CHAPTER IV

RESULTS

This chapter includes the result of the study and is divided into 6 parts. The first part includes the socio-demographic characteristics of Myanmar migrant women in Takuapa District and Kuraburi District in Phang Nga Province. Second part determines the practice of contraception, the third part provides the descriptive findings of knowledge towards contraception, the fourth part provides the descriptive findings of respondents' attitude towards contraception, and the firth part describes the accessibility to the services among Myanmar migrant women. Finally, the relationship between socio-demographic characteristics, knowledge about contraception, attitude towards contraception, accessibility to the services and utilization of contraception is determined.

Total number of subjects in this study was 326. The participants in this study were Myanmar migrant women of reproductive age between 15 -49 years who are residing in Takuapa District and Kuraburi District in Phang Nga Province. Table 1 shows that the number and percentage of respondents in each District. 64.1% of respondents were from Takuapa District and the remaining 35.9% were from Kuraburi District.

Table1: Distribution of respondents by places of study

Places of study	Number	Percentage
Takuapa District	209	64.1
Kuraburi District	117	35.9
Total	326	100

4.1 Socio-demographic characteristics of Myanmar migrant women

This part shows frequency distribution of selected variables describing background characteristics of the respondents. Table 2 reveals that socio-demographic characteristics such as age, marital status, marital duration, religion, education, occupation, total family income per month, duration of stay in Thailand, migrant status in Thailand, number of living children and Thai language skill.

Age

Regarding age, all respondents were in reproductive age ranged from 15 to 49 years which is one of the selection criteria. The mean age was 29.75 and SD was 8.172. The majority of respondents (78.7%) were in the age group from 20 to 39 years. Only few of them were in the age group 15-19 years and 40-49 years with 8.9% and 15% respectively.

Marital status

Among the respondents, majority of the women were married (91.1%), 6.4% were single, 1.2% were widowed, 0.9% was separated and 0.3% was divorced. Moreover, among the women who are currently married and ever been married,

81.6% married culturally without having wedding certificate. 8.9% of them married officially having wedding certificate and 9.5% married both officially and culturally.

Marital duration

Among currently married and ever married women, duration of marriage ranged from 3 months to 29 years. The mean marital duration was 9.689 and SD was 7.688. 38.7% have been married for ≤5 years. 37.7% have been married for >10 years and the remaining 23.6% were between 6 to 10 years of marital duration.

Religion

Almost all of the respondents (99.1%) proclaimed Buddhism as their religion. Only few of them, 0.3% was Muslim and 0.6% was Christian.

Education

For educational attainment, majority of respondents (55.8%) finished primary education and 27.6% finished secondary education. 9.5% and 3.1% of the respondents completed high school level and higher education respectively while 4% of them never go to school.

Occupation

Almost half of the women surveyed (45.4%) were housewives. 18.4% were rubber plantation workers and 10.4% were construction workers. 6.1% of the women were engaged in seafood processing such as peeling of the shrimps and fishes and 4.3% were general workers. The remaining 15.3% were teachers, shopkeepers, housemaids, working in gardens, hotels and in NGOs.

Monthly family income (Baht)

The level of economic status of the respondents had been assessed on the basic of monthly total family income. Total monthly family income ranged from 800 Baht

to 20000 Baht. As they were working as laborer in various sectors, 42% and 27.9% of the women had monthly family income of 2001-4000 Baht and 4001-6000 Baht respectively. 6.7% had monthly family income ≤ 2000, 12% had family income more than 6001-8000 Baht, 11.3% had ≥ 8001 Baht per month.

Duration of stay in Thailand

Length of stay in Thailand varied from 6 months which is one of the selection criteria to maximum 34 years. Mean duration of stay was 4.193 and SD was 4.106. Half of the respondents (51.8%) were residing for 1 to 3 years. 21.5% of the women surveyed were residing for 4 to 7 years and the remaining 18.1% were residing for 8 years and above. Few of them (8.6%) were residing less than 1 year.

Migrant status in Thailand

Majority of Myanmar migrant women in this study were unregistered and it comprises 67.2%. The remaining one third was residing as registered migrant workers.

Thai language skill

For Thai language skill, 58% of Myanmar migrant women in this study can communicate basically and 34.7% of them can not communicate at all. The rest of respondents were fluent in Thai language but only 1.5% can read and write Thai language.

Number of living children

The number of living children varied from 0 to 9 children among respondents who were currently married and ever married. Mean number is 1.84 and 21% of them had no children, 29.8% had 1 child, 21.6% had 2 children, 11.8% had 3 children and

9.8% of women had 4 children. The remainder which was 5.9% had at least 5 children.

Table 2: Socio-demographic characteristics of the respondents

Variables	Frequency	Percentage
Age (n = 326)		
15 -19	29	8.9
20 - 24	64	19.6
25 - 29	89	27.3
30 - 34	46	14.1
35 - 39	49	15.0
40 - 44	28	8.6
45 - 49	21	6.4
Mean = 29.75, SD = 8.172		
Range = 15 – 49		
Marital status (n = 326)		
Married	297	91.1
Separated	3	0.9
Divorced	1	0.3
Single	21	6.4
Widowed	4	1.2
Marital status 2 (n=305)		
Culturally marriage	249	81.6
Officially marriage	27	8.9
Both officially and culturally marriage	29	9.5
Marital duration (n=305)		
≤5 years	118	38.7
6 - 10 years	72	23.6
> 10 years	115	37.7
Range = 3 months – 29 years		
Mean = 9.689, SD = 7.688		
Religion (n = 326)		
Buddhist	323	99.1
Muslim	1	0.3
Christian	2	0.6

