

## AWARENESS ABOUT REPRODUCTIVE HEALTH AND RIGHTS AMONG STUDENTS OF A PUBLIC UNIVERSITY IN KARACHI, PAKISTAN: A CROSS SECTIONAL STUDY

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### OBJECTIVE

**Objective:** To determine the knowledge, attitude and practices of Karachi University students about reproductive health and rights.

**Design:** Cross sectional study

**Methods:** A survey was conducted from February to May 2005 to determine the understanding and knowledge related to reproductive health and rights among the students of the department of Biochemistry, University of Karachi, Pakistan. A pre-coded questionnaire was developed and pre-tested. The questionnaire was introduced to those students, who agreed to participate in the study. Data collected was double entered and analyzed on SPSS and Epi-info latest version.

**Results:** Fifty five percent (55%) of participants believed the reproductive rights to be as important as other human rights. About 80% of participants thought that proper birth spacing can improve maternal and child health but very few Pakistani women have birth spacing rights. Quality of life of women and men can be improved by knowing their reproductive rights in view of 71% and 63 % of respondents respectively.

**Conclusion:** Although one third of participants claimed to be aware of their reproductive rights but majority were unable to identify what exactly comes under the domain of reproductive rights. Majority knew that appropriate use of contraception and birth spacing can have positive impact on maternal and child health. The study recommends that awareness sessions should be conducted at all levels of society and more efforts should be made to improve reproductive health and increase awareness and the implementation of reproductive rights.

**Key words:** Reproductive health, Reproductive rights, Knowledge, Attitude, Practices

### INTRODUCTION

Reproductive health is a "state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life". Reproductive health therefore involves the capability and freedom of reproduction, safe and satisfactory sex life. It's the right of every man and woman to have access to safe, cost effective, acceptable and successful methods of contraception of their choice. Availability of proper health care services can facilitate the safe outcome of pregnancy and childbirth<sup>1</sup>. Reproductive health care is defined as the "constellation of methods, techniques and services that contribute to

reproductive health and well being by preventing and solving reproductive health problems". Sexual health covers not only the reproduction and control of sexually transmitted diseases through counseling and care but is also helpful in enhancement of life and personal relations<sup>1</sup>.

The reproductive rights are the "major rights of the married couple and individual to decide, in a free and responsible manner, the number of children, the place and time of childbirth, to make use of the relevant information and means to regulate fertility as well as the accessibility of high standards of sexual and reproductive health<sup>1</sup>. A very large number of mothers and children die and suffer every year in pregnancy, childbirth and early childhood. Majority of deaths and physical and psychological pain and distress occur in low and middle income countries<sup>2</sup>. Nearly 30,000 children die every day and 10.6 million children die each year<sup>3</sup>. More than 70%

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Received August 1, 2007, accepted September 15, 2007

of all child deaths occur because of preventable and treatable conditions. More than half of all childhood deaths are contributed by malnutrition, although it is rarely mentioned as a direct cause<sup>2</sup>.

Every year 52,900 mothers die mostly from avoidable causes<sup>3</sup>. Over 300 million women experience short or long term illness related to pregnancy and child birth in the developing world currently<sup>4</sup>.

Main factors responsible for 70% of all maternal deaths are hemorrhage (25%), infection (15%), unsafe abortion (13%), high blood pressure (12%), and obstructed labor (8%). Women from poor household, with a daily income of less than US \$1, are at least 300 times more likely to die due to pregnancy-related causes as compared to the well-to-do women, all over the world. World is highest rates of unplanned pregnancies, maternal deaths, unsafe abortions, child marriages, sexual trafficking and violence and increasing numbers of HIV/AIDS infections are seen in South Asian women<sup>5</sup>.

Maternal mortality in South- East Asia accounts for about 40% of global deaths. Over 50 per cent of infant deaths in South – East Asia occur during the neonatal period; nearly two-thirds within the first week of birth, mostly due to perinatal causes<sup>5</sup>.

Three women die every hour of unsafe and often illegal abortions in South Asia. In Sri Lanka, a leading cause of maternal mortality is unsafe abortion. Most abortions in Bangladesh are illegal and 22 women are hospitalized every day for abortion related complications. Over half of all girls are married by age of 18 in India, Nepal and Bangladesh. Although child marriage is illegal in all three countries, but huge number of children are married every year<sup>6</sup>.

