

**BELIEFS ON UTILIZATION OF CONTRACEPTIVE METHODS
AMONG MARRIED TEENAGE WOMEN IN
PATHEIN DISTRICT, AYEYARWADY REGION, MYANMAR**



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**A THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS (HEALTH SOCIAL SCIENCE)
FACULTY OF GRADUATE STUDIES
MAHIDOL UNIVERSITY**

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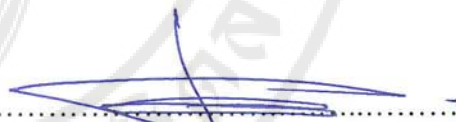
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ACKNOWLEDGEMENTS

The study was successfully achieved with the guidance, patience and kind support from the Asst. Prof. Dr. Seung Chun Peak (Major Advisor), Lect. Dr. Francosis Rene Lamy (Co-advisor) and Assis. Prof. Dr. Mark Stephen Felix (Program Director) throughout student life. In the thesis defense, the committee members who had sacrificed their time for advising, guiding, correcting and giving spiritual Support. I have no idea to say thank you to all Arjan in student life. I also thanks to Assoc. Prof. Dr.Sauwakon Ratanawijitrasin who support whatever the student needed. I want to express the beautiful thanks to staffs especially to Ms. Siriorn Klangsumrong for her kind support whatever the student needed.

I want to thank PSI and MSI international Non-Government Organization who support in before and during the data collection. It is one kind of steps to reach the target. Lastly, I always remember and thanks who support everything in study life as well as in the data collection.

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ABSTRACT

This study focused on exploring the reasons for the different contraceptive methods among married teenage mothers in Pathein District, Ayeyarwady Region. The seven modern contraceptive users, five traditional contraceptive users and three non-contraceptive users participated in the study by doing in-depth one on one interviews. All the 15 informants were teenage married women who were living together with their husbands. The result shows that the main reason for using contraception was to prevent pregnancy. The other important reasons were “too young to get pregnant”, “poor financial situations”, “pushed suggestions from parents”, and “low knowledge of parents in law regarding contraception”. The teenage mothers have gaps in knowledge and information especially in sexual and reproductive health which impacts on their use of contraceptions. The different types of contraceptions that they use would be based on their belief especially in use of traditional ways. The reason from the informants who did not use contraceptions were; afraid of side effects of modern contraceptions, belief that it was not effective to prevent pregnancy, belief in spirits that pregnancy is a gift of the life, forced by the mother-in-law or husband to get the child and lack knowledge on contraceptions. Most of the informants were ashamed about discussing contraceptions, and reluctant to discuss such a topic with other people. Thus, this study suggests that sexual and reproductive health education would be needed especially for not only teenagers but also all generations to improve their knowledge. This study recommends conducting traditional method which is popular in the community instead of the modern contraceptive methods among the reproductive age group in rural Myanmar.

**KEY WORDS: SEX EDUCATION / MODERN CONTRACEPTION / TRADITIONAL
CONTRACEPTION / TEENAGE MARRIAGE WOMEN**

97 pages

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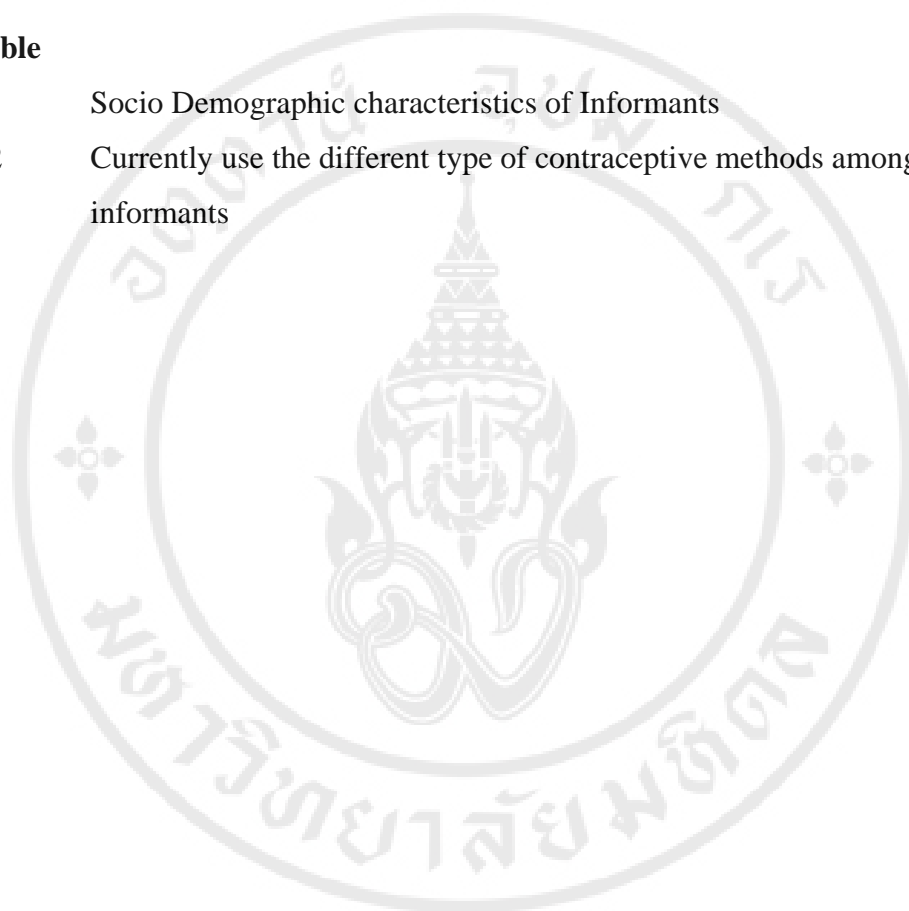
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CHAPTER I

INTRODUCTION

1.1 Background and Rationale

1.1.1 Life processes of teenagers

The teenagers' so-called adolescents and that can be defined as the persons between the age of 15 and 19 years (WHO, 2009). Generally, this age group was the developmental period of transformation from childhood to adulthood in the life process. Therefore, this period of age range was important in the rest of life because the changing of biological processes which mean physically growth, prominently and related to the psychological process was much happening in this period (Nugent, 2005). Besides, changing of biological processes were related to the hormonal mechanism in the teenager body. Therefore, the growth and development of the body directly associated with hormonal changes. The hormonal situation and condition might influence and create psychological, emotional and personal problems such as health and social issues. Therefore, these kinds of problems might affect and transform to their beliefs which towards their behavior (Topping, 2012). These beliefs of teenagers might become risky behaviors for them. Furthermore, social and personal factors might influence their behaviors.

1.1.2 Important of contraceptive methods among teenage married women

Nowadays, teenagers were more accessible to use alcohol and other drugs that may engage in sex with no contraception and it can get the unintended pregnancy. Using contraception played as ways to prevent this problem and could maintain their strength and nurture of their reproductive health (Bearinger, Sieving, Ferguson, & Sharma, 2007). Therefore, the reproductive health issue was important for all of the people who were in the reproductive age range. Among them, young people,

especially in teenagers are more significant than the others. According to the World Health Organization (WHO) definition, reproductive health aims to live physical, mental and social wellbeing at all matter.

Therefore, utilize on contraception is one of the impacts on women's health and wellbeing in the rest of life as well as the consequences to every pregnancy (WHO, 2011a). However, teenage mothers were the highest incidence of miscarriage, abortion, and stillbirth (Bearinger et al., 2007) because there are limitations to get and use on contraception. There are so many factors became a limitation. Lack of sex education (UNESCO, 2011), incorrect information about contraception from different channels, social norms, culture (Phyu, 2017) and couple relationship (Vouking, Evina, & Tadenfok, 2014) affected to teenagers for utilization on contraception. These factors influence directly or indirectly affected to utilize contraception, especially for teenagers. Because, use of contraception can initiative to prevent unintended pregnancy and consequently it could reduce abortion and maternal mortality rate (Ahmed, Li, Liu, & Tsui, 2012)

1.1.2.1 Global situation of abortion and unintended pregnancy among married teenage women

Globally, the number of teenagers are still high compared with other age groups. There were 1.2 Billion (18%) of the global population in 2012. Among them, 582 million (around 50%) were the teenage female population (UNFPA, 2013). In 2015, 2.2 million of teenagers got pregnant worldwide (Starbird, Norton, & Marcus, 2016). However, 75% of pregnancies were unintended pregnancies among teenagers. But 42% of pregnant teenagers did abortions (Finer & Zolna, 2016).

Furthermore, the World Health Organization reported that 22,000 mothers died from abortion-related complications and illnesses every year (WHO, 2010-2014). Therefore, abortion-related maternal death was important to the women living and it could threaten the world. Even in the developed country, United States of America, unintended pregnancy was a major issue among the teenagers because 90% of sexually active teenagers would get pregnant if they did not use the contraceptive in a calendar year ("Facts on American teen's sexual and reproductive health," 2014).

Therefore, all these outcomes related to lack or not utilization of contraceptive methods among teenagers.

1.1.2.2 Myanmar situation of abortion and unintended pregnancy among married teenage women

In Myanmar, the teenagers' population represented around 4.7 million (8%) of the total population (Census-Myanmar, 2016e). Among the teenager population, 2.4 million (51%) were female teenagers and 12.42% of teenage females were married (Census-Myanmar, 2016e). But only half of the married female teenagers took the modern contraceptive method and the rest didn't took the modern contraceptive method (DHS-Myanmar, 2015-16). Not the utilization of contraception associated with an unintended pregnancy. Consequently, the unintended pregnancy could cause an abortion that may lead to an increase the maternal death (Jirapongsuwan, Latt, Siri, & Munsawaengsub, 2016).

As the teenagers were brightening stars of the country, it needed to emphasize their health to become a healthy life especially in the prevention of unintended pregnancy. But there were limitations for utilization on contraception to prevent unintended pregnancy. If the teenagers get an unintended pregnancy, they will try to do the abortion and all of the abortions would be unsafe because abortion was illegal in Myanmar (Ba-Thike, 1997). As the abortion was illegal Myanmar, all the sources and information of abortion data were hidden and unclear. Unofficial data showed that the abortion rate was 80 per 1000 live birth among the teenager population. It was much higher than by comparing with 18 per 1000 live birth in general age group (15-49 years of age) (Ipas-Myanmar, 2016; "Myanmar Regional Statistics," 2013). Therefore, Myanmar was more significance than the global situation in abortion because of the poor in use on contraception.

1.1.3 Low utilization of contraception among married teenage women

Generally, the period of teenagers was the learning stage in life. They did much learning of education, knowledge, relationship, society, religious and cultural beliefs, behaviors from different sources and different persons (Handady, Naseralla, Sakin, & Alawad, 2015; Singh, Darroch, & Ashford, 2014). Therefore, sexuality and sexual behavior were also important to learn for teenagers. Furthermore, they also

tried to test whatever they learned. Therefore, the sexing issue is remarkable because it might get the unintended pregnancy, sexually transmitted infection, HIV and other related diseases if they didn't use the modern contraceptive method rightfully (Kirby, 2008). Therefore, choose and use of contraception among teenagers was important for their rest of life.

Therefore, the notions about contraception from teenagers were important because it could make a correct and appropriate decision to use contraception. Besides, these notions about contraception associated with their beliefs on contraception (WHO, 2011b). But there were limitations to using contraception for married teenage women. Especially, lack of sex education, socio-cultural norms, and traditional gender relationship were more challenges to use contraception for them (Campbell, Sahin-Hodoglugil, & Potts, 2006).

Lack of sex education could decrease to get the correct and appropriate information for teenagers (Dobson & Ringrose, 2016). This information influenced women's belief in the use of contraception. If they didn't learn about sex education in their lives, they would get incorrect information from different sources. One example showed that antibiotics and deworming drugs were used as contraception because they believed that these drugs could kill the sperms and these can prevent the pregnancy (Muanda, Ndongo, Taub, & Bertrand, 2016). This was the incorrect information for them. Therefore, sex education was the fundamental role to throw away these kinds of misinformation of the use of contraceptive methods.

Furthermore, social norms were important barriers to choose and use of contraception. In society, some persons were believed in religion strongly. They believe that children were the present from God. Therefore, they have a negative perception of contraception. Furthermore, some persons believed that contraception can kill the child and God would give the punishment to them if it would happen (Phyu, 2017). Therefore, these social norms and cultural beliefs influenced to use of contraception among married teenage women.

In Myanmar society, the patriarchal structure was generally prominent. Husbands were usually influenced by the family and wife. Furthermore, the wife always gave a leading role to the husband because of Myanmar's culture and

traditions. Therefore, the traditional power relationship influenced to use on contraception.

Thus, lack of sex education (Dobson & Ringrose, 2016), social norms (Kabagenyi, Reid, Ntozi, & Atuyambe, 2016; Phyu, 2017) and gender relationship (Apanga & Adam, 2015) were important determinates on their belief of use on the modern contraceptive method. The researcher wanted to discuss more details about sex education, socio-cultural norms, and conventional gender relationship.

1.1.3.1 Sociocultural norms

Each and everywhere social and cultural norms and beliefs were powerful and influenced by human society. Sometimes, the culture presented as a main role of personal perceives and actual doing which based on their beliefs. Besides, most of the socio-cultural norms are based on their beliefs. Therefore, the rule which directly or prohibits their behaviors were known as the norms (Mannheim, 2012).

In society, sexual behaviors and contraception were the most emphasizing matter, compared with other subjects. Furthermore, society perceived that sexual behaviors and contraception were close relationships with each other. Therefore, they perceived that if teenagers were familiar with contraception, it showed their sexuality and lose in virginity (Marrone, Abdul-Rahman, De Coninck, & Johansson, 2014). However, especially for females, they were very shameful in the discussion about sexual issues and contraceptive information. Therefore, they never discussed with open type in public areas (Taffa, Haimanot, Desalegn, Tesfaye, & Mohammed, 2017). Furthermore, it does not been accepted by culturally which was influenced by conservative social norms. Moreover, some beliefs of use on contraception were accepted that contraception was only for the adult and not for the teenagers. Therefore, the culture and society perception influenced on use of contraceptives (Mills, Bos, & Suzuki, 2010).

Myanmar is multicultural societies and there were many extensive cultures, languages and religious diversities. The teenagers were still dependents on their parents. According to culture and traditional, parents believed that teenagers were only responsible for study in education and even, the word 'sex' did not apply to teenagers (Lavoipierre, 2015). Moreover, in traditional Myanmar society, teenagers needed to obey their parents and normally parents didn't allow to discuss

sex and marriage. Besides, most parents believed that it could be impinged their education by giving about sexual and reproductive health information to teenagers and it might more encourage to early marriage in teenage (Davis et al., 2018). Furthermore, they perceived that sexuality was embarrassing and awkward matters by talking to teenagers (Phyu, 2017). Therefore, parents' perception and their cultural beliefs influenced to get the correct sexual and reproductive health information and the use of contraception among teenagers.

Furthermore, the society perceived that if the teenagers used the contraception, it was showed their sexual behaviors and these teenagers were sexually actives (Lavoipierre, 2015) because sexual behaviors were a very shameful matter in public. However, the teenagers wanted to learn and understand about sex and contraception. Therefore, they learned privately, individually or sometimes discussed together with best friends. They get the sexual and contraceptive information by watching on pornography, social media and other information sources (Dehlendorf, Levy, Kelley, Grumbach, & Steinauer, 2013). But it was not enough to get the correct information from these channels and they would get the incorrect information about contraception (Phyu, 2017). Some studies showed about their incorrect information. The teenager believed that the withdrawal method was good and easy to use for them because it didn't need to use any contraceptive methods. They believed that it could be safe and prevent pregnancy by withdrawing the sperm to the outside (Kiesel, 2016). The other incorrect information among the teenagers was by washing with water to the vagina after sexual intercourse. They believe that all the sperms were washed with water and it could also prevent the unintended pregnancy (Yee & Simon, 2010). Therefore, the incorrect information was harmful. Generally, it couldn't prevent a hundred percent to the unintended pregnancy.

