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Attitudes of the Adult Residents of Different Communities towards Reproductive Health Education in Dera Ismail Khan

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Reproductive health implies that people are able to have a responsible, satisfying and safer sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. The purpose of the study was to explore the attitudes of adults of different communities towards reproductive health education in Dera Ismail Khan. The population of the study consisted of adult residents of different communities in Dera Ismail Khan. The sample of the study consisted of 100 adults selected through convenience sampling. A Questionnaire was used for data collection. The data show that the attitude of adult residents of different communities was positive towards reproductive health education in Dera Ismail Khan. However, demographic variables do not seem to influence the attitudes of respondent's towards reproductive health education.

Keywords: reproductive health, safer sex, convenience sampling

Attitude is the predisposition or tendency to react specifically towards an object, situation, or value usually accompanied by feelings and emotions. (Good, 1959). Geenan *et al* (1994) defined attitude as a judgment of an object or event that prompts individuals to structure their complex social environment which prepare persons for employment while assuming numerous initiatives. The WHO (1998) has defined health as a state of complete physical, mental and social well-being and the absence of disease or infirmity. A state in which women are able to go through pregnancy and child birth safely; outcome of pregnancy is successful in terms of maternal and infant survival and well-being; and couples are able to have sexual relations free of fear to be pregnant and contract diseases (Fathallah, 1998). Fertility rates in Pakistan remained consistently high over the past three decades. Marriage between close biological relatives is considered a norm in Pakistan. Hussain & Bittles (1999) found that women in consanguineous couples married at younger ages and was less likely to use modern contraceptive methods for avoiding pregnancy. Women in these marriages become quickly pregnant, and the birth rate

is also high in consanguineous couples. Agha (2000) reported that low income was a constraint to modern contraceptive use in Pakistan. Cultural settings affect use of contraceptives to avoid pregnancy. Ashari and Ahmadi (2006) conducted a study to identify some of the determinants of attitudes towards reproductive health and safe sex among youth in Sheraz city (Iran). The researchers reported that due to social and cultural taboos and inhibitions sexual health research in Iran is very limited. Furthermore, social and cultural norms exert negative influence on sexual health education. A study was conducted in Lahore and Islamabad to investigate reproductive behavior and the extent to which social cultural and attitude variables affect the use of modern methods of contraception (Zafar, Ford and Ankomah 1995). These researchers reported that cultural setting and traditions exert significant influence on reproductive behavior. A hospital based study was carried out by Seema, Memon A, Memon Z and Bibi (2008) to assess contraceptive knowledge, practices, availability and accessibility of family planning services and for non-utilization of family planning services in interior of Sindh province, Pakistan. The findings revealed that fear of side effects was the main reason of non-utilization of contraceptives. In Pakistan some adult citizens do not use contraceptives as they are afraid of their side effects.

Reproductive health concept has become central as a result of support activities in the international arena, and by the feminist movement and women's health advocates (McIntosh & Finkle, 1995). Reproductive health education is considered a key strategy for promoting safe sexual behaviors among teenagers (Lindberg et al, 2000). International agencies tried their best to improve health conditions in many developing countries by integrating health programs and strategies with national health policies but did not succeed because of different factors related to health policy contents, context and process (McKee et al., 2000; Walt & Gilson, 1994). According to WHO the developing countries have to reduce poverty and emphasis the importance of economic development for health promotion (Sach, 2001).

It is estimated that each year more than 585000 women die worldwide because of complications and lack of awareness concerning reproductive and sexual health issues (Khanam, Perveen and Mirza, July 2001). Pakistan is one of the three South Asian countries which have the highest maternal and infant mortality rate.

A large number of families lack awareness about the reproductive health education. In Pakistan the role of men concerning family decisions has always been dominant and reproductive health issues is not an exception to this rule. Ali, Rezwan and Ushijima (2004) carried out a study to investigate knowledge, perception and behavior of men and their misconceptions regarding use of reproductive methods. The researchers studied 180 married adult males selected from 12 rural districts of Pakistan. The researchers reported gaps in knowledge of the respondents about reproductive health issues and stressed the need for health education. Especially for adolescents boys. However, awareness of adult residents seems high in big cities of Pakistan. For example a survey was conducted in Lahore to explore attitudes of adult citizens towards use of contraceptives. In this study Khawaja et al (2004) found that 85% of the women and 74% of the men had a positive attitude toward use of reproductive health practices. Similarly, Fikree, Saleem, & Sami, (2005) in an investigation of views of men and women living in low socioeconomic settlements of Karachi found that knowledge about contraceptive methods, their availability and affordability was high among the respondents. As attitudes play a vital role in the success of any activity, the present study was designed to explore the attitudes of adult residents of different communities towards reproductive health education in Dera Ismail Khan.

