



WOMEN REPRODUCTIVE HEALTH SECURITY; ROLE OF SPOUSAL COMMUNICATION

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INTRODUCTION

Reproductive is a dual commitment, but so often in much of the world, it is seen as wholly the woman's responsibility. There are four major problems commonly encountered by women in family planning and contraceptive use: accessibility to family planning information and services, quality of services, gender responsibilities, and spousal communication¹. Complications of pregnancy and childbirth are major causes of death and disability among women of reproductive age in developing countries. Every day at least 1,600 women die from the complications of pregnancy and childbirth². About 70,000 women die every year from unsafe abortions, and many more suffer infections and other consequences. Women are more likely than men to contract HIV through sexual encounters³. For women in their reproductive years (15–44), HIV/AIDS is the leading cause of death and disease

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ABSTRACT... Around the world, the right to health and especially reproductive health right are far from a reality for many women. Reproductive health is of growing concern today. Reproductive health therefore implies that people are able to have a satisfying and safe sexual life and that they have the capability to reproduce and the freedom to decide if, when and how after to do so. Reproduction is a dual commitment but so after in much of the world, it is seen as wholly the women's responsibility. There are four major problems commonly encountered by women in family planning and contraceptive use: accessibility to family planning information and services, quality of services, gender responsibilities and spousal communication. These problems become major obstacles preventing women from regularity fertility or exercising the reproductive rights. The importance of good health and education to women's well being and that of her family and society cannot be overstated. Spousal Communication is crucial step toward increasing women's participation in improving their health rights. Therefore the study was conducted to investigate the perception of married women about the role of spousal communication in establishing reproductive health security. For this purpose 200 married women of age group 15-45 with having at least one living child were selected through multistage sampling technique from urban areas of district Faisalabad. The study explored in bi-variate analysis that those women who were educated, younger and had a high economic status had a perception that the spousal communication plays a significant role in the development of women's attitude towards their reproductive health security.

Key words: Spousal communication, reproductive health security, decision making process, family planning, contraceptive use

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worldwide, while unsafe sex is the main risk factor in developing countries. Biological factors, lack of access to information and health services, economic vulnerability and unequal power in sexual relations expose young women particularly to HIV infection^{4,3}. World Bank President James Wolfensohn stated the Bank's commitment on World Health Day in 1998: "Safe motherhood is a human right... Our task and the task of many like us ... is to ensure that in the next decade safe motherhood is not regarded as a fringe issue, but as a central issue"⁴. Spousal communication a key factor in the adoption and sustain use of family planning because such discussions allow couples to exchange new ideas and clarify information⁵. In south Asia the women have a considerable lower social status and autonomy than men and their low status and autonomy seems to be associated with lower fertility control⁶. Demographic and

Health survey (DHS) shows that Pakistan's fertility rate has remained persistently high in the past. The total fertility rate (TFR) in Pakistan is now 4.1 children per women. Women in urban areas have an average of 3.3 children compared to their rural counterparts, who have an average of 4.5 children. About one fifth of women don't know how many children their husband would like to have⁷. By keeping in view the above rationality the present study was designed to delineate the effect of spousal communication in establishing reproductive health security among married women in urban areas.

MATERIALS AND METHODS

Research methodology is the manner of investigation, collection of relevant data, its proper interpretation and analysis to establish relationship between variables. A methodology is the essential part of sociological research. The data was collected with the help of well designing interview schedule consisting of close ended and open-ended questionnaire. A cross sectional study was conducted in Faisalabad city. Multistage sampling technique was used to select the respondents⁸. There were four towns in Faisalabad city; Janah Town, Allama Iqbal Town, Madina Town and Lyallpur Town. At the first stage, two towns (Madina Town and Lyallpur Town) were selected by using simple random sampling technique. At the second stage, four colonies from each selected town were selected by using simple random sampling technique. At the third stage, 25 respondents (married female of age 15-45 having at least one living child) were selected by using systematic sampling technique. Total 200 married females were interviewed. Collected information was statistically analyzed by using SPSS/PC+15.0 Statistical Package for Social Sciences was used for analyzing data^{8,9}.

RESULTS AND DISCUSSION

The general objective of this study was to analyze the socio-economic and demographic characteristics of the respondents and to delineate the effect of spousal communication in establishing reproductive health security among married women in urban areas of Punjab,

Pakistan. In this section an attempt has been made to discuss, analyze and interpret relevant data for deriving conclusions and formulating appropriate suggestions in the light of the study results.

