YANGON UNIVERSITY OF ECONOMICS
DEPARTMENT OF APPLIED ECONOMICS
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A STUDY ON FAMILY PLANNING BEHAVIOURS AMONG REPRODUCTIVE AGE MARRIED WOMEN IN MINGALARDON TOWNSHIP

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EMPA - 81 (18th BATCH)

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A thesis submitted as a partial fulfillment towards the requirement for the degree of Master of Public Administration (MPA)

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This is to certify that this thesis entitled **"A STUDY ON FAMILY PLANNING BEHAVIOURS AMONG REPRODUCTIVE AGE MARRIED WOMEN IN MINGALARDON TOWNSHIP"**, submitted as a partial fulfillment towards the requirements for the degree of Master of Public Administration has been accepted by the Board of Examiners.

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ABSTRACT

Family planning is the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. The study is to analyze family planning and related factors among reproductive age married women in Mingalardon Township, Yangon Region. The objectives of the study are to identify the use of family planning for reproductive age married women and examine the predisposing factors (knowledge and attitude), enabling factors and reinforcing factors for reproductive age married women towards family planning. The study is conducted of sample 269 married women of reproductive age with structured questionnaire. It is found that most respondents receive their preferred family planning method. Most of the respondents still do not use long-term contraceptives because they are afraid of inserting them into the body. It is found that some respondents have a plan to have more children in the future so they are worried about the side effects of contraceptives pills and injectables. Most of reproductive age married women have accessed their modern contraceptive methods from the private sector.

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LIST OF ABBREVIATIONS

CPR	Contraceptive Prevalence Rate
COC	Combined Oral Contraceptive
CT	Computerized Tomography
DMPA	Depot Medroxyprogesterone Acetate
ECPs	Emergency Contraceptive Pills
GAD	General Administration Department
GP	General Practitioner
HIV	Human Immunodeficiency Virus
IUD	Intrauterine Device
LAM	Lactational Amenorrhoea Method
LMIS	Logistic Management and Information System
MRI	Magnetic Resonance Imaging
OC	Oral Contraceptive
OPD	Out-patient Department
POP	Progestogen-only Contraceptive
SDG	Sustainable Development Goal
SQH	Sun Quality Health
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmissible Infections
TB	Tuberculosis
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
WHO	World Health Organization

CHAPTER I

INTRODUCTION

1.1 Rationale of the Study

Family planning is the ability of individuals and couples to anticipate and have their desired number of children and the spacing and timing of their births. It improves the health of women and children by reducing the risk of unsafe abortion.

Family planning is public health, economically and environmentally important, it reduces stress on natural resources and the political environment at the national level. It is the most cost-effective health and development investment for governments. Family planning is important for safe motherhood as it is associated with positive changes in health and positive health outcomes (Flavia & Paul, 2013).

It includes the control of reproductive behavior conception in family planning, including preservation of embryos and childbirth, as well as conception and prevention of pregnancy. Family planning programs not only help couples avoid unwanted pregnancies, but also allow them to control the timing of childbirth.

By controlling the time between childbearing and childlessness entering parenthood, couples can achieve their ultimate family size. Family planning programs have a positive impact on the health of both mother and child, helping to reduce maternal and child mortality and secondary infertility.

The effectiveness of family planning depends on people's knowledge of methods and the availability of methods to meet the diverse needs of many potential users. The availability of methods depends on the quality and quantity of service providers and the availability of financial and technical resources. Improving family planning can help prevent unwanted pregnancies in reproductive women.

Myanmar is a conservative country with strong cultural and social norms, including reproductive health issues and birth spacing. Women are often too shy to discuss sexuality and reproductive issues, including family planning practices.

There are various types of contraceptive options in Myanmar. In addition, the population economy social contraceptive prevalence rates vary from area to area due to cultural and subjective norms.

The prevalence of contraceptive use is 46%, male sterilization is 1%, condom use is 2%, traditional or natural methods are 3%, and male participation in family planning is only 2% (WHO, 2019).

According to the World Health Organization (WHO), women between the ages of 15 and 49 make up more than one-fifth of the world's population and face repeated risks of pregnancy and childbirth.

The study aims to examine the family planning behaviors among reproductive age married women in Mingalardon Township, Yangon Region. According to report of General Administration Department (2021), total population is 263798 with 143543 women and 120255 men. The population growth rate is nearly 3% in 2021. There are 5 hospitals, 5 rural health centers and 26 sub-rural health centers.

Women living farther from health facilities in both countries were less likely to be attended by health professionals than those living closer; They are less likely to seek professional care only in emergencies, and less likely to receive timely care when they are far away. Health centers. The health center will facilitate the practice of family planning by providing 24-hour family planning services.

1.2 Objectives of the Study

The general objective is to analyze family planning and related factors among reproductive age married women in Mingalardon Township, Yangon Region. The specific objectives of the study are (1) to identify the use of family planning for reproductive age married women, (2) to examine the predisposing factors (knowledge and attitude), enabling factors and reinforcing factors for reproductive age married women towards family planning.

1.3 Method of the Study

The study is used the descriptive method based on primary data and secondary data. The primary data is collected by using structured questionnaire to married women of reproductive age in Mingalardon Township. Secondary data is gathered from reports of the Department of Medical Services, Department of Public Health, Township Health Department, Rural Health Center, and other official publications from the Ministry of Health and Sports.

1.4 Scope and Limitations of the Study

The study is focused on 269 married women of reproductive age who are coming to Mingalardon Township Health Center. The study data is obtained from the Department of Public Health under the Ministry of Health between (2015-2016) to (2019-2020). The survey is collected within September, 2022. This study is only on family planning among selected married women of reproductive age Mingaladon Township, Yangon.

1.5 Organization of the Study

The study is composed of five chapters. Chapter 1 is introduction with rationale of the study, objectives of the study, method of study, scopes and limitation of the study and organization of the study. Chapter 2 expresses the literature review on family planning. Chapter 3 presents the health care service in Myanmar. Chapter 4 shows the analyzed of survey data. Chapter 5 explores the conclusion with findings and suggestions.

CHAPTER II

LITERATURE REVIEW

2.1 Concept of Family Planning

A family planning program defined by the World Health Organization (WHO) allows individuals to anticipate and have their desired number of children by their birth spacing and their birth spacing. It is achieved through the use of contraceptives and the treatment of spontaneous infertility (WHO, 2014). Family planning directly affects women's health and well-being, as well as the outcome of each of their pregnancies.

Everyone has discrimination, the right to determine the number and timing of children without violence or coercion; information and facilities necessary for it; to access sexual and reproductive health services of the highest standard (Akgun and Bakar, 2016).

Lack of or inaccurate family planning methods; wrong attitudes and behaviors towards methods and subsequent unplanned pregnancies; Increasing maternal and infant mortality are major health problems in most countries. More than 22 million unsafe abortions occur each year, resulting in approximately 47,000 short-term or long-term maternal deaths, mostly in developing countries (Ahman and Shah, 2011).

Family planning means that couples and individuals have the knowledge to determine the number of children they desire and for this purpose. It is the freedom and responsibility of couples and individuals to decide whether to have education and tools. In other words, family planning is a preventive service that allows married couples to determine the spacing of pregnancies according to their economic opportunities and personal desires, to ensure a suitable period for mother and child health.

Birth control does not mean limiting the number of people in a family. The goal of family planning is to prevent pregnancy-related health risks for women and to reduce unsafe abortion and infant mortality. maternal health; The odds of pregnancy and maternal death increase significantly when the birth is less than 2 years apart. In

addition, Babies born at frequent intervals are not fully developed (newborns); increasing rates of disability; Care becomes difficult and infant mortality increases in the mother's womb (Ayaz, Efe, 2019).

The purposes of family planning are:

a. Educating individuals and families about reproductive health;
b. To improve the health status of parents and children with modern medical treatment methods.
c. Multiple and frequent births have adverse effects on maternal and child health.
d. Preventing maternal mortality and protecting their health.
e. For children to be born and live well.
f. To prevent high risk and unwanted pregnancy.

Providing medical assistance to those who want to have children and educating individuals about family planning methods (Flavia and Paul, 2013).

Family planning is a high level of education and better employment opportunities. It can lead to higher socioeconomic status and improved performance. Another goal of family planning services is to prevent unwanted pregnancies and related maternal and infant deaths, and to provide support and advice to families so that they can have as many children as they want, whenever they want.

Family planning services enhance the decision-making capacity of family members and recognize their freedom to make decisions about childbearing. Family planning services play an important role within the primary health care domain that must be presented to the public (Canning and Schultz, 2012).

2.2 Unmet Need for Family Planning

The unmet need for family planning is a concept that has come to the agenda in recent years. Unmet need for family planning refers to women who are able to have a child before having another child (who want to extend their childbearing years) or who do not want another child (who want to end fertility) but are not using any contraceptive methods (Korra, 2012).

In developing countries, there is a significant gap between women's reproductive preferences and contraceptive use. This inconsistency has been called the 'unmet need' for family planning (Korra, 2012). At least 1 to 10 married women in most parts of the world have no need for family planning. It is estimated that approximately 12% of married or cohabiting women worldwide have no need for family planning. That is wanted to stop or delay childbearing, but did not use contraception.

Unmet need is high in areas where contraceptive use is generally low. In Asia, the lowest level of contraceptive use is in Afghanistan and Timor-Leste, at 29 percent. In 59 countries, an average of 1 in 5 women did not require family planning in 2015, 34 countries in East Africa; Central Africa or West Africa (UN, 2016).

An important way to eliminate unmet need for family planning is to increase the diversity of contraceptive methods. Individuals may vary their choice of contraceptives based on their individual needs and family characteristics (Ali, Cleland and Shah, 2012). In addition, women who refuse to use contraceptives and who do not wish to prevent pregnancy are responsible for about 38% of unmet needs.

Providing expanded alternatives to different methods, if available, may meet some of their needs and increase contraceptive use. Expanding access to different methods could reduce contraceptive use by 8%. In addition, A wide range of options leads to underserved women (62%) becoming users (Jain, Obare, RamaRao and Askew, 2013). Finally, some users will need birth control to prevent sexually transmitted infections such as the human immunodeficiency virus.