In Myanmar, some persons believed that contraception caused infertility in the rest of life. They heard this incorrect information from experienced women or senior women. Because one of the modern contraceptive methods, 3 months Depo-Provera injection, caused amenorrhea (no menstruation or spotting menstruation) because of the side-effect of drugs. Furthermore, they believed that it caused the dysfunction of ovulation to fertility. Moreover, some believed that menstrual blood is different from normal blood. They thought that this menstrual

blood is bad blood and this dirty blood would maintain in the body if there was no menstruation. (Lavoipierre, 2015). Therefore, they thought that it could affect and cause other women related diseases. In society, some women believed that the use of contraception is a sin because it was against her religious beliefs that whether getting pregnancy depended on God. Therefore, timing-based intentions and desires to achieve or avoid pregnancy may be irrelevant (Hoopes, Gilmore, Cady, Akers, & Ahrens, 2016).

Thus, sociocultural norms such as parents' perception and their cultural belief, social norms and incorrect information influenced on use of the contraceptive among the teenagers.

1.1.3.2 Sex Education

Sex education was meaningful for teenagers. Sex education could give a lot of information and knowledge including sexual behavior, contraception awareness, how to use the contraceptive effectively and how can take out from misunderstanding about contraception (Mueller, Gavin, & Kulkarni, 2008). Therefore, teenagers would get the scientific knowledge of sexual and contraceptive information, healthy attitudes and manners by learning of comprehensive sex education (Toor, 2016).

However, the perception of sexuality was too different in western and Asian countries. Moreover, there were many taboos for sex in Asian countries (Adhikari & Tamang, 2009; Agampodi, Agampodi, & Piyaseeli, 2008; Steinhauer, 2016). Therefore, the implementation of sex education was challenging because of taboos.

Furthermore, sex education and family involvement were important for the prevention of adverse effects of sexual activities (Tripp & Viner, 2005). But there were limitations or lack of sex education in Asian countries. Gender disparities, cultural norms, and taboos were fundamental factors for the limitations of sex education in school (Phyu, 2017; UNESCO, 2011). If there was no sex education in school age, they wouldn't get knowledge about how to use the contraception effectively and side effect of contraception. Therefore, they might get misconceptions or incorrect information from other information channels and sources. It might lead to unintended pregnancy and abortion among teenagers.

In many regions from the world, the knowledge on the sexual and reproductive health of teenagers was different and the myths were also common in some regions. It might be different in developed and accepted in sex education. In some under developing and developing countries, the teenagers believed that the young women couldn't get the pregnancy in the first time of sexual intercourse (Biddlecom, Hessburg, Singh, Bankole, & Darabi, 2007). Thus, sex education could change their incorrect beliefs and myths.

Consequently, if it didn't use contraceptive after sex with a partner, it might directly effect to get the risk of unintended pregnancy (Philipson, Wakefield, & Kasparian, 2011). One study from Vietnam showed that sex was a too sensitive topic to discuss. Thus, the result showed that only two girls used modern contraceptive methods out of twelve-person (Nguyen, Liamputtong, & Murphy, 2006). The trend of Premarital sexual relationship and unintended pregnancy was increased in Asian countries. It showed that accessibilities of contraceptives among the teenagers were still needed. Furthermore, sensitivities on sex and related issues in Muslim majority countries, like Malaysia, faced various challenges for teenagers to get the sexual and reproductive health information, support and practices (Wong, 2012).

In Myanmar, there was no comprehensive sex education implementation in schools and universities. It was signed to teenagers to well know about not only sexual behavior but also information about contraception, pregnancy and related to health behaviors. Therefore, there were very low understandings on the use of contraceptive methods among teenagers. Although the students wanted to get and prefer more comprehensive sex education, the teachers and parents preferred abstinence-only sex education because sex is culturally sensitive (Kyaw Oo, 2017). The 2004 national survey showed that 38% of teenagers didn't know about contraception and how women become pregnant if she has sex only one time. The recent report from Myanmar showed that girls were well known about Oral contraceptive pill than boys that prevent pregnancy and boys were much better known in condom in terms of prevention the pregnancy. Therefore, the overall knowledge of the understanding of contraceptive methods is very low among teenagers. Only 6% of teenagers answered that how to use oral contraceptive pills and condoms correctly. Less than 6% explained other modern contraceptive methods. Less than half of

teenagers understand that contraception can prevent pregnancy (Davis et al., 2018). Based on the 2014 Myanmar Census data and 2015-16 Myanmar Demographic and Health Survey, teenagers were a remarkable group because of the increased percentage of marriage, low in using of pregnancy rate and significance of maternal mortality and morbidity among teenagers (DHS-Myanmar, 2015-16).

1.1.3.3 Conventional gender relationship

The husband and family members, especially seniority persons, were influencing on deciding to use the contraception. The making decision of using contraceptives effectively is an important factor and it should be the women's choice (Stanwood & Bradley, 2006).

The power relationship was solely depending on the decision making of women especially on the choice of contraceptive method. The studies said that a patriarchal society influenced on choose and use of contraceptives (Mboane & Bhatta, 2015; Noone, 2004). Furthermore, some studies said that gender roles and attitudes were remarkable as a product in the society and it also influenced the reproductive health outcomes (DeRose & Ezeh, 2010; Morgan, Stash, Smith, & Mason, 2002). The outcomes of study from Africa showed that only 29% could do unilateral household decision making and there were insufficient data for joint decision and wife dominant decision making together with her husband among the contraceptive user group. It showed that the rest of around 70% are husband dominant decision making for the use of contraception (DeRose & Ezeh, 2010). Same as in the South East Asia region, a study in the Philippines showed that when the women want to dominant at decision making, the partner's violation was ultimately increased (Hindin & Adair, 2002). Therefore, the husband involved in the use of contraceptive methods was an important issue for women, especially teenagers. Besides, the knowledge and beliefs of the husband were dependent on the use of contraception.

Furthermore, the communication between husband and wife was one of the important issues in choose and use of contraceptive methods (Vouking et al., 2014). Another issue was fall in the love of their husband. The teenagers are faced the different position to make the correct decision because of their relationship. They fall in love and want to give pleasure and have a give a leading role to their

husbands. Therefore, they followed the husband's decision such as unprotected sex or prefer contraceptive that the husband mentioned (Kanku & Mash, 2010).

Based on cultural beliefs in Myanmar, more than half of teenagers believed that women were responsible for hormonal drugs and men are responsible for the condom to prevent the pregnancy (Davis et al., 2018). But one study discussed that most males were not willing to use the condom, especially in teenagers. Most teenagers want to show to their partner how much they loved each other by doing sexual intercourse. At this moment, they thought that condom was one of the barriers in love. Furthermore, the use of a condom could make the mistrust between the couple. Therefore, it was highly stigmatized between the married couple by using of condom (Teklu & Davey, 2016). Not only in the condom but also in emergency contraception was misused in teenagers. They knew that emergency contraceptives could prevent pregnancy. However, they don't know about the side effect and frequency of time to use appropriately.

1.2 Significance of the study problem

Teenagers were important, particularly in having sex was a very significant issue. Regarding having sex, most of the teenagers are faced on the unintended pregnancy and sexually transmitted diseases that lead to abortion without the utilization of modern contraceptive method. Abortion and maternal death were high in the teenage married couple. Utilization of modern contraceptive method prevents unintended pregnancy and abortion.

Although there were three determinates factors which were sex education, socio-cultural norms, and gender relationship. These factors influenced the use of contraceptive methods, the priority of utilization on modern contraceptive methods among teenagers has limitations of understanding on that. Even though three determinate factors might not directly be influenced on belief, the married teenage woman might be worried about the seriousness of unintended pregnancy and abortion as well as worried about the couple relationship. Even though they knew modern contraceptives was a better way but finally, they would use the traditional method or no use.

They don't learn comprehensive sex education in the school age. They learn from the senior peoples, friends and social media. It is not enough to get the correct information and reversibly they get the incorrect information. Furthermore, social norms also influenced their use of contraception. In the cultural depended society beliefs on the use of contraceptives could deviate on the use of modern contraceptive methods. Some beliefs were pointed out to use the traditional way. As the traditional method was easy and no need to afraid the side effect of a modern contraceptive drug, they used the traditional way instead of the modern method because of the insufficient knowledge. As they were the teenagers, they didn't have fulfilled knowledge about the contraception and consequently, they fear on the side effect of drugs what the society said.

For example, some couples who had highly sex education level, but they still utilized the traditional method because even though their social norm was higher influenced, and sex education was the main factor, they had higher in between beliefs and religious things were more important matters. Furthermore, family culture was more influence as a belief for them. That's why they might use the traditional method rather than the modern contraceptive method.

They may have the benefit of the use of traditional methods because of the patriarchal society. Even some married teenage women understand that use of modern contraceptive can prevent the unintended pregnancy and however some married teenager women have highly sex education, sometimes the couple still utilizes the traditional way because of more influenced by social norms particularly about couple relationship and respecting the husband. If the husband doesn't want to use the modern contraceptive method, she will use traditional methods. In Myanmar's culture, the husband has the priority role and they always follow by whatever husband said. Furthermore, the role of married teenage women was limited in the public and private sectors. So that's why the barrier was happening the decision making and gender relationship is more influence for them. Those two factors were more influences on the perceived barrier of her. Finally, those couples use the traditional method even though she has highly sex education.

Reversely, in another couple, the teenage married woman had low sex education, however, she used the modern contraceptive method. Because she had

highly perceived the seriousness of unintended pregnancy, abortion, and burden of the childbearing related issues. They try to ask and search for information about contraception to peer and social media. Finally, they chose the modern contraceptive method which could only prevent their perceived seriousness.

In Myanmar, modern contraceptive methods were easily accessible not only from the government but also from the pharmacy. However, the use of modern contraceptive methods has still faced challenges among married teenagers. Teenagers believed that traditionally in use of contraception was more convenience than the modern contraceptive. Culturally, buying or taking of contraceptive method was a shameful matter for the teenagers. Relatively, the lack of comprehensive sex education in school age, socio-cultural norms, and gender relations are influenced in their belief in the use of modern contraceptives.

1.3 Research Question

How Myanmar teenage married women choose their contraceptive methods: impacts of the social context and beliefs on choices?

1.4 Research Objectives

1.4.1 General Objective

To explore how social context and beliefs influenced to the choice and the use of contraceptive methods among Myanmar teenage married women.

1.4.2 Specific Research Objectives

To explore the characteristics of who are using a modern contraceptive method, traditional method and using both modern and traditional methods.

To describe the different contraceptive methods, utilize by married teenage women.

To examine the reasons why married teenage women used the current contraceptive method.



CHAPTER II

LITERATURE REVIEW

This chapter explained how to apply the theory in the conceptual framework and what were the pieces of literature said about the belief of use on the contraception. This chapter reviewed the context of background theory (Health Belief Model) and its application in the study by developing the conceptual framework. Furthermore, in the study, the literature review was one of the most important parts to carry on for the research and it is obligatory to determine the research methodology and to develop the research tool. The extensive kinds of the literature review could support to explore the belief on the use of contraceptive methods among the married teenage women.

Therefore, the purpose of this chapter would explore the reasons why traditional contraceptive method and not modern contraceptive methods were still utilized among the married teenage women by using the theoretical concept of the Health Belief Model. Therefore, the researcher develops the conceptual framework by using the health belief model.

2.1 Theoretical model of the study

This study utilized the Health Belief Model as a theoretical framework. Health Belief Model was part of behavioral model and theories which explained how individual belief and behavior of people influenced on the utilization of contraception. The utilization of contraception was complex because social and other factors influenced their beliefs and behaviors. Therefore, the researcher applied the health belief model because the Health Belief Model explained the seriousness and susceptibility of disease that become their threats and it brought to change their beliefs and behaviors. Furthermore, the benefits and barriers also directly influenced their use

of contraceptive methods. So that's why, to fulfil the objectives of the study, the researcher applied the health belief model.

2.1.1 Health Belief model

The Health Belief Model (Janz & Becker, 1984; Rosenstock, 1974) was a framework for motivating to people who want to make a positive health action and to avoid the negative health consequence as the prime motivation. He stated that Health beliefs model was "a cognitive, interpersonal framework that views humans as rational beings who use a multidimensional approach to decision making regarding whether to perform a health behavior" (Rosenstock, 1974).

The underlying concept of original health belief model concerned on health behavior that was determined by personal beliefs of perception about the disease and it was to decrease the disease occurrence. The individual perception influenced to the wide range of intrapersonal factors that affect to the health behavior. Health belief model was usually applied in the general health situation in the health-seeking behavior. Health belief model looked up the differences in the health of people by four different components. They were perceived seriousness, perceived susceptibility, perceived benefits, perceived barriers (Herold, 1983). One of those perceptions were individually or combination that can be used to explain health behavior.

In the health belief model, individual perceptions, previous seriousness of pregnancy, perceived benefits and perceived barriers are more likely as prevention. It means that contraception could prevent unintended pregnancy. Besides, perceived barriers such as fear on side effects and disapproval from husband blocked the use of contraceptive. Therefore, these main four components of health belief model were perceived seriousness, perceived susceptibility, perceived benefits and perceived barriers. That's why the researcher explained about these four components one by one by concerning about utilization of contraception.

Perceived seriousness:

Perceived seriousness was mainly constructed for the individual's belief about the seriousness of health outcomes. So, it influenced their perception of the seriousness of the illness. The perceived seriousness came from the

experiences or difficulties in their personal life in general (McCormick–Brown, 1999). In this study, pregnancy-related health outcome, abortion, and economic problems about pregnancy and childbearing were perceived seriousness for the married teenage women. Such suffering of their seriousness influenced their behavior of use on contraception based on their belief. For example, if the married teenage women serious on unintended pregnancy which could affect their opportunity, health issues, social problem, they would try to use contraception to prevent it. Furthermore, if the married teenage women had serious on abortion which was a negative perception from societies and culturally, they would promote their behaviors to use the contraception.

Thus, the seriousness of the illness (unintended pregnancy and abortion) was an important part of belief on the use of the contraceptive methods.

Perceived susceptibility:

Perceived susceptibility means “perception of the risk or chances of contracting a health disease or condition” (Witte, 1992). If there was a greater the perceived susceptibility of unintended pregnancy, pregnancy-related health outcomes, abortion and burden of childbearing matter, the greater the engaging on the utilization of contraception. It was logical when they believed that they were at risk for unintended pregnancy and abortion, they would be more likely to do something to prevent this from happening again. After delivery of baby, some married teenage women wanted to use effectively the modern contraceptive methods because of the experience on sex without the use of contraception that causes the unintended pregnancy (Lemay, Cashman, Elfenbein, & Felice, 2007).

On the other side, when the married teenage women who have lower sex education believed that they didn’t know about the consequences of pregnancy-related health issues and burden of childbearing or had a low susceptibility, it might lead to the high risk of health outcome. Some married teenage women didn’t know about how to use and effectiveness of the contraceptive. Therefore, sex education about the contraceptive effectiveness decrease and which might affect to decrease of their perceived susceptibility.

Even though they had high sex education and they knew about the utilization on contraceptive prevented unintended pregnancy, low susceptibility

would make the people beliefs that only one time was not possible to get the pregnant (Magnusson, Nield, & Lapane, 2015). Therefore, they didn't use the modern contraceptive method due to low perceived susceptibility.

