



CHAPTER IV

RESULTS

The present research aimed to assess the use of reproductive health services, and factors influencing the use of the services among minority women of reproductive age at Burmese Minority Settlement, Thong Pha Phume District, Karnchanaburi Province. The study population consisted of 224 minority women. This chapter presents the findings of the data analysis. The data analysis reports on the survey outcomes and is divided into 3 sections; I: The predisposing, reinforcing, and enabling factors, II: The use and the needs of reproductive health services, and III: The factors influencing the use of reproductive health services.

4.1 Predisposing, reinforcing, and enabling factors

The frequency and percentage of variables will be analyzed as follows:

4.1.1 Predisposing factors related to

- a. Demographic characteristics of minority women that consist of age, marital status, education, ethnicity, religion, employment and income of the minority women
- b. Reproductive status
- c. Perception of the availability of the services

4.1.2 Reinforcing factors related to Spouse/Friends/Relatives

4.1.3 Enabling factors related to

- a. Availability of reproductive health services
- b. Health insurance schemes
- c. Legal status
- d. Duration of Residence in Thailand
- e. Service satisfaction

4.1.1 Predisposing factors related to;

1) Demographic characteristics of the women

Table 3 presents the demographic characteristics of the study population, details as follows

Age of minority women

The majority of minority women (25.9%) were between 14 - 19 years , followed by those between 20 – 25 years (16.1%), 46 – 49 years (13.4%). The three age ranges, 26 – 30 years, 36 – 40 years, and 41 – 45 years show similar percentages (12.5 per cent) as well. The women aged between 31 – 35 years were the smallest group (7.1%). The mean age of all respondents was 30.5 years (Std. Deviation = 11.51).

Education

Most of the study population (75.4%) never attended school, almost one quarter of them graduated primary school (22.3%). Only 5 women (2.2%) are currently attending middle school or high school.

Marital status

The majority of the women (68.8%) were married, about one quarter of them were single (24.1%), only 7.1 were separated, widowed or divorced.

Ethnicity

Over half of the study population (53.6%) were Tavoy, 38.4% were Burman, 5.8 per cent were Mon, 8 per cent were Thai, Mon and Karen.

Religion

Most of the study population were Buddhist (99.1%), only 2 women (0.9%) were Christian.

Employment and income

Over half of the study population stated that they did not have income (52.7%). 47.3 per cent have some income. Among this group, 35.3 per cent had an income of 2,000 – 4,000 Bath per month, 7.6 per cent had 100 – less than 2,000 Bath per month. 3.6 per cent had an income of more than 4,000 – 6,000 Bath per month. Only 0.9 per cent had an income of over 8,000 – 10,000 Bath per month.

Table 3: Demographic Characteristics of the Respondents

Demographic Characteristics	Frequency (n = 224)	Percentage
Age of Minority Women		
14-19	58	25.9
20-25	36	16.1
26-30	28	12.5
31-35	16	7.1
36-40	28	12.5
41-45	28	12.5
46-49	30	13.4
Total	224	100.0
Mean 30.5 years, Std. deviation = 11.51		
Highest Education		
Never attended school	169	75.5
Primary school	50	22.3
Middle school/High school	5	2.2
Total	224	100.0
Marital Status		
Single	54	24.1
Married	154	68.8
Divorced, widowed and separated	16	7.1
Total	224	100.0
Ethnicity		
Burman	86	38.4
Tavoy	120	53.6
Mon, Thai, and others	18	8
Total	224	100.0
Religion		
Buddhist	222	99.1
Christian	2	.9
Total	224	100.0
Employment and Income		
Unemployment	118	52.7
Employment	106	47.3
Income		
100-1999	17	7.6
2000-4000	79	35.3
4001-6000	8	3.6
8001-10000	2	0.9

2) Reproductive status

Reproductive status was taken into account since there are different needs of reproductive health services according to a women's reproductive status. The data indicates that among the study population, 39.7 per cent were adolescents, in this age group 39.3 per cent of women were married. Married women were 68.8 per cent of the study population. The women aged between 35 – 49 years were 40.6 per cent of the study population. There were 12 pregnant women, or 7.8 per cent of the study population.

