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Awareness on Reproductive Health Care among Married Women in Yangon Region

(Case Study in Bahan, North Okkalapa and Shwepyithar Township)

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ABSTRACT

Reproductive Health mean that emphasizes on all features of the reproduction of human being, and it is a crucial for general health and well-being of women because of their ability to make decisions and choices concern with their lives and when or whether to consider having children. This study aims to explore about the awareness on reproductive health care among married women by investigating their family planning, current practices and available services in Yangon Region. Moreover, this research also focused on delivery care, contraception, abortion, and post-abortion care. A quantitative and qualitative case study research designed and cross-sectional descriptive method are used for this study. In studying the awareness on reproductive health care and family planning knowledge are different among married women within the three Townships due to the development level of townships. In summarizing, reproductive health care services are often available but inaccessible in the study areas where married women have misinformation, common and unsafe practices surrounding abortion and delivery, and a dearth of comprehensive sexual and reproductive health services for adolescent and unmarried populations.

Keywords: Reproductive Health, Family Planning, Delivery care, Contraception, Abortion, Post-abortion Care.

INTRODUCTION

Rationale of the Study

To establish a well-being and healthy family life, he or she need to awareness on the reproductive health care with the understanding of family planning concepts and methods. Because of a comprehensive progress of reproductive health care creates to lessen maternal and infant mortality rates, cure of sexually transmitted disease (STD) and assistance to sterile couples, etc which may lead to economic and social development with a fruitful way of health practices.

According to the world Health Organization defined that, reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health intends to people who are able to get a satisfying and safe sex life and that ensure their capability to give birth and freedom to choose if, when and how often to do so. If husband and wife informed to each other about and have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health-care services, this situation would be enabled women to safely go through pregnancy and childbearing.

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As in international law stated, reproductive health is a human right which acts a major part in morbidity, mortality and life expectancy of people. Generally, reproductive health incorporates the satisfaction of human, safe sex life, ability to give birth, good maternal and newborn survival, freedom to manage proliferation, knowledge about and access to safe, effective, affordable methods of family planning, ability to lessen gynecologic disease through the whole of life. Reproductive health problems, however, create the women's ill health and mortality, it concerns are not restricted to a single gender or sexual orientation worldwide. Similarly, reproductive health care should be long-term goal that beyond the childbearing age that is women's reproductive years between ages 12 and 51.

At the same time, the National Strategic Plan for Reproductive Health supports the Myanmar Health Vision 2030 of the Ministry of Health through health promotion and service provide to improve the reproductive health of women, men and adolescents. One of the among specific objectives of the strategic plans is to reduce rate of maternal, perinatal and neonatal morbidity and mortality by increasing equitable access to maternal and newborn services; improving quality, efficiency and effectiveness of service delivery at all levels and improving responsiveness to the client needs which also intended to promote women's life and status.

In addition, Myanmar's reproductive health plan (1993-1996) was introduced and stipulated the Family health Care Project as well as reproductive health policy was formulated in 2002 which policy intends to provide comprehensive reproductive services covering adolescence to old age. The significance features of reproductive health care are reducing infant, child and maternal mortality and improving the quality and accessibility of birth spacing services. Therefore, this study focus on the prevalence of reproductive health care services and family planning knowledge and to what extent perform to the family planning methods and reproductive health care among the married women who stay within their townships respectively.

Objective of the Study

The objective of the study is to examine the awareness on reproductive health care that concerns with the understanding about the family planning methods and concepts among married women in three townships in Yangon Region.

Method of Study

The method of study is based on the quantitative and qualitative approach of primary data and cross-sectional descriptive method also used to satisfy the objectives of the study. A simple random sample of 200 married women respondents with a structure questionnaire to attain the intended information from this survey. Firstly, Bahan and North Okkalapa Township are selected areas as a pilot survey, after that Shwepyitha Township is selected as a main study area. Moreover, reliable secondary data are confined from the World Health Organization (WHO), Ministry of Health, Myanmar, relevant books and various internet websites related to the paper.

SURVEY ANALYSIS

Survey Profile

The survey area is focus on three townships in Yangon Region including Bahan, North Okkalapa and Shwepyitha Township. Firstly, Bahan Township is located in the north central part of Yangon, it comprises 22 wards and shares borders with Yankin and Mayangon Township in the north, Sanchang and Kamayut Township in the west, Tamwe Township in the east, and Dagon and Mingalar Taungnyunt Township in the south. The township has 21 primary schools, three middle schools and three high schools. This township is one of the most prosperous townships in Yangon. Shwetaunggya (formerly, Golden Valley) and Inya Myaing are two of Yangon's most exclusive neighborhoods and National League for Democracy and Air Bagan, an international airline, has their headquarters in Bahan.