Objectives of the study

The following were the objectives of the study:

1. To investigate the attitudes of adult residents of different communities towards reproductive health education in Dera Ismail Khan.

2. To explore the relationship between respondents' socio-demographic variables and their attitudes towards reproductive health education.

Research Questions

1. What are the extents of attitudes of adult residents of different communities towards reproductive health education in Dera Ismail Khan?
2. Is there any significant difference between the attitudes of male and female adult residents towards reproductive health education?
3. Is there any significant difference between the attitudes of urban and rural adult residents towards reproductive health education?
4. Is there any significant difference between the attitudes of literate and illiterate towards reproductive health education?
5. Is there any significant difference in the attitudes towards reproductive health education between the laborers who come from urban and rural communities?

Method

Procedure

The population of the study consisted of all adult residents of different communities in Dera Ismail Khan. The sample of the study consisted of 100 (50 rural & 50 urban) adult residents. The respondents were selected by the researcher through convenience sampling. The researcher used a questionnaire devised by Rukhsana Aziz (2008) for data collection. It is a 5 point Likert type rating scale ranging from "strongly agree" to "strongly disagree" (score range 5-1). The questionnaire consists of 30 items (examples: *lack of awareness about reproductive health education can result in different sex related diseases; Parental consanguinity may cause ill reproductive health etc.*). The researcher obtained author's consent for using the test. The researcher himself administered the questionnaire to 200 respondents. However, only 50 percent of the respondents returned back the filled in questionnaires.

Analysis of Data

For data analysis the researcher used SPSS 16 version. For achieving first objective of the study, the researcher used mean score of each statement for data analysis and labeled the attitudes according to the following score range:

Score range Type of attitude

- | | |
|-----------|-------------------|
| 1.00—1.69 | Negative attitude |
| 1.70—2.39 | Neutral attitude |
| 2.40—3.00 | Positive attitude |

For intergroup comparisons, Independent Sample t-test was used. The value for the significance level set for testing null hypothesis was 0.05.

Results

Table 1
Scores showing the attitudes of adult residents towards reproductive health education (N=100)

Item#	Mean	SD
1	2.59	1.28
2	2.88	1.17
3	3.0	1.14
4	2.98	1.11
5	3.09	1.09
6	3.05	1.09
7	2.98	1.11
8	2.97	1.19
9	2.99	1.11
10	3.00	1.15
11	3.02	1.18
12	3.10	1.19
13	3.19	1.18
14	3.15	1.27
15	3.17	1.29
16	3.21	1.32
17	3.17	1.33
18	3.09	1.33
19	3.17	1.24
20	3.20	1.21
21	3.20	1.19
22	3.17	1.16
23	3.22	1.20
24	3.18	1.21
25	3.16	1.22
26	3.21	1.19
27	3.15	1.21
28	3.12	1.25
29	3.10	1.28
30	3.09	1.33

Table 1 shows that the Mean scores of all the 30 items fall in the score range 2.40 to 3.00 which demonstrates that the attitudes of respondents are positive towards reproductive health education in Dera Ismail Khan.

Table 2
Comparison between the views of male and female respondents about reproductive health education

Gender	n	Mean	SD	t	p
Male	4	78.71	6.39	.152	.88
Female	4	78.63	7.86		

df=98

Table 2 shows that there is no significant difference between the perceptions of male and female adult citizens towards reproductive health education (p = 0.88). This implies that both male and female adult residents possess similar views about reproductive health education in Dera Ismail Khan.

Table 3
Comparison between the views of rural and urban communities about reproductive health education

Residence	n	Mean	SD	T	p
Rural	51	77.92	7.01		
Urban	49	79.16	7.14	.877	.383

df=98

Table 3 shows the testing of significant difference between the opinions of rural and urban respondents about reproductive health education. The results reveal that there is no significant difference between the perceptions of rural and urban adult residents towards reproductive health education (p=.383). This implies that both rural and urban adult residents have similar perceptions about reproductive health education in Dera Ismail Khan.