Table 4: Reproductive Status

Marital status	Age			Total
	14 – 24 years	25 – 34 years	35 – 49 years	
Single	53	0	1	54 (24.11)
Married	35	42	77	154 (68.75)
Divorced, widowed, separated	1	2	13	16 (7.14)
Total	89 (39.73)	44 (19.64)	91 (40.63)	224

3) Perception of service availability

Among the minority women, most of them realized that there were reproductive health services available in the district. Over 80 per cent of them perceived that the services of Antenatal care (80.4%) and delivery attended by skilled health personnel (82.6%) were available. 71.9 per cent of them stated that family planning service was available, and 67.4 per cent stated that postpartum care was

available at the district. However, there were 2 services, the services of cervical cancer screening and breast cancer screening that only 54.5 per cent of the women perceived to be available.

Sources of reproductive health information

In this section the respondents could identify more than one source of information. Regarding the sources of reproductive health information, most of the respondents received reproductive health information from their relatives or friends (66.1%), 33.9 per cent and 33.5 per cent of them received from television program and government hospitals, respectively. 6.3 per cent received information from their spouse or lover. Only 10 women received information from school (4.5%), 1 woman received information from the radio (0.4%), and another woman received information from a health center (0.4%).

Table 5: Perception of the availability of the reproductive health services

	Answer: Available	Percentage
Family Planning	161	71.9
Antenatal Care	180	80.4
Birth attended by skilled health personnel	185	82.6
Post partum care	151	67.4
Cervical cancer screening	122	54.5
Breast cancer screening	122	54.5

Table 6: Sources of reproductive health information (n = 224, multiple responses)

	Frequency	Percentage
Relatives/Friends	148	66.1
TV	76	33.9
Government Hospital	75	33.5
Spouse/Lovers	14	6.3
School	10	4.5
Newspaper	5	2.2
Radio	1	0.4
Health Center	1	0.4
Total		100

4.1.2 Reinforcing factors related to; Spouse/Relatives/Friends

1) Persons who facilitated the women to use family planning services

Among the married women who used family planning services in the study population, the majority stated that nobody facilitated them to use the services (40.2%), 31.1 per cent stated that they were facilitated by the health personnel in the government hospital, 19.7 per cent of them were facilitated by their relatives and/or friends, 7.6 per cent were facilitated by spouse or lover. Only one woman was facilitated by private clinic or private hospital, and another woman was facilitated by a health center.

2) Person who facilitated the women to use antenatal care services

The spouse or lover took the major role in facilitating pregnant women of the study population to use antenatal care services (50%), around one quarter of them were facilitated by her father and/or mother or her spouse (25%). 8.3 percent were facilitated by the health personnel in government hospital, and 16.7 per cent of them stated that nobody facilitated them to use antenatal care services.

Table 7: Facilitators of use of reproductive health services

	Frequency	Percentage
<i>Facilitators of use of family planning services</i>		
None	53	40.1
Government hospital	41	31.1
Relatives/Friends	26	19.7
Spouse/Lover	10	7.6
Private clinic/hospital	1	0.8
Health center	1	0.8
<i>Facilitator of use of antenatal care services</i>		
Spouse/Lover	6	50.0
Father/Mother of the women or their spouse	3	25.0
None	2	16.7
Government hospital	1	8.3

4.1.3 Enabling factors related to

1) Duration of residence in Thailand

Among the study population, there was a Burmese woman who had been living in Thailand for the longest period of time, 47 years (which was the duration of her entire life). Most of the women had been living in Thailand around 16 – 20 years (37.9%), 27.7 per cent had been living for 11 – 15 years, 17.9 per cent had been living in Thailand for 21 – 47 years, and 16.5 per cent had been living for 1 – 10 years. The mean number of years living in Thailand was 16.62 years, and standard deviation was equal to 6.7 years.