Table 2: (Continued) Socio-demographic characteristics of the respondents

Variables	Frequency	Percentage
Education (n = 326)		
never go to school	13	4.0
primary education	182	55.8
secondary education	90	27.6
high school level	31	9.5
higher education	10	3.1
Occupation (n = 326)		
housewife	148	45.4
rubber plantation worker	60	18.4
general worker	14	4.3
fishery worker	20	6.1
construction worker	34	10.4
Others	50	15.3
Monthly family income (Baht) (n = 326)		
≤ 2000	22	6.7
2001 - 4000	137	42.0
4001 - 6000	91	27.9
6001 - 8000	39	12.0
≥ 8001	37	11.3
Range = 800 – 20000 Baht		
Mean = 5270.86, SD = 2900.872		
Duration of stay in Thailand (n = 326)		
< 1 year	28	8.6
1-3 years	169	51.8
4 -7 years	70	21.5
8-10 years	39	12.0
> 10 years	20	6.1
Range = 6 months – 34 years		
Mean = 4.193, SD = 4.106		
Migrant status in Thailand (n = 326)		
Registered	107	32.8
Unregistered	219	67.2
Number of living children (n=305)		
0	64	21.0
1	91	29.8
2	66	21.6
3	36	11.8
4	30	9.8
≥5	18	5.9
Mean = 1.84, SD = 1.653, Range = 0 – 9		

Table 2: (Continued) Socio-demographic characteristics of the respondents

Variables	Frequency	Percentage
Thai language skill (n = 326)		
Can not communicate at all	113	34.7
Can communicate basically	189	58.0
Can speak Thai language fluently but can not read and write	19	5.8
Fluently in Thai language	5	1.5

Respondents' fertility background

Respondents' fertility background was determined in table 3. Among the women who were currently married and ever married, 83% had experienced of pregnancy but 17% had never been pregnant. 26.6% of them had pregnant only once and the remaining 56.4% had pregnant at least two times. Majority of them (75.4%) had no experience of abortion and 19% had experienced abortion one time. The remaining 5.6 had experienced at least two times abortion. Moreover, 85.6% had never experienced of child death and 14.4% had experienced child death at least one time.

Table 3: Respondents' fertility background (n=305)

	Frequency	Percentage
History of pregnancy		
Yes	253	83.0
No	52	17.0
Number of pregnancy		
0	52	17.0
1	81	26.6
2	64	21.0
3	32	10.5
≥4	76	24.9
Number of abortion		
0	230	75.4
1	58	19.0
≥ 2	17	5.6
Number of child death		
0	261	85.6
1	30	9.8
≥ 2	14	4.6

4.2 Practice of contraception

Contraceptive prevalence rate in this study was measured by the percentage of women in reproductive age of 15 – 49 years using contraceptive methods either by herself or her husband. The practice of contraception among Myanmar migrant women in Takuapa District and Kuraburi District in Phang Nga Province was shown in table 4. The contraceptive prevalence rate among Myanmar migrant women surveyed was 73.3% and the rest was not using any form of contraception at the time of survey. 12.3% of the respondents had ever used of contraceptive methods and 14.4% had never used of contraception throughout their lifetime. Among married women in this study, 80.1% were using contraception currently.

Table 4: Contraceptive practice among respondents (n=326)

Contraceptive practice	Frequency	Percentage
Current use	239	73.3
Ever used	40	12.3
Never used	47	14.4
Current users among married women (n = 297)	238	80.1

Table 5 reveals the contraceptive methods used currently among current users. Among the 239 women who were using contraception currently, injectables and oral pill account for large proportion, 46.4% and 39.7% respectively. 8.4% of respondents used female sterilization and male condom was also used by 1.7% of the respondents' husband. Other methods such as Norplant implants, male sterilization and traditional methods were used to some extent with 0.8%, 0.8% and 2.1% respectively.

Table 5: Contraceptive method used currently (n=239)

Methods	Frequency	Percentage
Injectables	111	46.4
Oral pill	95	39.7
Female sterilization	20	8.4
Traditional methods	5	2.1
Male condoms	4	1.7
Norplant implants	2	0.8
Male sterilization	2	0.8

The reasons for choosing current methods among current users were shown in table 6. All the respondents were allowed to answer more than one reason for choosing current method that they were using. The main reason among these women was easily available which comprised 25.1%. The other reasons which were answered frequently were side effects of other methods (21.8%), convenience to use (19.7%), husband preferred (18.4%) and recommendation of family planning worker (18%).

Among the married women, most of the women preferred to use injection and oral pill. However, the women who had 2 or more children used sterilization more than the women having no or 1 child. The percentage of using sterilization was increased with increasing number of children. (Table 6)

Table 6: Used of contraceptive methods by number of living children (n=239)

No. of child	Methods N (%)						
	Injectables	Oral pill	Male condom	Norplant implants	Female sterilization	Male sterilization	Traditional methods
0	16(39.0)	24(58.5)	0(0)	0(0)	0(0)	0(0)	1(2.4%)
1	44(53.7)	32(39.0)	2(2.4)	1(1.2)	0(0)	1(1.2)	2(2.4)
2	23(43.4)	21(39.6)	2(3.8)	1(1.9)	5(9.4)	0(0)	1(1.9)
3	17(58.6)	8(27.6)	0(0)	0(0)	4(13.8)	0(0)	0(0)
4	5(22.7)	8(36.4)	0(0)	0(0)	7(31.8)	1(4.5)	1(4.5)
≥5	6(50)	2(16.7)	0(0)	0(0)	4(33.3)	0(0)	0(0)

Table 7: Reasons for method preference among current users (n=239)

Reasons	Frequency	Percentage
Easily available	60	25.1
Side effects of other methods	52	21.8
Convenience to use	47	19.7
Husband preferred	44	18.4
Recommendation of family planning worker	43	18.0
Recommendation of friends/relatives	27	11.3
Cheap	14	5.9
Others	18	7.5

Multiple responses allowed

Table 8 shows the contraceptive methods which were ever used among women who ever used of contraception. This study allowed respondents to reply more than one contraceptive method ever used. Similarly to currently using method of choice; injectables were the most frequently used method by 77.5% of ever users. 40% of ever users used oral pill and only 2.5% used condom.

