

Research Article

Knowledge Regarding Reproductive Rights among Undergraduate Students

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Abstract: 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 method was a descriptive research design was used for this study. Proportionate stratified sampling technique and systematic random sampling technique was used to select the respondents. 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 ($\chi^2=41.95$). 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.

Keywords: Knowledge, reproductive rights, reproductive health, undergraduate students

INTRODUCTION

The experience of women working beyond the socially acceptable sectors has shown that they are threatened by both the law enforcement officers as well as local people while asserting their right to work [1]. The goal of universal access to reproductive health was endorsed at the highest level. Reproductive rights are recognized as valuable ends in themselves, and essential to enjoyment of other fundamental rights. Special emphasis has been give to the reproductive rights of women and adolescent girls, and to the importance of sex education and reproductive health programs [2].

The International Conference on Population and Development (ICPD) held in Cairo in 1994 marked the acceptance of a new paradigm in addressing human reproduction and health. For the first time, there was a clear focus on the needs of individuals and on the empowerment of women, and the emergence of an evolving discourse about the connection between human rights and health [3].

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 [4]. Reproductive health programs have acquired importance in Nepal in recent times with government plans emphasizing population and reproductive health issues. A wide range of issues fall under reproductive health including issues related to family planning, safe motherhood, maternal and child health, HIV and AIDS, sexually transmitted diseases and reproductive rights among others [5].

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

mortality and improves maternal health. It will help to stabilize population growth and reduce poverty [6].

Knowing the reproductive rights it helps to enhance equity and gender equality, share the burden of preventing diseases and health complications, Promote satisfying sexual lives for men and women, Inform men and women about male and female anatomy, contraception, STIs and HIV/ AIDS prevention and women’s health care needs during pregnancy and childbirth and hence improve the reproductive health [7].

This study aims to explore the knowledge regarding reproductive rights among undergraduate students and to find out the association of level of knowledge regarding reproductive rights with their selected demographic variables.

MATERIALS AND METHOD

The descriptive research design was adopted to assess the knowledge on reproductive rights of undergraduate students. The study was conducted in Aadhikabi Bhanu Vakta Campus of Vyas municipality, Tanahun, Nepal. The study population comprises of undergraduate level students studying in management, education and humanities faculty. The study was carried out during May –June 2015. Proportionate Stratified random sampling and Systematic random sampling technique was used to select the sample of the study. The sample size of the study was 317 undergraduate students.

The instruments was modified after reviewing literature, pretesting and reliability of the instruments as

well as consulted with supervisor. The research was based on primary data which was collected by self-administered structured questionnaire. Level of knowledge was classified as Poor (0-12), Average (30-58) and Good (59-87) based on the score get by the responses to self-administered structured questionnaire. The study was conducted after receiving permission from, School of health and Allied Sciences, Pokhara University and Aadhikabi Bhanu Vakta Campus of Vyas municipality, Tanahun, Nepal. Informed written consent was obtained from the participants and the confidentiality of the received information was maintained. The collected data was tabulated and analyzed using SPSS.

RESULTS

Demographic Performa of respondents:

Out of 317 respondents 224(70.66%) were in between the age group of 15-20 years. Most of the respondents 221(69.38%) were female and 294(92.74%) belonged to Hindu. Most of the respondents 199(62.8%) belonged to Nuclear family and 235(74.13%) were unmarried. With regards to the faculty of study; 161(50.79%) of the respondents were from education, 141(44.48%) were from management and 15(4.73%) were from humanities faculty. Regarding the year of study; 108(34.07%), 123 (38.80%) and 86 (27.13%) of respondents were from first, second and third year. With regard to income of the family (Rs/month) 178(56.15%) of respondents monthly income was ranged between Rs 7000-14000. Majority of respondents 290(91.48%) had some sort of information regarding reproductive rights [Table 1].

