

## Assessment of women's awareness about reproductive rights

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### Abstract

An exploratory descriptive study was conducted at 8 Maternal and Child Health Centers (MCH) in Alexandria to assess women's awareness about their reproductive rights. A convenience sample of 400 women (50 from each MCH) was selected among those who attended for immunization of their children. A structured interview schedule was specially developed by the researchers to collect the necessary data and tested for content validity by five experts in the field. The reliability of the tool was tested and equals 0.868. The purpose of the study was explained to each member of the sample and confidentiality of the collected data was reaffirmed and their oral consent to participate in the study was secured. The first ten women admitted to the clinic were interviewed daily, three days per week (from 9:00 am to 1:30 pm) over a period of four months. Data collection started from the beginning of July and completed by end of October 2011. The majority of the study sample was to a great extent aware about reproductive health but they were not equally familiar with the term reproductive rights. Most of them acquired their knowledge from mass media. Girls were usually denied the right to decide solely in matters related to marriage. Consultation with parents is absolutely required in this matter because girls are unqualified to take such decision. In case of dispute between parents and daughters most of them stated that they try to convince their daughters. Still, some resort to forcing their daughters to follow parents' choice. Quite a proportion of the sample encourages early marriage for girls. Generally respondents consider the decision about the number and spacing of children as a shared judgment between husband and wife. In laws play the least role in this matter. Most respondents were aware about the importance of family planning; however, some prefer not to use any contraceptive method until they get a son and/or the desirable number of children. The majority of the study sample was aware about their right to be free from sexual assault, and marital violence. However, in case such violence occurs they don't take action. They sacrifice their dignity for stabilization of the family. Accordingly, women need to be better informed about their reproductive rights, exercise and defend them.

**Key words:** reproductive rights, human rights

{**Citation:** Wafaa A Rashad, Abeer H Shamekh, Seham S Ragheb. Assessment of women's awareness about reproductive rights. American Journal of Research Communication, 2013, 1(9): 65-83} [www.usa-journals.com](http://www.usa-journals.com), ISSN: 2325-4076.

## Introduction

Women's reproductive health is part of their general health and therefore is considered one of their human rights.<sup>(1)</sup> The International Conference on Population and Development (ICPD) held in Cairo in 1994 defined 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.<sup>(2)</sup> Moreover, it sets reproductive health in the center of socio-economic development.<sup>(3)</sup>

The Fourth World Conference on Women held in Beijing in 1995 set a global goal which is "Complete Elimination of All Forms of Discrimination Against Women (CEDAW)". This conference reaffirms the ICPD's definition of reproductive health, but advances the wider interest on sexual health. It emphasized that the human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. It adds that equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behavior and its consequences".<sup>(4)</sup>

Both conferences agreed upon a list of reproductive-health principles: 1) women must be subjects not objects, of any development policy, 2) population policies must be based on the principle of respect for the sexual and bodily integrity of girls and women, 3) women have a right to information and services, 4) sexual and social relationships between women and men must be governed by principles of equality, non-coercion, mutual respect and responsibility, and 5) fundamental sexual and reproductive rights of women cannot be subordinated.<sup>(5)</sup>

The World Health Organization (WHO) confirms that reproductive rights; reproductive rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence."<sup>(6)</sup>

Reproductive rights embrace certain basic human rights that are already recognized in national laws, international human rights documents and other consensus documents.<sup>(7)</sup> These include: the right to life, health, liberty and security; the right to marry and to establish a family; the right to be free from gender discrimination; sexual assault and exploitation. In addition reproductive rights comprise the right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment; the right to modify customs that discriminate women; the right to privacy. Last but not least is the right to enjoy scientific progress and to consent to experimentations.<sup>(8-10)</sup>

The government of Egypt signed and ratified the documents of all the International conferences related to women's health and their rights. Currently, in Egypt, human rights, reproductive health and reproductive rights are integrated in national policies, development frameworks and judicial laws. In addition, human rights protection systems and participatory mechanisms are strengthened to protect the reproductive rights of women and adolescent girls, including the right to be free from violence.<sup>(11)</sup>

It could, therefore, be concluded that official authorities in Egypt recognize that promotion and exercise of reproductive rights are essential to women's advancement and to community development.

Unfortunately researches about Egyptians women's recognition of their reproductive rights are scarce.

**Aim of the study:** To assess women's awareness about their reproductive rights.

## Materials and Method

**Design:** This is an exploratory descriptive study

**Setting:** This study was conducted at 8 Maternal and Child Health Centers (MCH) in Alexandria. These centers were selected through a multi-stage simple random sampling technique. Four zones were from the available 7 zones in Alexandria. Then 2 MCH centers were chosen from each zone.

**Subjects:** A convenient sample of 400 women (50 from each MCH) were selected among those who attended for immunization of their children. They were all aged between 19-49 years old and free from any reproductive problems.

