CHAPTER V

DISCUSSION

1. Introduction

The main purpose of this study was to describe the prevalence of contraceptive use and to identify factors related to contraceptive use among married women of childbearing age in a remote rural area in Vietnam.

This study was done with the expectation that outcomes could be compared with national findings and, therefore, being useful to contribute in translating and tailoring national policy to provincial need.

This discussion returns to the research questions, to explain how study results support answers to these questions, as well as to describe the relationships between results and place it in the context of the literature to arrive at conclusions. In addition, this discussion also provides a reflection on the scope and limitations of the study.

2. What is the prevalence of contraceptives' use?

The point prevalence of contraceptive use among respondents was 84.3% while 3/4th of those using contraceptives applied modern methods. It was considerable higher than data from Vietnam Health Statistic Yearbook (2002) suggested, namely prevalence of 76.9% and among those using contraceptives 64.7% using modern methods. This is not surprising because inequalities, not only in health status, but also in utilization of health services,

within countries, are commonly recognized. Compared with national data, this study actually demonstrates that the prevalence of contraceptive use is not equal among various regions within the country. One possible reason to explain this difference is that the National Family Planning Program emphasized on providing contraceptive services at the commune level in order to support family planning for rural women. Today modern methods such as IUD, condom, oral pills, and female sterilization are provided free of charge for married women of childbearing age in rural Vietnam. This emphasis within the National Family Planning Program on rural women had as result that the majority of the respondents in Tuandao Commune (99.5%) received information about family planning and contraception, so they recognized the importance of using contraceptive.

Also in term of contraceptive methods used, there were some differences between the results from this study and the national data. Classifying methods used from most common to least common, women in Tuandao Commune used IUD, condoms, female sterilization, withdrawal, the pill, abstinence and injection. IUD and condom use were higher than national data, while the use of the pill was lower than national data indicated. This can be explained by the National Family Program not only emphasizing on rural areas but also providing IUD, condoms, pills and female sterilization free of charge, therefore, removing cost barriers for rural women with limited income. Although pills are also free of charge, the use in Tuandao Commune was less than the national estimates. Explains this is due to a 'provider bias '. Provider bias is readily apparent in providers' stereotypical views of rural people and their need 'rural people want simple things' or 'uneducated or rural women will not remember to take the pill' are provider beliefs. In addition, pill distribution requires regular supplies and is perceived to involve more effort than other methods" (Nguyen, 2001).

In addition to the above, emergency pills and Norplant, although from a national perspective available methods in Vietnam, were not available in Tuandao Commune.

As for the whole of Vietnam, also in Tuandao commune, IUD was the dominant contraceptive method. There is debate on why IUD is a dominant method among contraceptive users (Do, 1994). Most probably because family planning in Vietnam has relied heavily on IUDs. It is believed that IUDs are more convenient for both users and providers that it safer for users when there is no follow up. Contrary to such assumption, recent studies have indicated that the high rate of IUD use was more likely due to insufficient information on alternative contraceptive methods provided for women as well as the unavailability of alternatives in many rural health centers that offered family planning services (Do, 1994). Lack information and unavailability of certain methods obviously limited women's choice and prevented them from fully realizing their right to choose the contraceptive methods they preferred.

Although abortion is generally not considered as contraception, however, in this study it is included, because it is a legal method in Vietnam to terminate pregnancy. As emergency pills are a delayed response to avoid pregnancy, abortion can be considered as a delayed response to unwanted conception thus pregnancy. In this study, the general abortion rate was 27 per 1,000 married respondents in the period of one year. This finding was slightly lower than findings in a previous study conducted in Bavi District, Vietnam (30 per 1,000 married women aged 15-49) (Phan, 2000). Bavi and Tuandao are both mountain areas, so perhaps they have similar characteristics. However, according to another study conducted in urban areas, the general abortion rate was estimated as 100.1 per 1,000 women (Good kind, 1996). The three-fold higher abortion rate in Goodkind's study could be explained as

follows: As demonstrated in Chapter-1, abortion from a national perspective is an increasing phenomenon in Vietnam. This study did not confirm these national estimates, nor did it provide significant differences between various independent variables and abortion. Some possible reasons, to explain the considerable difference between the abortion rate in this study and the national figures, could be (1) inequalities in access to medical assisted abortion among regions within the country and (2) unmarried women, who terminate pregnancies. This study did not include unmarried women, while unmarried women may contribute to the currently high abortion rate in Vietnam, especially in urban areas. Studies in Hanoi and Ho Chi Minh City estimated that at least 10-20 percent of abortion in the city was performed for unmarried women (Population Council, 2000; Nguyen, 2001).

In term of facilities used to obtain contraceptives, the commune health center was the common facility in this study. Compared to urban areas, respondents in this commune had far less choice for facilities, because in urban areas, besides, public primary care facilities, there are many secondary and tertiary public facilities, private clinics, and drug stores. Further, in remote areas, because of the limitations in transportation, people tend to choose facilities that are near to their houses. These are the possible reasons to explain why respondents in this study mainly used the commune health center.

3. What are the factors that affect the utilization of contraceptives?

As in previous studies (Bertrand et al, 1993), also in this study, age was a factor associated with contraceptive use. Contraceptive use increases as age increases. This is because women between 15-24 years, are newly married, not having a baby yet or only one child. Therefore, they tend use contraceptives less than women of age 30 years and older often

having children. However, around 45 years of age, the use of contraceptives declines again. It is reasonable to assume that as time goes by, women have reduced sexual activity, and some may face early menopause. As a survey conducted in Africa has found that the use of modern contraceptives generally increases, then decreases with age (Bertrand et al, 1993).