Table 8: Contraceptive method ever used (n=40)

Methods	Frequency	Percentage
Injectables	31	77.5
Oral pill	16	40.0
Male condom	1	2.5

Multiple responses allowed

Among the respondents who ever used contraception, 37.5% did not use contraception as they desired for more children. 20% did not used because of their health and 7.5% replied that they feared of side effects. The same proportion of 2.5% of ever users did not use currently because of unavailable service, economic condition

and their husband objects. 5% of ever users did not use currently as their husband away. The remaining 22.5% of the ever users replied the other reasons such as being old and their perception of could not get pregnant. (Table 9)

Table 9: Reasons for not currently using among ever users (n = 40)

Reasons	Frequency	Percentage
Want more children	15	37.5
Health reasons	8	20.0
Fear side effects	3	7.5
Husband away	2	5.0
Economic condition	1	2.5
Service unavailable	1	2.5
Husband objects	1	2.5
Others	9	22.5

Table 10 reveals the reasons for ever used of contraception among ever users in which half of them ever used of contraception because of economic condition and 45% had used as they did not want more children. The remaining 5% had used for their health reasons.

Table 10: Reasons for ever used of contraception among ever users (n=40)

Reasons	Frequency	Percentage
Economic condition	20	50.0
Want no more children	18	45.0
Health reasons	2	5.0

Inter-spousal communication about family planning is main mediating variable that can enhance the decision making of women using contraception. Among

the respondents who were married or ever married, 91.8% discussed family planning with their husband and the remaining 8.2% never discussed. (Table 11)

Table 11: Discuss about family planning with husband/partner (n=305)

Discussion with husband/partner	Frequency	Percentage
Yes	280	91.8
No	25	8.2

With regard to the decision making for using contraception, 59.1% of the respondents who were current users and ever users decided by both partner for using of contraception. Among them, 28.7% decided by the respondents herself and 10.4% decided by the respondents' husband/partner. A small proportion of 1.8% got the decision from other people such as friends and relatives. (Table 12)

Table 12: Decision making for using contraceptive method among current users and ever users (n = 279)

Decision maker	Frequency	Percentage
Both partner	165	59.1
Herself	80	28.7
Husband/Partner	29	10.4
Others	5	1.8

4.3 Knowledge about contraception methods and use

A series of questions was asked to explore the respondents' knowledge about contraceptive methods. Firstly, all women were asked whether or not they had heard of contraceptive methods. For those who knew, they were further asked they had heard of each type of contraceptive methods. In second part, the respondents were

asked about efficacy, effectiveness and side effects of each type of contraception. Lastly, all the respondents were asked about the source of information.

Table 13 shows that number and percentage of Myanmar migrant women who had heard of contraception methods to prevent or delay pregnancy. Among the respondents, 99.7% of the women surveyed had heard of contraception but 0.3% had never heard of contraception to prevent pregnancy.

Table 13: Number and percentage of Myanmar migrant women who had heard of contraception (n = 326)

Heard of contraception	Frequency	Percentage
Yes	325	99.7
No	1	0.3

The number and percentage of respondents who had heard of each contraceptive method was shown in table 14. Among the contraception methods, oral pill and injection were known frequently by majority of the respondents, with 99.1% and 98.8% respectively. Although female sterilization is given with permission and male sterilization is not legal in Myanmar, 97.2% of the women had heard of female sterilization and 85% had heard of male sterilization. Moreover, 89.3% of the respondents had heard of male condom, 74.8% had heard of Norplant implants, 64.7% had heard of traditional methods and 60.4% had heard of IUD. Not surprisingly, female condom has not been used commonly in Myanmar; it was the least well known method (44.5%).

Table 14: Number and percentage of Myanmar migrant women heard of contraceptive method (n = 326)

Method	Frequency	Percentage
Oral pill	323	99.1
Injectables	322	98.8
Female sterilization	317	97.2
Male condom	291	89.3
Male sterilization	277	85.0
Norplant implants	244	74.8
Traditional methods	211	64.7
IUD	197	60.4
Female condom	145	44.5

The knowledge about contraceptive methods consisted of 18 questions and the score was 1 for correct answer and 0 for incorrect or not sure answer. Knowledge score was categorized as high, moderate and low level. If the total score of the knowledge was more than 80% (>14.4), the person was noted as having high knowledge. Between 60% and 80% of total score (14.4 – 10.8) was noted as moderate knowledge and less than 60% (<10.8) of the total score was noted as low knowledge. The knowledge score ranged from 0 to 17.