**Tool:** A structured interview schedule was specially developed by the researchers to collect the necessary data. It consisted of the following sections: **Section I:** was concerned with collecting data related to the socio-demographic characteristics of the study sample such as age, marital status, level of education, occupation, age of marriage, origin, present residence and family income. **Section II:** included data related to the obstetrical characteristics such as gravidity, parity, number of abortions, and number of living children. **Section III:** comprised 23 questions that assess: women's awareness about reproductive rights and practices of these rights.

**Methods:** Official permission for data collection was obtained from concerned authorities after explanation of the purpose of the study. The interview schedule was developed by the researchers. Then it was tested for content validity by five experts in the field of obstetric and community health nursing. The reliability of the tool was tested and equals 0.868 which indicates that the tool is reliable. A pilot study was conducted on 20 women who were excluded from the study subjects. The purpose of the study was explained to each member of the sample and confidentiality of the collected data was reaffirmed and their oral consent to participate in the study was secured. The first ten women admitted to the clinic were interviewed daily, three days per week (from 9:00 am to 1:30 pm) over a period of four months. Data collection started from the beginning of July and completed by end of October 2011.

Data collected were categorized, coded, computerized, tabulated and analyzed using statistical package for social science (SPSS) version 16 and presented in descriptive, and association forms. The necessary tables were then prepared. Frequencies; Percentages, were used for describing and

summarizing categorical variables. Chi-square test ( $\chi^2$ ) was used to compare the significant difference of frequencies for categorical data. The test of significance was done at 5% level.

## Results

**Table (I): Distribution of the Study Sample According to Their Socio-Demographic Characteristics**

Socio-demographic data	n=400	%
<b>Age:</b>		
19-	202	50.50
30-	141	35.25
40-49	57	14.25
<b>Marital status</b>		
Married	300	75.00
Single	76	19.00
Widowed / Divorced	24	06.00
<b>Level of education</b>		
Illiterate/ Read and Write	152	38.00
Basic Education.	20	05.00
Secondary Education	43	10.75
University Education	185	46.25
<b>Occupation</b>		
Housewife	223	55.75
Employee	139	34.75
Worker	11	02.75
Student	27	06.75
<b>Residence</b>		
Rural	323	80.75
Urban	77	19.25

Table (I) illustrates that, about one-half (50.5%) of the study sample aged from 19 to less than 30 years, more than one third (35.25%) aged 30 or less than 40 years old and the rest (14.25%) aged 40 -49 years.

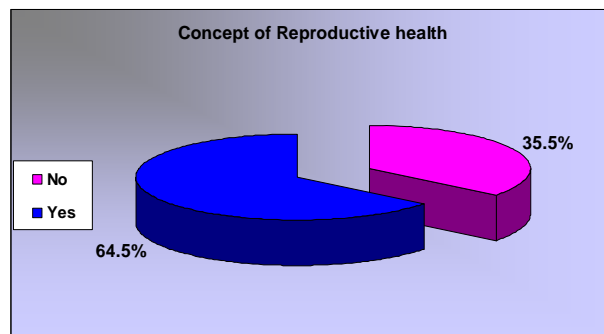
The table also shows three quarters (75.8%) of the study sample were married, about one fifth (38.0%) were illiterate or just read and write and 46.2 % completed university education.

The table also illustrates that slightly more than one half (55.8%) of the study sample were housewives and the majority live in rural areas.

**Table II: Distribution of the Study Sample According to Their Obstetric History**

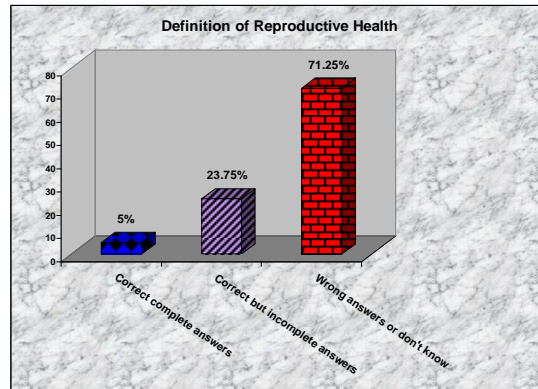
Obstetric history	n=400	%
<b>No of pregnancies</b>		
None	13	03.25
Once	61	15.25
Twice	96	24.00
Three times or more	154	38.50
Not applicable (single)	76	19.00
<b>No of deliveries</b>		
None	34	08.50
Once	56	14.00
Twice	100	25.00
Three times or more	134	33.50
Not applicable (single)	76	19.00
<b>No of living children</b>		
None	34	08.50
One child	56	14.00
Two children	105	26.25
Three children or more	129	32.25
Not applicable (single)	76	19.00

Table (II) presents that 8.5% of the study samples were nulliparae, 14% were primiparous, 38.5 % had three or more pregnancies, and 33.5% had three or more deliveries.



