

## **Perceptions and Practices Regarding The Rights to Reproductive Health; A hospital – based Study for A sample of Women in AL- Yarmook Teaching Hospital.**

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### **Summary**

Long- term neglect of women's reproductive rights has serious impact on female health in the form of increased maternal mortality and morbidity. The present study was conducted to assess women's perceptions and their using of their reproductive health rights and to find out , if there is a difference in the concept ,and in using of reproductive health rights according to some sociodemographic variables. Across sectional study were conducted among (500) married women of the reproductive age (15-49 years) who attended the out- patient clinic at AL- Yarmook Teaching Hospital in Baghdad-Iraq, during the period from the 1st of November2007 to the 1st of April 2008. Structured interview questionnaire was used to collect the information regarding the women's perceptions and practice regarding their reproductive health rights and some of their sociodemographic variables. The results showed that most of the women had positive perception about their rights to reproductive health, 495(99%) have positive perception to health care during pregnancy and delivery. The study sample showed that 280(90.3%) of the women who were using family planning methods had correct concept about family planning.

The women's age, educational level and employment status showed a highly statistical significant association with women's awareness of and practice for screening technique for sexually transmitted infections (STIs), cervical smear, and breast-self examination. Most of the women have positive perceptions regarding their reproductive health rights.

**Key words:** perceptions, practice, reproductive, health, rights, women.

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### **Introduction**

Reproductive health is a state of complete physical, mental, and social well-being in all aspects of the reproductive system and is not merely the absence of disease or disability (1).

Sexual and reproductive health care includes: improving antenatal, natal, postnatal and new born care; providing high quality services for family planning, including fertility services; eliminating unsafe abortion; combating sexual transmitted infections including HIV, reproductive tract infections, cervical cancer and other gynecological morbidities and promoting healthy sexuality (2).

Women's perceptions define their health – seeking behaviors, and are mirrors of their use of their own reproductive

rights (3). Perception is defined as the process of acquiring information about the environment through the senses and interpreting the sensory input in meaningful way (4).

Women's perceptions of their reproductive rights depend on many cognitive, cultural, emotional, social and political factors (5). As women are important resource, their reproductive health should be supported, protected and considered a crucial part of the general health of the community (6).

A right- based approach to reproductive health is especially powerful because all human rights, including reproductive rights are universal, inalienable, indivisible, and interdependent (7).

The present study was conducted to assess women's perceptions and their using of their reproductive health rights and to find out, if there is a difference in the concept and in using of reproductive health rights according to some sociodemographic variables.

### Subjects and Method

This is a cross-sectional study conducted during the period from the 1st of November 2007 to the 1st of April 2008. A convenience sample of 500 married women in their reproductive age, who were at least with one previous delivery be Para one, recruited from those attendants of the out-patient clinic at AL-Yarmook Teaching Hospital, Baghdad-Iraq during the study period were included.

A structured interview questionnaire was used to collect information regarding the women's perceptions and practices regarding their reproductive health rights, in addition to the general demographic data.

The questions about the women's perceptions were evaluated as a positive perception [agreed], a negative perception [disagreed], and indifferent [did not know].

Women's practices of reproductive rights were assessed as 'yes' [practiced] and no [not practiced].

The results were showed as number (no.) and percentages.

The analysis of data was carried out using SPSS version 15, standard chi-square test was used. Statistical significance was

considered whenever the P- value was less than 0.05.

### Results

Table-1 shows the women's perceptions regarding their reproductive health rights, nearly all the women included in the study have a positive perception to their reproductive health rights.

The results shows that 280(90.3%) of women who were using family planning services had correct concept about their right to family planning, table-2.

The results shows that 184(59.4%) of women who were using family planning services experienced easy access to these services (table-3).

Woman educational status was astatistically significant factor that determine her awareness of and practice of screening tests for STIs and cervical cancer as well as the practice of breast self examination. (Table-4)

Table-5 shows that women of the age group (45-49) years were more aware of and used screening tests for STIs and cervical cancer in comparison with women from other age groups, and also were more aware of and practiced breast self examination.

In table-6, the employment status shows a highly significant association with women's awareness of and practice of screening tests for STIs, cervical cancer and breast self examination.

Table 1:- Women's perceptions regarding their reproductive rights (n=500).

Women's right to	Positive		Indifferent		Negative	
	No.	%	No.	%	No.	%
Marry and have a family	485	97	5	1	10	2
Use of family planning methods	474	94.8	6	1.2	20	4
Health care during Perinatal period	495	99	5	1	0	0
Prevention and treatment of STIs and cancer	460	92	10	2	30	6
Adolescent nutrition /education	492	98.4	6	1.2	2	0.4

\*STIs: sexually transmitted infections.