Table 15 reveals that the number and percentage of Myanmar migrant women who answered correctly to each question concerning effectiveness and side effects of contraceptive methods. Among the respondents, 14.4% could answer correctly the statement that vomiting is the side effect of contraceptive injection. 16.6% answered correctly the side effect of male sterilization; male sterilization can reduce sexual desire and it can cause weakness to men. The statement towards side effect of oral pill

(oral pill gives more chance to have cervical cancer) was answered correctly by 20.6% of the respondents. 23% of the women answered correctly the statement that injection can cause cessation of breast milk. 36.8% of women answered correctly the statement that IUD method can protect against sexually transmitted diseases (STDs) including HIV/AIDS. 38% of them could give the right answer that women can not get pregnancy when they have intercourse 7 days before and 7 days after their menstrual period. 44.5% answered correctly that using oral contraceptive pill can protect against sexually transmitted diseases (STDs) including HIV/AIDS. 49.4% of the respondents stated correctly that if having IUD more than 3 years will cause cervical cancer. The rest of the questions were answered correctly by more than 50% of the respondents.

Table 15: Number and percentage of Myanmar migrant women who answered correctly to each question (n = 326)

No	Statement	Frequency of respondents answered correctly	Percentage
1	Women can have a loop or coil (IUD) placed inside them to prevent pregnancy by doctor or nurse.	199	61.0
2 *	IUD method can protect against sexually transmitted diseases (STDs) including HIV/AIDS.	120	36.8
3	If having IUD more than 3 years will cause cervical cancer.	161	49.4
4	Women who take oral contraceptive (pill) should take a pill everyday to avoid becoming pregnant.	311	95.4
5	Oral pill can cause dizziness and nausea.	269	82.5
6 *	Using oral contraceptive pill can protect against sexually transmitted diseases (STDs) including HIV/AIDS.	145	44.5
7 *	Oral pill gives more chance to have cervical cancer.	67	20.6
8	Depo injection should be taken once in 3 months to prevent pregnancy.	309	94.8
9 *	Injection can cause cessation of breast milk.	75	23.0
10*	Vomiting is the side effect of contraceptive injection.	47	14.4
11	Women can have children again by stopping to take pill or injection.	305	93.6
12	If the women do not want the children anymore, sterilization should be used.	298	91.4
13	Using condom (male) properly can prevent the women becoming pregnant.	260	79.8
14	Using condom properly can prevent from sexually transmitted diseases (STDs) including HIV/AIDS	267	81.9
15	Condom can break during using.	234	71.8
16 *	Male sterilization can reduce sexual desire and it can cause weakness to men.	52	16.0
17	Women can not get pregnancy when they have intercourse 7 days before and 7 days after their menstrual period.	124	38.0
18	Using contraceptives can reduce unwanted pregnancy and unintended pregnancy.	259	79.4

* Negative statement.

Refers to Table 16, all the questions are grouped as over all benefit of contraception and each contraceptive method concerning use, side effects. Table 15

shows that the number and percentage of Myanmar migrant women who could answer all questions correctly for each contraceptive method. Among the respondents, 79.4% had the knowledge about benefit of contraception. Although the condom was not frequently used among Myanmar migrant women, 61.3% had knowledge about condoms. The proportion of 38% of respondents had knowledge about traditional methods, 16.6% had knowledge about IUD and 15.3% had knowledge about sterilization. However injectables and oral pill were the most popular contraception among Myanmar migrant women, they had the least knowledge about these two methods. 12% of the respondents had knowledge about oral pill and only 3.7% had knowledge about injectables.

Table 16: Number and percentage of Myanmar migrant women answered correctly the questions of each contraceptive method (n = 326)

Knowledge	Frequency of respondents answered correctly	Percentage
Knowledge about benefit of contraception (Q-18)	259	79.4
Knowledge about condoms (Q- 13,14,15)	200	61.3
Knowledge about traditional method (Q- 17)	124	38.0
Knowledge about IUD (Q- 1,2,3)	54	16.6
Knowledge about Sterilization (Q- 12,16)	50	15.3
Knowledge about oral pill (Q- 4,5,6,7)	39	12.0
Knowledge about injectables (Q- 8,9,10,11)	12	3.7

Knowledge means the respondents can answer correctly all questions for each method

In order to summarize the knowledge towards contraception, level of knowledge towards contraceptive methods among Myanmar migrant women was shown in table 17. Half of the respondents, 50.9% had moderate knowledge and

41.4% had low knowledge. Only little percentage, 7.4% had high knowledge about contraceptive methods.

Table 17: Level of knowledge towards contraceptive methods among Myanmar migrant women (n = 326)

Level of knowledge	Frequency	Percentage
Low knowledge (<10.8)	136	41.7
Moderate knowledge (10.8 – 14.4)	166	50.9
High knowledge (>14.4)	24	7.4

For the knowledge of places to obtain information about contraceptive methods, respondents were allowed to answer more than one source for obtaining information towards contraception. Among them, 52.1% and 32.8% stated that health center and family planning clinics were the best places to obtain information respectively. 30.4% of respondents said that friends were the best to get knowledge about contraception and 15.6% chose home and family members as the best place. Drug store was chosen as the best place by 2.5% and TV, news was chosen by 8.6% of the women surveyed. The remainders stated that other places such as Myanmar heath worker, Burmese books concerning contraception and health training courses. (Table 18)

Table 18: Knowledge about places to obtain information about contraceptive methods by respondents (n = 326)

Places	Frequency	Percentage
Health center	170	52.1
Family planning clinics	107	32.8
Friends	99	30.4
Home, family member	51	15.6
TV, news	28	8.6
Drug store	8	2.5
Others	30	9.2

Multiple responses allowed

4.4 Attitude towards contraceptive methods and use

The attitude towards contraception is the important determinant of practicing contraception. In order to know the attitude towards contraceptive methods and use among Myanmar migrant women, all the respondents were asked about their opinion for agreeing or disagreeing the statements regarding contraception.

