

CONTRACEPTION USAGE AMONG MARRIED WOMEN IN MANDALAY, MYANMAR

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ABSTRACT: The objective of this study was to determine contraceptive usage and its association with socio-demographic factors, knowledge about contraception, attitudes towards contraception among 358 married women of reproductive age in Mandalay, Myanmar. The data of this face to face interview study was analyzed by chi-square test to understand the association between independent factors and current contraception usage. The study revealed that 43% of the women in Mandalay were 25 to 34 years of age. About 45% reported being married for more than ten years; more than half had 1 to 2 children and were housewives. Almost all of them were Buddhist. The prevalence of contraceptive use among married women in Mandalay was 53.4%. The most commonly used methods were oral pills and injectables. The common reasons for not currently using contraceptives were being afraid of side effects, wanting to get pregnant, health reasons and husband objecting. Most of the women heard of contraceptive methods and half of them correctly answered 50-70% of the knowledge questions. The results of this study found that there were significant differences between age, marital duration, number of living children, knowledge about contraceptive methods, attitude towards contraception and current contraception usage.

Keywords: usage of contraception, married women, family planning, Mandalay

INTRODUCTION

Total population in Myanmar is 58.38 millions in 2008-2009. The population growth rate is 1.52 percent. More than 60 percent of the total population is women. 89 percent of the population is Buddhist [1]. According to the Myanmar Fertility Survey (2001), the contraceptive prevalence rate was 37 percent of all methods. Comparing with neighboring countries in Asia, the prevalence of modern contraceptives methods for Myanmar is relatively lower than the other countries [2]. Mandalay is the second-largest city of Myanmar and it has a population of one million. There is only one study which assessed the knowledge, attitude and practice of contraceptive usage among married women in Mandalay and it is hospital-based study [3]. So, a community-based study needs to be undertaken among married women residing in Mandalay, Myanmar in order to provide the base line information of contraceptive usage among married women to local health authorities for further promoting contraceptive usage and family planning knowledge to married women.

METHODS

A cross sectional study design with quantitative approach was used. Data was collected by face to face interviews using interviewer-administered questionnaires. Study subjects were married women of reproductive age who were neither pregnant nor menopause during the time of interview. There are 7 townships in Mandalay. Among seven townships,

two townships (Chan Aye Thar Zan and Pyi Gyi Da Gun Townships) were selected randomly. Only married women were listed from the lists of women of reproductive age with the help of midwives for each township. And from each township, 179 married women were selected by using simple random sampling method from the sampling frame of the above list. A total of 358 married women of reproductive age in Mandalay, Myanmar were included. SPSS software was used for data analysis. Data analyses utilized is standard descriptive statistics and chi-square analyses.

RESULTS

The study revealed that the prevalence of contraceptive use among married women in Mandalay was 53.4%. The most common contraceptive method was oral pills (35.6%) followed by injection (35.1%), IUD (13.6%), female sterilization (9.4%), male condoms (2.1%), implants (1%) and male sterilization (3.1%). The common reasons for not using contraceptives currently among the respondents were afraid of side effects, want to get pregnant, health reasons such as being old and their perception of could not get pregnant and husband objects.

There was significant difference between age and contraception use with p-value = 0.001. Most of the women were Buddhist and only few of them were Muslim, Hindu and Christian. There were no significant association between religion, education, occupation, monthly family income and current contraception usage. The number of living children and marital duration are important factors which can influence contraceptive usage. This study found

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Table 1 Relationship between socio-demographic characteristics and current usage of contraception (n = 358)