Table 4
Comparison between the views of illiterate and literate adult residents towards reproductive health education

Educational Status	n	Mean	SD	t	p
Literate	51	77.92	7.14		
illiterate	49	79.16	7.01	.8	.383

df=98

The table 4 shows the testing of significant difference between the perceptions of literate and illiterate adult residents towards reproductive health education. The data show that there is no significant difference between the opinions of literate and illiterate adult residents towards reproductive health education (p = 0.383). This implies that both literate and illiterate adult residents have similar perceptions about reproductive health education in Dera Ismail Khan.

Table 5
Comparison between the perceptions of rural and urban laborers about reproductive health education

Laborers	N	Mean	SD	t	p
Rural	10	18.67	2.01		
Urban	10	18.57	2.18	.1	.341

df=18

The table 5 shows the testing of significant difference between the perceptions of laborers rural and laborers urban about reproductive health education. The data show that implies that there is no significant difference between the attitude of laborers from rural and laborers urban about reproductive health education (p = 0.341). This means that laborers from both rural and urban communities have similar

views about reproductive health education in Dera Ismail Khan.

Discussion

The present study was descriptive in nature. The main focus of the researchers was to explore attitudes of the adult population residing in Dera Ismail Khan. Reproductive health or sexual health addresses the reproductive processes, functions and system at all stages of life. In Pakistan more than 20000 women die each year due to inaccessibility to reproductive health facilities. Our data reveal that attitudes of adult residents are positive towards reproductive health education in Dera Ismail Khan. These finding suggests that if awareness concerning utilization of reproductive health facilities is widespread, the rate of fatalities arising from complications of pregnancy and child birth can be largely reduced.

Another objective of the study was to find out the impact of socio demographic characteristics of the respondents on their attitudes towards reproductive health education. It was found that both men and women possess similar attitudes towards reproductive health education. Similarly no significant difference was found in attitudes of respondents who come from urban and rural communities. A similar trend was observed in case of laborers belonging to urban and rural population.

An earlier study carried out in Punjab (Pakistan) by (Kanwal et al. 2009) investigated the relationship between socio demographic variables of married women's attitude towards reproductive health rights. The researchers reported a highly significant and positive relationship between respondent's education and their attitudes towards reproductive health rights and practices. This study demonstrated that literate women are about two and a half times more likely than illiterate women to be knowledgeable about reproductive health practices. Furthermore, this study reveals a significant positive association between husband's education and attitudes of their wives attitudes towards reproductive health practices (Kanwal et al. 2009). Contrary to that the findings of the current study demonstrate that literacy variable does not make any difference in the attitudes of adult residents towards reproductive health education. These results may be attributed to Government's policies and measures aimed at creating awareness through mass media, among the masses, about the necessity and benefits of modern contraceptive methods and family planning sources.

By and large the findings of the present study indicate that the respondents, irrespective of their gender, education and geographic background, are not only knowledgeable about different indicators of reproductive health education, but they have a positive attitude towards such practices.

Suggestions

1. Reproductive health education course may be included in the curriculum of secondary school students.
2. Workshops may be conducted in both rural and urban areas for the awareness of adult residents about reproductive health education.
3. The knowledge about healthy family living and reproductive health education may be disseminated through religious scholars.
4. To attract the female adult residents towards education in general and reproductive health education in particular, proper incentives may be given to them.
5. To promote awareness about reproductive health education in common people, electronic media may be used for this purpose. Awareness may be developed through electronic media to adult residents in the community about reproductive health education.
6. Efforts may be made to provide sufficient opportunities of reproductive health education to the females in particularly and males in general.
7. Training opportunities may be provided to educators and health workers in promoting reproductive health education.

Limitations

1. The sample size was small although the researchers distributed the questionnaires to 200 individuals but only 100 respondents returned the completed scales.
2. Convenience sampling was used it would be better to use random sampling technique and include representatives from different communities,
3. It is important to compare the attitudes of different age groups about reproductive health education, whereas, the present study did not make any such comparison.
4. The religious scholars was very small to draw any inference.

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Key words *The authors must provide the preferred key words for the study.*

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