

Implications of Reproductive Health Security for Attitudes of Married Women towards Reproductive Health Rights in Punjab, Pakistan

Kanwal Asghar, Ashfaq Ahmad Maann, ²Farooq Tanveer and Abdul Rehman Shahzad
Department of Rural Sociology, University of Agriculture, Faisalabad-Pakistan

Abstract

Reproductive health is affected by a multifaceted web of factors. Reproductive health rights embrace human rights that are already recognized in national and international human rights documents. Denying of reproductive health rights encompasses the problems of HIV and STDs/STIs, unintended pregnancy and abortion and infertility. The present study was planned to seek the relationship between the reproductive health security and married women's attitude towards the practice of reproductive health rights. For this purpose 700 married women having at least one child were selected through multi stage sampling technique. A well structure interviewing schedule was used for data collection. Bi-variate analysis was carried out by using SPSS-15.0 and it was found that as the respondents' perception became positive towards the adoption and practice of RH-security services their attitude became more consistent towards the practice of RHR.

Key Words: Reproductive health security, attitude, reproductive health rights

Introduction

Reproductive health rights embrace human rights that are already recognized in national laws, international human rights documents (WHO, 2005). Reproductive health is affected by a multifaceted web of factors ranging from sexual activities and attitudes and societal factors, to biological risk and genetic tendency (WHO, 2005; MAP Network, 2002; UNAIDS, 2002). It encompasses the problems of HIV and STDs/STIs, unintended pregnancy and

and sexual dysfunction (MAP Network, 2002; UNAIDS, 2002).

There is an inherent association between HIV/AIDS and reproductive health rights (IPPF, UNFPA, WHO, UNAIDS, 2005a). The rates of HIV infection among women continues to grow. As was predicted, in some parts of the world the number of women infected with HIV has already surpassed the number of infected men (Roseman, et al, 2004; Schensul, 2007). Over the last ten years, discussions around reproductive health and rights at the international level have begun to address HIV/AIDS concerns. Sequentially, special consideration is now being given to the reproductive health and rights of women in the context of HIV/AIDS (Roseman, et al, 2004; Koenig, 2004).

The majority of HIV infections are sexually transmitted (Germain and Jennifer, 2005; Maharaj and Cleland, 2005; IPPF, UNFPA, WHO, UNAIDS, 2005b). The interactions between sexual activity, reproductive health and HIV/AIDS are now widely recognized (IPPF, UNFPA, WHO, UNAIDS, 2005a; UNFPA, 2005).

HIV continues to spread throughout the world, shadowed by increasing challenges to human rights both within countries and globally. An effective response to HIV/AIDS demands understanding the linkages between HIV/AIDS and in particular, women's attitude towards reproductive health rights (Gruskin et al, 2007; Mohammadi, 2006). In the light of the above views this study was designed to look at the relationship between the reproductive health security and married women's attitude towards the practice of reproductive health rights in Punjab, Pakistan.

Materials and Methods

A cross-sectional survey was carried out in three districts of Punjab province i.e. Toba Tek Singh, Rawalpindi, Bahawalpur. The study was conducted in urban as well as rural areas of the above mentioned three districts. Multistage sampling technique was used to select the study area and respondents. At the first stage, three districts, Toba Tek Singh, Rawalpindi, and Bahawalpur were selected through simple random sampling technique. At the second

Corresponding Author Kanwal Asghar
Department of Rural Sociology,
University of Agriculture, Faisalabad-Pakistan
Email: kanwalawan@gmail.com

stage, from each district one Tehsil was selected by *simple random selection*. At the third stage, three urban and three rural union councils were selected *randomly*. At the fourth stage, rural and urban localities were selected for the selection of household. Finally, *systematic sampling technique* was used to select each *n*th household.

From the selected urban and rural localities married women of age 15 – 49 years having at least one child was interviewed from the selected household (by using the *systematic sampling technique*). In this way 700 married women were interviewed. A well designed interviewing schedule was used to collect data and draw inferences and collected information was analyzed by using SPSS/PC+ 15.0 Statistical Package for Social Sciences (Nachmias and Nachmias, 1992) and relationship between two variables was observed by applying Chi-Square, Somers' d and Gamma tests.