2.3 Attitudes of Family Planning

Attitude is a person's idea, refers to positive or negative feelings or attitudes about an object or symbol. All changes in family planning led to behavior. Behaviors and attitudes play an important role in the use of family planning methods, which indirectly affect fertility status and population rates.

Attitudes and behaviors play an important role in choosing a family planning method to promote effective method use. Identifying attitudes that affect the use of family planning by individuals is an important factor in planning family planning services (Ayaz and Efe, 2019).

The basis of most attitudes depends on childhood and generally direct experience; reinforcement, It comes from imitation and social learning. Individuals receive information about family planning methods; They are emotionally empowered by the information and eventually change their attitudes towards the information into positive or negative behavior. Individuals also respond to the feedback they receive through a process of transformation into behavior (Akgun and Bakar, 2016).

Individual attitudes towards family planning methods are influenced by economic factors; sociocultural factors; environmental factors; Location age Education traditional beliefs; religion Influenced by certain characteristics such as family type and knowledge levels. These factors are known to influence the transformation of attitudes into behaviors. Attitude is a rational concept and although it cannot be observed directly, its effects on behavior are well known (Örsal and Kubilay, 2017).

Individuals gain knowledge of family planning methods and transcribe them emotionally. Then they are ready to combine their attitudes and decide what behavior is positive or negative for them and the way that is appropriate for them (Yerli, 2015).

Identifying individual attitudes and behaviors toward family planning; filling in missing information and correcting incorrect information is critical to providing effective family planning services and planning training and counseling services to women.

Health workers should be guided to choose the right method and use it correctly. This helps couples improve the quality of their sex life. Adequate numbers of educated health care professionals should be available to effectively develop reproductive health services to meet present and future needs.

However, insufficient health workers prevent the provision of family planning services, particularly in rural areas. Experience from some developing countries shows that community-based family planning services have successfully used family planning methods including the distribution of pills and injections (Hoke, Wheeler, Lynd and Green, 2012).

2.4 Benefit of Family Planning

Family planning allows people to have their desired number of children and determine the spacing of pregnancies. It is achieved through the use of contraceptives and the treatment of infertility (WHO 2012). Family planning interventions provide health and human rights benefits as well as poverty reduction effects (Bongaarts and Sinding 2011).

A woman's ability to choose whether or not to get pregnant has a direct impact on a woman's health and well-being. Family planning allows pregnancy spacing and can delay pregnancy in women who are at greater risk of premature birth death. It prevents unintended pregnancy, including in older women who face pregnancy-related risks.

Family planning programs allow women who want to limit their family size to do so. Evidence shows that women who have more than 4 children have a higher risk of maternal death. By reducing the rate of unwanted pregnancy; Family planning also reduces the need for safe abortions (WHO, 2011).

Increasing contraceptive use in developing countries has reduced maternal mortality by 40 percent over the past 20 years by reducing the number of unintended pregnancies. By preventing high-risk pregnancies, especially in older women and women who have completed unsafe abortions. Increased contraceptive use has reduced the maternal mortality ratio to a slightly lower risk of maternal death per 100,000 births by about in little more than a decade 26%.

A further 30% of additional maternal deaths could be avoided due to unmet need for contraception (Cleland and John, 2012). The benefits of modern contraceptives for women's health, including non-contraceptive benefits, outweigh the risks. Pregnant teens are more likely to have premature or low-birth-weight babies. Children born to teenagers have a high rate of infant mortality. Many teenage girls who become pregnant drop out of school. It is an individual, and it has long-term implications for them as their families and communities.

Family planning programs can prevent near-term pregnancies and births that contribute to the world's infant mortality rate. Infants of mothers who die in childbirth are also at increased risk of death and poor health (WHO 2012). The family planning program is aimed at women and girls, especially those who are becoming mothers. Those who continue to school to become literate to learn a trade; It can help them start a business or achieve their educational and career goals. Early and unintended pregnancy can be both a cause and a consequence of school dropout (UNSECO, 2014).

Family planning allows people to make informed choices about their sexual and reproductive health. Family planning is an opportunity for women to acquire additional education and participate in public life, including paid employment in non-family organizations.

Also, having smaller families allows parents to invest more in each child. Children with fewer siblings are more likely to stay in school than those with more siblings (WHO, 2012). Children of women who have frequent access to family planning and health services back home are healthier and more educated children than women who do not have such access (Canning and Schultz 2012).

The freedom and ability of individuals and couples to choose when and how often to conceive is rightly regarded as a basic human right. Exercising this right is critical to women's empowerment. When there is no birth control. A woman's prime adult years include pregnancy. It is dominated by continuous cycles of feeding and child care. As pregnancy rates decline, women are able to participate more fully in public life, including in paid employment (Bloom, Canning, Fink, & Finlay, 2019).

Promotion of family planning and access to preferred contraceptive methods for women and couples is essential to ensure women's well-being and autonomy (WHO, 2012). Children enjoy the benefits of having a small family. Children in small families receive more quality attention from their parents and achieve higher levels of achievement. Having small families allows parents to invest more in each child. Children with fewer siblings are more likely to stay in school than those with more siblings (WHO, 2019).

Having fewer children in order to educate children can be understood as follows: firstly, the need to find more viable ways for their children; The second is to ensure that girls and boys have access to the developmental pathways that are currently available. It is through education that they escape the harsh lives their parents lived (Mjaaland, 2014).

Some of the benefits of family planning include reduced infant mortality; prevention of pregnancy-related health risks; Empowering women and improving their education. In general, Family planning is essential for sustainable population growth (WHO, 2014). Failures of family planning, referred to as unmet need, include limiting unwanted pregnancies and spacing pregnancies among women of reproductive age (Nortman, 1982).

2.5 Contraception Selections

Contraceptive means preventing pregnancy. There are many different methods and it is important to choose the best match. It should include specific information factors to consider when choosing a contraceptive about:

- effectiveness for pregnancy prevention
- health problems that may limit some options
- ease of use
- side effects including regular menstrual changes
- benefits other than contraception
- cost and availability
- reversibility
- protection against sexually transmissible infections (STIs)

It is important that contraceptive methods are widely available and easily accessible to everyone who is sexually active, including adolescents (Jacqueline, Vanessa, Akinrinola and Loris (2016).) In some countries, midwives are locally available and trained and empowered to provide cultural support. acceptable methods of contraception. other trained health workers; Community health workers also provide training on some methods, such as the pill and condoms. For procedures such as sterilization, women and men need to be referred to the clinic.

(1) The Hormonal IUD

It is a small, T-shaped device that is placed inside the uterus (womb). Over a period of 5 years, it slowly releases very small amounts of the hormone progestogen into the uterus. Menstrual periods usually become lighter or may stop when using a hormonal intrauterine device (IUD). Hormonal IUDs are 99.8% effective (WHO, 2014).

(2) The Copper IUD

It is a small device made of plastic and copper that is placed inside the uterus. They prevent sperm from reaching the egg and stop the fertilized egg from sticking to the uterine wall. Because they do not contain hormones, they do not affect a woman's normal cycle, but when using a copper intrauterine device (IUD), periods can become more severe. The copper IUD is 99.2% effective (WHO, 2014).

(3) Contraceptive Injections

Depot medroxyprogesterone acetate (DMPA) is given by intramuscular injection every 12 weeks. Prevents pregnancy by stopping ovulation. Periods may stop while using DMPA and there may be a delay in returning to normal fertility. DMPA is 94-99.8% effective (WHO, 2014).

(4) Contraceptive Vaginal Ring

It is a soft plastic ring that slowly releases the two hormones estrogen and progestogen. These hormones are the same as those used in the combined oral contraceptive pill (OC Pill). After self-insertion, the ring remains in the vagina for three weeks and is replaced with another ring one week after removal (WHO, 2014).

(5) Combined Oral Contraceptive Pill (COC Pill)

The drug is an oral contraceptive that is taken daily. It contains the hormones estrogen and progestogen. These hormones are similar to naturally occurring hormones.

Female body. The pill can help with acne or heavy periods. Pills rely on regular and consistent daily use to be effective (WHO, 2014).

(6) Progestogen-only Contraceptive Pill (POP)

The mini-pill is a daily oral contraceptive. It contains a small amount of progestin, which is naturally produced by the female body. POP can be used by most women even if they have a significant health problem. Pills rely on regular and consistent daily use to be effective (WHO, 2014).

(7) Condom

A male condom is a sheath made of latex or polyurethane that is placed over the erect penis before intercourse. Male condoms are 82-98% effective at preventing pregnancy, and consistent use is very important if they are the only form of contraception. Condoms can be used in conjunction with other methods to increase the effectiveness of birth control.

A female condom is a polyurethane sheath that is inserted inside the female body. Before having sex. It has two flexible rings to keep it in place. Female condoms are 79-95% effective.

A diaphragm is a soft dome-shaped silicone cap that is placed inside the cervix before intercourse to stop sperm from entering the uterus. A diaphragm should be fitted to the correct size by a doctor or nurse and given instructions on how to use it. Diaphragm is 88-94% effective (WHO, 2014).

(8) Lactational Amenorrhoea Method (LAM)

Breastfeeding is used as a birth control method. Breastfeeding reduces the chance of ovulation and reduces the chance of pregnancy. (a) Menstruation has not returned; (b) LAM is 98% effective when giving birth less than 6 months ago and fully breastfeeding.

2.6 Advantages, Disadvantage and Effect of Contraception

Family planning has very clear health benefits. Prevention of unintended pregnancies leads to a subsequent reduction in maternal morbidity and mortality. Contraceptives range in pregnancy; delaying pregnancy in girls who have more health problems from early childbearing; and preventing pregnancy in older women (Cleland and John 2012). It also allows women who want to limit their family size to do so. By reducing the rate of unintended pregnancy, contraception also reduces the need for unsafe abortion (Stover and Ross, 2010).