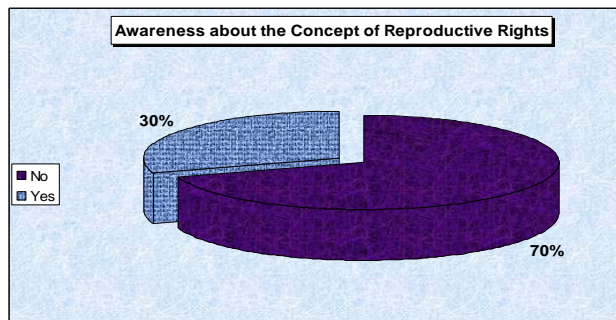
**Figure 1: Percent Distribution of the Study Sample According to Their Awareness of the Term Reproductive Health.**

Figure (1): Percent Distribution of the Study Sample According to Their Awareness of the Term Reproductive Health. Approximately two thirds (64.5%) of the study sample heard about the concept of reproductive health, while more than one third (35.5%) didn't hear about it before.



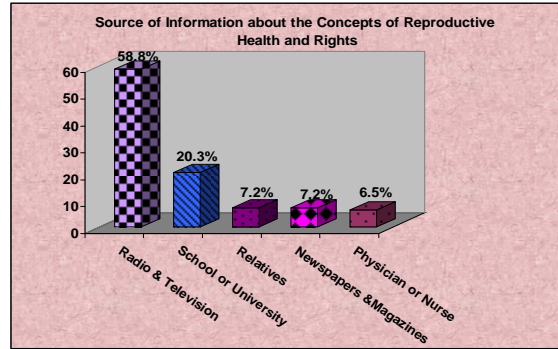
**Figure (2): Percent Distribution of the Study Sample According to Their Awareness about the Definition of Reproductive Health.**

Figure (2): Percent Distribution of the Study Sample According to Their Awareness about the Definition of Reproductive Health. It is shown that 71.25% of the study sample didn't know the definition of reproductive health; while 23.75% were partly aware about it.



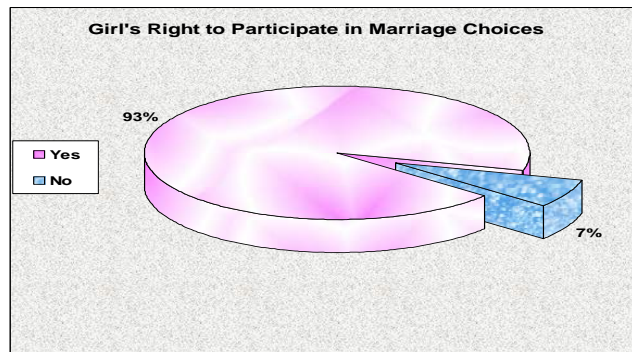
**Figure (3): Percent Distribution of the Study Sample According to Their Awareness about the Concept of Reproductive Rights.**

Figure (3): Percent Distribution of the Study Sample According to Their Awareness about the Concept of Reproductive Rights. It is noticed that slightly less than three quarters (70%) of the study sample were not aware about the concept of reproductive rights. Only 30% were aware about it.



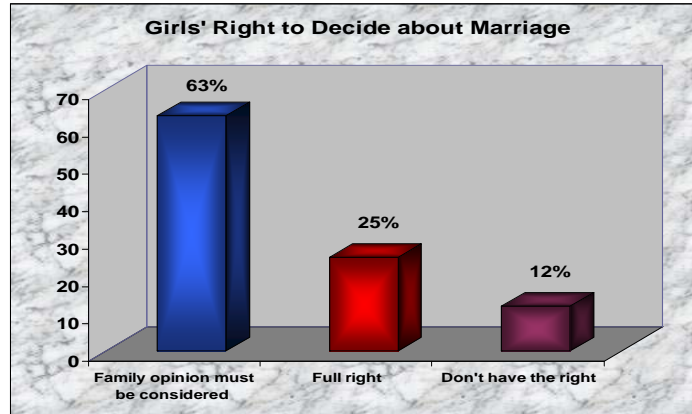
**Figure (4): Percent Distribution of the Study Sample According to Their Source of Information about the Concept of Reproductive Health and Reproductive Rights.**

Figure (4): Percent Distribution of the Study Sample According to Their Source of Information about the Concept of Reproductive Health and Reproductive Rights. It is observed that more than one half (58.8%) of those who heard about the concept of both reproductive health and rights got their information from radio and television, while 20.3% got their information from school or university.