When the perception of susceptibility is combined with seriousness, it becomes perceived threat (Stretcher, Champion, & Rosenstock, 1997). If the perception of threat was a serious disease and risky, the behavior was often changed. The degree of the perceived threat of pregnancy was influenced by how susceptibility of teenagers feels to pregnancy and the degree of perceived seriousness that she felt the pregnancy to be in her life. The study showed that teens didn't see pregnancy as a threat because they felt that they didn't susceptible to become pregnant and felt they were not at risk of becoming pregnant. Therefore, were not willing to take measures to prevent pregnancy (Dworsky & Courtney, 2010).

Perceived Benefits:

The perceived benefits defined as beliefs about the positive outcomes associated with a behavior in response to a real or perceived threat. The perceived benefits were constructed on the opinion of value and use of belief on behavior. The unintended pregnancy disrupted the processing of a young mother's life and it also affected adversely to the child health (David, Dytrych, & Matejcek, 2003). Furthermore, unintended pregnancy can cause abortion that may lead to maternal death. Therefore, high effectiveness on the prevention of unintended pregnancy which may cause abortion and other burdens on pregnancy and social issues, it becomes as their perceived benefits.

Besides, use of the condom, one of modern contraceptive method, can also prevent the sexually transmitted disease. If the married teenage couple has a higher level of perceived seriousness of the sexually transmitted disease, it can provide to increase utilization of condom to prevent sexually transmitted disease. This becomes their perceived benefits.

Perceived Barriers:

Individual perception about on perceived barriers was that behaviors which to take any action to block (Janz & Becker, 1984). The perceived barriers to contraceptive use might outweigh the benefits. The barriers included fear of the method's side effects, disapproval from husband, or acknowledgement of their

sexual behavior. Concerned about side effects were important barriers to contraceptive use among married teenagers (Foster, Hulett, Bradsberry, Darney, & Policar, 2011). Many married teenagers concerned about their health that not to use the contraceptive or to discontinue when the side effects occurred (Westhoff et al., 2012). Furthermore, the low perceived barrier had worried about side effects on the use of contraceptive. Consequently, the side effect of modern contraceptive method and the dissatisfaction on using contraception were also the barriers for nonuse of modern contraceptive. The teenager tried to find the other appropriate methods if they dissatisfied for the modern way (Lertxundi, Correa, de la Viuda, & Robledo, 2008). It could be deviated to use the traditional way or nonuse. Moreover, utilization of contraception associated with husband's decision. Because teenage married women depend on the husband as culturally in Myanmar. Therefore, if the husband didn't want to use contraception, it becomes as the barriers for use on the contraceptive method.

Summarizing that, these four components directly influenced to utilize contraception among married teenage women.

2.1.2 Conceptual Framework

Figure (2.1) illustrated the conceptual framework in this study by utilizing of health belief model. In this conceptual framework, mentioned three determinant factors influenced directly the overall belief about the use of the contraceptive method. Health Belief Model has four components.

In this conceptual framework, the perceived susceptibility pointed out the beliefs of the pregnancy-related diseases, burden on the economic issues, burden of the pregnancy and childbearing life, threat to the personal safety due to pregnancy and followed by abortion and past experiences of herself or other women that how they struggled on the during pregnancy, during delivery and after delivery of baby.

In the perceived seriousness part, it related to their beliefs about the seriousness of unintended pregnancy and abortion. The combination of perceived susceptibility and perceived seriousness become their perceived threat. Concern about the perceived threats, the married teenage women understand that the unintended pregnancy and abortion caused the economic burden, health burden and dropped out of the education and challenged in their job and life.

The perceived benefits mean the effectiveness of the use of the modern contraceptive method to prevent unintended pregnancy. It also prevented the sexually transmitted infections and HIV by using the condom which included as one of the modern contraceptive methods. Furthermore, they continued to learn their education and their jobs as usual if they had. The perceived barrier intended to their beliefs about the deterrent that caused to be incommoded to use the modern contraceptive method.

So, that's why, from the health belief model, perceived seriousness, perceived susceptibility, perceived benefits and perceived barrier were applied in the study because these components directly influenced to the utilization of contraceptive methods.

However, the three determinant factors which are sociocultural norms, sex education and conventional gender relationship influenced directly to their beliefs about contraception. Furthermore, they also, directly and indirectly, influenced to utilize on contraceptive methods. For example, some couples who had higher sex education and information, but they had less perceived seriousness and perceived susceptibility concern about unintended pregnancy, abortion, the burden of childbearing and other issues. Therefore, these couples more stick to use the traditional way. However, some couples had less sex education and information, they had high perceived seriousness and perceived susceptibility. Thus why they used the modern contraceptive method to prevent the unintended pregnancy. Although in some couple, teenage married women had not only high sex education and information but also high perceived seriousness and perceived susceptibility, they were influenced by social and cultural norms.

Furthermore, the husband's decision influenced them. If the husband didn't want to use the modern contraceptive method, they followed the husband's decision because of the power relationship. Furthermore, they wanted to give pleasure and wanted to maintain the relationship with husband. Some married teenagers were reluctant to use the modern contraceptive method because they feared the side effect of drugs. It became their perceived barriers. Because it was lack or insufficient correct information about the modern contraceptive method. Finally, these teenagers wanted to use the traditional method or no use on any type of contraception.

Finally, the researcher constructed the conceptual framework by using four components of health belief model such as perceived seriousness, perceived susceptibility, perceived benefits and perceived barriers and three determinant factors such as socio-cultural norms, sex education and conventional gender relationship. Besides, these three determinant factors influenced directly or indirectly to the utilization of contraceptive method among the married teenage women.



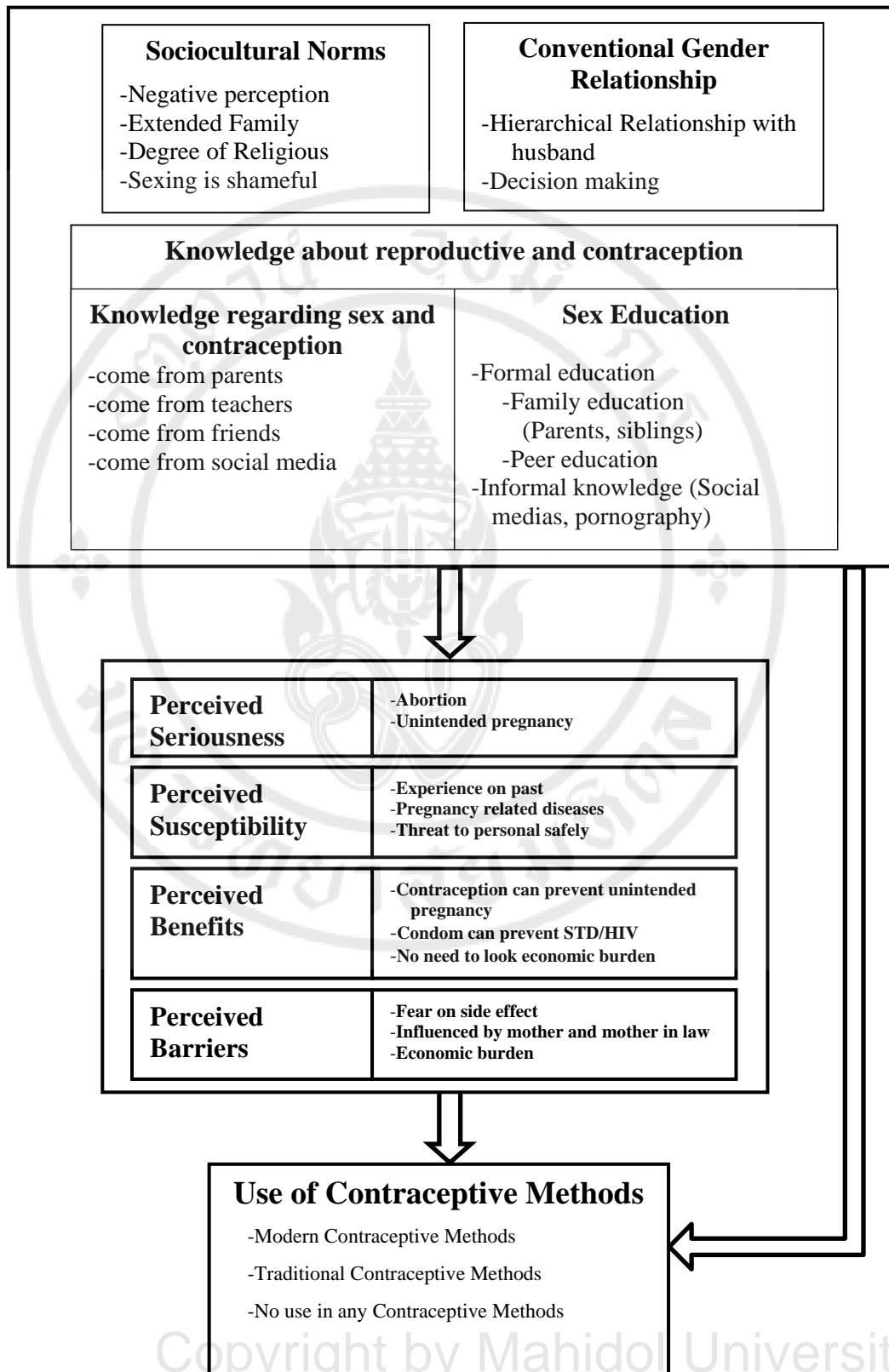


Figure 2.1 Conceptual Framework

2.2 Reviews on Previous Literatures

2.2.1 Definition of operational concept

In developing countries, contraceptive understanding was powerful determinants for utilization of contraception among teenagers but it has limitations (Carter, Bergdall, Henry-Moss, Hatfield-Timajchy, & Hock-Long, 2012) due to lack or insufficient knowledge about sex education and accessible or available of services, incorrect information and negative social norms about sex and pregnancy (Campbell et al., 2006)

2.2.1.1 Contraception and source of information

Use and choice of contraceptive methods and knowledge from sex education were important for teenagers because it supported to make the right decision. Generally, if the persons had correct information about the contraception, they could select the appropriate and correct contraceptive method, rightfully.

The study found that most teenagers knew about contraception by hearing. Therefore, teenagers' knowledge about contraception was limited because their learning came from hearing. Furthermore, the study found that sources of information about contraception among teenagers came from their friends (Forrest, Strange, Oakley, & Team, 2004) and media (Strasburger, 2010). However, the widely used of social media could provide negative perceptions for them. The teenagers got incorrect or incomplete information about contraception from social media and watching pornography. Therefore, it became a barrier for utilization of contraceptive methods (Lou et al., 2012). The quality of information that they received directly affected their decision on the use of contraception (Bleakley, Hennessy, Fishbein, & Jordan, 2009).

Besides, peer information also played an important role because it could easily communicate with friends without any pressure. Deciding to use of contraception was more influenced by peers' information than other sources of information (Ryan, Franzetta, & Manlove, 2007). Thus, peers were the main sources of emotional and social support to teenagers. They learn all information either correct or incorrect from peers. Therefore, peers influence in choose or use of contraception.

Thus, the studies pointed out the utilization of contraception related with their sexual education and information gaps among the teenagers (Frost, Lindberg, & Finer, 2012; Hall, Castaño, Stone, & Westhoff, 2010).

2.2.1.2 Contraception and social value

Social values also influenced on decision and use of contraception among teenagers. Generally, teenagers lived together with their parents from their beginning of life and even they married. Thus, they developed similarly as like their parents' behavior. Parents delivered their behaviors to their children employing social expectation and religious values. Therefore, these social values influenced their sexuality and the use of contraception to teenagers. In society, the use of contraception presents their sexual behavior, parents and society had a negative perception between contraception and teenagers. If the society were rigid in cultural and social values, it effected to use of contraception among teenagers. The study pointed out that the perception between teenagers and contraception is not relevant. If teenagers are familiar with contraception, they believed that these teenagers were sexually active (Marrone et al., 2014).

2.2.1.3 Couple communication and contraception

Couple communication was the frequent discussion between husband and wife for contraceptive use. It had negatively affected the demand of children and positively affect to use of the contraceptive method.

Most of the men believed that women were more responsible for the caring of the family such as childcare and household management (Rakhshani, Niknami, & Ansari Moghadam, 2005). The study mentioned that the women were more trigger for discussion of contraception than the men because they were more affected by consequences of unintended pregnancy and they wanted to more access of contraceptive use (Mason & Smith, 2000). One study said that couple relationship solely depended to the decision making of women especially on choosing of contraceptive method especially in a patriarchal society, it influenced on the decision of choose on contraception (Mboane & Bhatta, 2015). The study from Africa found that women couldn't make the decisions by themselves if their husbands didn't approve because husbands are regarded as the head of the family. Therefore, it makes women more unlikely to use contraceptives if their husbands disagree (Apanga &

Adam, 2015). However, in the communication channel between husband and wife, contraception knowledge of husband was important. One study showed that if the husband had less knowledge and effectiveness of contraception, it had the challenges to communicate and discuss with husband from wife, regarding contraception. (Becker, 1996).

Thus, if the couple has good communication and smooths without any challenges, it is more likely to use contraception.

2.2.2 Application of Health Belief Model to use on contraception

The Health Belief Model was comprehensive and well-tested framework developed by Rosenstock in 1974. The previous studies mentioned that the health belief model was proper for prevention and health behaviors especially for contraceptive use (Moore, Singh, & Bankole, 2011; Nathanson & Becker, 1983). Therefore, this model explained about contraceptive behavior among the women and can apply in the use of contraception. The main concept of this theory in the use of contraception behavior was to prevent unintended pregnancy. Therefore, most of the studies were using the health beliefs model which focused on unintended pregnancy and knowledge about poor contraceptive behavior (Kirby, 2000; Lopez, Tolley, Grimes, & Chen-Mok, 2009).

There were complexities of contraceptive behavior but the health belief model can help to identify and predict the influencing factors (Stidham, 2012). Use of contraception through health belief model, the main theme was the motivation to prevent unintended pregnancy. Motivation means desire to prevent pregnancy, the burden on childbearing desire, to control the fertility and reduce the perceived seriousness and perceived susceptibility of pregnancy-related health issues by using of contraceptive methods (Janz & Becker, 1984; Katatsky, 1977). These were also supported by decision making by the individual.

Based on the Health Belief Model, perceived seriousness and perceived susceptibility of unintended pregnancy and its consequences of abortion, childbirth and motherhood support to increase the utilization of contraception. This construction based on individual feelings of the seriousness of pregnancy and relatively social and health burden of pregnancy and childbearing life. Furthermore, it also included in

worry of continuous education, loss of job and other opportunities because of motherhood life and more responsibility in childbearing (Stidham, 2012). One study showed that 80% of young female respondents use contraception in the past month because they agreed if they didn't use contraception, the pregnancy will happen. Furthermore, they were also concerned about social and fear to deliver the baby (Higgins, Popkin, & Santelli, 2012).

However, some women wanted to use contraception because of their perceived seriousness, perceived susceptibility and other influence factors, some barriers effect on their utilization of contraception. It was the negative consequences on the use of contraceptive methods. They also concerned the side effects of contraception (Dennis & Grossman, 2012), inconvenience to use (Black, Lotke, Buhling, & Zite, 2012) and sometimes, it had limitations to access some modern contraception from health care professional especially in long term contraceptive methods (Chandra-Mouli, McCarraher, Phillips, Williamson, & Hainsworth, 2014). Furthermore, the relationship between the husband was important to use contraception because of disapproval from the husband. All these are inhibited to use of contraception as perceived barriers.