Results and Discussion

The investigation of a bi-variate relation is a vital step in explaining the relationship of the two variables. It means that the distributions of values of the two variables are associated. In the context of a bi-variate relationship, the problem arises whether a relationship is real or has arisen by chance. The validity of a bi-variate relationship is confirmed through the chi-square test. This is a statistical test which is widely used to know the probability (or the level of significance) that the observed relationship between two variables may have risen by chance. The chi-square test helps to explain a relationship but not the strength of a relationship. The strength is related to the degree or extent of a relationship between the variables. Hence, the Gamma and Somers'd Test were applied for this purpose. The value of Gamma and Somers'd showed the strength and direction of the relationship between independent and dependent variables. The results of the Bi-variate analysis are narrated below.

It is instantly recognizable from the information presented in table 1 that p-value of coefficient of correlation Somers'd ($p \leq 0.000$) was highly significant of all indicators of 'awareness about HIV/AIDS and STDs/STIs in relation with criterion variable i.e. attitude of the respondents towards RHR-Practices. It is obvious from the table that majority (39.9% of 84.4%) of the respondents were '*highly consistent*' in their RHR-Practices who ever heard about HIV/AIDS and STDs/STIs as compared to those who never (15.6% of total) heard about these

diseases. Likewise same pattern can be observed that a large majority (42.0%) amongst those who were well informed that these diseases are transmissible (83.0% of 493 as total) were '*highly consistent*' in their practices of RHR as compared to those who had no information over the same issue. It is also evident from the presented information that more than a half (49.9% of 91.2%) of those married women who had information that these are preventable diseases were '*highly consistent*' in their attitude toward the practices of RHR. The results of the present study were supported by Longfield, *et al* 2004. According to them most of the respondents believed that couples give little concern to their risk of acquiring STIs/HIV. Physical or verbal assault limits women's ability to negotiate HIV preventive behaviors and put them at risk for HIV transmission during unwanted sexual activity (Lary *et al*, 2004).

Another interesting finding was emerged that mass/multi media played a pivotal role in creating awareness among married women over this sensitive issue. The data demonstrate that more than a half (31.0% of 56.2%) of those married women who had exposure to mass media were '*highly consistent*' in their attitude towards RHR-Practices as compared to those who got information even from two or three sources of information. The results of the present study are supported by the results presented by Bessinger *et al* (2004). According to them women and men who reported being exposed to messages in the mass (print and electronic) media were at least twice as likely as those with no exposure to know of condoms as a mean to avoid HIV/AIDS. Similarly according to Aguilar and Brooking (2008) mass media based interventions are an effective means of reaching large numbers of adolescents at a modest cost.

Finally, it is also depicted that from the table – 1 that almost two third (41.0%) of married women amongst those who were agree HIV/AIDS and STD/STIs are preventable (65.4%) had '*highly consistent*' attitude towards the practice of RHR. Whereas, more than a half (9.9% of 18.2%) of those married women who has 'no opinion' in this regard were '*moderately consistently*' in their attitude towards RHR-Practices. On the basis of this discussion it can be evaluated that in addition to the information that HIV/AIDS and STD/STIs are preventable diseases one should have information about preventive measures in this regard. Only then one can insist for the adoption of any RH-Service to her partner or spouse.

Table 1. Association between Knowledge about Transmittable Diseases and Respondent’s Attitude towards Practices of RHR

