

**PJN**

ISSN 1680-5194

PAKISTAN JOURNAL OF  
**NUTRITION**

**ANSI***net*

308 Lasani Town, Sargodha Road, Faisalabad - Pakistan  
Mob: +92 300 3008585, Fax: +92 41 8815544  
E-mail: editorpjn@gmail.com

## Practicing of Women Reproductive Health Rights: A Road Map for HIV Prevention

Kanwal Asghar<sup>1</sup>, Ashfaq Ahmad Maann<sup>1</sup>, Muhammad Iqbal Zafar<sup>1</sup> and Tanvir Ali<sup>2</sup>

<sup>1</sup>Department of Rural Sociology, Faculty of Agricultural Economics and Rural Sociology,

<sup>2</sup>Directorate of Counting Education and Agriculture Extension,  
University of Agriculture, Faisalabad, Pakistan

---

**Abstract:** Denying of reproductive health rights encompasses the problems of HIV and STDs/STIs, unintended pregnancy and abortion and infertility. The present study was designed to identify vulnerability (towards HIV/AIDS) and violence against women due to lack of knowledge at reproductive health rights. It was found that those married women who were agreed that HIV/AIDS and STD/STIs are preventable had 'highly consistent' attitude towards the RHR practice. Similarly, statistically highly significant positive relationship was observed from the 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. It was suggested that in addition to the information that HIV/AIDS and STD/STIs are preventable diseases married women must have information and knowledge about the preventive measures. Only then they can insist for the adoption of any RH-Service to her partner or spouse.

**Key words:** Reproductive health, reproductive health rights, reproductive health security

---

### INTRODUCTION

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. Correa (1997) described health akin to a right and the right of health like a human right. To this scope, the World Health Organization defines health, the Cairo Program delineates the reproductive health as: "A state of complete physical, mental and social well being and...not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes" (ACPD, 2004; WHO, 2002). "Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the ability to reproduce and the freedom to decide if, when and how often do so. Implicit in this last condition are the right of man and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples which the best chance of having a healthy infant" (UNDP, 1994; Social Watch, 1995; Correa, 1997; ACPD, 2004; Sadik, 1997; Hunt and De Mesquita, 2005).

Denying of reproductive health rights encompasses the problems of HIV and STDs/STIs, unintended pregnancy

and abortion and infertility. The rates of HIV infection among women continues to grow. Over the last ten years, discussions around reproductive health rights at the international level have begun and special consideration is now being given to the reproductive health rights of women in the context of HIV/AIDS (Roseman *et al.*, 2004). Sometimes couples give little consideration to their risk of acquiring STIs/HIV. Because, young women's primary incentive for becoming sexually involved with older partners is financial and material gain (Longfield *et al.*, 2004; WHO, 2005). Majority of men preferred younger partners because they deem that young women are a low-risk group because they are "innocent", sexually inexperienced, or have had few sexual partners.

Reproductive health security methods kept away from the risk of pregnancy and HIV infection. In general, however, condoms were seen as more effective at preventive HIV infection than pregnancy (Maharaj and Cleland, 2004). The present study was carried out to identify vulnerability (towards HIV/AIDS) and violence against women due to lack of knowledge at reproductive health rights.

### MATERIALS AND METHODS

The study was carried out in urban and rural areas of three districts of Punjab province i.e. Toba Tek Singh, Rawalpindi, Bahawalpur. In the present study 700 married women of age 15-49 years having at least one child were selected through Multistage Sampling

technique. At the first stage, three districts, Toba Tek Singh, Rawalpindi and Bahawalpur were selected through simple random sampling technique. At the second 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. 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. Researcher pooled the respondents' opinion regarding different aspects of RHR and HIV/AIDS prevention by sets of statements on semantic differential rating scale (bi-polar) of seven points from one to seven where four marked the neutral position (Ahmad, 1995; Nachmias and Nachmias, 1992) and Likert Scale which were merged by indexation after measuring their reliability through Crown Bach Alpha-Test ( $\alpha = 0.78-0.9$ ). The ordinal regression method was also used to model the relationship between the ordinal outcome variable e.g., married women's attitude towards practice of reproductive health rights and the explanatory variables. The outcome variable was measured on an ordered, categorical and three-point Likert scale- "highly inconsistent", "moderately consistent" and "highly consistent".

## RESULTS AND DISCUSSION

The information presented in Table 1 show that reflect that a bit more than three fourth (75.4%) of the respondents heard about HIV/AIDS and had knowledge about STD/STIs. Amongst them an enormous majority (92.4%) of those respondents who ever heard about HIV/AIDS and STD/STIs had knowledge that these diseases could be transmitted from one person to another person and a healthy person could be infected from these diseases by some way. Finally, it can also be revealed that a big majority (85.0%) of those respondents who had awareness that HIV/AIDS and STD/STIs were transferable diseases also had knowledge that these diseases could be prevented from by some ways.

