CHAPTER I

INTRODUCTION

This study considered on developing a model to prevent unintended pregnancy among adolescent and youth Myanmar migrants in Samut Sakorn province, Thailand. This chapter includes background and justification of the study, research gap, research questions, objectives, hypothesis, variables and operational definitions in this study, scope of the study and significant of the study.

1.1. Background and Justification

Adolescent, the period between childhood and adulthood is a time of profound biological, social, and psychological changes accompanied by increased interest in sex. This interest places young people at risk of unintended pregnancy, with consequences that present difficulties for the individual, family, and community (DiCenso & Van Dover, 1999).

Teen childbearing affects young people at both ends of childhood. When teens have children, their own health may be jeopardized and their own chances for productive lives are often diminished. Compared to women who postpone childbearing until they are older, teenage mothers are more likely to drop out of school and to live in poverty. At the same time, their babies are more likely than other children to be born at a low birth weight, experience health problems and developmental delays, experience abuse or neglect, and perform poorly in school. As they grow older, these children are more likely to drop out of school, get into trouble, and end up as teen parents themselves (The National Campaign to Prevent Teen Pregnancy, 2004; Haveman, Wolfe, and Wilson,

1997). In all of these ways, teenage childbearing exacts a high cost both to individuals and to society as a whole.

There are negative associations between early childbearing and numerous economic, social, and health outcomes (Brown & Eisenberg, 1995; Moore et al. 1993; Geronimus & Korenman, 1992).

About 16 million women 15–19 years old give birth each year, about 11% of all births worldwide. Ninety-five per cent of these births occur in low- and middle-income countries. The average adolescent birth rate in middle-income countries is more than twice as high as that in high-income countries, with the rate in low-income countries being five times as high. The proportion of births that take place during adolescence is about 2% in China, 18% in Latin America and the Caribbean and more than 50% in sub-Saharan Africa. Half of all adolescent births occur in just seven countries: Bangladesh, Brazil, the Democratic Republic of the Congo, Ethiopia, India, Nigeria and the United States, WHO, Adolescent Pregnancy (Accessed on 21 April 2009).

Pregnancy among very young adolescents is a significant problem in the world. In low- and middle-income countries, almost 10% of girls become mothers by age 16 years, with the highest rates in sub-Saharan Africa and south-central and south-eastern Asia. The proportion of women who become pregnant before age 15 years varies enormously even within regions – in sub-Saharan Africa, for example, the rate in Rwanda is 0.3% versus 12.2% in Mozambique. Births to unmarried adolescent mothers are far more likely to be unintended and are more likely to end in induced abortion. Coerced sex, reported by 10% of girls who first had sex before age 15 years, contributes to unwanted adolescent pregnancies, WHO Adolescent Pregnancy (Accessed on 21 April 2009).

Each year, nearly 900000 teenaged girls in the United States become pregnant (340000 are ≤17 years old), and 35% of American teenaged girls have been pregnant at least once by the age of 20 (Ventura et al, update 2001).

Adolescent pregnancy is dangerous for the mother: Although adolescents aged 10-19 years account for 11% of all births worldwide, they account for 23% of the overall burden of disease (disability- adjusted life years) due to pregnancy and childbirth. Fourteen percent of all unsafe abortions in low- and middle-income countries are among women aged 15–19 years. About 2.5 million adolescents have unsafe abortions every year, and adolescents are more seriously affected by complications than are older women. Adolescent pregnancy is dangerous for the child: Stillbirths and death in the first week of life are 50% higher among babies born to mothers younger than 20 years than among babies born to mothers 20–29 years old. Deaths during the first month of life are 50–100% more frequent if the mother is an adolescent versus older, and the younger the mother, the higher the risk. The rates of preterm birth, low birth weight and asphyxia are higher among the children of adolescents, all of which increase the chance of death and of future health problems for the baby. Pregnant adolescents are more likely to smoke and use alcohol than are older women, which can cause many problems for the child and after birth, WHO, Adolescent Pregnancy (Accessed on 21 April 2009).

In Latin America, the risk of maternal death is four times higher among adolescents younger than 16 years than among women in their twenties. Many health problems are particularly associated with negative outcomes of pregnancy during adolescence. These include anemia, malaria, HIV and other sexually transmitted infections, postpartum hemorrhage and mental disorders, such as depression. Up to 65%

of women with obstetric fistula develop in adolescents, with dire consequences for their lives, physically and socially (WHO, Adolescent Pregnancy).

The sexual and reproductive health needs of adolescents differ from those of adults, and remain poorly understood and inadequately served in many parts of the world. http://www.who.int/reproductive-health/adolescent/index.html : Promoting the sexual and reproductive health of adolescents (Accessed on 21 April 2009).