Unintended pregnancy and unintended pregnancies are common challenges faced by women and couples worldwide. About 44% of all pregnancies worldwide are unintended, and 56% end in unintended abortion (Bearak, Popinchalk, Alema, and Sedgh, 2018). Between 2010 and 2014, there were approximately 56 million abortions, which translates to 35 abortions for every 1,000 women aged 15–44 (Sedgh, Bearak and Singh, 2016).

Family planning and birth control can prevent untimely pregnancies and births that contribute to some of the highest infant mortality rates in the world. Comprehensive care for all pregnant women and newborns, combined with modern contraception for women who want to avoid pregnancy, would reduce maternal deaths from 308,000 to 84,000 per year, and infant deaths from 2.7 million to 538,000 per year (Darroch and Sully, 2017).

Preventing unintended pregnancy is important to improve the sexual and reproductive health of adolescents and their social and economic well-being (Jacqueline, Vanessa, Akinrionla and Lori, 2016). Pregnant teens are more likely to have premature and premature babies. Children born to teenagers have a high rate of infant mortality. Many teenage girls who become pregnant drop out of school. It is individual, It has long-term consequences for them as their families and communities (UNFPA, 2014).

(1) Advantages of Contraception

Female and male condoms protect against sexually transmitted diseases (STDs) and are very easy to purchase. Condoms can be used in conjunction with other birth control methods. Birth control pills prevent pregnancy and do not interfere with sex.

Intrauterine devices (IUDs) last longer and can reduce menstrual cramps and blood flow. Male and female sterilization are very effective. Implantation is also highly effective in preventing pregnancy (Hubacher and Trussell, 2015).

(2) Disadvantages of Contraception

Condoms may not be as effective as other birth control methods. Birth control pills must be taken daily and do not protect against STDs. Insertion and removal of intrauterine devices (IUDs) can be painful and slip out of place. Male and female sterilization require costly and irreversible surgery (Hubacher and Trussell, 2015).

Emergency contraception is a method of preventing pregnancy within 5 days of intercourse. This can be done by using copper-containing intrauterine devices (IUDs) and emergency contraceptive pills (ECPs). They are capable of preventing 95% of pregnancies (WHO, 2021).

(3) Effect of Contraception

As a result of using contraceptives, women may experience the following: (1) irregular bleeding; (2) breast tension; (3) changes in appetite; (4) depression; (5) hair loss or facial hair growth; the body (6) headache/migraine; (7) Nausea and vomiting; (8) changes in sexual desire and (9) female genital irritation (DaVanzo, Heale, Razzaque and Rahman, 1997).

Family planning and family planning create the opportunity for people to make informed choices about their sexual and reproductive health. Women for increased education and participation in society, including paid employment.

Contraception can also improve birth outcomes and child survival, primarily by prolonging gestation. In developing countries, the risk of preterm infant's doubles when conceived within 6 months of the previous birth, and children born within 2 years of older siblings are 60% more likely to die in infancy than in infancy after their siblings (Cleland and John, 2012).

2.7 Globally Modern Contraceptive Use of Reproductive Age Women

Globally, the number of women of reproductive age (ages 15-49) increased by 46 percent from 1.3 billion in 1990 to 1.9 billion in 2021 (UN, 2022). An increasing number of women of reproductive age needing family planning; They are sexually active with married or cohabiting or unmarried people and are intended to delay or avoid childbearing. In particular, the number of women in need of family planning increased from 0.7 billion in 1990 to 1.1 billion in 2021, or 62 percent (UN, 2022). This need is further satisfied by the use of modern contraceptive methods. At the same time, From 3.3 births per woman in 1990 to 2.3 births per woman in 2021 (UN, 2022). As a result, women today, on average, live longer periods of their reproductive lives wanting to delay or avoid childbearing.

Table (2.1) Globally Estimates of Family Planning Indicators

Contraceptive Method	**1990 (Million)**	**2021 (Million)**
Modern	467	874
Traditional	84	92

Source: United Nation, Department of Economic and Social Affairs (2022)

The use of modern contraceptive methods is one of the most effective ways to reduce the risk of unintended pregnancy and allows women and couples to plan how many children they will have and when. The number of women using modern contraception has almost doubled from 467 million in 1990 to 874 million in 2021 (UN, 2022). The number of women of reproductive age using traditional methods of contraception has increased from 84 million in 1990 to 92 million in 2021 (UN, 2022).

The regions with the highest proportion of modern contraceptive use are East and Southeast Asia (87 percent); Australia and New Zealand (85 percent); Latin America and the Caribbean (83 percent); Europe and North America (80 percent). Among women who want to avoid pregnancy in these areas, the proportion of women who do not use contraceptives ranges from 9% to 12%, and the proportion of women who use traditional methods ranges from 3% to 10%. The higher use of traditional methods in Europe and North America compared to the other three regions is due to a

higher proportion of women relying on traditional methods of contraception As shown in Table (2.2).

Table (2.2) Globally Contraceptive Method Use

Region	Modern	Unmet Need
Eastern and South-Eastern Asia	87%	9%
Australia and New Zealand	85%	11%
Latin America and Caribbean	83%	12%
Europe and Northern America	80%	10%
Central and Southern Asia	74%	14%
Northern Africa and Western Asia	63%	22%
Sub-Saharan Africa	56%	37%
Oceania Excluding Australia and New Zealand	52%	38%
World	**77%**	**16%**

Source: United Nation, Department of Economic and Social Affairs (2022)

2.8 Review on Previous Studies

Myo Min Lwin (2013), found that the factors influencing family planning practice of married, reproductive age women were attitude toward family planning, 24-hour accessibility of family planning services, health worker care, and partner and friend provision. The findings suggest that enablement of health workers, training of volunteers, pharmacists and contraceptive drug providers, encouraging inter-spousal communication, and peer support, as well as joined approach to primary health care in order to aim different populations to change women's attitudes on family planning, could increase family planning practice among Myanmar women.

Kyaw Thu Lat (2016) studied family planning among reproductive-age married women in rural Myanmar. The study found a high proportion of women using family planning. Short-term birth control methods are usually family planning. age sufficient income; good attitude towards family planning; good support from health care

providers; good support from family; support from friends; Significant associations were found with affordability status and family planning practice. The findings can be used to improve family planning practices in rural areas of Myanmar. Efforts should be made to improve counseling and health education by health care providers to improve attitudes toward family planning among women and those who influence them. Pharmacists should also be counseled to increase family planning knowledge and attitudes among women. Therefore, it is necessary to continue to examine the effective use of family planning.

Quereishi, Mathew & Sinha (2017) found that although most respondents were rational and knowledgeable about contraceptive methods, a wide knowledge-practice gap was evident in this study, similar to studies conducted in other developing countries. . Better access to women's education strategies and services is needed to address these issues. Using communication media appropriate to the audience is critical in conducting effective family planning awareness campaigns. modern long term Efforts should be made to educate the public about the safety of reversible contraceptives.

Prachi, Das & Ankur (2018) Knowledge among married women of reproductive age group in Sikkim. Attitudes and family planning were studied. It was found that most married women have knowledge about family planning and contraceptives. Sixty-two percent were currently using modern contraceptives, and thirty-eight percent were using oral contraceptives. The study highlights that knowledge and awareness do not always lead to the use of contraceptives. There is still a need to educate and motivate couples to use contraceptives more effectively and appropriately, and to improve family planning services to arrest population growth.

Aung Hpone Myint (2018) found that the need for family planning in Nat Mauk Township is still high, and women are more in need of restriction than separation. elderly women Three main factors, low attitude toward family planning and low social support from husbands and friends, were associated with high unmet need in the study township. The main reasons for married women not using birth control pills are fear of side effects and wanting to have more children.

Htet Wai Maung (2019) found that the location of the service provider should not be too far from their villages, the service provider needs to have a good reputation, and long-term contraceptive methods need to be easily accessible for women. The provider requires women to use long-term contraception.

Myint Myint Wai (2019) studied family planning needs and family planning needs and satisfaction among urban and rural married women in Myanmar. The study found that more than 67 percent of respondents were using some form of birth control. This study highlights the need for family planning services for married women in the south and north of Yangon, and more importantly, urban women living in the area. Urbanization and population growth mean an increased need for contraception for family planning. Service providers and program implementers should realize that not only are they satisfied with increasing contraceptive prevalence, but that increasing demand demands further expansion of services. Expanding contraceptive services will reduce unintended or unintended pregnancies and the risk of unsafe abortions. leading to poor maternal and child health outcomes.

CHAPTER III
HEALTH CARE AND FAMILY PLANNING SERVICES IN MYANMAR

3.1 Health Care Services

Promoting health, preventing diseases, providing effective treatment and rehabilitating are the comprehensive health services provided by the Ministry of Health and Sports for the health development of the nation. The human health plans are systematically implemented at both the national and regional levels to ensure that financial and material resources are used most effectively and efficiently for the implementation of these services.

The main aspects of service delivery and support activities are (1) health service delivery using a primary health care strategy; (2) services for target population groups; (3) promoting and protecting healthy communities; (4) prevention, control and management; communicable and non-communicable diseases.

Those who need special care are referred to Station Hospital, Township Hospital, District Hospital and to Specialist Hospital successively. Most districts have 2-6 townships and have a 100-bed (in some cases 269-bed) district hospital that provides the same secondary care services as township hospitals, such as general medicine, surgery specialized services in pediatrics, anesthesia, orthopedics, ophthalmology, dentistry and pathology are also provided.

Tertiary-level care hospitals exist in Yangon, Mandalay and Nay Pyi Taw with over 20 specialist discipline fully equipped for tertiary care, including intensive care units. Some of them also function as teaching and training hospitals for undergraduate and postgraduate medical students. Women's Hospital children's hospital orthopedic hospital Eye/Ear Nose Throat Hospital and Psychiatric Hospital in Yangon, Located in Mandalay and Taunggyi cities.

