

## PERCEPTION, ATTITUDE AND PRACTICES OF RURAL MIGRANTS ABOUT THEIR REPRODUCTIVE HEALTH: A CASE STUDY OF FAISALABAD CITY

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Youth is a capital of any nation. The reproductive health of youth is of growing concern today. Generally, the child to youth transition involves events such as puberty, physical and psychological changes and marriage with all its accompanying responsibilities. These physical, psychological and behavioral changes especially those associated with puberty have important consequences for the reproductive health of the youth. This segment of the population is the nation builder of near future and will have the greatest potential impact on population growth. Youth may face immediate and long term health threats due to the behavior and practices that they undertake. The purpose of this study was to understand the perceptions, attitudes and practices of rural migrants who had been migrated for the last five years (2000 to onward) towards their reproductive health. A well defined questionnaire was used as a tool for data collection and survey was conducted in Faisalabad city. One hundred and fifty respondents were interviewed during the survey.

**Keywords:** Attitude, reproductive health, migration, youth

### INTRODUCTION

Reproductive Health is a basic human right which refers to a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all the matters relating to the reproductive system and to its functions and process. (ICPD, 1994). In the year 2000, the world population was 6.1 billion, from which over one billion people (19.1 percent) belonged to the age group 10-19 years. The Asian region comprises 712 million people in this age group. According to United Nations medium-variant projections, in the world as a whole the number of persons in the age group 10-19 will continue to grow, reaching 1,253 million by the year 2025, while in Asia, this number will decline to 698 million by the year 2025 (United Nations, 2001). Adolescence is a formative time of transition to adulthood, roughly concurrent with the second decade of life. What happens between ages 10 and 19 shapes how girls and boys live out their lives as women and men—not only in the reproductive arena, but also in the social and economic realms. Throughout the world, girls and boys are treated differently from birth onward, but at puberty this gender divide widens. Boys enjoy new privileges, while girls endure new restrictions. (Mensch *et al.*, 1998). Physical changes during puberty were mentioned by the youth were more concentrated on the changes occurring in their respective genders. Male respondents had more knowledge about the female puberty changes than the females having

knowledge of male changes. But this is probably due to the social barriers, which are more prominent for the females. Physically changes were mentioned more frequently like breast development, moustaches, change in voice, etc. rather than psychometric changes (Sarah, 2003).

With the realization of the social norms of the sexual behavior there is more of an emphasis on controlling reproductive behavior than limiting sexual behavior. However, adolescents in many developing countries of Africa, Asia, and Latin America have little knowledge about sex and reproduction, putting themselves at considerable risk of unwanted pregnancy (Sai, 1980). In India, although traditional norms oppose premarital sex, some studies indicate a growing trend towards premarital sexual activities among adolescents (Sharma, 2000). Men are more interested in reproductive health than most people think. Recent surveys and studies seem to contradict popular views about men's participation and involvement in family planning for example, that most men know little about contraception, do not want their partners to use it, and are not interested in planning their families. Individual attitudes and behaviors among men vary enormously, of course. On balance, however, the evidence suggests that many more men would participate if they had more opportunity to do so. While some family planning programs have been interested in involving men for more than a decade, only recently has men's participation become the focus of substantial attention (Danforth and Roberts, 1997).

The goals of this exercise were to:

- To assess the perception, attitude and practices of rural migrants about their reproductive health.
- To establish relationship between background characteristics with the perceptions, attitudes and practices among the rural migrants.
- To suggest appropriate measures for uplifting the reproductive health status of the rural migrants

## MATERIALS AND METHODS

Methodology is “the logic of scientific procedure”. Methodological techniques are very important for analyzing sociological pursuits and empirical research. Advancement of sociological knowledge in modern age is possible due to the use of sophisticated methodological techniques. A well design-interviewing schedule consisting of open ended and close-ended questions was developed for acquiring response from the respondents.