The attitude part consisted of 9 questions and the questions consist of both negative and positive aspects. For positive questions, the score was given 5 for strongly agree, 4 for agree, 3 for uncertain, 2 for disagree and 1 for strongly disagree. For negative questions, the score was given 5 for strongly disagree, 4 for disagree, 3 for uncertain, 2 for agree and 1 for strongly agree. The standard point for the attitude was mean ± standard deviation. The score ≤ mean – standard deviation (≤26.9) refers to negative attitude. The score ≥ mean + standard deviation (≥35.5) refers to positive attitude and the score within mean + standard deviation and mean – standard deviation (26.9 – 35.5) refers to moderate attitude.

Level of attitude towards contraception among Myanmar migrant women of reproductive age was shown in table 19. The score of attitude of respondents ranged from 17 to 45. Mean score of the attitude was 31.2 and standard deviation was 4.305. Majority of the respondents, 75.5% had moderate attitude towards contraception. 12.3% of the respondents had positive attitude and the other 12.3% had negative attitude towards contraceptive methods and family planning.

Table 19: Level of attitude towards contraception (n = 326)

Level of attitude	Frequency	Percentage
Positive attitude (≥35.5)	40	12.3
Moderate attitude (26.8 – 35.5)	246	75.5
Negative attitude (≤26.8)	40	12.3
Total	326	100

Range = 17 – 45
Mean = 31.2, SD = 4.305

Table 20 shows that percentage of respondents' attitude towards each question regarding contraception and also mean and standard deviation for each question. 48.2% of the respondents strongly agreed that family planning can improve mother's life and the mean score for this question was 3.82. 41.7% of women surveyed agreed strongly that using oral contraceptives is bad because it can get overweight and the mean score was 2.37. 88% of the respondents strongly agreed that husband and wife should decide number of children and mean score was 4.79. 42.6% of them were uncertain for using condom can interfere with sexual activity or not and the mean score for this statement was 2.43. 60.1% strongly agreed that contraceptive utilization should be taught in the school and mean score was 3.95. Most of the respondents, 86.5% had positive attitude for both men and women should have some knowledge

about using contraception and the mean score was 4.75. More than half of the respondents, 61.7% had negative attitude towards Depo injection and mean score for the statement was 1.89. 91.1% of the women had positive attitude on discussing on using contraception with their husbands or partners and the mean score for that statement was 4.84. Lastly, nearly half of the respondents (49.7%) were uncertain on using IUD makes disturbance in sexual intercourse and the mean score was 2.37.

Table 20: Percentage of respondents' attitude towards each question about contraception (n =326)

	Statement	Percentage					Mean	SD
		Strongly agree	Agree	Uncertain	Disagree	Strongly disagree		
1	I believe that family planning can improve mother's life.	48.2	14.1	16	14.7	7.1	**3.82**	**1.355**
2 *	Using oral contraceptives is bad because it can get overweight.	41.7	17.8	15	13.2	12.3	**2.37**	**1.440**
3	Husband and wife should decide number of children.	88	7.4	1.8	1.5	1.2	**4.79**	**0.664**
4 *	Using condom can interfere with sexual activity.	30.1	15.3	42.6	5.5	6.4	**2.43**	**1.161**
5	Contraceptive utilization should be taught in the school.	60.1	12.6	5.8	4.9	16.6	**3.95**	**1.533**
6	I believe that both men and women should have some knowledge about using contraception.	86.5	7.7	1.8	1.8	2.1	**4.75**	**0.772**
7 *	I believe that women should stop using Depo injection if she has no menstrual bleeding for a long time (amenorrhoea).	61.7	11.3	11.7	7.1	8.3	**1.89**	**1.324**
8	Discussion on using contraceptive is not ashamed among couples.	91.1	5.8	0.6	1.2	1.2	**4.84**	**0.605**
9 *	IUD method disturbs sexual intercourse.	28.8	15.3	49.7	2.5	3.7	**2.37**	**1.040**

* Negative statement

4.5 Accessibility to the service

Accessibility is one of the important factors that influence to women in obtaining information about contraceptive, practicing the contraceptives and also can influence on decision making regarding use of contraceptives. There might be some difficulties to access the service such as their legal status to go there, no time to go as they are employees, the way to go and the cost. Table 21 reveals the accessibility to the service by Myanmar migrant women who were between 15 to 49 years residing in Takuapa District and Kuraburi District in Phang Nga Province and who were currently using contraception.

Place to get contraception

In terms of source for having contraceptive service, among current users, 35.1% stated that private clinic for receiving contraception. Drug store was the second frequently used, approximately at 25.5%. 16.7% said that they got contraception from NGO and 10.9% from government clinic. The remaining 11.7% stated that they got contraception from other sources such as quack and grocery stores.

Mean of transportation

For mean of transportation to get to the source of contraception, 46.9% among current users went to the source for getting contraception by walking. Public vehicle such as bus and private vehicle such as bicycle were used by 37.2% and 8.4% of them respectively. The remaining 7.5% used the other transportation system such as renting a car and home visit by quack.

Distance from home

Half of the current users (53.1%) stated that it was near to get to the source for obtaining contraception. 29.3% noted as not too far to the service and only 17.6% said it was too far from their home.

Convenience to go

The respondents were asked that there were any difficulties to go to the source to get contraception. Majority of the current users noted that it was convenient to go to the source to get contraception while 12.6% said that it was not convenient to go 2.9% stated that they do not know whether it was convenient or not.