The second township, North Okkalapa is situated in the east of Yangon with 19 wards. North Okkalapa was established in 1959 as one of the satellite town but it is a firmly established part of the city, albeit with nominal access to the city's electricity grid and sewer system. The township has 30 primary schools, seven middle schools and five high schools. It is also home to one of the most selective universities in the nation: the University of Medicine 2, Yangon, and the University of Pharmacy, Yangon.

The last township, Shwepyitha is established in the northwestern part of Yangon, which incorporated into the city of Yangon in 1986. It involves 15 yards and five village tracts which is still largely underdeveloped, lacks basic municipal services and large slum areas of Yangon in comparing to other township. The township has 43 primary schools, four middle schools and four high schools. The most famous high school is B.E.H.S no1 and B.E.H.S no.3.

And 200 married women are selected from three Townships with structured questionnaires and obtained the information from 150 respondents in the Shwepyitha Township and each 25 respondents from the two rest townships. Therefore, 75% represents for Shwepyitha Township, and 12.5% represents for Bahan Township and North Okkalapa Township, respectively. Because Bahan Township and North Okkalapa Township are selected areas as a pilot survey which is intended to compare the Shwepyitha Township as a main study area. The study period prolongs the whole month of May 2018.

Demographic Characteristics of the Respondents

The following table shows the demographic characteristics of the respondents in three Townships including with age, gender, marital status and having children.

Table (1): Demographic Characteristics of Respondents

| Townships | Statements | Category | Frequency | Percentage |
|-----------|-----------------|----------------|-----------|------------|
| Bahan | Age | Under 20 years | 1 | 4 |
| | | Above 20 years | 24 | 96 |
| | | Total | 25 | 100 |
| | Gender | Male | - | - |
| | | Female | 25 | 100 |
| | | Total | 25 | |
| | Marital Status | Single | - | - |
| | | Married | 25 | 100 |
| | | Total | 25 | |
| | Having Children | Less than 3 | 22 | 88 |
| | | More than 3 | 3 | 12 |
| | | Total | 25 | 100 |

| | | | | |
|-----------------|----------------|----------------|-------|-------|
| North Okkalapa | Age | Under 20 years | - | - |
| | | Above 20 years | 25 | 100 |
| | | Total | 25 | |
| | Gender | Male | - | - |
| | | Female | 25 | 100 |
| | | Total | 25 | |
| | Marital Status | Single | - | - |
| | | Married | 25 | 100 |
| | Total | 25 | | |
| Having Children | Less than 3 | 23 | 92 | |
| | More than 3 | 2 | 8 | |
| | Total | 25 | | |
| Shwepyitha | Age | Under 20 years | 47 | 31.33 |
| | | Above 20 years | 103 | 68.67 |
| | | Total | 150 | 100 |
| | Gender | Male | - | - |
| | | Female | 150 | 100 |
| | | Total | 150 | |
| | Marital Status | Single | - | - |
| | | Married | 150 | 100 |
| | Total | 150 | | |
| Having Children | Less than 3 | 98 | 65.33 | |
| | More than 3 | 52 | 34.67 | |
| | Total | 150 | 100 | |

Source: Survey Data (2018)

From above table (1) shows that, there is no single, no male respondents and focus on only female respondents (married women) 200 by (100%) participated in this study. As far as **(When were you married?)** is concerned, 31.33% are under 20 years old although 68.67% are above 20 years in Shwepyitha. In Bahan, only 4% are under 20 years while 96% are above 20 years. By contrast, in North Okkalapa, all women (100%) are above 20 years.

Regarding **(How many children do you want to have?)**, there are 65.33% who want to have children less than 3 while other 34.67% are considering for having babies more than 3 in Shwepyitha. Similarly, in Bahan, there are 88% who want to have children less than 3 while only 12% are considering to have babies more than 3. In North Okkalapa, in spite 92% want to have children less than 3, only 8% are considering for having babies more than 3. As a survey result, it can conclude that most of the women living in Shwepyithar Township are married at under 20 years and they desired to have more than 3 children since there has a difference between downtown area or proper development areas and urban slum or lack of municipal services apparently.

