

Women's Perception and Practice Regarding their Rights of Reproductive Health in Rural Area

By

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Abstract: Reproductive health is a crucial feature of healthy human development and of general health. **The aim** of this study was to assess women's perception and practices regarding their rights of reproductive health in rural area. **Design:** A descriptive analytical research design was used in carrying out this study. **Setting:** The study was conducted at 3 Maternal and Child Health Care Centers at Benha City. **Sample:** A simple random sample of 250 women was used in this study. **Tools:** Two tools were used. **I-**An interview questionnaire; consisted of a).Socio-demographic characteristics of the studied women, b).Women's knowledge about reproductive health, c). Women's knowledge about reproductive rights, d). Practices as reported by women regarding reproductive health, **II-** Women's perception scale: To assess women's perception about the importance of women's rights and reproductive health. **Results:** 82.2% of the studied women had correct knowledge about reproductive health, 67.2 % of the studied women had good knowledge about the reproductive health rights, and 63.6 % of the studied women reported practicing the good behaviors about reproductive health, 92.8% of the studied sample agreed and perceived the importance of reproductive health and rights. **Conclusion:** There were highly statistical significant relation between the studied women's reported practices and their knowledge about reproductive health. Also, there was highly statistical significant relation between the studied women's knowledge about reproductive health and their perception of the importance of women's rights on reproductive health. In addition, there were highly statistical significant relation between women's practices and their perception of the importance of women's rights to reproductive health. **Recommendation:** Health education program for women regarding importance and advantages of reproductive health practice and reproductive health rights for empowering women to understand their rights and change women's practices rather than providing only knowledge, further research about obstacles of women's reproductive health .

Key words: Reproductive health perception, knowledge & practices, Reproductive Health Rights.

Introduction

Reproductive Health(RH) is a universal concern, but is of special importance for women particularly during the reproductive years. Reproductive health is a fundamental component of women's overall health status and a central determinant of quality of life. RH should also be understood in the context of healthy relationships in which there is an understanding of the balance between fulfillment and risk. RH contributes enormously to physical and psychosocial comfort and closeness between individuals. Poor RH is frequently associated with disease, abuse, exploitation, unwanted pregnancy, and death (United Nations Population Information Network (UNPIN),2010).

Sexual , Reproductive Health and Rights (SRHR) encompass the right of all women to make decisions concerning their sexual activity and reproduction free from discrimination, coercion, and violence. Specifically, access to SRHR ensures individuals are able to choose whether, when, and with whom to engage in sexual activity; to choose whether and when to have children, and to access the information and means to do so. SRHR includes the right of all persons to seek and receive, important information related to sexuality, receive sexuality education, have respect for bodily integrity, choose their partner, decide to be sexually active or not, have consensual sexual relations, have consensual marriage, decide whether or not, and then, to have children, and pursue a satisfying, safe, and pleasurable sexual life (Bill, 2014).

A woman's perception towards their rights might be one of the most important key issues in setting reproductive health programs or future intervention. Without considering reproductive health, human rights, women's health will neither be promoted nor improved, since women recognize these rights as very important concern for them. In order to get the reproductive health rights terminology closer to women's understanding, reproductive health rights need to be interpreted at each reproductive health care provided such as family planning, antenatal care, etc., which would make it more practical terminology for

each of the health care policy makers, health care providers and women themselves (Van et al., 2013).

Rural health status; around the world, the health status of people in rural areas is generally worse than in urban areas. In South Africa, infant mortality rates in rural areas are 1.6 times that of urban areas. Rural children are 77% more likely to be underweight or under height for age; 56% of rural South Africans live >5 km from a health facility; and 75% of South Africa's poor people live in rural areas (Muninarayana et al., 2014).

Community Health Nurse (CHN) can plays an active role in meeting the health care needs of women; CHN takes a proactive role in advocating, and empowering their clients. CHNs need to enable women to increase control over determinates of health to help improve their health status. A woman may become empowered when develops skills not only to cope with environment, but also when works to change it. CHNs can take on the mentoring role with women and families, and help to improve the health outcome of the women throughout maternal life (Mulacahy&Leahy, 2010).