Parents and adults also play a major role in socialization and control a good deal of children's activities. Parenting styles are related to several aspects of childhood development (Baumrind, 1991; Steinberg et al., 1992), including risky sexual behavior (Biglan et al., 1990) and delinquency (Lamborn et al., 1991). Some conclusions that can be drawn with regard to premarital sex are that peers are more permissive than parents, that adolescents are influenced more by peers, and that the sexual behavior of adolescents is consistent with that of peers (Reiss 1967; Mirande, 1968; Kaats and Davis, 1970). Data from a national probability sample of 15-19-year-old women are analyzed to determine the influence of parents and peers on the views of young women and how this influence is related to premarital sexual behavior, contraceptive use, and premarital pregnancy. They concluded that women influenced by friends have higher levels of premarital pregnancy than do those influenced by parents (Shah and Zeinik, 1981).

Migrant workers from Burma come from a variety of geographical locations and ethnic groups. There are both push and pull factors at work when people make the decision to migrate to Thailand. The pull factors include the close geographical location of Thailand to Burma as well as the demand in Thailand for cheap labor. (Amnesty, 2002) In Samut Sakorn province, Registered Migrants 55,749 persons and Estimated

Non-registered Migrants about 20,000-70,000 are living, of which 97% are Myanmar (WHO, "Border Health Program, 2006).

In one study; the baseline survey in 2004 by Institute of Population and Social Research, Mahidol University found that among the Myanmar migrant in coastal provinces of Thailand (including Samut Sakorn), the age between 15-19 years of male was 14.9% (n=2019) and female was 12.9% (n=395). Also they found that the age at first sexual intercourse under 15 years were 2.5% (n=1384) in male and 1.3% (310) in female. More interesting is that the age at first sexual intercourse between the ages 15-19 years were 40.2% (n=1384) in male and 44.5% (n=310) in female (PHAMIT, The Baseline Survey 2004).

In Samut Sakorn Province, under 20 years old pregnancy rate is about 10.8% of total pregnant Myanmar migrant women (Table 1). According to provincial health office data, there are 1,507 antenatal care cases, 1,517 delivery cases and 313 abortion cases among 7,000 migrant women in 2009 (Samut Sakorn Provincial Health Office Report, 2006-2009) (Table 2). The abortion rate was more than 3 times than 2008 in the same population. Current registered Myanmar migrant population living in Samut Sakorn were 11163 (2008) in Mahachai, Amphor Muang, among that 1423 were in age group 15-19 years and 5052 were youth (20-24 years) (Table 3).

Research gap: There were health education program concerning about prevention of HIV/AIDS but no health education program focus on Adolescent and youth unintended pregnancy prevention among Myanmar migrants in Samut Sakorn. (Among Health Projects in Samut Sakorn)

1.2. Research questions

Have the facilitation by PVs (Peer Volunteers) in PEARL (participatory education on adolescent reproductive life) programme on unintended pregnancy prevention education in intervention group 1 better than only education program in group 2 to reduce adolescent and youth unintended pregnancy among Myanmar migrant in Samut Sakorn Province, Thailand?

1.3. OBJECTIVES

I. General objective

To develop a participatory education on adolescent reproductive life (PEARL) programme to prevent unintended pregnancy among Myanmar migrant adolescent and youth in Samut Sakorn Province, Thailand.

II. Specific objectives

1. Situational analysis of reproductive health (RH) situation among Myanmar migrant adolescent and youth in Samut Sakorn Province, Thailand. (Phase 1)
2. To determine the effects of the PEARL programme to prevent unintended pregnancy among Myanmar migrant adolescent and youth in Samut Sakorn Province, Thailand. (Phase 2)

2.1. To compare KAP (knowledge on adolescent pregnancy, Attitude towards adolescent pregnancy, safe sex practice for preventing adolescent pregnancy) scores before and after the program implementation within intervention group 1.

(PEARL= Peer volunteers plus participation on unintended pregnancy prevention education)

2.2. To compare KAP scores before and after the program within intervention group 2 group. (Teaching only, participatory education on unintended pregnancy prevention)

2.3. To compare KAP scores before and after the program within control group. (no intervention)

2.4. To compare "Before program KAP scores" among "PEARL" group, "Teaching only", and "Control" group.

2.5. To compare "After program KAP scores" among "PEARL" group, "Teaching only", and "Control" group.

3. To determine the effectiveness of the PEARL programme (Phase 3)

3.1. To compare impacts of adolescent pregnancy (rate of unplanned pregnancy, rate of induced abortion and percentage of contraceptive practice) before and after program implementation between the "PEARL" group and "Teaching only" group.

1.4. Hypothesis

1. The after intervention assessment of KAP (knowledge on adolescent pregnancy, attitude towards adolescent pregnancy, safe sex practice for preventing adolescent pregnancy) scores on safe sex to prevent unintended pregnancy are higher than "before program KAP scores" in the "PEARL" group.