Moreover, women wanted to use contraception because of the benefits related to feasibility, effectiveness and other advantages of contraceptive use. One important benefit was unintended pregnancy prevention. Besides, the hormonal contraceptive method used in medication such as the reduction in the incidence of ovarian and endometrial cancers, abnormal bleeding from the vagina and other gynaecological illness (Sulak & Haney, 1993). Moreover, the use of condom also prevented HIV and other sexually transmitted diseases (Widman, Welsh, McNulty, & Little, 2006).

2.2.3 Summarizing the literature

According to the literature review, contraception was the treasure for saving the rest of women's life to fulfil living in society. Use of contraception was individual beliefs that became from their behavior. However, behavior of users on contraception depended on sources of information. Many studies pointed out that this information got from formal information such as sex education, information from

parents, information from peers and informal information such as social media and pornography. Deciding with correct and appropriate contraception was influenced by this information. Furthermore, other social factors such as social norms, behavior and perception of parents also influenced their use of contraception. These factors became their part of belief on contraception. Moreover, many kinds of literature studied about contraception use by applying of Health Belief Model. Most of the studies focused on the benefit of use on the modern contraceptive method based on their behavior.

Thus, the researcher wanted to study more about their beliefs of use on traditional contraception as opposed modern contraception by analyzing with four components (perceived seriousness, perceived susceptibility, perceived barriers and perceived benefits) of Health Belief Model.

CHAPTER III

RESEARCH METHODOLOGY

This chapter explained about how this study conducted, analyzed and interpreted to understand the choices regarding method of use on contraception among married teenage women. The aim of this study was to explore the reasons why teenage married women still used the traditional contraceptive method or nonuse as opposed to modern contraceptive method. In Myanmar, discussing about sexuality and contraception are sensitive matters. Furthermore, the participants of this study were teenage women, who might be shameful discussing some sensitive questions, the researcher expected that not many informants would participate in this study because informants were teenage women.

3.1 Study Design

In this study, the researcher wanted to study the choice of contraceptive methods among teenage married women. Contraception topic required to understand sensitive aspect of the interviewees' lives. Besides, utilization of contraception behavior was interlocking with knowledge of reproduction, sociocultural norms, and conventional gender relationship influence to their perceived seriousness, perceived susceptibility, perceived barriers and perceived benefits. Moreover, these factors also influenced directly the use of contraceptive methods. To describe the different contraceptive methods utilized by married teenage women, this study investigated the teenage women's choices based on their information sources, knowledge about reproduction and contraception and how they feel about using each contraception method. These main concepts influenced their "perceived susceptibility", "perceived severity" and "perceived benefit," which were the main components of Health Belief Model. Furthermore, this study examined the belief related with unintended pregnancy and abortion, burden of pregnancy and child bearing, challenges of use on

contraception, autonomy and power as influencing factors on their belief of “perceived susceptibility”, “perceived severity”, “perceived barrier” and “perceived benefit” to use modern/traditional contraceptive method.

In order to this study, these sensitive questions and capture the impact of each influencing factors on their choice, this research needed to investigate the attitudes, belief, opinion and knowledge of teenage married women. Qualitative methods allowed to explore and understand the “insider” point-of-view helping in understanding how behaviors are shaped by influencing factors: “qualitative research was to gain a better understanding of phenomenon through the experiences of those who have directly experienced the phenomenon, recognizing the value of participants' unique viewpoints that can only be fully understood within the context of their experience and worldview” (Klopper, 2008). The qualitative method also investigated individual behavior, beliefs, opinions, themes and motivations within its real life context (Maxwell, 2008). Overall, the qualitative method looked phenomenon of beliefs and how the other factors influenced on their belief and how these beliefs effected on use of contraception among the married teenage women in this study.

3.2 Study site selection

3.2.1 Ayeyawady region

The researcher conducted in Patheingyi district, Ayeyarwady Region, southwestern part of Myanmar. The Ayeyawady region had the second highest maternal mortality death in Myanmar (353 maternal deaths per 100,000 live births). But the maternal mortality ratio of Ayeyawady region was not too different with the Chin state, which was the highest rate of maternal mortality ratio (356 maternal deaths per 100,000 live births). These two regions were higher than Union data of maternal mortality ratio which was 228 maternal deaths per 100,000 live births (Census-Myanmar, 2016d).

Furthermore, Ayeyawady region had more services facilities than the Chin state such as accessibility of contraceptive methods and information source (DHS-

Myanmar, 2015-16). For example, regarding information sources, 18.5% of married women from Ayeyawady region got information about contraception from television, radio and social media compared to 16.8% in Chin state. The researcher selected Ayeyawady region for this study as it encompassed high rate of maternal mortality despite higher rate of information about contraception and better health care facilities.

3.2.2 Pathein District

Ayeyawady region was composed of six Districts. Among then, the researcher selected the Pathein district purposively. The majority of Pathein population was Burmese ethnic and 92% are the Buddhist religions (Census-Myanmar, 2016a). The total population of Pathein District is 1.63 million. The teenage population (15-19 years of age) represented 8.5% (139,398) of total population. Among them, 50.2% (70,029) were teenage female population. Besides, in the teenage women population, 15.8% (11,103) are married teenage women (Census-Myanmar, 2016b). Among these married teenage women, adolescent fertility rate was 40 births per 1000 teenage women (15-19 years of age) (Census-Myanmar, 2016c). It means that around 2800 babies were delivered in a year. Other data showed that 1,759 delivered babies one year after getting married. However, 7.5% (131) babies died after delivered, which made that Pathein District had the highest birth mortality rate in Ayeyawady region (Census-Myanmar, 2016b). Furthermore, most of the people who lived in the rural area of Pathein district had lack basic essential needs such as access to clean water, basic infrastructure (road, hospital), health services, education infrastructure and access to information regarding reproductive health especially contraceptive use. These reasons made Pathein district a relevant area to investigate married teenage women's choice regarding contraceptive use. Below is a map showing the location of the study site (Figure 3.1).

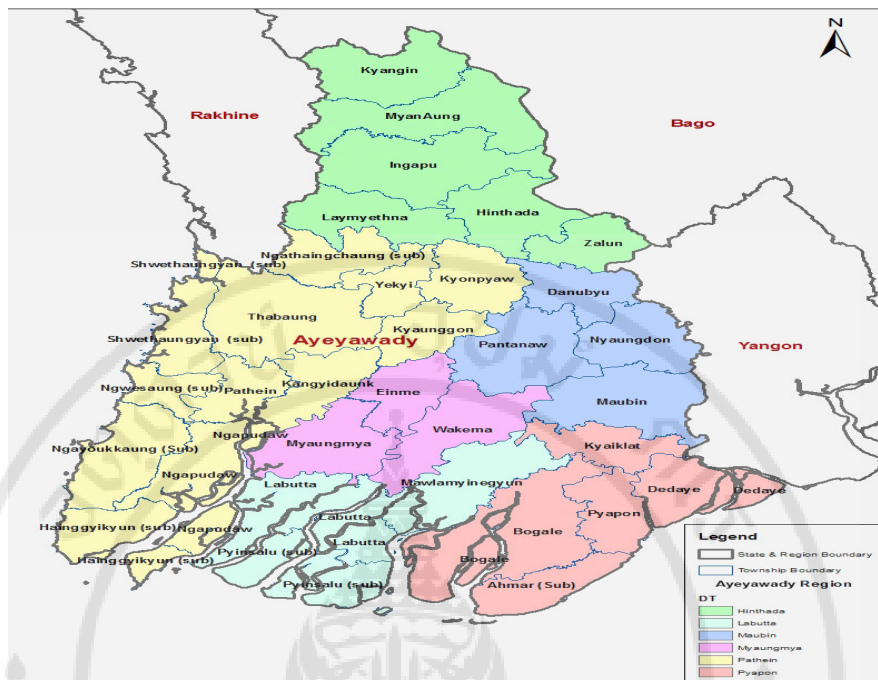


Figure 3.1 Map of District in Ayeyawady Region

Source: Myanmar Census – 2016

3.3 Entering the field

The researcher stayed in contact with project managers from Marie Stopes International (MSI) organization, project officers from Population Services International (PSI) organization and District Medical officer since the developing of proposal in March 2018. MSI and PSI were international non-government organizations providing family planning medical service to the community. MSI organization was the only institution in Patheingyi District proposing reproductive health care and modern contraceptive drugs. MSI officers recorded the names and information from all clients visiting their facility in a registration book. PSI organization provided modern contraceptive drugs to general practitioners working in private clinics.

The researcher chose these organizations as “gatekeepers” to recruit informants as these organizations were implementing partners when the researcher used to work at the United Nations Population Fund (UNFPA). The researcher

discussed in detail with both MSI and PSI officers about the purpose and implications of the study. Furthermore, the researcher also explained about how he approached to the teenage married women and how he took into consideration informant's confidentiality and privacy. To recruit the informants, the researcher consulted the MSI register book to select the informants who were suitable for this study based on selection criteria described below (3.3.1.1). In addition, as the researcher contacted to midwives through the District Medical Officer to facilitate the recruitment of suitable informants.

Thereafter, the researcher visited to the villages and started the selection process informant.

3.3.1 Study informant selection criteria and recruitment process

The researcher faced two main challenges in the recruitment process due to the nature of the informants: (1) all informants were teenagers, who might be shy to answer sensitive questions; (2) the researcher was male, and all of the informants were married women.

Therefore, the researcher applied the purposive sampling method because it was a sampling technique which depends on researcher's own judgment when he chose the participants for the study (Patton, 2002). The main objective of purposive sampling method was to focus on the characteristics of participants to recruit individual that gave best answers for the research questions. Moreover, purposive sampling method was effective when only a limited numbers of people can serve as primary data sources due to the nature of research design and aims and objectives (Tongco, 2007).

3.3.1.1 Selection criteria for teenage married women who are currently using any contraceptive methods

Based on the research objectives, the selection criteria are as follow:

Inclusion criteria

- Married women between age of 15-19 years
- Live with her husband

- Live with her parents or parents in laws in the same compound or same quarter
- Currently use modern contraceptive method or non-use/traditional contraceptive method
- Willingness to participate in this study

Exclusion criteria

- Non married women
- Age under 15 years and over 19 years of age
- Who do not want to participate

During the recruitment process, if the informants were under 18 years of age, the researcher seek the inform consent from both the informants and their parents or the person legally in charge of the informant.

3.3.1.2 Approaching and recruitment of informants for in depth interview

The researcher recruited informants through the three following channels (Fig. 3.2):

(1) The researcher obtained the contact information from MSI and PSI services. They both maintained a register book of visiting clients: the researcher consulted these books and selected the teenage married women who are currently using modern contraceptive methods based on selection criteria. Furthermore, the researcher obtained the information about the teenage married women who were currently lost to follow up with the clinic. This potentially mean that these teenage married women stopped using modern contraceptive method and/or changed to traditional method(s).

(2) The researcher approached to the outreach workers from MSI and PSI organization and midwives who visited to villages regularly to collect information regarding married teenage women. These midwives and outreach workers possessed information concerning married teenage women who were currently using traditional methods or were not using any contraceptive methods in the village.

(3) Another approach consisted in contacting the midwives who were living in the villages and provided basic health care services, including providing modern contraceptive method. These midwives know who were the teenage

married women and which one of them were currently using modern contraceptive or traditional method.

Then, the researcher applied purposive sampling method to achieve the research objectives by selecting a minimum of 15 married teenage women. Among these 15 married teenage women, the researcher planned to select 7 informants who were currently using modern contraceptive method, 5 informants who were currently using traditional contraceptive method and 3 informants who were not using any contraceptive methods. If these married teenage women are qualified for the study, an interview was arranged at a time and place suitable to the informants. The interviewer made a remind call the day before the interview to confirm the appointment. The interviewer obtained informed written consent in person before starting the interview.

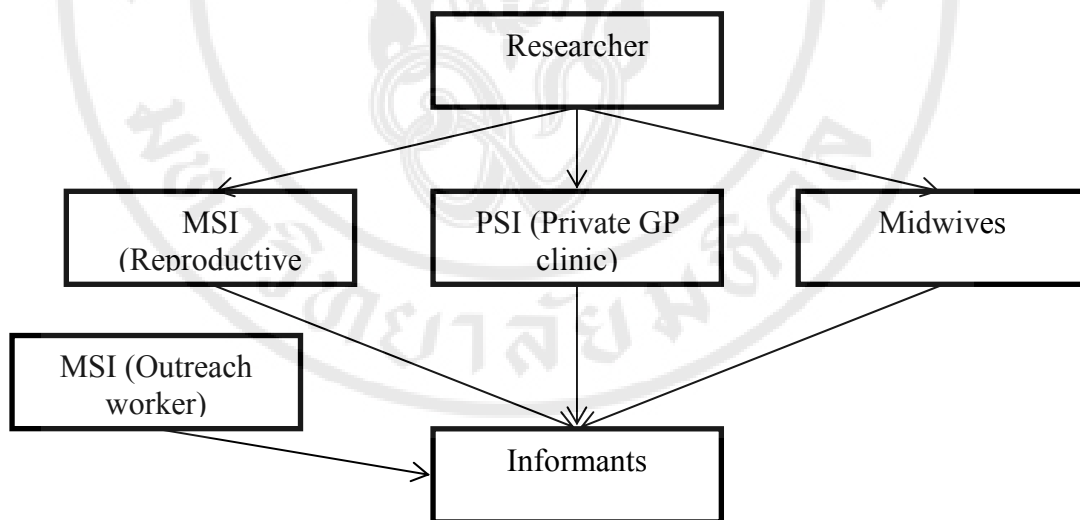


Figure 3.2 Overview of recruiting informants for in-depth interview

3.4 Data collection method

3.4.1 Introduction

In order to understand the decision regarding use of contraceptive methods and the influences of sociocultural factors, sexual education and traditional gender relationship, the researcher conducted in-depth semi-structured interview with married teenage women.

3.4.2 In-depth semi-structure interview

Due to the sensitive nature of the study, the research has opted for in-depth semi-structured interview for the following reasons: (1) semi-structured interview allowed informants to answer and expressed their views freely using their own words; (2). this type of interview encouraged two way communications, which mean that the informants asked questions to the researcher allowing discussion regarding sensitive issues because it was a more personal form of interview (Cohen & Crabtree, 2006); (3) it also allowed formulating additional questions during the interview

3.4.3 Interview Guideline

Questions were prepared before the interview time. It also allows the researcher to be prepared and appeared competent during the interview. The researcher has developed an interview guideline based on the systematic review of the scientific literature and the developed conceptual framework (see Figure 2.1) to ensure the research question and research objectives. In the interview guideline, the researcher differentiated the concept to obtain a better understanding for using contraceptive method informants. This interview guideline was translated from English to Burmese language. Field notes was written down every evening after field work and document review.

The interview guideline was described in Appendix 1.

3.4.4 How Interview will be conducted

There were at least 2 times interviews to the informants following with interview guideline. The first-time interview took around one or one and half hour of

interview time. After interviews, the researcher reviewed the data and found the gaps and incompleteness to reach the research objectives. The incomplete information took with list down for further inquiry and organized for second time interviews.

During the interview process, the interviewer refrained the interrupting the interviewees but guided the informants by asking them to rephrase or specify their answers if they are unclear. The researcher followed the interview guideline to maximize the chance of data completeness.

The interview was conducted in a private setting according to the informants' choice. All the interviews was recorded with a voice recorder and the researcher took the notes.

3.4.5 Interview materials

In this study, the researcher used the notebook, pen, mp3 recorder, battery and chargers during data collection process.

3.5 Study period

The study period started in July 2018 to until April 2019. The data collection and data analysis were conducted from July 2018 to December 2018. The researcher entered the field after got the approval from IRB of Mahidol University (Fig. 3.3).

