SOCIO-DEMOGRAPHIC DETERMINANTS OF MARRIED WOMEN'S ATTITUDE TOWARDS REPRODUCTIVE HEALTH RIGHTS IN PUNJAB, PAKISTAN

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In Pakistan, over 20,000 women die each year due to complications of pregnancy and childbirth and most can be attributed to delays in accessing RH facilities. Socioeconomic and demographic characteristics are important predictors of practice of RHR and of the type of RH-Methods practiced. Women with more schooling may be more comfortable interacting with medical personnel and may have better access to sources of modern birth control than women who have little education. The present study was designed to know the socio-demographic characteristics of the respondents and to find out the relationship between respondent's socio-demographic factors and their attitude towards reproductive health rights. Multistage random sampling technique was used to select the women of age 15 – 49 years having at least one child. A sample of 700 married women was interviewed by a well designed interviewing schedule from three districts of Punjab. Uni-variate and bi-variate analysis demonstrate that there was a strong and positive association between socio-demographic characteristics of the respondents and the practice of RHR. Similarly, the value of Chi-Square, Somers'd, and Gamma showed a significant and positive association between the women's socio-economic status and practice of RHR. The study proposed that women should be empowered by motivating and providing them employment opportunities.

Keywords: Reproductive health rights (RHR), RH-Methods, emergency obstetric care (EmOC), socio-demographic

INTRODUCTION

As many as 300 million women more than one quarter of all adult women now living in developing world-suffer from short or long-term illness related to pregnancy and childbirth in addition to maternal deaths. Many women in developing countries receive no antenatal care, almost half give birth without a skilled attendant, and vast majority receive no postpartum care. Poor, rural women in Sub Saharan Africa and South Asia are the least likely to receive antenatal, delivery, or postpartum care (Mirza, and *et al, 2003*). Therefore, it is necessary to understand the risk factors for unintended pregnancy, particularly those related to intimate partner violence regarding denying of reproductive health rights (RHR).

In Pakistan, over 20,000 women die each year due to complications of pregnancy and childbirth and most can be attributed to delays in accessing emergency obstetric care (EmOC). Husbands have very important role to know the location of a secondary hospital that provides EmOC and have access to rapid transport (Becker and Midhet; 2003).

Demographic characteristics are important predictors of practice of RHR and of the type of RH-Methods practiced. A women age is a key determinant: Younger women may be more open to new ideas or better informed about RH-Methods, but older women may have more control over household resources and a greater ability to make and act on decisions about RH-Methods (Miles, Rebecca and Karin; 1998). The number of living children is a measure of a woman's previous experience with childbearing, and of the demand already placed on household resources. Women with two or more living children are likely to be more interested in limiting childbirth than are childless women or those with only one living child. Whereas those with no living children may be trying to delay start of childbearing all else being equal (Burgard S., 2004).

Socioeconomic characteristics are also key determinants of the use of modern RH-Methods. Education may effect in multiple ways; it may expose women to modern ideas about RH-Methods and family-size limitation, and it may enhance their ability to exercise control over their sexual relationships and childbearing preferences. Women with more schooling may be more comfortable interacting with medical personnel and may have better access to sources of modern birth control than women who have little education. In addition, better-educated women may be more likely than others to earn incomes or to live in households having greater incomes, and thus may have greater economic resources or health insurance that could improve their access to RH facilities (Burgard; 2004).

Keeping in view the above situation this research paper was with the objectives; (1) to know the socio-

demographic characteristics of the respondents included in the study (2) to investigate married women's attitude towards reproductive health rights and (3) to investigate the relationship between respondent's socio-demographic factors and respondent's attitude towards reproductive health rights. These factors have direct affect on married women's knowledge about reproductive health rights to maintain their health and to meet their reproductive health need. To achieve the above mentioned objectives the following methodology was applied.

MATERIALS AND METHODS

The Department of Rural Sociology at the University of Agriculture, Faisalabad conducted a survey study with 700 married women having at least one child to investigate the socio-economic and demographic determinants of married women's attitude towards reproductive health rights in thee districts namely Toba-Tak Singh, Bahawalpur, and Rawalpindi of Punjab province in Pakistan.