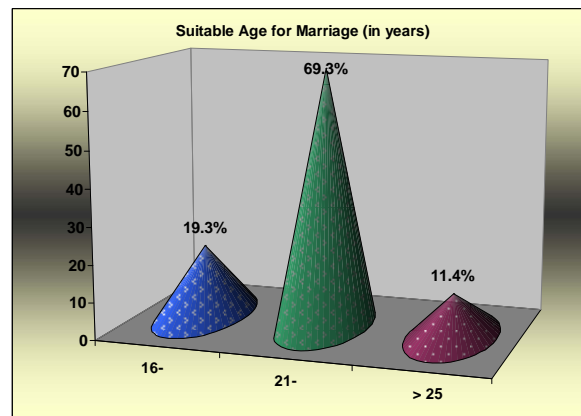
**Figure (5): Percent Distribution of the study sample according to their awareness about their right to participate in marriage choices.**

Figure (5): Percent Distribution of the study sample according to their awareness about their right to participate in marriage choices. It is shown that 93% of the study sample agrees that girls have the right to choose their prospective husband, while only 7% disagree about that. When they were asked about the reasons for such refusal, their main reason was that the family is more qualified to do so.



**Figure (6) Percent distribution of the study sample according to their awareness about their right to decide about marriage alone.**

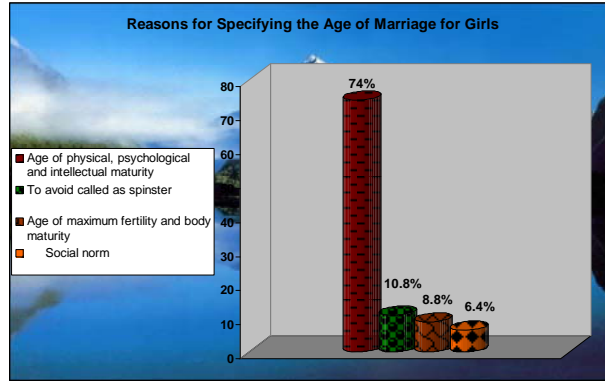
Figure (6) Percent distribution of the study sample according to their awareness about their right to decide about marriage alone. It is noticed that more than three fifths (63%) of the study sample believe that girls should consider the opinion of their families when deciding matters related to their marriage, about one quarter agree that the girl has full right to decide alone to marry or not. The rest (12%) didn't agree that the girl has this right. When women were asked whether or not they exercised this right, it was observed that, about three quarters (77.3%) consider their family opinion when choosing their husbands.



**Figure (7): Percent distribution of the study sample according to their awareness about the suitable age for marriage.**

Figure (7): Percent distribution of the study sample according to their awareness about the suitable age for marriage. It is observed that more than tow thirds of the study sample (69.3%) specify the suitable age of marriage for girls ranges between twenty one to less than twenty five years.





**Figure (8): Percent Distribution of the Study Sample According To Their Reasons for Choice of the Suitable Age of Marriage.**

Figure (8): Percent Distribution of the Study Sample According To Their Reasons for Choice of the Suitable Age of Marriage. The figure illustrates that about three quarters (74%) of the study sample consider physical, psychological and intellectual maturity as a basis for their choice of the suitable age for marriage, the reason given by 10.8% was to avoid the so called spinster. It was a social norm from the point of view of only 6.4%.

**Table III: Distribution of the Study Sample According to the Practice of Their Right to Marry and to Establish a Family**

Practice of the right to marry and to establish a family	n=400	%
<b>Did you participate in choosing your husband?</b>		
Yes	247	61.75
No	77	19.25
Not applicable (single)	76	19.00
<b>Age at first marriage</b>		
< 20 years	113	28.25
20-	146	36.50
>25	65	16.25
Not applicable (single)	76	19.00
<b>Do you think that this was a suitable age for marriage?</b>		
Yes	277	69.25
No	47	11.75
Not applicable (single)	76	19.00
<b>Reaction of the family if the girl decides not to marry</b>		
Force her to marry	83	20.75
Give her the freedom	188	47.00
Try to know her causes and they should convince her	129	32.25
<b>Reaction of the family if the girl insists to marry a person not suitable from her family's point of view</b>		
Prevent her	80	20.00
Respect her choice	94	23.50
Try to convince her	226	56.50

Table (III) reveals that slightly more than three fifths (61.75%) of the respondents participated in choosing their husbands compared to, just less one fifth (19.25%) who didn't. Those who didn't participate in choosing their husbands refer their reasons to their socio-cultural traditions.

In relation to the age of women at the first marriage, the table shows that 36.5% got married when they were between the age of twenty to less than twenty five years, 28.25% got married when they were younger than twenty years, and 16.25% got married at the age of twenty five years or more. Furthermore, the majority of these women (85.5%) reported that this was a suitable age for marriage. It is also observed that almost all (99.1%) of women marry once only.

Regarding the reaction of the family if the girl decides not to marry, the table reveals that nearly one half (47%) of the families give their daughters the freedom either to marry or not, 32.25% try to know their reasons and try to convince them, and about one fifth (20.75%) force their daughters to marry.

The table also presents the reaction of the family if the girl insists to marry a person whom the family consider unsuitable. As shown in the table, 56.5% of families try to convince their daughters, while 23.5% respect their daughters' choices, and about one fifth of the families prevent their daughters.

