KNOWLEDGE, ATTITUDE AND PRACTICE OF COMBINED ORAL CONTRACEPTIVES (COCS) AMONG MYANMAR MIGRANT MARRIED WOMEN OF REPRODUCTIVE AGE AT RANONG PROVINCE IN THAILAND

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ABSTRACT: Myanmar migrant population is dramatically increasing in Thailand since 2000. In this migrant population, women take large proportion. The increase in contraceptive practice reflects the growing desire of couples to have birth spacing and limit their family size. In recent decades, enormous strides have been made in the development of safer and more effective contraceptives, and in the provision of affordable and accessible family planning services. In this cross sectional study, the emphasis is on the combined oral contraceptives because combined oral contraceptives method is the most popular method among the modern contraceptives methods and second most common methods of choice among Myanmar migrant women in Ranong. This study was to determine the knowledge, attitude and practice of combined oral contraceptive usage among Myanmar migrant married women of reproductive age at Ranong province in Thailand. The data was collected in Muang District in Ranong Province in February, 2010. 300 Myanmar migrant married women of reproductive age were asked by using structured questionnaire. This study resulted that the practice of combined oral contraceptives (COCs) usage was 50.4 % and the most common reasons why they preferred COCs were recommendation of friends and family planning workers. Nearly half of the respondents got COCs from drug stores. Over half of them had low level of knowledge while a few had high level of knowledge of COCs. 68.6 % of the respondents in this study had moderate attitude towards COCs. The practice of COCs among Myanmar migrant women was related with attitude towards COCs, age, occupation, number of living children, duration of stay in Thailand and distance away from the sources of COCs.

Key words: combined oral contraceptives/ knowledge/ attitude/ practice/ Myanmar migrant women/ Thailand

INTRODUCTION: The pattern of fertility decline in the next decades is critical in shaping the ultimate size of the world population. A significant increase in contraceptive prevalence is an important factor in fertility decline[1]. Contraception is an integral part of reproductive health and contraceptive use is an important determinant of the level of fertility. The increase in contraceptive practice reflects the growing desire of couples to have birth spacing and limit their family size[2].

In recent decades, enormous strides have been made in the development of safer and more effective contraceptives, and in the provision of affordable and accessible family planning services. Myanmar Migrant population is dramatically increasing in Thailand since 2000. In this migrant population, women take large proportion. Generally, migrant population as a whole is vulnerable group of engaging risky behaviors. Most of them live under stressful conditions such as poor housing, poor working conditions, and absence of welfare benefits. Moreover, many migrant people cannot have access to the primary health care, antenatal care or family planning services[3]. The leading cause of maternal mortality is abortion which is illegal in Myanmar and 50 per cent of maternal death and 20 per cent of hospital admission resulting from complications of unsafe

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abortion[4]. This suggests to the lack of acceptable long-term methods of contraception. The main constraints are lack of information about reproductive health, limited resources and social and cultural barriers.

Ranong Province is located on the southwest coast of Thailand adjacent to the southern Burmese town of Kawthaung, Myanmar. The population of Ranong is 170,000 and the number of migrants varies from 40,000 to 100,000 depending on the economy. The MOPH reported that it was unable to reach the migrants because too few are insured and its overall budget is inadequate[5].

Some studies have been done on reproductive health of Myanmar migrant women in provinces such as Tak, Ranong, Samut Sakorn and Kanchanaburi, and migrant camp areas in Thailand-Myanmar border, but still little has known details about combined oral contraceptive usage among Myanmar migrant women in Ranong province in recent years. Therefore, the knowledge, attitude and practice of combined oral contraceptives usage among Myanmar married migrants of reproductive age at Ranong province in Thailand is conducted for my research to determine the current situations concerning reproductive health in Thai- Myanmar border area.

MATERIALS AND METHODS: For collecting the sample, simple random sampling method was used to interview 300 Myanmar married migrant women of reproductive age (15- 49 years) who currently or ever used COCs residing at Paknam and Bangrain, Muang District, Ranong Province, Thailand due to the difficulty of producing a sampling frame as this population contains a mixture of both registered and unregistered migrants not being stable residents and not much information of the study population are available. The data was collected in Muang District in Ranong Province in February, 2010 by face to face interviews by using structured questionnaire translated into Myanmar language.

RESULTS: This study resulted that the practice of combined oral contraceptives usage was 50.4 % among Myanmar migrant married women of reproductive age in Muang District, Ranong Province while 49.6 % of the respondents did not have practice to meet the criteria of practice of COCs who used COCs within last six months until the time of interviews without interrupted. (Table 1)

Table 1: Practice of COCs (n= 280)

	N	%
Practice of COCs	141	50.4 %
Not practice	139	49.6 %
Total	280	100 %

The most common reasons of why they preferred COCs were recommendation of friends and family planning workers. The fact why the respondents, who had ever been used COCs in her life time, did not use COCs currently was one of the interested part of this study. Most of these women gave the reason of that they want more children and the second most common reason was that they had suffered side effects of COCs. The other reasons were due to usage of other contraceptive methods, sterilization and most of them forget to take the pills regularly which lead to the discontinuation and afraid to be pregnant. Regarding practicing COCs, more than half of them made the decision herself for using COCs. Most of the respondents were satisfied with their information about COCs because mainly of friendly caring informers and effective information. A few of them were not satisfied because mainly of ineffective information. In terms of accessibility, 45.4 % of the respondent got COCs from drug stores. 98.9 % of women could afford combined oral contraceptives and 88.9 % of them also satisfied with the service they got.