Factors	Attributes	Respondents’ Attitude towards RHR-Practices				Statistics
		Inconsistent	Moderately Consistent	Highly Consistent	Total	
Ever heard about HIV/AIDS and STDs/ STIs	No	33 5.7%	41 7.0%	17 2.9%	91 15.6%	Chi-Square ≤ 0.0001 Somers' d ≤ 0.0001 Gamma ≤ 0.0001 (0.542)
	Yes	64 11.0%	196 33.6%	233 39.9%	493 84.4%	
	Total	97 16.6%	237 40.6%	250 42.8%	584 100.0%	
Source of information about HIV/ AIDS & STDs/STIs	1-Source of information	22 4.5%	38 7.7%	31 6.3%	91 18.5%	Chi-Square ≤ 0.0001 Somers' d ≤ 0.0001 Gamma ≤ 0.0001 (0.324)
	2-Sources of Information	22 3.4%	39 7.9%	26 5.3%	82 16.6%	
	3-Sources of Information	3 .6%	17 3.4%	23 4.7%	43 8.7%	
	Multi Media	22 4.5%	102 20.7%	153 31.0%	277 56.2%	
	Total	64 13.0%	196 39.8%	233 47.3%	493 100.0%	
Knowledge about HIV/ AIDS, & STDs/STIs is transmitted from one person to another	No	23 4.7%	35 7.1%	26 5.3%	84 17.0%	Chi-Square ≤ 0.0001 Somers' d ≤ 0.0001 Gamma ≤ 0.0001 (0.403)
	Yes	41 8.3%	161 32.7%	207 42.0%	409 83.0%	
	Total	64 13.0%	196 39.8%	233 47.3%	493 100.0%	
Knowledge about prevention from HIV/ AIDS & STDs/ STIs	No	11 2.7%	20 4.9%	5 1.2%	36 8.8%	Chi-Square ≤ 0.0001 Somers' d ≤ 0.0001 Gamma ≤ 0.0001 (0.686)
	Yes	30 7.3%	141 34.5%	202 49.4%	373 91.2%	
	Total	41 10.0%	161 39.4%	207 50.6%	409 100.0%	
Perception about the prevention from HIV/AIDS & STDs/STIs	No Opinion	10 2.7%	37 9.9%	21 5.6%	68 18.2%	Chi-Square ≤ 0.0001 Somers' d ≤ 0.0001 Gamma ≤ 0.0001 (0.427)
	Disagree	9 2.4%	24 6.4%	28 7.5%	61 16.4%	
	Agree	11 2.9%	80 21.4%	153 41.0%	244 65.4%	
	Total	30 8.0%	141 37.8%	202 54.2%	373 100.0%	

*116 respondents never practiced RHR

Table 2. Association between Respondent’s Reproductive Health Security and their Attitude towards Practices of RHR

Factors	Attributes	Respondents’ Attitude towards RHR-Practices				Statistics
		Inconsistent	Moderately Consistent	Highly Consistent	Total	
Perception about the Reproductive Health (RH) Security	Against	35 6.0%	39 6.7%	21 3.6%	95 16.3%	Chi-Square ≤ 0.0001 Somers' d ≤ 0.0001 Gamma ≤ 0.0001 (0.468)
	Neutral	17 2.9%	50 8.6%	23 3.9%	90 15.4%	
	Not Against	45 7.7%	148 25.3%	206 35.3%	399 68.3%	
	Total	97 16.6%	237 40.6%	250 42.8%	584 100.0%	
Knowledge about RH-Services/ RH-Methods	1 – 2 RH Services	48 8.2%	72 12.3%	46 7.9%	166 28.4%	Chi-Square ≤ 0.0001(41.973) Somers' d ≤ 0.000(0.232) Gamma ≤ 0.0001 (0.385)
	3 – 4 RH Services	42 7.2%	144 24.7%	156 26.7%	342 58.6%	
	5+ - RH Services	7 1.2%	21 3.6%	48 8.2%	76 13.0%	
	Total	97 16.6%	237 40.6%	250 42.8%	584 100.0%	
Source of Information about RH-Security/ RH-Methods	1 - Source of Information	57 9.8%	123 21.1%	91 15.6%	271 46.6%	Chi-Square ≤ 0.0001(20.043) Somers' d ≤ 0.0001(0.167) Gamma ≤ 0.0001 (0.273)
	2 - Sources of Information	34 5.8%	90 15.5%	122 21.0%	246 42.3%	
	3 + Sources of Information	6 1.0%	24 4.1%	37 6.4%	65 11.2%	
	Total	97 16.6%	237 40.7%	250 43.0%	584 100.0%	
First time started the use of RH-Services/ RH-Methods	0 - 2 Children,	3 .9%	66 20.2%	154 47.2%	223 68.4%	Chi-Square ≤ 0.0001(111.258) Somers' d ≤ 0.0001 (-0.446) Gamma ≤ 0.0001 (-0.709)
	3 - Children,	5 1.5%	24 7.4%	15 4.6%	44 13.5%	
	4 + Children	26 8.0%	20 6.1%	13 4.0%	59 18.1%	
	Total	34 10.4%	110 33.7%	182 55.8%	326* 100.0%	
Cost of RH-Security Services/ Methods	Disagree	23 3.9%	119 20.4%	156 26.7%	298 51.0%	Chi-Square ≤ 0.0001(31.12) Somers' d ≤ 0.0001(-.176) Gamma ≤ 0.0001(-0.401)
	No opinion	39 6.7%	90 15.4%	69 11.8%	198 33.9%	
	Agree	35 6.0%	28 4.8%	25 4.3%	88 15.1%	
	Total	97 16.6%	237 40.6%	250 42.8%	584 100.0%	
Structural-Environmental factors effect on adoption of RH-Methods	Disagree	16 2.7%	61 10.4%	70 12.0%	147 25.2%	Chi-Square ≤ 0.0001(13.448) Somers' d ≤ 0.0001(-0.121) Gamma ≤ 0.0001(-0.190)
	No opinion	25 4.3%	62 10.6%	85 14.6%	172 29.5%	
	Agree	56 9.6%	114 19.5%	95 16.3%	265 45.4%	
	Total	97 16.6%	237 40.6%	250 42.8%	584 100.0%	
RH-Services are necessary to avoid HIV/AIDS & STDs/STIs	No	70 12.0%	134 22.9%	43 7.4%	216 37.0%	Chi-Square ≤ 0.0001(100.839) Somers' d ≤ 0.0001(0.382) Gamma ≤ 0.0001(0.646)
	Yes	27 4.6%	134 22.9%	207 35.4%	368 63.0%	
	Total	97 16.6%	237 40.6%	250 42.8%	584 100.0%	

