



CHAPTER V

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Discussion

This study focused on the use of reproductive health services among minority women of reproductive age who are currently living in the minority settlement in Thong Pha Phume District, Kamchanaburi Province. The objectives of the study were (1) to assess reproductive health needs among minority women of reproductive age, (2) to assess the use of reproductive health services among minority women of reproductive age, and (3) To determine factors influencing the use of reproductive health services among minority women of reproductive age.

5.1.1 Needs of reproductive health services

Reproductive health needs were defined as “What a person requires in terms of reproductive health care”. In addition, with regard to the services recommended to organizations, reproductive health needs are different in women with different reproductive statuses. Therefore, the researcher defined the needs of reproductive health by using the reproductive status of the minority women of reproductive age in the community. Among the study population 68.8 per cent were married, 40.6 per cent were women over the age 35, and 39.7 per cent were adolescent women age 14 – 24 years. All respondents were asked about the number of the children they planned to have, almost half of them (48.66%) planned to have 3 children, a number which was similar to a study among the Burmese, Cambodian, and

Lao women migrant workers by Chamrathirong (2004), which found that the migrant women on average planned to have 3 children (Chamrathirong, Boonchalaksi, & Yampeka, 2004). Only 5.8 per cent stated that they planned to have more than 3 children. Among the women who were ever or currently married, 20 per cent stated that they ever had an abortion, and of those who ever had an abortion, 38.2 per cent did not receive any treatment.

5.1.2 Use of reproductive health services and factors influencing use of reproductive health services

The researcher focused the use of reproductive health services in 6 main services;

- 1) Family planning
- 2) Antenatal Care
- 3) Delivery Attended by Skilled Health Personnel
- 4) Post Partum Care
- 5) Cervical Cancer Screening
- 6) Breast examination

1) Family planning

The research focused on the area of use of contraceptive methods. The data showed that 64.93 per cent of the study population currently uses contraceptive methods, 23.38 per cent never used contraceptive methods, and 11.69 per cent ever used the contraceptive methods but had currently stopped. Among the study

population who never used the contraceptive method or ever used but had stopped, 5 women stated that they believed it would be harmful to their health. There was one woman in the study population who stated that her husband did not allow her to use contraceptive method, another one stated that the service was not available at the health facility, and the last one stated that the service cost was expensive. The remainder of the women who did not use the services gave reasons such as; they were currently pregnant, wanted to get pregnant, or menopause. The results were congruent with the studies of Sanglek (2004) and Jaikrajang & Sanglek (2005) that found the use of contraceptive methods among the hill-tribes in 20 provinces of Northern Thailand, and in Mhong hill-tribe in 13 provinces of Northern Thailand as 65.6 per cent and 66.3 per cent, respectively.

Factors influencing the use of contraceptive methods were determined. The data showed that the pre-disposing factors; e.g. age, education, ethnicity, and the reinforcing factors; e.g. facilitation of spouse, friends, or relatives were not significantly associated with the use of contraceptive methods. Nevertheless, there were 3 factors that had a statistically significant association with the use of contraceptive methods, those three factors were: legal status of the women, the perception of the availability of services, and Thai speaking ability. The women who did not have any color identity card tended to use the family planning services less than the women who have any kind of color ID card ($p = .009$). Perception of the availability of the family planning services at the district hospital had a statistically significant association with the use of contraceptive methods. Among the women who currently use, or ever used contraceptive methods, 79.7 per cent stated that the service

was available at the district hospital, 57.4 per cent stated that the service was not available at the district hospital ($p = .003$). Thai speaking ability also shows the association with the use of the family planning service. The women who have higher ability of speaking the Thai language tended to use the service more than those with lower level of ability ($p = .014$). This indicated that the language ability can be an enhancement or a barrier to the use of the services among minority women (UNFPA, 2006b).