Perception on cost

Cost of the contraception is one of the factors that cause a woman to utilize and stop using if it is expensive. Most of the current users (83.7%) that they could afford to use contraception as they do not want more children while they were working outside Myanmar. 16.3% of them said they could not afford the contraception because their salary was not stable or not enough.

Cost of contraception (per month/per dose)

In terms of cost for using contraception, average cost was 187.55 Baht and ranged from free of charge to 8000 Baht. 16.7% of current users got contraception for free from NGO. 38.9% spent 1 – 50 Baht, 33.5% paid 51 – 100 Baht and 7.1% spent 101 – 600 Baht per dose/per month. Few of them (3.8%) paid > 600 Baht for contraception.

Satisfaction to the service

For satisfaction to the service, 90% of the women who were using contraception currently stated that they satisfied to the source where they got

contraception because of many reasons such as friendly caring staff, short waiting time, low cost, close to home and good services. Only 10% said that they did not satisfy the source because of high cost, long waiting time, far from home, ineffective information, language barrier and discrimination.

Table 21: Accessibility to the service by respondents among current users (n = 239)

Variables	Frequency	Percentage
Place to get contraception		
Private clinic	84	35.1
Drug store	61	25.5
NGO	40	16.7
Government clinic	26	10.9
Others	28	11.7
Transportation		
Walking	112	46.9
Public vehicle (bus)	89	37.2
Private vehicle	20	8.4
Others	18	7.5
Distance from home		
Near	127	53.1
Not too far	70	29.3
Too far	42	17.6
Convenience to go		
Yes	202	84.5
No	30	12.6
Don't know	7	2.9
Perception on cost		
Affordable	200	83.7
Not affordable	39	16.3
Cost per month/dose		
0 Baht	40	16.7
1 – 50 Baht	93	38.9
51 – 100 Baht	80	33.5
101 – 600 Baht	17	7.1
> 600 Baht	9	3.8
Range = 0 – 8000		
Mean = 187.55, SD = 804.89		
Satisfaction to the service		
Yes	215	90.0
No	24	10.0

In this study, all the respondents were asked their need regarding contraception if there is a chance to get support from the government or NGO and majority of the respondents, 35% wanted contraception with cheap price. 27.6% of them needed information regarding family planning and 22.1% stated that they needed family planning clinic. Although the condom was not frequently practiced among current users, 8.6% of them needed dissemination of condoms for free of charge. (Table 22)

Table 22: Need among the respondents (n = 326)

Need	Frequency	Percentage
Supply contraceptives with cheap price	114	35.0
Family planning information	90	27.6
Family planning clinic	72	22.1
Supply condoms for free of charge	28	8.6
Provide sterilization	13	4.0
Provide Norplant implants	5	1.5
Others	4	1.2

4.5 Relationship between socio-demographic characteristics, knowledge about contraception, attitude towards contraception, accessibility to family planning services and utilization of contraception

4.5.1 Results from Bivariate Analysis

The relationship between socio-demographic characteristics, knowledge about contraception, attitude towards contraception, accessibility to family planning services and utilization of contraception was determined by Chi-square test. The level of significance for relationship between these variables was set at P-value = 0.05.

Table 23 shows that the relationship between socio-demographic characteristics of respondents and utilization of contraception.

Age

The respondents' age was compared with the use of contraception and not use of contraception. The result reveals that there was highly significant difference between age group and contraception use (p-value = <0.001). Among the respondents who were between 15 to 49 years, current use of contraception was lowest in age group 15-19 years with 51.7%. The usage of contraception was increased and highest in age group 20-29 years (81.6%). Then the use of contraception was decreased with increasing age and it was 75.8% in age group 30-39 years and 55.1% in 40-49 years.

Marital status

Marital status had significant effect on contraceptive use and this study shows that there was highly significant difference between marital status and contraception use (p-value = <0.001). Among the women surveyed, 80.1% of married women used

contraception while 3.4% of other group including single, separated, widowed and divorced women used currently.

Marital duration

Marital duration is one of the important factors that can influence the contraception use. The result shows that there was significant difference between marital duration and contraceptive used among the currently married or ever married women (p-value = 0.005). Among them, contraception use was highest in the women whose duration of marriage was ≤5 years (85.6%); and the use of contraception was decreased as the duration of marriage increased. The usage was 81.9% in women who had been married for 6-10 years and it was lowest among women who had been married for >10 years (68.7%).

Religion

The comparison of religion with use and not use of contraception shows that there was no significance difference between religion and use of contraception (p-value = 0.607). 73.4% of Buddhist respondents use contraception currently while 66.7% of other religion such as Muslim and Christian.

Education

Respondents' education and contraceptive usage were compared in this study. It was shown that there was significance difference between educational status of the respondent's and contraceptive use (p-value = 0.04). The proportion of contraceptive use was highest in the group of women with secondary education (83.3%). 69.7% of respondents who never go to school and primary education used contraception while 68.3% of women with high school level educational attainment and higher education used currently.

Occupation

For determining the relationship between occupation and use and not use of contraception, it was categorized into housewife and working women. There was significance difference between housewife and working women and contraceptive use (p-value = 0.006). Housewives were more likely to use contraception (80.4%) than working women (67.4%).

Total family income per month

A comparison of respondents' income and use of contraception and not use of contraception is presented in this study. The income was categorized into ≥ 5000 Baht and <5000 Baht. There was no significance difference between income group and contraception use (p-value = 0.497). 73.6% of women having total family income ≥5000 Baht used contraception while 72.9% of women having <5000 Baht per month used contraception.

