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More Blessed and Less Stressed at Workplace: The Role of Spirituality in Managing Stress

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Abstract:
Leaders in organizations have sought to provide a workplace with a less stressful work environment through tailored stress management systems. One of the ways is the essence of personal spirituality and its interaction with workplace spirituality (WS) that enhanced "intrinsic, extrinsic and total work rewards satisfaction". The quest for strategies and measures influencing workers in stressful workplaces indicates that leaders are concerned about enhancing employee well-being. Consequently, researchers have expressed intrigue about exploring what roles spirituality and stress play in understanding the employees with the propensity to work in a high-stress workplace. Therefore, the current study aims to support the literature on how spirituality handles workplace stress in different working environments. This study provides summarized details and key insights for practitioners and researchers.

Keywords: Stress, Workplace Spirituality, Literature Review

INTRODUCTION

In recent literature, researchers have occasionally interchanged the term *individual spirituality* with *personal spirituality* (Kolodinsky et al., 2008; Mitroff & Denton, 1999; Adnan, Bhatti, & Farooq, 2020). The seminal academic literature on workplace stress, regardless of the type of organization's industry, emphasized employee job-related stress with attributed detriments to professional and personal well-being, including loss of productivity, cardiovascular ailments, and burnout (McVicar, 2003; Spielberger & Reheiser, 1994; Rabbing et al., 2022). To mitigate stress, spirituality provides an opportunity to bridge this gap between healthy work environments and related workplace stress (Ashmos & Duchon, 2000; Singh & Singh, 2022). However, little research has been conducted to bridge this gap extensively. Therefore, this study contributed to the literature on how leaders across different industries could foster a healthy workplace that accommodated personal spirituality.

Researchers have examined personal spirituality as the predictor variable and workplace stress (WPS) as the outcome variable (Creswell, 2014; Hair, Black, Babin, & Anderson, 2010; Crocetta et al., 2021). They sought to explore how, if any, one's spirituality influences the extent or manner in which they perceive the stress related to their respective jobs. Seminal work on spirituality dates back several years before researchers' interest in spirituality at work became relevant; however, Waaijman (1993) explored this concept in The *Challenges of Spirituality in Contemporary Times*. Waaijman (1993) reviewed divergent aspects of spirituality, such as "Liberation," "Feminist," "eco-spirituality," or "lay spirituality." However, none were more relevant to this research than "primordial spirituality" (Waaijman, 1993, p. 2; Lev, 2023). Waaijman (2007) highlighted primordial spirituality as "closely related to life as it is directly lived, connected with realities as birth, education, house, work, suffering, death" (p. 7). Mitroff and Denton (1999) similarly highlighted WS and how one's personal spirituality was a vital component of an organization's

environment, where spirituality—not religion—constituted part of its culture. Organizational leaders should accommodate the changing dynamics of spirituality and religion in the workplace.

Stress refers to one's feelings or perceptions of anxiety that one feels due to a lack of personal control over matters of concern. Stress is widely documented in the psychological literature. The feelings of burnout occur due to excessive exposure to an external stimulus that causes anxiety. Moreover, one could attribute the widely individualized or personalized phenomenon of stressed feelings to various stressors (AIS, 2018). These challenge organizational workers significantly (Shapiro, Astin, Bishop, & Cordova, 2005; Coyne et al., 2020). Understanding how these two theories relate to each other requires insight into what stress entails. Therefore, finding a mechanism that influences the worker's well-being at work not only intrigued me but also potential evidence of the effectiveness of personal spirituality in mitigating workplace stress (Ishaq et al. 2022).

Spielberger and Reheiser (1994) confirmed that stress in the workplace was a significant problem and was highly documented as influencing several aspects of an organization's well-being. This influence included "organizational productivity," "absenteeism," the rates of employee turnover as well as their personal "health" (Spielberger & Reheiser, 1994, p. 199; Rabbing et al., 2022). Stress constituted the highest cause of burnout and employee loss among employees working in service industries. Losing employees led to an increased workload and loss of the bottom line for such an organization (McVicar, 2003). Spirituality often becomes evident in the exercise of one's religion. Moreover, spirituality is often considered taboo in the workplace because spirituality, when misrepresented as religion, is deemed by some theorists as institutionalized and divisive and thus incompatible with the workplace (Waaijman, 1993; Lev, 2023). Spirituality—personal spirituality in particular—provides a mitigation mechanism to stress (Ramya & Jose, 2013; Golanowski, 2021). However, little academic research existed to enhance the literature on how individuals within high-stress organizations express their spirituality as a coping mechanism (Ramya & Jose, 2013; Hildebrand, 2021).

A CONCEPTUAL REVIEW ON SPIRITUALITY & STRESS

Ramya and Jose (2013) discussed the challenge of work-induced stress that several leaders of service organizations faced across the globe. The researchers mentioned that it was a universal problem for years. They argued that an absence of organizational or leadership support for workers constituted a significant reason for increased stress. In addition to their arguments, the authors suggested that increased "work pressure" led to emotional health concerns and several other related issues. The arguments that Ramya and Jose (2013) made were a central theme in this research, as these related to how a coping mechanism, such as one's individual spirituality, could be an opportunity to mitigate the measures of stress.

Kolodinsky et al. (2008) discussed how spiritual values expressed in the workplace had business ethics connotations, where the focus often had been at the "organizational level" but rarely at the individual level. Kolodinsky et al. mentioned that workplace spirituality should be seen as integrating personal spiritual values in the workplace. Further, they argued that though spirituality was gradually being introduced into organizations, the need for "connectedness" and a sense of meaning or purpose among workers was often ignored by organizational leaders. Consequently, there was a need to shift the focus to "personal spirituality" in the workplace to enhance the organization's well-being because the individual's values enhanced the organization's values, and, ultimately its bottom line.

McVicar (2003) concluded that several sources of stress included the volume of work, the organization's leadership and management practices, and the need to focus on stress mitigation efforts to enhance well-being. Laal and Aliramaie (2010) concluded that there was a significant indication of "positive methods of coping" for those who had longer periods of employment (tenure) on the job (p. 168). They indicated that the more one used stress mitigation strategies, the longer one stayed on the job. To that end, the value of reducing stress or finding ways to prevent it highlighted the methods or measures, such as spirituality, that could bridge that gap. Therefore, discovering whether the practice of spirituality had any bearing on McVicar's (2003) notion was worth considering in this research.

In Daniel's (2015) cross-cultural study on workplace spirituality and work stress, the findings indicated that regardless of ethnicity or cultural background, employees who engaged in "meaningful activities" experienced what they perceived as less stress in their work environments. Furthermore, the study sought to provide organizational leaders with an opportunity to see the value meaningfulness had in combating stress in the workplace. Because of the focus on spirituality and work stress experienced in the workplace, the author's recommendation for future study or research in the interaction of spirituality and stress in high-stress organizations gave impetus for this research. Lawal and Idemudia (2017) discussed developing and using WSS by addressing its effectiveness in highlighting sources of what employees perceived as stressors. They further mentioned that the instrument developed by the Marlin Company and the AIS was acknowledged for its value in measuring physical and emotional well-being at work, job pressure, and lack of organizational support. Additionally, the unique correlations identified among the items were particularly important in addressing the concerns of employees in the workplace. Therefore, this instrument was vital in providing an opportunity to measure employee perceptions of their leaders, as well as how that influenced their well-being on the job.

Mitroff and Denton (1999) echoed the central theme of spirituality. They mentioned that participants found religion adversely unpopular compared to spirituality in the workplace. Interestingly, the authors suggested that organizations that operated as "more spiritual" were also perceived as "more profitable" regarding the return received from employees in the workplace. Ultimately, they concluded it was essential to recognize that, at this stage of human and organizational development, spirituality must become and be inseparable from organizational management for organizations to remain viable. Consequently, in understanding that spirituality was considered an essential component of an organization, its influence on an individual who perceived a high level of stress within a service industry organization was intriguing to discover.

Spielberger and Reheiser (1994) discussed the measure of gender differences in occupational stress and indicated no marked differences across genders. However, several differences were identified in the severity and frequency of occurrence perceived based on particular stressors experienced by the individuals. It is to be noted that stress influenced employees differently, regardless of gender, based on the types of stressors impacting one at a particular time and level. This finding indicated that knowing how other factors in the workplace influenced such individuals would also provide significant management information. Some of the strategies included listening to music, shopping, reading, hiking, and using several other strategies to mitigate stress. Consequently, it was intriguing to determine if the same measure (positive) was evident among participants with longer tenure in this study.

The AIS (2018) discussed extensively the influence of stress on American adults and indicated that the "person-environment fit" was the critical component of this "highly personalized" phenomenon that plagued several American organizations today (para. 2). They mentioned that 80% of American workers admitted to experiencing job-related stress, and 52% of those admitted they desired assistance coping with this $300 billion per year issue. Piedmont et al. (2008) discussed the internal validity and reliability of the religious sentiments and spirituality scales in short form. They discussed the various applications of the scale across a wide range of measures and determined that the short form of the instrument was just as effective as the long form.

Ashmos and Duchon (2000) cautioned the reader to get used to the notion that spirituality is gradually becoming more of a norm rather than an exception. They mentioned that the workplace was becoming more of an institution providing several employees with a sense of community. The authors also discussed the *spirituality movement* growing across organizations. Additionally, they mentioned that the loss of sense of belonging or community from social institutions, such as the church, "civic groups," or "neighborhoods," compelled employees to find comfort in the workplace as a source of spirituality for their wellbeing. Spirituality could be a stop-gap or relief for many employees when no other medium of personal or social coping mechanism existed to endure the challenges of daily stress.

Piedmont (2010) researched to determine if there were any gender and age differences across the spectrum for the fundamental structure of the factors employed in ASPIRES for religious sentiments and spirituality. The results indicated varied differences across both spectrums; the basic premise or meaning of the constructs employed using ASPIRES remained the same for age and gender. Waaijman (1993) highlighted his seminal work on the challenges of spirituality and provided significant insight into what different forms spirituality took, from "lay" spirituality to "primordial" spirituality (p. 20). In his position on spirituality, the author argued that primordial spirituality concerned the natural processes that formed one's very being, suggesting that this kind of spirituality was distinct from the more formalized and institutionalized forms of belief. He highlighted a variety of spirituality forms and concluded that the essential challenge with spirituality was an education on spirituality forms. Hence, primordial spirituality represented the core of personal spirituality.

Waaijman (2007) discussed spirituality and focused extensively on what spirituality was and how the diverse notions or forms of spirituality shaped the understanding of the varied perspectives on spirituality. The author discussed schools of spirituality, primordial spirituality, counter-spirituality, and the elements of spirituality. He stated that spirituality was seemingly complex, and one underwent a process when finding a means of communication with self and God. Waaijman (2007) emphasized primordial spirituality; this perspective of spirituality was most relevant to the study of personal spirituality because this study provided a unique opportunity to measure the aspect of spirituality most natural and evident in everyday processes. Shapiro et al. (2005) discussed a new word emerging in modern spirituality literature: *mindfulness*. They suggested in the results of their case study that *mindfulness-based stress reduction* (MBSR) can aid stress reduction and enhancement of the quality of life.

IMPLICATIONS

The purpose of this research was to investigate how personal spirituality and WPS among employees handle stress and to further the research on Daniel's (2015) quest for research on how individual spirituality affected those with the propensity to work in stressful environments. I

sought not only to enhance discussion of the stress and spirituality in the workplace literature but also to foster the discussion on the influence of these variables across organizations, especially in situations where no stress mitigation strategies were employed, or opportunities to exercise personal spirituality were considered. The notion that personal spirituality influenced WPS as a causal effect warranted further research.

Daniel (2015) recommended that future researchers investigate workplace spirituality and stress among high-stress industries. I accomplished this goal by highlighting a commonly held notion: Spirituality influenced stress; hence, I also recommend conducting future research on this notion. The research revealed that there was no causal relationship between spirituality and stress. Additionally, Csiernik and Adams (2002) suggested that employees reported working in stressful environments and concluded: "spirituality contributed to wellness and assisted in counteracting workplace stress" (p. 29). However, Ashmos and Duchon (2000) suggested that the workplace was becoming a "primary source of community" (p. 134); therefore, healthy work environments would be enhanced by an opportunity to practice healthy spiritual habits in the workplace as a stress mitigation measure. These premises, though well intended, based on the results of this research, provided unsubstantiated predictability to support any relationship between personal spirituality and WPS. Additionally, though WS was a perception incurred by workers from several industries, there was potential that other stress mitigation factors in conjunction with personal spirituality might account for the desired healthy work environment that Ashmos and Duchon discussed.

Kim and Seidlitz (2002) admitted, based on the results of their study; spirituality moderated the adverse effect of both physical and emotional stress. Organizational leaders have called for mitigating measures to combat stress in the workplace, and spirituality, specifically WS, was mentioned as a potential solution. Based on the results of this study, future researchers could investigate the buffering effects of personal spirituality on WPS, as these results did not account for what other factors might be attributed to reduced stress if spirituality did not correlate or predict levels of perceived WPS. An equally informative approach to future research would be a qualitative inquiry into specific environments to ascertain their perceptions of WPS and how their individual attributes of personal spirituality might influence their work environments. Several factors could have accounted for the absence of correlational or predictive capacity of personal spirituality on WPS, such as cultural demographics, inter-disciplinary culture among workers, religious perspectives, or mitigating, but not direct roles that personal spirituality might have on influencing WPS.

