

AWARENESS AND UTILIZATION OF REPRODUCTIVE RIGHTS AMONG THE LABORER WOMEN IN TIKAPUR MUNICIPALITY

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Abstract

The present study on awareness and utilization of reproductive rights among laborer women in Tikapur Municipality. Reproductive rights are the rights of individuals to decide whether to reproduce and have reproductive health. It includes an individual's right to plan a family, terminate a pregnancy, use contraceptives, learn about sex education in public school and gain access to reproductive health services. The main objectives of this study was to find about the knowledge and utilization of reproductive rights among laborer women. Descriptive study was conducted among 51 laborer women by using non probability purposive sampling method and interview school was used to collect data from eligible laborer women in specially house contraction place. Among 51 respondents most of them (31%) were from age group, (20-24 years) least (7.8%) from early reproductive age group mean age of respondents is (=29 years). Respondents in the study area were from different ethnicity. Cast and religion. Nearly 59%. Respondents can read and write. Among literate respondents majority (90%) were aware about reproductive health.

Among aware respondents all most all were aware about the areas of family planning. About 90% respondents had listend about women empowering programmed among them only few (8%) participation in this programme. Majority of the respondents were visited of ANC and PNC. The conclusion of this study majority of the respondents were aware about reproductive health. At the end comparative studies between educated and no educated is large scale are necessary for generalization of the study result.

Keywords: Awareness, utilization, reproductive, health, right's, Nepal

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Background of the Study

Globally, situation of reproductive health and thus the quality of life of females are not satisfactory in developing countries. Unequal access to information, care and basic health services, early marriage (17.2 years), deeply-rooted beliefs, the prevailing social and cultural structures, low literacy rate (42.0%), the unmet need of family planning (24.6%), and unsafe abortion and delivery conducted by untrained personnel (80.0%) are further increasing the health risk for women. Severe bleeding, infection, hypertensive disorder, physical and sexual violence and obstructed labor are the five main reasons of preventable woman's death worldwide. Altogether, 20.0% of the global burden of women's health is related to sexual and reproductive health problems. (WHO, 2005)

Reproductive right is the fundamental human right.⁵ These rights rest on cognition of basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and their right to attain highest standard of sexual and reproductive health.⁶ Reproductive right can suitably be explained in terms of reproductive health which is the crucial component of everybody's general health. Reproductive health has developmental and intergenerational components.⁷ Reproductive Rights are legal rights and freedoms relating to reproduction and reproductive health.⁸ Good reproductive health and women's reproductive right can ensure that every infant is precious and it helps to reduce poverty, promote economic growth, raise female productivity, lower fertility and improve child survival and maternal health. Utilizing the reproductive right can prevent maternal deaths and improve women's status in the society.(www.who.org)

The burden of the ill reproductive health due to lack of awareness and underutilization of reproductive right among the women is globally higher and also in Nepal which make women more vulnerable to ill health and maternal deaths. These scenarios of women's status in the country necessitate a comprehensive study on those related issues so that the condition of women, particularly their awareness and utilization of reproductive health and reproductive right, can be improved. Therefore, with an aim to assess the awareness and utilization of reproductive rights among married women,

Nepalese young people gain information and education in sexual and reproductive health mainly through radio and health education programmes targeted towards the general population most sexual and reproductive health services in Nepal are provided through private and public health centres. These includes local pharmacists, public health practitioners, doctors, Nurse and community health workers young people obtain sexual health services when they visit health center, hospitals or clinic. However many such programmes are poorly implemented a very few sexual services mainly governmental services in rural areas Nepal are available on the country urban areas have

more specialized facilities with many sexual health services centered, which young people can access easily.