Migrant status

The result shows that there was no significance difference between migrant status of the respondents and contraception use (p-value = 0.509). The proportion of 71% of the registered migrant women used contraception while 74.4% of unregistered migrant women used contraception.

Number of living children

The number of living children and contraception use and not use were compared among the currently married and ever married women. The result reveals that there was highly significance between number of living children and use of contraception (p-value = 0.001). The proportion of use of contraception was lowest among the women who never had children (64.1%). The use was increased with

increasing number of living children and 85.9% of women who had 1-2 children used contraception while 75% in women having ≥ 3 children.

Thai language skill

Regarding Thai language skill, there was no significance difference between language skill and contraception use. A proportion of 69.9% of respondents who can not communicate at all used contraception while 74.6% of women who can communicate basically used contraception. Among the respondents who can speak Thai language fluently but can not read and write and who are fluently in Thai language, 79.2% used contraception.

Inter-spousal communication

The relationship between inter-spousal communication and use and not use of contraception was determined among women who were married, divorced, widowed and separated. It was shown that there was no significance difference between women who discussed family planning with their husband and who never discuss and current used of contraception (p-value = 0.145). Among the women who discussed, 58% of them used contraception currently. And also 68% of women who never discussed family planning with their husband or partner used contraception currently.

Table 23: Relationship between socio-demographic characteristics and utilization of contraception

Variables	Current use N (%)	Not use N (%)	X^2	P-value
Age (n = 326)				
15 - 19	15 (51.7)	14 (48.3)	21.012	<0.001
20 - 29	125 (81.6)	28 (18.4)		
30 - 39	72 (75.8)	23 (24.2)		
40 - 49	27 (55.1)	22 (44.9)		
Marital status (n = 326)				
Married	238 (80.1)	59 (19.9)	79.413	<0.001
Separated + Divorced + Widowed + Single	1 (3.4)	28 (96.6)		
Marital duration (n=305)				
≤5 years	101 (85.6)	17 (14.4)	10.521	0.005
6 - 10 years	59 (81.9)	13 (18.1)		
> 10 years	79 (68.7)	36 (31.3)		
Religion (n = 326)				
Buddhist	237 (73.4)	86 (26.6)	0.068	0.607
Muslim + Christian	2 (66.7)	1 (33.3)		
Education (n = 326)				
Never go to school + Primary education	136 (69.7)	59 (30.3)	6.417	0.04
Secondary education	75 (83.3)	15 (16.7)		
High school level + Higher education	28 (68.3)	13 (31.7)		

Table 23: (Continued) Relationship between socio-demographic characteristics and utilization of contraception

Variables	Current use N (%)	Not use N (%)	X^2	P-value
Occupation (n = 326)				
Housewife	119 (80.4)	29 (19.6)	6.969	0.006
Working women	120 (67.4)	58 (32.6)		
Monthly family income (Baht) (n = 326)				
≤ 5000	153 (73.6)	55 (26.4)	0.018	0.497
> 5000	86 (72.9)	32 (27.1)		
Migrant status in Thailand (n = 326)				
Registered	76 (71.0)	31 (29.0)	0.425	0.509
Unregistered	163 (74.4)	56 (25.6)		
Number of living children (n= 305)				
0	41 (64.1)	23 (35.9)	13.661	0.001
1 – 2	135 (85.9)	22 (14.1)		
≥ 3	63 (75.0)	21 (25.0)		
Thai language skill (n = 326)				
Can not communicate at all	79 (69.9)	34 (30.1)	1.249	0.535
Can communicate basically	141 (74.6)	48 (25.4)		
Can speak Thai language fluently but can not read and write + fluently in Thai language	19 (79.2)	5 (20.8)		
Discuss about family planning with husband/partner (n=305)				
Yes	222 (58.0)	58 (42.0)	1.724	0.145
No	17 (68.0)	8 (32.0)		

Table 24 shows the relationship between knowledge level and attitude level of the respondents and current use of contraception.

Regarding knowledge of contraceptive methods and use, there was significance difference between knowledge towards contraception and use of contraception (p-value = 0.005). The use of contraception was lowest among the women who had low level of knowledge towards contraception (63.9%). The use of contraception increased as the knowledge of contraception increased and the proportion of use was 80.7% among women having moderate knowledge while 75% of women who had high knowledge used contraception currently.

This study shows that there was no significance difference between attitude towards contraception and current use of contraception (p-value = 0.435). Contraception use was highest among the respondents who had negative attitude towards contraception and use (80%). The proportion of 77.5% of women having positive attitude used contraception while 71.5%of respondents with moderate attitude used contraception currently.

Table 24: Relationship between knowledge and attitude level of respondent and current use of contraception (n = 326)

	Current use N (%)	Not use N (%)	X^2	P value
Knowledge level				
Low knowledge	87 (63.9)	49 (36.1)	10.760	0.005
Moderate knowledge	134 (80.7)	32 (19.3)		
High knowledge	18 (75.0)	6 (25.0)		
Attitude level				
Negative attitude	32 (80.0)	8 (20.0)	1.666	0.435
Moderate attitude	176 (71.5)	70 (28.5)		
Positive attitude	31 (77.5)	9 (22.5)		

The relationship between accessibility to the family planning service in terms of place to get contraception, transportation, perception on cost, distance, satisfaction to the service and use of contraception among the respondents who stated that they ever accessed the contraception service was shown in the table 25.

Place to get contraception

The proportion of use of contraception was not too difference between groups of women with different sources of receiving contraception (p-value = 0.172). The percentage of use of contraception was 84.7% in women using drug store, 92.6% in women going to government clinic or NGO and 85.7% in women using private clinics for obtaining contraception. The use was highest among the women who used other places such as quacks and grocery stores (96.6%).