The researcher started his field works in Pathen District from July 2018 and started meeting with officers in MSI, PSI and District medical officer in July 2018. During this month, the researcher selected and recruited informants based on the selection criteria. Thereafter, the researcher started in-depth interview with 15 informants until December 2018. The researcher constantly reviewed the question guideline to ensure that questions allowed answering the research objectives. The researcher reviewed the data and evaluated which part was incomplete and needed to be filled in order to achieve the research objectives. Thus, the researcher also undergone a second round of interview to fill the incomplete parts in November 2018.

After data collection, the researcher came back to Mahidol University (mid-December 2018). The data analysis and thesis writing was carried under the

supervision of both Major advisor and co-advisor from mid-December 2018 to July 2019. In July 2019, the researcher submitted the draft thesis paper and revised after review. Finally, the researcher defended his thesis in August 2019.

Activities	2018							2019						
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
1.Data collection														
2.Data Analysis														
3.Thesis writing														
4.Thesis defense														
5.Making correction and final thesis submission														

Figure 3.3 Research study schedule

3.6 Data analysis

The researcher insured the validity and consistency of collected data to obtain sufficient information to answer study questions. To do so, collected data was processed and analyzed using the thematic analysis. Thematic data analysis provided the necessary detail about how the analysis reduced the data into workable themes and emerging conclusions (Castleberry & Nolen, 2018). Thematic data analysis aimed at “identifying, analyzing and reporting pattern (themes) within the data” (Braun & Clarke, 2006). There were six patterns of procedure in the thematic data analysis (Braun & Clarke, 2006) described as follow:

Familiarizing with data	Transcribing data, reading and reading the data, noting down initial ideas
Generating initial codes	Coding to interesting features of data systematically across the entire data, collating data relevant to each code
Searching for theme	Collating codes into potential themes, gathering all data relevant to each potential theme
Reviewing themes	Checking if the themes work in relation to coded extracts and the entire data set, generating a thematic map
Defining the naming themes	Ongoing analysis for refining the specifics of each theme and overall story that the analysis tells, generating clear definitions and names for each theme
Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of analysis to research question and literature, producing a report of analysis

The researcher applied the developed interview guideline which was translated to Myanmar version and used with simple words by avoiding complex terminology. Besides, during the interview process, the researcher took extensive notes, which was used to formulate new relevant questions or ask the informant to precise or reformulate their answer if they seem unclear to the interviewer. After the interview, the researcher transcribed verbatim the interviews. These transcript data and field notes were read again and again to a better sense of the data and to familiarize with data that was be helpful in ongoing data construction and analysis. After familiarizing with the data, the researcher selected the interested data as code and generated an initial coding scheme. All the coding was typed in one column in Microsoft Excel sheet, then, the researcher highlighted the similar coding using similar color. Once this done, the researcher chose the suitable names for each of the same coding. During in this process, the researcher found the most possible themes based on grouping of same coding. However, the researcher got the themes, these themes

needed to review to make ensure that any missing to code the data. If there were missing some data in this process, the researcher coded again with additional relevant themes. After finished of all these process, the researcher did the defining and naming the themes. Before that, the researcher made sure all of the coded data. In the process of defining and naming the themes, the researcher created the most possible names which must be related to research questions and research objectives. Finally, the researcher analyzed the data based on research questions and research objectives by using theoretical concepts related to the Health Belief Model (see chapter 2).

3.7 Trust worthiness of data

3.7.1 Trust Building

Myanmar was a traditional, patriarchal society, which implied that collecting data regarding sexual topic, especially contraception, remains challenging. The researcher had to overcome the Myanmar context to insure good data collection. Some words and questions related with sensitive and controversial matter and some research questions related with traditional gender relationship, sex education issues and sociocultural factors on use of contraceptive method. Therefore, the researcher carefully communicated with informants using simple and understandable Burmese language. Furthermore, as the researcher was a male and the informants were married teenage women, the researcher spent some time before interview and explained the study's objectives. The researcher introduced himself as a medical doctor, which was been helpful in building trust with the informants. The researcher explained repeatedly about the study and how the study outcomes benefited the community. Finally, the researcher will explain that there is no right or wrong answers to his question. If the informants were reluctant to share their opinions or experiences about sensitive issues doing the interview, the researcher continued with another question following the interview guideline. Thus, emphasizing in trust building between the researcher and the informants were very important not only during the process of data collection period but also to get reliable data.

3.7.2 Reflexivity

In the qualitative study, reflexivity was commonly viewed as critical self-evaluation of researcher's positioning and the process of continual internal dialogue (Bradbury & Jones, 2007). The positioning of researcher included personal characteristics such as race, age, affiliation, gender, sexual orientation, personal experiences, immigration status, beliefs, preferences, political and ideological stances and emotional responses to informants (Kacem & Chaitin, 2006). These positions of the researcher impacted to the research. Firstly, the researcher was more knowledgeable about potentially helpful and informative resources to informants. Second, they were shape the nature of researcher relationship which affects the information that informants are willing to share. Therefore, married teenage women felt more comfortable discussing sensitive questions including contraceptive use (Kacem & Chaitin, 2006).

The researcher tried to be aware of possible biases in order to accurately and correctly interpret the information to the informants as a medical doctor. Furthermore, the researcher maintained neutral stance without implying that the answer was right or wrong and he didn't try to judge the informants based on their answer. The researcher also kept the neutral facial expression and neutral behaviors about his personal feeling.

3.8 Ethical consideration

The study undergone Mahidol University, Institutional Review Board (IRB) review. Since the ethical practices were important in Social Science research study, the researcher ensured that his study didn't impact negatively the physical, mental and/or social well-being of informants. The researcher followed the ethical guideline of Mahidol University IRB.

3.8.1 Informed consent

First, the researcher introduced himself to informants as a student from Mahidol University and request their voluntary participation in this study. If they accepted, the researcher explained the purpose of the study, study methods, use of the data and protection of confidentiality. Then, the researcher explained and gave translated participants' information sheet describing the purpose of study, study methods, use of the data and ethical considerations related to this study. The researcher also gave his contact phone number and the address of Mahidol University IRB. The researcher informed the participants that he was a graduated medical doctor in the participant information sheet. The researcher tried to overcome power imbalance by explaining about the right to involve and withdraw at any time and request their willingness to participate in this study again. After ensuring the willingness to involve in the study, the researcher took both verbal and writing informed consent from the informants. Furthermore, the researcher informed interview that the interview was recorded with tape/MP3 and that notes were also taken.

If the informants were under 18 years of age, the researcher seek for the permission of informant's parents or legal guardian to participate in this study. It was opened to ask questions to researcher regarding the data collection process and the researcher must explain if anything is unclear to them. If the informants or their parents refused to participate, the researcher took the respect their decision and cancel the interview.

3.8.2 Privacy

The researcher allowed the informants to choose the place of interview. This place had to be private and safe for both participant and researcher in order to maintain the privacy and confidentiality of the information shared by the interviewees.

3.8.3 Confidentiality

Confidentiality consisted in the protection of anonymity of research subjects during research and public dissemination of research results. It was important to prevent and protect harm for the informants. Therefore, informed consents was stored in a safety box hidden in the researcher private room. Furthermore, the hardcopies of records and voice recording were destroyed after completion of the study. In the transcription of informants' answers, direct words of informants and detailed life stories are used in empathic manner. During publication, the researcher protected individual anonymity and anonymity of others who involved in this study by using code names and aggregated results.

3.8.4 Other ethical consideration for informants

During data collection, the researcher avoided discriminated words and manners. The dignity and rights of respondents were respected throughout the study.

CHAPTER IV

RESEARCH FINDING

The researcher conducted the interviews from 15 teenage married women (15 to 19 years of age) who were living with their husband in Patheingyi District, Ayeyarwaddy Region, Myanmar. Among them, 7 teenage married women were using the modern contraceptive method, 6 teenage married women were using traditional contraceptive method, and 2 teenage married women were using neither modern contraceptive method nor traditional contraceptive method.

4.1 Socio Demographic characteristics

The informants who participated in the study are 15 teenage married women with the age between 15 to 19 years. All informants were working at farm with daily wages, were general worker, were factory worker together with household work or were staffs in Non-Government organization. For most of them, main income source for their households was from their husbands. Age range of informants who were participated in this study were between 17 years to 19 years of age.

All the married teenage women were living together with their husbands. However, among the 15 informants, 6 informants were living together with their parents in laws, 2 informants were living together with their parents. The rest 3 informants were living only with their husbands. All the informants did not have either pregnancies or child in current.

In this study, seven informants were using modern contraceptive method, four informants were using traditional contraceptive method, and three informants were not using any type of contraception.

Table 4.1 Socio Demographic characteristics of Informants

No.	Coded Name	Age	Child	Ethnic	Religious	Education	Current Job	Household work	Live together with Parents	Live together with Parents in law	Live with husband only	First contraceptive method after married	Current contraceptive method
1	Ngwe	19	No	Burmese and Karin	Christian	First year University Student	Office staff	Yes	No	No	Yes	Modern	Modern
2	San San	18	No	Burmese	Buddhist	Passed High school	Office Assistant	Yes	No	Yes	No	Modern	Modern
3	Thein	18	No	Burmese	Buddhist	Grade 11	Seller	Yes	No	Yes	No	Modern and Traditional	Modern
4	Pwint	19	No	Burmese	Buddhist	First year University Student	Shop owner	Yes	Yes	No	No	Modern	Modern
5	Khin	19	No	Burmese	Buddhist	Grade 11	Labor at beauty saloon	Yes	No	No	Yes	Modern	Modern
6	Thel Ei	19	No	Burmese	Buddhist	Grade 10	Dependent	Yes	No	Yes	No	Modern	Modern
7	Thida	18	No	Karin	Christian	Grade 10	Dependent	Yes	Yes	No	No	Modern	Modern
8	Sandar	19	No	Burmese and Karin	Buddhist	Grade 11	General worker	Yes	Yes	No	No	Modern	Trad
9	Soe	18	No	Burmese	Buddhist	Grade 5	Farmer	Yes	No	No	Yes	No use	Trad
10	Thuzar	18	No	Burmese	Buddhist	Grade 10	Daily worker at factory	Yes	No	No	Yes	Trad	Trad
11	Aye Aye	19	No	Burmese	Buddhist	Grade 8	Dependent	Yes	No	Yes	No	Trad	Trad

Table 4.1 Socio Demographic characteristics of Informants (cont.)

No.	Coded Name	Age	Child	Ethnic	Religious	Education	Current Job	Household work	Live together with Parents	Live together with Parents in law	Live with husband only	First contraceptive method after married	Current contraceptive method
12	Thu Thu	17	No	Kayin	Christian	Grade 4	General worker	Yes	No	Yes	No	Trad	Trad
13	Moe Moe	18	No	Burmese	Spiritualism	Grade 9	General worker	Yes	No	Yes	No	No use	No use
14	Kyi Kyi	19	No	Burmese	Muslim	Grade 5	Dependent	Yes	Yes	No	No	No use	No use
15	Thet Htar	18	No	Kayin	Buddhist	Grade 6	General worker	Yes	Yes	No	No	Modern and Trad	No use

Table 4.2 Currently use the different type of contraceptive methods among informants**Different type of contraceptive methods**

Modern contraception	Traditional Contraception
3-month depo injection	Washed the Vagina with water after sex with husband
Oral contraception	Sit the toilet at least 30 minutes and took the urination after sex with husband
	Took the Traditional medicine 'Kay Thi Pan' by mixing with a little amount of alcohol. (4 times per month)
	Twisted to the uterus by Traditional Birth Attendance
	Drunk the boiled the ginger and other herbs (1 time per month)

4.2 Main theme 1: Relation between source of contraception information and effect to use on contraception

The researcher created the main theme 1 which was the relation between the source of contraception information and effect to use on contraception. To obtain this main theme 1, the researcher created 8 core coding from the interview findings. These core coding were (1) contraception information among the married teenage women, (2) initial learning about contraception, (3) dependency on advisory for contraception, (4) fear on consequences for use of contraception, (5) opinions about use of modern contraception, (6) opinions about use of traditional contraception, (7) first experience for use of contraception, and (8) barrier for use of contraception.

4.2.1 Contraception information among married teenage women

The source of information about contraception was important for teenage married women. Most of the informants were aware of that modern contraceptive method, and it can prevent pregnancy. Specifically, most of the informants knew only

2 types of modern contraceptive methods, and few informants knew 3 different methods of modern contraception. However, informants acquire information from different channels. Furthermore, they were shy and reluctant to discuss the information with others, and even with their close friends. Some informants obtained it from their aunts, some did from their neighbours, senior women, boyfriends during her single life, and friends. Furthermore, they did not get the information from the health personals because some informants didn't familiar with health personals and health facilities and some were reluctant and feared to meet with health personals.

When they approached puberty phase, they tried to learn about information, especially in sex and contraception. However, there was no sex education program, and lack of health education and health talk session in the school. Thus, they did not acquire appropriate information for sexuality and contraception during their puberty periods.

“I didn't learn any sex education class in the school” (Thida).

Furthermore, they did not acquire any information especially for sex and contraception from their parents at home. Most of the teenage women acquired the information from their aunts, elder sisters, boyfriends during in her single life, neighbours, and senior women from their villages. Moreover, they usually obtained the information after they were 15 years old. It can be considered late since the age of 15 years was the age nearly before marriage for them.

“I heard about contraception from my friends when I was 17 years old. They said it is ok for women when we used OC pills to prevent getting pregnant.” (Khin)

“I knew the contraception information from senior married women who were my neighbors. When they took the contraception, I asked that why always drink this medicine. They explained that it can protect to get a child.” (Thel Ei)

“I heard about contraception in my age of 15 years old. When I met with my boyfriend, he told me about contraception that can prevent pregnancy. He told me that 2 different types of contraception namely, condom and withdrawal method.” (Thu Thu)

Even they obtained contraception information from different people, they didn't know if the information was right and appropriate. They usually acquired contraception information about both modern and traditional methods. Most of the informants were aware of only two types of modern contraceptive methods, which were oral contraceptive pills (OC pills) and 3-month depo injection. The informants were also aware that it can prevent pregnancy, but they did not know about the advantages and disadvantages regarding the use of modern contraception.

“I know the modern contraceptive methods which are OC pills and 3-month depo injection.” (Thein)

“I didn't know exactly that how many types of modern contraceptive methods. But most of the women are using OC pills and 3-months depo injections in my village” (San San)

In Myanmar, traditional medicine is generally popular in rural areas due to inadequacy and inequality of health care resources, particularly in rural or remote areas. Thus, people in rural communities usually use traditional medicines when they are not feeling well. Likewise, for use of traditional contraception is also popular in a rural area, and senior people even do the handover to teenagers to use the plenty of traditional contraceptive methods. Thus, the teenage married women learnt how to use traditional contraceptive methods from these senior people to prevent pregnancy. Furthermore, traditional birth attendances were powerful in the village, especially for women health. They learnt plenty of traditional contraceptive methods from traditional birth attendance because some women used these traditional methods effectively and the teenage married women also believed in these traditional methods.

“I knew some traditional contraceptive method such as ejaculation the spam to outside and taking one pack of ‘Kay Thi Pan (traditional medicine)’ after sexual intercourse with husband” (Soe).

“My respected neighbor told me that after sexed with husband, it needs to sit in the toilet on 15 minutes and clean the whole part of female organ with water which can prevent the pregnancy. I believe that if I use this method, I cannot get any side effect of modern contraception” (Sandar).

“Senior lady from my village told me that mix with large amount of ginger and turmeric liquid (approximately 1 liter) was drunk per week to prevent the pregnancy” (Aye Aye).

“I heard that some women went to traditional birth attendant for do the massage to their uterus to prevent the pregnancy” (Thuzar).