Higher numbers of maternal deaths in the world are a growing problem especially in India with highest reported maternal deaths<sup>7</sup> and also in Pakistan with MMR of 340 per 100,000 live births<sup>3</sup>. Awareness and practices regarding reproductive health and rights are in a poor state in Pakistan with contraceptive prevalence of 12% in 1990-91 and 24% in 1996-97<sup>7</sup>. The situation about safe sex is unclear. HIV prevalence in Pakistan for adults aged 15-49 was reported to be very low i.e. 0.11% in 2004 and 2005<sup>8</sup>. However figures for other STDs may be much higher.

In Pakistan, family planning rate has improved from 9.15% in 1996 to 24% in 1997, 31% in 2002,<sup>9</sup> and 34% in 2005<sup>11</sup>. Still Pakistan is much behind in the region as compared to contraceptive prevalence rates currently 54% in Bangladesh, 71% in Sri Lanka and 48% in India<sup>10</sup>. Information to get needed insight into the specific needs of the younger generation on issues related to practices of reproductive health and rights<sup>10</sup>.

We therefore planned a study to determine the knowledge, attitude and practices of University students about reproductive health and rights in Karachi, Pakistan.

## SUBJECTS AND METHODS

A cross sectional study was conducted from February to May 2005 amongst the students of the Department of Biochemistry, University of Karachi.

After extensive literature search and discussions, a questionnaire was developed to document the awareness about reproductive health and rights among university students. It was pre-tested before the final administration on students in the department of Pharmacy, Karachi University. After explaining the study objectives in detail, verbal informed consent was taken from those who agreed to participate in the study. Assurance with regards to confidentiality of information was provided to study participants.

The questionnaire was handed out to consenting students. They returned the completed forms to the study investigators. Out of the total of 125 students the department, one hundred and fifteen students returned the filled questionnaire and ten refused to participate in the study. Epi-info and SPSS software were used for data management and analysis respectively. Frequencies of all variables in the study and mean with standard deviation of age were calculated.

## RESULTS

Out of the total of one hundred and fifteen students, majority were females (72%) and Urdu speaking (63%). Ages of the respondents were ranging between 18 to 25 years. Similarly majority of the respondents were either Honors' (49%) or Masters' (45%) students. Access to television was common and two third of them were having cable connection. (Table 1)

## Reproductive health and rights awareness

**Table 1: Socio-Demographic profile of respondents (n=115)**

Characteristics	Number	%
Mean age in years ( $\pm$ Standard Deviation)	21.2	( $\pm$ 1.3)
<b>Gender:</b>		
Males	32	28
Females	83	72
<b>University Class:</b>		
Bachelor	04	03
Honors	56	49
Masters	52	45
Not disclosed	03	03
<b>Ethnicity:</b>		
Urdu speaking	72	63
Punjabi	23	20
Sindhi	05	04
Pashto	03	03
Baloch	02	02
Somalian	06	05
Not disclosed	04	03
Access to television at home	105	91
Access to cable television at home	69	60
Watch TV programs that address social issues	76	66
Watch TV programs that address health issues	93	81

According to the student's opinion, more than half of them thought that reproductive rights have similar importance as other human rights. Reported awareness about reproductive rights is although low but higher in urban population as compared to rural population. Majority of them thought that poverty alleviation, knowing the reproductive rights and reduction in verbal abuse can lead to better quality of life (Table 2A).

**Table 2-A: Student views on reproductive rights (n= 115)**

Student's View	Number	%
Reproductive rights are as important as other human rights?	63	55
Reproductive rights awareness in Pakistan?		
Urban women	45	39
Rural women	19	17
Urban man	40	35
Rural man	27	23
Reproductive health Issues as part of National Health Issue	87	76
Does verbal abuse exist in Pakistan?	78	68
Does it affect reproductive rights?	45	39
Poverty reduction can improve reproductive rights?	84	73
Understanding and practice of reproductive rights is related to education?	84	73
Reproductive rights related to overall health?	94	82
Threat to reproductive rights of working women at work in Pakistan	33	29