Table 8: Duration of residence in Thailand

	Frequency	Percentage
1-10 Years	37	16.5
11 - 15 Years	62	27.7
16 - 20 Years	85	37.9
21 - 47 Years	40	17.9
Total	224	100.0
Mean = 16.62 years, std = 6.7 years		

2) Legal status

The majority of the women held a violet card, which is issued to persons who have migrated from Myanmar after 9 March 1976 and who resided with the employer during registration (17.9%). The second biggest group held a green and red age card that is issued to migrants who have never had an ID card and who resided in the highland area during their registration (15.6%); this number was quite close to the number of women who held the light blue card, which was issued for hill-tribe people who were undocumented during registration (15.2%). 12.9 per cent held a Pink card, which was issue for the displaced persons from Burma who entered Thailand prior to 9 March 1976. 10.7 per cent held an orange card issued for illegal Burmese migrants who entered Thailand after 9 March 1976 and resided at their own residence during registration, 9.8 per cent held a document called Tor Ror 38 which is issued to undocumented people during registration (IPSR, 2005). Five women held a Labor card issued by Ministry of Labour (2.2%), four women held a student ID card which was issued by their school on behalf of the Ministry of Education (1.8%). There were three Thai women who married with the minority men in the settlement and hold Thai ID card (1.3%). Among the study population, there were 28 women who did not have any identity card (12.5%).

Table 9: Identity card

	Frequency	Percentage
None	28	12.5
Violet card (Burmese migrant worker resided with employer)	40	17.9
Green with red edge card (Highland community)	35	15.6
Light blue card (Highlander)	34	15.2
Pink card (Burmese displaced person)	29	12.9
Orange card (Burmese illegal immigrant with permanent residence)	24	10.7
Tor Ror 38 (Previously undocumented person)	22	9.8
Labor card (Migrant worker with work permit)	5	2.2
Student ID card (ID card issued by Ministry of Education)	4	1.8
Thai ID card	3	1.3
Total	224	100.0

3) Thai speaking ability

Among the study population, 29 per cent of the women had a good, very good or excellent ability of speaking the Thai language. Those with good speaking ability were able to understand and can speak the common words used in daily life. Very good speaking level were those women who could understand the complicated words but were limited in their ability to answer questions. The Excellent speaking level meant the women could understand and speak complicated words without limitations. Approximately 44.2 per cent of the women could understand Thai but were very limited in Thai speaking (fair), and 26.8 per cent of the women could not speak or understand Thai (poor).

Table 10: Thai speaking ability

	Frequency	Percentage
Poor	60	26.8
Fair	99	44.2
Good, very good, excellent	65	29.0
Total	224	100.0

4) Health insurance schemes

Regarding health insurance schemes, one third of the study population did not have any health insurance scheme (33.0%). 37.1 per cent held a Universal Coverage (UC, or 30 Bath scheme) card that, at present, is not valid for minority populations (IPSR, 2005). 27.7 per cent of the women held health insurance cards issued by the district hospital. 1.8 per cent held a health insurance card issued with work permits, 0.4 per cent held a student health card issued by the school they attended.

Table 11: Availability of health insurance

	Frequency	Percentage
None	74	33.0
UC 30 Bath card	83	37.1
Health card from district hospital	62	27.7
Health card with work permit	4	1.8
Student Health Card	1	.4
Total	224	100.0

5) Feeling/experience about the services

66 per cent of 97 persons who responded to the questions stated that they were moderately satisfied with the reproductive health services provided by the district hospital, 11.3 per cent stated that they have less satisfaction, and 22.7 percent

stated that they have high satisfaction with the reproductive health services provide by the district hospital. 25.8 per cent of the women felt that the services were expensive. Most of them (95.9%) stated that traveling to hospital was convenient. 17.5 of women stated that their waiting time at last visit was over 120 minutes. 25.8 percent stated that they have ever encountered a problem of their ethnicity, mostly from service providers who behaved with inappropriate verbal and non-verbal behavior

Table 12: Opinions/experiences about the services

	Frequency	Percentage
Expenditure		
Do not pay	17	17.5
Cheap	11	11.3
Normal	44	45.4
Expensive	25	25.8
Total	97	100.0
Traveling		
Inconvenient	4	4.1
Convenient	93	95.9
Total	97	100.0
Waiting Time at Last Visit		
Less than 30 minutes	16	16.5
30-60 minutes	41	42.3
60-120 minutes	23	23.7
Over 120 minutes	17	17.5
Total	97	100.0
Services Satisfaction		
Low	11	11.3
Medium	64	66.0
High	22	22.7
Total	97	100.0
Problem of Ethnicity e.g. discrimination, quality of services		
No	72	74.2
Yes	25	25.8
Total	97	100.0
Problems of Expenditures		
No	69	71.1
Yes	28	28.9
Total	97	100.0
Problem of Language Barriers		
No	78	80.4
Yes	19	19.6
Total	97	100.0