“I heard that some women are doing to prevent the pregnancy that one of the traditional medicine powder was put into the fire and breath by covering with blanket” (Thu Thu).

4.2.2 Initial learning about contraception

Generally, most of the teenager started their puberty in around the age of 12 years. However, they were aware of sexuality and contraception information in the age of 15 years through different people and different ways. Thus, most information about different people depended on their experiences.

“I knew some information of contraception in my age of 15 from senior women to prevent the pregnancy but it has plenty of side effect such as deliver underweight children, small and unhealthy baby.” (Thel Ei).

“When I was 17 years of age, I knew contraception from my friend to prevent pregnancy only, but I don’t know how to use it, where can I get and what are the worse effect” (Khin).

When the girls approached puberty period, they were limited in playing with boys, controlled to stay at home and spoke with other peoples because it was the culturally control to young girls. Thus, they couldn’t learn the information what they wanted to know including reproductive health and contraception information. It effected to choose and use contraception when they married. They didn’t know accurately how to use contraception and the side effect of contraception. They knew only that use on contraception can prevent pregnancy.

“When I approached to puberty period, my mother told me that I don’t play with boys and stay inside. If I want to go outside, I will go together with my sister or aunty because I am a girl” (Thu Thu)

4.2.3 Dependency on advisory for contraception

As culture is one of the important values in Myanmar, the younger always obey and follow what the senior people say. This also influenced the use of contraception among married teenage women. They never re-think or do a discussion about suggestions from senior people. If they do, people in communities would point out about their disrespectful manner. Even they are afraid and worried about the side effects and consequences of use on contraception, they have to always obey and say ‘Yes’ about the suggestion from senior people.

“After I married, my mother in law suggest to use 3-months depo injection. I heard that 3 months depo injection has plenty of side effect. However, I used it because I cannot refuse and want to follow my mother in law’s suggestion” (Thein).

“My mother told me that it is not right time to get the pregnancy because of my economic condition” (Thida).

Sometimes, power balance influenced the informants in choosing and using the contraceptive method.

“My sister in law gave the suggestion to use OC pill to prevent pregnancy. I followed her suggestion because she is not only my boss but also my sister in law” (Khin).

The teenagers believed that discussion about contraception is a shameful matter. Thus, they were hesitant to discuss frequently with others. Additionally, they were reluctant to go to the clinic or pharmacy alone to buy contraception. They wanted to go to the clinic or pharmacy with their close people.

“I will not do frequent discussion about contraception with others because I think that it is the shameful matter for me” (Sandar).

“I am afraid to buy OC pills from the pharmacy because I feel reluctant to say about contraception to shop owner and afraid from other buyer’s look up. So, I always went to pharmacy with my aunty or neighbors” (San San).

“I don’t want to go the clinic alone to do 3-months depo injection because I feel shy and afraid to midwife because she is stranger, and I don’t want to discuss with the strange person. Thus, I always go with my elder sister” (Khin).

4.2.4 Fear on consequences for use of contraception

Both modern and traditional contraception users had different concerns about the consequences of using these methods. They usually were afraid and many questions regarding the consequences of using contraception because they did not have enough information before the marriage.

Furthermore, the teenage married women who were using modern contraception expressed that the major side effect of the 3 months depo injection is irregular menstruation and major side effect of OC pill is body weight gain, dizziness

and vomiting. In general, most Myanmar women and girls believe that menstrual blood is bad blood, and if there is not menstruation, this bad blood will stay in the body. It will cause dry skin, headache and other health problem.

“I used OC pills for 3 months after married but now I changed 3 months depo injection because I don’t want to take regularly and sometimes, I forget to take. However, there was no menstruation after injecting 3-month depo. I don’t like no menstruation and I changed again to OC pill” (Thel Ei).

“I got 9 times menstruation per month after 3-month depo injection. So, I changed to OC pill because I afraid that these badly blood can affect to my health especially for cervical cancer” (Pwint).

“When I took the tablets (OC pills), I suffered itching the whole body. So, I think that it can cause allergy for me. So, I stopped and changed to traditional contraceptive method” (Sandar)

“On the first 5 days of OC pills taking, I feel dizziness, vomiting and heart burn sensation. I afraid to use OC pills in future” (Thida).

The teenage married women who were using traditional contraception concerned about the consequences of traditional contraception regardless of what they used traditional contraception with different reasons such as religious belief, fear about side effects of modern contraception, and pressure from mother or mother in law. However, they were not aware of the effectiveness of traditional contraception. It was difficult for some married teenage women for using traditional contraception. Thus, their intention was more likely to escape from the pressure of mother, mother in law or senior peoples.

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“I took the ‘Kay Thi Pan’ which is the traditional medicine as contraception because I believe that it has less side effects than modern

contraception medicine. I don't know that it can prevent pregnancy or not"
(Thuzar).

"My mother in law used traditional medicine in her whole life. Thus, she pushed to me to use these medicine for contraception. If I got unintended pregnancy, I will have gone" (Aye Aye).

4.2.5 Opinions about use of modern contraception

Most of the informants concerned about the side effect of contraception, and they were aware of that contraception can prevent pregnancy successfully. Among the teenage married women, some educated women were aware of that modern contraception cannot 100% prevent pregnancy. They also believed that modern contraception is more powerful than traditional medicine because it is western medicine and approved by testing.

"Modern contraception can prevent pregnancy than traditional contraception because it come from western country" (Ngwe)

"I know that modern contraception has failure rate, but I don't exactly"
(San San)

Even though teenage married women were using modern contraception, they had doubts about modern contraception. They heard about some worse experiences from modern contraceptive users.

"Modern contraception has many adverse effect. I heard that one Inter-Uterine Device user did the operation because she got the pregnancy and she can deliver the baby normally. So, she did emergency operation for deliver. Thus, modern contraception is good, but I don't believe 100 percent on it" (Khin).

Furthermore, some teenage married women believed that long term use of modern contraception can devastate their women health. This can complicate to blood circulation and body mechanism because these modern contraception drugs are powerful.

“If I take modern contraception for long term, it is harmful to my health especially harmful to internal organ” (Thein)

“Pills or injected drug were made with chemical compound. It can prevent pregnancy. But it is not good for women for long term used” (Thel Ei).

4.2.6 Opinions about use of traditional contraception

Traditional medicines, in general, were very popular in Myanmar, especially in rural areas. People in rural communities believed that western medicines include chemical, while traditional medicines include various kind of herbage. Thus, traditional medicines were not harmful to the body and have lower side effects than western ones. Such belief appeared to affect the use of traditional contraception.

“I think that traditional contraception may not worse to my health because it is made with herbs and it has no side effect” (Thuzar).

Most senior people in the village were very conservative. Thus, the use of traditional medicines was even more popular in rural areas. Grandmother and mothers influenced teenagers in terms of decision making due to seniority which is one of the important values in Myanmar. They relayed their experiences on how to use traditional contraception to teenage married women.

“My grandmother and my mother used the traditional medicine in their life. So, I believe about the traditional contraception for preventing pregnancy” (Aye Aye).

Furthermore, traditional contraception was easier to obtain than modern contraception. Thus, it did not complicate to the teenage married women for using the traditional contraceptive method.

“I used the withdrawal method because it is much easier, and it doesn’t need to buy or doesn’t need to go to clinic for injection” (Soe).

4.2.7 First experiences for using on contraception

All informants had their first sexual intercourse experiences of using contraception was after their marriage except one informant who had the experience before her marriage with her boyfriend by using the modern contraceptive method. Thus, they faced many challenges for choosing among different types of contraceptive method, and they faced side effect and other problems for using of contraception because they did not have enough information about contraception in the past. They were aware that contraception can prevent pregnancy. For the OC pill users, they faced not only the side effect of contraception but also problems in taking the drug regularly.

“In my age of 16, my boyfriend gave me OC pills to prevent the pregnancy because we afraid for getting pregnancy. Furthermore, we know only is to take one table per day for 1 week” (Thida).

“I always forget to drink the OC pills and I am afraid to drink any kind of drugs since my childhood. It is a big problem for me” (Khin).

Some teenage married women got a challenge to choose a suitable contraceptive method. They received many suggestions from different persons and different methods.

“My aunty told me that OC pills is good method and my respected neighbor told me that condom has no side effect. I cannot decide which contraceptive method is suitable for me.” (Thein)

4.2.8 Barriers for getting contraception

There were different situations to obtain contraception. Some villages were very hard to reach areas and there were no pharmacies and rural health centres in the villages. Thus, if the teenage married women wanted modern contraception, they needed to go to other villages which have pharmacies or rural health centres. Sometimes, they could obtain from the midwife when the midwife visited their villages. Some married teenagers were aware of that modern contraception can prevent pregnancy, but they don't know where to obtain it. Additionally, some of the married teenagers were so poor that they could not afford it. Some others were worried about a lot about the side effect of modern contraception.

“Our family believe the sprits and the child is a gift from the sprits” (Moe Moe).

“Prevention to pregnancy is fortune blocker for the baby who before come to the life to live in the world” (Kyi Kyi).

“When my mother in law visit long journey to other city, I finished all my OC pill and I don't know how to get or buy the OC pill because my mother in law always brought for me” (Thein).

Even there was a pharmacy in the village, some teenage married women did not want to go alone to buy modern contraception due to negative perception which is one of the cultural beliefs in Myanmar. Because of young women and social status, use of contraception appeared to be limited for them. There was considerable social disapproval of premarital sex and pregnancy, especially for teenagers.

“I always went to other village to buy OC pills because there is no pharmacy or clinic in my village. this is very challenging for me” (Thida).

“The community don't accept teenage pregnancy when they meet pregnant young girl” (Khin)

Additionally, most teenage women did not want to talk with midwives who are in charge of Rural Health centres. Most teenage married women were not familiar with clinic and health care personal. They were often reluctant to discuss the consequences of contraception.

“I afraid her needle and face. So, I scare to ask any questions and she is always busy” (Thel Ei).

4.3 Main theme 2: Reproductive and contraception knowledge

The researcher created the main theme 2 which is reproductive and contraception knowledge. To create this main theme 2, the researcher created three core codings which are (1) discussion with parents for reproductive health knowledge in school age, (2) opinions for shared information from neighbours and senior women regarding contraception and (3) experiences of sex education or health talk in school age.

4.3.1 Discussion with parents for Reproductive health knowledge in school age

Partly due to conservative cultures in Myanmar, teenagers, especially young girls, did not know much about reproductive health and how it is important for their life because there is no sex education or health talk in the school. In the home, mothers are more responsible for their daughters than fathers. Fathers usually never discuss reproductive health with their daughters. Also, daughters never started to discuss it with their mothers.

“I am afraid and shy to discuss about reproductive health and contraception with my mother because I think that it is an unseemliness between family” (San San).

“I never discuss with my parents because the discussion about contraception is disrespectful manner for them in school age. It should discuss after married” (Soe).

All informants were not much aware of sexuality and reproductive health even they had the first menstruation in their life. The teenagers' mother started to teach how to use the pad for their first menstruation.

“My mother taught me how to use the pad after first menstruation. I never heard this information before first experiences” (Thuzar)

After the first menstruation, teenage women were controlled to stay at home because their mothers believed that their daughters became an adult. The teenager women did not have any other information from their mothers before and after the first menstruation. Some teenagers obtained some information about sexuality from their mothers before they became working age which is after the age of 16 years.

“My mother told me that don't accept any boyfriend in teenage if you do that you will get the trouble” (Soe).

“I remember that my mother shout me because she knows about the relationship between me and my boyfriend in my age of 16. And she told me that don't kiss each other if not you will get the pregnancy. But I don't know why the pregnant will be get by giving the kiss” (Khin).

4.3.2 Opinions for shared information from neighbors and senior women regarding contraception

In the interviews, all informants had the same concerns that they were more flexible for discussion with neighbours and senior women from the village than their parents and teachers. Most information was from neighbours and senior women. As the married teenage women fear and respect to their parents, they were hesitant to discuss with them. Thus, they often discussed with neighbours or senior women, and

consequently, they obtain more information from them. Discussion with neighbours and senior women was more comfortable and convenient for them.

“When I faced the problem in first time of use on OC pills, my neighbor gave me many information about different methods that based on her experiences” (Thein).

“The senior women who I respected persons in the village gave the advice to use traditional medicine to prevent the pregnancy because she told me that traditional medicine cannot harmful to the body” (Thuzar).

“Whatever I want to know about contraception, my neighbor gave the suggestion because she is a traditional birth attendant and I believe that she know everything” (Thu Thu).

4.3.3 Experiences of sex education or health talk in school age

All informants did not have to get sex education in school, thus, they did not know much about sex education because there is no sex education program in Myanmar. Most informants thought that it is not suitable to teach to young girls in school. However, one informant did a health talk during her school age. Although this health talk did not focus on contraception, health personal discussed the sexual and reproductive health with her. As mentioned, most informants did not have a certain level of knowledge of contraception because of no sex education during their school ages.

“I don’t know that what is sex education, and does it need to teach in school. I think it is very shameful to me” (Moe Moe)

“No, No, it is not suitable to teach to children in school and our community will not accept the sex education because of culture” (Kyi Kyi).

“In my school life, I am so young and either my friend or me never discussed about the contraception. I told with my friend about contraception in university life” (Ngwe).

However, young girls discussed and share information about sexual and reproductive health with their close friends. Because they didn't want to discuss with other people and they believed that discussion about sex and reproductive health especially for contraception was shameful for them. Thus, they talked to each other secretly because they were very shy and afraid to know others.

“I and my close friend always talk about the boy if there was nobody in surrounding area” (San San).

4.4 Main theme 3: Perceived benefits on use of contraception

The researcher created the main theme 3 which is perceived benefits in the use of contraception. To create this main theme, the researcher created five core coding which are (1) reasons for use on contraception, (2) opinions about benefits of use of modern contraceptive method, (3) opinions about benefits of use of traditional contraceptive method, (4) Opinions about disadvantages of use of modern contraceptive method, and (5) opinions about disadvantages of use of modern contraceptive method.

4.4.1 Reasons for use on contraception

All informants were using contraception to prevent pregnancy, and they had different reasons. Most informants mentioned similar reasons which were too young to have a pregnancy. One informant was using contraception to prevent pregnancy because she thought she is so poor that her husband may not handle the whole family with his income alone. Another informant was using contraception due to concern about her education process because she was attending a university, and she worried about her education process if she had a pregnancy. They believed that if they will not use contraception, they will get pregnant. It appeared to be more challenge than side effects and other problems about the use of contraception.

“I don’t have enough money to deliver the baby and all family – depend on my husband income” (Sandar)

“I am now attending the university and I cannot give the time to care the baby” (Ngwe)

“I am too young to take the pregnancy and I also fear for deliver the baby. Furthermore, I want to live free without the baby” (Thein)

“I am now working, and I worry for my job if I got the pregnancy” (San San)

Besides, three informants did not use any type of contraceptive methods. They had different concerns about the use of contraception. One informant did not want to use contraception because of her religious belief. Another informant did not use any type of contraception in current because she already had experience about many side effects of both modern contraception and traditional contraception. She felt unsecured for her health if she used contraception again. Thus, she stopped all contraception. Another one did not use any contraception because her parents in law and husband wanted the baby for their family. It was difficult for her to refuse and deny their wants.

“The baby is treasure for our family that my husband and parents in law told me” (Kyi Kyi)

“I never forget when I felt the side effect of modern contraception and traditional contraception. This time was dismal condition in my life” (Thet Htar).

“The spirits will give me a baby for our future. Why should I use contraception? If the sprites irritate, I will trouble in my life” (Moe Moe).