Variables	Current Use N (%)	Non-use N (%)	χ^2	p-value
Age				
≤ 29	81 (42.41)	51 (30.54)	13.203	0.001
30 - 39	82 (42.93)	66 (39.52)		
40 - 49	28 (14.66)	50 (29.94)		
Total	191 (100)	167 (100)		
Religion				
Buddhist	184 (96.34)	157 (94.01)	1.063	0.303
Muslim + Christian + Hindu	7 (3.66)	10 (5.99)		
Total	191 (100)	167 (100)		
Education				
Illiterate + Read and write	24 (12.57)	20 (11.97)	0.821	0.844
Primary school	42 (21.99)	34 (20.36)		
Middle school	65 (34.03)	53 (31.74)		
High school + higher education	60 (31.41)	60 (35.93)		
Total	191 (100)	167 (100)		
Occupation				
Housewives	108 (56.54)	91 (54.5)	0.152	0.696
Working women	83 (43.46)	76 (45.5)		
Total	191 (100)	167 (100)		
Monthly family income (Kyat)				
≤ 50000	26 (13.62)	27 (16.17)	1.826	0.609
50001-100000	82 (42.93)	62 (37.13)		
100001-200000	51 (26.7)	52 (31.14)		
>200000	32 (16.75)	26 (15.56)		
Number of living children				
0	16 (8.37)	25 (14.97)	11.417	0.01
1 - 2	120 (62.83)	84 (50.30)		
3 - 4	50 (26.18)	44 (26.35)		
≥ 5	5 (2.62)	14 (8.38)		
Total	191 (100)	167 (100)		
Marital duration				
≤ 5 years	60 (31.41)	51 (30.54)	13.725	0.001
6 - 10 years	60 (31.41)	27 (16.17)		
> 10 years	71 (37.18)	89 (53.29)		
Total	191 (100)	167 (100)		

Significant association at $p \leq 0.05$

Table 2 Relationship between total knowledge score, attitude level of respondents and current usage of contraception (n = 358)

Variables	Current Use N (%)	Non-use N (%)	χ^2	p-value
Knowledge level				
Less than 50%	32 (16.75)	48 (28.75)	8.548	0.014
50-70%	108 (56.54)	88 (52.69)		
More than 70%	51 (26.71)	31 (18.56)		
Attitude level				
Poor attitude	16 (8.38)	29 (17.37)	7.901	0.019
Moderate attitude	138 (72.25)	116 (69.46)		
Good attitude	37 (19.37)	22 (13.17)		

Significant association at $p \leq 0.05$

that there were significant association between number of living children, duration of marriage and current contraceptive use (p-value = 0.01 and 0.001). (Table 1)

Regarding the knowledge level of the respondents using contraception, it indicated noticeably that women who got 50-70% of total score and more than 70% of total score participated in more practicing contraception (56.5% and 26.7% respectively) than those who got less than 50% of total score (16.7%) with p-value 0.014. Moreover, there was significant association between the attitude towards contraception and current contraceptive usage with p-value = 0.019. (Table 2)

DISCUSSION

Contraceptive prevalence rate among Myanmar married women of reproductive age residing in Mandalay, Myanmar was 53.4 percent. It was noted that the practice of contraception was increased as compared with Myanmar fertility and reproductive health survey in 2001 in which contraceptive prevalence rate was 37% [2]. In terms of contraceptive methods used, the most common contraceptive method was oral pill (35.6%) followed by injection (35.1%), IUD (13.6%), female sterilization (9.4%), male condoms (2.1%), Norplant implants (1%) and male sterilization (3.1%). This finding was compatible with the study done on the contraceptive use of the married couples in Yangon, Myanmar in which the most common method was oral pill followed by injection and IUD [4]. There was a significant difference between age and contraception use with p-value = 0.001. This finding is consistent with the study done in Ethiopia [5]. The result revealed that there is significant association between duration of marriage and contraceptive use with p-value = 0.001. This is consistent with the study conducted among Myanmar migrant married women in Phang-Nga Province in Thailand [6]. This study found that there was significant difference between number of living children and contraceptive use (p-value = 0.01). This is compatible with the study done among married women in Indonesia [7]. There was significant difference between total knowledge score of contraception and current contraception usage (p-value = 0.014). This is compatible with the study done in Nepal [8] and also the study conducted in Bangladesh [9]. The attitude towards contraception is one of the most important determinants of practicing contraception. There was significant association with the attitude towards contraception and usage of contraception with p-value = 0.019. However, this finding is controversy with the study done among Myanmar migrant women in Samut Sakorn Province in Thailand in which there was no significant association between current usage of contraception and level of attitude [10].

RECOMMENDATION

The usage of male condoms and implants were significantly low as compared to other contraceptive methods. Provision and giving health education about usage, effect and benefit of the implants should be given to increase the use of implants. The low use of condom may be due to their attitude towards contraception including their husbands' objection. Therefore, condom promotion should be done for every married couple including the explanation of benefits of condom.

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