

ABSTRACT

The intent of the study was to investigate perceptions and practices of reproductive health issues among ever married female youths and to determine where they obtain reproductive health (RH) information and their preferred sources of information.

The study was conducted in Kyimyindaing Township, situated at western District of Yangon Division, Myanmar. A cross-sectional comparative study was done using multi-method approach: quantitative survey, focus group discussion (FGD) and visual techniques. Multistage sampling procedure was applied for a quantitative survey while purposive non-probability sampling technique was used for a qualitative study. Altogether 260 female youths involved in the quantitative survey and 31 participated in the qualitative study.

Proportions of early marriage and teen births among study population were 36.2% and 31.9%. Differentials in age at marriage and age at first birth by current residence, respondent's education and parental education (especially maternal education) were seen. Rural dwellers and female youths with no or limited education were more vulnerable to early marriage and motherhood. Age at marriage and age at first birth were strongly related ($R^2 = 0.77$).

Female youths showed ignorance of reproductive anatomy and physiology. Misperceptions of reproductive organs, fertile period, conceivable age of women, mechanisms of menstruation and pregnancy were observed. A variety of menstrual beliefs, taboos, dietary and behavioural restrictions are highly prevalent among female youths. Negative reaction to menarche was seen since menstrual information they had obtained were mostly negative. Mothers were the key informants for menstrual information followed by sisters, aunts and grandmothers. Only one-third of female youths were imparted menstrual information before menarche. Despite 90% of female youths used sanitary menstrual absorbents, frequency of change was less than minimum hygienic requirement. Unhygienic disposal of menstrual absorbents was also revealed. Dysmenorrhoea was the major menstrual problem. Almost all female youths relied on self-treatment.

The majority of female youths accepted the need of antenatal care (ANC) and they were aware of symptoms and duration of pregnancy, ANC services, from where and whom ANC could be taken. However, most of them had poor awareness of timing of first ANC, minimum ANC and postnatal care (PNC) visit required, danger signs of pregnancy, labour and postpartum and risk mothers. Concerning use of maternal care services at the last pregnancy, 75% took at least 4 ANC visits but the majority took late ANC. Nearly 39% delivered at homes and 79% of home deliveries were attended by traditional birth attendants (TBAs).

Living in rural area, educational status and ANC frequency were the key determinants for home delivery. Inadequate PNC was identified in spite of 75% of female youths reported receiving PNC for at least one time. Traditional beliefs and practices surrounding pregnancy, labour and postpartum were rampant among female youths. The harmful practices like induced perspiration (62.4%) and hot fomentation (18.3%) were observed during postpartum. Variation in degree and duration of adherence to postpartum taboos was noted. Only 9.1% of female youths reported they had suffered some health problems during the last pregnancy, birth and postpartum.

Female youths revealed high awareness and acceptance of family planning (FP). Preference of small family and economic conditions were the motive for FP practice. Pills and injectables were the most popular methods. Mutual decision for contraceptive use was high. According to FGD results, the majority of female youths held misconceptions about intra-uterine contraceptive devices (IUCD) and vasectomy. One-third of female youths did not use contraceptives before their first pregnancy and of which, 41% reported that their first pregnancy was unintended.

Perceived ideal ages of marriage for boys and girls were beyond 20 years. About 60% of female youths felt early marriage is dangerous and most FGD participants viewed “early marriage is bad”. In contrast, 36.2% of female youths in survey saw teen birth is dangerous. Most FGD participants believed that “childbirth at old age is bad”. Perceived causes of early marriage consisted of individual, family and community factors. Concerning effects of early marriage and teen births, socio-economic consequences were cited far more than health effects.

Even though awareness of HIV/AIDS was high, female youths had very limited awareness on sexually transmitted infections (STIs). Misperceptions of STIs including HIV/AIDS were found. The majority of FGD participants showed low perceived risk of STIs including HIV/AIDS.

Health personnel, TV/radio/video, family members and friends were the major sources of reproductive health (RH) information. Regarding the preferred sources of RH information, health personnel and health talk were ranked at the first position as female youths believed that health personnel are more knowledgeable. Variation in preferred sources of RH information by locality was identified.

In sum, disparities in RH perceptions and practices including maternal health care services utilization and access to RH information were revealed in this study, particularly among urban and rural dwellers and those with different education levels.

Information, education and communication activities concerning RH should be expanded to reach out-of-school youths and the most vulnerable female youths to provide knowledge and to erase false beliefs. Information and media to be used should be tailored according to the felt needs of the target audiences. Cultural beliefs and practices on menstruation, pregnancy, labour and postpartum need to be explored. Upgrading of quality of key maternal care providers and provision of enabling conditions for them are needed. Incorporation of formal health sector and TBAs, and enhancing of community involvement are in urgent need for clean and safe delivery. Strengthening of integration of antenatal services and prevention of STIs/RTIs including HIV/AIDS is required. Reinforcing the collaboration with other non-health sectors, especially education sector needs to take into consideration since this study revealed the vital role of education on RH awareness, perceptions and practices among female youths.

KEY WORDS: Reproductive Health/ Married Youths/ Menstruation/ Early Marriage/ Teen Births/ Safe Motherhood/ Family Planning/ STIs