4.4.2 Opinions about benefits of use of modern contraceptive method

All informants used contraception with different concerns for their future life. Having pregnancy seemed to undermine their life dream. Some of the teenage married women heard that some women had unintended pregnancy because they did not use modern contraception. These women struggled from their pregnancy and cared for their babies after delivery. Furthermore, they heard that some other women used traditional contraceptive methods, but they had a pregnancy. Thus, all informants who use modern contraception believed that it is safer than traditional contraception because modern contraception is western medicine and it was tested before released to public users.

“If I don’t have a child, I can continuous my education and work that can support to bright for my future” (Ngwe)

“I heard that side effects of contraception are very aggravated. However, I feel more scare and fear for getting pregnancy and deliver the baby because it can threat to my life. So, use on contraception can save my life” (Khin).

“I can find and save money by doing the work if I don’t have a baby because we are very poor” (Thein)

In the interview, the researcher found that some teenage married women were scared about unintended pregnancy and abortion. They heard that some women from their villages did the abortion for their unintended pregnancy with traditional birth attendant because these women did not want their unintended pregnancy. Unfortunately, one woman was admitted to hospital after abortion and her uterus was removed. Thus, these married teenage women were using modern contraception to prevent unintended pregnancy.

“One women from my village did the abortion because she doesn’t want the pregnancy. But she got unconscious after abortion and admitted to

hospital urgent. Although her life was saved, she has no uterus and she cannot get the pregnancy through her life. I scare it!” (Pwint)

4.4.3 Opinions about benefits of use of traditional contraceptive method

The researcher found that one traditional contraception user changed from modern contraception because she felt many side effects of modern contraception. All teenage married women who were using traditional contraception were happy because they did not need to worry about the side effect of drugs. They also believed that traditional medicine was made by herbs without any chemicals. Thus, it could not affect their health. Furthermore, most of Myanmar women, in general, seem to prefer regular menstruation. Thus, the teenage married women thought that traditional contraception cannot destruct their regular menstruation. They also believed that traditional contraception can prevent pregnancy because it was traditionally used for a longer time.

“I don’t worry about side effect of drug because the traditional medicine is lesser side effect than modern medicine” (Sandar).

“I don’t want to take the drug regularly. So, the traditional contraception is more convenience for me” (Soe).

Most of the married teenage women did not want to go to clinics or pharmacies to buy contraception because they feel belittled when the other person looked especially from men. Furthermore, if shop owners are male, it is more reluctant for them to buy contraception. Thus, they prefer traditional contraception because it doesn’t need to buy or go to the clinic.

“I don’t need to go to clinic or pharmacy to buy modern contraception because I scare other person who is looking to me” (Khin).

“The shop owner is stranger for me and I don’t want to talk about my contraception with strange person” (Thida).

4.4.4 Opinions about disadvantages of use of modern contraceptive method

There were two different concerns about the disadvantages of the use of contraception between modern contraception users and traditional contraception users.

The modern contraception users concerned about the side effects of drug and take the drug regularly which were the main challenges for them. Furthermore, they also believed that modern contraception is more effective than traditional contraception because some traditional medicine has no official clinical evidence for success to prevent pregnancy. However, modern contraception cannot prevent pregnancy for a hundred per cent and it has a failure rate in their beliefs. They heard some information about the failure of preventing pregnancy from other people.

“Some women got the pregnancy during they are using modern contraception” (Thu Thu).

“During my mother was taking OC pill, she got the pregnancy. At that time, she was 45 years old” (Khin)

“My menstruation was stopped after 3-months depo injection. I don’t like it.” (Thel Ei).

“I got acne and skin rash when I used OC pills. So, I changed other modern contraceptive method” (-----).

“I cannot drink OC pills regularly and it is very burden for me” (Aye Aye)

4.4.5 Opinions about disadvantages of use of traditional contraceptive method

The researcher found many traditional contraceptive methods are currently used more often than my expectation. The most popular traditional medicines, named

“Kay Thi Pan” and “Pan Wint Mone”, were used as contraceptive medicines to prevent pregnancy. However, the researcher found that one informant drank ‘Kay Thi Pan’ once per week with ganger soup, and another informant drank once per month with a small amount of alcohol. It had many procedures and no standardization to take the drug for contraception. Thus, it was found that they also had different concerns about the disadvantages of traditional contraception.

“I mixed ‘Kay Thi Pan’ and ganger soup and drink to prevent pregnancy. I take once per week. Sometimes, I got abdominal discomfort and not feeling well” (Thuzar)

“My neighbor told me that it is need to drink traditional contraception for only one time per month and other neighbor told that one time per week. I confused. So, I decided by myself that I drink as I desire or after sex with my husband” (Soe)

4.5 Main theme 4: Beliefs related to use of contraception and unintended pregnancy, abortion and Health

The researcher created main theme 4 which is beliefs related to the use of contraception and unintended pregnancy, abortion and health. To create this main theme, the researcher created four codings which are (1) beliefs on contraceptive effectiveness, (2) opinions and perceptions about unintended pregnancy, (3) effects on unintended pregnancy by using contraception, and (4) potential impact to women health by using contraception.

4.5.1 Beliefs of contraceptive effectiveness

The researcher found that all informants believed contraception can prevent pregnancy. They found that their friends who have babies are struggling with passing their life with their babies. When their friends are busy with her babies and household work, they cannot continue the things they want to do. Thus, they believed that the use of contraception can take their opportunities and happy life.

“Now I am happy because I don’t have the baby and I am using modern contraception regularly to prevent the pregnancy” (Ngwe).

“I saw one of my friend has a baby and she is very busy with her baby and household work. I feel that I am a lucky girl because of use on contraception to prevent the pregnancy” (San San).

“I can prevent unintended pregnancy by using on contraception” (Pwint).

However, there was a discrepancy for the effectiveness of contraception between informants. One informant did not believe that it cannot prevent pregnancy a hundred per cent. According to her, their neighbours had experienced about having a pregnancy in a spat of the use of contraception.

“My neighbor got the pregnancy even she took OC pills regularly. I think that OC pills has a problem to prevent pregnancy” (Thida)

4.5.2 Opinions and perceptions about unintended pregnancy

The researcher found that most of the teenage married women worried about unintended pregnancy. As they are young, they did not want to take responsibility of pregnancy and be scared of negative perceptions of other villagers. They had different perceptions of unintended pregnancy between married women and single women, especially from very conservative people.

In society, they saw that teenager and pregnancy are not matched regardless they are married or not. Furthermore, if a young girl will have a marriage, they will get the backbiting behind her. Thus, most married teenage women take a significant consideration of living within the society and perceptions from the society people.

“When I did marriage with my boyfriend, I think many people will talk about that my marriage is disagreeable.” (Sandar)

The teenagers may have unpleasant manner from the society if they have pregnancy. Thus, most teenage married women concern about having pregnancy, especially unintended pregnancy.

“I afraid to get the unintended pregnancy because I scare the words from society” (Khin)

4.5.3 Effects on unintended pregnancy by using contraception

All informants believed that planned pregnancy is better than an unplanned pregnancy. Also, they believed that the use of contraception can prevent unintended pregnancy. Thus, they wanted to prevent pregnancy with different reasons. What matter they faced the problems in use on contraception, they were scared about unintended pregnancy.

“The unintended pregnancy is very trouble for women especially for teenagers because it can block the opportunity of teenagers” (Ngwe)

“I believe that use on contraception regularly can prevent unintended pregnancy” (Thida).

“I am still a young girl and I scare to get pregnancy because I cannot take the responsibility of pregnancy and baby” (Thu Thu)

4.5.4 Potential impact to women health by using contraception

There were two different concerns from married teenage women. These were the side effects of contraception and the burden of having a pregnancy. They believed that side effect of contraception is a more direct impact to women health. And, they think that burden of having pregnancy is indirect effect to their health, but that is the more significant problem than the side effect. They saw and heard that most pregnant women suffer from health problems during pregnancy. Thus, they believed that these burden of having pregnancy can prevent by using contraception.

“I think that my internal organs will be damage slowly by using on contraception” (Moe Moe).

“I am more scare during deliver the baby because it is the most dangerous time of life. So, I use contraception” (Thein).

“The main problem is side effect of contraception” (Thet Htar).

4.6 Main theme 5: Power relationship between family or household and teenage marriage women for choosing and using on contraceptive method

The researcher created main theme 5 which is the power relationship between family or household and teenage marriage women for choosing and using on the contraceptive method. To create this main theme, the researcher created four codings which are (1) husband's involvement in selection and use on different types of contraceptive methods, (2) mother' involvement in selection and use of different types of contraceptive methods, (3) mother in law's involvement in selection and use of different types of contraceptive methods, and (4) feeling of current contraceptive method and plan for future.

4.6.1 Husband's involvement in selection and use on different type of contraceptive methods

In Myanmar, the husband generally took the leading role in decision making at home. However, the researcher found that husbands of married teenage women were not much involved in the use of contraception, and they usually gave full authorities to their wives. Additionally, if husbands needed to support their wives to solve the problem in contraception use, they tried to obtain advice from their friends or other villagers. Thus, the husband would not involve in choose and use of the contraceptive method. And they gave the decision-making power to married teenage women.

“I can decide to choose and use on contraception. He always follows my decision for this” (Pwint).

“When I felt the side effect of contraception, my husband gave some suggestions and he told me that he will never implicate my decision” (Thel Ei).

However, the husband obeyed their mother decision and it influenced to choose and use on the contraceptive method. Thus, the teenage married women could not refuse or deny if mother in law suggested in choosing or using contraception.

“When I discuss with my husband about contraception, he didn’t give any comments and he told me that just follow by my mother in law’s arrangement” (Thu Thu).

As the teenage married women are young and did not have enough information about contraception before marriage, they concentrated the suggestion from senior women, neighbours and other respected people. They organized all the information and discussed with their husbands. Additionally, their husbands also gave suggestions to teenage married women about what they know.

“I told my husband what I know about contraception from neighbors” (Aye Aye).

Some husbands went to buy contraception from pharmacy or clinic on behalf of their wives because the teenage married women are reluctant to go to pharmacy.

“My husband brought OC pill from pharmacy for me because I don’t want to go there to buy OC pill” (Thein).

4.6.2 Mother's involvement in selection and using of different type of contraceptive methods

According to Myanmar culture, the mother generally takes more responsibility for children than fathers. Additionally, the mother discusses with her children as a priority than father. Thus, the mother is more involved in decision making about the use of contraception for teenage married women. Most of the teenage married women followed and obeyed whatever their mothers said, even though they can have a problem in contraception use.

“My mother always express that I need to prevent pregnancy because I am still young. So, she always checks my contraception status” (Pwint).

“I live together with my parents and my mother always notify to take the OC pill regularly. Later as she feels in insecure to OC pills for me, she pushed to me to use 3 months depo injection” (Thel Ei).

“After married, my mother took me to clinic to do 3-months depo injection” (Thida)

4.6.3 Mother in law's involvement in selection and use of different type of contraceptive methods

Most of the teenage married women had a lot of tension when they live together with parents in law. This tension appeared to influence their decision of contraception use. Some married women had pressure from their mother in law to have a grandchild for them. Even though they do not want the baby and want to use contraception, it is hard for them to resist their pressure.

“My husband followed his parents’ decision to get the child because they want grandchildren for the family” (Thu Thu)

Some married teenage women were influenced by mother in law about the use of contraception as her mother in law prefers.

“I prefer to use OC pills, but my mother law take me to the clinic to do 3-months depo injection. She told me that it doesn’t take the pills daily and just do one-time injection per 3 months. she like it” (Khin)

Some rural areas in Myanmar, some people are very conservative, and they usually do not believe western medicine and prefer traditional medicine. Some participants were forced to use traditional medicine as contraception due to their mother in law.

“I don’t believe traditional way however my mother in law pushed to use it” (Aye Aye)

4.6.4 Feeling on current contraceptive method and plan for future

Some married teenage women had the first experience of use of the contraceptive method. Among them, some already changed from one to another contraceptive method because they faced problems in their first used. However, most of the teenage married women were satisfied with their current contraceptive methods.

“I like OC pills and I used after married till to now” (Pwint)

“I don’t like OC pills and I changed to 3 months depo method” (San San)

The researcher found that some of the married teenage women will continue using their current contraceptive methods and they do not yet decide to have a pregnancy in future. They had different concerns including financial problems, too young to have baby, and education and work.

“I don’t know when I will do the pregnancy because I am poor and no money” (Khin).

“I have no plan to get the baby. I am still attending the university” (Ngwe)

“I am young girl and don’t want the baby” (Thida)

However, some participants were using current contraception for temporary. They mentioned that they have a plan to have a baby soon. One teenage married women were having tension and pressure from her mother in law to have a baby even though she did not want to have a pregnancy. She could not escape from her mother in law’s pressure, and her husband also wants a baby for his mother. Her mother in law’s concern is to be happy for the family if they have a grandchild.

“My mother law wants the baby and my husband also want to give grandchild for her. I don’t want the baby, however.....” (Kyi Kyi).

Some of the married teenage women who were using traditional contraception were satisfied with their current methods. Most of them used traditional contraception after marriage except one informant who changed her contraception from the modern method. She felt many side effects of modern contraception with two different methods and she did not want to use again in future.

“I scare OC pills and Depo injection and I never forget what I felt at that time” (Thet Htar).

4.7 Summary

The study focused on describing the different contraceptive methods and examine the reasons why married teenage women used the current contraceptive method. Thus, the researcher created five main themes to answer the questions and objectives of the study.

Relation between the source of contraception information and effect to use of contraception

The source of information about contraception use was important for teenage married women, particularly about its effectiveness in preventing pregnancy.

They received information about contraception from different channels. Most of the teenage married women did not have enough information about contraception. As there was no sex education program in school and university, they learnt from different people with different channels. Thus, the information they learnt was both correct and incorrect. Besides, selection and use of contraception were usually based on advice from their closed people. They depended on these closed people because they felt that they were too young and did not have enough information. Moreover, they were afraid and scared about the side effects of contraception before they used, which were based on information and experiences from other peoples. Thus, they were fumbled in the selection and use of contraception to get suitable methods for them. When they used contraception, some of the married teenage women faced the side effect of contraception.

The researcher found that most informants who were using modern contraception believed that modern contraception is better than traditional contraception because modern contraception is tested and approved with many peoples and it is worldwide used. However, the informants who are currently using traditional contraception because it was made by herbs and fewer side effects than modern contraception. The researcher found that all informants had different experiences in their initial use of contraception. Some informants felt side effects of contraception in their initial use on contraception which influenced to change other contraceptive methods. The barriers to obtaining contraception also influenced them about the selection and use of contraception. Most informants were uncomfortable to buy contraception from pharmacy and clinic. They felt shy and reluctant to buy contraception form there.

Reproductive and contraception knowledge

As they are young and teenagers, they curiously wanted to know whatever information. Sex and contraception were one of the information that they want to know. However, there were very limited ways to have such information for them because of cultural favour community, conservative society, no sex education class in school and university and limited coverage of health care personals. According to the culture, they never discussed sex and contraception with their parents before married.

They felt that the discussion with the parents was very disrespectful to parents. Additionally, there was no sex education program in school, thus, the teenage married women did not have any knowledge during their school ages. The teenage married also felt that sex education program is not suitable for children, and it is the only secret discussion with close friends. However, two informants who were educated believed that sex education should be taught to children to get knowledge in young age. Regarding reproductive and contraception information, most informants got from neighbours and senior women from their villages.

