JOURNAL OF PHYSICAL EDUCATION RESEARCH

Journal of Physical Education Research, Volume 8, Issue I, March 2021, pp.77-81
ISSN: Print-2394 4048, Online-2394 4056

ATTITUDE TOWARDS SEXUAL AND REPRODUCTIVE HEALTH RIGHTS AMONG WOMEN IN KADUNA STATE

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How to cite this article: Bariat, S. A., Enyikwola, R. O., Yusuf, M., & Mshelia, Y. M. (March 2021). Attitude towards sexual and reproductive health rights among women in Kaduna state. Journal of Physical Education Research, Volume 8, Issue I, 77-81.

Received: January 06, 2021 **Accepted:** March 10, 2021

ABSTRACT

This paper assessed the attitude towards sexual and reproductive health rights among women in Kaduna state. the researcher adopted Ex-Post-facto design, since the study was on existing identified phenomenon. One research question and hypothesis was formulated for this study. The population of the study made up of women of reproductive age in Kaduna State which is 165,074. Out of the population, two hundred women (200) was used as a sample. Mean and standard deviation was used to answered the research question while one sampled t-test was used to analyses the hypothesis at 0.05 alpha level. Results revealed that women of Kaduna state have no significant attitude towards sexual and reproductive health rights. It was concluded that women of Kaduna state did not have a good attitude towards sexual and reproductive health rights. It was recommended that there is need to give more encouragement and enlightenment on sexual and reproductive health rights to women and girls.
Keywords: *Attitude, sexual and reproductive health rights.*

1. INTRODUCTION

Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence (Speizer, Magnani, & Colvin, 2003). Sexual and Reproductive Health and Rights (SRHR) is the concept of human rights applied to sexuality and reproduction. It is a combination of four fields that in some contexts are more or less distinct from each other, but less so or not at all in other contexts.

Reproductive rights rest on the recognition of the basic right 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 attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence (Baptiste et al., 2010). Reproductive health, or sexual health/hygiene, addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, 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. One interpretation

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of this implies that men and women ought to be informed of and to have access to safe, effective, affordable and acceptable methods of birth control; also access to appropriate health care services of sexual, reproductive medicine and implementation of health education programs to stress the importance of women to go safely through pregnancy and childbirth that could provide couples with the best chance of having a healthy infant. On the other hand individuals do face inequalities in reproductive health services (Women International Network, 2009). Every society and culture has some basic norms and beliefs that guide the people. In Nigeria for instance, specifically the Northern Nigeria (Hausa - Fulani dominated) allowed early marriage of the girl-child. Erulkar and Bello (2007) argued that the reason for acceptance of early marriages among Northern region is to preserve the value of virginity, fears about pre-marital sexual activity, to reduce promiscuity of the girl-child, and other socio-cultural and religious norms. However, due to the ignorance and selfish nature, more often than not they forget the effect it has on the girl- child as well as their community development. It is worrisome that the girl- child has no power to resist the offer. The effect of early marriage on the girl-child that affects her wellbeing and that of the society include education, lack of economic empowerment and lack of knowledge on reproductive health services which will enable them take informed decisions, enhance their ability to leverage resources and participate in community decision making (Johnson et al., 2002).

Despite these obligations, violations of women's sexual and reproductive health rights are frequent. These take many forms including denial of access to services that only women require, or poor quality services, subjecting women's access to services to third party authorization, and performance of procedures related to women's reproductive and sexual health without the woman's consent, including forced sterilization, forced virginity examinations, and forced abortion. Women's sexual and reproductive health rights are also at risk when they are subjected to female genital mutilation (FGM) and early marriage (Phillips, & Hossain, 2003).

According to Meuwissen, (2006), women seemly lack awareness and knowledge of their sexual and reproductive health rights which is one of the causes of problems and complications women face when it comes to sexual and reproductive health and in turn the development of negative attitude. In Nigeria, women may shy away from exercising their rights due to cultural, religious, and moral values because it is frowned upon in the society. Young women of reproductive age who are married are prevented from accessing sexual and reproductive health care which they rightfully deserve because they are expected to give birth to as many children as possible without family planning (Ogu et al., 2012). Whereas single women of reproductive age who are sexually active also shy away, this is because they fear how the society will treat them and the shame they will have to feel while tending to their sexual and reproductive health, thereby leading them to practice unsafe sex because room was never created to have positive attitude, this would result in unwanted pregnancies, which if they try to abort may result into serious complications such as sepsis, uterine rupture, etc. The researchers observed that a lot of women present at health facilities with complications resulting from sexual and reproductive health problems. Therefore, the present study aims at assessing the attitude of women towards sexual and reproductive health rights.