Significance of the study:

The life time's risk of death of women in a developing country is 1 in 76,000, as compared to 1 in 8,000 in the developed world. Improving maternal health is the 5th of the 8 United Nations' Millennium Development Goals (MDGs), targeting a reduction in the number of women dying during pregnancy and childbirth by three quarters by 2015, notably by increasing the usage of skilled birth attendants, contraception and family planning. The current decline of maternal deaths is only half of what is necessary to achieve this goal, and in several regions such as Sub-Saharan Africa where the maternal mortality rate is actually increasing. However, one country that may meet their MDG 5 is Nepal, which appears to reduce its maternal mortality by more than 50% since the early 1990s. Decreasing the rates of maternal mortality and morbidity in developing countries is important because poor maternal health is both an indicator and a cause of extreme poverty(World Health Organization Statistics,2015).

Kalyobia Governorate consists of total population of 4,989,302 centers of MCH are located in cities of the Governorate while, 167 health units are located in rural areas of the Governorate(World Health Organization (WHO), 2013;Directorate of Health Affairs, Kalyobia, 2015).

Aim of the study:

The aim of the current study is to assess women's perception and practice regarding their rights of reproductive health in rural area :

Research Questions:

To achieve the aim of this study the following research questions were formulated:

- 1- Are the women's knowledge about their reproductive health and rights affecting their lives?
- 2- Is the women's adhering with follow-up of reproductive health?
- 3- What is the extent of perception of women's rights and reproductive health?
- 4- Is there a relation between the women's socio-demographic characteristics, level education and their reproductive health?

Subjects and method:

Research design:

A descriptive analytical research design was used to achieve the desired aim of the study.

Setting:

The study was conducted at 10% of total kalyobia Administrative Units (11 Administrative Units) , it included one Administrative Unit, named Benha City which were selected randomly ,10% of total Maternal and Child Health Care Units were selected randomly it included 3 Units from total Units (29) units which named (Elramla, Metelatara and Warwara).

Sampling:

A simple random sample was used to select the study sample included 25% of total women's attended the previously mentioned setting. It includes 250 women from total 1000 attended women in month.

Tools for Data Collection: Two tools were used for data collection.

Tool I: **An interviewing questionnaire:** It was developed by the investigator, based on reviewing the related literatures and it was written in simple Arabic language and included the following parts:

Part I: Socio-demographic characteristics of the studied women: This part included items related to age, number of pregnancies, occupation, marital status and educational level.

Part II: Assessment of women's knowledge about reproductive health: It included sixteen closed ended questions; the concept of reproductive health, component of reproductive health program, the importance of reproductive health and its aim, problems related to reproductive health negligence, services related to women in child bearing stage, prevention and treatment services of genital and sexually transmitted diseases, types of family planning methods, The benefits of family planning, disease which transmitted by sexual contact, methods of prevention of these diseases, circumcision means, complications of circumcision, healthy diet consists of, precautions that every pregnant woman should follow during pregnancy, complications during pregnancy, benefits of breastfeeding for the mother.

Scoring system:

Knowledge score for each answer was given as follows:

- 2 = Correct answer
- 1 = Incomplete answer
- 0 = Incorrect & no answer

Total scores of knowledge = 32

The total knowledge scores were considered correct if the score of total knowledge >75%, while considered incomplete if it is equals 50-75, and considered incorrect if it is less than 50%.

Part III: Assess women's knowledge about reproductive rights: It included thirty two closed ended questions ; the right to choose a spouse which consisted of 3 questions. The sexual rights which consisted of 2 questions. The right of family planning which consisted of 5 questions. The right of treatment of sexually transmitted diseases which consisted of 5 questions, the right of treatment of infertility which consisted of 2 questions, the right of safe abortion which consisted of 2 questions. The right against circumcision which consisted of 4 questions. The right of education which consisted of 2 questions, the right of nutrition consisted of 2 questions; and the right of antenatal, natal, and postnatal care which consisted of 5 questions.

Scoring system:

Scoring system of knowledge about reproductive rights was given as follows:

- 1 = Good knowledge
- 0 = Poor knowledge

Total scores of knowledge = 32

- The total knowledge scores were considered good knowledge
- If the score of total knowledge > 50%, and considered poor knowledge if it is less than 50%.

Part IV: Assess the reported practices of women on reproductive health: It included seven closed ended questions; assessment of personal hygiene practices which consisted of 10 items, assessment of vaginal care practices which consisted of 6 items, assessment of intra uterine device care practices which consisted of 6 items assessment of proper nutrition practices which consisted of 8 items, assessment of sleeping habits practices which consisted of 2 items, assessment of exercise practices which consisted of 4 items; and assessment of breast self-examination practices which consisted of 10 items.