2) Antenatal care

During the period of data collection, there were 20 pregnant women in the community. However, the data of antenatal care was gathered from only 12 pregnant women (60.0%) due to time limitations on the data collection period. The data shows that among the 12 pregnant women, there were 10 women (83.3%) who used this service, which is quite similar to the proportion of women who use the service nationwide (86 per cent in 2001) (WHO, 2006b). Only 2 women did not use the antenatal care services (16.7%). Based on the interviews, these 2 women stated similar reasons: they thought that it was too early in the pregnancy to seek antenatal care, they planned to wait until the fifth or sixth month of pregnancy to use the service. Since the number of pregnant women was very few, the analysis of the association between the pre-disposing, re-enforcing, and enabling factors and use of antenatal care services could not be performed.

3) Delivery attended by skilled health personnel

When studying the first pregnancy of women in study population, it was found that among those women 54.9 per cent delivered their first baby at home, and 45.1 per cent gave birth at the clinic or hospital. The place of first delivery of the women aged 30 years or under was analyzed to find a difference according to the duration of stay in Thailand. But the data still showed that among this group, 28.1 per cent gave birth at home, and 71.9 per cent delivered their first birth at a health center or hospital. The data of the women aged 30 years or under shows consistency with the studies by Sanglek (2004) among the hill-tribes minority in 20 provinces of Northern Thailand which stated that 70.6 per cent of their study population had a birth attended by a skilled health personnel, and also a study by Chamrathirong (2004) which found that 70 per cent of migrant women in costal provinces, Chiang Mai, and Tak gave birth attended by skilled health personnel. In 2005, the study conducted by Jaikrajang & Sanglek among Mhong hill-tribes in the 13 provinces of Northern Thailand showed that among women of the Mhong hill-tribes, 79.0 per cent gave birth attended by skilled health personnel. However, that figure should still be considered low if comparing with the use of the service nationwide in the year 2000, which was 99 per cent of the women giving birth attended by skilled health personnel (WHO, 2006b).

The associations between the pre-disposing, enabling factors and the place of birth were analyzed. Nonetheless, the women in the study population who had ever given birth had different numbers of children, some of them given birth only once, therefore, the researcher used the place of birth of the first child to analyze the factors influencing the use of delivery assistance. Within the pre-disposing factors, the data

showed that age of the women had a statistically significant association with the use of delivery attended by skilled health personnel at $p < .001$. The number of required children was significantly associated with the place of birth. The women who stated that they would limit the number of children to between 1 and 3 used the service (59.3%) more than the women who stated that they would not limit number of their children (36.2%) at the $p = .005$. The use of the family planning service was associated with the use of delivery assisting services. Among the women who gave birth at the clinic or hospital, 50.4 per cent stated that they used or ever used the family planning service, only 26.5 per cent of those women who gave birth at a clinic or hospital stated that they never used family planning services ($p = .013$). This might be the effect of exposure to the reproductive health services of the women who gave birth at clinic or hospital. Once those women were exposed to the reproductive health services provided by clinic or hospital, the women might recognize the existence of the service and be more likely to use it. In addition, Thai speaking ability also shows the association with the use of the service at $p < .001$. The women who have a greater ability to speak Thai tend to use the service more than others. This might be the effect of exposure to the information.

4) Post partum care

The data regarding the use of the postpartum care service shows that among those women who gave birth to their last child , 57.5 per cent used the services. The figures show a higher use of the service compared with the study conducted by Sanglek et al. (2004) among the hill-tribes in 20 provinces of Northern Thailand and the study conducted by Pasuwan & Sanglek (2005) among Karen hill-tribes in 7

provinces of Northern Thailand, which showed figures of 43.8 per cent and 37.8 per cent, respectively. A study by Chamrathirong (2004) among the migrant women in Chiang Mai and Tak province found that the migrant women used postpartum care service at 83 per cent, a figure that was higher than the use among this study population (Chamrathirong et al, 2004).

It was found that there were 6 factors; age ($p = .007$), perception of the availability of postpartum care service ($p < .001$), the availability of delivery attended by skilled health personnel ($p = .005$), the availability of family planning services ($p = .009$), health insurance ($p = .020$), and duration of residence in Thailand ($p = .006$), which were statistically significant associated with use of the service. The women aged 14-24 years, and 25 – 34 years used the service (71.4 % equally) more than the women aged 35 – 49 year (46.7%). Of those women who used the service, 63.6 per cent of them have health insurance, 44 per cent of them did not have health insurance. This matter showed that the women who have health insurance use the service more than the women who did not have health insurance. The women who have been living in Thailand for 11 -15 years used the service more than the women who have been living in Thailand a different length of time. The data further showed that those women who can speak Thai at good, very good, or excellent levels, used the service more than the women who have lower Thai speaking ability. Also, the women who perceived that the services of postpartum care, birth attended by skilled health personnel, and family planning services available at the district hospital, tended to use the services more than the women who did not perceived these availabilities.