The notion that spirituality does not influence stress is broad and relative because the definition of spirituality does not provide specific attributes of religion and how it influences one's perception of stress. Religion, as a spiritual attribute of one's well-being, may provide insight into whether religious connotations or attributes alter the perceptions of WPS. Therefore, investigating whether specific religious practices or faiths act as a mitigating factor or perceptual approach may perceive WPS. Consequently, using religious instruments to measure the impact and influence of one's faith or religion on WPS may add value to the literature. The respective disciplines within the service industry tend to have their own idiosyncrasies that warrant exploration to determine if spirituality impacts stress based on respective or relative skills within the industry.

One of the future research initiatives will be to investigate if spirituality acts as a mediating variable with other predictor variables to determine stress reduction levels among practitioners. Amplifying research on this notion will help explain exactly what the direct relationship is, if any, between spirituality and stress. As scholars in various organizational sectors presume that spirituality or religion has some impact on mitigating stress, it is unknown or unfounded what may be that impact. Consequently, having spirituality as a mediator variable in the quest to discover what influences or mitigates stress experienced in the workplace will be instrumental to furthering the research in this broad industry.

CONCLUSION

Based on the results of this research, spirituality, as defined or assessed by the ASPIRES, did not establish any statistically significant correlation with WPS based on the WSS or predict the levels of perceived stress. The research results indicated that though demographic information depicted in the descriptive statistics showed unique idiosyncrasies, such as more stress revealed among men than women or more attributes of prayer fulfillment among respondents than the other spirituality factors, none of the hypotheses were statistically significant. Consequently, spirituality was an evident and important factor in the lives of the employees but did not have a predictive relationship with their perceptions of WPS.

As organizational leaders seek to foster healthy work environments with stress mitigation measures or workplace spirituality opportunities, consideration must be given to the notion that there is no direct influence of spirituality on stress, though it is one of several factors that may account for how stress is managed by the service company employees. To conclude the perspectives on this research, the research objective to determine spiritual effects on stress has not only been investigated but the literature has also been enhanced to enlighten any misconceptions or mistruths.

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Egg Freezing: Is it a Reproductive Freedom or A New Control Over Women's Reproductive Capacity?

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Abstract:
Assisted Reproductive Technology (ART) provides various ways to achieve pregnancy when it is not possible naturally due to medical, social and other reasons. Among widely used ART, egg freezing is the newest reproductive technique that enables women to preserve their fertility for both medical and non- medical reasons. First developed in the late 1980s, egg freezing was primarily offered to women with medical conditions to maintain their fertility, but since October 2012, this technique has also been used for non-medical or social reasons after the American Society for Reproductive Medicine (ASRM) removed experimental label from it (Bhatia and Campo-Engelstein 2018). Since then, the fertility industry began to emerge and expand promoting egg freezing as a means for reproductive autonomy and choice using feminist language and women empowerment messages as their selling point. Many feminist scholars are doubtful about true intent of this technology, argue that this is another form of control over female bodily autonomy, reproductive capacity and reinforce patriarchal heteronormativity (Strickler 1992; Donchin1996; Harwood 2009). Using reproductive justice framework as my main analysis tool, this research project explores whether the egg freezing technique enhances reproductive choice and autonomy for all women, regardless of their socioeconomic status, gender identity, class, race, ethnicity, marital status, and disability as claimed by fertility companies or hinders achieving core values of reproductive justice and gender equality in society. To answer my research question, I did an extensive review of feminist scholarly discourse on reproductive technologies and ethics and conducted a content analysis of websites and social media of 20 major private fertility companies in the United States, looking into the core themes, visuals, and language they use in advertising egg freezing technology.

Keywords: social egg freezing, reproductive justice, marketed reproduction, selective breeding, eugenics, legitimate motherhood, welfare, heteronormativity, medical control, commodification, empowerment

INTRODUCTION

Assisted Reproductive Technology (ART) provides various ways to achieve pregnancy when it is not possible naturally due to medical, social and other reasons by applying the procedures such as In Vitro Fertilization (IVF) or surrogacy. Among widely used ART, egg freezing is the newest reproductive technology that has been made accessible to all women since 2012 for fertility preservation and delayed childbearing. First developed in the late 1980s, oocyte cryopreservation or more commonly known 'egg freezing' was primarily offered to women to preserve their healthy unfertilized eggs when faced with the threat of infertility due to their health condition or medical treatment (Baldwin et al. 2014). In October 2012, after American Society for Reproductive Medicine (ASRM) lifted the experimental label from egg freezing, it has become intensively commercialized by private fertility companies for all women of childbearing capacity. The eggs are retrieved from follicles by surgery, frozen and stored in laboratories of fertility clinics for their later use to conceive a biological child by the same woman from whom the eggs were retrieved or donated to another recipient. According to ASRM, egg freezing

technique typically works best for women in their 20s and 30s while their eggs are fertile and is not recommended for women over 38, also warns not to rely on egg freezing even at younger age to delay childbearing as the chancethat one frozen egg will yield a baby in the future is around 2-12 percent (Reis and Reis-Dennis 2017).

The market for this technology began to emerge and expand since October 2012, when ASRM lifted the experimental label on egg freezing to be used also for non-medical, social purposes. Accordingto the report for 2018 by Market Research, there are about 480 U.S. fertility clinics, 100+ sperm banks, an unknown number of egg donors competing for the business (Market Research 2018). The high technology companies such as Apple and Facebook were the first to welcome this fertility technology and publicly announce their willingness to cover the costs of SEF (Social Egg Freezing) for their employees, which stipulated the growth of the fertility industry as well as fertility coverage by other employer companies. Soon after, many other companies, such as Yahoo, Google, Citigroups, Netflix, and Uber started to offer fertility benefits for their employees in the amount of 20,000 USD (Geisser 2018). Most of these companies are companies with 500 + employees and very few companies with more than 50 employees. The ascendency of companies offering fertility benefits, especially SEF coverage to their female employees, raises controversy among social critics and feminist scholars. The most debated argument is that egg freezing benefit intends to retain the employees, allow them to invest more time, energy, and labor into their jobs, save administrative costs as well on pregnancy instead of providing flexible work arrangements, paid parental leave, corporate childcare and adequate wages (Geisser 2018; Bhatia and Campo-Engelstein 2018; Cattapan et al. 2014).

Currently social egg freezing (used for non-medical purposes) is popular among women for several reasons other than medical, such as in order to attain educational and professional goals, find a suitable partner, and other personal reasons. According to the findings of US mainstream newspapers content analysis conducted by feminist scholars, 50 percent of articles notes that SEF allow women to pursue their education and career, 34 percent to plan their family, 21 percent is an insurance against the future infertility and 42 percent of articles point out that SEF gives women time to find a partner to have a child and family with as an advantage of SEF (Bhatia and Campo-Engelstein 2018). This reproductive technology may be attractive, especially for young working women to enhance their education and career as they worry about their "ticking biological clock" given the fact that a woman's fertility drops from 86 percent at age twenty to 52 percent at age thirty-five. Another fact that increases the need for this technology in the market is that the number of women having babies above thirty has increased 150 percent since the 1970s. Given that women today prefer their first child at an older age, social egg freezingmay be a viable solution for women to extend their reproductive aging (Geisser 2018).

In 2014, when corporations (Facebook, Apple, Google, Intel, etc.) announced that they would cover costs of SEF for their employees, the fertility industry and donor egg banks started intensively promoting the SEF in the market by using mainstream feminist rhetoric such as women have no longer to choose between their careers and desire to have their biological children or create a family, and now with SEF they can "take control of their career as well as their reproductive future" (Bhatia and Campo-Engelstein 2018). According to the US media analysis research, Facebook COO Sheryl Sandberg's widely popular bestseller *Lean In* that appeared in 2013 shortly after SEF emergence in the market as a reproduction option for women, may have helped the fertility companies to market the procedure more widely and

attract women dealing with work-family conflict by using Lean In feminist and women empowerment messages (Bhatia and Campo-Engelstein,2018). One of the largest fertility companies Extend Fertility on its website advertises egg freezing as a breakthrough for women's reproductive freedom, unlike the original contraceptive pills with the headline that reads, 'Fertility. Freedom. Finally,' (Harwood 2009). Recently, this market has begun to attract more investors as a potentially profitable industry due to the growing interest of women in SEF and the expansion of the egg freezing market. For example, Jon E. Santemma, one of the main investors in this industry, points out how the market grows 25 percent a year with an increased number of patients and cycles per year which is promising for investment ("Egg Freezing 'Startups"2019). Although ASRM recently changed its position with the use of eggfreezing by stating that it is ethically permissible for women who want to use this technique to protect against future infertility, but also calls on egg freezing technology providers to ensure that potential women patients "are informed about its efficacy, safety, benefits, and risks, including the unknown long- term health effects for offspring (Daar et al.2018). In addition, there is not much information available on whether women are generally aware of the effectiveness, safety and cost of egg freezing (Milman et al.2017). Despite ASRM warnings and feminists' critiques (Cattapan et al.2014; Reis and Reis-Dennis 2017; Giesser 2018; Daar et al.2018) about lack of data on viability, safety, efficacy of SEF, the number ofwomen freezing their eggs increases every year. According to the latest data by ASRM for 2017, the number of women who have used egg freezing technique was 9, 042 people in 2017 as opposed to 2, 488 women in 2012, but this number does not include data for all fertility clinics only those members of ASRM ("National Summary Report" 2020). Moreover, there is not segregated data available on how many women use egg freezing for social reasons as opposed to medical one and sell/donate eggs.

In addition to being an option or choice for women to preserve their fertility while they continue their other life journeys, there are certain disadvantages associated with SEF. Firstly, it is a very costly technology, the cost of one cycle ranges from $10,000 to $15,000 plus storage costs, which costs from $500 to $1,200 per year. Some women go through more than one cycle depending on their age. And the cost for In-vitro fertilization (IVF) a process of fertilizing eggs and transferring the embryos to the uterus approximately costs $5,000 (Geisser 2018). Therefore, not all women can afford this reproductive technology if they do not have decent work with good health insurance and do not receive employer benefits to cover associated expenses which according to feminist scholars exacerbate racial and class inequalities related to use of this reproductive technology (Cattapan et al. 2014).

Before egg retrieval, a woman deciding to get SEF, has to take hormones, makes self-injection of powerful hormones once or twice a day for 8 to 11 days on average to produce eggs before retrieval of eggs which oftentimes follows side effects such as fatigue, nausea, headache, mood symptoms, fluid accumulation in abdomen. And hormone medication for self-injections can cost between $3,000 to $7,000 which are not typically covered by insurance. After that, she undergoes surgery to extract and freeze the eggs, which also leads to health consequences during egg retrieval (Cattapan et al 2014; Almeling 2007). Despite lack of sufficient data on live birth rate, efficacy and safety of this procedure for women and offspring conceived through this procedure, the fertility companies continue marketing egg freezing as a means to defer childbearing, preserve fertility to potential consumers especially professional women who have delayed or consider delaying childbearing (Harwood 2009). By referring to John Robertson's claim that individual's freedom should be limited if he or she instills tangible harm to another person, Karey Harwood argues that it would be legitimate to limit or even prohibit the use of

egg freezing if the procedure causes health risks to women and offspring as well as psychological harm by creating false hope in women (Harwood 2009).

With this research project, I examine if this reproductive technology really gives an opportunity to all women to exercise their reproductive rights and freedom as promised by fertility companies, whether this technology reinforces reproductive justice or creates barriers to achieve justice and gender equality regardless of race, class, ethnicity, gender and sexuality and disability. My research project tries to find answers to the following primary questions in this research:

1. What does reproductive rights and freedom mean in the context and practice of egg freezing and how does SEF enable or restrain to adequately exercise reproductive rights?
2. What are advantages, concerns and complications related to the use of this technology? Do all women have ability to access these reproductive technologies offered by the fertility clinics?
3. What are potential ethical implications or eugenic functions in this reproductive technology?
4. Does this technology involve selective breeding, if so, how?
5. Who are SEF ads appealing to? Who are the potential customers/patients of fertility companies? Whose interest and needs are most privileged by this procedure?

The main methods of this research work are two-fold: a literature review including feminist accounts and discourses on medicalization of women's reproductive capacity and a content analysis of 20 major private fertility companies across the USA, analysis of their websites and social media. This content analysis focuses on the textual content of websites and social networks of fertility companies that provide SEF services for non-medical reasons. Using the reproductive justice framework, I conducted textual analysisto examine the content, language, images, messages, marketing strategies, patients' testimonials and lived stories the fertility companies use to advertise and promote use of SEF.