2. The after intervention assessment of KAP (knowledge on adolescent pregnancy, Attitude towards adolescent pregnancy, safe sex practice for preventing adolescent pregnancy) scores on safe sex to prevent unintended pregnancy are higher than "before program KAP scores" in the "Teaching only" group.
3. The after intervention assessment of KAP (knowledge on adolescent pregnancy, Attitude towards adolescent pregnancy, safe sex practice for preventing adolescent pregnancy) scores on safe sex to prevent unintended pregnancy will be same as "before program KAP scores" in the "Control" group.
4. There are no different between "Before program KAP scores" among the three groups. "PEARL" group, "Teaching only", and "Control" group.
5. The after program KAP scores are higher in "PEARL" group than "Teaching only".
6. The after program KAP scores are higher in "PEARL" group, than "Control" group.
7. The after program KAP scores are higher in "Teaching only" than "Control" group.
8. The impact on adolescent pregnancy interns of contraceptives practice, Adolescent and Youth pregnancy rate and, abortion rate are better in after program than before program in both "PEARL" group and "Control" group.
9. The after program, the impact of adolescent pregnancy is better in "PEARL" group than "Control" group.

1.5. VARIABLES OF THE STUDY

General characteristics of a selected household

- Age
- Gender
- Education
- Income
- Family size
- Occupation
- Marital status
- KOP, KOPP, KOAYP, KOIA, ATUPP, ATIA, NORM, INTRS, INTUC, Sex behavior and experience, Contraceptive practice.

1.6. Operational definitions

Age: refers to the age of the respondent at the time of interview.

Respondent

Respondent means the adolescent whose has been interviewed by researcher, age between 15-24 years of boys and girls, Myanmar migrant in Samut Sakorn province, Thailand.

Adolescent

The Myanmar migrants, age between 15 to 19 years and both female and male residing at least 6 months in Samut Sakorn Province, Thailand.

Youth

The Myanmar migrants, age between 20 to 24 years and both female and male residing at least 6 months in Samut Sakorn Province, Thailand.

Religion: refers to the religion of respondent at the time of interview. Religion is classified into 5 groups which are Buddhist, Muslim, Christian, Hindu and others.

Education: refers to the highest level of education that the respondent had attained at the time of interview.

Occupation: refers to the type of job that the respondent has to earn at the time of interview.

Marital: status refers to the legal (conjugal) status of each individual in relation to the marriage laws or customs of the country.

Total family income: refers to the total amount of monthly income earning of the whole household.

Unintended Pregnancy Prevention Education: The education program related to adolescent and youth health mainly focus on prevention of unwanted pregnancy and the teaching programs are was developed by researcher according to participatory learning (David A Kolb, 1991) and life skills training (WHO, 1994) and some of them were applied from other's researches that have done on HIV prevention intervention. After that the manual was submitted to three experts to assess its contents validity. Recommendations from the experts were collected and used to revise and upgrade the study tool accordingly.

Attitude toward Unplanned pregnancy: refers to Myanmar migrant adolescents and youths' feeling concerning with future, family, and society influences of unwanted

getting pregnancy, pregnancy prevention and contraceptive usage. This was assessed by questionnaire containing 19 items, norm for safe sex containing 4 items, intension to refuse sex in next 6 months containing 6 items, and intension to use condom in next 6 months containing 2 items.

Attitude toward induced abortion: refers to Myanmar migrant adolescents and youths' feeling concerning with future, family, and society influences and consequences of induced abortion. It was assessed by questionnaire containing 5 items.

Peers influence: it refers to talking about sex, sex experience, safe sex, pregnancy, induced abortion. This was assessed by performance checklist, monthly feedback from facilitated participants, and peer volunteer supervisor's feedback. Moreover, it was checked by outcome assessment of participants' attitude, intension, practice and impact.

PVs (Peer Volunteers for Adolescent Reproductive Health Facilitator): These are focal person in each small group in intervention group 1 (PEARL). According to bottom up approach, those will be selected (one out of 11 participants) by participant adolescent and youth during the first focal group discussion (ice breaking) in intervention group 1. They will be empowered first by researcher according to PEARL curriculum and they will be funded for travel allowance. All PVs will be standardized by background knowledge and educational level.

Sexual behaviors: Sexual behaviors are any actions that allow the expression of one's sexual feeling. These behaviors include holding hands and kissing as well as masturbation and penetrative intercourse. It was assessed by questionnaire which

contained 5-6 items, different from male and female, if they had sex partners in the past 3 months. Moreover, it was assessed by practice of masturbation, sexual intercourse in the past 3 months, and consistent use of condom in the past 3 months.

Boy/girlfriend: Person's regular companion or lover.

1.7. Scope of the study

This study was conducted in Muang District, Samut Sakorn Province in Thailand.