5) Cervical cancer screening

Among the minority women age 35 – 49 years in the study population, 57.5 per cent ever used the service of cervical cancer screening at least once. Nevertheless, the use of the services was quite high when compared with the 3 studies conducted among the hill-tribe minorities in the Northern Thailand. Sanglek (2004) had conducted the study among hill-tribes in 20 provinces of Northern Thailand and found that the use of cervical cancer screening services among those hill-tribes was only 36.3 per cent, compared to 57.5 per cent in the present study. In 2005, Jaikrajang & Sanglek conducted a study among the Mhong hill-tribes and found that the use of the service was only 32.8 per cent, which is congruent with the study by Pasuwan & Sanglek in the same year that found the use of the service among Karen hill-tribes in 7 provinces of Northern Thailand was only 37.1 per cent.

It was found that 3 factors were statistically significant associated with the use of the service. Perception of the availability of the service in the district hospital was significantly associated with the use of the service, 34.4 per cent of the women who ever use the service perceived that the service existed in the district hospital. Meanwhile, only 13.0 per cent who ever used the services perceived that the services existed in the district hospital ($p = .012$). Thus, the researcher expects that use of the services would increase if the fact that services actually are available were made more widely known to the local residents. The data shows that the experience of the use of postpartum care service ($p < .001$) and Thai speaking ability ($p = .004$) also showed statistically significant associations with the use of the service. The women who ever used postpartum care service used the service (46.3%) more than the women who

never used the postpartum care service (3.8%). It was found that the women who could speak Thai at the level of fair, good, very good, or excellent used the service more than the women who could not speak Thai.

6) Self-breast examination

Although the self-breast examination must be practiced by the women themselves, it is the health care providers who will train those women to practice the detection of an abnormality of their breast. Among the study population aged 35 – 49 years, 4.7 per cent never practiced self-breast examination, only 1 woman stated that she practiced self-breast examination every month. 23 per cent of them stated that they practiced self-breast exam sometimes but not regularly. These results are compared with the study by Sanglek et al. (2004) among the hill-tribes in 20 provinces of Northern Thailand, and of Pasuwan & Sanglek (2005) among the Karen hill-tribes in the 7 provinces of Northern Thailand, which found that 77.7 per cent and 72.3 per cent of the study population never used the service, respectively.

The factors influencing the use of the service were analyzed. Perception of the availability of the service was significantly associated with the use of the service; among those who ever used the service, 34.4 per cent perceived that the service was available at the district hospital, and only 15.2 per cent stated that the service was not available or did not know if the service was available in the district hospital ($p = .025$). Thai speaking ability also showed a statistically significant association with use of the service. Of those women who used the service, the women who could speak

Thai at good, very good, or excellent levels used the service more than those women who could speak Thai at fair or poor levels ($p = .009$)

5.2 Conclusions

This study focused on the use of reproductive health services among the minority women of reproductive age who are currently living in the minority settlement in Thong Pha Phume District, Kamchanaburi Province. The objectives of the study aimed to assess reproductive health needs among minority women of reproductive age and assess the use of reproductive health services among minority women of reproductive age. In addition, this study aimed to determine factors influencing the use of reproductive health services among minority women of reproductive age.

Most of the study population were of Burman and Tavoy ethnicity who held the violet card which is issued to persons entering Thailand before March 9th, 1976 and having registered in 1993 – 1994 (Ministry of Interior, 2001). The average years of duration of residence in Thailand for those women is 16.62 years, nevertheless, there were 12.5 per cent of women who did not have any identity card. Furthermore, 33.0 per cent of them did not have any health insurance. Regarding reproductive status, the majority of the women were married. Three quarters of them never attended school.