MAJOR FINDINGS FROM ANALYSIS

The results from content analysis conducted within the reproductive justice framework shed light on power relationship, interests and motives involved into egg freezing technology and its commercialization, the underlying ideology and legacy in application of reproductive technologies historically and at present in relation to women's bodily function. In addition, this research project draws attention to how this technology is used to control the female body, especially reproductive capacity, and how this control over reproduction and fertility is taken away from women and transferred to medicine, how woman's uterus and bodily function are treated both by patients and fertile industry as biological machine to produce most sought product safe, healthy and impeccable babies. This research finds out how bodily integrity of women is compromised through this invasive technology which also reinforces heteronormative motherhood by emphasizing declining fertility and infertility as a serious medical condition and this technology as a solution and option to infertility. Furthermore, this research also determines eugenic practices exercised and reinforced through this reproductive technology to produce only perfect infants those of dominant supreme gene screened for any genetical disease and disabilities and born to a wealthy, preferably white and economically privileged couples or individuals who have an ability to access and afford this costly and technologically sophisticated fertility techniques and treatment.

The fertility companies provide their services and products based on the neoliberal economic principle, and that is consumerism approach that support those having the ability to purchase the fertility option they chose depending on their preference. Another point in the analysis that stands out is the relationship between the fertility industry, employer corporations and health insurance companies, which should be studied with emphasis on the economic interests that each party has in relation to commodification of women's tissue. The fertility companies participating in this research project keep the language and content of their advertising and promotion for egg freezing technology simple, basic like advertising those of daily commercialized goods or services by using success stories and testimonials of their patients who have obtained their 'miracle' babies through the fertility services they provided.

Many of the companies analyzed emphasize the following core issues when promoting SEF:

- Infertility as a serious concern and SEF as a solution to this problem
- Importance of age to conceive a genetic child
- have a family and having a child means a family
- Financing options, customized approach tailored to patients' financial circumstances free egg
- freezing campaigns, bonus, grants, contests.
- Employer Fertility Coverage, Fertility Benefits
- Pre-Implantation genetic testing(PGD) service to produce "perfect" babies screened againstpotential genetic disease, disability and other medical conditions
- Promotion of images of blonde, brown eyed children as most 'demanded' desire child 'product' through SEF

The language and message the fertility clinics use may seem promising and encouraging to women trapped in work/family conflict, anxious and worried about their declining fertility while they try to attain their personal and professional goals, there are some concerns harnessing the potential of this reproductivetechnology.

Firstly, access to this reproductive technology is still largely limited to women with substantial financial resources therefore women's experience regarding how this fertility technology enhances their reproductive autonomy and options is rather controversial. The cost of this fertility technology is the most emphasized theme in almost all promotional campaigns and advertising by the companies. They intensively share updates on their social network about the employer fertility coverage for egg freezing and IVF, and even offer to talk to employers to get the customer covered for egg freezing.

The messages and images they use for advertising their fertility services is targeted; it appeals to predominantly working women to produce anxiety in this particular group of women about age-related fertility by over-emphasizing the need to freeze their eggs in order to maintain their fertility. Most women depicted on SEF ads are dressed in business clothes, behind the laptop, talking on the phone and in the office places or messages addressed to women with career goals. Not all women have a chance and opportunity to make their reproductive choice by means of this technology which conflicts the rhetoric the clinics use with choice, control, freedom to persuade women to use their fertility services. The cost of single cycle ranges from $10,000 to $15,000 plus storage costs, which costs from $500 to $1,200 per year. And the cost for In-vitro fertilization (IVF)-the process of fertilizing the egg and transferring the embryo

to the uterus approximately costs $5,000 (Barbey 2017; Geisser 2018). Plus, the hormone treatment the potential female patients undergo to produce more eggs before egg retrieval costs $3,000 to $7,000 which are not typically covered by insurance companies. Even Sarah Elizabeth Richards who actively promoted egg freezing techniques and froze her eggs to preserve her fertility, expressed her concern and disappointment about the cost of egg freezing on her article in *The Wall Street Journal* stating that "the cost [for egg retrieval only excluding the cost for freezing and storing eggs] is prohibitively high for most women and is rarely covered by insurance or paid for by employers" (Richards 2013). On the other hand, not all employers offer the fertility benefit to their employees, companies offering fertility benefit are those with 500+employees and only over 10% of companies with more than 50 employees. Judith Daar in her book *The New Eugenics* touches upon various factors affecting differential access to reproduction and various reasons why ART is inaccessible for those "less wealthy, less white, less traditional and less abled-bodied" people noting that deprivation of access to reproductive technologies by 'undesirables' bears eugenic intent and significance (Daar 2017, p. xiii). Michiel De Proost and Gily Coene argue that although "economically privileged people of all racial, ethnic, religious, and national origins are participating in this industry, those most likely to possess the financial resources to purchase ART servicesremain over-determined by racial, class, and opportunity structures" (Proost and Coene 2019, p. 365)

Another issue that is profusely cited by sample private fertility clinics in their promotional materials about egg freezing technology is infertility commonly emphasized theme or concern by almost19 clinics out of overall 20 sample size in this research. The language they are using to offer egg freezing technology mostly is about importance of this technology to treat infertility rather than using it for social purposes such as in order to pursue education and career, give time until they make decision regarding having a child and family or other non-medical purposes. The companies use celebrity stories andpatients' testimonials about their struggle with infertility issue and how they achieved their dream to have children with means of fertility technologies. Jennifer Stickler notes that the reproductive technology that solves such issue as infertility also enables for new form of medical intervention into women's bodies. Until 1970s, infertility was often considered not amendable with the medical intervention. But later, thanks to medical innovations, this fertility problem began to be treated with the help of biomedicine. Infertility became increasingly technological area for medical intervention as opposed to earlier infertility treatment that tried to treat immediate cause of the problem. Gena Corea, a member of FINRRAGE (Feminist International Network of Resistance to Reproductive and Genetic Engineering) argues that this technological improvement does not aim to solve the issue of infertility but is about "the issue is exploitation of women" (Strickler 1992, p. 111). The reproductive technology that offers variety of solution to infertility also changes the societal attitude to the issue. Infertility that had been regarded as individual issue and was explained with religious belief has also changed. Referring to Nietzschean concepts of nihilism, Joseph Tham points out that we as a society no longer require God's interferenceand, our notion of truth especially regarding human procreation, infertility that we have regarded as objective truth provided by God for decades have changed (Tham 2012, p. 116).

The fertility companies such as Reproductive Science Center of New Jersey(RSCNJ) and Loma Linda Center post on their social networks the messages about their success on infertility, using comments of their patients in a more exaggerated manner to instill interest in people to their 'supernatural' fertility services. For example, in below article RSCNJ used their patient's comment about kindness and friendly staff at the center as the heading of their article "RSCNJ

staff are angels on Earth" with the doctor's image depicted as an angel. The image of a white doctor portrayed as angel reminds the mystification, superiority of white middle-class male doctors and their control over the reproductive capacity of women in Victorian times and the marginalization of midwives from the medical industry. The increased focus on infertility by fertility companies raises the question of whether infertility is indeed prevalent issue in the United States or intends to seize power and control over women's reproduction and reinforce heteronormativity with motherhood role of women. According to the research, Black women are more likely to experience infertility than those of white women (Wellons et al.2008) and black women do not seek infertility treatment as much as their white sex group members due to ethnic and racial disparities in accessing reproductive health care, social and cultural factors and historically created mistrust to the US health care system (Daar 2017, p. 92).

Very few Americans have access to insurance coverage for fertility treatment and that coverage are mostlymade available through their employers or the state they reside those mandates for infertility coverage. Currently only 18 states have fertility insurance coverage laws requiring certain insurers to offer coverage for infertility diagnosis and treatment, and nine states have fertility preservation laws for medically induced infertility ("State Infertility Insurance Laws" 2020). According to ASRM, 6.1 million people (10 percent of the reproductive-age population) in the United States are infertile[i]. ASRM indicates that many patients are still not covered for their infertility despite the passage of infertility insurance mandates by thestates ("State Infertility Insurance Mandates", 2019). According to Judith Daar, 85 percent of ART treatment for infertility is paid out of pocket, therefore income and wealth are major indicators in order to afford high-cost infertility care and infertility treatment is stratified by race and ethnicity (Daar 2017, p. 83-85). Thus, the disadvantaged women are deprived from the luxury to exercise their reproductive freedom as well get treatment for their infertility with the aid of SEF. Annie Donchin touches upon anti- technology feminist scholars' perspectives arguing that the technologies are not politically neutral instruments, but "that political choices are already woven into the fabric of the technologies that makes their way into the market" (Donchin 1996, p.489). Another moment is that many of the fertility companiessee infertility as a woman's issue by addressing the messages about infertility to women and portraying images of women in their advertisement despite the increasing rate of male infertility. According to the American Pregnancy Association, male infertility constitutes 30% of all infertility cases and male infertility alone makes approximately one-fifth of all infertility cases[ii]. Most feminists argue that technological conception transfers reproductive control from women to physicians even though some women are unable to conceive in a traditional way and may benefit from IVF after unsuccessful intensive medical treatment. Women are defined as the primary factors for identifying the problem of infertility and its solution (Strickler 1992, p.116). To most feminists, the problem is not a woman's inability to bear children (which is seen as an individual but not as a social problem) but the structure and institutions of society that reinforce need for childbearing as women's fulfilment in one hand, and physicians' increasing power in managing procreation on the other (Strickler 1992).

Another factor emerging from this analysis concerns women's bodily integrity and the control over their reproductive capacity. More than 75 percent of the fertility clinics depict SEF providing option, opportunity and choice for women to preserve their fertility, keep their options open, and give them a voice who struggle with balancing career and fertility concern. For those people, the options they are offered through SEF to preserve their fertility until they attain their personal and professional goals, may seem to be ideal and liberating option. However, potential women

willing to use egg freezing must undergo extensive hormonal treatment, procedures and surgeries accompanied by emotional, physical and psychological complications and adverse side effects. The posts shared by the patients illustrates IVF painful, lengthy process which also deprives them of freedom, peace in their lives as opposed to rhetoric of reproductive freedom and control the technology promised to provide.

Racial and ethnic disparities in egg freezing and IVF reproduction are a predominant concern in the promotion and advertising of SEF by most of sample clinics. Sixteen fertility companies out of total 20sample size in this research use mostly white babies' images on the home page of their website and social media when advertising ARTs. They mostly display photos of the babies of white, Latino or Asian ethnicity but very few photos of Black babies. The companies such as Kindbody, Extend Fertility and Fertility Hope do not use any baby image to advertise egg freezing and IVF techniques. Such result has been also identified by previously conducted empirical research, which determined that 63 percent of totally three hundred fertility clinics use the image of only white babies on the home page of their websitesand only 1 percent of black, Asian or Latino babies' images. Ji Hawkins elaborates on halo effect deployed by the fertility clinics in the research suggesting that the clinics purposefully use the race of babies in their ART advertising to draw in white patients. Hawkins concludes that the clinics by using the white babies images psychologically manipulate white people's minds and impact their decision as people are inclined to like people who are similar to them which is called a halo effect (Daar 2017, p. 98-99).

The research presented at the 75th ASRM Congress showed that although there had been a slight increase in the use of reproductive technologies among African American, significant racial disparities still exist. Said Amy Sparks, the president of Society for Assisted Reproductive Technology (SART) commented on the racial disparity in ART use at the congress by stating that the "race or zip code of a patient should not be a factor in their health outcomes" ("Racial Disparities in Fertility" 2019).

Commodification of young women's eggs, namely egg donation is a fast-growing sector by fertility companies in the market. Donor egg practice is most often used for women who fail to become pregnant after multiple cycles of IVF, those with gynecological medical conditions, older than reproductive age such as above 43 and transgender people. Seventeen fertility companies out of overall sampled 20, offer donor egg and sperm, embryos, surrogacy services to customers/patients, and only 3 companies (Extend Fertility, IVF Hawaii, Fertility Hope) do not have any information on their website, nor on social network about provision of egg donation and surrogacy services. Judith Daar argues that the reason for the widespread use of donor eggs, despite its high cost, is not related to a consumer demand for all requested characteristics of a baby conceived from donor eggs, but effect of fresh donor eggs on high pregnancy success rate. Overall, a woman using fresh donor eggs (nonfrozen) has 56 percent chance of delivering a live birth (Daar 2017, p. 61). Fertility companies recruit egg donors according to certain traits and characteristics such as with good education, intelligence, athletic appearance, with no crime records, young and white. The companies recruit egg donors from the same city where their centers and clinics are located, presumably for egg donor to be able to arrive any time their eggs are required to be retrieved and gestated before implanting into recipient's body. The images of young, beautiful, educated and white girlspictured as egg donors on the websites of the fertility clinics confirm once again presence of race, class, ableism, ethnicity in reproductive technology used by the fertility companies for egg donation service. They offer attractive bonus and