Age at marriage (in years)	Frequency	%
15-20	5	2.5
21-25	16	8.0
26-30	50	25.0
31-35	59	29.5
36-40	27	13.5
41-45	43	21.5
Education		
Up to metric	47	23.5
Matric	62	31.0
Intermediate	53	26.5
Graduation	21	10.5
Post Graduation	17	8.5
Income		
Up to 10000	26	13
10001-15000	38	19.0
15001 and above	136	68.0
Duration of marriage (in years)		
1-5	47	23.5
6-10	71	35.5
11-15	27	13.5
16-20	32	16.0
21-25	23	11.5
No. of children		
1-3	103	51.5
4-7	91	45.5
8-10	6	3.0

Table-I. Socio-economic characteristic of the respondents
Source: Field survey n: 200

The information presented in Table-I reveals that (29.5%) of the respondents were in the age group of 31-35 while a very little percentage of the respondents were in the early age groups i.e. 15-20 years and 21-25 years. The perceived reason of increased age at marriage of girls was as the data were collected from the urban areas of district Faisalabad. It can also be seen from the data that

a little less than half (45.5%) of the respondents were qualified up to intermediate level and above. The perceived reason of this literacy level of female respondents was availability of higher level of educational facilities at their door step because the data were collected from the city Faisalabad. According to Zafar et al. (1997)¹⁰ age is very important factor to study the women’s autonomy in marital relationship. Likewise, Zenaty (1998)¹¹ found that education was an important predictor in of increased husband wife communication.

Household and individuals, income is the sum of all the wages, salaries, profits, interests payment, rents and other forms earning received in a given period of time. The information presented in the table show that little less than three fourth (68.0%) of the respondents had more than Rs. 15000 incomes per month. It can also be observed from the above table that a little less than one fifth (19.0%) of the respondents had Rs. 10001-15000 income per month while the remaining 13% respondents had up to Rs. 10,000 income per month. It can also be seen in the table that a little less than one fourth (23.5%) of the respondents had spent their married life between 1-5 years and a little more than one third (35.5%) of the respondents had spent their married life between 6-10 years. The information in the above table also show that more one tenth (13.5%) of the respondents were in marital relationship for 10-15 years and one sixth (16.0%) of the respondents were bound in marital relationship for 16-20 years while the remaining 11.5% of the respondents had 21-25 years of duration of marriage.

Practice of Reproductive rights	Frequency	Percent
Too little	54	27.0
Little	84	42.0
Too much	62	31.0
Total	200	100.0

Table-II. Distribution of the respondents according to their perception about the role of spousal communication in Practice of reproductive health rights.

Source: Field survey n: 200

The information presented in the above table

indicate that more than one fourth (27.0%) of the respondents agreed “Too little” that the spousal communication was helpful in the practice of reproductive health rights. Likewise, less than half (42.0%) of the respondents were with the opinion that spousal communication facilitated “Little” in the practice of reproductive health rights. From the given information in the above table it can also be observed that less one third (31.0%) of the respondents had perception that spousal communication had “Too much” role in the practice of reproductive health rights. Similarly Khan et al. (2009)¹² stated that spousal communication was crucial step toward increasing women’s participation in reproductive health. Since men can play key role in reproductive health. Communication is necessary for making responsible healthy decisions which enables husbands and wives to know each other’s attitude toward family size and contraceptive use. It allows them to voice their concerns about reproductive health issues such as worries about undesired pregnancies. Communication also can encourage shared decision-making and more equitable fender roles. Research over more than forty years consistently demonstrate that men and women who discuss family planning are more likely to use contraceptives, and to use it effectively and to have fewer children i.e. small family size. In contrast, when men and women do not know and lack of communication by their partner’s fertility desires and contraceptives preferences.

The information presented in the Table III show that half (50.0%) and 42.5% of the respondents were agreed that spousal communication facilitated “Too much” in exchanging new ideas and clarifying wrong believes about reproductive health security respectively. Derose, et al. (2004)¹³ found that discussion between spouses was expected to increase contraceptive use. They found that women who reported infrequent discussion, in fact, wrongly perceived their partner’s disapproval for family planning methods, and may therefore be felt inhibited from using a method. Similarly, according to Schoemaker (2005)¹⁴, spousal communication is an important precursor to the adoption of reproductive health

Statements	Too Little	Little	To Much
Exchanging of new ideas about reproductive health security	51	49	100
	25.5%	24.5%	50.0%
Clarifying wrong believes about reproductive health security	34	81	85
	17.0%	40.5%	42.5%
Making healthy decision about family size and contraceptive use	42	84	74
	21.0%	42.0%	37.0%
Practice of reproductive health rights	54	84	62
	27.0%	42.0%	31.0%
Encourage shared decision making	23	68	109
	11.5%	34.0%	54.5%
Reduce gender power imbalance	29	75	96
	14.5%	37.5%	48.0%

Table-III. Distribution of the respondents according to their perception about the role of spousal communication

Source: Field survey

n: 200

services. The above table also depicts that more than half (54.5%) of the respondents had perception that spousal communication facilitated “Too much” to encourage shared decision making and 48.0% of the respondents were with the opinion that spousal communication was helpful in reducing power imbalance. Similarly, Khan et al. (2009)¹² found that communication was necessary for making responsible healthy decisions which enabled husbands and wives to know each other’s attitude toward family size and contraceptive use.