Reproductive Health Care

Centers for Disease Control and Prevention (CDC) presented that reproductive health refers to the health of women and men during their reproductive years, which are the years they can have a child. Similarly, Department of Health (DOH) described that reproductive health care are family planning services, counseling and information, prenatal, postnatal and delivery care, nutrition and health care for infants and children, treatment for reproductive tract infections and STDs, management of abortion-related complications, prevention and appropriate treatment for

infertility, IEC on human sexuality, reproductive health, responsible parenthood, male involvement, adolescent reproductive health, management and treatment of reproductive cancers, services to victim/survivors of violence against women. Therefore the ability of women to take decisions on the family planning methods, concepts of family planning and promoting the role of women in reproductive health care may not only enhance their bargaining power but also reduce their vulnerability to STDs including AIDS. Therefore, the following table shows the condition of knowledge on reproductive health care among married women in three townships.

Table (2): Knowing Reproductive Health Care

| Townships | Well Known | Know | Fairly Know | Unknown | Other | Total |
|----------------|--------------|----------------|---------------|---------------|-------------|---------------|
| Shwepyitha | 7 (4.7%) | 44 (29.3 %) | 66 (44%) | 29 (19.3%) | 4 (2.7%) | 150 (100%) |
| Bahan | 7 (28%) | 17 (68%) | 0 (0%) | 1 (4%) | 0 (0%) | 25 (100%) |
| North Okkalapa | 3 (12%) | 19 (76%) | 1 (4%) | 2 (8%) | 0 (0%) | 25 (100%) |
| Total | 17 (8.5%) | 80 (40%) | 67 (33.5%) | 32 (16%) | 4 (2%) | 200 (100%) |

Source: Survey data (2018)

According to table (2), the respondents answered about the reproductive health care in their environment know well (4.7%) , fairly know (44%) and know about (29.3%). In contrast, there are 29 respondents, (19.3%) who don't know and other 4 respondents, (2.7%) who left neutral. Simultaneously, Bahan Township is concerned the number of respondents who know well 28% of respondents and know (68%) of respondents. There is only one respondent by (4%) who said don't know and no woman in the group of fairly know and other. In the case of North Okkalapa Township, there is (12%) of respondents answered know well and fairly know (76%) of respondents and (8%) is don't know. Totally, it can be noted that there are 80 married women respondents by 40% who know and 67 by 33.5% of respondents know fairly although these three townships have only 17 by 8.5% of respondents know well. This survey result explained that there are only 32 or 16% of respondents who absolutely don't know and 4 or 2% of respondents left neutral.

Awareness of Taking Care and Services on Pregnancy

Prenatal or antenatal care mean that the systematic take care of women during pregnancy to check the improvement of foetal growth and to confirm the health of mother and child. A better antenatal care presents necessary care to the mother and helps identify any complication of pregnancy risks such as HIV, anemia malnutrition, tuberculosis and Melina etc. Hence, every pregnant woman require to receive at least four antenatal visits. However, almost 50% of women don't receive proper antenatal care in low and middle-income countries. And women from relatively poor backgrounds, living in rural areas, and or with low levels of education are less likely to access antenatal care services, even if they are provided. If they don't have enough knowledge regarding antennal services, it is more likely to increase risk of prenatal mortality and still birth. Therefore, awareness of take care and service on pregnancy is very important.

Table (3): Awareness of Taking Care and Services on Pregnancy

| Township | Well Known | Know | Fairly Know | Unknown | Other | Total |
|----------------|------------|------|-------------|---------|-------|-------|
| Shwepyitha | 3 | 28 | 113 | 5 | 1 | 150 |
| Bahan | 17 | 6 | 2 | 0 | 0 | 25 |
| North Okkalapa | 13 | 7 | 5 | 0 | 0 | 25 |

| | | | | | | |
|-------|---------------|---------------|--------------|-------------|-------------|---------------|
| Total | 33 (16.5%) | 41 (20.5%) | 120 (60%) | 5 (2.5%) | 1 (0.5%) | 200 (100%) |
|-------|---------------|---------------|--------------|-------------|-------------|---------------|

Source: Survey data (2018)

As the table (3) describes the information regarding with the awareness of antenatal care for pregnancy in three townships: Shwepyitha, Bahan and North Okkalapa. There are 41 respondents by (20.5%) replied know which is followed by 33 respondents (16.5%) who know well. Significantly, there are 120 or (60%) of respondents fairly know. It can also be seen that only 5 or (2.5%) of respondents answered don't know and (0.5%) of respondent is other options.