financial compensation to young women eligible for egg donation. For example, Washington Fertility offers the interested donors $50.00 Amazon Gift Card, compensation once accepted into the donation program as well as payment between $5,000.00-$10,000.00 per donation. Additionally, if egg donor refers a friend to the center and she is approved, egg donor receives additional $500.00 if her friend completes donation cycle https://www.washingtonfertility.com/blog/egg-donors-earn-up-to-350-additional compensation-with-washington-fertility-center. Or Pacific Fertility Center offers 10,000$ to egg donors for completing a donor cycle. Egg donation is a growing, commercialized and unregulated sector in fertility industry in the US. Young women especially those wanting to pursue their education and establish career are lured with attractive bonus, and compensation packages by fertility clinics to sell out their eggs without much thinking about medical and emotional risks associated with hormone treatment and egg retrieval process. Nationwide today, young women particularly female students get recruited and paid around $5,000 to $8,000 per donation cycle. Egg Donors must be healthy females between the age of 20-32, have a BMI between 20-39, and must not be active smokers. The enrolled patients with egg donor banks are provided with complete information about egg donors, as well as their medical, genetical and psychological screening reports. Cynthia R. Daniels and Erin Heidt- Forsythe in their research on human gamete donation suggest that the unregulated reproductive technologies produced "a form of gendered eugenics that compromises choice for donors and exacerbates hierarchies of human value based on stratified norms of race, ethnicity, economic class, and gender" (Daniels and Heidt-Forsythe 2012 p.720). Race and ethnicity manifest itself with egg donation than with sperm donors, there is an overrepresentation of whites and Asian Americans in the egg donor (p. 730). The recipient patients do not only buy donor eggs but also using genetic screening technology, can assess embryos with the most desirable genetic traits before it is born, and 'imperfect' samples with predicted 'undesirable' characteristics are discarded. Eighteen fertility companies participating in my research out of 20, except IVF Hawaii and Fertility Hope companies, offer genetic screening technique called PGD (Pre- Genetic Diagnosis) before implantation of embryos into recipient's uterus. PGD technique does not only define sex of a baby but also determines if an embryo contains a normal number of chromosomes, genetic disorders or any embryonic anomalies. Some fertility companies depict this genetic screening practice as an insurance or guarantee for perfect babies, a "protection" or "peace of mind" about successful live births. The tendency to offer PDG as guarantee for perfect babies and successful live birth rate as marketing strategy widely used by fertility companies raises bioethical and eugenics concerns. Mary Mahowald, a professor in the Department of Obstetrics and Gynecology at the University of Chicago argues that this practice [genetic screening] is of eugenics nature although we do not name it that way. Mahowald expands more on it by noting that availability of abortion, prenatal, and pre pregnancy diagnosis techniques "contribute to the notion that people not only ought to be able to determine when to have children, and how many to have, but also just what kind of children to have" (Kimbrell 1995, p.5-6). The disability critiques oppose the application of genetic screening of embryos for disabilities as an eugenics practice that impact societal attitude towards children born and living with disabilities not compliant with norm of being 'perfect' children and regarded "as second-class citizens of the human species" (Daar 2017, p. 147).

The fertility companies offer donor eggs, sperm or surrogacy services for individuals and couples of various gender identities to have a child. The companies portray these fertility options for transgender people as an 'option', 'choice', 'opportunity' to build, grow family, achieve the dream of parenthood, and as a modern form of family building. Moreover, some of the fertility

companies, in their advertisements onfertility options for LGBT patients, hint at legal barriers that potential clients may face when adopting a child or obtaining parental rights for a child conceived through ART. Some fertility centers offer legal advice or option to refer transgender patients to competent legal counselors and alert potential patients about barriers to access insurance coverage for infertility treatment, such as for same sex couple, lesbian or single women. California IVF on its website warns the potential homosexual patients willing to have a baby by means of ARTs about the legal issues when it comes to parental right and offer various options onhow legally retain right over a child. Although the fertility clinics offer advice about options how to obtainparental right, they also note that there is no guarantee when it comes to their parental rights. On the other hand, some insurance companies do not provide medical coverage of fertility treatment for unwed women and lesbians. According to the study conducted by the Stanford University researcher, lesbian patients face biased attitude and discrimination by health care providers (Daar 2017, p. 163). Dr. Paula Amato, associate professor of obstetrics and gynecology at Oregon Health & Science University points out the discriminatory policies of insurance companies, especially regarding the use of the clinical definition of infertility in the case of same-sex couples or single women. "In my opinion, it's unfair because they are treating same-sex couples differently from heterosexual couples," Dr. Amato said. "Same-sex couples have to pay for the 12 or six months of trying on their own. The insurance companies are making a distinction between what they would call 'medical infertility' and 'a medical problem for lack of a male partner" (Fairyington 2015). The ASRM Ethics Committee changed its stance in 2006 regarding parenting concerns by single parents and LGBTQ people, stating that "there is no persuasive evidence [in the social science literature] that children raised by single parents or by gays and lesbians are harmed or disadvantaged by that fact alone" and urged medical practitioners to accept patients "without regard to marital status or sexual orientation" ("LGBTQIA Reproductive" 2020).

Despite the images of individuals and couples of diverse gender identity and sexuality displayed by fertility companies, the language of the ad messages, promotional materials, and patients' testimonials stillfail to be inclusive or gender neutral. The fertility companies use the words such as *women, moms, couples* mostly referring to heterosexual couples instead of keeping the language rather general such as *patients* while advertising their fertility services which may be distressing for gender non confirming people and discourage this group of potential patients to benefit from these services to exercise their reproductive rights.

The language of SEF promotion and advertising by the fertility clinics is persuasive rather than informative, it intends to persuade women to use SEF to stop their ticking biological clock, preserve their fertility and take control of their future fertility. Very few clinics warn that SEF is not a guarantee for childbearing, provide information about health complications during hormone treatment, the procedure forextracting eggs, and provide very brief information about the success rate of IVF in live births. Majority ofthe fertility clinics still ignore recommendation by the Ethics Committee of ASRM to provide women withinformation about efficacy, safety, benefits, and risks of SEF, including the unknown long-term health effects for offspring. Five companies out of totally 20 clinics participating in this study, such as Reproductive Resource Center (RRC), Kindbody, Extend Fertility, Pacific Fertility and Washington Fertility Center provide basic information about what to do with leftover embryos or unthawed eggs. Noneof the fertility companies provide any rule or procedure about how patients financial, emotional and mental damages are resolved in the event of an unsuccessful pregnancy or childbirth which raises ethical concerns. Another concern about messages the fertility companies advertise about

frozen eggs is uncertainty about viability period of frozen eggs. There is no sufficient data available yet about viability period of frozen eggs as stated by ASRM, which is ignored by fertility companies that promise women to be "patient" and take time until they find partner to procreate child from their frozen eggs.

Like cost, the geography of the fertility centers makes it difficult for all women to access this fertility technology and treatment. Fertility clinics seem to be primarily located in or close to major cities, where incomes tend to be higher. In order to attract potential customers, the employees of large corporations, fertility companies chose the location that will gain them more customers as well as profit. Judith Daar argues that geographical distribution of ART centers does not provide equal access toeveryone who could benefit from their services but rather clustered in areas to attract mostly middle, and upper-middle class patients (Daar 2017 page 96). There is a scholarly speculation about the role of race and ethnicity to clinic location, relationship between clinic location and stratified access along racial and ethnic lines (Daar 2017 page 97).

CONCLUSION

Egg freezing technique has a potential to provide women with reproductive freedom, enhance their reproductive choice and option to preserve their fertility while they pursue their educational, career or personal aspirations. It provides transgender people with the family building options, helps couples or individuals suffering from the infertility problem to realize their dreams to have children and strengthen their families. It provides women with an option to take control over their reproductive destiny and releases them from anxiety of having to choose between family and career. However, not all women have the privilege to access and afford this expensive and sophisticated reproductive technology to make their reproductive choice and treat their fertility problem with. Even if they had financial resource to freeze their eggs to have their biological children at later time, main concern that remains unaddressed is how they would afford to raise and parent their children. Thus, the empowering messages and feminist rhetoric of freedom and choice used by the fertility companies to promote this reproductive technology obscure social, economic, systemic and structural inequalities that limit reproductive choice for many women and people of diverse gender identities. This technology provides an individual solution but not systemic support which could allow women to exercise their reproductive right to conceive and raise their children, for example provision of paid parental or maternal leave, childcare services, comprehensive healthinsurance, suitable working conditions and policies. Reproduction through reproductive technologiesprovides women with individual liberty and choice over their reproductive capacity, but also overshadows social and reproductive injustice issues within a larger socioeconomic and political context in which "reproduction is stratified between privileged and marginalized populations" (McGowan 2013, p.6). Insurance companies covering IVF may expand access of the marginalized women to procreate and treat their infertility by means of ARTs. Currently only 17 states have fertility insurance coverage laws, and seven states have fertility preservation laws. The rhetoric of option, reproductive autonomy and choice also overshadows potential medical complications, physical and psychological risks associated with SEF/IVF procedures. SEF is an invasive technique that includes intensive hormone injections, extended treatment, and surgical procedures to extract eggs followed by adverse short-term and long-term side effects. The for profit and unregulated fertility industry that provides egg freezing technique still ignores ASRM's recommendation to provide potential patients with thorough information about unforeseen medical complications that may occur during hormone treatment and egg retrieval, pregnancy, unknown long term health risks to

offspring and complications with pregnancy at advanced reproductive age due to uncertainties with this procedure (Daar et al.2018). The fertility companies studied for this research also do not provide information about their clinic-specific statistics, success rate of thawed eggs, live birth, policies with leftover embryos and unthawed eggs. Only very few fertility companies in this research project provide briefly about what to do with embryos and unfertilized eggs. They also do not provide data or evidence on viability of frozen eggs which contradicts ASRM warning about lack of data about how long frozen eggs may still be viable upon use. There are many ethical issues that are unaddressed in the fertility industry raise concern about possible health, financial, emotional and moral harms done to patients as a result of this procedure. In addition, the extensive commercialization of this reproductive technology creates a sense of anxiety and urgency among women to freeze their eggs as an option for later reproductive use, as a solution to the problem of infertility. Moreover, it reinforces the notion of procreation responsibility of women and SEF as an option to fulfill this responsibility. Infertility as major common theme emphasized by fertility companies in promotion of SEF, reinforces gender norms and heteronormative family formation rather than providing equal access across all gender and sexualities to this reproductive technology. The images and language the fertility companies use for commercial of SEF, mainly display images of women, and couples, mostly heterosexual, which may restrain access of those transmasculine, transgender people or individual males to this technology to have a child. Offering PDG technique by fertility companies can provide women or future couples the opportunity to choose and decide on the reproductive process, but it also raises ethical issues regarding manipulation of childbirth through technology and the question of which society these selective reproductive technologies are pushing us to.

More research is needed to conduct on exploitation of women's reproductive tissue by egg banks and fertility companies, especially in terms of potential risks of reproductive technique and procedures to the health of female egg donors. There are not enough studies done so far that explore the short-term and long-term medical complications of hormone treatment that women patients and egg donors are exposed to before egg retrieval and the risks associated with egg retrieval surgeries.

Due to the growing number of employer companies offering fertility coverage to their employees,it is necessary to examine further the economic motives and relationships between the private fertility companies, employers and insurance companies involved in egg freezing market. Currently, the fertility industry providing egg freezing gets more attention by large investors as a profitable area, therefore, more studies are needed to explore commodification of women's bodies and reproductive tissue. During the study, I could not find much information or studies conducted about access to reproductive technologies and services, especially by marital status and sexual orientation. Therefore, much studies need to be conducted to examine fertility clinics receptivity to serving lesbian and single women, any obstacle that this group of people encounter such as with health insurance and obtain parental rights. Moreover, the intensive use of PGD for medical reasons raises concern about ethical issues and eugenics deployed by the fertility clinics in the application of Selective Reproductive Technologies (SRTs) to prevent births of children who would have disabilities, needs to be examined more within disability rights and reproductive justice framework whether these technologies (IVF-PGD) reinforce societal discrimination against people with disability or enhances reproductive choice of women.

LIST OF ACRONYMS USED

ASRM- American Society for Reproductive Medicine
SEF-Social Egg Freezing (egg freezing for non-medical reasons)
Oocyte Cryopreservation (OC) or Egg Freezing
IVF-In Vitro Fertilization
ART-Assisted Reproductive Technology
SRTs-Selective Reproductive Technologies
PGD-Pre-Implantation genetic testing

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Embodied Marks of Patriarchal Capitalism

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Abstract:
The essay talks about how neoliberal economy and globalization that enabled women to participate in the labor force to become economically independent of men, reinforced gender inequality and new hegemonic projects. produced new forms of gender segregating and exploiting conditions and environment. Neoliberal economy does not only commodify women's labor, bodily experience but also their basic humanist needs. The traits such as individualism approach brought in by the neoliberal economy with that removal of social policy and programs, deprives women from opportunity to exercise their basic humanist and reproductive rights, bond with their children and family, fulfill their personal and professional aspirations, claim equal pay and promotion for the same job as men, equal division of labor at work and family, combat exploitation of their sexual, economic, physical and emotional labor. Capitalism together with patriarchy reinforce oppression of women which both need to be challenged and fought. Contemporary feminism and social movements should reinforce their struggle against social injustice and gender inequality growing drastically as a result of free market economy and patriarchal system in society, address the worsened social and economic conditions of people, especially those of the most disadvantaged women and mothers, challenge the ethnic and racial supremacy, class, and sexual divide and strive to build a society where everyone fits in and fulfill the failed promises of second wave feminism.

My essay focuses on women's embodied experience of patriarchy and neoliberal economy, women's struggle for sustenance and survival in globalized neo-liberal society. The emergence of globalization and free market economy have broadened patriarchal relations, sharpened gender, racial and class divide and fragmentation. In his article "Gender, sexuality and heterosexuality", Stevi Jackson notes that heteronormativity is mobilized and reproduced in everyday life not only through social interactions, but also through pattern of activities in which gender, sexuality and heterosexuality constitute each other. Women in their daily lives are defined and evaluated based on their sexual availability/attractiveness to men and their presumed place within patriarchal relationship as wives and mothers (Jackson 2006).