*116 Respondents never practiced RHR; *258 were not currently using any RH-Method

From table 2 statistically highly significant positive relationship can be observed from the value of correlation coefficient Somers'd ($p \leq 0.0001$) between the perception of married women about the RH-Security and their attitude towards the practices of RHR. The average value showed that majority of married women (68.3%) were 'not against' the use/adoption of RH security measures. To whom more than a half (35.3%) was 'highly consistent' in their attitude towards RHR-Practices. Whereas, more than three fourth of those married women who were 'against' (16.3%) to the use of contraception were either 'moderately consistent' (6.7%) or 'inconsistent' (6.0%) in their attitude towards the practice of RHR.

This means that perceived favorable perception towards the adoption/use of RH security measures has novel role in determining their attitude towards RHR-Practices. Prata *et al.* (2005) also concluded that about three quarters of respondents thoughts that condom were safe, one-fourth equated condom use with lack of trust and one-third said they are difficult to use with new partners. Consistent use was less likely among females who were married or cohabiting and among those who associated the condom use with lack of trust.

Moreover, correlation coefficient Somers'd ($p = 0.003$) showed a positively highly significant relationship between knowledge of the married women about RH- security services or methods and their attitude towards the RHR-Practices. It is quite clear from the presented information in the table 2 that majority of respondents had knowledge about three to four (58.6%) and more (13.0%) RH-Methods. Amongst them majority i.e. 26.7% and 8.2% respectively of married women were 'highly consistent' in their attitude towards RHR-Practices. Therefore, it can be inferred that knowledge and exposure to multi-media/ and different sources of information played pivotal role in adoption of RH security services and in the development of consistent attitude towards the practices of reproductive health rights. Likewise, Virjo *et al* 1999; Anonymous (1996) suggested that in all women's age groups, literature, the physician, and women's journals were the three main sources of information.

As the present analysis also identifies that a higher proportion (68.4%) of the married women started to use RH security services when they had 0 – 2 number of children and more than two third of them (47.2%) were 'highly consistent' in their attitude towards RHR-Practices. Similarly almost a half (7.4% of 13.5% from the total) of those respondents who had three children were 'moderately consistent' in their attitude towards the practices of RHR-Services. The results of the present study were supported by the

results presented by Maharaj and Cleland (2004). They reported that condom use was higher among those who desired more children than among those who did not. Likewise, Schoemaker (2005) concluded that the number of living children strongly influenced women's contraceptive use.