**Table (IV): Distribution of the Study Sample According to Their Awareness about and Practice of Their Right to Decide the Number and Spacing of Children**

<b>The right to decide the number and spacing of children</b>	<b>n=400</b>	<b>%</b>
<b>Whose right</b>		
Shared between husband and wife	355	88.75
Wife alone	29	07.25
Fate/ destiny	11	02.75
Large Family	5	01.25
<b>Reaction of wife in case of dispute</b>		
Discuss it with husband	305	76.25
Discuss it with large family	59	14.75
Follow husband's choice	30	07.50
Use a contraceptive method without informing him	6	01.50
<b>Who decided the No of children and the space between them?</b>	<b>n= 290</b>	
Wife and her husband	219	75.50
Our destiny / fate	42	14.50
Wife alone	24	08.30
Mother in law	5	01.70

Table (IV) presents the distribution of the study sample according to their awareness about and practice of their right to decide the number and spacing of children. The majority (88.75%) considered that right is shared between the husband and wife. Very few consider it as a matter of destiny or fate or the right of the large family (2.75% and 1.25% respectively).

Considering the reaction of wives in case of dispute about getting more children, about three quarters (76.25%) verifying that they discuss the issue with their husbands, 7.5% follow husbands' choice, and only 1.5% uses a contraceptive method without informing him.

Among those who have children, it was revealed that slightly more than three quarters (75.5%) shared the decision of deciding the number and spacing of children with their husbands, while 14.5% consider it as their destiny, and few (1.7%) reported that their mother in law decided the number and spacing of their children.

**Table (V): Distribution of the Study Sample According to Their Awareness about Their Right to Family Planning Services**

<b>The right to Family planning services</b>	<b>n=400</b>	<b>%</b>
<b>Importance of availability of family planning clinics</b>		
Important	382	95.50
Not important	18	04.50
<b>Final decision for contraceptive choice</b>		
Wife only	174	43.50
Pharmacist, physician or nurse	172	43.00
Shared between husband and wife	34	08.50
Husband only	17	4.20
Mother in law	3	0.80

Table (V) shows the distribution of the study sample according to their awareness about their right to availability and accessibility of family planning services. The table reveals that the majority of the study sample (95.5%) approved that this is their absolute right. In addition, almost all women agreed on counseling before choosing a contraceptive method is an important right.

The final decision for contraceptive choice was reported as an absolute right of the wife by 43.5% of the respondent. A similar proportion attributed this right to the pharmacist, physician or nurse. Only 8.5 % reported that this is a shared decision between the husband and the wife, and a negligible proportion (0.8%) reported that it is the decision of the mother in law.

**Table (VI): Distribution of the Study Sample According to the Practice of Their Right to Family Planning Services**

<b>Practice of the right to family planning</b>	<b>n=400</b>	<b>%</b>
<b>Do you use a contraceptive method?</b>		
Yes	235	58.75
No	65	16.25
Not applicable (single, widowed or divorced)	100	25.00
<b>Who advised you to use this method?</b>	<b>n=235</b>	
Pharmacist, Physician or nurse	139	59.10
Mother and relatives	61	26.00
Neighbors	18	07.70
My self	17	07.20
<b>If not using: Why?</b>	<b>n=65</b>	
Have no children (infertile)	34	52.30
I want to get a son	12	18.50

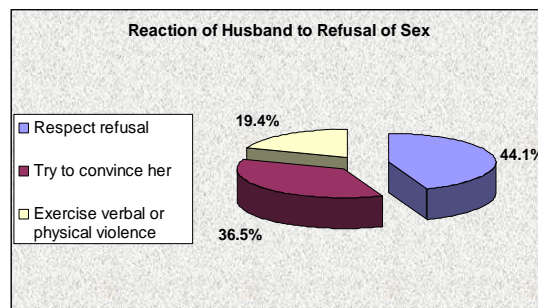
My husband wants children	10	15.40
Its my desire	8	12.30
Our fate/ destiny	1	01.50
<b>Did you receive FP counseling?</b>	<b>n=235</b>	
Yes	139	59.10
No	96	40.90
<b>Accessibility and cost of family planning services</b>		
Accessibility of FP services		
Accessible	221	94.00
Not accessible	14	06.00
<b>Cost of family planning services</b>		
Suitable	223	94.90
Not suitable	12	05.10

Table (VI) displays the distribution of the study sample according to the practice of their right to utilization of family planning services. It is shown that slightly less than three fifths (58.75%) of the study sample use a contraceptive method, while only 21.7% don't.

About three fifths (59.1%) of women were advised by Pharmacists, Physicians or nurses to use their current contraceptive method, while only 7.2% have chosen it themselves.