Overall situation of reproductive health and the quality of life of females are not satisfactory in developing countries. According to the data of 2013 the maternal mortality rate of Nepal is 190 per 1,00,000. The prevalence rate of reproductive rights is 29%. Reproductive rights is important as most maternal and newborn deaths could be prevented by improved access to well integrated reproductive health services, including antenatal care, skilled attendance during childbirth and immediately after birth, and emergency obstetric care for complications. Family planning and modern contraception offer choice and opportunity for women to make informed decisions and have more control over their lives enabling women to avoid pregnancy too early in life, when they are at much greater risk of complications, reduces maternal and child deaths, better spacing of births reduces child. (<http://www.who.org>)

Objective of the Study

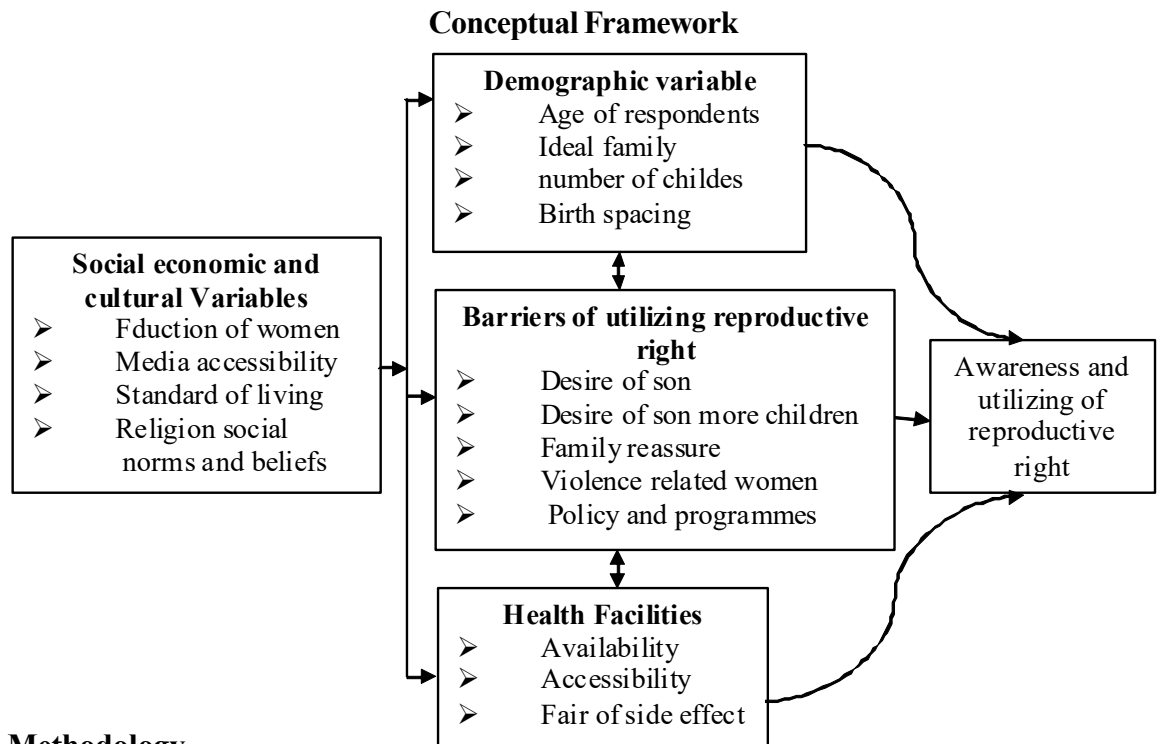
1. To find out the socio-demographic characteristic of respondents.
2. To assess the level of knowledge and utilizing status of reproductive rights among respondents
3. To examine the barriers to utilize reproductive right among respondents.