Study area and sample

A cross-sectional survey was carried out in the Punjab province. Punjab is the most populated province of Pakistan, with72.6 million people (MOPW, 2004). The study was conducted in urban as well as rural areas of the above mentioned three districts. Multistage random sampling technique was used to select the study area. 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 urban and one rural Tehsil were selected by *simple random selection*. At the third stage, one urban and one rural union council 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 *nth* household.

From the selected urban and rural localities married women of age 15–49 years having at least one child was interviewed from the selected household. A sample of 700 married women was interviewed. A well designed interviewing schedule was constructed in the light of research objectives and the conceptual framework of the study to collect data. Descriptive and bi-variate analyses were carried out. Different statistical tests such as chi-square, Somers'd and Gamma tests were applied to examine the relationship and the intensity of association between independent and dependent variables. The important findings are presented in this paper and some measures are suggested to enhance the awareness about reproductive health rights among married women.

RESULTS AND DISCUSSION

Table 1. Distribution of the respondents according to their age

Age Groups in Years	Frequency	Percent
Up to 25	91	13.0
26 – 30	264	37.7
31 – 35	175	25.0
36 – 40	133	19.0
41 +	37	5.3
Total	700	100.0

The information presented in Table 1 reveals that 37.7 percent of the respondents fall in the age category of 20–30 years. One fourth (20 %) of the respondents were of age 31–35 years while less than one fifth (19.0 %) were 36–40 years. Only a small proportion (5.3 %) was from middle age group (41–45 years old). It can be agreed that respondents of age 26–35 years were easily available in the four walls of their houses because elderly women mostly busy in that type of home activities in which they have to move out side their house during the day time e.g. buying of daily used items especially for kitchen, bringing children form school, visiting neighborhoods, etc.

Table 2. Distribution of the respondents according to husband's education

Educational Level	Frequency	Percent
Illiterate	52	7.4
1–4 Class	94	13.4
Primary	76	10.9
Middle	79	11.3
Metric	135	19.3
Intermediate	115	16.4
Graduate	112	16.0
Master	37	5.3
Total	700	100.0

The information presented in Table 2 reveals that 7.4% of the respondents' husbands were quite illiterate or never gone to school while 13.4 % were those who received only 1–4 years of schooling. It is also evident from the table that only a little higher than one tenth (10.9 & 11.3%) of the respondents' husbands reached up to primary and middle levels of education respectively. Further the table shows that more than one quarter (37.7%) of the respondents' husbands received college level education (intermediate, graduate and master level). It can be inferred from the presented information that now educational facilities were not only accessible but also affordable to the

common men and Govt. of Pakistan is making serious effort to increase the literacy rate in Pakistan and to achieve the Millennium Development Goals; Goal–2 which is to achieve 'Universal Primary Education'.

Table 3. Distribution of the respondents according to their monthly income from all sources

Monthly Income in rupees	Frequency	Percent
Don't Know	5	.7
1,000 - 5,000	227	32.4
6,000 – 10,000	196	28.0
11,000 - 15,000	83	11.9
16,000 - 20,000	56	8.0
21,000 +	133	19.0
Total	700	100.0

The information presented in Table 3 depicts that almost one third of the respondents' monthly income from all sources were in the range of 'Rs. 1,000–5,000' and a little more than one forth (28.0 %) of them had 'Rs 6,000–10,000' monthly income. The data also indicates that a little less than one fifth (19.0 %) of the respondents had 'Rs 21,000 & more' income from all sources and a little more than one tenth (11.9 %) of them had their monthly income Rs. 11,000–15,000.

Table 4. Distribution of the respondents according to their education

Level of Education	Frequency	Percent
Illiterate	119	17.0
1–4 Class	125	17.9
Primary	65	3.0
Middle	72	10.3
Metric	133	19.0
Intermediate	88	12.6
Graduate	81	11.6
Master	17	2.4
Total	700	100.0

Education profile of the respondents is presented in Table 4 which reflects that amongst the one third of the respondents (17.0%) were never gone to school and 17.9% of them had received 1–4 years of schooling while less than on tenth of respondents; 9.3% got up to primary level education. Further the information given in table shows that little less than one fifth of the respondents (19.0%) received 'metric level' education and from the remaining one forth of the respondents had intermediate (12.6%), graduate (11.6%) and master (2.5%) level of education. The satisfactory situation of educational attainment of the respondents reflects the government interest in improving the literacy rate of the country with special focus on girls' education so that they can play their due role towards nation development.