4.2 Use of reproductive health services

The use of reproductive health services was focused on the reproductive health status of women as follow;

4.2.1 Use of family planning services

Among the married women in the study population (n = 154), 64.9 per cent currently use contraception, 23.38 per cent never used the services, and 11.69 per cent ever used the services but currently did not. There were 8 women (14.81%) who never used or ever used the services but stopped because of the inappropriate reasons such as: 5 women believed it was harmful to their health, 1 woman stated that her spouse would not allow her to use the services, another woman stated that the service was not available at the facility, and the last one stated that the service cost was expensive. Regarding contraceptive methods, most of the women have received female sterilization (46%). Contraceptive pills and the injection method were each used equally, by 26 per cent of women. Only 2 women stated that they used the emergency contraceptive pills or their contraception. However, all of the study population were asked about number of the children that they planned to have. 48.7 per cent of women planned to have 3 children, 35.3 per cent stated that they currently have enough children, 5.8 per cent want to have more than 3 children, which is equal to the percentage of women who plan to have only one child. Only 3 women (1.34%) plan to have 2 children, while 7 women answered they had not yet planned.

Table 13: Use of family planning services

	Frequency	Percentage
Married women use Family Planning Services	(n = 154)	
Never use	36	23.4
Ever use but stop	18	11.7
Currently use	100	64.9
Main reason of did not use FP	(n = 54)	
<i>Appropriate reasons</i>		
Pregnancy	8	14.8
Want to get pregnancy	19	35.2
Not living with spouse	7	13.0
Menopause	10	18.5
Difficult to get pregnancy	2	3.7
Total	46	85.2
<i>Inappropriate reasons</i>		
Believed it's harm to her health	5	9.3
Spouse not allow to use	1	1.9
FP service not available	1	1.9
Expensive	1	1.9
Total	8	14.8
Family planning methods	(n=100)	
Female sterilization	46	46
Contraceptive pills	26	26
Contraceptive injection	26	26
Emergency pills	2	2
Number of required children	(n = 224)	
1 child	13	5.8
2 children	3	1.3
3 children	109	48.7
More than 3 children	13	5.8
Currently have enough children	79	35.3
Not yet plan	7	3.1

4.2.2 Pregnant women use antenatal care (ANC) services

There were 12 pregnant women in the study population, of those women, 10 women use ANC service (83.3%), and the other 2 women did not receive ANC (16.7%). From the interviews, these 2 women stated as reasons: that they thought it was too earlier to get ANC, they would go for ANC when their pregnancy reached 5 to 6 months.

Table 14: Use of antenatal care services

	Frequency	Percentage
Use	10	83.3
Never use	2	16.7
Total	12	100

4.2.3 Use of births attended by skilled health personnel

The place of birth was used to analyze the use of the services since it was understood that at government health facilities there were skilled health personnel who were able to provide this kind of service. Different members of the study population had been pregnant a different number of times, which varied from 1 time to 8 times. Therefore, the place of birth of the first pregnancy was used for analysis. The data of the women who aborted their first pregnancy was excluded. It was found that among those women 54.9 per cent of them first delivered at home, and 45.1 per cent gave birth at the health center or private hospital. The place of first delivery of the women aged 30 years or under was analyzed to determine any difference. The data showed that 28.1 per cent of women in this group gave birth at home, and 71.9 per cent delivered her first birth at a health center or hospital.

Table 15: Place of birth of the first pregnancy

	Frequency	Percentage
All mother		
Home	84	54.9
Health center/Government hospital	69	45.1
Total	153	100
Mother age 30 years or under		
Home	16	28.1
Health center/Government hospital	41	71.9
Total	57	100
Age at first marriage; mean 19.71 years, SD 3.117 years		
Age at first pregnancy; mean 20.66 years, SD 3.53 years		

4.2.4 Use of postpartum care service after delivering the last child

The women who ever gave birth were asked if they received postpartum care services when they gave birth to their last child, 57.5 per cent stated that they had ever used this kind of service.