Review of Related Literature

Delays occurred because of non-recognition of danger signs of complications by the families, lack of transport, decision making by the husband and unavailability of trained personnel with life saving skills. It is known that for each maternal death, there are at least 16- 20 morbidities including prolapse, injuries to the birth canal, fistulae, urine and faecal incontinence, backache, menstrual disturbances, reproductive tract infections, anaemia etc. Early resumption of activities with inadequate rest in the post partum period, too soon and too many pregnancies add to reproductive morbidities. Nepal is the only country in the world where life expectancy of females is lower than that for males. Elderly women suffer from menopausal symptoms, osteoporosis, cancers and heart disease. (WHO, 2007)

The study conducted on Knowledge Regarding Reproductive Rights among Undergraduate Students find out that there are three hundred seventeen undergraduate students were participated in the study and data was collected through structured self administered questionnaire between May to June 2015. The results were most of the respondents 224 (70.66%) were in between the

age group of 15-20 years and 221 (69.38%) were female. Majority of respondents 294(92.74%) belonged to Hindu religion. Most of the respondents 199(62.78%) belonged to nuclear family. Majority of respondents 235(74.1%) were unmarried. Majority of the respondents 290(91.48%) had some sort of information regarding reproductive rights. Majority of respondents 264(83.3%) had average knowledge on reproductive rights. Highest knowledge was in the area of infertility and the lowest in the area of safe motherhood. The overall mean percentage was 51.12. Statistically significant relationship was found on level of knowledge with year of study ($\div 2= 41.95$). The Conclusion in this study majority of respondents had average level of knowledge on reproductive rights. Highest knowledge was in the area of infertility where lowest was in the area of safe motherhood. (Bhattarai and Dhakal, 2015)



Methodology

The study was adopted descriptive study design to find out the knowledge and utilization of reproductive rights among laborer women in Tikapur Municipality. Having at least one child or being pregnant was the study population. Non probability purposive sampling design was adopted to select the respondents in the study, data were collected by interviewing from the selected place through interview schedule, after collect the data, frequencies, mean and standard deviation (SD) were calculated for selected variables of the respondents by using SPSS programme for assess the knowledge and awareness of reproductive right among laborer women.

Result

Socio demographic characteristics of Respondents

Of the 51 Laborer women of reproductive age group from different ethnic groups and religions and living at least one child or being pregnancy included in the study . Most of the respondents were from Janajati (80%) few respondents (12%) from Dalit Followed by Brahamin (8%) Also all most all (91.2%) were Hindu few respondents (9.8%) were Christian most of the respondents (31%) belong to age group 20-40 years followed by (30-34 years) 23.5%. 11.8% respondents were from age group (25-29) Similarly 15.68 were from late reproductive age group and least (7.8%) of them were of the early Reproductive age group. The mean age of the respondents was 29 years. Also 66.7 percent respondents were from joint family type and one third (33%) were from nuclear family. All most (95%) respondents had one or two children.

Areas of Reproductive Right

There are various areas of reproductive right are presented in different international conference which are accepted by Nepal government. The following result is obtained where respondents were asked about the areas of reproductive right.

Table No. 1 Knowledge on areas of reproductive Right

Variable	Frequency	Percent
Yes	12	23.5
No	39	76.5
Total	51	100
Knowledge on areas of reproductive right (N=12)		
Family planning	12	100
Safe motherhood	7	58.33
Child bearing right	8	66.66
participation in female awareness pregame	2	16.66
Abortion right	6	50
Health check up	9	75

*Multiple responses.

Above table shows that majority of the respondents (76.6%) had not knowledge on areas of reproductive right least of them (23.5%) had knowledge on the areas of reproductive right out of 12 total respondents had knowledge on family planning similarly 75 percent know about health check up, about half percent (50%) were aware about abortion followed by child bearing right is two third (66.66%) while least of them knew about participate in female awareness program. The study results shows that majority of the respondents had highest knowledge on the areas of family planning.

Table No 2 Knowledge on ANC and PNC

Variable	Number	Percent
ANC	39	76.5
PNC	5	9.8
Ideal age of marriage (N=51)		
14 to 19 years	2	3.6
20 to 29 years	46	90.2
Above 29 years	3	5.9
Ideal Pregnancy age		
Age above 20 years	46	90.2

Above table shows that highest proportion (76.5%) were aware about the ANC and, only few respondents (9.8% were aware about the PNC. Above result shows that all most all (90.2%) of the total respondents were aware about the right marriage age, according to the respondents response, the mean age of marriage is 20 years. similarly all most all (90.2%) respondents were aware about Ideal Pregnancy age.