The data presented in Table 2 reflect that more than four fifth amongst those respondents who had knowledge that HIV/AIDS and STD/STIs were preventable diseases and could be prevented by using new blades (83.1%) at barber shop or beauty salon, testing of blood (80.5%) and by avoid extra-marital sex (80.5%). Furthermore, it can also be revealed that more than three fourth (78.1%) of the respondents were agreed that a healthy person could get rid of these transmittable diseases by using condoms, while having sex with one's marital partner or some extra-marital partner. Similarly, Maharaj and Cleland (2004) found that condoms protect against the risk of pregnancy and HIV infection. In general, however, condoms were seen as more effective against preventive HIV infection than pregnancy.

It is depicting from the Table 3 that almost two third (41.0%) of married women amongst those who were

Table 1: Distribution of the respondents according to their awareness about HIV/AIDS and STD/STIs

Response	Frequency	Valid percentage
<b>Ever heard about HIV/AIDS and STD/STIs</b>		
Heard	528	75.4
Not heard	172	24.6
Total	700	100.0
<b>Knowledge that HIV/AIDS and STD/STIs are transmitted from one person to another</b>		
Knowledge has	488	92.4
Knowledge hasn't	40	7.6
Total	528*	100.0
<b>Knowledge about the prevention from HIV/AIDS and STDs/STIs</b>		
Yes	415	85.0
No	73	15.0
Total	488**	100.0

\*172 Respondents have no knowledge about HIV/AIDS and STD/STIs.

\*\*40 Respondents have no knowledge that these are transferable diseases

Table 2: Distribution of the respondents according to their responses regarding prevention from HIV/AIDS and STD/STIs

	Agree	Disagree	No opinion	Total
	Count valid N %	Count valid N %	Count valid N %	Count valid N %
HIV/AIDS and STD/STIs can be prevented by				
Avoiding to share needles with others	323 (77.8%)	46 (11.1%)	46 (11.1%)	415 (100%)
Testing blood before transfer	334 (80.5%)	49 (11.8%)	32 (7.7%)	415 (100%)
Using new blades at barber shop or beauty salon	345 (83.1%)	33 (8.0%)	37 (8.9%)	415 (100%)
Avoiding extra-marital sex	334 (80.5%)	39 (9.4%)	42 (10.1%)	415 (100%)
Using condom during sex	324 (78.1%)	40 (9.6%)	51 (12.3%)	415 (100%)
Homo-sexuality	342 (82.4%)	31 (7.5%)	42 (10.1%)	415 (100%)

Table 3: Association between knowledge about transmittable diseases and respondent's attitude towards practices of RHR

Awareness about HIV/AIDS and STDs/STIS	Attributes	Respondents' attitude towards RHR-practices			Total
		Inconsistent	Moderately consistent	Highly consistent	
Perception about the prevention from HIV/AIDS STDs/STIs	No opinion	10 (2.7%)	37 (9.9%)	21 (5.6%)	68 (18.2%)
	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%)

Statistics: Chi-Square<0.0001, Somers' d<0.0001, Gamma<0.0001 (0.427)

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' or had neutral attitude in this regard were 'moderately consistently' in their attitude towards the 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 must have information and knowledge about the preventive measures. Only then one can insist for the adoption of any RH-Service to her partner or spouse. Likewise, Germain and Jennifer (2005); Prata *et al.* (2005); Maharaj and Cleland (2005); Erulkar (2004) presented the that in order to protect one selves, men and women need to be well informed about the means available. Awareness about the risk of HIV infection is also strongly related to an increase in self-protective behavior.

It is evident from the Table 4 that an enormous majority (91.0%) of the respondents had positive attitude regarding the adoption of RH-Methods because from their point of view 'contraceptives are effective to have small family and to maintain good health by avoiding frequent births (83.0%). According to more than a half (57.14%) of them expressed that use of RH-Methods or contraceptive methods was a source of creating lack of trust among spouses and 55.0% married women were the of view that it could be a source to create conflict among spouse. Similarly, Singh *et al.* (2005) and Prata *et al.* (2005) found that amongst the important impediment which stop women from practicing of RH-Methods are the dread and tension that use or even negotiations of family planning entailed with unfaithfulness or lack of commitment to marriage.

It can be extracted from the above discussion that majority of married women had favorable attitude towards the adoption of RH-Methods and were well aware of the benefits of the practice of RH-Services but at the same time they also had fear that it might be a cause of creating conflict and lack of trust among spouse.

It is evident from the table that statistically highly significant positive relationship was observed from the 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 contraception. 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 contraception 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.