Scoring system:

Practice score for each answer was given as follows:

- 1 = Done
 - 0 = Not done
- Total scores of practice = 46

The total practice scores were considered done if the score of total practice > or equal 80%, and considered not done if it is less than 80%.

Tool II: Women's perception scale: about the importance of women's rights and reproductive health, it was designed to assess women's perception regarding the importance of their reproductive health rights and it consisted of twenty items, it was adopted from Hassan, 2010).

Scoring system:

A score for each answer on questions of perception was given as follows:

- 2 = Agree
- 1 = Sometimes
- 0 = Disagree

The total score of perception were = 20

The perception was considered agree if the score of total perception > 75%, and considered sometimes if it equals (50-75) % and disagree if it is <50%.

Content validity:

The tool validity was revised by five experts from Community Health Nursing to assess content and face validity, relevance of the tools for assessment, comprehensiveness, understanding and applicability.

Reliability:

Reliability was applied by the investigator for testing the internal consistency

of the instruments, by administration of the same instruments to the same of subjects under similar condition twice with an interval 2 weeks. Answers from reported testing were compared (Test- re- test reliability). The reliability of the study instrument was tested using cronbach Alpha. It amounted to be R=0.80 indicating good reliability of the instrument. It is acceptable inters the consistency.

Ethical considerations:

Permission has been obtained from each woman before conducting the interview. Women were informed about the purpose, benefits of the study and that their participation is voluntary. Also, were informed that have right to withdraw from the study at any time without giving reason. Privacy and confidentiality were assured, ethics, values, culture and beliefs were respected.

Approval:

A formal approval was obtained through official letter from the Dean of Faculty of Nursing, Benha University to the Directors of the Maternal and Child Health Care Units of Benha City to conduct the study. The letter included the study title, aim and setting where the study was conducted. Oral consent from women was taken.

Pilot study:

A Pilot study was carried out on sample 10% women's taken from the target population to ensure clarity and applicability of the tools and these women's was not included in the sample. The modifications were done and then the final formats were developed.

Data collection procedure:

- Data were collected from beginning of March 2015 to end of September 2015.

- Tool development; It was developed by the investigator, based on reviewing the related literatures.
- Validity, reliability and pilot study was done.
- Approval to obtain the study was conducted.
- An ethical consideration was done.
- The investigator was attended two days/ week from 9.00am to 12.00md ; those days were (Saturday &Thursday).
- The average minutes of interviewed women take about 20 to 30 minutes to fill the questionnaire depending upon their understanding and response.
- The respondent was assured for anonymity of answers and that information used for scientific research only and will be confidential.
- The respondents filled the questionnaires, in the presence of the investigator all the time to clarify any ambiguities and answer any queries and collect the questionnaire.

Statistical design:

All data collected were organized, analyzed and tabulated using appropriate statistical test. The data were analyzed by using the Statistical Package for Social Science (SPSS version 16.0), which was applied to calculate frequencies and percentages mean and standard deviation, as well as test statistical significance and association by using Chi-square test (X) is a test used to study association between two qualitative variables and matrix correlation to detect the relation between the variables for (p value).

Highly significant (HS)	P < 0.001
Significant(S)	P < 0.05
Significant (NS)	P > 0.05

Result:

Figure (1): Distribution of the studied sample total knowledge score regarding reproductive health

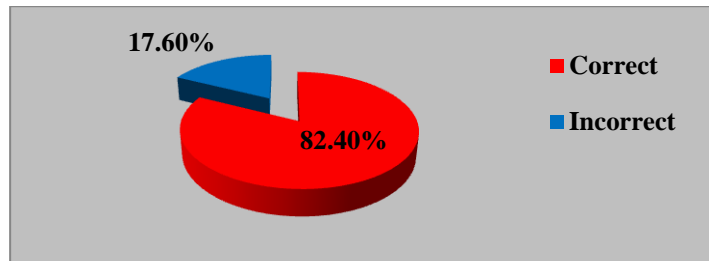


Figure (1): Shows that, 82.4% of the studied sample had correct total score knowledge about reproductive health .However, only 17.6% of them had incorrect knowledge about reproductive health.

Figure (2): Distribution of the studied sample total knowledge score regarding reproductive health rights (n = 250).