Furthermore, table 2 also indicates a statistically significant but negative relationship between the explanatory variable i.e. cost of RH-Methods and criterion variable i.e. respondents' attitude towards the practice of RHR. It is clearly reflected from the table that more than a half (26.7%) amongst those respondents who disagreed (51.0%) with the opinion that cost of RH-Methods affected the respondent's attitude, had 'highly consistent' attitude towards their RHR-Practices. Thus, it can be inferred that cost of RH-Methods has not much affect on the attitude of married women towards the practice of RHR but there are some other factors which influence the consistency of RHR– Practice of married women. The results of the present study were in accordance with the results presented by Pathmanathan *et al* (2003) and Koblinsky (2003). They found that remedies to reduce costs, such as insurance plans, have proved only partially successful. Even when costs are diminished or eliminated, other barriers, such as cultural differences in birthing and women's distance from facilities constrain service use.

Finally, information presented in the table 2 clearly manifest that an enormous majority (35.4% of 63.0%) of married women had 'consistent' attitude towards RHR-Practices amongst those who had knowledge (63.0%) that RH-methods are necessary as preventive measures to avoid HIV/AIDS and STD/STIs. However, a little less than two third (22.9%) of those married women who had no such information (37.0%) were 'moderately consistent' in their attitude towards RHR-Practices. Thus, in simple words it can be concluded that as the prevalence of knowledge about prevention of HIV/AIDS and STD/STIs by the adoption of RH-Services increased then the adoption and practice of RH-Methods (contraceptives) among them also increased. The results of this study are supported by the findings of Maharaj and Cleland (2004).

Their results clearly showed that more than seven out of ten respondents agreed that condoms protect against the risk of pregnancy and HIV infection. In general, however, condoms were seen as more effective at preventive HIV infection than pregnancy. Similarly Burgard (2004) found that expansion of contraceptive method choice is important because the effectiveness of the inject-able methods depends on proper administration, and injections can prevent pregnancy but cannot halt the spread of sexually transmitted infections, including HIV/AIDS.

Conclusion

Bi-variate analysis is a mode of analysis in which the relationship between two variables is examined simultaneously. In the present study association between two variables was measured by Chi-square, Gamma test and Somers'd statistical test. These statistical tests showed that almost all indicators of knowledge about transmittable diseases and reproductive health security had significant association with the dependent variable i.e. practice of RHR. Therefore, it is suggested that married women must be exposed to their rights especially reproductive health rights with the help of printed and electronic media, special lectures especially in educational institutions at all levels so that they took decision without any coercion about sexual activity according to their own will.