Data presented in Table 6 clearly shows that those married women who have 'no knowledge' about HIV/AIDS and STD/STIs and its preventive measures were statistically significantly ( $p < 0.0001$ ) less likely to incline towards the RHR-Practices. Likewise, the women who have 'no opinion' or disagreed with preventive measures of such transmissible diseases were also significantly ( $p = 0.015$  and  $p = 0.001$  respectively) less likely to prone to the practice of RHR than those who not only have awareness but also agreed with the preventive measures while controlling the effect of all other factors by regression analysis. It shows that relative chance of denying the RHR-Practice is higher among those married women who have no knowledge about HIV/AIDS and STD/STIs and its preventive measures. The results of the present study are in accordance with the results of international studies. Prata *et al.* (2005) found that men were more knowledgeable than women about preventing pregnancy (85% vs. 80%) and HIV infection (86% vs. 81%). Similarly, Maharaj and Cleland (2004) found that condoms were more effective at preventive HIV infection than pregnancy. Women with a high perceived self-efficacy were more likely to report using a condom than were those with a low perceived self-efficacy.

The data presented in Table 6 indicate that those respondents who disagreed or had neutral opinion regarding the hurdles i.e. RH security measures were expensive, neither easily available, nor available on regular basis and not accessible were more likely to be practicing RHR in their marital lives as compared to those married women who considered the cost of RH

Table 4: Distribution of the respondents according to their opinion towards different aspects of contraceptive use

Different aspects of RH-Services/contraceptives use	Response	Count	N %
It has lesser health hazards as compared to repeated pregnancies	Not Hazards	550	78.57
	Health Hazards	97	13.58
	Neutral	53	7.57
It is against Islam	Not Against	459	65.57
	Against	151	21.57
	Neutral	90	12.86
Contraceptive methods are effective to have a small family	Effective	637	91.00
	Ineffective	34	4.86
	Neutral	29	4.14
Acceptable for the birth control in our society	Acceptable	616	88.00
	Not Acceptable	34	4.86
	Neutral	50	7.14
Acceptable to get benefits of small family in our Religion/Islam	Acceptable	439	62.71
	Not Acceptable	104	14.86
	Neutral	157	22.43
Contraceptive methods are effective in maintaining good health by avoiding frequent births	Effective	581	83.00
	Ineffective	48	6.86
	Neutral	71	10.14
Use of contraceptive is against human nature	Not Against	523	74.71
	Against	61	8.72
	Neutral	116	16.57
Use of contraceptive creates conflict among spouses	Not Create	385	55.00
	Create Conflict	250	35.71
	Neutral	65	9.28
Use of contraceptive is creating lack of trust among spouse	Trust	400	57.14
	Lack of trust	193	27.57
	Neutral	107	15.29

Table 5: Association between respondent's reproductive health security and their attitude towards practices of RHR

RH-Security	Attributes	Respondents' attitude towards RHR-practices			Total
		Inconsistent	Moderately consistent	Highly consistent	
Perception about the Reproductive Health (RH) security	Against	35 (6.0%)	39 (6.7%)	21 (3.6%)	95 (16.3%)
	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%)

Statistics: Chi-Square<0.0001, Somers' d<0.0001, Gamma<0.0001 (0.468)

Table 6: Ordinal regression of socio-economic and cultural determinants of attitude towards the practice of Reproductive Health Rights (RHR)

Parameters	Regression coefficients	Std. Error	p-value
<b>Awareness about HIV/AIDS and STD/STIS</b>			
No Knowledge	-0.691	0.194	0.000
No opinion	-0.524	0.216	0.015
Disagree	-0.759	0.235	0.001
Agree	0(a)	-	-
<b>Reproductive Health Security</b>			
<b>Perception about RH Security</b>			
Against	-0.316	0.200	0.113
Neutral	-0.226	0.184	0.219
Not Against	0(a)	-	-
<b>Cost of RH security measures</b>			
Disagree	0.537	0.229	0.019
Neutral	0.794	0.198	0.000
Agree	0(a)	-	-
Agree	0(a)	-	-
<b>Structural/environmental factors effect on RH security measures</b>			
Disagree	-0.246	0.189	0.193
Neutral	-0.318	0.177	0.073
Agree	0(a)	-	-

security measures as a stumbling block were less likely to be prone to the practice of RHR. Therefore, it can be concluded that 'cost of RH security measures' appeared as an important determinant in facilitating women for using their RH-Rights. The result of the present study is aligned with the results of some international studies. Singh *et al.* (2005) explored the important barriers that prevent women from practicing of RH-Method. Among those the important constraints were fear of side effects, cost, inconvenience and the fear that use or even discussions of RHR may cause unfaithfulness or lack of commitment to marriage. Germain and Francoise (2000) explored that reproductive health should be measured not but a single indicator- contraceptive use-as in the past, but by empowerment of women in decisions regarding family formation, monitoring provision of, access to and use of fundamental services i.e. achievable range of safe and effective planning and contraception. As "Family Care International" (2005) indicated that access to comprehensive sexuality education, information and services can help them to establish healthy attitudes and behaviors among adolescent.