Table 1: Socio-demographic characteristics of respondents n =317

S.No	Variables	Frequency(f)	Percentage (%)
1	Age in years		
	15-20	224	70.66
	21-25	91	28.70
	26-30	2	0.64
2	≥30	0	0
	Sex		
	male	96	30.28
3	female	221	69.72
	Religion		
	Hindu	294	92.74
	Buddhist	18	5.68
	Christians	1	0.32
	Muslims	2	0.63
4	Others	2	0.63
	Type of family		
	nuclear	199	62.78
5	joint	118	37.22
	Marital status		
	married	82	25.87
6	unmarried	235	74.13
	Faculty of study		
	management	141	44.48

7	education	161	50.79
	humanities	15	4.73
	Year of study		
	first	108	34.07
	second	123	38.80
	third	86	27.13

8	Monthly family income (Rs/month)	178	56.15
	7000-14000	79	24.92
	14001-21000	45	14.20
	21001-28000	15	4.73
	≥28001		
9	Information on Reproductive Rights	290	91.48
	Yes	27	8.52
9.1	No	71	24.48
	If yes, Source of information	32	11.04
	Newspaper/books	56	19.31
	Health workers	131	45.17
	Friends/family		
	Radio/TV		

Level of knowledge of respondents

The study results shows that majority of the respondents 264(83.3%) had average knowledge, 29(9.1%) had good knowledge and 24(7.6%) had poor

knowledge on reproductive rights. The total score was 87. Minimum score was 22 and maximum score was 79. The overall mean score was 44.48 [Table 2].

Table 2: Distribution of respondents according to the level of knowledge n = 317

Level of knowledge	Frequency(f)	Percentage (%)
Poor	24	7.6
Average	264	83.3
Good	29	9.1

Knowledge aspects of respondents regarding reproductive rights

The result of study illustrates that highest knowledge was in the area of infertility, the mean percentage was 73.66 with mean and SD of 6.63±1.63. In the area of safe motherhood the mean percentage was 40.33 with mean and SD of 7.26±2.27, which was the lowest. In the area of family planning, the mean percentage was 53.85 with mean and SD of

7.54±2.27. Likewise mean percentage in the area of concept of reproductive rights was 51.72 with mean and SD of 9.31±2.91. In the area of abortion mean percentage was 45.81 with mean and SD of 5.04±1.72. In the area of sexually transmitted disease and HIV/AIDs the mean percentage was 51.17 with mean and SD of 8.70±2.85. The overall mean percentage was 51.12 with mean and SD of 44.48±13.65 [Table 3].

Table 3: Knowledge aspects of respondents regarding reproductive rights n=317

Area of Knowledge	Max. Score	Mean ±SD	Mean percentage (%)
Concept of reproductive rights/health	18	9.31±2.91	51.72
Safe motherhood	18	7.26±2.27	40.33
Family planning	14	7.54±2.27	53.85
Abortion	11	5.04±1.72	45.81
STD and HIV/AIDs	17	8.70±2.85	51.17
Infertility	9	6.63±1.63	73.66
Overall	87	44.48±13.65	51.12

Association of level of knowledge with their selected demographic variables

The study result represents that there is significant association between level of knowledge with

selected demographic variables; year of study ($\chi^2=41.95$). There is no association with other demographic variables like age, sex, faculty of study etc. [Table 4].

Table 4: Association of level of knowledge with selected demographic variables, n = 371

S.No	Variables	Total score		χ^2 value	Df	p-value
		Median ≤ 43	Median > 43			
1	Age in years					
	<25	169	146	0.217	1	P-value > 0.05
	>25	0	2	(Fisher's exact test)		
2	Sex					
	Male	51	45	0.02	1	0.965
	Female	118	103			
3	Faculty of study					
	Management	78	63	4.54	2	0.103
	Education	87	74	(Yates correction)		
	Humanities	4	11			
4	Year of study			41.95*	2	0.001*
	First	34	74			
	Second	91	32			
	Third	44	42			

NS=Non significant; S*=significant when $p < 0.05$, χ^2 3.84 at 1 Df, 5.99 at 2 Df

DISCUSSION

A reproductive right highlights the importance of empowering people to take their decision about their sexual and reproductive rights. In Nepal, customs, social systems and state made discriminate women. Powerlessness and low status of women in society contribute to a wide range of female health problem [1].