Table (4): Taking Drugs and Inject Vaccines

| Township | Statements | Yes | No | Total |
|----------------|--|---------------|-------------|-------------|
| Shwepyitha | need to inject vaccines | 139 92.67% | 11 7.33% | 150 100% |
| | have taken drugs | 24 16% | 126 84% | 150 100% |
| | take vitamin supplement during pregnancy | 132 88% | 18 12% | 150 100% |
| Bahan | need to inject vaccines | 25 100% | 0 0% | 25 100% |
| | Have taken drugs | 3 12% | 22 88% | 25 100% |
| | take vitamin supplement during pregnancy | 25 100% | 0 0% | 25 100% |
| North Okkalapa | need to inject vaccines | 25 100% | 0 0% | 25 100% |
| | Have taken drugs | 7 28% | 18 72% | 25 100% |
| | take vitamin supplement during pregnancy | 25 100% | 0 0% | 25 100% |

Source: Survey data (2019)

As the table (4) stated that about the necessary to inject vaccines during both antenatal and postnatal period, 92.67% of respondents answered YES, while 7.33% of respondents answered NO in Shwepyitha. And 100% or all respondents answered YES in Bahan and North Okkalapa Townships. There is no woman who answered NO in both townships.

Generally, most medicines are not harmful to the development of fetus but some drugs may hinder to its normal development and cause birth defects. As a result, some drugs should not be took prenatal or postnatal period unless necessary or without instruction by physicians or a health care practitioner because many can harm the fetus or infant. In this survey that inquired about taking some drugs which can harm to the developing baby except that take certain

vitamins and mineral with the recommendation of a health care practitioner. According to the survey result, the number of taken drugs during both antenatal and postnatal period in Shwepyitha, is concerned 16% answered YES and 84% answered NO. In Bahan, 12% answered YES while 88% answered NO. Similarly, in North Okkalapa, 28% answered YES although 72% answered NO. Concerning with take vitamin supplement during pregnancy, 88% answered YES while other 12% answered NO in Shwepyitha. There is 100% of respondents answered YES in Bahan and North Okkalapa Townships.

Knowing HIV-AIDS and other Infectious Diseases

Infectious diseases in pregnancy are not just a risk for the mother; pathogens can be transmitted to the unborn child causing still birth, neonatal death, congenital abnormalities, or chronic lifelong disease.

Table (5): Knowing HIV-AIDS and other Infectious Diseases

| Townships | Well Known | Know | Fairly Know | Unknown | Other | Total |
|----------------|------------|------|-------------|---------|-------|-------|
| Shwepyitha | 2 | 86 | 59 | 2 | 1 | 150 |
| Bahan | 19 | 4 | 2 | 0 | 0 | 25 |
| North Okkalapa | 14 | 8 | 3 | 0 | 0 | 25 |
| Total | 35 | 98 | 64 | 2 | 1 | 200 |

Source: Survey data (2018)

According to the table (5) states that about the number of respondents who answered the survey questions concerning knowledge about the infectious diseases in three townships in Yangon Region in 2018. Obviously, although there are (98) respondents who know STDs, there are only (35) respondents who know well. While (64) respondents are knew fairly STIs, (2) respondents don't know about it and there is only (1) respondent to other situations.

Knowing Family Planning and Family Planning Method

Family planning is essential for women's health and their families which can stimulate a country's economic progress towards reducing poverty and achieving development goals. Because of its importance, universal access to reproductive health services including family planning is recognized as one of the targets of the United Nations Millennium Development Goals. Family planning reduce the need for abortion especially unsafe abortion.

