW, the International Covenant on Economic, Social and Cultural Rights, and other widely adhered to international human rights treaties and Declarations -- powerful tools that must be put to use to enhance efforts for the advancement of women's reproductive and sexual health. Reproductive health contributes enormously to physical and psychosocial comfort and closeness, and to personal and social maturation þ poor Reproductive health is frequently associated with disease, abuse, exploitation, unwanted pregnancy, and death. (World Report on Women's Health, 2004).

The men living in urban areas and enjoying higher level of education and economic status are witnessed to men of higher economic status have better understanding of reproductive health issues and to get treatment for STDs and other diseases more frequently (Singh et al., 1998), Throughout the world, the increase in educational level and especially the education of women and attainment of higher level of education by their children are correlated with the lower fertility levels. (Lam, *et al.* 1993; Levine *et al.* 1991; Martin and Juarez, 1994).Along with the economic effects of education, education infuses the

idealism Euro/American ideas in young people by the schools in many industrialization nations. (Caldwell, 1982; Reed *et al.* 1999). There are some evidence of the survey which described that there was obvious relationship noted between TFR and education counted at international level in all countries of this region, a clear difference of the approach towards fertility and reproductive health between the women on upper primary education and the women with no education. The family planning and contraceptive usage can promoted among less educated women, too even when the pace of educational provision and development was dashing slowly. It was witnessed that fertility decline was not only an outcome of education only as in Bangladesh, it was rightly said to be a result of intensive family planning services. The adolescent fertility and reproductive behavior is strongly influenced by the level of education. The schooling and work as the influencing factors should be given a new enlightenment to create an accurate outlook of the relation among education, employment, adolescent fertility and family planning. In rural Pakistan the effects of availability of schools and quality of education level to form family building behaviors are given much consideration by the Population council. The study sums up that the women's desire to stop childbearing and use the contraceptive is directly linked with the quantity of primary schools in a specific locality or the comparative number of girl's schools and boy's schools. The women's status and concern for children health and education indicators is a key feature behind the women's rights and empowerment and its impact on demographically. This is a valuable addition to the insight of female as described by the population council.

2. Materials and Methods

Methodology describes the methodological approaches employed to test research hypotheses. The discussion is mainly focused on various aspects such as study design, selection criteria for study sites, sample selection, construction of measuring instrument and measures adopted during development of questionnaire, to ensure its validity and during field survey to collect reliable responses. Similarly, selection and training of the research team, field supervision, editing of the questionnaires and statistical techniques used during data analysis are discussed. Finally, it briefly provides a quick grasp of the framework of the study and overview of the study area.

Research design

A qualitative study was conducted with 150 married females having at least one child to look into their reproductive health behavior in three tehsils of Sargodha district; Bhalwal, Bhaira and Sargodha district Punjab province in Pakistan. From each tehsil respondents were selected through simple random sampling technique .The key objective of this survey was to find out the Female reproductive health behavior influencing factors about Reproductive Health.

Selection of study area and sample

A qualitative study was carried out from Punjab province. Punjab is the most populated province of Pakistan, with 86084,000 million people in 2005 (Wikipedia, 2009). The study was done in of the above mentioned three tehsils of Sargodha District. The sampling technique at different and varied stage was used to choose the area for study. The simple random sampling technique was used at every stage of the research, in Bhalwal, Bhaira and Sargodha District. Finally, from the selected localities married females having at least one child were interviewed from the selected household. The total sample size was consists of 150 respondents.50 respondents for this study was taken from Sargodha city, 50 respondents were taken from Bhalwal and 50 respondents were taken from Bhera. Three tehsil was being selected through simple random sampling technique out of six Tehsils of Sargodha Dist.

3. Results and Discussion

In the following lines the simple descriptive statistics were used to get the feeling of the data. Two simple statistical tools; mean and standard deviation were used to get the general interpretation of the data. Afterward the hypotheses were statistically tested by applying the chi square, p-value and Gamma test.

Table 1.1 Distribution of the respondents according to their education

Education of respondents	Frequency	Percentage
Illiterate	28	18.7
Primary	12	8.0
Middle	16	10.7
Metric	33	12.0
Intermediate	24	16.0
Graduation	17	11.3
Master & Above	20	13.3
Total	150	100

Table 1.2 indicates that majority 18.7% females were illiterate, 16.0 percent of them get intermediate education 13.3 completed their education till master 12.0 percent get metric education 11.3 percent get graduation education and only 10.7 percent get middle education, 8.0 percent respondents get primary education, while a. So above findings shows that majority of respondents 18.7 were illiterate in the whole research. So they have no enough knowledge about Reproductive Health Rights affected by their education.

Table 1.2: Distribution of the respondent's husband according to their education

Education of the respondents husband	Frequency	Percentage
Illiterate	16	10.7
Primary	4	2.7
Middle	20	13.3
Metric	44	29.3
Intermediate	13	8.7
Graduation	31	20.7
Master & Above	22	14.7
Total	150	100

Table 1.2 indicates that majority 29.3 percent of the respondents husbands get their metric education only, 20.7 are graduates, 14.7 were with master and above education 13.3 percent are with middle education 10.7 percent of husbands were illiterate, 8.7 percent are intermediate, only 2.7 percent got their primary education. So the above findings shows that mostly husbands get metric education but the ratio of graduates and holding masters education is satisfactory than their wife. This reveals that reproductive health rights are also affected by the education of respondent husband.

These tables show that the education rate in both partners effect women attitude towards their Reproductive Health Rights. In this research 63.3 percent respondents were not know about reproductive health rights. This shows the level of their education that immensely effecting their knowledge about reproductive health.

Hypothesis 1: Lack of awareness effect on women's reproductive rights.

Table 1.3. Association between awareness about reproductive health and reproductive rights of the respondents

Awareness	Reproductive rights			Total
	Low	Medium	High	
Low	7	14	3	24
	29.2%	58.3%	12.5%	100.0%
Medium	19	36	8	63
	30.2%	57.1%	12.7%	100.0%
High	4	38	21	63
	6.3%	60.3%	33.3%	100.0%
Total	30	88	32	150
	20.0%	58.7%	21.3%	100.0%

Chi-square = 17.51 d.f. = 4 Significance = .002** Gamma = .466 ** = Highly Significant

Table 1.3 presents the association between awareness towards reproductive health and their reproductive health. Chi-square value shows a highly-significant association between awareness towards reproductive health and their reproductive health. Gamma value shows a strong positive relationship between the variables. It means if the respondents had less awareness about their rights then they had also less reproductive rights. So the hypothesis “Lack of awareness effect on women's reproductive rights” is accepted.

This hypothesis is association between awareness about reproductive health and reproductive rights of the respondents which represents the low education level of the respondents which shows that respondents have no enough awareness about reproductive health and reproductive rights.

4. Recommendations

Following recommendations were made on the basis of present findings:

- Men shall be educating to give women all due rights especially their reproductive rights and involve them in reproductive and contraceptive decision making. Awareness should be created women about freedom of expression and let join paid jobs, thereby making the family.
- Educational facilities should give to women equal to men in the society so that they can live free and can make decisions they like about their reproductive health and reproductive rights.
- We give equal opportunities to women in every sector of life.
- It is advisable that educational institutions must encourage education related to maternal health that would help in enhancing women knowledge about reproductive health.
- We must change our cultural values and increase female knowledge about reproductive rights.

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