Table 16: Use of postpartum care service

	Frequency	Percentage
Never use	68	42.5
Ever use	92	57.5
Total	160	100

4.2.5 Use of cervical cancer screening service

Regarding cervical cancer screening among the study population aged 35 - 49 years, 75.8 per cent had never used this service. Only 22.4 per cent had ever used it.

Table 17: Use of cervical cancer screening service

	Frequency	Percentage
Never use	69	75.8
Ever use	22	24.2
Total	91	100

4.2.6 Self breast examination

Among the study population, only 1 woman (1.1%) stated that she practiced self-breast examination every month. Approximately three quarters of the women never practiced a self -breast examination (75.8%), and 23 per cent stated that they practice examination sometimes but not regularly.

Table 18: Women age 35 – 49 years who ever practiced self-breast examination

	Frequency	Percentage
Never	69	75.8
Sometimes but not regularly	21	23.0
Every month	1	1.1
Total	91	100

4.2.7 Breast examination by health personnel

Three quarters of the study population (74.7%), age 35 – 49 years stated that they never used the service of breast examination provided by health personnel. 12.1 per cent stated that they have ever used the service, but not regularly. 11 per cent stated that they used the service only once. Only 1 woman (1.1%) stated that she uses the service annually, and another woman (1.1%) uses the service every two years.

Table 19: Women aged 35 – 49 years who ever had breast examination by health

personnel

	Frequency	Percentage
Never	68	74.7
First time	10	11.0
Annually	1	1.1
Every 2 years	1	1.1
Ever but not regularly	11	12.1

4.2.8 Unintended pregnancy, abortion and abortion complications

Among the ever or currently married women in the study population 11.8 per cent stated that they ever had unintended pregnancy, 20 per cent stated that they ever had abortion (34 women). Within this group 50 per cent of women have had abortion complications, such as severe bleeding and shock (29.4%), fever (5.9%), foul vaginal discharge (2.9%), and fatigue (11.8%). Among those who ever had abortion, 41.2 per cent received treatment from a health center, 38.2 per cent did not receive treatment, 11.8 per cent received treatment from a government hospital, and 8.8 per cent bought medicine from a drug store.

Table 20: Unintended pregnancy, abortion and its Complications

	Frequency	Percentage
Ever married women ever have unintended pregnancy	n = 170	
Never	150	88.2
Ever have abortion at least once	20	11.8
Ever married women ever have abortion	n = 170	
Never	136	80.0
Ever	34	20.0
Abortion complication	n = 34	
No complication	17	50.0
Severe bleeding and shock	10	29.4
Fever	2	5.9
Foul vaginal discharge	1	2.9
Other, e.g. fatigue	4	11.8
Place of getting treatment of abortion complication	n = 34	
Nowhere	13	38.2
Health Center	14	41.2
Government hospital	4	11.8
Drug store	3	8.8

4.3 Factors influencing use of reproductive health services

The associations between the use of reproductive health services among minority women of reproductive age and independent variables (Predisposing, Reinforcing, and Enabling factors) were tested by using Chi-square. The level of significance for the association was set at $p = .05$.

Independent and dependent variables were regrouped in order to facilitate the Chi-square test by avoiding cell values below 5. Only those factors that showed statistically significant associations with the dependent variables will be presented in this section.

4.3.1 Factors influencing use of family planning services

There were 3 factors that had a significant statistical association with the use of family planning services, these were: Legal status ($p = .009$), Perception of the availability of family planning services ($p = .003$), and Thai speaking ability ($p = .014$). Use of the services was found to be higher among those women who had an identity card (75.9%), compared to those who did not have an identity card (41.7%). Also, a greater percentage of women who perceived that the service was available at the district hospital used the service (79.7%), when compared to the women who perceived that the service was not available at the district hospital (57.4%). Of the women who were good, very good, or excellent in Thai speaking ability, their percentage of use of the service (85.3%) was higher than those women with fair Thai speaking ability (78.2%) or poor ability (60.3%).