Student's View	Number	%
Better quality of life by knowing their reproductive rights		
Women?	82	71
Men?	73	63
Pre-marriage counselling exists in Pakistan: in view of		
Urban women	59	51
Rural women	31	27
Urban man	39	34
Rural man	25	28
In view of participants, pre marriage counselling is practiced by:		
Family Members	18	58
Health Care Providers	5	16
Others	8	26
Health care facilities available in Pakistan can improve reproductive rights situation for		
Women?	07	06
Men?	11	10
Women by knowing their reproductive rights could be more confident in dealing with reproductive rights issues?		
	71	66
Health care facilities available in Pakistan can improve reproductive health of		
Women?	12	10
Men?	14	12
Male partner should have the right to decide that when his wife should conceive?		
	31	27
Female partner should have the right to decide that when she should conceive?		
	69	60

About one third of the students thought that women in Pakistan have birth spacing rights. Majority of them thought that proper birth spacing, knowledge and practices of family planning can improve maternal and child health. In view of about two third of the respondents early detection and management of STI's can improve reproductive health. (Table 2B)

**Table-2-B: Student views on reproductive rights (n= 115)**

Student's View	Number	%
Women in Pakistan have birth spacing rights?	39	34
Proper birth spacing can improve maternal and child health?	92	80
Awareness about family planning among Pakistani youth can improve reproductive rights situation?	87	76
Proper family planning practices can reduce maternal mortality in Pakistan?	82	71
High maternal and child mortality reflects poor reproductive health?	67	58
Is there a relationship? link between sexuality and gender	60	52
Decision making about inducing abortion should be the right of:		

Student's View	Number	%
Woman	2	2
Male partner	4	5
Both	55	67
Doctor	17	21
Improved maternal health reflects improve reproductive rights	78	68
Demand for safe sex is the right of:		
Man	04	03
Woman	03	03
Both	88	76
Knowledge of safe sexual practices can help in prevention of sexually transmitted infections	82	71
Early detection and treatment of sexually transmitted infections can improve reproductive health	73	63
Reproductive rights should be observed in context of:		
Religion	47	46
Human Rights	8	8
Both	42	41
None	5	5
Is there a relationship: link between sexuality and health?	73	63

## DISCUSSION:

Reproductive health and reproductive rights have been emphasized more in the past two decades as main health issues for the well being of human and encompass a broad list of issues. According to the Ministry of Health, Pakistan has 12.5% burden of diseases related to reproductive health. Ministry of Health of Pakistan has set reproductive health goals to be achieved by the year 2015. These goals are to decrease the infant mortality rate from 103 to 40, maternal mortality ratio from 340 to 140, increase births by skilled attendants from 24% to 90% and contraceptive prevalence rate to increase from 34 to 55%<sup>11</sup>. Currently improvement in these goals is very slow and vary in numbers for different goals and far behind from the targeted goals for year 2015<sup>12</sup>. In urban slums, majority of women consult LHV's for reproductive health care mainly because they are females and perceived to be very expert in dealing these issues<sup>13</sup>.

This study population was an educated young population. It was expected that they will have better knowledge as compared to general population about issues related to reproductive health and their rights. In the opinion of more than half of the respondent's quality of life of women and men can be improved by being aware of their reproductive rights and they can handle reproductive health issues more confidently. Similarly, majority of

them thought that appropriate birth spacing should improve maternal and child health. In fact, regardless of educational level about 40% of the births in Pakistan are less than two years apart<sup>13</sup>. Urban women had shorter birth spacing than rural women, and educated females achieve their family size more rapidly and with high parity (4+) have longer intervals due to contraception. In the urban areas of Punjab and Sindh, longer birth spacing was recorded than in the rural areas<sup>14</sup>. In Pakistan contraceptive prevalence rate is only 34%<sup>11</sup>, although about two third of study participants thought that proper contraceptive practices can reduce maternal mortality.

A little more than a third of the respondents listed the type of issues related to reproductive health. Major reproductive health issues like maternal and child health, HIV/AIDS was mentioned only by 6.8% and 4.5% respondents respectively. Similarly other important reproductive health issues like sexually transmitted diseases, abortions, short birth spacing, divorce, and sexual, mental and physical abuse were not mentioned by the respondents although they identified unprotected sex as a reproductive health issue. Similar pattern in terms of reproductive rights especially divorce was observed among Egyptian women that they did not consider it as their reproductive right because of its consequences on social acceptance and support although it is legally and religiously allowed<sup>15</sup>. The lack of knowledge of study subjects shows that literacy itself does not affect the knowledge about reproductive health and rights. Similarly, majority of the respondents were of the view that reproductive rights should be observed in relation to either religion or religion and human rights both but in practice other factors such as cultural, social and perhaps religious practices could be the important contributors.

