

**UNDERSTANDING CHILDBEARING DECISION AMONG  
WOMEN LIVING WITH HIV/AIDS IN YANGON, MYANMAR**



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**UNDERSTANDING CHILDBEARING DECISION AMONG WOMEN LIVING WITH HIV/AIDS IN YANGON, MYANMAR****KHAING PYAE SONE 5837913 SHHS/M****M.A. (HEALTH SOCIAL SCIENCE)****THESIS ADVISORY COMMITTEE: PENCHAN PRADUBMOOK SHERER, Ph.D., PIMPAWUN BOONMONGKON, Ph.D., SIRIWAN GRISURAPONG, Ph.D.****ABSTRACT**

The study aimed to identify the existing sociocultural contexts related with childbearing decision in terms of stigma, gender relation, notion of motherhood and healthcare service among WLHA and to analyse how they influence childbearing decision of WLHA. Qualitative case study design was used with in-depth interviews of fifteen WLHA, key informant interviews with two local women, one social worker, two husbands/partners of WLHA and two healthcare providers as well as participant observation and document review. Interviews were digitally recorded, transcribed and translated into English. Content analysis was done by using critical medical anthropology theory. The study highlighted the individual social context, social stigma, gender norm, gender-power relationship, peer communication and accessibility to healthcare services shaped the reproductive behavior, childbearing decision and local practices related with childbearing decision among WLHA. Six WLHA got unintended pregnancies, while other six WLHA intentionally got pregnancies and three WLHA got HIV diagnosis after getting pregnancies. Experience of social stigma made WLHA difficult to disclose their HIV status, difficult to discuss with healthcare providers resulted in poor family planning and condom use and got unintended pregnancy. Close communication with peer WLHA and perceived stigma of inferiority made some WLHA to take pregnancy intentionally. Gender norms trained WLHA as childbearing was mandatory. Economically and socially dependent state also made WLHA lack of power to assert their true reproductive desire and got unintended pregnancies. Despite of having concerns about perinatal transmission of HIV, WLHA finally decided for childbearing with the projections of positive social status, power and desire to enjoy normal woman life. Thus, this study highlighted many important gaps in healthcare services such as missed opportunity for reduction of unintended pregnancy, perinatal transmission of HIV, transmission of HIV among sero-discordant partners. It pointed out the importance of male partner involvement, peer social network and attitudes of healthcare providers towards WLHA. These findings would assist policy makers in identifying the most appropriate, culturally-oriented, innovative interventions suitable at specific levels. The study would also inform healthcare providers about how sociocultural values and practices affect childbearing decision among WLHA; thus, they could work closely with communities and fill the unmet needs of WLHA in Myanmar.

**KEY WORDS: WOMEN/ HIV/AIDS/ CHILDBEARING/ REPRODUCTION/ MYANMAR**

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