The study was conducted in urban Faisalabad. Lyalpur town was selected randomly in the four towns of Faisalabad city. Kanak basti and Syedabad were randomly selected from the colonies of Lyalpur town. Snowball sampling technique was applied for the collection of data. A sample of 150 respondents was taken for the study in the prescribed areas. Seventy-five respondents were taken from each area. The data were analyzed by using the descriptive-frequency distribution and inferential statistic bivariate analysis. statistical test chi-square was used to explore the relationship between the variables.

Table 1 shows that 16 percent of the respondents were interviewed of the age group 20-30 years, 38 percent were in the age group of 31-40 whereas about 48 percent respondents belonged to age above than 40 years.

**Table 1. Socio-economic characteristics of the rural migrants**

Age	Frequency	Percentage
20-30	24	16.0
31-40	57	38.0
41 & above	69	46.0
<b>Total</b>	<b>150</b>	<b>100.0</b>
<b>Educational status</b>		
Illertate	42	28.0
Upto Matric	81	54.0
Above Matric	27	18.0
<b>Total</b>	<b>150</b>	<b>100.0</b>

<b>Monthly income</b>		
Less than 6000	99	66.0
6001 to 10000	24	16.0
10001 & above	27	18.0
<b>Total</b>	<b>150</b>	<b>100.0</b>
<b>Age at marriage</b>		
Less than 20	46	30.7
21 to 22	60	40.0
23 to 24	41	27.3
24 & above	3	2.0
<b>Total</b>	<b>150</b>	<b>100.0</b>
<b>Total number of children</b>		
1 to 3	66	44.0
4 to 5	69	46.0
6 & above	15	10.0
<b>Total</b>	<b>150</b>	<b>100.0</b>

44 percent of the respondents have 1-3 children, 46 percent have 4-5 children whereas 10 percent have 6 and above children. It also ratifies the national level results which have the same percentage regarding their number of the children.

**Table 2. Perception about reproductive health**

Knowledge	Yes		No		Total	
	F	%	F	%	F	%
Reproductive Health	125	83.5	25	16.7	150	100.0
Puberty	137	91.3	13	8.7	150	100.0
<b>Puberty changes</b>						
Change in voice	34	22.6	116	77.4	150	100.0
Body development	58	38.7	92	61.3	150	100.0
Pubic hair	43	28.7	107	71.3	150	100.0
No change	13	9.2	137	91.8	150	100.0

Table 2 demonstrates 83.5 percent respondents had knowledge about reproductive health while 91.3 percent had knowledge about puberty and its conditions.

Table also explain that 38.7 percent respondents felt puberty changes from body development, 28.7 percent respondents felt puberty changes from pubic hair and only 22.6 percent rural migrant's undergone puberty changes with change of voice.

**Table 3. Attitude about reproductive health**

Psychological prob.	Frequency	Percent
Yes	34	22.7
No	116	77.3
<b>Total</b>	<b>150</b>	<b>100.0</b>
<b>Attitude</b>		
Shyness	27	79.4
Fear	2	5.9
Wanted to get marriage	5	14.7
<b>Total</b>	<b>34</b>	<b>100.0</b>

Table 3 shows 22.7 percent respondents suffered in psychological problems while growing up and 77.3 percent rural migrants didn't face any psychological problems

Table also shows the percentage distribution of the respondent's attitudes. 79.4 percent respondents felt shyness as they grown up, and 14.7 percent respondents wanted to get married. 5.9 percent rural migrants feared while gaining puberty.

Table 4 depicts that 40.0 percent rural migrants were using family planning methods while 60.0 percent were not found the users of family planning methods which reflects that the attitude of rural migrants not favors the family planning methods for limiting their family size and also to keep the health of the mother stable.