Table (6): Knowing Family Planning and Family Planning Method

| Townships | Statements | Yes | No | Total |
|----------------|---|------------|------------|-------------|
| Shwepyitha | know Family Planning | 18 12% | 132 88% | 150 100% |
| | accessible to Family Planning methods | 147 98% | 3 2% | 150 100% |
| | discuss with skillful doctors or nurses about contraception | 54 36% | 96 64% | 150 100% |
| | heard of pre-eclampsia | 135 90% | 15 10% | 150 100% |
| Bahan | know Family Planning | 25 100% | 0 0% | 25 100% |
| | accessible to Family Planning methods | 25 100% | 0 0% | 25 100% |
| | discuss with skillful doctors or nurses about contraception | 12 48% | 13 52% | 25 100% |
| | heard of pre-eclampsia | 25 100% | 0 0% | 25 100% |
| North Okkalapa | know Family Planning | 25 100% | 0 0% | 25 100% |
| | accessible to Family Planning methods | 25 100% | 0 0% | 25 100% |
| | discuss with skillful doctors or nurses about contraception | 20 80% | 5 20% | 25 100% |
| | heard of pre-eclampsia | 23 92% | 2 8% | 25 100% |

Sources: Survey data (2018)

From above table (6) describes knowing Family Planning is concerned, in Shwepyitha, only 12% of respondents answered YES and 88% is NO when compare to Bahan and in North Okkalapa, (100%) of respondents answered YES and there is no woman who answered NO in both townships. As a survey result, most respondents in Shwepyitha Township have a poor knowledge concerning with the Family Planning concepts but accessible to Family Planning methods is 92% of respondents who answered YES and 2% answered NO. In both Bahan and

North Okkalapa, all respondents (10%) answered YES. Amazingly, all respondents know about the contraceptive methods.

When it comes to discuss with skillful doctors or nurses about contraception, 46% answered YES although 64% answered NO in Shwepyitha. In Bahan, 48% answered YES while 52% answered NO. In contrast, in North Okkalapa, 80% answered YES although 20% answered NO. As far as heard of pre-eclampsia is concerned, 90% answered YES although 10% answered NO in Shwepyitha. All women 100% of respondents answered YES while 92% of respondents answered YES and 8% answered NO in North Okkalapa

Engaging in Family Planning Method

If married women have enough knowledge concerning with the family planning methods, they can choose the suitable and useful methods for them. As a consequence, they can delay babies and follow education and career goals. This empowers them and increases their ability to earn more.

Table (7) : Engaging in Family Planning Method

| Townships | Shwepyitha | Bahan | North Okkalapa | Total |
|-------------------------|------------|-------|----------------|-------|
| Injection | 66 | 3 | 12 | 81 |
| Oral contraceptive pill | 53 | 8 | 4 | 65 |
| IUD | 1 | 4 | 7 | 12 |
| Implant | 2 | 5 | 1 | 8 |
| Calendar Method | 0 | 3 | 0 | 3 |
| Condom | 0 | 2 | 1 | 3 |
| Others | 28 | 0 | 0 | 28 |
| Total | 150 | 25 | 25 | 200 |

Source: Survey data (2019)

According to table (7), the number of the respondents who answered the survey questions concerned with the engaging in family planning methods in three townships in 2018. When it comes to injection, there are (81) women who use it. It is followed by (65) women who use oral contraceptive pill. Unlike injection and OC pill, there are only (12) women using IUD and (8) ladies who inserted implant. Slightly, there are only (3) ladies who use condom and (3) girls who uses other methods.

CONCLUSION

In the Reproductive Health field, ANTENATAL Care (ANC) is a major proponent for women and their unborn children, it is crucial to prioritize interferences based on what is suitable and what will be most valuable to the huge number of women. Moreover, education programs for pregnancy are proposed as majority of the women are lack of knowledge about ANC.

According to survey, in most of three township areas, some NGO are providing services in Health Sector and distributed condom free of charge, but there is no special program for birth spacing. On the other hand, male condom users are also not intended for birth spacing just for reducing the Sexually Transmitted Infections (SITs). In this study the awareness on reproductive

health care and family planning knowledge are different among married women within the three Townships due to the development level of townships. Especially, Shwepyitha Township is one of the least perform in the implementation of reproductive health care services and using family planning methods because this township is still largely underdeveloped, lack of municipal services and the socioeconomic status is also low when compared to the other two townships. In summarizing, reproductive health care services are often available but inaccessible in the study areas where married women have misinformation, common and unsafe practices surrounding abortion and delivery, and a dearth of comprehensive sexual and reproductive health services for adolescent and unmarried populations.

Nevertheless, contraceptive distribution and service providing for birth spacing should be free of charge and this programs should reach end users. Because women from relatively poor backgrounds, living in rural areas, and low levels of education are less likely to access antenatal care services, even if they are provided. If they don't have enough knowledge regarding reproductive health care such as family planning and antennal services, it is more likely to increase risk of prenatal mortality and still birth which will turn to prevent for nation's economic growth and social welfare.

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