Practice to utilize reproductive rights among Respondents

Table No. 3 Frequency of Antenatal visit

Variable	Number	Percent
Frequency of Antenatal visit (N=27)		
Only one time	2	7.4
Tow times	6	22.2
3 times	10	37.03
4 times	9	33.33
Knowledge an right birth spacing (N=51)		
2 years	3	5.9
3 years	33	64.7
4 years	15	29.4

Above table shows that more than one third respondents (37.2%) visited 3 times, similarly one third respondents 4 times, 22.2 percent 2 times and only 7.4% visited only times. The mean time of ANC visit is 2.96. The result of this study illustrates that more than two third respondents (64.7%) said 3 years is right birth space 29.4 percent replied 4 years is the better birth space and only few respondents (5.9%) said 2 years so that average birth spacing is 2.24 years. The study shows that respondents had knowledge on proper birth spacing.

Causes not to utilize reproductive rights

Variable	Number	Percent
Causes not to Practice on in women empowering Programme (N=46)		
Lack of knowledge	3	5.9
Lack of time	47	92.2
Family pressure	11	21.6
Causes not to have decision making power (N=41)		
Beaing Female	31	75.60
Due to culture	35	85.36
Causes not to visit ANC & PNC(N=24)		
Due to shy	16	66.66
Family Pressure	13	54.16

Respondents above 90 percent did not participation in Nari Diwas programme among them all most all (92.2%) did not participation due to lack of time least of them (21.6%) due to pressure of family and only 5.9 Percent not participation due to luck of knowledge. It is stated that respondents in the study area were aware about empowering programme but they did not participants due to lack of time. Similarly among 41 respondents majority of the respondents (85.36%) said they did not have decision making power due to culture. Also 75.60 percent reported that due to they were female. It is conculded that be they did not get the chance for decision in vital role. The above result reveld that two third respondents (66.66%) did not go to ANC check due to shy and more than fifty percent (54.16%) due to family pressure. It is concluded that highest proportion of the respondents did not go to ANC visit due to shy in the study area.

Discussion

Respondents represent from varying socio-cultural groups such as Brahmins/ Chettri, Janajati and Dalit. Majority of the respondents were Hindu, had arranged marriage and were married for more than 10 years. The educational status of respondents showed that majority were literate. The age distribution of respondents varies from the age of 15 to more than 55 years. Most of the respondents reside in joint family. Majority of the literate women were aware about reproductive right 59 percent of the respondents got information about reproductive right from friends and family member. Majority of the respondent (76.5%) did not know about the areas of reproductive right. All most all respondent were aware about the family planning, half percent were aware about safe motherhood and two third respondents were aware about child bearing right. Half recent of the respondent were aware about the abortion right. Majority of the respondents (90%) were aware about ideal age of marriage similarly 90% respondents were aware about ideal pregnancy age. Nearly the two third respondents were about the right birth spacing. Like this more than 75%

respondents were aware about the ANC and PNC visit. All most all respondent (92.2%) did not participation in female awareness program. Half percent of the respondents went for ANC check up at health institution. Only 15% respondents went for PNC check up. Majority of the respondents (80%) did not have decision making power in the family. All most all respondents did not participation in women empowering programme due to tack of time. Majority of the respondents (80%) did not have decision making power in their family. Among them 85 percent said they haven't decision making power due to culture. Majority of the respondents not to visit for ANC and PNC due to shy and family pressure.

Conclusion

This study was conducted in identity the awareness and utilization of reproductive right in laborer woman in Tikapur Municipality. Based on the study result, it is concluded that respondents had knowledge on reproductive right. They had highest knowledge on family planning while lowest in the safe motherhood practice, They have knowledge on ANC and PNC but they did not use it properly. awareness programmes are required to improve knowledge on different aspect of reproductive rights and its utilization in the study area.

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