**Table 4. Practices of family planning**

Family planning method users	Frequency	Percent
Yes	60	40.0
No	90	60.0
<b>Total</b>	<b>150</b>	<b>100.0</b>
<b>Family planning practices</b>		
Pills	8	13.5
Injection	10	16.6
IUD	5	8.3
Condoms	37	61.6
Total	60	100.0
<b>Reasons of not using family planning practices</b>		
Wanted more children	54	60.0
Lack of knowledge	4	4.5
Worry about side effect	26	28.8
Do not favor family planning methods.	6	6.7
Total	90	100.0

Table also shows the percentage distribution of those respondents who were using contraception methods; 61.6 percent respondents were found users of condoms. 16.6 percent rural migrants were using injections and very small portion of rural migrants practicing IUD and pills for birth control.

Table shows the percentage distribution of those respondents who did not use the contraceptive methods. 60 percent rural migrants want more children. 28.8 percent respondents have worried about side effects and very small amount of rural migrants 4.5 percent were not using contraceptives due to lack of knowledge. 6.7 percent respondents didn't in the favor of contraception. This type of respondents belongs to Religious families.

### Testing of hypothesis

#### Hypothesis

Higher the age of the respondents, higher will be the perception about reproductive health.

**Table 5. Association between age of the respondents and their perception about reproductive health**

Age	Perception about reproductive health		Total
	No	Yes	
20-30	3 12.5%	21 87.5%	100.0%
31-40	0 0.0%	57 100.0%	57 100.0%
41 and above	12 17.4%	57 82.6%	69 100.0%
Total	15 10.0%	135 90.0%	150 100.0%

$\chi^2 = 10.68$  d.f. = 2 Significance = .005\*\*

The chi-square value shows a highly significant association between age of the respondents and their perception about reproductive health. Data reflects young age respondents and middle age respondents have more perception about reproductive health as compare to old age respondents. So the hypothesis "higher the age of the respondents, higher will be the perception about reproductive health" is accepted.

#### Hypothesis

Lower the age of the respondents, higher will be the practices of family planning methods

**Table 6. Association between age of the respondents and their practices of family planning methods**

Age of the respondents	Practices of family planning methods		Total
	No	Yes	
20-30	12 50.0%	12 50.0%	24 100.0%
31-40	18 31.6%	39 68.4%	57 100.0%
41 and above	60 87.0%	9 13.0%	69 100.0%
Total	90 60.0%	60 40.0%	150 100.0%

$\chi^2 = 41.07$  d.f. = 2 Significance = .000\*\*

The chi-square value shows a highly significant association between age of the respondents and their practices of family planning methods. Table clearly indicates that 50.0 percent young age, 68.4 percent middle age and only 13.0 percent old age respondents adopted the family planning practices. So the hypothesis "lower the age of the respondents, higher will be the practices of family planning methods" is accepted.

## CONCLUSION

The biological determinants of youth are fairly universal; however, the duration and defining characteristics of this period may vary across time, cultures and socio-economic situation. Besides, this period has been radically altered over the past century by earlier onset of puberty, later age of marriage, urbanization, global communication, and changing sexual attitude and behaviors. Youth is a period of furious growth and development during which young people are universally exposed not only to exciting new opportunities but also to multiple risks.

Several factors that influence development and reproductive health have been identified in programs working with young population all over the world. Although, their degree of influence may vary at different points, they all shape how young people experience the transition from childhood to adulthood. This research also uncovers the cultural and social beliefs that mould the Pakistani youth's perceptions, attitudes and behavior towards their own bodies. The study looks into all possible aspects related to youth reproductive health through a multi-dimensional approach of baseline information supplemented with empirical evidence. This research looked into youth reproductive health awareness through indicators like problems associated with puberty and adolescence, sexuality, sex education, marriage trends, fertility perceptions, family planning practices, knowledge

about Sexually Transmitted Infections (STIs), Urinary Tract Infection (UTIs), Reproductive Tract Infections (RTIs), Acquired Immune Deficiency Syndrome (AIDS) and Hepatitis, health seeking behavior in context of reproductive health and decision making related to reproductive health.

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