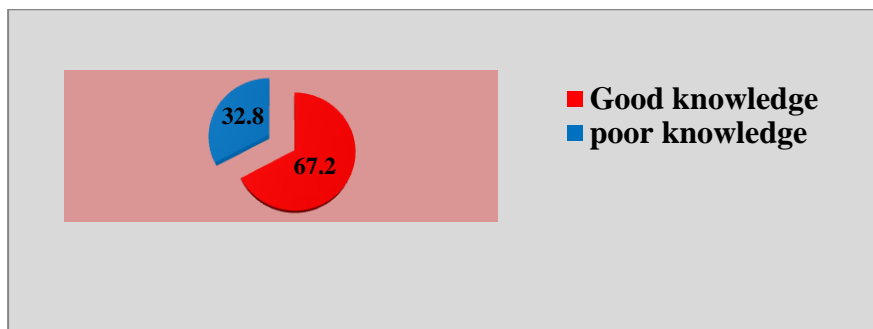


Figure (2): Shows that, 67.2 % of the studied sample had good knowledge about the reproductive health rights. However, 32.8% of them had poor knowledge

Figure (3): Distribution of the studied sample total practice score regarding reproductive health (n = 250)

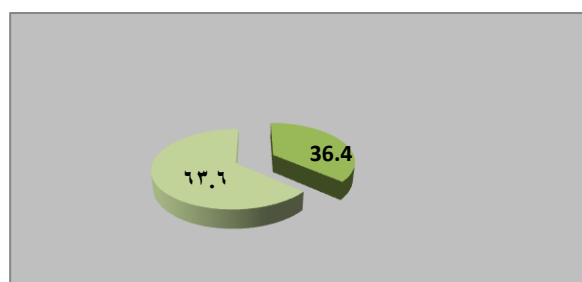


Figure (3): shows that, 63.6 % of the studied sample practiced good behaviors about the reproductive health.

Table (1): Distribution of the studied sample perception regarding the importance and rights of reproductive health (n = 250)

Women's perceptions	Agree		Sometime		Disagree		Chi-Square	
	No.	%	No.	%	No.	%	X ²	P-value
RH is a public health.	208	83.2	31	12.4	11	4.4	282.15	<0.001*
Including educational pro	174	69.6	49	19.6	27	10.8	150.87	<0.001*
Begin from childhood	137	54.8	59	23.6	54	21.6	51.99	<0.001*
FC hasn't girl's chastity	143	57.2	54	21.6	53	21.2	64.09	<0.001*
FC lead to psychological problem	140	56.0	86	34.4	24	9.6	80.86	<0.001*
Personal hygiene is necessary	195	78.0	48	19.2	7	2.8	234.54	<0.001*
Analgesics doesn't affect to fertilize	109	43.6	94	37.6	47	18.8	25.11	<0.001*
Wrong take warm bath during MC	89	35.6	44	17.6	117	46.80	32.55	<0.001*
Consult doctor if MC is delayed	215	86.0	31	12.4	4	1.60	316.42	<0.001*
Relatives marriage increases genetic diseases	188	75.2	59	23.6	3	1.20	216.01	<0.001*
Do premarital counseling	216	86.40	26	10.40	8	3.20	318.752	<0.001*
Early marriage cause death	199	79.60	45	18.00	6	2.40	249.944	<0.001*
Follow-up of pregnancy	221	88.40	27	10.80	2	0.80	344.888	<0.001*
Adolescence pregnancy has complications	191	76.40	51	20.40	8	3.20	219.752	<0.001*
Vaccinations protect from neonatal tetanus infection	240	96.00	9	3.60	1	0.40	442.184	<0.001*
FP is important.	226	90.40	21	8.40	3	1.20	368.312	<0.001*
Better delivery in hospital	235	94.00	14	5.60	1	0.40	415.064	<0.001*
Use contraception isn't contrary to Islamic	51	20.40	25	10.00	174	69.60	152.024	<0.001*
Consult a doctor in case of reproductive tract infection.	232	92.80	15	6.00	3	1.20	398.696	<0.001*
Breast self-examination is early diagnosis of cancer	219	87.60	20	8.00	11	4.40	331.784	<0.001*

Table (1): Reveals that 86% of studied sample agreed that it was necessary to consult a doctor when delayed menstrual cycle or not descent, 37.6% of them had sometimes agreed that taking analgesics during the menstrual cycle does not affect woman's ability to fertilize, however, 1.2 % of them disagreed that marriage with relevant increases the incidence of genetic diseases rate regarding of women's perception about the importance of reproductive health and rights,96% of studied sample agreed that vaccinations during pregnancy protect the mother and fetus of neonatal tetanus infection,20.4% of them had sometimes agreed that pregnancy during adolescence has many complications for the mother and the health of the fetus, however, .4 % of them disagreed that delivery in hospital better than delivery at home, where it reduces the exposure of the mother and fetus complications regarding of women's perception about the importance of reproductive health and rights .The table revealed also statistically significance difference between level of perception ($p < 0.001$) of the studied sample.