Table 21: Factors influencing use of family planning services among ever-married women

	Use of FP		χ^2	p-value
	Never use n = 45	Ever use n = 125		
<i>Predisposing factors</i>				
Perception of FP service availability			8.632	.003
Not available	20 (42.55)	27 (57.45)		
Available	25 (20.3)	98 (79.7)		
<i>Enabling factors</i>				
Legal status			6.735	.009
Color Card not available	7 (58.3)	5 (41.7)		
Color Card available	38 (24.1)	120 (75.9)		
Thai speaking ability			8.474	0.014
Poor	23 (39.7)	35 (60.3)		
Fair	17 (21.8)	61 (78.2)		
Good, very good, excellent	5 (14.7)	29 (85.3)		

4.3.2 Factors influencing use of births attended by skilled health personnel

There were 4 factors that show a statistically significant association with the use of the service of birth attended by skilled health personnel; age ($p < .001$), number of required child ($p = .005$), use of family planning service ($p = .013$), and Thai speaking ability ($p < .001$). It was found that the women who were older tended to use the service less than the women who were younger, as the percentages show that 26.7 per cent of the women aged 34 – 49 years used the service, while 63.4 per cent of women aged 25-34 years, and 76.9 per cent of women aged 14 – 24 years used the service. The women who limited the number of required children to 1 – 3 in number used the service (59.3 %) more than the women who did not limit their number of children (36.2%). The women who ever used or currently used the family planning service, used the service of birth attended by skilled health personnel (50.4%) more than the women who never used the family planning service (26.5%). The women who spoke Thai at the good, very good or excellent level used the service (76.7%) more than the women who spoke Thai at the fair level (58.6%) or poor level (9.4%).

Table 22: Factors influencing use of births attended by skilled health personnel

	Use of births attended by skilled health personnel		χ^2	p-value
	Home n = 84	Clinic/Hospital n = 69		
<i>Pre-disposing factors</i>				
Age			27.892	< .001
14 – 24 years	6 (23.1)	20 (76.9)		
25 – 34 years	15 (36.6)	26 (63.4)		
35 – 49 years	63 (73.3)	23 (26.7)		
<i>Enabling Factors</i>				
Number of required child			7.847	.005
1-3 children	24 (40.7)	35 (59.3)		
Not limit	60 (63.8)	34 (36.2)		
Use of Family Planning Service			6.126	.013
Never	25 (73.5)	9 (26.5)		
Ever use/currently use	59 (49.6)	60 (50.4)		
Thai speaking ability			44.434	< .001
Poor	48 (90.6)	5 (9.4)		
Fair	29 (41.4)	41 (58.6)		
Good, very good, excellent	7 (23.3)	23 (76.7)		

4.3.3 Factors influencing use of postpartum care services

There were a number of factors showing statistically significant associations with the use of postpartum care service; age of the women ($p = .007$), health insurance ($p = .02$), duration of residence in Thailand ($p = .006$), Thai speaking ability ($p < .001$), perception of the availability of postpartum care services ($p < .001$), birth attended by skilled health personnel ($p = .005$), and family planning service ($p = .009$). It was found that the women who were older tended to use the service less than the women who were younger, as the percentage shows that only 46.7 per cent of women aged 34 – 49 years used the service, while women aged 25 – 34 years and 14 – 24 years used the service in equal amounts (71.4 per cent). The women who had

health insurance used the postpartum care service (63.6%) more than the women who did not have health insurance (44.0%). The women who had been living in Thailand for 11 – 15 years used the service (74.4%) more than the women who have been living in Thailand for 16 – 20 years (43.6%), 21 – 47 years (69.4%), or 1 – 10 years (46.7%). The women who could speak Thai at the good, very good or excellent levels used the service (81.7%) more than the women who could speak Thai at the fair level (70.8%) or the poor level (24.6%). The women who perceived the availability of the postpartum care services, family planning, and birth attended by skilled health personnel used the services more than the women who did not perceive the availability of those services.