**Conclusion:** The results of Ordinal Regression Analysis showed that relative chance of denying the RHR-Practice is higher among those married women who have no knowledge about HIV/AIDS and STD/STIs and its preventive measures. Additionally, the married women who considered the cost of RH security measures as a stumbling block were less likely to be prone to the practice of RHR than those who didn't. Therefore, there is a need to publicize that in addition to the information that HIV/AIDS and STD/STIs are preventable diseases one must have information and knowledge about the preventive measures. Only then one can insist for the adoption of any RH-Service to her partner or spouse.

## REFERENCES

- Ahmad, A., 1995. An investigation into program factors and providers' perceptions at family welfare centers in Faisalabad district of Pakistan. A Ph.D. Thesis of University of Exeter.
- ACPD, 2004. Sexual and Reproductive Health and Rights. Action Canada for Population and Development.
- Correa, S., 1997. From reproductive health to sexual rights: Achievements and future challenges. *Reprod. Health Matters*, 5: 107-116.
- Erukhar, A.S., 2004. The experience of sexual coercion among young people in Kenya. *Int. Family Planning Perspectives*, 30: 182-189.
- Family Care International, 2005. Adolescent's Sexual and Reproductive Health and Rights 2005. Family Care International. New York, USA.
- Hunt, P. and J.B. De Mesquita, 2005. The Right to Sexual and Reproductive Health. Human Rights Center. University of Essex, UK. [www2.essex.ac.uk/human\\_right\\_center/](http://www2.essex.ac.uk/human_right_center/).
- Germain, A. and G. Francoise, 2000. Beijing+ and women's health: Building on ICPD+5. *Populi: The UNFPA Magazine*, Vol. 27.
- Germain, A. and K. Jennifer, 2005. The unfinished agenda for reproductive health: Priorities for the next 10 years. *Int. Family Planning Perspectives*, 31: 90-93.
- Longfield, K., G. Anne, W. Margaret and B. John, 2004. Relationship between older men and younger women: Implications for STIs/HIV in Kenya. *Stud. Family Planning*, 35: 125-134.
- Maharaj, P. and J. Cleland, 2004. Condom use within marital and cohabiting partnerships in KwaZulu-Natal, S. Africa. *Stud. Family Planning*, 35: 116-124.
- Maharaj, P. and J. Cleland, 2005. Risk perception and condom use among married or cohabiting couples in KwaZulu-Natal, South Africa. *Int. Family Planning Perspectives*, 31: 24-29.
- Nachmias, C.F. and D. Nachmias, 1992. *Research Methods in the Social Sciences*. 4th Edn., Ch. 11, Questionnaire Construction. St. Martin's Press, Inc., pp: 239-270.
- Prata, N., V. Farnaz and F. Ashley, 2005. Gender and relationship differences in condom use among 15-24-years-old in Angola. *Int. Family Planning Perspectives*, 31: 192-199.
- Roseman, M.J. Roseman, S. Gruskin and L. Ferguson. 2004. Integration of HIV/AIDS and reproductive health: A human rights perspective. International Health and Human Rights Program. FXB Center for Health and Human Rights, Harvard School of Public Health, Boston, United States. *Int. Conf AIDS*. 2004 Jul 11-16; 15: abstract no. C11639.
- Sadik, N., 1997. The right to reproductive and sexual health. Women. United Nations Department of Public Information--DPI/1877 Available at: <http://www.un.org/ecosocdev/geninfo/women/womrepro.htm>.
- Social Watch, 1995. Beijing Declaration and Platform of Action: United Nation-Fourth World Conference on Women, Beijing-1995.
- Singh, S., P. Elena, M. Florence and K. Charles, 2005. The incidence of induced abortion in Uganda. *The Int. Family Perspectives*, 31: 183-191.
- UNDP, 1994. Report on the International Conference on Population and Development-Cairo-1994: Cairo Program of Action (Principle 8), UNDP.
- WHO, 2002. Gender and Reproductive Rights: Working Definitions: Who technical consultation on Sexual health. Department of Reproductive Health and Research (RHR). World Health organization.
- WHO, 2005. The world health report-2005: Make every mother and child count. Chapter 4: Risking Death to Give Life. WHO, Program and Projects Available at: <http://www.who.int/whr/2005/chapter4/en/index1.html>.