At the state/regional level; The State/Regional Health Department is responsible for State/Regional Planning; coordination; training and technical support; close supervision; Responsible for monitoring and evaluating health services. Secondary specialties (medicine, surgery, gynecology, pediatrics, anesthesiology, orthopedics, ophthalmology, otolaryngology, radiology, pathology, psychiatry, dentistry, forensics, microbiology, physiotherapy, neuro-medicine and neurosurgery) in state/regional level hospitals. X-rays and labs are provided at this level. At the peripheral level, For example, at the township level, actual health services are being provided to the community. Table (3.1) shows the types hospitals in Myanmar during the period from 2015-2020.

Table (3.1) Types of Hospitals in Myanmar (2015-2020)

Year	Specialist Hospitals	General Hospitals	Indigenous Hospitals	Private Hospitals
2015-2016	32	1022	22	212
2016-2017	32	1083	22	215
2017-2018	33	1101	34	224
2018-2019	33	1118	42	253
2019-2020	33	1135	44	256

Source: Department of Public Health, 2021

According to data of Department of Public Health (2021), 32 specialist hospitals, 1022 general hospitals, 22 indigenous hospitals and 212 private hospitals in (2015-2106); 32 specialist hospitals, 1083 general hospitals, 22 indigenous hospitals and 215 private hospitals in (2016-2107); 33 specialist hospitals, 1101 general hospitals, 34 indigenous hospitals and 224 private hospitals in (2017-2108); 33 specialist hospitals, 1118 general hospitals, 42 indigenous hospitals and 253 private hospitals in (2018-2109); 33 specialist hospitals, 1135 general hospitals, 44 indigenous hospitals and 256 private hospitals in (2019-2020).

In the last few years, the quality of institution-based health care has improved of central CT scan in most teaching and regional/state hospitals. MRI linear accelerator is equipped with modern diagnostic and treatment facilities like Digital X-ray etc. Most of the referrals are already accessing high-quality medical services in district hospitals.

The Township Health Department serves a population of 100,000 to 300,000. Each department is headed by a township health officer. Urban areas include township hospitals, urban health centers; Provided by Maternal and Child Health Centers and School Health Teams.

With the ultimate goal of improving health and longevity for the people, promoting primary health care workers through basic health care. protect Treatment and rehabilitation services are being provided. Based on the rural health center and the rural health center, midwives; Superintendent of Public Health It is based on rural health centers where women health visitors and health assistants are assigned to provide rural health care. The following Table (3.2) shows the health personal from 2015 to 2020.

Table (3.2) Health Personal in Myanmar (2015-2020)

Position	**2015-2016**	**2016-2017**	**2017-2018**	**2018-2019**	**2019-2020**
Doctor	8936	10479	17845	12371	11993
Dental Surgeon	498	760	861	870	914
Health Assistant	2156	2156	2500	2518	2604
Nurse	21598	20881	20842	22340	24292
Midwife	13811	13651	14280	14305	13913
Lady Health Visitor	2329	1897	2033	1974	1992
Health Supervisor I	1098	1098	775	742	758
Health Supervisor II	11607	11607	10463	10628	10409

Source: Department of Public Health, 2021

Regarding from Department of Public Health data (2021), 8936 doctors, 498 dental surgeons, 2156 health assistants, 21598 nurses, 13811 midwifes, 2329 lady health visitors, 1098 health supervisor I and 11607 health supervisor II in (2015-2106); 10479 doctors, 760 dental surgeons, 2156 health assistants, 20881 nurses, 13651 midwifes, 1897 lady health visitors, 1098 health supervisor I and 11607 health supervisor II in (2016-2107); 17845 doctors, 861 dental surgeons, 2500 health assistants, 20842 nurses, 14280 midwifes, 2033 lady health visitors, 775 health supervisor I and 10463 health supervisor II in (2017-2108); 12371 doctors, 870 dental

surgeons, 2518 health assistants, 22340 nurses, 14305 midwifes, 1974 lady health visitors, 742 health supervisor I and 10628 health supervisor II in (2018-2109); 11993 doctors, 914 dental surgeons, 2604 health assistants, 24292 nurses, 13913 midwifes, 1992 lady health visitors, 758 health supervisor I and 10409 health supervisor II in (2019-2020).

3.2 Family Planning Service Provision

Since 1991, the Myanmar government has implemented a policy to make contraceptives available in the public sector. Newborn activities were done in the townships. In 1996, combined oral contraceptives (COCs) pills; Depo medroxyprogesterone acetate (DMPA) injections and condoms are available at primary health centers.

Women in township hospitals, Maternal and child health centers and some rural health centers have access to intrauterine devices (IUDs). In the past, contraceptive users were required to pay a user fee as part of a cost recovery program, but currently there is no fee. Female sterilization can be performed in most township hospitals only after obtaining official permission.

Male sterilization was legally available because wives could be cut off because of the dire health consequences. Although the law restricts the sterilization of husband and wife, husband and wife cannot sterilize each other. Injectable contraceptives can be purchased without a prescription by healthcare workers and clients at most pharmacies.

Health Assisted Family Planning Service Readiness for Reproductive Health Goods and Services Assessment of Health Assisted Goods and Services (2016) states that health workers or service providers in government health facilities are tasked with family planning counseling/education. However, more than 50 percent of health centers do not have assistants or visual aids for counseling during family planning services.

Almost all tertiary hospitals have a large clientele for prenatal care and postnatal care in the Outpatient Department (OPD). Outpatient department space is very limited and tertiary hospital; Department of Nursing Examination beds for patients/patients and all doctor's departments are present in a health center with trolley access forward access.

Health care providers are available at health centers and provide family planning services with support staff. Most health centers have the necessary facilities to provide family planning services; There are instruments/boxes and materials. IUD services use a single-use trocar for surgical insertion in almost all devices, except alligator clips and contraceptives, so we have all the necessary instruments and equipment except for the skull. At least three modern contraceptives; oral contraceptives; injections, male condoms/emergency contraceptives.

There were no differences between urban and rural areas or health facility level on availability of at least three modern contraceptives. However, IUD insertion and removal services are available in 60 percent of health facilities, while 33 percent are for implants and permanent methods. None of the health facilities provide female condoms in family planning services due to lack of commodities/supply and lack of knowledge.

3.2.1 Family Planning Training for Service Providers

According to the 2016 Myanmar Health Facility Assessment for Reproductive Health Goods and Services, the availability of trained personnel is lowest at the neonatal level compared to the secondary and primary levels. At all levels of health facilities, the percentage was lower than last year. Fifty-two percent of tertiary health facilities had staff trained in implant placement and removal, which was the highest among the three levels of health facilities. Almost six percent of primary health centers trained staff in implant insertion and removal. The private sector lacks trained personnel for both birth spacing and implantation.

3.2.2 Quality Assurance of Service Providers

Quality assurance is a procedure for assuring the quality of a product or service. Key elements of quality assurance in the service sector are standards that support service providers to ensure excellence and consistency in their offerings; practices and processes are being developed.

To improve the overall quality of services; quality assurance measures and evaluation of outcomes of family planning service providers; collect the client feedback and implement continuous improvement plans. By ensuring that customers receive the

best possible service; Quality assurance helps organizations establish strong reputations; Help win more committed customers and boost growth.

Family planning providers can support a culture of quality among staff members by highlighting the importance of quality assurance and celebrating employees who provide excellent customer service. This can help develop a culture of accountability and progress.

Family planning providers are available at health centers and provide family planning services with support staff. Most health centers have the necessary facilities to provide family planning services. At least three modern contraceptives such as oral contraceptives, injections and condoms for emergency contraceptives.

Capacity building of national monitoring and evaluation officers was undertaken to improve the family planning surveillance system with the support of the Track 20 team. Furthermore, the Reproductive Health Logistics Management and Information System (LMIS) Study Reference Paper on the Role of Private Sector Family Planning (2016) found that the majority of the private sector contraceptive market is composed of 42 percent of general retailers, 25 percent; Pharmacies, private stores stocking modern contraceptives that do not include condoms outside of general retailers; 15 percent of private hospitals; 16 percent of private community health providers and 2 percent are drug dealers.

3.3 National Family Planning Program

The government of Myanmar assessments family planning as serious to saving lives, protecting mothers and children from death, ill health, disability, and under development. It assessments contact to family planning information, commodities, and services as a essential right for every woman and public if they are to develop to their full potential.

In 2017, the Government of Myanmar renewed its commitment to Family Planning 2020, including on classifying innovative financing solutions, especially for commodities; strengthening supply chains and expanding the range of contraceptives available to women; allowing young people to thrive; and reaching the toughest to reach.

Improving access to sexual and reproductive health services, such as family planning, is fundamental to achieving the Sustainable Development Goals (SDGs), and this access will improve women's and children's health, poverty, education, gender equality and human rights because it is strongly. Access to family planning results in a 44% reduction in maternal mortality and a 21% reduction in under-five mortality. Accelerating the country's development by increasing opportunities for women and girls through employment and empowerment, and reducing health care costs.

Myanmar's commitment to increasing access for women and girls is an important policy; Includes financial and service delivery aspects. The Myanmar Family Program was started in 1991 as a pilot project in a township. In 2012, the government has increased the health budget, invested more resources in family planning and increased access to contraceptives at the community level. In Myanmar, an informed choice is being made to increase the use of contraceptives by both married and unmarried people.

Myanmar is strongly committed to Family Planning 2020, a global initiative focused on women's access to life-saving information and contraceptives by 2020, to improve the lives of women and girls, and to access quality prenatal services. Myanmar has committed to Family Planning 2020 with the goal of (1) increasing the contraceptive prevalence rate (CPR) from 41 percent to above 60 percent by 2020 (3) demand satisfaction increased from 67 percent to 80 percent, and (4) method mix was improved by increased use of long simulation methods and decentralization to districts.

National surveys conducted in Myanmar showed an increasing trend in the modern contraceptive prevalence rate (CPR) from 50% in 2015-2016 to 54.1% in 2019-2020, and a decreased trend in the unmet need for family planning from 17.8% in 2015-2016 to 16.3% in 2019-2020. However, the CPR and the unmet need for family planning are not adequate for achieving the family planning 2020 targets as shown in Table (3.3).