Transportation

Although the respondents used different means of transportation, the proportion of use was not so difference among them (p-value = 0.347). 95% of the women who used private vehicle or ask someone to buy or other means of transportation such as rent a car or home visit used contraception currently. 88.2% went to the source by walking while 86.4% used public vehicles to the source for getting contraception.

Convenience to go

There was no significance difference between convenience to go to the source for getting contraception and current used of contraception (p-value = 0.476). 88.2% of the women who said that they were convenience to go to the source to get contraception used contraception currently. Among the other group, 90.2% used contraception currently.

Distance from home

The relationship between distance from home to the source and contraception use shows that there was no significance difference (p-value = 0.139). The use of contraception was highest among the women who stayed near the source (92%). The proportion of use was 87.5% among the women who lived too far and 83.3% among the women who resided not too far from the source for getting contraception.

Perception on cost

There was significance difference between the perception on cost and current use of contraception (p-value = 0.033). 90.5% of the women who perceived that they could afford contraception used currently while 79.6% of the women who perceived that they could not afford used contraception.

Satisfaction to the service

The relationship between satisfaction to the service and use of contraception reveals that there was no significance difference (p-value = 0.226). The proportion of use of contraception was not too difference among the women satisfied the service (89.2%) and the women who stated that they were not satisfied the service (82.8%).

Table 25: Relationship between respondents' accessibility and current use of contraception (n = 270)

Variables	Current use N (%)	Not use N (%)	X^2	P-value
Place to get contraception				
Drug store	61 (84.7)	11 (15.3)	4.997	0.172
Government clinic + NGO	66 (92.6)	5 (7.4)		
Private clinic	84 (85.7)	14 (14.3)		
Others	28 (96.6)	1 (3.4)		
Transportation				
Walking	112 (88.2)	15 (11.8)	2.118	0.347
Public vehicle (bus)	89 (86.4)	14 (13.6)		
Private vehicle + ask someone to buy + others	38 (95.0)	2 (5.0)		
Convenience to go				
Yes	202 (88.2)	27 (11.8)	0.142	0.476
No + Don't know	37 (90.2)	4 (9.8)		
Distance from home				
Too far	42 (87.5)	6 (12.5)	3.944	0.139
Not too far	70 (83.3)	14 (16.7)		
Near	127 (92.0)	11 (8.0)		
Perception on cost				
Affordable	200 (90.5)	21 (9.5)	4.694	0.033
Not affordable	39 (79.6)	10 (20.4)		
Satisfaction to the service				
Yes	215 (89.2)	26 (10.8)	1.061	0.226
No	24 (82.8)	5 (17.2)		

4.5.2 Results from Multivariate Analysis

The logistic regression analysis examined all independent variables at multivariate level. The variables that are significant at bivariate level are reexamined after controlling for other variables in the multivariate analysis for producing a clear identification of the significant factors.

Table 26: Logistic regression analysis of Myanmar migrant women for use of contraception (n=270)

Variable	B	Odds Ratio	95% CI		P-value
			Lower	Upper	
Age *	-1.008	0.365	0.177	0.751	0.006
Marital status	2.281	9.782	0.753	127.075	0.081
Marital duration	0.436	1.546	0.679	3.519	0.299
Education	0.068	1.07	0.556	2.062	0.839
Occupation	0.486	1.626	0.671	3.943	0.282
Number of living children*	1.283	3.609	1.527	8.529	0.003
Knowledge towards contraception*	0.177	1.193	1.025	1.389	0.022
Perception on cost*	1.016	2.762	1.077	7.078	0.034

* Significance

Table 26 reveals the findings of the relationship between each independent variable with contraceptive use after controlling all other variables. In the bivariate analysis, only 8 independent variables such as age of respondent, marital status, education, occupation, number of living children, knowledge towards contraception and perception on cost are found significant among 19 variables. However, in multivariate analysis, it is found that there are only 4 significant variables namely age, number of living children, knowledge towards contraception and perception on cost.

In bivariate analysis, there is statistically significant difference between age of the respondent and current use of contraception. Here in multivariate analysis, age is also found significant after controlling other independent variables (p-value=0.006). The B coefficient shows that there is negative effect of age of the

respondents on current use of contraception as the older women were less likely to use contraception than the younger age groups by odds ratio 0.365.

Similarly, the relationship between number of living children and contraception use which was statistically significant in bivariate analysis, is also found significant in multivariate analysis (p-value=0.003). In this study, number of living children had positive effect on current use of contraception. Women who had more children were more likely to use contraception than the women having no or lesser number of children by odds ratio 3.609.

To determine the relationship between knowledge towards contraception and current use of contraception in multivariate analysis, the score of knowledge is used as continuous variable. Here, knowledge towards the contraception which was statistically significant in bivariate analysis is also found significant after controlling other independent variables (p-value=0.022). The respondents' knowledge score is positively associated with current use of contraception. The respondents having higher score of knowledge were more likely to use contraception than the women who got lower knowledge score by odds ratio 1.193.

The finding derived from the previous bivariate analysis between perception on cost and current use of contraception is again found significant in multivariate analysis after controlling other independent variables (p-value=0.034). The odds of using contraception is 2.762 times higher in women who perceived that they could afford contraception than the women who stated that they could not afford contraception. The coefficient B also shows that there is positive effect of perception on cost on current use of contraception. This means that the women who perceived

that they could afford contraception were more likely to use contraception currently than the women who mentioned that they could not afford.