Table 23: Factors influencing use of postpartum care services

	Use of Post Partum Care		χ^2	p-value
	Never use n = 68	Ever use n = 92		
<i>Pre-disposing factors</i>				
Age			9.879	0.007
14 – 24 years	8 (28.6)	20 (71.4)		
25 – 34 years	12 (28.6)	30 (71.4)		
35 – 49 years	48 (53.3)	42 (46.7)		
Perception of the availability of postpartum care service			13.634	< .001
Not available	30 (65.2)	16 (34.8)		
Available	38 (33.3)	76 (66.7)		
Perception of the a availability of births attended by skilled health personnel			7.884	.005
Not available	17 (68.0)	8 (32.0)		
Available	51 (37.8)	84 (62.2)		
Perception of the a availability of family planning service			6.754	.009
Not available	25 (59.5)	17 (40.5)		
Available	43 (36.4)	75 (63.6)		
<i>Enabling Factors</i>				
Health Insurance			5.424	.020
Not Available	28 (56.0)	22 (44.0)		
Available	40 (36.4)	70 (63.6)		
<i>Duration of residence in Thailand</i>			12.404	.006
1 – 10 years	16 (53.3)	14 (46.7)		
11 – 15 years	10 (25.6)	29 (74.4)		
16 – 20 years	31 (56.4)	24 (43.6)		
21 – 47 years	11 (30.6)	25 (69.4)		
<i>Thai speaking ability</i>			41.656	< .001
Poor	43 (75.4)	14 (24.6)		
Fair	21 (29.2)	51 (70.8)		
Good, very good, excellent	4 (12.9)	27 (87.1)		

4.3.4 Factors influencing use of cervical cancer screening services

There were three enabling factors, perception of the availability of the service ($p = .012$), ever used postpartum care service ($p < .001$), and Thai speaking ability ($p = .004$) that had a statistically significant association with the use of the service. It was found that the women who perceived the service to be available at the

district hospital used the service (34.4%) more than the women who perceived the service to be not available at the district hospital (13.0). The women who ever used postpartum care services used the service of cervical cancer screening (46.3%) more than the women who never used postpartum care services (3.8%). The women who had Thai speaking ability at the fair level used the service (37.7%) more than the women who had Thai speaking ability at the poor level (8.9%), or good, very good, or excellent level (33.3%).

Table 24: Factors influencing use of cervical cancer screening services

	Use of Cervical Cancer Screening Service		χ^2	p-value
	Never use n = 80	Ever use n = 27		
<i>Predisposing factor</i>				
Perception of the availability of the service			6.355	0.012
Not available, don't know	40 (87.0)	6 (13.0)		
Available	40 (65.6)	21 (34.4)		
<i>Enabling factors</i>				
Ever use postpartum care service			25.146	< .001
Never	50 (96.2)	2 (3.8)		
Ever	29 (53.7)	25 (46.3)		
Thai speaking ability			11.076	.004
Poor	41 (91.1)	4 (8.9)		
Fair	33 (62.3)	20 (37.7)		
Good, very good, excellent	6 (66.7)	3 (33.3)		

4.3.5 Factors influencing practice of self-breast examination

There were two factors, perception of the service availability ($p = .025$), and Thai speaking ability ($p = .009$) that had a statistically significant association with the practice of self-breast examination. The data shows that among the women who perceived the breast cancer screening service to be available at the district hospital

would practice self-breast examination (34.4%) more than the women who perceive the mentioned service to be unavailable at the district hospital (15.2%). Those women who could speak Thai at the good, very good, or excellent levels practiced self-breast examination (44.4%) more than the women who could speak Thai at the fair level (35.8%), or poor level (11.1%).

Table 25: Factors influencing practice of self -breast examination

	Practice of Self Breast examination		χ^2	p-value
	Never practice n = 79	Ever practice n = 28		
<i>Predisposing factor</i>				
Perception of the service availability			5.008	.025
Not available, do not know	39 (84.8)	7 (15.2)		
Available	40 (65.6)	21 (34.4)		
<i>Enabling factor</i>				
Thai speaking ability			9.407	.009
Poor	40 (88.9)	5 (11.1)		
Fair	34 (64.2)	19 (35.8)		
Good, very good, excellent	5 (55.6)	4 (44.4)		