Table 5. Distribution of the respondents according to current employment status

Response	Frequency	Percent
Yes	66	9.4
No	634	90.6
Total	700	100.0

The information shown in Table 5 indicates that only less than one tenth of the respondents (9.4%) were currently economically active while the remaining 90.6 % of them were economically dependent on their husbands. The data clearly reflect the Pakistani/ Punjabi culture that here majority people dislike or strictly condemn that their ladies go outside the four walls of their houses for earning purpose even though they faced tough economic situation.

Table 6. Distribution of the respondents according to history of paid employment

Response	Frequency	Percent
Yes	44	6.9
No	590	93.1
Total	634	100.0

*66 Respondents were currently engaged in paid employment.

The data given in Table 6 indicate that when the respondents were asked 'did they ever work for paid job out side home?' a clear majority (93.1%) respond 'No' and only a few of them (6.9 %) told that they did paid job outside home.

Table 7. Distribution of the respondents according to physical or verbal assault in family

Response	Frequency	Percent
Yes	377	53.9
No	323	46.1
Total	700	100.0

The information given in Table 7 indicate that more than a half of the respondents were victims of some physical or verbal assault in family either in marital or bachelor status at home, working place or on the way.

Bi-variate analysis

In this section of the paper an attempt has been made to analyze the relevant data in exploring the relationship between different socio-demographic factors affecting the attitude of married women towards

Table 8. Association between women's socio-demographic characteristics and their attitude towards reproductive health rights, practices

Demographic Characteristics	Attributes	Respondents' Attitude towards RHR-Practices			
		Inconsistent	Moderately Consistent	Highly Consistent	Total
Age of Respondent	20 - 29 Years	41 7.0%	70 12.0%	91 15.6%	202 34.6%
	30 - 39 Years	32 5.5%	144 24.7%	133 22.8%	309 52.9%
	40 - 45 Years	24 4.1%	23 3.9%	26 4.5%	73 12.5%
	Total	97 16.6%	237 40.6%	250 42.8%	584* 100.0%
Statistics	Chi-Square = .000 Somers' d = .000 Gamma = .000				
Husband's Education	Illiterates	34 5.8%	35 6.0%	5 . 9%	74 12.7%
	5 - 8 Classes	33 5.7%	57 9.8%	36 6.2%	126 21.6%
	9 - 12 Classes	26 4.5%	114 19.5%	95 16.3%	235 40.2%
	14 +	4 .7%	31 5.3%	114 19.5%	149 25.5%
	Total	97 16.6%	237 40.6%	250 42.8%	584 100.0%
Statistics	Chi-Square = .000 (159.847)		Somers' d = .000	Gamma = .000 (0.614)	
Respondent's Education	Illiterate	54 9.2%	75 12.8%	18 3.1%	147 25.2%
	Literate	43 7.4%	162 27.7%	232 39.7%	437 74.8%
	Total	97 16.6%	237 40.6%	250 42.8%	584 100.0%
Statistics	Chi-Square = .000 (100.528)		Somers' d = .000	Gamma = .000 (0.697)	
Monthly Income From All Sources (in rupees)	1,000 - 10,000	74 12.7%	165 28.3%	78 13.4%	 4.3%
	11,000-20,000	13 2.2%	39 6.7%	79 13.5%	131 22.4%
	21,000 +	8 1.4%	32 5.5%	93 15.9%	133 22.8%
	Total	97 16.6%	237 40.6%	250 42.8%	581** 100.0%
Statistics	Chi-Square = .000 (109.433)		Somers' d = .000	Gamma = .000 (0.576)	

*116 Respondents did not practice RHR in their life.
**3 Respondents have no knowledge about monthly income

reproductive health rights in Punjab, Pakistan. In the light of the study results, appropriate suggestions have been made. These suggestions may prove helpful to policy makers for developing strategies to increase the awareness level related to the practice of RHR among married women.

The information presented in Table 8 indicates that there was a strong and positive association between the socio-demographic characteristics of married women and their attitude towards Reproductive Health Rights (RHR) Practices.