Surprisingly, until the eighteenth century, Western philosophers and scientists thought there was only one sex and that there was no anatomical difference between men and women, both shared similar sex organs, therefore were viewed as one sex based on presumed similarity of their biology. Current Western thinking is that women and men are two physically different species, two distinguishable genders "women" and "men".

According to Lorber, the bodies have not been changed over these years but what has changed is justifications for gender inequality. Once gender category is determined, the attributes, values and practices of the person are also gendered. "Gendered people do not emerge from physiology or hormones but from the exigencies of the social order" (Lorber 1993). Based on their gender category, men and women are defined completely opposing roles, gendered roles, where men are the provider for the family and women are seen as the caretakers of both the home and the

family. Simone de Beauvoir contends that woman has always been men's dependent and the two sexes have never been equal. And even today when gender relations have improved to some extent, it is still a world belongs to men (Beauvoir 1957). In her article "Compulsory Heterosexuality" Adrienne Rich lists methods about how male power manifests itself and enforces heteronormativity, methods which are more recognizable than others currently in various social institutions such as: to deny women sexuality or force heterosexuality upon them; exploit their reproductive labor and productive labor; punish them physically and prevent their movement; use them as objects for emotionally comfort and entertain men; restrict and immobilize women's self-fulfillment to motherhood and marriage; exclude women's participation in science, technology and other "masculine" field of work and science (Rich 1980).

Catherine McKinnon draws attention to the presence of heteronormativity in completely different conditions, the compulsory heterosexuality in the economy. She argues that under capitalism, women mostly occupy low-status and low-paid jobs and that male employers often do not hire qualified women, even if they could pay them less than men for the same work. She argues that the goal of this practice of gender segregation is more complex than the market interest in profits, and that "woman's sexualization" is used to make women sexually accessible and available to men, "men's control over women's sexuality and capital's control over employees work lives" (Rich 1980). Regardless which position they hold, economically disadvantaged women endure sexual harassment to keep their jobs and comply with heterosexual norms of manner, movement and appearance as defined for their gender category in order to qualify for employment (Rich 1980).

According to Rich, the primary need of male control over women's sexually or "eroticization of women's subordination" through everyday practices and norms stems from the "male fear of women" to lose control and be restrained when commodifying the reproductive, emotional and sexual work of women and male access to women only on women's terms (Rich 1980). The heterosexual normativity over women was prevailing especially in the mid '60s US society, when suburban women would drop out the college to get a husband, have a successful marriage, take care of household, children, husband and perform all duties for "good wife and mother" at the same time to always look feminine and loving wife (Friedan 1963).

The definition of an ideal suburban housewife was healthy, educated, beautiful woman concerned only about her husband, children and home. It is interesting to learn from Friedan's account of suburban femininity that there was an understanding that qualities such as higher education or qualifications would be an obstacle for women to create an ideal heterosexual family or find a suitable heterosexual man, and if they did not live up to the hopes placed in them, the duties of a wife and mother, society would place the blame on their upbringing. It affirms the timelessness of male control and dominance over the use of women's labor, oppression over women's reproductive labor, body, sexual division of labor, women's desire and self- fulfillment. Even in our time, the expectation of males as well as patriarchal society is that women should be able to provide care, emotional, economic and reproductive labor needed for the family rather than men also sharing the roles, despite the fact that they both work with the same work schedule and contribute equally to the family budget. Women, especially working women, are expected to work with two shifts, earn money for the family as well as perform their household chores. Through the performative, repeated pattern of acts as such, gender binary, gender division of labor, hierarchy of authority is enacted, reinforced and internalized as if it should be so.

Economic transformation is another arena that creates, reinforces gender inequality and new hegemonic projects. The most striking features of contemporary global capitalism is the growing commodification of intimate labor of women. Previously, women would not be paid for their caring, sexual, domestic and emotional work they fulfilled at home for their family members but with the increasing demand and pressure for sustenance under the harsh conditions of neoliberal economy, their intimate labor became commodified in return of money, care becomes a special kind of work in the economy (Ayers et al 2011). With the advent of neoliberalism, social policies, social security programs, and services have declined and curbed. Intimate labor has become a source of livelihood, maintenance of daily work and a need that people and society need to survive and develop. This new social transformation has increased the responsibilities of women both at home and work, especially increased demand for their intimate labor that included sex, domestic and care works. In an article on intimate labor, Ayers concludes that when intimacy becomes a paid job, it is no longer love labor that women used to serve their dependents, but is considered devalued, unskilled work that anyone can perform on the basis that women have done so without payment for a long time (Ayers et al 2011). This type of work is racialized and classed as those who perform such paid jobs are of lower class, people of color and immigrants.

Neoliberal economy that enabled women to participate in the labor force to become economically independent of men, drew many women into paid labor that that has been taken for granted for a long time, challenged patriarchal relations in families and created the conditions for more egalitarian gender relations to some extent and enabled women to participate in transnational labor force. But at the same time, it has brought new challenges and struggles for women, produced new forms of gender segregating and exploiting conditions and environment. "Commodification is so intense in this era. Everything that can be commodified is commodified" noted by Linda E. Carty Black, feminist scholar-activist (Feminist Freedom 2018).

Neoliberal economy does not only commodify women's labor, bodily experience but also their basic humanist needs. Women, especially working women, in today's patriarchal neoliberal society are like caged birds. The hardships of life, the high demand in the job market, the pressure of ideal worker expectations and, on top of that, the pressure of conforming to the norms of femininity in a heteropatriarchal society, women are trapped in a bind to balance their time, presence and commitment between work and family. The traits such as individualism approach brought in by the neoliberal economy with that removal of social policy and programs, deprives women from opportunity to exercise their basic humanist and reproductive rights, bond with their children and family, fulfill their personal and professional aspirations, claim equal pay and promotion for the same job as men, equal division of labor at work and family, combat exploitation of their sexual, economic, physical and emotional labor.

Capitalism together with patriarchy reinforce oppression of women which both need to be challenged and fought. Contemporary feminism and social movements should reinforce their struggle against social injustice and gender inequality growing drastically as a result of free market economy and patriarchal system in society, address the worsened social and economic conditions of people, especially those of the most disadvantaged women and mothers, challenge the ethnic and racial supremacy, class, and sexual divide and strive to build a society where everyone fits in and fulfill the failed promises of second wave feminism with gender equality and social justice for all regardless of gender, sexuality and race.

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Taxpayer's Rights, Tax Security, and Effective Revenue Mobilization. The Case of Cameroon

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Abstract:
The purpose of this study is to take stock of taxpayers' rights, and tax security, examine the reforms acquired, and to formulate prospects for reforms with a view to the optimal mobilization of tax revenues. On analysis, the taxpayer's rights are guaranteed both before the tax authorities and before the tax judge, even if some practical difficulties are often observed. This, guarantee is a guarantee of tax security, a requirement provided for in tax texts and ensured in tax procedures and sometimes tested by administrative, procedural, and material constraints. The reforms acquired and those envisaged offer practical solutions to the modernization of the Tax Administration and the improvement of its relationships with taxpayers and development partners.

INTRODUCTION

The mobilization of financial resources is an ongoing challenge in most African states grappling with constant tax reforms (Th. Obrist, T.-G. M. Kalonji (dir.), *Droit fiscal en Afrique subsaharienne francophone*, 2022). While, tax resources make up the bulk of some States' budgets (S. Th. Bilounga, *Finances publiques camerounaises, budgets-impôts-douanes-comptabilité publique*, 2020), they must be mobilized with respect for taxpayers' rights and guarantee legal and judicial certainty (J. Fermose, La sécurité fiscale en droit camerounais, *RPSJC*, 2020). The purpose of the sub-study reflection is twofold: on the one hand, the need to highlight the laws and regulations adopted in recent years by Cameroon State, which have made it possible to reform tax procedures and improve relations between the tax administration and taxpayers, thus responding to the requirements of modernity and concerns, increasingly vital, from the private sector. On the other hand, the recourse of some African States, in particular, to indebtedness with donors (bilateral or multilateral) to sometimes fill the budget deficit or meet sovereign charges, leads to question these tax systems with a view to optimize the tax yield of the State and other public entities.

REVIEW RELATED LITERATURE

In the notional sense, if the rights of the taxpayer refer to a set of prerogatives recognized to the latter by tax legislation or regulations (S. Th. Bilounga, 2020), beyond the controversy of the doctrinal position (some authors perceive tax security as a principle or requirement, others admit it as a fundamental value or right), Tax certainty can be understood as a requirement that the rules of tax law and the acts of taxation constituting the legal framework within which the tax authorities exercise their powers must guarantee the stability of legal situations, the exercise of freedoms, and legitimate expectations. However, safeguarding either of these guarantees impact tax revenue mobilization, including the legal and administrative mechanisms for the tax administration to collect tax from taxpayers. The study aims to bring all these concepts into coherence to highlight their substantiality and applicability.

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Indeed, the reflection on "the rights of the taxpayer, tax security, and the effective mobilization of tax revenues". Based on the Cameroonian example, makes it possible to examine all the reforms acquired in this area, in particular: the simplification of procedures, the guarantee of taxpayers' rights, the broadening of the tax base, the security, and digitalization of tax operations (DGI Annual Report, 2018), among others. Because of these developments and findings, it can be noted that the current approach has a doublé interest: from a theoretical point of view, the process advocates instead a renewed efficiency of the Cameroonian tax system both at the level of texts and tax principles. From a practical point of view, this study highlights the taxpayer's rights, the level of tax security favorable to the administration-taxpayer couple, and the business climate, as well as the reforms necessary to optimize tax returns.

METHOD

This study aims to bring coherence to taxpayers' rights regarding of tax security and effective tax revenue mobilization. The analysis consists to demonstrates that African tax systems, particularly the Cameroonian one, guarantee the maximum rights of the taxpayer and tax security, necessitating, nevertheless, reforms with a view to optimize tax revenues. This study, which is intended to be promising, is based on a positivist and pragmatic approach, by taking stock of the tax system under study and wants to suggest prospects for reforms.

STATUS OF THE TAX SYSTEM

Tax security, the guarantee of taxpayers' rights, and the mobilization of tax revenues are now a pressing concerns of the public tax authorities. Studying of taxpayers' rights, tax security, and tax revenue mobilization in African tax legislation and Cameroon in particular, requires taking stock of the situation for a better evaluation.

The Situation

Based of Cameroonian tax legislation and administrative practice, it is necessary to draw up, in a synoptic manner, the case of the taxpayer's rights, the state of tax security, and the mobilization of tax revenues.

First, concerning the rights of the taxpayer, the legislation of most African States and Cameroon in particular, guarantees taxpayer's rights both before the tax administration and before the tax judge (J. Fermose, *in* Th. obrist et T-G. M. Kalonji, 2022). On the one hand, the taxpayer's rights before the tax authorities consist essentially of ownership such as: the right to a tax identity (unique identifier number), the right to tax documents (forms, tax forms, assessment notices, other collection documents), the right to information (in particular during the tax audit phase), the right to be assisted by counsel of one's choice, the right to oral and adversarial debate, among others (S. Th. Bilounga, 2020). On the other hand, the rights of the taxpayer before the tax judge are, among others: the right of access to the judge (right of referral), the right to a fair trial (suitable to a procedure and an adversarial debate, right to exercise the means of appeal), in particular.

Secondly, tax security, i.e., the principle of legal certainty applied to taxation, is an increasingly present concern in the tax systems of African States and, in particular, in Cameroon.

On the one hand, tax security is perceptible through tax principles both in terms of standards and with to civil liberties. In the first case, reference is made to the principles of fiscal legality, non-retroactivity of tax law, and guarantee of the stability, predictability and quality of the tax

standard applicable to taxpayers, and other actors in the tax process. Indeed, clarity is, therefore, an element of legal certainty and must be understood structurally and substantially: About the structural aspect, it is by far the simplest: Book I deals with the different types of taxes (Articles 2 to 613), Book II governs tax procedures (Articles L 1 to L 147), Book III deals with local taxation (Articles C 1 to C150). To, it should be noted that the legislator took care to add the letters L and C respectively to the second and third Books of the General tax code (GTC) to distinguish them from the first. Substantially, it can be observed that the normativity of the provisions of the GTC is clearly perceived in both the general and specific provisions. Similarly, with the accessibility of the GTC, under the formal prism, it is appreciable and it is related to the availability of the tax standard: the said code is revised annually and made available on January 1st, of each year, in several media.

In the second case, the tax legislator guarantees the exercise of taxpayers' civil liberties through the security of tax operations, the protection of the economy of legally concluded contracts, and the repression of tax offenses. On the other hand, shield in tax proceedings, in particular the relationship between the taxpayer and the tax authorities, and especially before the tax judge, is reflected first in the tax ruling, which gives the taxpayer the right to rely on the interpretation that the tax authorities have made known to him of the tax texts (circulars, instructions, Article L 33 of the Cameroonian GTC), and then, by generalizing the oral and adversarial debate provided for in the audited taxpayer's charter.