Table 2:-Women’s concept about their right to use family planning and their use

Concept	Using of F.P* methods				Total (n=500)	%
	Used (n=310)		Not used (n=190)			
	No	%	No	%		100
Correct concepts	280	90.3	10	5.3	290	58
Incorrect concepts	30	9.7	180	94.7	210	42
Statistical test	$X^2 = 394.87, df=1, P=0.0001$					

\* F.P= Family Planning

Table 3:-Women’s concept about accessibility of family planning services.

Concept	Using of F.P* methods				Total (n=500)	%
	Used (n=310)		Not used (n=190)			
	No	%	No	%		100
Access to F.P* service						
Easy	184	59.4	30	15.8	214	43.8
Not easy	60	19.3	50	26.3	110	22
Don’t know	66	21.3	110	57.9	176	35.2
Statistical test	$X^2 = 99.67; df=2 ; P=0.0001$					

Table 4:- Educational level and women’s awareness of and practice of screening for STIs and cervical cancer and breast self examination

Awareness and practice of screening for	Years of education								Total (n=500)	%
	0 (n=62)		1-6 (n=104)		7-12 (n=136)		>13 (n=198)			
	No.	%	No.	%	No.	%	No.	%		100
STIs										
Aware/visit doctor	14	22.5	36	34.6	56	41.2	74	37.4	180	36
Aware /didn’t visit	22	35.5	22	21.1	24	17.6	86	43.4	154	30.8
Not aware	26	42	46	44.3	56	41.2	38	19.2	166	33.2
Statistical test	$\chi^2=45.30; d.f.=6; P=0.0001*$									
Cervical smear										
Aware /did it	8	12.9	12	11.5	28	20.6	69	34.8	117	23.4
Aware/didn’t do	18	29	10	9.7	28	20.6	99	50	155	31
Not aware	36	58.1	82	78.8	80	58.8	30	15.2	228	45.6

<b>Statistical test</b>	<b><math>\chi^2=136.75</math>; d.f.=6; P=0.0001*</b>									
Breast self-exam										
Aware / Practice it	16	25.8	58	55.8	76	56	96	48.5	246	49.2
Aware/ Not Practice it	6	9.7	16	15.3	30	22	69	34.8	121	24.2
Not aware	40	64.5	30	28,9	30	22	33	16.7	133	26.2
<b>Statistical test</b>	<b><math>\chi^2=69.45</math>; d.f.=6; P=0.0001*</b>									

Table 5:- women's age and their awareness of and practice of screening for STIs, cervical cancer and breast self examination

Awareness and practice of screening for	16- 24		25-34		35- 44		45- 49		Total	
	N=94		N=168		N=138		N=100		N=500	
	No.	%	No.	%	No.	%	No.	%	No.	%
STIs										
Aware\visit dr.	30	31.9	40	23.8	50	36.2	60	60	180	36
Aware\did not visit	34	36.2	38	22.6	50	36.2	32	32	154	30.8
Not aware	30	31.9	90	53.6	38	27.6	8	8	166	33.2
Statistical test;	<b><math>\chi^2=70.78</math>; d.f.=6; P=0.0001</b>									
Cervical smear										
Aware\did it	5	5.3	20	11.9	42	30.4	50	50	117	23.4
Aware\did not do it	34	36.2	50	29.8	40	29	31	31	155	31
Not aware	55	58.5	98	58.3	56	40.6	19	19	228	45.6
Statistical test;	<b><math>\chi^2=82.54</math>; d.f.=6; P=0.0001</b>									
Breast self exam										
Aware\practice it	30	31.9	76	45.2	80	58	60	60	246	49.2
Aware\did not practice it	34	36.2	32	19.1	23	16.7	32	32	121	24.2
Not aware	30	31.9	60	35.7	35	25.3	8	8	133	26.6
Statistical test;	<b><math>\chi^2=43.26</math>; d.f.=6; P=0.0001</b>									

Table6:- women's employment status and their awareness of and practice of screening STIs, cervical cancer and breast self examination

Awareness and practice screening for	Employed		Housewife		Total	%
	N=180		320			
	No.	%	No.	%	500	100
STIs						
Aware\ visit dr	90	50	90	28.1	180	36

Aware \didn't visit dr	40	22.2	114	35.6	154	30.2
Not aware	50	27.8	116	36.3	166	33.2
Statistical test	$\chi^2=24.52; d.f.=2; P=0.0001$					
Cervical smear						
Aware \did it	70	38.9	47	14.7	117	23.4
Aware\didn't do it	70	38.9	85	26.6	155	31
Not aware	40	22.2	188	58.7	228	45.6
Statistical test	$\chi^2=68.19; d.f.=2; P=0.0001$					
Breast self exam						
Aware \practice it	100	55.5	146	45.6	246	49.2
Aware \didn't practice it	50	27.8	71	22.2	121	24.2
Not aware	30	16,7	103	32.2	133	26.6
Statistical test	$\chi^2=14.23; d.f.=2; P=0.0008$					

### Discussion

Long –term neglect of women's reproductive rights has serious impact on female health in the form of increased maternal mortality and morbidity (8).