In term of methods used the respondents between 35- 49 years old used mainly modern methods, more than those respondents between 15-24 years old. It is understood that women still bearing children use temporary methods for spacing births while women wanting no more children may use more permanent methods to prevent births.

Another factor related to contraceptive use was income. Comparing two groups, low-income and middle- income, it was found that contraceptive use increased as income increased. However, this relationship turned negative between the middle-income group and the high-income group, i.e. contraceptive use decreased as the income increased from middle-income to high-income. This difference could be explained possible by confounding factors related to contraceptive use, for example age. Respondents from the high-income group might be older women, so they used contraceptives less than younger women.

However, because contraceptives were provided free of charge, cost to obtain contraceptives was not a barrier to contraceptives. Among respondents who did not use contraceptives, no one stated that cost was an obstacle for contraceptives. Therefore, the question remains whether income level affects contraceptive use.

Women who had children were more likely, than women who had no children, to use contraceptives. With respect to the number of children in the family, respondents who had more than two children tended to use contraceptives more. These findings were confirmed by Khan, M .A et al.'s study in Bangladesh, reporting that contraceptive use was significantly associated with the number of surviving children (Khan, M .A et al, 2000).

Findings confirmed that information exposure affects access to contraceptive use. Those women who received information about contraception used contraceptives more than those who did not receive information. The contraceptive use increased as information exposure increased. A previous study in Peru (Beltran, A, 1999) indicated that women using contraceptives increased by 6.06 percent when they had access to family planning information. Nguyen indicated in a study conducted in Vietnam that increased information could increase use of family planning in Vietnam (Nguyen, 2002). Therefore, this is important to provide adequate information about contraception for women, next to the availability of contraceptive services, especially in remote areas in order to improve their knowledge, perceptions about the use of contraceptives.

The importance of spousal communication is often emphasized in family planning programs as well as in research studies. Numerous studies (Beltran, A, 1999, Sharan, M, 2002, and Nguyen, 2001) showed that the amount of communication that occurs between spouses is positively associated with contraceptive use. Nguyen (2001), reported in a study conducted in Vietnam that 95.9 % of current users of oral contraceptives discussed with their husband whether or not they should use oral contraceptives, which means that

husbands have a significant impact on the decision to use the pill. In addition, this study indicated that spouse communication had a significant affect on current contraceptive use. The proportion of contraceptive users was high in the group of respondents who discussed this with their husband compared to group of respondents who did not discuss this with their husband.

With reference to the traditional guiding and consultative role of the mother in-law in the Vietnamese society finding showed that there was a statistically significant difference between the use of contraceptives and consultation of respondents with their mother in-law. However, contrary to the spouse communication, contraceptive use decreased, when consultation with the mother in-law increased. A possible reason could be that older people traditionally prefer a big family size, especially in rural areas. Therefore, the perceptions of the previous generation (mother in-law) on family size affect negatively contraceptive use.

Preference to have a son is common in Vietnam, especially in rural areas. As Rahman, M. et al. (1993) argued if couples desire to have one or more sons, then they might have larger families. Thus, contraceptive use is likely to be influenced by gender preference and will have an impact on fertility because it is a key variable for deliberate control of fertility. In this study, the preference to have a son had a significant effect on the use of contraceptives among respondents. The rates of contraceptive use decreased with the groups of respondents who did not have a son yet. Haughton et al. (1995) reported that couples who have all daughters are less likely to terminate their childbearing and continue having more children until such time they have a son. Therefore, the preference to have a son has a negative effect on the use of contraceptives.

4. Weakness and strengths of the study

Strengths

Concerning the study site, Tuandao Commune was very similar to the other remote rural areas in Vietnam in terms of socioeconomic and demographic characteristics, therefore representing a typical rural Vietnamese community.

The trained interviewers were female health volunteers within the commune with experience being with local people. Therefore, it facilitated asking questions about contraceptives and abortion as well. Placing study outcomes within the context of national statistics provided useful insights in the heterogeneity of the Vietnamese society.

Weakness:

This study was cross-sectional and quantitative in nature, therefore, not allowing to study practice on contraceptive use over time as well as concentrating rather on 'what is' instead of 'what is and why'? The use of complementary qualitative methods could have yielded deeper insight in questions arising from the quantitative analysis.

The study sample technique was systematic random sampling. Therefore, there was a limitation in terms of age distribution. There was low number of respondents with in the age group 15-19 years. If simple random sampling were applied, all respondents would be given equal chance to be selected.

In addition, there is scope to improve the questionnaire. In one section, different questions were applied for contraceptive users and non-users. Consequently, it could not show the overall effect of accessibility factors to contraceptive use. Analysis of the same variables for both groups would give a better picture on factors contributing to contraceptive use. I learned from this study the importance to ask all respondents the same questions. This descriptive study was limited to an univariate and bivariate analysis. Multivariate analysis might have yielded more insight on associations between variables.

5. Conclusion

This study aimed to provide a specific picture in terms of prevalence of using contraceptives, abortion rates, and related factors that affect the use of contraceptives among married women of childbearing age in one Commune of Bacgiang Province, Vietnam. Therefore, results may assist the authorities in the development of locally appropriate family planning programs for remote areas.

In terms of abortion, this study did not reveal clear answers about factors associated with abortion. Further study on abortion including both, married and unmarried women, is needed in order to explore the steady increase of abortion in Vietnam.

6. Recommendation.

Findings of this study showed that son preference, and mother in-law or mother consultations on contraception were associated with low use of contraceptives among married women. These factors could be a barrier to reduce the country's fertility rate. Therefore, the recommendations from this study are:

- The National Program should include focus on increasing the positive role of mother in-law and mother in family planning, especially in rural remote areas.
- IEC programs should emphasize on the benefit of 'two children per family' to overcome possible negative effects of "son preference" to utilization of contraceptives.