Finally, about the mobilization of tax revenues, it is necessary to look at both those of the State, and other public entities. On the one hand, the mobilization of State revenues, they have evolved significantly over the last ten years. The State's tax revenues increased by 20.8% in the 1st quarter of 2022. More, between January and March 2022, the Treasury recorded an increase in revenue of around 110.3 billion FCFA, compared to the same period during 2021.To this end, the overall revenues mobilized by the Directorate General of Taxation (DGT) increased from 1059 billion in 2010 to 2656 billion FCFA in September 2022, or nearly 40% of the general budget of the State. Between, 2010 and 2022, the average monthly tax revenue collected by the DGT increased from 88 billion in 2010 to 221 billion FCFA in 2022 (Report of the DGT Meeting and the private sector, Douala, September 3, 2022).

On the other hand, the mobilization of revenues from other public entities (local authorities, public institutions), which have grown over the last ten years, whether in terms of tax revenues allocated to decentralized territorial authorities or public institutions. The tax revenues allocated to these two entities increased from 67 billion in 2010 to nearly 272 billion FCFA in 2022. It can be seen that the average monthly assigned payment was 6 billion in 2010 and will rise to 23 billion FCFA in 2022. Also, between 2010 and 2020, the payments allocated to these entities were multiplied by four (04) with an evolution of +205 billion FCFA.

In addition to this synoptic analysis of the situation of taxpayers' rights, tax security, and the mobilization of tax revenues in the Cameroonian tax system, it is now necessary to make a general assessment.

Evaluation

Beyond the situation of taxpayers' rights, tax security, and the mobilization of tax revenues, an assessment should be made to identify not only practical constraints and difficulties but also technical ones.

First, taxpayers' rights and tax security are often tested at least on two levels: first, in front of the tax administration, unsophisticated taxpayers often come up against the technicality of tax procedures and are sometimes subject to periodic checks by specific crooked tax agents. Similarly, the constant evolution of tax legislation does not allow some taxpayers to be up to date with legislative and regulatory tax reforms; and some still ignore procedures such as tax rulings, and requests for free remission (tax remission or moderation).

Next, before the tax court, some taxpayers still find it challenging to comply with the rule of prior complaint, a mandatory law for judicial recourse, and a requirement of public policy whose non-observance leads to the rejection of the form of the judicial remedy. Also, some taxpayers do not always have, in the event of recourse to expertise, the technical and financial means to provide evidence to support their standards.

Secondarily, concerning the mobilization of tax revenues for the benefit of the State and other public entities, a double analysis should be made: first, on the side of the administrations in charge of recovery (DGT and its decentralized services, municipal or regional revenue, accounting agencies). In practice, it can be observed that some of these administrations have difficulties in collecting certain taxes and duties owed by taxpayers in the informal sector who do not have the Unique Identifier Number (UIN).

About to decentralized local authorities, a twofold observation is necessary: first, for municipalities, very few of them collect all local taxation devolved by law, and some have difficulty in managing certain types of taxes because of the constant mobility of taxpayers, in particular, the tax on livestock, the municipal transit or transhumance tax, the tax on recovered products, among others. Similarly, the regions as decentralized territorial collectivities whose first regional elections took place in December, 2020, have not yet been given the opportunity to assess the recovery of regional taxation sufficiently. Furthermore, on the taxpayers' side, we still note the survival of tax incivility characterized by tax evasion and evasion.

In addition, two other complementary difficulties deserve to be noted, in particular: the disparity in tax collection between decentralized territorial authorities because of the economic situation and fiscal potential of each local authority. The other difficulty arises from the overlapping of competencies between the DGT and the decentralized territorial collectivities in the collection of certain taxes (Report of the DGT Meeting and the private sector, Douala, September 3, 2022), and the fiscal equalization system between them, whose complexities are sometimes sources of evaporation of tax gains. But, appears as difficulty or complexity, the principle of the single cash, requiring decentralized territorial authorities that some of their expenses are taken into account by the Treasury, this uniqueness sometimes constitutes a blockage to the execution of local investment projects, sometimes with another consequence: the under-consumption of credits.

In this respect, it can be seen that the difficulties mentioned above, for the most part, boil down to: the weak monitoring capacity of certain municipal taxes by decentralized local authorities, the problem of total demarcation between State taxation and local taxation, the immunity from seizure and volatility of the taxable matter due to certain electronic transactions (transfer of funds), base erosion due to sometimes abusive use of tax incentives, low taxation of natural resources and green taxation, the persistence of tax evasion and evasion, among others.

Light of the above, while tax administrations are experiencing some difficulties in maximizing tax revenue mobilization, significant reforms have been introduced in recent years, and others are underway or planned to address them.

REFORMS ACQUIRED AND ENVISAGED

Considerable reforms have been instituted and envisaged in recent years by African tax laws, and, in particular, Cameroon's, as well as other initiatives specific to tax administrations with a view to consolidate taxpayers' rights, tax security, and optimal mobilization of tax revenues. It is necessary to take stock of the main reforms acquired, and those envisaged by the tax administrations.

Reforms Acquired

Cameroonian tax legislation and regulations have developed a set of reforms that can now be considered achievements, even if they are destined to be improved. For the most part, these reforms relate to the simplification of tax procedures, the improvement of the relationship between the tax administration and the taxpayer, and the socioeconomic promotion of a tax system favorable to the business climate.

First, the tax administration has initiated the process of dematerializing procedures with the online launch of certain tax services, including the electronic declaration (Read Article L2 of the GTC), obtaining the Unique Identifier Number (See Law No. 2019/023 of 24 December 2019 on the Finance Law of the Republic of Cameroon for the 2020 financial year. Read also articles L1 and L1 *bis* of the GTC), the introduction of the standard Value Added Tax (VAT) invoice, electronic payment (Article L7 and L8 paragraph 3, Tax Procedure Books, GTC; article 558, 558 bis, and 573 bis of the GTC. Read, Decree No. 2012/3731 of 13 November, 2012 on tax registration, and Article L104 *bis* of the GTC), etc.

Also, in contentious matters, the tax administration uses alternative methods of settling tax disputes as much as possible. This solution is part of the tax administration's concern to find quick, and pratical solutions to conflicts between it and taxpayers to avoid cumbersome and slow court proceedings. Among these means of settling tax disputes, reference can be made to the transaction and mediation (Article L 140 bis paragraph 2 of the GTC).

Secondly, the tax administration has segmented the tax population and established a single tax interlocutor. The latter implies, on the one hand, a single manager for each taxpayer and, on the other hand, a management of taxpayers by type of clientele, likely to improve the quality of the tax service. In the same sense, since the current fiscal year, the Cameroonian tax administration has been experimenting with the institution of an integrated tax partner: it is a taxpayer designated as a focal point in a sector of activity and to serve, if necessary, as an intermediary between the tax administration and other taxpayers in this sector for information and procedural information. The advent of this new actor has a double advantage: it allows the taxpayer to no longer be abused by certain crooked tax officials, sometimes taking advantage of the ignorance of particular taxpayers, but also the tax administration to have a tax intermediary in each sector of activity to serve as a relay and can create a framework for dialogue and consultation.

In addition to this, there are also specific measures governing the activity of taxpayers, in particular, the deductibility of expenses resulting from transactions carried out with partners located in countries with preferential taxation (Article 8 *ter* of GTC); the management of cash

payment (Article 8 *bis* of GTC); the supervision of export operations and similar activities (Article 20 of GTC); the regulation of the deduction of headquarters expenses (Article 20 of GTC Article 20 of GTC), and the taxation of remuneration paid abroad (Articles 8 *ter*, 8 *bis*, 20, 7 et 225 of GTC). Thirdly, the tax reforms acquired also concern socioeconomic promotion with a view the optimal mobilization of tax revenues, and improving of the business climate. Because the achievement of these objectives requires the increase of private investment, Cameroonian tax legislation has provided a favorable framework through the framework law of 18 April, 2013 on the incentive of private investment in Cameroon. To date, 326 private companies are effectively approved, with 400,000 billion CFAF of planned investments and a possibility of impact creation of 106,215 jobs (Report of the DGI meeting and the private sector, Douala, 13 September, 2022). Similarly, tax legislation promotes social issues through tax expenditures: between 2016 and 2020, the average tax expenditure is CFAF 528 billion, and the most expensive measures relate to necessities (CFAF 52 billion per year for rice, CFAF 58 billion per year for fish, CFAF 30 billion per year for wheat).

Moreover, with a view to improve the business climate, the tax administration has undertaken some reforms, including: reducing the time spent on tax obligations from more than 600 hours per year before the reforms to 20 hours per year after the reforms; the reduction of the VAT credit refund period from more than six months before the reforms to 20 days after the reforms upon receipt of the file at central level; reducing the number of taxpayer forms from more than 42 before the reforms to 5 conditions after the reforms.

Beyond these acquired reforms, the favorable effects of which are already perceptible on the tax yield and in the relations between the tax administration and the taxpayer, it is necessary to make other proposals for reforms for a modern and more efficient tax system.

Planned Reforms

The difficulties encountered by taxpayers are regularly addressed to the tax administration during meetings between the DGI and the private sector, in particular, the Cameroon Inter-Employer Group (CIEG/GICAM in French). Indeed, this one note, as a significant difficulty, the uncertainty over international supply and the Russian-Ukrainian war that continue to slow down the recovery of business growth. As such, some figures are indicative: 77.8% of companies in the agri-food industries observed a decline in their net results in the 2nd quarter; 89.5% of companies in the trade and distribution sector report unfair competition in their sectors of activity; 85.5% of companies say they did not increase the number of employees in the 2nd quarter; 80% of companies cited higher supply prices (freight, raw material prices) as significant constraints to their operations during the quarter (Economic Scoreboard, n°18, 2nd quarter 2022). The objective of modernizing the Cameroonian tax system in the service of the authorities' economic policy requires that specific reforms already envisaged by the DGT and desired by the private sector be taken into account, but also those that can be formulated with a view to improve the business climate and the administration-taxpayer relationship. The prospects for reform may concern both tax policy and the administration itself.

First, about broadening the tax base, this measure concerns the optimization of personal taxation, the strengthening of green taxation, and social contributions. In the first case, it should be noted that the gift of individuals to tax revenues is still low, i.e., 7% for personal income tax (against 35% for VAT, 14% for corporate tax, for example).

Regarding of tax policy, there are two strong proposals: further broadening the tax base and empowering the economy and local taxation.

In particular, the combined revenue from property tax and property income tax represented in 2020 is less than 7% of overall tax revenue (including withholding tax on wages). If this imbalance is mainly explained by the difficulties of collecting property taxes related to tax incivility and the absence of specific constraints, it would be appropriate to endow the Decentralised local authorities alongside the State with a concurrent competence to collect property taxes.

In the second case, the increased taxation of natural resources, in particular, green taxation (DGT News Newsletter, n°010, June 2022), is an opportunity, because the mining tax revenues mobilized are much lower than the existing potential due to the predominance of the informal sector through artisanal and fraudulent exploitation of mineral resources and the erosion of the tax base (abusive use of tax incentives, transfer pricing). As green taxation is still embryonic (tax on the withdrawal or discharge of water), it is, therefore, helpful to strengthen quality control, the anti-BEPS (That is *Base Erosion and profit shifting*). System and to proceed, if necessary, to progressive taxation of the informal sector in this area. Anything that will make it possible, by increasing a tax or a tax on a product or sector of activity, to guide the taxpayer's behavior taking into account the imperatives related to climate and environmental protection.

In the latter case, it makes sense to find alternative sources of financing social security whose burden on overall taxes is 7%, unlike many developed countries where it amounts to 26% or some countries of the European Union where this tax represents an essential source of tax revenue. For example, in France, the product of social contributions is 374 billion euros in 2021 in the national accounts (excluding pension contributions that the State pays to itself), or 15% of GDP, after 348 billion euros in 2020 (https://fipeco.fr).

Second, other tax policy measures are aimed to empower the economy and local tax administration. In the first hypothesis, it is imperative to strengthen the import-substitution policy and rationalize tax expenditures. In this case, it is a question of improving local productivity to increase resilience to the global macroeconomic situation marked by the impact of recent fluctuations in raw material and food prices due to security and health crises.

Also, this policy will increase not only productivity but also the competitiveness of local businesses, with a result of positive impact on tax revenues. In the same vein, it is crucial to rationalize tax expenditures that consume a significant portion of tax revenues, even if the government's objective is very often to make necessities more accessible on the local market. For example, from 2016 to 2020, tax expenditures amounted to 2638 billion CFAF, or 20.78% of non-oil tax revenues and 2.46% of GDP (Report of the DGT Meeting and the private sector, Douala, September 13, 2022).

It is, therefore, necessary to make appropriate, rational, valuable, and timely tax expenditure choices. In the second hypothesis, the overlapping of specific competencies between the DGT and the decentralized local collectivities should lead to a reform of local taxation according to two mechanisms : on the one hand, the total autonomy of the decentralized local authorities on certain taxes collected by the State and repaid; and on the other hand, the abolition of certain inconsistent local taxes by redirecting them towards the general allocation or by aggregating them with certain available taxes.

In addition, in the long term, consideration could be given to the return of divisional tax centers (DTC) to the decentralized local authorities or the creation of specialized bodies for collecting of certain local taxes, such as property taxes. Also, it is no less critical to reintroduce the mechanisms for taxing aid, the care regime of which was abolished by the 2019 Finance Act. This abolition is the result of the reluctance of donors to bear the tax levies (These include value-added tax and special income tax) encumbered by externally financed markets.