Table (3.3) Modern Contraceptive Usage Among Reproductive Age Married Women

Year	Total Users (Number)	Contraceptive Prevalence (%)	Unmet Need (%)	Family Planning Met (%)
2015-2016	4080000	50.0	17.8	73.7
2016-2017	4269000	51.3	17.4	74.7
2017-2018	4290000	52.3	17.0	75.4
2018-2019	4370000	53.3	16.7	76.1
2019-2020	4440000	54.1	16.3	79.9

Source: Department of Public Health, 2021

In addition, there are many gaps in Myanmar's states and regions that do not meet the needs for family planning. Contraception is the best way to reduce unintended pregnancy, but the high rate of unsafe abortion shows that women in Myanmar continue to face challenges in accessing and using contraceptives. Because most unplanned pregnancies and abortions occur among women who do not use or consistently use contraception. It is more important to reduce and achieve unplanned abortions and abortions consistently. Furthermore, it can lead to poor maternal and child health outcomes that affect the country's development.

3.4 Family Planning Spending

Myanmar has signed the family planning pledge, pledging to support 900,000 women of reproductive age to access family planning. The use of contraceptives for Myanmar has increased from the current level of 41% to 50%, and the demand for contraceptives has decreased from the current level of 24% to less than 10%. (UNFPA, 2021).

Service Providers produce family planning services against a payment for their provision; organizations directly involved in support and delivery. family planning services and interventions to the public. It is supported by a wide range of providers, including local non-profit organizations and international organizations. The following Table (3.4) shows the family planning spending by service provider during 2019-2020.

Table (3.4) Family Planning Spending by Service Provider (2019-2020)

Service Providers	**Amount (Kyat)**
Government Organizations	
Public General Hospitals	2514991500
Public Outpatient Care Centers	9045403500
Department of Public Health	18422400
Local Non-governmental Organizations	
Myanmar Maternal and Child Welfare Association	440038269
Myanmar Medical Association	219208500
UN Agencies	
United National Population Fund	5168898000
World Health Organization	44100000
International Non-governmental Organizations	
Marie Stope International	9105327000
Population Services International, Myanmar	3005893800
International Rescue Committee	653694300
Medical Action Myanmar	360234000
Various Service Providers	51363900

Source: Department of Public Health, 2021

Regarding from information of department of public health (2021), public general hospitals spend kyat 2514991500 for family planning services, public outpatient care centers spent kyat 9045403500 and department of public health spend kyat 18422400 for service provision of pills, injectables and implants. Myanmar Maternal and Child Welfare Association spend kyat 440038269 and Myanmar Medical Association spend kyat 219208500 for training and capacity building for family planning services and providing pills. United National Population Fund and World Health Organization supported funds for family planning service in Myanmar with kyat 5168898000 and kyat 44100000.

Marie Stope International spend kyat 9105327000, Population Services International, Myanmar kyat 3005893800, International Rescue Committee spend kyat 653694300, Medical Action Myanmar spend kyat 360234000 and various service providers spend kyat 51363900 provide a broad range of family planning services include pills, injectables, condoms and implants.

3.5 Methods of Contraception

The Ministry of Health and Sports has trained professional nurses, It aims to strengthen the policy of providing modern contraceptive methods with trained volunteers and midwives. Regions with access to affordable modern contraceptives; regional, including social and gender-related barriers, and inequalities between urban and rural areas and the rich and poor; The Myanmar government is committed to implementing people-centered policies to address social and gender-related barriers.

It was found that the Department of Public Health under the Ministry of Health and Sports provides modern contraceptives in the regions and states of Myanmar every year. Contraceptive methods include oral contraceptives; contraceptives; injections, injections, Patches Women's body rings intrauterine devices; Condoms male and female sterilization; feeding methods; Includes withdrawal and maternity awareness methods. These methods have different mechanisms of action and are effective in preventing unwanted pregnancy.

Table (3.5) Providing Modern Contraceptives (2015-2020)

State/Region	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Kachin	3.9%	4.1%	4.3%	4.2%	4.4%
Kayah	4.3%	4.5%	4.8%	4.9%	5.8%
Kayin	3.4%	3.3%	3.5%	3.7%	4.2%
Chin	3.8%	3.7%	3.9%	4.3%	4.3%
Sagaing	4.5%	4.4%	4.5%	4.5%	4.8%
Taninthayi	3.5%	3.6%	4.0%	4.0%	4.0%

Bago	3.5%	3.7%	3.7%	3.8%	4.1%
Magway	4.4%	4.5%	4.9%	4.9%	5.3%
Mandalay	4.0%	4.1%	4.3%	4.3%	4.6%
Mon	4.1%	4.5%	4.7%	4.7%	5.0%
Rakhine	3.3%	3.3%	3.4%	3.3%	3.5%
Yangon	3.8%	3.9%	4.0%	4.1%	4.3%
Shan	3.5%	3.6%	3.5%	3.4%	3.7%
Ayeyarwady	3.7%	3.8%	3.9%	3.9%	4.3%
Nay Pyi Taw	4.0%	4.1%	4.1%	4.0%	4.7%

Source: Department of Public Health, 2021

According to data from the Department of Public Health (2021), the Department of Public Health provides modern contraceptives to very few married women of reproductive age in states and regions. In addition, thanks to the donation of modern contraceptives in cooperation with the World Health Organization and international health organizations, this department has been able to increase the number of modern contraceptives year by year. Therefore, the percentage of annual supply of modern contraceptives is increasing in states and regions.

3.6 Family Planning Program of Non-Governmental Organizations

Population Services International, Myanmar is a leading private sector provider of reproductive and family health care services in Myanmar through clinical social franchising. in the whole world Medical social franchising has gained popularity over the past two decades as an approach to engage the private sector. (Viswanathan, Schatzkin and Sprockett, 2013).

A medical social rights program is a low-cost, A health care delivery model that links existing private providers to provide access to high-quality products and services. This includes sexual and reproductive health services; child health Tuberculosis treatment It leads to uniform and standardized services to improve access to and

expertise in a variety of health services, including malaria testing and treatment and HIV care.

In 2001, Population Services International, Myanmar started a social franchising network by recruiting general practitioners (GPs) into Sun Quality Health (SQH) clinics. PSI has gradually expanded its network in phases, both in terms of geographical coverage and types of services provided. Population Services International is the first to implement a reproductive health program in Myanmar in its network of franchise clinics. This organization offers training in general reproductive health services, including short-term hormonal birth control methods such as the daily pill and 3-month hormonal injections. The course also includes counseling and how to increase the client's choice of method. Population Services International, Myanmar distributed these products to free clinics at a high subsidy rate and produced and made educational brochures and posters available at these clinics.

Population Services International introduced the IUD program to clinics that are already part of the reproductive health program in Myanmar. IUD insertion training was conducted with doctors who were part of the reproductive health program. Counseling in the course; infection prevention; Includes IUD insertion and management of complications and side effects.

Trained doctors participated in a practical session on IUD insertion in patients after the training. Their capacity and skills were monitored through training team support visits and quality assurance visits by the Myanmar Population Services International Quality Assurance Team until they were able to perform IUD insertion independently.

Population Services International; Myanmar has a high supply rate of IUD products. As part of this program. The organization uses reproductive health promoters to raise awareness about family planning through community health talks and by distributing referral cards to eligible women to SQH clinics for family planning services. Reproductive health promoters are trained by Population Services International, Myanmar.

3.7 Health Care Services of Mingalardon Township

Mingalardon Township is located in the northern part of Yangon Region. Total population is 263798 with 27 wards, 5 village tracts and 20 villages (GAD, 2020). The following Table (3.6) shows the hospitals, rural health centers and sub-rural health centers in Mingalardon Township.

Table (3.6) Hospitals, Rural Health Centers and Sub-Rural Health Centers (2021)

Particular	Number	Bedded
Township Hospital	1	50
HIV Specialist Hospital	1	100
Defence Services General Hospital	1	1000
Defence Service Maternity and Children Hospital	1	500
Defence Services Orthopedic Hospital	1	500
Rural Health Centers	5	10
Sub-Rural Health Centers	26	26

Source: Mingalardon Township Health Department, 2021

The population of Mingaladon Township is about 4 percentage of Yangon Region. As health care, 50 bedded Township Hospital, 100 bedded HIV Specialist Hospital, 1000 bedded, Defence Services General Hospital, 500 bedded Defence Service Maternity and Children Hospital, 500 bedded Defence Services Orthopedic Hospital, 5 Rural Health Centers and 26 Sub-Rural Health Centers provide health service to the public.

The following Table (3.7) shows the health personal of Mingalardon Township Hospital.

Table (3.7) Health Personal of Mingalardon Township

Position	2019-2020 (No.)
Doctor	8
Senior Nurse	2
Junior Nurse	18
Lady Health Visitor	15
Midwife	37
Public Health Supervisor I	4
Public Health Supervisor II	28
Auxiliary Midwife	60
Community Health Assistant	53

Source: Mingalardon Township Health Department, 2021

Regarding from Mingalardon Township Hospital (Table 3.6), 8 number of doctors, 2 number of senior nurses, 18 number of junior nurses, 15 number of lady health visitors, 37 number of midwifes, 32 number of public health supervisor, 60 number of auxiliary midwife and 53 number of community health assistant.

The following Table (3.8) shows the health care activities of Mingalardon Township.

Table (3.8) Health Care Activities of Mingalardon Township

Particular	2019-2020 (No.)
Health Education for Basis Health Staff	25
General Clinic Attendance	40
Antenatal Care Service	27
Family Planning Training	18

Source: Mingalardon Township Health Department, 2021

Regarding from the information of Mingalardon Township Health Department, 25 training of health education for basic health staff, 40 number of general clinic

attendance, 27 number of antenatal care services and 18 number of family planning training.

Table (3.9) shows the health facilities by health care providers in Mingalardon Township.