Figure (4): Distribution of the studied sample total perception score about the importance of reproductive health and rights. (n = 250)

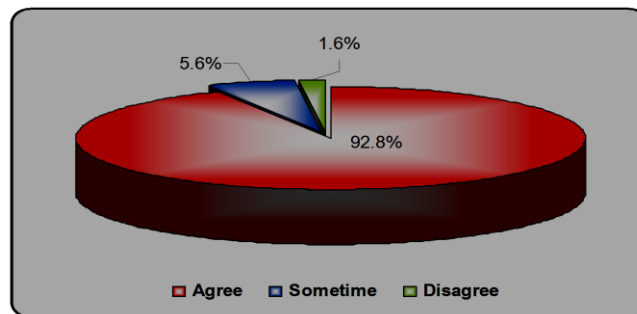


Figure (4): Shows that, 92.8% of the studied sample agreed about the importance of reproductive health and rights, 5.6% was sometimes agreed. However, only 1.6 % were disagreed.

Table (2): Relation between the studied sample socio-demographic characteristics and their level of knowledge about reproductive health (n= 250)

Socio-demographic characteristics	Knowledge about reproductive health					
	Correct		Incorrect		Chi-square	
	No	%	No	%	X2	P-value
Age						
20-	33	13.2	10	4.0	4.80	0.19
25-	39	15.6	11	4.4		
30 -	59	23.6	6	2.4		
35-45years	75	30.0	17	6.8		
Number of pregnancies						
No pregnancy	8	3.2	5	2.0	6.53	0.09
Pregnant once	29	11.6	9	3.6		
Pregnant twice	60	24.0	8	3.2		
Three times or more	109	43.6	22	8.8		
Occupation						
Working	160	64.0	18	7.2	23.89	<0.001*
Not working	46	18.4	26	10.4		
Marital status						
Married	175	70.0	26	10.4	50.60	<0.001*
Divorced	26	10.4	9	3.6		
Widowed	10	4.0	4	1.6		
Education						
Illiterate	4	1.6	9	3.6	30.87	<0.001*
Secondary education	103	41.2	26	10.4		
University education	99	39.6	9	3.6		

Table (2): Denotes that, there were highly statistically significant relation between the women’s socio-demographic characteristics and the total score of knowledge about reproductive health, 64 % of the studied sample who had correct knowledge score were work,70 % of the studied sample who had correct knowledge score were married, (P < 0.001) and 41.2 % had Secondary education, (P < 0.001). However, their age and number of pregnancies were not statistically significant (P > 0.05 for each).

Discussion

Reproductive and sexual health aims to achieve a range of behavioral and health outcomes(Rosen et al.,2012). Reproductive health rights are a relatively new concept. It has been the target of family health programs worldwide since the International Conference on Population and Development (ICPD) in

1994. However, in many countries, sexual and reproductive health needs focusing specifically on younger people who are often neglected. 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(Hunt &Mesquita, 2011).

The aim of the present study was to assess women's perception and practice regarding their rights of reproductive health in rural area

Regarding concept, component of reproductive health, the result of the present study revealed that the majority of the studied sample had correct knowledge about the concept of reproductive health and more than two thirds knew that the components of reproductive health program included preparation of young female motherhood with all its components and more than two thirds of the studied sample assured that the reproductive health indicated women's femininity and her enjoyment of good health(Figure 1). This result was similar to Masoumeh et al., (2005) who studied "Reproductive health knowledge, attitudes and practices of Iranian college students". They revealed that the majority of the studied sample had correct knowledge about the concept of reproductive health. This may be because women's knowledge about the concept and components of reproductive health was well.

Regarding importance of reproductive health, the result of the present study revealed that more than three quarters of the studied sample had good knowledge about the reproductive health rights (Figure2). This result was contradicted with Araya, (2013) who studied " knowledge and practice of reproductive health among mothers and their impact on fetal birth outcomes; A Case of Eritrea". They revealed that less than one fifth of the studied sample had good knowledge about the reproductive health rights .