In terms of tax administration reforms, they relate to the acceleration of tax digitalization, the improvement of the business climate, and the relationship between the tax authorities and the taxpayer. First, the digitalization of the tax administration remains an opportunity to be pursued. It is essential for the tax authorities need to accelerate dematerialization through electronic payment and the declaration of tax transactions, including electronic monitoring of invoicing. Nevertheless, the digital transition faces two significant challenges : the low penetration of the internet rate in some localities and the persistence of cash payments in the tax transactions of many taxpayers.

Secondly, it is necessary to strengthen the relationship of trust between the tax administration and the taxpayer by developing the concept of integrated tax partners, simplifying procedures, and implementing tax geolocation.

In addition, securing revenues and strengthening the anti-BEPS system and technical cooperation in tax matters are important levers in the fight against tax fraud and evasion. This includes strengthening cooperation with the Global Forum on Transparency and Exchange of Information for Tax Purposes, the Organisation for Economic Cooperation and Development (OECD), the African Tax Administration Forum (ATAF), the Centre for Meetings and studies of heads of tax administrations (CMSTA/CREDAF), private partners, and professional groups, among others.

CONCLUSIONS

Ultimately, the analysis of taxpayers' rights, tax security, and the effective mobilization of tax revenues in African tax systems based on the Cameroonian example led to taking stock of the situation, examining the reforms acquired and formulating prospects for reforms. As a result, the taxpayer's rights are guaranteed both before the tax authorities, and the tax judge, even if some practical difficulties are often observed. This guarantee is a guarantee of tax security, a requirement provided for in tax texts and ensured in tax procedures and sometimes tested by administrative, procedural and material constraints.

PURPOSE OF THE STUDY

Of course, legislation and tax administration provide solutions through reforms aimed at modernizing tax administration and improving its relationship with taxpayers and development partners.While these reforms have essentially streamlined tax policy, the broadening of the tax base, the digital transition, the improvement of the business climate, and the adaptation of the tax administration to the institutional and international environment should be continue.

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Knowledge Regarding Patient's Rights among Patients Admitted in Nepalgunj Medical College of Nepagunj, Banke

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Abstract:
The patient right is described as the code of conduct between persons who receive health services and the institutions that provides them. Patients' rights are a relatively new word in health sciences literature and practice, but they have quickly become an important aspect of current health care practice. When patients join the health care setting, they should much more aware of what they expect from health care personnel. To assess the level of knowledge regarding patient's right among patients admitted in Nepalgunj medical college of Nepalgunj, Banke. A descriptive cross-sectional research design was selected for the study and non- probability purposive sampling technique was used to select 60 patients admitted in Nepalgunj Medical College, Nepalgunj, Banke. Self-developed Semi-Structured questionnaire with face-to-face interview technique was used to assess the knowledge regarding patient's right among patient. This study result shows that level of knowledge regarding patient's rights among patients was good. One fourth (22%) of patients had good knowledge, majority (43%) had average knowledge and one third (35%) had poor knowledge regarding patient's right. Majority of patients had average and poor knowledge. As a result of finding additional public awareness program regarding patient's rights should be conducted in frequent time interval to educate local public and patients regarding their rights whenever they visit any health institution for service.

Keywords: Knowledge, Patient's right, health care.

INTRODUCTION

The patient right is defined as the rule of conduct between people who benefit from health services and institution who provide them and is owed by the patient by physician and state. Patients' rights are recently introduced term in health sciences literature and practice and has become an important part of modern health care practice. Patients now are much more aware of what they expect from health care professionals, when they enter the health care environment (Ramadan, 2018).

The notion of patient rights has been developed on the basis of concept of the person, and the fundamental dignity and equality of all human beings recognized in the Universal Declaration of Human Rights in 1948. Since then, numerous declarations and professional ethical codes have sought to ensure the protection of fundamental human rights and to promote the humanitarian treatment of all patients (T. Gurung & Ghimire, 2020).

The rights of a patient are a set of rules of conduct which govern the interaction between the patient and health care professionals. Every patient has a right to be informed about their rights and also the responsibility of the healthcare providers. The implementation of patient's rights, as an extension of human rights, is an important index for health service quality (Muhammad, 2021).

Patients have the right to accessible, equal and constant health services, receive information, make decisions freely regarding the methods of treatment and their physicians, privacy, have their psychosocial and spiritual values respected (Tabassum, 2019).

Patient rights are essential pillars to provide a good health care and to promote ethical medical practices. Therefore, adherence to patient rights is considered an important issue in the quality improvement efforts in health services, and one of the main bases for defining standards of clinical services. For patients to be aware of their own rights, this not only can increase the patients' dignity by enabling them to participate with doctors in decision-making responsibilities, but also can increase the quality of health care services, reduce costs and decrease the length of hospital stays. Therefore, assessment of patient's awareness of their rights is of utmost importance (Tabassum, 2019).

The World Health Organization research group, who investigate the field of patient rights, endorses that each country should establish its own regulations for patient rights according to its priorities and its own cultural and social needs. The constitution of 2015 and public health service act of 2018 in Nepal is the act which bring notes in black and white to protect and have shown different ways of to secure and get the service of their need. Despite the achievements concerning patient rights and ethical problems in the health care in Nepal, several problems still persist including the unethical behavior of some health care workers, and the poor patient understanding of the concepts of patient rights (S. Gurung & Sapkota, 2019).

Statement of the Research Problem

A study to assess the Knowledge regarding patient's rights among patient admitted in Nepalgunj medical college of Nepalgunj, Banke.

Rational of the Study

Undoubtedly, every human has individual and social rights that are as a principle accepted by all human societies. But the more vulnerable groups of society have special rights. Patients are one of the most vulnerable social groups that are vulnerable, either physically or psychologically, socially and economically. In recent decades, with stunning advances in medical science and the advent of modern treatment and advances in medical technology methods, the field interaction and medical interventions has greatly expanded that it has a great moral challenge (Ducinskiene, 2016).

Effective health system requires the active participation of recipients and providers of health services. It requires collaboration between patients and physicians and other health care professionals. Adequate and honest communication, respect for personal and professional values and sensitivity to the differences, are the essential for quality of patient care and right (Davatil, 2019).

Health care personals as doctors, health assistance and nurses are always in close contact with the patient as nurses remain with the patient all the time to provide care. For the quality of care and better recovery, provision patient should have not only the knowledge of disease but also should have the knowledge and be aware of human rights, abuses to the patient that may occur in the hospital while providing care.

Patients have the right to protect their health and get the necessary information from their

health care provider but due to lack of knowledge and poor attitudes regarding patient rights. Most of the patients have insufficient level of knowledge. Patients had poor knowledge regarding their rights to informed consent before any medical procedure and also have to know all the information about their disease with due respect. Patient rights are ignored bytehealth care staff due to their poor attitudes and practices regarding the patient rights which decrease the patient satisfaction (Davati, 2019).

A Descriptive study was conducted to find out the knowledge regarding patients' rights among hospitalized patients in Universal College of Medical Sciences, Teaching Hospital, Siddharthanagar -1, Rupandehi, Lumbini province in 2019. The result of the study showed that 59.7% of patient have high level of knowledge and 40.2% had low level of knowledge regarding patient right (S. Gurung & Sapkota, 2019).

A cross-sectional study was undertaken to assess the knowledge among inpatient about patient's rights at an academic accredited hospital in Manipal University Hospital, Manipal, Karnataka, India in 2019. The result of the study showed that majority of the respondent i.e., 57% did not know about their right, while 23% had partial knowledge and remaining 20% had complete knowledge regarding patient right (Krzych & Ratajczyk, 2019).

A cross-sectional study was undertaken to assess the patients' knowledge of the Patients' Rights Charter in the selected hospitals of the Limpopo province, South Africa (SA) in 2022. The result showed that 71% of patent did not know about the patient right charter while 29% of them have seen it once but did not get complete knowledge about it (Thema & Sumbane, 2022).

All the above finding shows that knowledge regarding patient right in patient is very less. Many patients did not know about patient charter in hospital, their disease and treatment modality. Hence, the access of the knowledge regarding patient right is not only about statistics but also help to guide the system regarding giving enough important on this topic also. So, I was provoked to do research study on thistopic.

Hypothesis

Hypothesis will be tested at 0.05 significance.

H_1: There will be association between knowledge regarding patient rights among patients with their selected demographic variables.

REVIEW OF LITERATURE

A Descriptive study was conducted to find out the knowledge regarding patients' rights among hospitalized patients in Universal College of Medical Sciences, Teaching Hospital, Siddharthanagar -1, Rupandehi, Lumbini province in 2019. The total numbers of samples for the study were 72 and were selected by using convenience sampling technique. Semi-structured interview schedule was used to collect the data. The result of the study showed that 59.7% of patient have high level of knowledge and 40.2% had low level of knowledge regarding patient right (S. Gurung & Sapkota, 2019).

A cross-sectional study was undertaken to assess the knowledge among inpatient about patient's rights at an academic accredited hospital in Manipal University Hospital, Manipal, Karnataka,

India in 2019. The required sample size for the study was 350 patients who were admitted in the hospital. Simple random sample technique was used to select respondent. The result of the study showed that majority of the respondent i.e., 57% did not know about their right, while 23% had partial knowledge and remaining 20% had complete knowledge regarding patient right (Krzych & Ratajczyk, 2019).

A cross-sectional study was undertaken to assess the patients' knowledge of the Patients' Rights Charter in the selected hospitals ofthe Limpopo province, South Africa (SA) in 2022. The sample size for the study was 51 patients admitted in different wards of hospital and was selected through simple random sampling. The result showed that 71% of patent did not know about the patient right charter while 29% of them have seen it once but did not get complete knowledge about it (Thema & Sumbane, 2022).

A cross-sectional descriptive analytic study, conducted amongst 263 patients at Wadi- Medani Teaching Hospital, Sudan,in March-April 2017. The aim of the study wasto assess the knowledge and practice of patient's rights among inpatients at Wad Medani Teaching Hospital,Gezira, Sudan. The study found that 34% of patients had good knowledge, 49% had average knowledge and 17% had poor knowledge regarding patient's right (Younis., Hassan A., & Dmyatti., 2017).

A cross-sectional study was conducted in the inpatient wards of Minia university hospital, Minia government, Egypt in 2018. The objectives of the study were to assess the knowledge regarding different aspects of the patient's rights by a mean knowledge score. A total of 514 patients were interviewed during their hospital stay and was selected through cluster sampling technique. The total score of patients right in this study was 7.2 ± 2.71 out of 514 (Ramadan D., 2018).

A cross-sectional descriptive study was conducted in different wards of public sector tertiary care hospitals of Peshawar, in 2021 in Pakistan from February to May 2018. The study was aimed to assess the knowledge of hospitalized patients about their rights. The sample size for the study was 200 patients and were selected through simple random sampling. The result of the study shows that about 25% of patients only know about their basic rights, 35% of patient have moderate knowledge and rest 40% have poor knowledge regarding patients right (Muhammad R., 2021).

This descriptive cross-sectional comparative study was conducted in two hospitals in Lahore in 2019, each belonging to public and private sector. The aim of the study was to assess the lack of awareness of patient's rights among patients visiting hospitals. A structured questionnaire was used to collect data from patients. A total of 220 patients were selected to participate in the study, 110 belonging to each private and public hospital. The study findings showed that 64% of the patients were not aware of their rights and 36% rest were aware (Tabassum A., Ramadan D., 2019).

A cross-sectional comparatives study was undertaken with an objective to determine and compare the general levels of knowledge of patient's rights among the patients and nurses in training hospitalsin Qom province in 2020. A total of 50 nurses and 200 hospitalized patients were askedabout patient's rights. The study findings show that 58.3% of patients had good knowledge, 39.1% had moderate knowledge and 2.56% had weak knowledge regarding patient rights (Heidari E., 2020).

A cross-sectional study was undertaken to identify the level of awareness of patients right and to identify their source of information among patients at the National Guard Hospital in Riyadh, Saudi Arabia in 2021, a total of 358 patients were included in the study. Simple random sampling methods were used to select the patients. The study finding shows that 72.2% of patients were moderately aware about patients right while another 65.3% were unaware regarding patients right (Al-Rebdi., Rabbani., & Alqahtani., 2021).

A cross-sectional study was undertaken among patients attending outpatient clinics of the five hospitals of armed forces hospitals, in Taif region, Saudi Arabia in 2019. A total of 383 patients were included in the study and were selected through convenient sampling. The study finding showed that 77% of patients were not aware regarding their right and remaining 23% had some knowledge (Almalki E., 2019).

The literature study summarized above shows that knowledge regarding patient's rights among patients is very less. Many patients did not know about their rights in hospital, their disease and treatment modality. Hence, the assess of the knowledge regarding patient's rights is not only about statistics but also help to guide the system regarding giving enough important on this topic also. Therefore, researcher is interested in conducting this study.

RESEARCH METHODOLOGY

Research methodology is the process of scientifically and systematically collecting data, to take necessary action. This chapter includes all the procedures followed from desk to field for necessary data collection as well as help readers what the researcher has followed.