In terms of knowledge towards COCs, 53.2 % of them had low level of knowledge (< 60% of total score), 40.4% were moderate level (between 80% to 60% of total score) and 6.4 % had high level of knowledge (≥ 80%of total score) of COCs. The women with high knowledge of combined oral contraceptives were too little although 62.9 % of them were current COCs users and all of them had been used COCs in their life time. For attitude towards COCs, 68.6 % of the respondents in this study had moderate attitude towards COCs (between Mean+SD and Mean-SD). 19.3 % had positive attitude (≥ Mean+SD) and 12.1 % had negative attitude (≤ Mean-SD) towards COCs respectively (Table 2).

Table 2: Knowledge and attitude of COCs

Levels	N	%
Knowledge		
Low knowledge	149	53.2
Moderate knowledge	113	40.4
High knowledge	18	6.4
Total	280	100
Attitude		
Positive attitude	54	19.3
Moderate attitude	192	68.6
Negative attitude	34	12.1
Mean ± SD	1.93 ± .557	

The practice of COCs had significantly relationship with age, occupation, number of living children and distance away from the sources to get COCs. Knowledge of COCs was not related with the practice of COCs although attitude towards COCs had relationship with the practice of COCs significantly (Table 3).

DISCUSSION: This study was hoped to provide base line information specific to combined oral contraceptive usage among Myanmar migrant women to health authorities for further promoting contraceptive usage and family planning knowledge to Myanmar migrant women.

This study showed that practice of combined oral contraceptives usage was 50.4% among Myanmar migrant married women who used COCs within last six months until the time of interview without interrupted. It might be due to the success of family planning program of the World Vision Clinic, Ranong. They provided COCs at low cost and free of charge for their catchment area of the study site.

Age of migrant women showed relationship with combined oral contraceptive use. It was found that the older the age group, the lesser the tendency to use the COCs. This was probably because the older age group had been sterilization or used other methods of contraceptives. The percentage of combined oral contraceptive use was higher among workers than housewives. This might went to the fact that working women wanted to control their fertility than housewives as their main goal staying here was to earn money and provide the parents and families back in home country. There was relationship between number of living children and practice of COCs.

Table3: Relationship between socio-demographic, external factors and practice of COCs

	Practice of COCs		Total	P- value
	Practice N %	Not practice N%		
Age group				.006
15-19 yrs	20(50.0)	20.5(50.0)	40(100)	
20-29 yrs	78(54.9)	64(45.1)	142(100)	
30- 39 yrs	41(51.2)	39(48.8)	80(100)	
40- 49 yrs	2(11.1)	16(88.9)	18(100)	
Occupation				.011
Workers	108(55.7)	86(44.3)	194(100)	
Housewife	33(38.4)	53(61.6)	86(100)	
No. of living children				.005
0	21(34.4)	40(65.6)	61(100)	
1	55(53.4)	48(46.6)	103(100)	
2	45(64.3)	25(35.7)	70(100)	
>3	20(43.5)	26(56.6)	46(100)	
Distance				<.001
Too far	3(14.3)	18(85.7)	21(100)	
Not too near	92(47.9)	100(52.1)	192(100)	
Near	46(68.7)	21(31.3)	67(100)	
Attitude				.009
Positive	22(40.7)	32(59.3)	54(100)	
Moderate	94(49.0)	95(51.0)	192(100)	
Negative	25(73.5)	9(26.5)	34(100)	

The direction of the relationship between increase number of children and decrease use of contraceptives might be due to the fact that the women with more children might have no interest in using COCs because their goal was large family.

The practice of COCs was influenced by the distance away from the sources of COCs.68.7% of respondents who live near the sources had practice of COCs while only 14.3 % of women who live too far away from the COCs sources had practice of combined oral contraceptives.

Most of the women were in moderate level of attitude. The percentage of practice of COCs who had negative attitude was higher than percentages of positive and moderate attitude. This result was so strange that the underlying causes were not well understood for the reversed relationship of this finding. This was probably due to the fact that migrant women did not have many choices in choosing methods as they had to rely on the methods provided to them from clinics and NGO whatever they had positive or negative attitude. The main proportion of women was classified into low knowledge. It might be assumed that most of the respondents had limited or inaccurate information about COCs. Information and IEC materials emphasized on combined oral contraceptives were needed to introduce to its users.

Concerning the need of the respondents towards family planning and contraception, the respondents reported that they need for provision of family planning clinics and more information on family planning. Almost all of the respondents were depending on the services of World Vision Clinic, Ranong where they could communicate freely in Myanmar language, therefore, strengthening the existing health infrastructure and manpower to meet the special needs of this specific population should be considered.

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