In the opinion of the respondents, awareness about reproductive rights although low but is slightly higher in urban population as compared to rural population. Similarly it is low among females as compared to males. It might be due to the low social status of women, the historical gender bias against women, their lack of decision-making power in the family, poverty, ignorance, illiteracy and malnutrition, unequal access to resources, and, in some settings, harmful traditional practices affect the women in achieving their reproductive health and rights<sup>5</sup>.

About half of our study participants were not aware of the fact that high maternal and infant mortality reflects poor reproductive health which is a major health concern in Pakistan.

According to most of our study participants, safe sex should be the right of both partners which can help in preventing sexually transmitted diseases; however in our cultural setting it is mostly the choice of the male partner. A link between sexuality and health were identified by most of the study participants.

Induction of abortion should be the right of both partners according to most of the study participants. In Pakistan data collection about induction of abortion is difficult because of social, legal, cultural and religious constraints. In contrast to these constraints, most of the abortions are conducted by traditional birth attendants and 23% end up in hospitalization for complications<sup>15</sup>. Estimated abortion rate is 29 per 1,000 women. Generally, it is thought that decision about induction is taken mostly either by husband or by other family members<sup>16</sup>.

Most of the respondents thought that verbal abuse exist in Pakistan and it affects the reproductive rights. Awareness sessions should be planned through social and religious motivators. Reproductive right and health should also be the part of curriculum not only in professional colleges, universities but also at least at higher secondary levels keeping in view the sensitivity of subject at different levels.

More efforts should be made for activities such as antenatal care, child and mother nutrition, enhanced family planning practices, safe delivery methods and prevention of sexually transmitted infections which are the key reproductive health issues in order to reduce future morbidity and mortality.

More such studies should be carried out in different segments of population in Pakistan as the current study only covers a segment of the population.

## CONCLUSION

In this study, the reproductive rights were identified as important as other human rights by the university students but there is a need to improve the awareness about it.

Reproductive health can be improved by alleviating poverty, improving health care system and educating women about birth spacing, importance of antenatal care, safe sex, and complications related to induction of abortion, proper family planning practices and identification and management of sexually transmitted infections.

## REFERENCES

1. Reproductive rights and reproductive health. United Nations International Conference on Population and development (ICPD ), Cairo, Egypt (5-13 September 1994).
2. Hogberg U. Make every mother and child count, including Africans World Health report, 2005: Scand J Public Health 2005;33:409-11.
3. Access to contraception and consequences of unsafe abortions: UNFPA, population issues, Facts about Safe Motherhood: World Health Report 2005.
4. Safe Motherhood Inter-agency; family care international, safe Motherhood Inter-agency Group; 1998: WHO; safe motherhood Facts sheet.
5. Rai NK, Dali SM. Making pregnancy safer in South-East Asia. Regional Health forum 2002;6:1
6. South Asia Report on Reproductive Rights Violations; Center for Reproductive Rights; May 13, 2004 [New York].
7. Pakistan fertility and Family Planning survey, Islamabad, Pakistan (NIPS) 1998.
8. HIV prevalence in Pakistan, UNAIDS. accessed on 12/12/2006.
9. An official handbook on Statistics- Health Pakistan 1999: 230.
10. Contraceptive prevalence among married women of reproductive age (15-49 years) in the region , by country: Health Situation in the South- East Asia Region, 1998-2000, Annex 7- list of tables, WHO. Evidence nd Health information.
11. Millenium development Goals: status, challenges and future directions. High level forum on Health MDGs, 21-22 June 2005 #7 Tokyo, Japan.
12. Daud S. Awareness and choices of service seekers for utilization of health care providers for management of reproductive health issues in an urban slum. J Coll Physicians Surg Pak 2002; 12: 662-6.
13. Summary of project, Promoting Interventions for safe motherhood (PRISM) PAK/01/P01-01/P01.

14. Kiani MF, Nazil S. Dynamics of birth spacing in Pakistan. *Pakistan Development Review*. 1988; 27: 655-7.
15. Dawla ASE. Reproductive Rights of Egyptian women: Issues for Debate. *JSTOR: Reproductive Health Matters* 2000; 8: 45-54.
16. Rehan N, Inayatullah, A. Characteristics of Pakistani Women Seeking Abortion and a Profile of Abortion Clinics. *J Women's Health Gender- Based Med* 2001; 10: 805-10.