Research Design

Research design is a process of gathering current data from subject so that new information may be obtained, research approach is an umbrella that covers the basic procedure for conduction research. (Sharma,) A descriptive cross-sectional study based on quantitative approach was used to identify the knowledge regarding patients right among patients admitted in Nepalgunj medical college, Nepalgunj, Banke.

Research Setting

Study was conducted in Nepalgunj Medical College Nepalgunj, Banke, Lumbini province of Nepal.

Geographical Introduction

Banke district is a part of Lumbini Province, one of the 77 districts of Nepal. The district, located in Midwestern Nepal with Nepalgunjas its district headquarters, covers an area of 2,337 km². there are three main cities in the Banke district: Nepalgunj, Kohalpur and KhajuraBazzaar. Nepalgunj is a sub-metropolitan Municipality in Banke district, Nepal. Nepalgunj is 153 km south-west of Ghorahi, 16 km south of Kohalpur and 35 km east of Gulariya and had population of 1,46,871.

Study Population

The population were the patients admitted in Nepalgunj Medical College of Nepalgunj, banke.

Sample Technique and Sample Size

The sample size of the study were 60 patients.

Sampling Technique
Non-probability purposive sampling technique was used

Sample Selection Criteria Inclusion Criteria
The study includes the Patients who:
- available at the time of data collection.
- willing to participate in the study.
- Admitted in the Nepalgunj Medical College of Nepalgunj, Banke.

Instrumentation
The research instrument consists of self-developed semi-structured questionnaire. The interview questionnaire was developed in english and later translated into Nepali. Nepali translated questionnaire was used for data collection through face-to-face interview technique. The questionnaire consists of two parts:
- Part I: Questions related to socio-demographic.
- Part II: Self-developed semi-structured questionnaire related to patient's right among patients.

Data Collection Technique
Semi-structured questionnaire with face-to-face interview technique was adopted to collected data.

Validity and Reliability
Content validity of the questionnaire was obtained by giving the tool to experts in the field of laws and regulation and requested to give their opinion and suggestion regarding each item in the tools.

Test-retest method was used for the reliability of the content for structured questionnaire knowledge related to patient's right.

Plan for Data Collection Procedure
- Data was collected after getting approval from Bheri Nursing College.
- Formal permission was taken from hospital authority.
- Informed consent was taken from each patient together by explaining objective of the study.
- Patients were selected without any discrimination of ethnicity, area, education, marital status, social-economic status and religion.
- Researchers herself collect the data.

Plan for Data Analysis
Accuracy and completeness of the gathered date was checked. Data was edited, organized and coded manually, and entered into Statistical Package for Social Science (SPSS) version 21. Descriptive statistics was used to calculate the mean, standard deviations, range, frequency and mean scores of subjects. The finding of the data was presented through the relevant table, bar graphs, and pie chart.

Ethical Consideration
Data collection was started after submitting the proposal of the study and getting approval from the Research Committee of the Bheri Nursing College (BNC). The objectives of the study were

explained to each patient and written informed consent was taken before data collection. Patients were not forced to participate in the study. They can withdraw their participation at any time without explanation. Anonymity was maintained by coding and confidentiality was maintained by assuring that it is only for study purpose.

DATA ANALYSIS AND INTERPRETATION

Data was collected among 60 patients of Nepalgunj medical college, Nepalgunj, Banke in order to assess the level of knowledge regarding patients right among patients. All the collected data were cleaned entered and analyzed using statistical software. The analyses were done using descriptive statistics. All the information was reported in term of frequency and percentage with the help of tables. All the obtained data were analyzed on the basis of the objective of the study. The data were organized and presented under the following sections

Section I: Description of socio-demographic characteristics of patient's rights among patients.
Section II: Distributions of knowledge regarding patient's rights among patients.
Section III: Association between the level of knowledge regarding patient's rights among patients with their socio-demographic variables.

Section I

Socio-demographic characteristics of patient's rights among patients. The section includes information regarding Age, sex, educational status, Occupation status, Source of information.

Table 1: Frequency and percentage distribution of patients according to their age

		N=60
Variables	Frequency	Percentage
Age group		
20-30 years	12	20
31-40 years	25	41.6
41-50 years	14	23.3
>51 years	9	15

Interpretation

Table1depicts that majority of the patients (41.60%) belonged to 31 to 40 years, one fourth of the patients (23.3%) belonged to 41 to 50 years age group, less than one fourth of the patients (20%) belonged to 20 to 30 years age group and few of patients (15%) belonged to age group more than 50 years.

Table 2: Frequency and percentage distribution of patients according to their sex

		N=60
Variables	Frequency	Percentage
Sex		
Male	29	48.3
Female	31	51.6

Interpretation

Table 2 depicts that majority of the patients (51.6%) were female and less than half (48.3%) were male.

Table 3: Frequency and percentage distribution of patients according to their education

		N=60
Variables	Frequency	Percentage
Educational status		
Illiterate	7	11.6
Primary education	14	23.3
Secondary education	15	15
Higher secondary education	14	23.3
Bachelor and above	10	16.6

Interpretation

Table 3 illustrates that majority of the patients (23.3%) had completed primary and higher secondary education, less than one fourth of the patients (16.6%) and (15%) had completed secondary education and bachelor and above respectively and last but not the least few (11.6%) were illiterate.

Table 4: Frequency and percentage distribution of patients based on their occupation

		N=60
Variables	Frequency	Percentage
Occupation status		
Agriculture	11	18.3
Job/service	35	58.3
Business	14	23.3

Interpretation

Table 1.4 and figure 1.4 illustrate that majority of patients (58.3%) were engaged in job/service, one fourth of the patients (23.3%) were engaged in some business and less than one fourth (18.3%) were engaged in agriculture as their occupation

Table 5: Frequency and percentage distribution of patients according to their source of information towards patient right

		N=60
Variables	Frequency	Percentage
Source of information		
Hospital	12	20
Mass media	33	55
Family	2	3.3
Peer group	13	21.6

Interpretation

Table.5 demonstrate that majority of patients (55%) get information from mass media, one fourth of the patients (21.6%) and (20%) get information from peer group and hospital respectively and few patients (3.3%) get information regarding patients right from family members.

Section II

Distributions of Level of Knowledge Regarding Patient's Rights Among Patients

This section includes distribution of the findings related to level of knowledge regarding patient's rights among patients.

Table 6: Frequency and percentage distribution of patients according to their level of knowledge

		N=60
Knowledge	Frequency	Percentage
Good knowledge	13	21.67
Average knowledge	26	43.33
Poor knowledge	21	35

Interpretation

Table 6 shows that one third (35%) had poor knowledge and one fourth (21.6%) had good knowledge and majority (43%) had average knowledge.

Section III

Association between knowledge regarding patient's rights among patients with their selected socio-demographic variables

H_1: There will be an association between knowledge regarding patient's rights among patients with their selected socio- demographic variables.

Table 7: Association of socio-demographic characteristics of patients according to their knowledge score regarding patient's rights

						N=60
Personal variables	Level of Knowledge			Chi square	DF	P value
	Good	Average	Poor	$\square^2$		
Age						
20-30 years	2	8	5	2.134	4	0.710
31-40 years	9	8	12			
41-50 years	2	2	1			
>51 years	1	6	3			
Sex						
Male	7	11	12	9.71	4	0.145
Female	5	9	1			
Education status						
illiterate	5	2	9	5.379	2	0.06
Primary education	1	6	9			
Secondary education	5	10	0			
Higher secondary education	4	6	7			
Bachelor level and above	2	1	2			
Occupational status						
Agriculture	2	3	3	4.594	4	0.331
Job/service	0	1	0			
Business	6	6	10			
Source of information						
Hospital	0	1	0	2.522	4	0.641
Mass media	12	14	19			
Family	0	0	2			
Peer group	0	1	1			

Interpretation

Table 7depict that none of the variables had an association with the level of knowledge regarding patient right were p-value are more than 0.05. Hence, hypothesis (H_1) is rejected and null hypothesis is accepted.

DISCUSSION, CONCLUSION AND RECOMMENDATION

Discussion

The result of the study present study discussed with other related studies and organized under following sections

Section 1: Demographic Variables of The Study

The present study shows that Majority of the patients (41.60%) belonged to 31 to 40 years, one fourth of the patients (23.3%) belonged to 41 to 50 years age group, less than one fourth of the patients (20%) belonged to 20 to 30 years age group and few of patients (15%) belonged to age group more than 50 years. Regarding sex of patient's majority of the patients (51.6%) were female and less than half (48.3%) were male. Majority of the patients (23.3%) had completed primary and higher secondary education, less than one fourth of the patients (16.6%) and (15%) had completed secondary education and bachelor and above respectively and last but not the least few (11.6%) were illiterate.

Similarly, Majority of patients (58.3%) were engaged in job/service, one fourth of the patients (23.3%) were engaged in some business and less than one fourth (18.3%) were engaged in agriculture as their occupation. Regarding source of information majority of patients (55%) get information from mass media, one fourth of the patients (21.6%) and (20%) get information from peer group and hospital respectively and few patients (3.3%) get information regarding patients right from family members.

Finding of the present study is similar with the study conducted by Ramadan et all (2018) to identify the knowledge regarding different aspects of the patient's rights in Minia University hospital, Egypt. Finding of the study showed that about 50% of patients belong to 31 to 40 years of age and 20% belong to age group more than 50 years. Regarding sex of patient, 55% were female and 45% were male.

Section II: Distributions of Knowledge Regarding Patient's Right Among Patients

The finding of the study shows that, 66.6% of patients told that patient's right is the have privacy and confidentiality during examination, procedures and whole treatment. Half of the patients i.e. 50% told that patients right is to help patients in treatment. Regarding who are included in patients right, 66.6% patients told that patients, family members and health workers are included in patients right. Cent percent of patients told that patients right include receive privacy, kind and respectful care. Regarding informed consent, 73.3% of patient told that it's an agreement or permission for care, treatment or service.

About 90% patients told that its patient's right to make decision to change treatment and hospital based on their need. Majority of patients i.e. 83.3% told that local and understandable language should be used to give information about patient condition to patient and their families. About 86.6% of patient told that patient's information should be given to them and their families before treatment and any procedure. Regarding reporting site for violation of patient's right, 76.6% told that its hospital and local administration.

A similar result is shown by a study conducted by Al-Rebdi et al. in 2021, to identify the level of awareness of patients right and to identify their source of information among patients at the National Guard Hospital in Riyadh, Saudi Arabia and the finding of the study showed that 70% of patients told that patient's right is the have privacy and confidentiality during examination, procedures and whole treatment and 60% told that patients right is to help patients in treatment.

Cent percent of patient told that patients can ask for compassionate health care service by showing respect, care and attention from health care professionals during treatment.

Cent percent of patient told that patient should receive health care through hygienic and peaceful environment. About 75% of patients told that they should receive health service without discrimination from health worker based on their age, sex and economic status. About 68% of patient told that they should ask their information in verbal and written form. Majority of patients i.e. 60% told that patient have a right to access medical records regarding their treatment and procedure.

Half of the patients i.e. 55% told that in case of violating patient right health worker or hospital administration can had a jail up to 6 month and penalty of 3,00,000. About 80% of patients told that they have a right to ask care giver for clarification of the caregiver's instructions regarding their care and support. Majority of patients i.e. 60% told that they have right to receive a copy of report at the time of discharge. About 48.3% of patient told that, when we talk about patient right it includes people who have been formally admitted to a hospital. About 55% of patients told that, right to access means patients can view and get copies of their records, whenever they want.

A study conducted by Tabassum et al in 2019, with an objective to assess the lack of awareness of patient's rights among patients visiting hospitals in Lahore, Pakistan. The finding of the study showed that about 71% of patient told that they should ask their information in verbal and written form and about 63% of patients told that patient have a right to access medical records regarding their treatment and procedure. About 70% of patients told that patient right violation meaning failing to provide proper nursing services. About 90% of patients told that right to safety means be careful in safe environment and feel safe. About 85% told that right to information means access to all kind of information about treatment. About 50% of patients told that along with patient rights, patient have a responsibility to ask for more information if they don't understand something.

The finding of the study showed that 22% had good knowledge, 43.3% had average knowledge and 35% of patients had poor knowledge. A study done by Muhammad et al., in 2021 with objectives to assess the knowledge of hospitalized patients about their rights showed that 39% of patients had poor knowledge, 22% had good knowledge and 39% of patients had average knowledge regarding patients' right.

Conclusion

The following conclusions were drawn based on the findings of the study. This study shows that level of knowledge regarding patient right was 21.6% had good knowledge, 43.3% had average knowledge and 35% of patients had poor knowledge. Chi-square test was used to test the association between knowledge and their selected demographic variables (age, sex, educational status, occupation, source of information). None of the demographic variables were significantly associated. The level of knowledge about patients' right is average among patients. Thus, the

study concluded that there is a need of education programs among patients as well as among health workers, to help them learn and maintain the basic norms of patient's right.

Recommendation

Based on the research conducted, it is recommended that there is need to create enough knowledge towards patient's right.

- A similar study can be conducted on other hospital settings as meet.
- Further comparative research study can be done to assess the knowledge towards patients' right among patients.
- Further studies can be conducted which cover the wide and further depth knowledge of patients right.

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