Regarding studied sample practice about reproductive health the result of the present study revealed that assessment of the studied sample adhering with follow up of reproductive health distributed by their total score groups and more than three fifth of the studied sample practiced good behaviors about the reproductive health(Figure 3).This result was similar to Ibrahim et al., (2013) who studied "practice and compliance of women attending rural primary health care

units in Alexandria". They revealed that studied sample adhering with follow up of MCH units and more than one half of the studied sample practiced good behaviors about the reproductive health.

Regarding studied sample practice about reproductive health the result of the present study revealed that more than three fifth of the studied sample practiced good behaviors about the reproductive health(Figure 3).This result was contradicted with Jamil, (2014)who studied "Accurate assessment for community health nursing regarding behaviors". They revealed that less than one fifth of the studied sample practiced good behaviors about the reproductive health. This may be because to see women's rights to reproductive health.

The findings of (Table 1,Figure 4) showed that the majority of the studied women agreed and perceived the importance of reproductive health and rights. This finding agreed in part with Mou et al.,(2015)who studied "Knowledge and perceptions of sexually transmitted diseases, HIV/AIDS, and reproductive health among female students in Dhaka, Bangladesh". They revealed that the most of the studied women agreed with the importance of reproductive health and rights. Whereas, in the United Arab Emirates Gańczak et al., (2007)who studied "Break the silence: HIV/AIDS knowledge, attitudes, and educational needs among Arab university students in United Arab Emirates". Also, in Saudi Arabia, Fageeh, (2008)who studied "Awareness of sexually transmitted diseases among adolescents in Saudi Arabia". All these studies emphasize that educated women have good knowledge about sexual health but still need motivation to practice their reproductive rights.

Regarding studied sample perception regarding the importance and rights of reproductive health the result of the present study revealed that the most of studied sample agreed that vaccinations during pregnancy protect the mother and fetus of neonatal tetanus infection and more than one third had sometimes agreed that taking

analgesics during the menstrual cycle does not affect woman's ability to fertilize more than three fifth of the studied sample practiced good behaviors about the reproductive health(Table1).This result was contradicted with Marrazzo et al., (2015) who studied “Sexual practices, risk perception and knowledge of sexually transmitted disease risk among lesbian and bisexual women”. They revealed that less than two fifth of studied sample agreed that vaccinations during pregnancy and the majority of them had agreed that taking analgesics during the menstrual cycle does not affect woman's ability to fertilize. This may be because this is due to the degree of education of women.

On the other hand, Dyer &Abrahams,(2002)who studied "Infertility in South Africa: women's reproductive health knowledge and treatment-seeking behavior for involuntary childlessness". They reported that women actively looked for a solution to their problem and often showed great persistence in trying to access help. Given their lack of knowledge about modern treatment options and how to access them, women were particularly dependent on the skills of individual doctors in terms of management and referral. The differences between the current study and the discussed studies could be due to different culture, education levels of the studied subjects and availability and accessibility of the health units that provide free services.

Regarding studied sample perception regarding the importance and rights of reproductive health the result of the present study revealed that the majority of studied sample agreed that Follow-up for the mother during pregnancy in maternal and child care centers for early detection of the risk of pregnancy and control(Table1).This result was consistent to Christiansen et al., (2013) who studied “Preventing Early Pregnancy and Pregnancy-Related Mortality and Morbidity in Adolescents in Developing Countries”. They revealed that the most of studied sample agreed that Follow-up for the mother during pregnancy in maternal and child care centers. This may be because

Women's knowledge of the importance of maternal and child care centers.

Regarding relation between the studied sample socio-demographic characteristics and their level of knowledge the result of the present study revealed that more than three fifth of the studied sample who had correct knowledge score were work ,three quarters of the studied sample who had correct knowledge score were married and more than two fifth had Secondary education (Tables 2). This result was consistent to Fatusi& Michelle, (2010)who studied “Adolescents and Youth in Developing Countries”. They revealed that there were highly statistically significant differences between the women’s socio-demographic characteristics and the total score of knowledge about reproductive health. This may be because this is due to the degree of education of women.

Conclusion

There were highly statistical significant relation between the studied women's reported practices and their knowledge about reproductive health. Also, there was highly statistical significant relation between the studied women’s knowledge about reproductive health and their perception of the importance of women’s rights on reproductive health. In addition, there were highly statistical significant relation between women’s practices and their perception of the importance of women’s rights to reproductive health.

Recommendations:

1) Health education program for women regarding importance and advantages of reproductive health practice and reproductive health rights for empowering women to understand their rights and change women’s practices rather than providing only knowledge

2) Further research about obstacles of women's reproductive health.

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