The researcher operationally defined the 'socio-demographic characteristics' which has some effect over the attitude of the respondents, as; respondents' age, respondent's and her husband education, and monthly income from all sources. In term of socio-demographic characteristics, there was a strong and positive association between *age of the respondents*

and their attitude towards their RHR-Practices which is reflected by the calculated coefficient of Chi-Square (0.000) and the intensity and direction of the existing association is measured by applying 'Somers'd coefficient' the value of which is highly significant at 1% level of significance. It can be seen from the table that less than half (45%) of respondents who fell in age group 20 – 29 Years were *highly consistent* in their attitude towards RHR-Practices. Whereas, almost the same proportion (52.9%) of those married women who were in the age group '30 – 39 Years' were either *moderately consistent* (24.7%), or were *highly consistent* (22.8%) in their attitude towards RHR-Practices. Furthermore, the data presented in table also depicts that more than one third (35%) amongst those respondents who were in the age category of 40–45 years (12.5% of total) were also *highly consistent* in their attitude towards RHR-Practices. It is evident from the table that the emerging trend with respect to age of respondents (married women) and their attitude towards the practices of reproductive health rights was as the age of married women increases the proportion of those women who were highly consistent in their attitude towards RHR-Practices decreases. It is obvious from the table that almost same proportion 45% and 43% of married women of age groups; 20 – 29 years and 30 – 39 years respectively were '*highly consistent*' in their attitude towards RHR-Practices. While in case of older age group 40 – 45 years only 35% women were '*highly consistent*' in their attitude towards RHR-Practices.

The data presented in Table 8 also revealed that there was a significant and positive association (Chi-Square significant value = 0.000) between husband's education and their wife's attitude towards RHR-Practices. In simple words married, women whose husbands were better educated reported highly favorable attitude towards RHR-Practices. Therefore, it can be inferred that an increase in husband's education had a positive impact upon the development of attitude towards RHR-Practices by their wives.

The information presented in Table 8 also shows a highly significant and positive relationship between predicting variable i.e. respondents' education and the criterion variable (attitude towards RHR-Practices) which is revealed from the highly significant value of correlation coefficient Somers'd at 1.0 percent level of significance. It is clearly reflected from the data that a majority (53.08%) amongst the literate married women (74.8% of total) were '*highly consistent'* in their attitude towards RHR-practices. The results of this study were consistent with the results of Hagon, *et al.* (1999). They concluded that literate women are more than two and a half times more likely than are illiterate women to discuss family size and family planning with their husbands. Literate women are about two and a half times more likely than illiterate women to be knowledgeable about modern contraceptive methods and family planning sources. Literacy also is broadly associated with current and intended use of contraceptive.

Finally, the given data in Table 8 reflect a positive and highly significant association between 'family's monthly incomes from all sources' as one of the indicator of socio-demographic characteristics of respondents and the dependent variable i.e. their attitude towards RHR-Practices. It is evident from the table that more than half (52%) of those married women having monthly family income '1,000–10,000 rupees' were *'moderately consistent'* in their attitude toward RHR-Practices. Whereas, a little less than two third (60%) of married women whose monthly family income was '11,000–20,000 rupee' had highly favorable and '*highly consistent'* attitude towards RHR-Practices. Likewise, a big majority (70%) of married women having monthly income Rs '21,000 and more' were '*highly consistent'* in their attitude towards RHR-Practices. Therefore, from the above discussion it can be inferred that as the monthly income of family increases the married women's attitude towards RHR-Practices become more responsible and consistent and both variables are significantly related with each other as reflected by the value of coefficient of Somers' d which is highly significant at 1.0 percent level of significance.

Women's social and economic status has pivotal role in determining their attitude towards the practices of their reproductive health rights. It is generally hypothesized that if women's has better social and economic position especially in their family then they will be better in position to maintain their attitude towards the practices of RHR. In the present study women's social and economic status in family was measured by analyzing three indicators i.e. either they were currently working for paid job, ever worked for a paid job or ever faced any verbal or physical assault in family.

It is evident from the information presented in Table 9 that those women who were currently engaged in paid jobs had highly favorable and consistent attitude towards RHR-Practices i.e. almost two third of those respondents who were currently working for paid jobs were highly consistent in their attitude towards RHR-Practices. It shows that a higher proportion of those women who were currently working found to have highly favorable attitude towards RHR-Practices as compared to those married women who were currently not working. The value of Chi-Square, Somers'd, and Gamma shows a significant and positive association between the two variables; women's socio-economic

Table 9. Relationship between women's status and their attitude towards RHR-practices