In present study most of the respondents 224(70.66%) were in between the age group of 15-20 years. Most of the respondents 221(69.72%) were female. Majority of the respondent 294(92.74%) belonged to Hindu. Most of the respondents 199(62.78%) belonged to Nuclear family. Majority of the respondents 235(74.13%) were unmarried. Most of the respondents 161(50.79%) were from education faculty and 123(38.80%) of respondents were from second year. out of 317, respondents 264(83.3%) had average knowledge, 29(9.1%) had good knowledge whereas 24(7.6%) had poor knowledge on reproductive rights.

The result of present study was supported by a Cross-sectional study carried to assess Knowledge of reproductive and sexual rights among University students in Ethiopia. Data was collected among 642 regular undergraduate students. Sample was selected by simple random sampling method. The study states that the age of the respondents ranged from 18 to 28 years,

more than half of the respondents (57.4%) were between the ages of 18 and 20 years. Regarding marital status, almost all (95.5%) of the study participants was single. The study shows that more than half (54.5%) of the respondents were found to be knowledgeable about reproductive and sexual rights. This study clearly supports present study [7].

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In present study, regarding knowledge on concepts reproductive rights/health majority of the respondents 253(79.81%) mentioned the correct meaning of reproductive rights. Most of the respondents 190 (59.94%) correctly said the reproductive rights has been focused to reproductive age men and women. All the respondents has some sorts of knowledge on components of reproductive rights; among them 239(75.39%) of respondents mentioned family planning as a components of reproductive rights. A descriptive research study was carried out to assess the awareness and utilization of reproductive rights in Kapan Village Development Committee. Respondents are 101 reproductive age group women. Sample was collected through Non-Probability purposive sampling method. Data was collected through structured schedule interview. The study shows that 68.3% had knowledge about reproductive right and 30.4% of respondents said family planning as a reproductive rights. This study clearly supports present study [8].

In Present study 82(25.87%) of respondents correctly said that 20 years for both boys and girls was appropriate age for marriage. Most of the respondents 125(39.43%) correctly said that ideal age for pregnancy is ≥ 25 years. In regard to the vaccine given to the pregnant women, 211(66.56%) respondents correctly mentioned that was TT. Only 88(27.76%) said that the minimum age gap between two children is 3 years. Only 74(23.34%) respondents had known that the minimum checkup after childbirth is 3 times. The findings of the study clearly supports by a descriptive study which was carried to assess the knowledge about safe motherhood and HIV/AIDs among the school pupils in rural area in Tanzania. Data was collected on 135 pupils from standard four to seven through interview method. Sample was collected through simple random sampling method. The study states that 80% of respondents mentioned that it is safe to marriage after 18 years [9].

Knowledge regarding abortion,217(68.45%) of respondents mentioned abortion is legalized in Nepal, 117(36.91%) said correct meaning of safe abortion, 173(54.57%) of respondents said that within 12 weeks for any condition women can decide for abortion, 30(9.46%) respondents knows that after 16 years the women can decide for abortion independently. Most of the respondents 235(74.90%) mentioned heavy bleeding as risk associated with unsafe abortion where 136(42.90%) of respondents mentioned infection.

Present study was supported by a descriptive study carried out to assess knowledge and attitudes about abortion legislation and abortion methods among abortion clients in Latvia. Data was collected among 371 abortion client through semi-structured questionnaire. Purposive sampling technique was used. The study states that most women 53% knew that abortion is legal [10]. As well as the cross-sectional survey carried out to assess knowledge about complication and practice of abortion among female undergraduates in university of Ibadan, Nigeria. Data was collected among 425 respondents were through interview. Systematic random sampling technique was used. The study reveals that, 345 (81.2%) respondents knew that unsafe abortion may be associated with bleeding, 336 (79.1%) knew that unsafe abortion may be associated with increased risk of contracting HIV/AIDS and 326 (76.7%) respondents said that infection of the reproductive tract may be the risk associated with unsafe abortion. The finding of this study was similar with the finding of present study [11].

CONCLUSION

The present study highlights the knowledge on reproductive rights among undergraduate students. It shows that participants had average knowledge on reproductive rights. They had highest knowledge on the aspects of infertility while lowest in the safe-motherhood. Awareness programmes are required to improve knowledge on the different aspects of reproductive rights. Further studies can be conducted to make more clear views and to plan for future on reproductive rights and to utilize the reproductive health services by people.

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