The study found that the uses of the reproductive health services were lower than the uses of the reproductive health services in the country as a whole. The use of family planning services among the study group was 61.0 per cent while the contraceptive prevalence rate in the country was 81.1 per cent. The use of antenatal care service was 83.3 per cent, while the use in the whole country was 92.2 per cent. The use of delivery assisting service among the study population was 54.9 per cent, but the use of the service for the country was 97.9 per cent. The use of postpartum care service among the study population was quite similar to the use of the service of the country, that is 57.5 per cent and 61.3 per cent, respectively. The use of cervical cancer screening service among the study population was 22.4 per cent while the use of the service for the country as a whole was 37.7 per cent. Only the practice of self-breast examination among the study population was higher than the use of the service for the country as a whole; 24.1 per cent and 21.7 per cent, respectively.

The results clearly show that the perception of the availability of the services in the district hospital were significantly associated with the use of the reproductive health services. The researcher explored only the perception of the availability of the service at the district hospital since there was the only one government health facility located close to the community and most of the study population used the service at that hospital. Although there was a private clinic in the district, only contraception services were available. The use of family planning services, postpartum care services, cervical cancer screening services, and the practice of self-breast examination showed statistically significant associations with the perception of the availability of the services. The other pre-disposing factors and enabling factors that

were significantly associated with the use of the reproductive health services were age, legal status, and health insurance. The factors that did not show significant association with the use of the services were education, income, service satisfaction, and the facilitators. Nevertheless, it was observed that exposure to the information, and the other related services was significantly associated with the use of the services, for instance, the use of delivery attended by skilled health personnel was significantly associated with the use of family planning services.

5.3 Scope and limitations of the study

This study was limited to the minority women of reproductive age who are currently living in the minority settlement in Thong Pha Phume District, Kamchanaburi province. They therefore do not represent the entire population of minority women in different parts of the country.

Concerning the data collection instruments, the researcher used a structured questionnaire in the Thai language, and interviewed the respondents in the Thai language. Following this, the translators translated the questions into the Burmese language in case the respondents could not speak Thai. Therefore, the questions asked by the translators might have some differences from the original questions, and the researcher could not ensure the validity of the questions or answers in this instance, despite extensive training of the interviewers and translators. Furthermore, some questions were very complicated and asked in-depth personal information that the respondents might not have answered accurately.

5.4 Recommendations

Findings of the study show that the reproductive health information, the health insurance, and the legal status of the women were associated with the use of reproductive health services. Therefore, the recommendations of this study are;

1) The reproductive health information should be widely disseminated to the minority women of reproductive age in the study area, including the information of the availability of the services. Furthermore, uptake of these services was influenced by Thai speaking ability, therefore, it was recommended that health providers who are able to speak dual languages should be employed at these facilities, or a capable translator should be arranged for those target populations.

2) The enabling factors, as listed below, should be put in place to enhance the use of reproductive health services among the target population

i) The accessibility of the services regarding legal status, and health insurance; Since reproductive health is the right of all women regardless of nationality, legal status, or economic status, those women who do not have any identity card or health insurance should be provided with easy access to reproductive health services, e.g. the mobile services should provide those women with necessary care in the community, or community health volunteers who can deliver the basic services to those women. In addition, a peer group should be set up to assist those women without reproductive health knowledge, or who cannot access the services because of their illegal status.

ii) Health insurance schemes should be provided to those women to promote their use of reproductive health services. In the case that the district hospital cannot provide free-of-charge services for those women, non-government

organizations should be involved to enhance the provision of affordable services to the women.

3) Motivation to use the services should be provided, since the study results showed that the women who ever used a kind of reproductive services tended to continue use of other reproductive health services. Furthermore, a peer group should be set up to assist those women who do not know the route to access the services.

5.5 Recommendations for further study

1) The qualitative study should be carried out to find the motivations of the use of reproductive health services among the minority women.

2) The interviewer should have ability to speak Burmese in order to ask the respondents directly.

3) The quantitative study also should be conducted to define the changes over the time, since the new generation of the minority women are aging, therefore, the trends might change.

4) The multivariate analysis would be desirable.