Table (3.9) Health Facilities by Health Care Providers in Mingalardon Township

Particular	**Township Hospital (2019-2020)**	**Private Hospitals (2019-2020)**
Family Planning	23.5%	68.2%
Antenatal Care	35.3%	72.6%
Delivery	41.2%	60.5%
Postnatal Care	52.9%	66.7%
Newborn Care	20.6%	88.2%
Under-five Child Care	48.3%	40.8%

Source: Mingalardon Township Health Department, 2021

Regarding from Mingalardon Township Health Department, within (2019-2020), 2.35% in the township hospital for family planning and 68.2% in the private hospitals for family planning. During (2019-2020), 35.3% of antenatal care was provided in township hospital and 72.6% in private hospitals. During (2019-2020), 41.2% of delivery was provided in township hospital and 60.5% in private hospitals.

During (2019-2020), 52.9% of postnatal care was provided in township hospital and 66.7% in private hospitals, 20.6% of newborn care was provided in township hospital and 88.2% in private hospitals, 48.3% of under-five child care was provided in township hospital and 40.8% in private hospitals,

CHAPTER IV

SURVEY ANALYSIS

4.1 Profile of Mingalardon Township

Mingalardon Township is located in Norther District, Yangon Region. The township area is between East to West 3.61 miles and South to North 11.55 miles. This township is 100 feet above sea level as it is in the low-lying plains and borders with Hlegu Township and North Okkalapa in the East, Shwepyitha Township and Insein Township in the West, Hmawbi Township in the North and Mayangone Township in the South. The climate of Mingalardon Township is tropical wet and dry season with the maximum temperature at 39° C and the minimum temperature at 15° C. The following table (4.1) shows the number of houses, households, wards, village tracts, villages and population by gender of Mingalardon Township.

Table (4.1) Houses, Households, Wards, Village Tracts, Villages and Population

Particular	Urban (No.)	Rural (No.)
Houses	29228	18471
Households	33993	23387
Ward	27	0
Village Tracts	0	5
Villages		20
Above 18 Years Old Male Population	50578	31976
Above 18 Years Old Female Population	59513	44422
Under 18 Years Old Male Population	19242	18459
Under 18 Years Old Female Population	20564	19044
Total Male Population	69820	50435
Total Female Population	80077	63466

Source: General Administration Department, Mingalardon Township, 2021

The following Table (4.2) shows the population growth rate and gender ratio of Mingalardon Township.

Table (4.2) Population Growth Rate and Gender Ratio (2021)

Particular	Number
Previous Year Population (2020)	257269
Current Year Population (2021)	263798
Increase Population	6548
Growth Rate	2.8%
Male	120255
Female	143543
Gender Ratio	1:1.2

Source: General Administration Department, Mingalardon Township (2021)

In the Mingalardon Township, the increase population is 6548 between previous year and current year. The population growth rate 2.8% in 2021. The population of female is slightly higher than that of males during the years 2020 to 2021.

The health facilities of Mingalardon Township are 50 bedded Township Hospital, 100 bedded HIV Specialist Hospital, 1000 bedded Defence Services General Hospital, 500 bedded Defence Service Maternity and Children Hospital, 500 bedded Defence Services Orthopedic Hospital, 5 Rural Health Centers and 26 Sub-Rural Health Centers.

4.2 Survey Design

The survey format is the knowledge of married women in Mingaladon Township. It focuses on attitudinal and ritual contraception. 269 married women of reproductive age who came to the township health center were surveyed. This study is quantitative in nature through a survey based on a questionnaire. Data were collected through a structured questionnaire using a simple random sampling method.

The survey questionnaire consisted of multiple-choice questions in which respondents were asked to select one or more of the alternatives and dichotomous questions with only two responses. The survey is based on coordination with

respondents during November 2022 for this study. Copies of the survey questionnaire is attached in Appendix.

The number of sample size was calculated by using the following formula,

$$n = \frac{Z^2\ \alpha/_2\ P\ (1\text{-}P)}{d^2}$$

n = estimated sample size

α = level of significant = 0.05

$Z^2\ \alpha/_2$ = standard normal deviation at 95% of confidence level = 1.96

p = proportion of targeted population estimated to have practice in contraception

d = error of allowance = 0.06

$$n = \frac{1.96^2 \text{ x } 0.5 \text{ x } (1 - 0.5)}{0.06^2}$$

n = 267

4.3 Survey Results

This section presents the social demographic factors, predisposing factors, enabling factors, reinforcing factors and contraceptive use.

4.3.1 Social Demographic Factors

The social demographic factors are presented the information of 269 married women include age level, education level, occupation, current number of children and number of children desired as shown in Table (4.3).

Table (4.3) Social Demographic Factors

Particular	No. of Respondents	%
Age level (Years)		
19 – 29	94	34.9
30 – 39	152	56.5
40 - 49	23	8.6
Total	**269**	**100**
Educational Level		
Primary School	17	6.3
Middle School	80	29.7
High School	94	34.9
Graduated	63	23.4
Post Graduated	15	5.7
Total	**269**	**100**
Occupation		
House Wife	138	51.3
Daily Worker	25	9.3
Vendor	22	8.2
Company Worker	54	20.0
Government Staff	30	11.2
Total	**269**	**100**
Current Number of Children		
None	75	27.9
One	71	26.4
Two	80	29.7
Three	43	16.0
Total	**269**	**100**
Number of Children Desired		
One	211	78.4
Two	58	21.6
Total	**269**	**100**

Source: Survey data, 2022

According result of 269 married women (Table 4.11), more than 56% of total respondents have between 30 years to 39 years. Most respondents have under graduated level. Majority of respondents are house wife. Within 269 married women, 75 respondents (27.9%) have not children, 71 respondents (26.4 %) have one child, 80 respondents (29.7%) have two children, 43 respondents (16%) have three children respectively. More than 75% of total respondents are desired to want one child in their family.

4.3.2 Predisposing Factors

The predisposing factors include knowledge on family planning and attitude towards family planning of 269 married women.

Table (4.4) Respondents' Knowledge on Family Planning

Sr. No	Particular	No. of Respondents who have correct knowledge	%
1	Get pregnancy after stopping temporary contraceptive methods.	269	100
2	Best interval between one pregnancy and another is 1 year.	258	95.9
3	IUD cannot prevent pregnancy effectively.	186	69.1
4	IUD can keep in Uterus for 2 years only.	112	41.6
5	IUD can cause increase menstrual bleeding for some months after insertion.	145	53.9
6	Women can have children easily after removing IUD.	168	62.3
7	IUD can use even you do not know you are pregnant or not.	170	63.7
8	Condoms can protect against pregnancy and STIs.	269	100
9	Condom can use more than one time.	7	2.6
10	Oral pill can cause nausea and dizziness.	213	79.1

11	If you forget to take the pills, you should take as soon as you remember.	245	91.1
12	3 monthly injections cannot change your menstrual cycle.	144	53.5
13	Long term use of injection contraception can delay many months to get pregnancy when it stops.	249	92.6

Source: Survey data, 2022

Above from Table (4.4), all of married women said that they have got pregnancy after stopping temporary contraceptive methods. More than 95% of total respondents said the best interval between one pregnancy and another is 1 year.

About 69% of total respondents said IUD cannot prevent pregnancy effectively. More than 40% of total respondents said IUD cannot keep in Uterus for 2 years only. About 54% of total respondents said IUD can cause increase menstrual bleeding for some months after insertion.

Most of the respondents said that women can easily have children after the IUD is removed. About 63% of the total respondents used IUD during pregnancy because they did not know, but IUD can't be used.

All of respondents answered that the condoms can protect against pregnancy and STIs. And also, most of respondents said condom cannot use more than one time. About 79% of total respondents said the oral pill can cause nausea and dizziness. Most of the respondents said that if they forget to take their medicine, they should take it as soon as they remember.

Most respondents reported that 3 monthly injections did not alter the menstrual cycle and long-term use of injection contraception can delay many months to get pregnancy when it stops.

The following Table (4.5) shows the attitude towards family planning among reproductive age married women in the study area. The mean value is < 2 mentioned that lower attitude and the mean value ≥ 2 mentioned that better attitude.

Table (4.5) Respondents Attitude Towards Family Planning

Sr No.	Particular	Mean	S.D
1	Family planning practice is good for woman health.	2.93	0.62
2	Family planning practice can determine number of children and it can reduce economic burden of the family.	2.65	0.75
3	If your husband does not want to make birth spacing, you will not use contraceptive.	2.81	0.81
4	You don't like to use contraception because it can cause weight gain.	2.87	0.72
5	If you know the advantage and disadvantage of different kind of contraception, you will use it.	2.58	0.80
6	OC pills are very complicated because it needs to take every day.	2.75	0.48
7	You don't want to take OC pill because you worry for infertile in future.	2.78	0.65
8	It is needed to consult with a health personal before using contraceptive.	2.96	0.50
9	You feel ashamed to insert IUD.	2.85	0.66
10	You believe that IUD will cause pain or discomfort during sexual activity.	1.45	0.54
11	Injectable contraceptive is good because it lasts for 3 months after one injection.	1.49	0.81
12	You afraid to use 3 months Depo injection because it can cause injection abscess.	1.58	0.73
13	Using condom with your husband is a very shameful.	1.34	0.80
14	Sharing experience about contraception among friends is very helpful for you.	2.73	0.82
	Overall	**2.41**	**0.69**

Source: Survey data, 2022

Regarding the result of attitude towards family planning of 269 reproductive age married women (Table 4.5), the mean value greater than 2 indicates the most of reproductive age married women said that better attitude towards family planning practice is good for woman health. The mean value greater than 2 showed that better

attitude towards family planning practice can determine number of children and it can reduce economic burden of the family. The mean value greater than 2 indicates the better attitude towards family planning but if their husband does not want to make birth spacing, most of the respondents will not use contraceptive.

The mean value greater than 2 shows that the better attitude towards family planning but most of the respondents have not like to use contraception because it can cause weight gain. The mean value greater than 2 showed that most respondents have known the advantage and disadvantage of different kind of contraception but they will use it. The mean value greater than 2 mentioned that the better attitude towards family planning to use of OC pills is very complicated because it needs to take every day and most of the respondents don't want to take OC pill because they worry for infertile in future.

The mean value greater than 2 shows that most of the respondents needed to consult with a health personal before using contraceptive for better attitude towards family planning. The mean value greater than 2 showed that most of the respondents agreed to feel ashamed to insert IUD for better attitude towards family planning. The mean value greater than 2 showed that most respondents agreed to the sharing experience about contraception among friends is very helpful for you.