Women's Economic Status	Attributes	Respondents' attitude towards RHR-practices			
		Inconsistent	Moderately Consistent	Highly Consistent	Total
Currently working for paid job	No	96 16.4%	218 37.3%	212 36.3%	526 90.1%
	Yes	1 0.2%	19 3.3%	38 6.5%	58 9.9%
	Total	97 16.6%	237 40.6%	250 42.8%	584 100.0%
Statistics	Chi-Square = .000	Somers' d = .000		Gamma = .000 (0.510)	
Ever worked for a paid job	No	92 17.5%	203 38.6%	187 35.6%	482 91.6%
	Yes	4 8%	15 2.9%	25 4.8%	44 8.4%
	Total	96 18.3%	218 41.4%	212 40.3%	526** 100.0%
Statistics	Chi-Square = 0.000 (100.528)	Somers' d = .000		Gamma = .000 (0.697)	
Ever had any Physical or Verbal assault in Family	No	23 3.9%	113 19.3%	177 30.3%	313 53.6%
	Yes	74 12.7%	124 21.2%	73 12.5%	271 46.4%
	Total	97 16.6%	237 40.6%	250 42.8%	584 100.0%
Statistics	Chi-Square = .000 (70.306)	Somers' d = .000		Gamma = .000 (-0.545)	

*116 Respondents never practiced RHR

**58 Respondents were currently working for paid employment.

status and practice of RHR. Same was the situation with those respondents who 'ever worked for paid jobs'. Statistically a highly significant and positive association was found between the explanatory variable; ever worked for a paid job and the criterion (attitude of married women towards RHR-Practices) variable. The significant association is evident from the *p-value* of correlation coefficient; Somers'd (*p≤ 0.0001*). It can be seen from the table that almost half of those married women who had ever worked for paid job have had positive inclination towards RHR-Practices. It shows that those married women 'who ever worked for paid jobs' were *'highly consistent'* in their attitude towards the practices of their RHR as compared to those who never worked for a paid job. The difference in attitudes between the two groups of married women may be due to the difference in their exposure to practical environment. Those married women who ever worked for a paid job may be due to their practical experiences became more confident in their attitudes towards different aspects of life, more expressive and have improved their communication skills. The result of the present study is inline with the concept which is presented by Ajzen and Fishbein in 1980 in "*Theory of Reasoned Action and Theory of Planned Behavior*". According to them individual performance of a given behavior is primarily determined by a person's intention to perform that behavior. This intention is determined by two major factors; the person's attitude toward the behavior (i.e., beliefs about the outcomes of the behavior and the value of these outcomes) and the influence of the person's social environment or subjective norm (i.e., beliefs about what other people think the person should do, as well as the person's motivation to comply with the opinions of others). The results of this study are also in harmony of a study in Uganda presented by Blanc in 1996. He suggested that women's social and economic vulnerability inhibits their ability to express and argue for their own interests with their partner, and recommended an explicit consideration of gender inequality as an important component of the study of reproductive outcomes.

Furthermore, the table also gave a sight that a clear majority (30.3%) of those respondents who never faced any physical or verbal assault (56.3%) in their families had highly favorable and consistent attitude towards the practice of RHR as compared to those who faced any assault in family. It can also be seen from the table that respondents who faced any physical

or verbal assault in their family could not maintain their attitudes towards RHR-Practices and majority of them had *'moderately consistent'* attitude towards RHR-Practices. The results of the present study had coherence with the results of some international studies. For example in a study it was concluded that in the United States, a woman is battered, usually by her intimate partner, every 15 seconds (Panos Institute, 1998). In Leon, Nicaragua, researchers found that of 188 women abused by their partners, only 5 had not been sexually assaulted (Ellsberg M. 1999). Similarly in parts of South Asia, Western Asia and Africa, for instance, men are seen as having a right to discipline their wives as they see fit (Crowell, Nancy A., and Ann W. Burgess, 1996). Worldwide, studies have shown a consistent pattern of events that trigger violent responses. These include: not obeying the husband, talking back, refusing sex, not having food ready on time, failing to care for the children or home, questioning the man about money or girlfriends or going somewhere without his permission (ICRW 1999). Finally it was concluded that violence in all its forms causes immense damage to the reproductive health and well-being of women and girls throughout the world, in direct and indirect ways:

- Unwanted pregnancies and restricted access to family planning information and contraceptives.
- Complications from frequent, high-risk pregnancies and lack of follow-up care.
- Sexually transmitted diseases, including HIV/AID.

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