Perceived benefits on the use of contraception

The teenage married women used contraception for preventing pregnancy. They had different reasons to prevent pregnancy, which were too young to get the pregnancy, afraid to burden of pregnancy and deliver the baby, low economic condition, scare in unintended pregnancy and abortion and want to live freely without the baby. They used different types of contraception with different concerns and opinions related to their experiences and information that they received from others. The informants who were using modern contraception concerned that it has plenty of side effects. However, they used modern contraception because they believed that it is a western medicine and it can prevent unintended pregnancy. Furthermore, they also worried about the burden of pregnancy-related problems because it could break their future. Thus, they used modern contraception to prevent unintended pregnancy. For traditional contraception users, they had similar concerns and opinions that modern contraception users had. However, some of the traditional users believed that traditional contraception has a lower side effect than modern contraception. As well, it was more convenient to obtain and use for them.

Beliefs related between use on contraception and unintended pregnancy, abortion and Health

All informants concerned about that unintended pregnancy can pull down their future life. Furthermore, they thought that society is very conservative and cannot accept if young women have an unintended pregnancy. Teenage married women have the pregnancy, the society may sniffy to young pregnant mother. Thus, some women

did conspiratorially abort if they had an unintended pregnancy. The teenage married women heard that abortion can threaten their life. Furthermore, some teenage married women had experiences that they heard from others. The researcher found that the married teenage women were scared to get the unintended pregnancy and abortion which can affect their health. Thus, they are using contraception to prevent pregnancy.

Power relationship between family or household and teenage marriage women for choosing and using on contraceptive method

All informants gave leadership role to their husband. Thus, their husband can decide whatever issues or problem regarding the family. However, their husband didn't give any suggestions or comments in use on contraception of the teenage married women. Their husband believes that use of contraception is only responsible for women. If the teenage married women want to get the suggestion from their husband, they give to them. However, their husband cannot refuse what his mother said. The researcher found that most mothers in law were involved in choosing or using on contraception of marriage teenage women. Thus, the teenage married women followed her mother in law instructions because her husband wanted to obey her to his mother. Most mothers didn't involve in their contraceptive used except two informants. All informants who are currently using modern or traditional contraception want to continue using contraception. Because they don't want the pregnancy for their future. However, three informants are not using any contraception. Among them, one informant believes that child is a gift from spirits, one informant cannot deny her mother in law's desire to deliver grandchild and one informant faced side effects on both modern and traditional contraception and stop using any contraceptive methods.

Generally, the researcher found that use on contraception based on their source of information, knowledge from other their respected or closed persons, experiences on side effects of contraception, fear on unintended pregnancy for their future, society perceptions and mother in law's involvements.

CHAPTER V

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

This is the study about the usage of different contraceptive methods among married teenage women and examines the reasons why married teenage women used different contraception. It aimed to explain their beliefs on the use of contraception which was influenced by sources of contraception information, benefit on the use of contraception, fear in unintended pregnancy and abortion, social norms and involvement from senior women, neighbors, friends, husband and mother in law. It is the study that used qualitative research method and the researcher conducted an in-depth interview for data collection and analyzed by using thematic analysis.

5.1 Discussions

This study shows that the use of contraception is dependent on the surrounding environment. If their close person or believable person suggests using modern or traditional contraception, they will try to follow whatever they suggest during the first time of use. If the first use is not suitable for her, she will change later. However, the main reason for using contraceptives is to prevent pregnancy.

The informants got the information about contraception is from different sources in different ages. The information gets from Aunty, friends, boyfriends and senior women or neighbors by self-learning. One study showed the source of information which comes from these people (Forrest, Strange, Oakley, & Team, 2004) (Lou et al., 2012). Most of the informants didn't get any information about sexual reproductive knowledge, contraceptive information from school, university and her parents. They are very shame and reluctant to discuss with their parents about contraception. However, teenage married women start using contraception during a period in life when they mature into adult women. Thus, this is a difficult period in life

for teenage women. They know and get guidance about contraception from parents or parents in law after married.

In Myanmar, especially in the rural area, there is no specific reproductive health clinic. Thus, there is no counseling for contraceptives to clients. Furthermore, there are four different modern contraceptive methods which are available in rural health center according to national health policy. However, this information would not reach to the community. Even modern contraception is easily accessible and can buy from the outside pharmacy without any recommendation from doctors or nurses.

As they are young, they don't have much knowledge about contraception. Most of the teenage married women have incorrect information about modern and traditional contraception. The main challenges to get the right and correct information are that there is no sex education program in school and university, weak in health education in the village, shame to discuss contraception with others especially with parents and cultural barriers. One study approved that Lack of sex education can decrease to get the correct and appropriate information for teenagers (Dobson & Ringrose, 2016).

In the study, most of the modern contraceptive users are higher education level and they can decide what contraceptive method is suitable to her without any pressure from parents, parents in law and husband. The main reason for the use of modern contraceptives is to prevent pregnancy. They are scared to get unintended pregnancy which can delay her education or work. One study showed that the use of contraception would be perceived susceptibility of unintended pregnancy, pregnancy-related health outcome, abortion and burden of childbearing matter (Lemay, Cashman, Elfenbein, & Felice, 2007). Furthermore, they don't want to become a mother in a young life. As they are young, they are not ready and fit to get the pregnancy and scare about abortion.

The side effect of modern contraception is the main reason for not using modern contraception and this reason is most common and popular in the community especially in the young age group. Most of the traditional contraceptive method users are most likely to quit from using modern contraception because of perceived side effects. Many studies approved the side effect of modern contraception (Foster, Hulett, Bradsberry, Darney, & Policar, 2011) (Westhoff et al., 2012) (Lertxundi, Correa, de la

Viuda, & Robledo, 2008). However, the modern contraceptive method users don't want to change the traditional method because some of the married women who used traditional medicine got unwanted pregnancy.

For traditional contraception, most of the people believe that it is the lesser side effect than modern contraception because it was made by herbals. Some traditional medicine does not need to take regularly. Some traditional methods are very easy, and it does not need to go to the pharmacy or need to pay money. Some medicine is very cheating comparing with modern contraception. The other reason for use on traditional methods is regular menstruation which is very important for women that they believe. Some women strongly believe in the religious that affects their use of contraception. These women don't want to use contraception because they believe that it was a gift from God or some scare the punishment from sprites. One study showed that contraception can kill the child and God will give punishment for them (Phyu, 2017).

Thus, the reasons for the use of contraception is not only dependent on socio-demographic situation but also depend on their lifestyles, situations, source of information and experiences from other women. Furthermore, perceived side effect and perceived benefit on the use of contraception is important to choose a different type of contraception.

5.2 Strength and Limitations of the study

Based on the Health Belief Model, the study showed that the reasons why the married teenage women used different types of contraceptive methods (modern contraception, traditional contraception and not use in both modern and traditional contraception) based on their beliefs. However, the other studies conducted and explored the barriers of modern contraceptive methods. These studies showed only focusing on benefits and barriers of modern contraceptive methods and traditional, social and cultural mechanisms played as barriers to access modern contraception.

5.2.1 Strength of the study

This study expressed the reasons for used on modern or traditional contraceptive methods and not utilize any type of contraceptive which was based on their beliefs among married teenage women. This study was conducted among married teenage women who are currently living together with their husbands. This is one of the strongest points to understand the reasons to utilize contraception which focused on married teenagers. It was shown that their belief which was came from their knowledge and influencing factors before and after married in their lives. They have different reasons and experiences in different types of contraceptive methods. Although some experiences were good to use in contraception, some experiences influenced to change other methods or fear to use again the contraception for teenage married women.

The other strength of the study was the understanding of how to influence from the experiences and information of parents, parents in law, senior women or neighbors and friends to choose and use of contraceptive methods among married teenage women although the study was only focused on teenage married women's beliefs. Furthermore, the study showed that the decision making to use contraception was influenced by social and cultural factors, sex education and gender relationship between husband.

5.2.2 Limitations of the study

The beliefs on the use of contraception were based on married teenage women. Thus, it might be varied from the teenager who was not married. Furthermore, this study focused on the reasons for the utilization of different types of contraceptive methods. Thus, it didn't include the outcomes of the different types of contraception.

As the study focused about belief in the utilization of contraceptive method among the teenage married women, there is a limitation to study for other methods especially concerning about the condom. According to the culture, the condom was used in sex with sex worker and it is misconception between marriage couple if they used a condom. Therefore, the use of the condom is sensitive to discuss between teenage married women and the researcher because the researcher is a male person.

As there is no sex education program in Myanmar, all informants didn't know about sex education and it was very limited to understand their knowledge of sex education because they had different definitions and meanings for sex education.

5.3 Recommendations

5.3.1 Recommendations for National Policy

This study shows that teenagers faced the challenges to get the right and correct information about contraception. As Myanmar culture, they are shame and reluctant to discuss contraception. This was needed to implement the sex education program in school and university. Myanmar has been committed to Family Planning 2020 in the world and Myanmar is one of the countries that was committed to implement and expend the contraceptive coverage in the country. It had been nearly 4 years passed. However, it was needed to check the policy to reach the community level especially to rural and very hard to reach areas. This family planning the 2020 commitment and sex education program should link to get a better result.

Furthermore, the health education session at the community level needs to conduct to get the correct information not only to teenagers but also to other age groups. Thus, it was also needed the reproductive health clinic together with the counselor to provide modern contraception including information and services. Furthermore, it is also needed to check the quality of traditional medicine.

5.3.2 Recommendations for further study

Although the family planning 2020 commitments mentions that to expand the modern contraceptive coverage, it was still challenging to reach and access from the rural community. Thus, it needed to do an evaluation study for access reproductive health care service including access to the modern contraceptive methods in the rural, hard to reach areas and conflict effective areas. Furthermore, communication between health care professionals and community were needed to study to get better solutions.

Most informants answered that accessibility of contraception is the main challenges to get for them because there are many barriers in this part. The main important barrier is society perception between teenagers and the use of contraception. I recommend that it should study the accessibility of contraception among teenagers from different sources.

Furthermore, it should think about the exploratory of the effectiveness of the traditional method among the reproductive age group in the rural area of Myanmar. The researcher expects that it will get more reasons for use on traditional contraception that should be further examined.

5.4 Conclusion

The researcher indicates that there are different reasons to use the different types of contraceptive methods. As the modern contraceptive methods were more effective to prevent unintended pregnancy, it needs to promote in the rural community. The social, cultural and traditional beliefs pushed to use the traditional methods which have no approval to prevent unintended pregnancy effectively. The community should understand that sexual and reproductive health and right is one of the human rights issues. However, it has many challenges because of Myanmar's culture. If the senior women and old ages understand about sex and contraception are a shameful matter, it will become easier to reach to the teenagers.

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Interview guideline for in-depth interview

RO1: To explore the individual and sociocultural characteristics of who are using modern contraceptive method, traditional method and using both modern and traditional method.	
Key concept	Questions
Personal Background	<ol style="list-style-type: none"> 1. For the confidentiality, may I assign you a code or do you have any prefer name, please? 2. Age: May I know your age, please? 3. Child: how many children do you have? 4. Ethnic: may I know your ethnicity? 5. Religious: Which religion do you pray? 6. Education: May I know your highest education level? 7. Job and economic: Do you have any income job or do household work only? 8. Which kind of job do you have?
Family Background	<ol style="list-style-type: none"> 1. Do you live together with your husband? 2. How old is your husband? 3. What is his occupation? 4. Who bring the main income for the household? 5. Do you live together with your parents or parents in law?
RO2: To describe the different contraceptive methods utilize by married teenage women.	
Key concept	Questions
Source of contraceptive information	<ol style="list-style-type: none"> 1. Can you tell me if you know what is contraception? <ol style="list-style-type: none"> 1.1 If yes, could you tell me what do you know about contraception? 2. When did you first learn about contraception? <ol style="list-style-type: none"> 2.1 Where? 2.2 From whom?

	<p>2.3In which context?</p> <p>3.Have you ever discuss contraceptive methods with somebody else?</p> <p>3.1If yes, could you tell me who?</p> <p>3.2 Do you frequently talk about contraception?</p> <p>4.When did you first use contraception?</p> <p>4.1Why start to use?</p> <p>5.What type of contraception did you use?</p> <p>5.1Could you tell me why?</p>
se of contraceptive method	<p>1.May I please ask about your present contraception use?</p> <p>2.How do you get your contraception?</p> <p>3.What is your opinion about traditional contraception?</p> <p>4.What is your opinion about modern contraception?</p> <p>5.Have you ever used modern contraceptive method?</p> <p>5.1If yes, can you share with me your experiences of using modern contraceptive method?</p> <p>6.Have you used traditional contraceptive method?</p> <p>6.1 If yes, can you share with me your experiences of using traditional contraceptive method?</p> <p>7.Which contraceptive method do you prefer to use?</p>
<p>RO3: To examine the reasons why the married teenage women used the current contraceptive method</p>	
Key concept	Questions
Knowledge about reproductive and contraception	<p>1.Could you tell me more about your family first?</p> <p>2.Did you discuss about sexuality with your parents?</p> <p>2.1 If yes, could you please describe what are you discussing about?</p> <p>3.What opinions the elderly share with you regarding reproduction?</p>

	<p>4.What was your parent’s opinion on the use of contraception?</p> <p>5.Are there any senior women in family? Are there any senior women in your neighborhood? Do they talk with you about contraception?</p> <p>5.1 How they will involve?</p> <p>6.Was there anybody beside of your parents or your family who was involved?</p> <p>7.Did your school offer sex education?</p> <p>8.Did your school tell you anything about sex education?</p> <p>9.What did they teach you in sex education class?</p> <p>9.1Did the sex education talk about love?</p> <p>9.2Did they talk about relationship?</p> <p>9.3Did they talk about pleasure?</p> <p>9.4Did they talk about contraception?</p> <p>10.Tell me about your friends?</p> <p>10.1Did your friends in school talk about contraception?</p> <p>10.2Did your friends outside school talk about contraception?</p> <p>10.3Did your friends in neighborhood talk about contraception?</p> <p>11.What did you talk about and was there any mention about contraception?</p>
<p>Perceived benefits on use of contraception</p>	<p>1.Why do you use contraception?</p> <p>2.Please share opinion on what is the consistent contraception use to you? Are you able to follow?</p> <p>3.Please share your opinion on the benefits of using traditional contraception.</p> <p>4.Please share your opinion on the benefits of using modern contraception.</p> <p>5.Please share your opinion on the disadvantages of using traditional contraception.</p>

	6.Please share your opinion on the disadvantages of using modern contraception.
Beliefs related with unintended pregnancy and abortion	<p>1.Do you believe that contraception will help to prevent unintended pregnancy?</p> <p>2.Please share with me what come to your mind when you hear the words “contraception effectiveness”?</p> <p>3.What come do your mind when you hear the words of “unintended pregnancy”?</p> <p>3.1Can you share me your opinion on unintended pregnancy?</p> <p>3.2How would you react to unintended pregnancy?</p>
Concern on health and pregnancy	<p>1.Please share with me how important is your health to you.</p> <p>1.1Do you have any concern about the potential impact that using or not using contraception could have on your health?</p> <p>1.2Why?</p> <p>2.What are your thoughts about pregnancy? Are you worried about getting pregnant?</p> <p>3.What do you think about pregnancy for yourself?</p>
Autonomy and power	<p>1.Do you and your husband ever discuss or communicate about contraception?</p> <p>2.Has your husband ever share with you about his opinion or regarding contraception?</p> <p>3.Has your husband spoken with you which contraception method did he prefer to use?</p> <p>4.Could you please share me about your relationships with your parents?</p> <p>5.Could you please share me about your relationships with parents in law?</p> <p>6.Have your parent ever express their opinion about</p>

	contraceptive use? 7. Have your parents in law ever thought or check in opinion about contraception?
Additional questions	1. Are you likely to change your contraceptive method in following near future? 1.1. Why/why not? 2. Do you have any questions about the interview?



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