2. METHODS AND MATERIALS

The researchers adopted Ex-Post-facto design, since the study was on existing identified phenomenon. According to Kerlinger (2000), the Ex-Post-Facto design is a design in which the investigation of the variable is done retrospectively whether they have occurred in natural cause of event. Because no variables are manipulated, an independent variable is the one in

which the cause and effect is wanted. The population of the study made up of women of reproductive age in Kaduna State which is 165,074. Out of the population, two hundred women was used as a sample.

A stratified proportional sampling procedure in which samples were drawn from each ward in proportion to the number of mothers at the time of the study. Systematic random sampling will be used to select houses to be sampled and every fifth house in the ward will be selected, that is, 5^{th}, 10^{th}, 15^{th} and so on. Purposive and Dip hand random sampling system will be used to select the respondents (women of reproductive age) in each selected house. An average of two (2) women would be selected per house. Depending on the number of women in each house, a total of 50 houses will be selected per ward which totals to 50 houses selected per Local Government Area. The instrument for data collection for this study was researcher developed questionnaire. One sampled *t*-test was used to analyses the hypotheses at 0.05 alpha level.

3. RESULTS

Table 1: Mean and standard deviation on the attitude of the women of Kaduna state towards sexual and reproductive health rights

S.N.		Mean	Standard Deviation
1.	I am not comfortable when sexual and reproductive health rights are taught to young women	2.31	0.69
2.	It is difficult for me to talk about sexual and reproductive health rights	1.45	0.55
3.	I have had cause to demand for my sexual and reproductive health rights	3.38	0.74
4.	My partner has had sex with me against my will	3.21	0.69
5.	I prefer to speak to health personnel about sexual and reproductive health problems and rights	3.15	0.73
6.	I confronted my partner to discuss his violation of my sexual and reproductive health rights	2.38	0.67
7.	I prefer to discuss sexual and reproductive health rights with my parents	2.44	0.89
8.	I prefer to discuss sexual and reproductive health rights with my friends	2.37	0.72
9.	I involved the police while exercising my sexual and reproductive health rights	2.32	0.76
10.	I involved the judiciary while exercising my sexual and reproductive health rights	2.31	0.54
11.	I involved the clergy while exercising my sexual and reproductive health rights	1.61	0.59
12.	I am not comfortable when sexual and reproductive health rights are taught to young women	2.31	0.69
	Aggregate Mean	**2.4367**	**0.6883**

Table 1 above shows the attitude of the women of Kaduna state towards sexual and reproductive health rights. The table shows that the aggregate mean 2.4367 is lower than 2.5. This means that attitude of women of Kaduna state towards sexual and reproductive health rights is not good.

Table 2: **One sample t test on the women of Kaduna state attitude towards sexual and reproductive health rights**

	Mean	Std. Deviation	t-value	df	*p*-value
Aggregate mean	2.437	0.66	1.207	199	0.11
Constant mean	2.50	0.00			

t (397) = 1.972, p > 0.05

Table 2 reveals that the respondents were knowledgeable about cholera preventive strategies. This is because one-sample *t*-test calculated value 1.207 is less than the *t*-critical is 1.972 at degree of freedom 199 with probability value 0.11 is greater than 0.05 level of significance. Thus, this result shows that the sub-hypothesis (null) which states that "The women of Kaduna state have no significant attitude towards sexual and reproductive health rights" is therefore accepted.

4. DISCUSSION

The results revealed that women of Kaduna state have no significant attitude towards sexual and reproductive health rights. This is in line with Meuwissen, (2006), women seemly lack awareness and knowledge of their sexual and reproductive health rights which is one of the causes of problems and complications women face when it comes to sexual and reproductive health and in turn the development of negative attitude. In Nigeria, women may shy away from exercising their rights due to cultural, religious, and moral values because it is frowned upon in the society. Young women of reproductive age who are married are prevented from accessing sexual and reproductive health care which they rightfully deserve because they are expected to give birth to as many children as possible without family planning. Erulkar and Bello (2007) argued that the reason for acceptance of early marriages among Northern region is to preserve the value of virginity, fears about pre-marital sexual activity, to reduce promiscuity of the girl-child, and other socio-cultural and religious norms. However, due to the ignorance and selfish nature, more often than not they forget the effect it has on the girl-child as well as their community development.

5. CONCLUSION

From the findings of the result, it was concluded that women of Kaduna state did not have a good attitude towards sexual and reproductive health rights. Therefore, there is need to give more encouragement and enlightenment on sexual and reproductive health rights to women and girls.

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