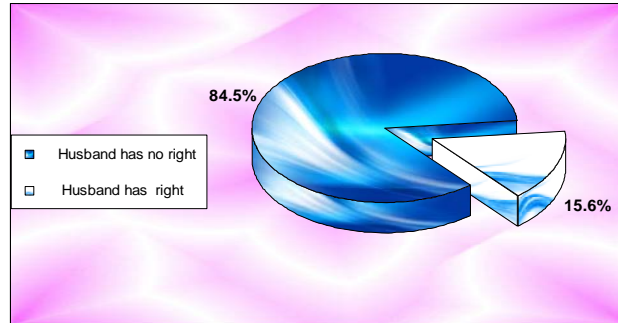
Among those who use a contraceptive method, 59.1% received family planning counseling, while 40.9% didn't. Also the services were accessible and affordable from the point of view of the majority of women.

When women were propped about this right, the majority (96.5%) agreed that sexual relation must be with agreement between the husband and his wife.



**Figure (9): Percent Distribution of the Study Sample According To the Reaction of Their Husbands to Refusal of Sexual Relation.**

Figure (9): Percent Distribution of the Study Sample According To the Reaction of Their Husbands to Refusal of Sexual Relation. According to the figure, 44.1% of respondent stated that their husbands respect their refusal and 36.5% reported that the husband tries to convince her to respond. Unfortunately nearly one fifth (19.4%) stated that wife's refusal provokes the husband to exercise verbal or physical violence over her.



**Figure (10): Percent distribution of the Study Sample According to Their Opinion about Marital Violence.**

Figure (10): Percent distribution of the Study Sample According to Their Opinion about Marital Violence. It is observed that the majority of the study sample (84.5%) stated that marital violence isn't the right of the husband. On the other hand, 15.6 % believe that husband have the right to resort to violence in case of they have a dispute with their wives.

**Table (VII) Distribution of the Study Sample According to Their Reaction to Marital Violence**

Reaction to marital violence	n=400	%
Keep silent for maintaining her home	180	45.00
Complains to parents or relatives or the police	60	15.00
If Marital violence persist ask for divorce or Khol'	54	13.50
Discuss with him the causes of violence and try to find solutions	50	12.50
Leave home	50	12.50
Approach him with the same insult	6	01.50

Table (VII) presents the distribution of the study sample according to their reaction to marital violence. It is shown that more than two fifths (45%) of the study sample react by keeping silent in order to protect the family cohesion. On the other hand, 15% stated that they complain to parents, relatives, or to the police. Just more than one tenth (13.5%) indicated that they ask for divorce or Khol'. A similar proportion affirmed that they discuss with their husbands the reason of that violence and try to find solutions, or leave home. Finally, only 1.5% reacts by being violent.

## Discussion

The findings of this study revealed that the majority of the study sample is better informed about reproductive health than about the literal meaning of reproductive rights, this could be attributed to the fact that the concept of human rights in general and reproductive rights in particular are not sufficiently recognized in the Egyptian culture. In addition, for many years' media messages focused on aspects related to reproductive health services more than reproductive rights. Similar attitude was also adopted by policy makers and educational planners. Luckily this was recently

changed and more attention is currently paid to women's issues including empowerment of women and their reproductive rights. This is expected to enlighten women about their reproductive rights, inspire them to stand –up and fight to obtain them. It is also challenges the social constraints that hinder women to exercise their rights. However, all concerned parties must exert more effort to create awareness about and respect for human rights in the society.

This is in line with Akhter (2007) <sup>(12)</sup> who conducted a study on “Knowledge, Attitudes and Practices on Reproductive Health and Rights among Urban and rural women in Bangladesh”. She reported that only 25% of her study sample has heard the term “reproductive health” and only after brief discussions they understood the concept. She also stated that about 61.8% of her respondents have no idea about the term reproductive rights.

Despite the fact that a sizable proportion of the current study sample was educated, only limited amount of those who heard about the term reproductive health gave correct and complete answer. This reflects inadequate coverage of the subject in the different educational curricula.

When the details of reproductive rights were explored among the study sample, it was found that they were better intuitively familiar and have views related to these rights. This is similar to that of Abou Shabana (2003) <sup>(13)</sup>, who studied women's perception and practices regarding their reproductive rights in Egypt. She reported that the majority of her study sample had positive perception about their reproductive rights. Moreover, the same result was obtained by Jamil (2009) <sup>(14)</sup> who undertook a similar study in Iraq

The present study also explored women's awareness as well as their exercise of reproductive rights specifically in relation to the right to refuse marriage at all or get married at too early age and the right to decide herself about the prospective husband. The study also explored women's views related to the right to decide the number and spacing of children, the right to use family planning services, as well as the right to be free from sexual violence and marital violence. It was encouraging to find out that when the aforementioned rights were discussed with respondents, the majority endorsed them.

The present study also revealed that, although the sources of information about reproductive health and rights varied, yet mass media was the main source. This is expected because throughout the past years the government of Egypt escalated its attention to the population issues including reproductive health. Consequently, mass media intensified messages related to these topics. As more than one half of the present study samples were housewives it is expected that they spend most of their time at home listening to radio or watching television. Unfortunately, neither nurses nor physicians played a significant role in informing women. This reflects inadequacy of professional education in matters related to communication skills and counseling. It may also be due to limited expectations of women as related to their right to obtain information and guidance in reproductive health issues. It is therefore important to strengthen medical and nursing curricula and to train educators in these aspects.