The information presented in the Table IV shows a highly significant relationship between predicting variables i.e. respondents’ age and the criterion variables i.e. their perception about the role of spousal communication which was revealed from the p-value of chi-square (0.00). It can also be observed from the above Table that p-value (0.000) of gamma shows a strong intensity of relationship between two variables but the direction of the relationship is negative. The information presented in the table clearly show that almost half (5.5% of 10.5%) of 15-25 years respondents, almost two third (33.5% of 54.5%) of 26-35 years and only 4.5% of 35.5% were with the opinion that spousal communication played a vital role in the development of women’s attitude towards their reproductive health security. It can be said that at younger age of married women’s perception

regarding the role of spousal communication would be more positive as compare to when they became old. Similarly Asghar (2010) found that as the age of married women increased the proportion of those women who were highly consistent in the attitude towards reproductive health rights practices decreased but women entered in their late reproductive age i.e. 40-45 years again in proportion of those women who were highly consistent in their attitude towards reproductive health rights practiced was increased. Likewise, information presented in the Table also depict that there is a strong relationship between the education of the respondents and their perception about the role of spousal communication which shows from p-value of chi-square (0.00). The p-value (0.001) of gamma shows a strong positive intensity of relationship between variables. The data presented in the table also shows that a little less than half (10.0% of 23.5%) of the respondents who had up to middle level education had least positive perception about the role of spousal communication in the development of women’s attitude towards their reproductive health security. While, 11.0% of 19.0% respondents who had up to graduation level education perceived “High” level of role of spousal communication in the developments of women’s attitude towards their reproductive health security. It can be said that married women with higher education would have more positive attitude than less educated women

Age (in years)	Perception about the role of spousal communications			Total
	Low	Medium	High	
15-25 years	3	7	11	21
	1.5%	3.5%	5.5%	10.5%
26-35 years	16	26	67	109
	8.0%	13.0%	33.5%	54.5%
36& above	20	41	9	70
	10.0%	20.5%	4.5%	35.0%
Total	39	74	87	200
	19.5%	37.0%	43.5%	100.0%

Chi-square value = 42.09 p-value = 0.000 Gamma = -.500 p-value=0.000

Education	Perception about the role of spousal communications			Total
	Low	Medium	High	
Up to middle	21	12	14	47
	10.5%	6.0%	7.0%	23.5%
Matric	7	27	28	62
	3.5%	13.5%	14.0%	31.0%
Intermediate	6	24	23	53
	3.0%	12.0%	11.5%	26.5%
Graduation and above	5	11	22	38
	2.5%	5.5%	11.0%	19.0%
Total	39	74	87	200
	19.5%	37.0%	43.5%	100.0%

Chi-square value = 27.94 p-value=.00 Gamma = 0.291 p-value=0.001

Table-IV. Association between age and education of the respondents and their perception about the role of spousal communications

towards the role of spousal communication. Similarly Zanaty (1998) found that education was an important predictor in of increased husband - wife communication. She also found that discussion on family planning was higher among younger couples and those with more education.

CONCLUSIONS AND RECOMMENDATIONS

Spousal communication is a key factor in the adoption and sustained use of reproductive health security measures because such discussions allow couples to exchange their ideas and clarify information. Spousal communication with regard to reproductive decisions-making, lack of communication about family planning between partners is also a major hindrance to men's interests in family planning programs. Half of the respondents were with the opinion that spousal communication facilitated "Too

much" in exchanging new ideas about family planning. Hence, it can be concluded that spousal communications have an important role in the development of women's attitude towards their reproductive health security. The policy makers should focus on woman education with the establishment of more educational institutions along with provision of information on reproductive health security because bi-variate analysis clearly depicted those women with higher education perceived that inter-spousal communication played a pivotal role in the development of women's attitude towards their reproductive health security and if it is done then not only married women's reproductive health can be improved but fertility control can also be possible while growth rate of our country is already very high as compared to other developing countries. In addition to this counseling campaigns for

couples should be conducted by the lady health workers.

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