The mean value less than 2 showes that most respondents have lower attitude towards family planning on believed the IUD will cause pain or discomfort during sexual activity. The mean value less than 2 showed that most respondents have lower attitude to the injectable contraceptive is good because it lasts for 3 months after one injection and they afraid to use 3 months Depo injection because it can cause injection abscess. The mean value less than 2 showed that most respondents have lower attitude towards family planning to using condom with their husband is a very shameful.

4.3.3 Enabling Factors

This part shows the enabling factors of family planning such as getting contraception, distance, transportation, waiting time to service and fee for contraception.

Table (4.6) Getting Contraception

Particular	No. of Respondents	%
Health Center	12	4.5
General Practitioner	142	52.8
Nurse/Midwife	18	6.7
Pharmacy Shop	97	36.0
Total	**269**	**100**

Source: Survey data, 2022

According to the results of 269 respondents, 12 respondents (4.5%) said that they received contraceptives at the health center, 142 respondents (52.8%) from general practitioners, 18 respondents (6.7%) received contraceptives from nurses/midwives and 97 respondents (36%) are obtained from pharmacies. About 50% of respondents got contraception method from general practitioners.

Table (4.7) Distance of Getting Contraception

Particular	No. of Respondents	%
Within Half Mile	6	2.2
Half Mile to One Mile	72	26.7
One Mile to Two Miles	165	61.3
More than Two Mile	32	12.0
Total	**269**	**100**

Source: Survey data, 2022

From Table (4.7), 6 respondents (2.2%) went half a mile for their contraceptives, 72 respondents (26.7%) went half a mile to one mile, 165 respondents (61.3%) said they would go one or two miles for contraceptives and 32 respondents (12%) went more than two miles.

Table (4.8) Transportation

Particular	No. of Respondents	%
By Foot	43	16.0
Bicycle	20	7.5
Trishaw	93	34.6
Public Bus	89	32.9
Private Car	24	9.0
Total	**269**	**100**

Source: Survey data, 2022

Above from Table (4.7), 43 respondents (16%) used by foot to service center/provider, 20 respondents (7.5%) used bicycle, 93 respondents (34.6%) used trishaw, 89 respondents (32.9%) used public bus and 24 respondents (9%) used private car.

Table (4.9) Waiting Time to Get Services

Particular	No. of Respondents	%
Less than 30 Minutes	170	63.2
30 Minutes to 1 Hour	36	13.3
More than 1 Hour	63	23.5
Total	**269**	**100**

Source: Survey data, 2022

From Table (4.9), most respondents said that they are waiting less than 30 minutes for getting contraception service.

Table (4.10) Fee for Contraception

Particular	No. of Respondents	%
Less than 5,000 Kyat	125	46.4
More than 5,000 Kyat	97	36.1
Don’t Remember	47	17.5
Total	**269**	**100**

Source: Survey data, 2022

Regarding from 269 married women (Table 4.10), 125 respondents (46.4%) have paid less than 5,000 Kyat for contraception and 97 respondents (36.1%) have more than 5,000 Kyat. All of respondents said that the contraception is not expensive.

4.3.4 Reinforcing Factors

This part shows the reinforcing factor include support from health employee, husband and friends.

Table (4.11) Respondents Got Support from Health Personal

Sr No.	Particular	Number	%
1	Did you get counseling about family planning practice from health personal?	226	84.0
2	Did health personal encourage you to practice family planning?	17	6.3
3	Did you heard about the places where you can get contraception from health personal during your AN care visit?	249	92.6
4	Did health personal explain you advantage and disadvantage about contraception?	70	26.0
5	Did health personal explain well to you how to deal with side effects of contraception?	45	16.8
6	Did health personal give you enough time to discuss about family planning practice?	218	81.0

Source: Survey data, 2022

From Table (4.11), most respondents said that they have got support from health personal for counseling about family planning practice. The health personal has not encouraged and not supported to practice of family planning but most of the respondents are practicing family planning by their own decision. Most respondents heard about where to get contraceptives from a health personal during the antenatal care visit. Although, most respondents said that the health personal have not supported and explained advantage and disadvantage about contraception and how to deal with side

effects of contraception. Most respondents said that the health personal have supported to give enough time to discuss about family planning practice.

Table (4.12) Respondents Got Support from Husband and Friends

Sr No.	Particular	Number	%
1	Did you discuss with your husband for your desire number of children?	150	55.8
2	Did you discuss with your husband before using different methods of contraception?	155	57.5
3	Did your husband care you when you suffer side effects of contraception?	172	63.8
4	Did your husband remind you when you forget to take contraception?	157	58.2
5	Did your husband take care of children when you go to clinic?	203	75.4
6	Did your husband accompany when you go to family planning services?	177	65.8
7	Did your friends provide you information about contraception?	22	8.2
8	Did your friends advise you to practice birth spacing?	42	15.7
9	Did your friends and you always share about side effect when using contraception?	34	12.8
10	Can you ask your friends to take care your children when you go to clinic?	16	6.0

Source: Survey data, 2022

According to result of 269 married women (Table 4.12), more than 50% of total respondents have discussed with their husband for desire number of children and using different methods of contraception. Most respondents said that their husband care when they suffer side effects of contraception and remind when they forget to take contraception. Above 75% of total respondents answered that their husband takes care of children when they go to clinic and family planning services.

Most respondents said that their friends have not supported and provided the information about contraception. And also, they have not advised to practice birth spacing because they did not know about family planning practices and birth spacing period. Most respondents answered that their friends have not supported always share about side effect when using contraception because they have no knowledgeable on the contraception method. Most respondents have not asked their friends to take care children when they go to clinic.

4.3.5 Contraceptive Use

The following Table (4.13) shows that family planning practice of reproductive age married women in the study area.

Table (4.13) Family Planning Practice

Particular	**No. of Respondents**	**%**
Yes	201	74.7
No	68	25.3
Total	**269**	**100**

Source: Survey data, 2022

Above from Table (4.13), 201 respondents (74.7%) said that they have family planning practice and 68 respondents (25.3%) have not family planning practice in the study area.

Table (4.14) shows to get information of family planning practice.

Table (4.14) Getting Information of Family Planning Practice

Particular	**No. of Respondents**	**%**
Doctor	25	12.4
Nurse	67	33.3
Midwife	85	42.3
Husband	18	9.0
Friends	6	3.0
Total	**201**	**100**

Source: Survey data, 2022

Regarding from 201 married women (Table 4.14), 25 respondents (12.4%) got information of family planning practice from doctor, 67 respondents (33.3%) got family planning practice information from nurse, 85 respondents (42.3%) got from midwife, 18 respondents (9%) got from husband and 6 respondents (3%) got from friends.

Most respondents have not ever used any contraceptive methods and they have used contraception within 3 months in the study area as shown in Table (4.15).

Table (4.15) Used Contraception

Particular	**No. of Respondents**	**%**
Less than 3 Months	128	63.7
More than 3 Months	73	36.3
Total	**201**	**100**

Source: Survey data, 2022

The following Table (4.16) shows the contraception method of 201 married women such as OC pill, injection, IUD, condom and others.

Table (4.16) Contraception Method

Particular	**No. of Respondents**	**%**
OC Pill	62	30.8
Injection	45	22.4
IUD	17	8.5
Condom	77	38.3
Total	**201**	**100**

Source: Survey data

Above from Table (4.17), 62 respondents (30.8%) used OC pill contraception method, 45 respondents (22.4%) used injection, 17 respondents (8.5%) used IUD, and 77 respondents (38.3%) used condom.

Table (4.17) Not Use Contraception

Particular	**No. of Respondents**	**%**
Want Many Children	6	8.8
Afraid Side Effects	28	41.2
Cannot Afford	16	23.5
Not Allowed by Husband	18	26.5
Total	**68**	**100**

Source: Survey data

Above from Table (4.17), 6 respondents (8.8%) have not used contraception because they have wanted many children, 28 respondents (41.2%) have afraid side effects, 16 respondents (23.5%) have not afforded and 18 respondents (26.5%) have not allowed by their husband.

Most respondents received their preferred family planning method. They received the least information from health care providers about side effects, how to manage side effects and need to follow up for side effects.

Most of the respondents still do not use long-term contraceptives because they are afraid of inserting them into the body. Respondents said they had plans to have more children in the future and worried about the side effects.

CHAPTER V

CONCLUSION

5.1 Findings

The Government of Myanmar implemented a policy which has made contraceptives available in the public sector since 1991. Birth spacing activities have taken place in townships; since 1996, combined oral contraceptive (COCs) pills, depo medroxyprogesterone acetate (DMPA) injection and condoms have been available at primary level health facilities.

Family planning service readiness of health facilities Health facility assessment for reproductive health commodities and services (2016) stated that health staff or service providers in government health facilities were assigned to conduct family planning counseling/education.

Healthcare providers were available at the health facilities and provided family planning service with supporting staff. Most of health facilities have the necessary facilities, instruments/kits and materials needed to support the provision of family planning service.

The study is conducted on 269 married women of reproductive age in Mingalardon Township, Yangon Region. This study is quantitative in nature through a survey based with structure questionnaire. More than 56% of total respondents have between 30 years to 39 years. Most respondents have under graduated level. Majority of respondents are house wife. Within 269 married women, 75 respondents (27.9%) have not children, 71 respondents (26.4 %) have one child, 80 respondents (29.7%) have two children, 43 respondents (16%) have three children respectively. More than 75% of total respondents are desired to want one child in their family.

All of married women said that they have got pregnancy after stopping temporary contraceptive methods. Most of the respondents said that women can easily have children after the IUD is removed. All of respondents answered that the condoms

can protect against pregnancy and STIs. And also, most of respondents said condom cannot use more than one time.

The mean value greater than 2 indicates the most of reproductive age married women said that better attitude towards family planning practice is good for woman health. The mean value greater than 2 showed that better attitude towards family planning practice can determine number of children and it can reduce economic burden of the family.