In the present study, the majority of women has showed positive perception concerning their reproductive health rights, this was comparable to the results obtained by a study conducted by Abou Shabana and EL-Shiek, 2003 in Egypt(9).

Most women had correct concepts regarding women's reproductive rights to family planning. In many studies conducted in; Bangladesh, China, Jordan, Pakistan, and Tanzania, women did not participate in decisions about having children but rather obeyed decisions of their husbands (10). Using family planning allows the woman to feel secure and not worried all the time that she might get pregnant.

Educational level of the women and their awareness and practice of screening for STIs were significantly related , these findings are in agreed with the Iraqi Family Health Survey, 2006(11),; which found that the high educated women were more aware of the signs and symptoms of STIs and the ways of transmission of these diseases than illiterate women.

The educated women were also more aware of the benefits of cervical smear as well as such women had more knowledge on

performing breast-self exam than illiterate women, these results were demonstrated in the current study and also in previous studies conducted in Iraq and elsewhere (12,13,14).

Education affects maternal health by improving women's access to information and their ability to make choices about their bodies. Education can also help women develop the skills and confidence they need to demand better maternal health services (15).

The women's age and their awareness of and practice of screening tests for STIs, cervical cancer and breast self exam were significantly related, a similar findings were also observed in many studies in Iraq, Belgrade, Brazil, and Malaysia (11, 14, 16, 17).

### Conclusion

According to the results of the study the authors reached following conclusions were made: most of the women of the included population had showed positive perceptions regarding their reproductive health rights. Women's demographic factors (age, education, and occupation) have a significant impact on women perceptions and practices of their reproductive health rights. However larger and wider (community – based) studies are needed to test the important attitudes of women.

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## أدراك و ممارسة الحقوق في الصحة الإنجابية لعينة من النساء في مستشفى اليرموك التعليمي، بغداد- العراق

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### المخلص

**الخلفية:** يؤثر إهمال المرأة لصحتها الإنجابية تأثير جدياً على صحة المرأة على المدى البعيد على شكل زيادة في نسبة الحالات المرضية والوفيات.

**أهداف البحث:** وتهدف الدراسة الحالية إلى تقييم أدراك النساء واستعمالهن لحقوقهن في الصحة الإنجابية، وتحديد وإيجاد إذا كان هنالك اختلاف في المفاهيم واستعمال الحقوق في الصحة الإنجابية حسب بعض المتغيرات الاجتماعية و الديمغرافية.

**طريقة البحث:** أجريت دراسة مقطعية على عدد (500) النساء المتزوجات في سن الإنجاب (15-49) سنة اللواتي راجعن العيادة الخارجية في مستشفى اليرموك التعليمي في بغداد بالعراق خلال الفترة من الأول من نوفمبر ( تشرين الثاني) 2007 إلى الأول من ابريل ( نيسان) 2008. تم جمع المعلومات المتعلقة بالنساء والتصورات والممارسات المتعلقة بالصحة الإنجابية باستخدام استمارات استبنايه معدة لهذا الغرض

**النتائج:** بينت الدراسة أن معظم النساء لديهن تصور ايجابي عن حقوقهن في الصحة الإنجابية، فقد وجد ان 495 (99%) كان لديهن تصور ايجابي حول الرعاية الصحية خلال الحمل والولادة. أظهرت الدراسة أن 280 (90.3%) من النساء اللواتي استخدمن وسائل تنظيم الأسرة كن لديهن مفهوم صحيح عن تنظيم الأسرة. ولقد أظهرت العوامل الديمغرافية مثل عمر المرأة، المستوى التعليمي، والحالة الوظيفية كلها أظهرت وجود علاقة إحصائية وثيقة مع وعي المرأة وممارستها لفحص الأمراض المنقولة جنسياً، مسحة عنق الرحم و الفحص الذاتي للثدي.

**الاستنتاج:** الغالبية من النساء ممن استملتهن الدراسة لديهن تصورات ايجابية وممارسات صحيحة لحقوقهن في الصحة الإنجابية. وعموماً فإن الحكم على هذه السلوكيات الهامة للمرأة يحتاج إلى دراسات ذات حجم أكبر، وعلى مستوى مجتمعي أوسع.