In relation to girls' right to marry and to establish a family, the present study revealed that the majority of the study sample is aware about their right to participate in marriage choices. However, this right was not considered absolute but rather a participatory one. This is expected because issues related to marriage of sons and daughters in Egyptian culture are family affairs. Therefore, families only welcome girls' participation in decisions in matters related to marriage.

Consequently, as foreseeable, nearly three quarters of the study sample stated that they took into account their families opinion when choosing their husbands. Similar finding were reported by El-Zanaty (1999)<sup>(15)</sup> and Abou Shabana (2003).<sup>(13)</sup>

It was positive that more than two thirds of the study sample specified the ideal age of marriage for girls at any point between 21 to 25 years. They stated that this is an age of physical, psychological and intellectual maturity. This is relatively in line with that of Abdel Megeid et al (1996)<sup>(16)</sup>, Qayed (1998)<sup>(17)</sup> and DHS Egypt (2008).<sup>(18)</sup>

However, the finding related to the suitable age at marriage in the present study is incongruent with Jaffer et al 2006 who found that Omani female adolescent students were more inclined to specify older age of marriage.<sup>(19)</sup> This discrepancy may be attributed to sample differences. Jaffer's study sample comprised female students who are expected to give priority to education over marriage whereas the sample in this study comprised women of varied educational, marital and social backgrounds. Also, female marriage above the age of 25 years is not much welcomed in Egypt especially among older generations. However, currently, it is relatively accepted that females get married at the age of 30 years or more because of the superior ambitions of girls and the value given to higher education. Social and economic reasons also play a role in this respect.

Regarding the practice of girls' right to marry and establish a family, it was encouraging to find out that more than three fifths of married women participated in choosing their husbands. This in line with Abou Shabana (2003)<sup>(13)</sup>. Regarding the age at first marriage, slightly more than one third of women got married between the ages of 21 to less than 25, this is consistent with the findings of DHS Egypt (2008)<sup>(18)</sup>. This is positive as it indicates that some families moved by their minds from customs and traditions that encourage early marriage to what is better and protective to their girls' future lives. On the other hand the present study revealed that some families still adhere to customs and traditions as slightly less than one quarter of women got married before the age of twenty. Also the reason could be that some parents wrongly believe that the daughter is ready to marry as soon as she reaches menarche.

As to the reaction of families to their daughters' refusal to marriage or if they chose husbands who don't meet the expectations of their families', the majority stated that the family discusses the matter with them in order to know their reasons and try to convince them. This may be attributed to cultural reasons which value marriage and forming a family. Unfortunately, some families still force their daughters to marry if they consider the prospective husband suitable. This later group needs specific mass media messages that clarify girls' rights.

Furthermore, the present study clearly pointed out that the majority of respondents were aware about their right to decide the number and spacing of their children, nevertheless, they didn't see a value in being the sole determinants of this matter. Accordingly, the majority prefer to share such decision with their husbands. In fact, deciding the number and spacing of children is one of the reproductive rights of the woman as she is the one who bears all the burden and risks of pregnancy and child bearing. The social norms and the respect of the role of participation between the husband and the wife in all matters through marital life are motives to such sharing. However, regrettably, 1.5% of women said they would use the pill or resort to an abortion, without their husbands knowing, if they could not cope with a child or reach an agreement with their husbands.

In this context, it is encouraging to find that almost all the present study's sample is aware about the importance of the availability of family planning services as one of women's reproductive rights. Luckily these services were accessible to them. This finding is similar to that of Abou Shabana (2003)<sup>(13)</sup>, and Jamil (2009)<sup>(14)</sup> who stated that women value the importance of family planning services.

This positive attitude could be a result of media messages that address the importance of family planning and to the efforts made to improve the quality and coverage of family planning services. The EDHS (2008)<sup>(18)</sup> reported that all currently married women aged 15-49 knew about at least one family planning method, and the average woman was aware of at least 6 methods. Also it was reported that 67 % of married women had heard or seen a family planning message during the six months prior to data collection, which is substantially lower than the level of exposure to family planning messages reported in 2005 EDHS (91 %).

Regarding the final decision for contraceptive choice after counseling, it is reasonable that more than two fifths of the present study sample reported that it is the right of the woman herself. This may be attributed to their increased knowledge about contraceptives, their action, effectiveness and side effects.

On the other hand, a similar proportion preferred that either pharmacists, physicians, or nurses take decisions related to the contraceptive they will use. This reflects the reluctance of some women to take the decision themselves for fear of its consequences. Instead they leave it for the specialists. This result isn't in line with that of Akhter (2007)<sup>(12)</sup> who stated that there is no choice regarding contraception for women in Bangladesh especially those who live in poverty combined with illiteracy. This is because they look to themselves as targets and not partners. Such discrepancy may be attributed to the sample differences as a quite proportion of the present study were educated.