References

- Aguilar, P and Brooking S. M. *Arte y Parte/ PROMESA, Paraguay: Combining Mass Media-, School-, and Community-Based Approaches*. Family Health International (FHI). 2008. Available at: www.psi.org
- Anonymous. Sex, Birth Control and Sexually Transmitted Diseases: Teens Voice their Beliefs. *The Contraception Report*. 7(4) 1996.
- Bessinge, R. Katende C., and Gupta N. Multi-media campaign exposure effects on knowledge and use of condoms for STI and HIV/AIDS prevention in Uganda. *Evaluation and Program Planning* . 2004, 27: 397-407. 2004.
- Burgard, S. Factors associated with contraceptive use in late- and post-apartheid South Africa. *Studies in Family Planning*. 2004, 35: 91-104.
- Germain, A. and Jennifer K. "The unfinished agenda for reproductive health: Priorities for the next 10 years. *Intl. Family Planning Perspectives*, 2005, 31: 90-93.
- Gruskin, S., Mills E. J. and Tarantola D. History, principles, and practice of health and human rights. *The Lancet*. 2007, 370: 449-455.
- IPPF, UNFPA, WHO, UNAIDS. *Sexual and Reproductive Health and HIV/ AIDS: A Framework of priority Linkages. Controlling sexually transmitted and reproductive tract infections*. WHO, 2005
- Koblinsky, M. A. Learning from Bolivia, China, Egypt, Honduras, Indonesia, Jamaica, and Zimbabwe. *Human development network health, nutrition, and population series*. Washington, DC: The World Bank. P 132. 2003.
- Koenig, M. A., Iryna Z., Tom L., Fred N., Jennifer W., and Ron, G. Coerced first intercourse and reproductive health among adolescent women in Rakai, Uganda. *International Family Planning Perspectives*. 2004, 30: 156-163.
- Lary, H., Suzanne M., Maligo K., and Jessie M. "Exploring the association between HIV and violence: young people experiences with infidelity, violence and forced sex in Dar es Salam, Tanzania. *Intl. Family Planning Perspectives*. 2004, 30: 200-206.
- Longfield, K., Anne G., Margaret W., and John B. Relationship between older men and younger women: implications for STIs/HIV in Kenya. *Studies in Family Planning*, 2004, 35: 125-134.
- Maharaj, P. and Cleland J. Condom use within marital and cohabiting partnerships in KwaZulu Natal, South Africa. *Studies in Family Planning*, 2004, 35: 116-124.
- Maharaj, P. and Cleland J. Risk perception and condom use among married or cohabiting couples in kwazulu-natal, South Africa. *Intl. Family Planning Perspectives*, 2005, 31: 24-29.
- Mohammadi, M. R., Mohammad K., Farahani F. K. A., Alikhani S., Zare M., Tehrani F. R., Ramezankhani A. and Alaeddini F. Reproductive knowledge, attitudes and behavior among adolescent males in Tehran, Iran. *Intl. Family Planning Perspectives*, 32(1), 2006. Available at: http://www.guttmacher.org/pubs/journals/32_03506.html
- Monitoring the AIDS Pandemic (MAP) Network. *The Status and trends of the HIV/AIDS Epidemics in the World (Provisional Report July 7, 2002)*. Barcelona: UNAIDS and the USAID, 2002.
- Nachmias, C. F. and Nachmias D. *Research method in the social Sciences*. 4th Ed. St. Martin's press, Inc. 73 – 94, 1992.
- Pathmanathan, I., Jerker, L., Martins, J. M., Lalini, C. R., Craig, L., Amala, S., Swarna, S., and Prabha, J. S. Investing in maternal health: learning from Malaysia and Sri Lanka. *Human Development Network Health, Nutrition, and Population Studies*, 2003.

Implications of Reproductive Health Security

- Prata N., Farnaz, V., and Ashley, F. Gender and relationship differences in condom use among 15-24-years-old in Angola. *Intl. Family Planning Perspectives*, 2005, 31: 192-199.
- Roseman M.J., Sofia, G., and Ferguson, L. Integration of HIV/AIDS and reproductive health: A human rights perspective. *International Conference on AIDS* (Jul 11-16: Bangkok, Thailand). Abstract no. C11639, 2004.
- Schoemaker. J. Contraceptive use among the poor in Indonesia. *Intl. Family Planning Perspectives*, 2005, 31: 106-114.
- Schensul, S. L., Sarah, H., Niranjana, S., Ravi, V. K., Sharad, N., Nastasi, B. K., Burleson, J. A., and Joseph, A. Sexually transmitted infections in men in Mumbai slum communities: The relationship of prevalence to risk behavior. *Sexually Transmitted Dis.*, 2007, 34: 444-450.
- UNFPA. Press Summary. *The Promise of Equality: Gender Equity, Reproductive health and the Millennium Development Goals*. Global Policy Forum. New York. USA, 2005.
- United Nation Programs on HIV/AIDS (UNAIDS). *National AIDS Programs: A Guide to Monitoring and Evaluation*. Geneva: UNAIDS, 2002.
- Virjo, I., Anna-Leena, K., Mauri, I., and Kari M. Contraceptive methods: Knowledge sources rated by women and men. *Contraception*. 1999, 59: 257- 263.
- WHO. *The world health report – 2005: Make every mother and child count*. Chapter 4: Risking Death to Give Life. WHO, Program and Projects, 2005. Available at: <http://www.who.int/whr/2005/chapter4/en/index1.html>