The mean value greater than 2 showed that most respondents have known the advantage and disadvantage of different kind of contraception but they will use it. The mean value greater than 2 mentioned that the better attitude towards family planning to use of OC pills is very complicated because it needs to take every day and most of the respondents don't want to take OC pill because they worry for infertile in future.

The mean value greater than 2 showed that most of the respondents needed to consult with a health personal before using contraceptive for better attitude towards family planning. The mean value greater than 2 showed that most of the respondents agreed to feel ashamed to insert IUD for better attitude towards family planning.

The mean value less than 2 showed that most respondents have lower attitude towards family planning on believed the IUD will cause pain or discomfort during sexual activity. The mean value less than 2 showed that most respondents have lower attitude to the injectable contraceptive is good because it lasts for 3 months after one injection and they afraid to use 3 months Depo injection because it can cause injection abscess.

Most respondents said that they have got support from health personal for counseling about family planning practice. The health personal has not encouraged and not supported to practice of family planning but most of the respondents are practicing family planning by their own decision. Most respondents said that their friends have not supported and provided the information about contraception. And also, they have not advised to practice birth spacing because they did not know about family planning practices and birth spacing period. Most respondents answered that their friends have not supported always share about side effect when using contraception because they have no knowledgeable on the contraception method.

Most respondents received their preferred family planning method. They received the least information from health care providers about side effects, how to manage side effects and need to follow up for side effects. Most of the respondents still do not use long-term contraceptives because they are afraid of inserting them into the body. The respondents said they had plans to have more children in the future and worried about the side effects.

The study found that most of reproductive age married women were accessing their modern contraceptive methods from the private sector. While this study was not able to assess whether the private sector was specifically the clinic, this finding is important for future program planning for reproductive health services. Modern contraceptive methods, except for condoms and pills were largely available in the private sector. A significant portion of women in the study area went to the private sector, particularly for IUDs.

5.2 Suggestions

This study suggests that appropriate recording and reporting of referrals to women in need of family planning advice could help improve these services. The study found that counseling reproductive-age married women about available family planning services reduced the top barriers to family planning by promoting health workers and counseling services to reduce health concerns and fear of side effects, and focused on educating women about their bodies and timing. It maximizes the chances of pregnancy and breaks down cultural and social barriers to contraceptive use.

Ensure that married women of reproductive age have access to a full range of contraceptive methods to meet their reproductive needs. Health workers working in the study area, women's occupation and age, to provide safe and convenient methods to clients. Their strengths and weaknesses are considered. All contraceptive options should be offered along with their risks and benefits.

Contraception helps us understand the freedom and responsibility of deciding when and how many children to have. Increasing contraceptive use not only improves health outcomes such as reduced maternal and infant mortality, but also improves schooling and economic outcomes, particularly for girls and women. Therefore, every married woman should know all types of contraceptives and their pros and cons.

Contraceptive methods should be developed in simple ways for married couples so that these methods can be clearly understood by the different educational levels of the community.

The study recommended that family planning should be scaled up in Myanmar. Most married women of reproductive age get their family planning from private hospitals and clinics. The private sector plays a particularly important role in the use of IUDs. The Ministry of Health and Sports has trained a network of general practitioners to provide IUDs, an innovative approach in the country. This increases the accessibility and availability of family planning methods and suggests that it should be more widely implemented.

Family planning programs not only promote modern methods of contraception and family planning, but also promote different methods with the aim of increasing awareness and knowledge of family planning. As such, the programs promise to make family planning more accessible, especially in disadvantaged areas of Myanmar.

The government provides job aids and visual aids for service providers. The government provides health facilities with family planning information education and communication facilities for married women of reproductive age. Provide general family planning training and refresher training based on qualification as trained providers have a low percentage of trained providers in the last five years and a low percentage of standards in family service delivery. birth control pills A three-month injection.

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SURVEY QUESTIONNAIRE

I am studying Master of Public Administration at University of Economics, Yangon. I have designed the following questionnaire for **'A Study on Family Planning Behaviors Among Reproductive Age Married Women in Mingalardon Township'** which requires for my thesis work as an integral part of the study to complete the Master Program.

I would highly appreciate if you answer the following questionnaire and all answers will be confidential. It will take approximately 15-20 minutes. Thanks for your kind cooperation in this respect. Please make (√) in box.

Part (I) Social Demographic Factors

1. Age _____ (Completed Years)

2. Education Level

(a) Read/Write ☐ (b) Primary School ☐ (c) Middle School ☐ (d) High School ☐
(e) College/University ☐ (f) Graduated ☐ (g) Post Graduated ☐

3. Religion

(a) Buddhist ☐ (b) Christian ☐ (c) Islam ☐ (d) Hindu ☐

4. Occupation

(a) House Wife ☐ (b) Daily Worker ☐ (c) Vendor ☐ (d) Company Worker ☐
(e) Government Staff ☐ (f) Business Owner ☐ (g) Othe (Specify) _____

5. Current Number of Children

(a) None ☐ (b) One ☐ (c) Two ☐ (d) Three ☐ (e) 4 or More

6. Number of Children Desired

(a) One ☐ (b) Two ☐ (c) Three ☐ (d) 4 or More

Part (II) Predisposing Factors

No.	Knowledge on Family Planning	Yes	No
1.	You can get pregnancy after stopping temporary contraceptive methods.		
2.	Best interval between one pregnancy and another is 1 year.		
3	IUD cannot prevent pregnancy effectively.		
4.	IUD can keep in Uterus for 2 years only.		
5.	IUD can cause increase menstrual bleeding for some months after insertion.		
6.	Women can have children easily after removing IUD.		
7.	IUD can use even you do not know you are pregnant or not.		
8.	Condoms can protect against pregnancy and STIs.		
9.	Condom can use more than one time.		
10.	Oral pill can cause nausea and dizziness.		
11.	If you forget to take the pills, you should take as soon as you remember.		
12.	3 monthly injections cannot change your menstrual cycle.		
13.	Long term use of injection contraception can delay many months to get pregnancy when it stops.		

No.	Attitude Towards Family Planning	Agree	Neutral	Disagree
1.	Family planning practice is good for woman health.			
2.	Family planning practice can determine number of children and it can reduce economic burden of the family.			
3	If your Husband does not want to make birth spacing, you will not use contraceptive.			
4.	You don’t like to use contraception because it can cause weight gain.			
5.	If you know the advantage and disadvantage of different kind of contraception, you will use it.			

6.	OC pills are very complicated because it needs to take every day.			
7.	You don't want to take OC pill because you worry for infertile in future.			
8.	It is needed to consult with a health personal before using contraceptive.			
9.	You feel ashamed to insert IUD.			
10.	You believe that IUD will cause pain or discomfort during sexual activity.			
11.	Injectable contraceptive is good because it lasts for 3 months after one injection.			
12.	You afraid to use 3 months Depo injection because it can cause injection abscess.			
13.	Using condom with your husband is a very shameful.			
14.	Sharing experience about contraception among friends is very helpful for you.			

Part (III) Enabling Factors

1. Where can you get contraception?

(a) Hospital ☐ (b) Health Center ☐ (c) General Practitioner ☐ (d) Nurse/Midwife ☐
(e) Pharmacy Shop ☐ (f) Of the (Specify) _____

2. Can you get contraception available at any time of the day?

(a) Yes ☐ (b) No ☐

3. How far do you have to go for contraception?

(a) Within Half Mile ☐ (b) Half to One Mile ☐ (c) One Mile to Two Miles ☐
(d) More than Two Miles ☐

4. How do you go to service center/provider?

(a) By Foot ☐ (b) Bicycle ☐ (c) Trishaw ☐ (d) Public Bus ☐ (e) Private Car ☐

5. How long do you wait to get contraception service?

(a) Less than 30 Minutes ☐ (b) 30 Minutes to 1 Hour ☐ (c) More than 1 Hour ☐

6. How much do you fee for contraception?

(a) Free of Charge ☐ (b) Don't Remember ☐ (c) Kyat _____

7. Do you think the contraception is expensive?

(a) Yes ☐ (b) No ☐

Part (IV) Reinforcing Factors

No.	Support from Health Employee	Yes	No
1.	Did you get counseling about family planning practice from health employee?		
2.	Did health personal encourage you to practice family planning?		
3	Did you heard about the places where you can get contraception from health provider during your AN care visit?		
4.	Did health provider explain you advantage and disadvantage about contraception?		
5.	Did health provider explain well to you how to deal with side effects of contraception?		
6.	Did health provider give you enough time to discuss about family planning practice?		

No.	Support from Husband and Friends	Yes	No
1.	Did you discuss with your husband for your desire number of children?		
2.	Did you discuss with your husband before using different methods of contraception?		
3	Did your husband care you when you suffer side effects of contraception?		
4.	Did your husband remind you when you forget to take contraception?		
5.	Did your husband take care of children when you go to clinic?		
6.	Did your husband accompany when you go to family planning services?		

7.	Did your friends provide you information about contraception?		
8.	Did your friends advise you to practice birth spacing?		
9.	Did your friends and you always share about side effect when using contraception?		
10.	Can you ask your friends to take care your children when you go to clinic?		

Part (V) Contraceptive Use

1. Do you have family planning practice?

   (a) Yes ☐ (b) No ☐

2. Where did you get information of family planning practice?

   (a) Doctor ☐ (b) Nurse ☐ (c) Midwife ☐ (d) Husband ☐ (e) Relatives ☐
   (f) Friends ☐ (g) Other (Specify) _____

3. Have you ever use any contraceptive methods?

   (a) Yes ☐ (b) No ☐

4. How long do you use contraception?

   (a) Less than 3 Months ☐ (b) More than 3 Months ☐

5. What contraceptive method did you use?

   (a) OC Pill ☐ (b) Injection ☐ (c) IUD ☐ (d) Condom ☐ (e) Other (Specify) _____

6. Why you don't use contraception?

   (a) Want Many Children ☐ (b) Afraid Side Effects ☐ (c) Cannot Afford ☐
   (d) Cannot Available ☐ (e) Not Allowed by Husband (d) Other (Specify) _____

Thanks for your participation.