Respondent's views were reflected on their exercise of the right to choose a contraceptive about three fifths of women reported that pharmacists, physicians, or nurses had advised them about the current method. Still, about one third relied on advice of mothers or friends. This is expected because quite a proportion were had limited education.

As to family planning counseling, the results of the current study reveals that nearly three fifths of women received family planning counseling. Similar result was reported by EDHS (2008)<sup>(18)</sup> where more than one half (56 %) of contraceptive users was counseled about potential side effects. Still, there are two fifths of respondents in the present study were not counseled prior to contraceptive use. Akhter (2007)<sup>(12)</sup> reported that women, especially when they are poor, don't get the required information about contraceptives to make the right choice for themselves. It is therefore important that reproductive health service planners strengthen the counseling as well as reproductive health rights into their programs.

Almost all women in the present study endorse women's right to be free from sexual assault, and violence and exploitation. They aspire that sexual relations between husbands and wives be with mutual agreement. However, in reality this was not always true. Quite a proportion of respondents were subject to sexual violence by their husbands. Many of them stated that they tolerate this and sacrifice their rights and dignity for the sake of family stability.



In fact, because of their nature, the occurrence and impacts of sexual violence are frequently “hidden” resulting in a significant underestimation of the real level of harm caused. Accordingly, in the current study when women were probed about the reaction of their husbands to their refusal of sex, the majority stated that their husbands respect their refusal or try to convince them. On the other hand, a proportion stated that their husbands exercise verbal or physical violence against them.

This may reflect the culture of silence surrounding violence related to reproductive and sexual matters. In fact this is not because Egyptian women are accepting violence, but because they are conditioned not to complain but to cope with it throughout their life cycle. Also it may reflect gender imbalance within families where men are assigned a superior position and are given more rights. This was explained by Tadros (1998) <sup>(20)</sup>. He mentioned that men have no scruples about when and where to have sex, and once they ask for sex, they have to have it, and they become violent if their wishes are not fulfilled even when their wives were ill or pregnant. In addition, Cohen (2006) <sup>(21)</sup> reported that exploitation and violence perpetrated against women are acceptable in countries where women have inferior social status due to customary or formal law.

Furthermore, when investigating the reaction of the current study sample to marital violence it was noticed that slightly more than two fifths react by keeping silent in order to maintain the family stability and avoid unfavorable societal reaction towards them. Only few stated that they would ask for divorce or Khol if violence persists.

This result is consistent with that of Romanova 2001<sup>(22)</sup> who stated that women do not want to reveal that they are beaten or abused for the sake of their children and families. Also the title "divorced" lowers women's status due to cultural images that portray women as dependent on their husbands. Because the society does not accept that women have a right to be single or divorced, many women tolerate violence and stay with their husbands. This similarity may be due to the value of maintaining the family in many parts of the world.

Finally, as professionals, our privileged position in the society obliges us to advocate for the improvement of health services for women, and to reflect on how best to collaborate with others to bring about the necessary changes so that women will be valued equally as men and will be able to exercise their sexual and reproductive rights as enshrined in human rights laws.

**Conclusion:** The majority of the study sample was to a great extent aware about reproductive health but they were not equally familiar with the term reproductive rights. Most of them acquired their knowledge from mass media.

Girls were usually denied the right to decide solely in matters related to marriage. Consultation with parents is absolutely required in this matter because girls are unqualified to take such decision. In case of dispute between parents and daughters most of them stated that they try to convince their daughters. Still, some resort to forcing their daughters to follow parents' choice. Quite a proportion of the sample encourages early marriage for girls.

Generally respondents consider the decision about the number and spacing of children as a shared judgment between husband and wife. In laws play the least role in this matter. Most respondents were aware about the importance of family planning; however, some prefer not to use any contraceptive method until they get a son and/or the desirable number of children.

The majority of the study sample was aware about their right to be free from sexual assault, and marital violence. However, in case such violence occurs they don't take action. They sacrifice their dignity for stabilization of the family.

### Recommendations

The findings of this study indicate that women need to be better informed about their reproductive rights, exercise and defend them. In order to achieve that, concerted efforts of many sectors are needed. These include:

1. Mass Media Sector is required to broad cast well designed messages related to human rights in general and reproductive rights in particular that target all segments of the community.
2. Basic Education Sector ought to integrate reproductive health and rights into basic education curricula, train teachers and create an environment that respects human rights.
3. Medical and Nursing Education Institutions should strengthen and upgrade the reproductive health, reproductive rights and counseling components into their curricula.
4. Reproductive Health Service Planners must develop and disseminate clients' rights bills, inform clients about them and set penalties for staff members who violate them.
5. Legislative sector is required to develop legislations that assure and protect women's rights including reproductive rights.
6. Civil Society is to set and implement nationwide programs that upgrade community awareness about and respect for human rights and address gender imbalance issues.

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