

Characteristics and factors affecting contraceptive utilization in premarital sexual relationship among unmarried youths in rural Yangon, Myanmar

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Abstract

Purpose - Several studies showed premarital sexual intercourse among youths appears all regions around the world. The objective of this study was to assess the characteristics and factors affecting actual and intended contraceptive utilization in premarital sexual relationship among unmarried youths in rural Yangon, Myanmar.

Design/methodology/approach - A quantitative cross sectional descriptive study was done with 270 unmarried youths with the age of 15-24 who are residing in a rural township of Yangon region. Data was collected by using combined interviewer-administered questionnaire and self-administered questionnaire between September and October 2017. In this study, modern contraceptive methods refer to oral contraceptive pills, injection, IUD, implant, emergency contraceptive pill, female condom, and male condom, and traditional methods refer to withdrawal and safe period.

Findings - The finding showed 44% of sexually active unmarried youths used at least one modern contraceptive method in their latest sexual intercourse. Always use at least one modern method was only 17.6%. Besides, 44.8% of unmarried youths intended to use only modern method while 8.1% intended to use both modern and traditional contraceptive methods in the future. The final model of multiple logistic regression revealed that there was no association between any independent variables including all socio-demographic characteristics and actual use of contraception in the latest sexual intercourse and always use in the life-time. Intended use of contraception in the future showed significant positive associations with age group of respondents (p -value<0.001), sex (female, p -value=0.044), having own income (p -value=0.013), level of attitude (p -value=0.034), level of belief (p -value=0.002), ever heard about contraception (p -value=0.003), easy availability of contraception when needed (p -value<0.001), same gender service provider (p -value=0.003) and experience on sexual intercourse (p -value<0.001) in the final model of regression.

Originality/value - Low prevalence of contraceptive utilization and low level of knowledge about contraception especially for emergency contraceptive pill and IUD were found among unmarried rural youths. Delivering more information about contraceptive methods through comprehensive sexual and reproductive health education in middle and high schools, Facebook, mobile application and edutainment program in TV channels should be implemented. Furthermore, unbiased and respectful care should be provided to both married and unmarried youths who seek contraceptive service at the public or private or NGO clinic. Youth-friendly clinic should also be provided for youths who live in rural areas of Yangon region.

Keywords Contraceptive utilization, Unmarried youths, Premarital sexual relationship, Myanmar

Paper type Research paper

Introduction

Globally, youths are more sexually active compared to other age groups of the population [1], and many youths have had sexual intercourse before marriage, and premarital sexual intercourse appears all regions around the world [2].

In Asia, premarital sex is not culturally acceptable [3]. However, studies from several countries from Asia and the Pacific regions expressed an increasing number of adolescents and youths engage in sexual relationship before marriage with the rising ages of marriage and changing sociocultural norms [3]. In Hong Kong, for example, a 2013 study indicated that nearly 41.5% of unmarried youths engaged in

premarital sexual relationship [4]. Furthermore, smaller in-depth researches on youths in Asia found out that the increased sexual activity of youths [5].

In Myanmar, the population of youth is about one fifth of the total population which is over 51 million in 2014 census [6]. Although this age group is sexually active group, their sexuality is strictly restricted by social, moral and religious beliefs. A study on youths in Myanmar found out that 11.9% of youths had premarital sexual relationship [7]. According to eastern cultures, however, receiving reproductive health service is perceived as a shameful subject for unmarried people. Since Myanmar has strong cultural and social norms concerning pre-marital sex, providing contraceptive knowledge and services are challenging to both service providers and unmarried youths.

Although Yangon region has country's best medical facilities with qualified doctors, inequalities are found in health care between urban and rural areas. Additionally, 2007 FRHS pointed out that women who live in urban area have slightly better knowledge about contraception than those from rural areas [8]. Nevertheless, most reproductive health researches in Yangon region were conducted only in peri-urban or urban areas, married people, and reproductive age group. Despite there was one study on both married and unmarried youths about premarital sex in Myanmar, that was done only on premarital sex experience and condom use. Therefore, that study only showed about the consistent use of condom, and it was obviously low (36.6%) in community youths [7]. To summarize, there is no research which emphasizes specifically on unmarried youths' actual and intended contraceptive utilization in rural Yangon.

Hence, this study fills the research gap. The objectives of this study are to describe the characteristics of unmarried youths, and to evaluate the association between their characteristics and actual and intended contraceptive utilization in premarital sexual relationship among unmarried youths. In this study, modern contraceptive methods refer to oral contraceptive pills, injection, IUD, implant, emergency contraceptive pill, female condom, and male condom, and traditional methods refer to withdrawal and safe period.

Materials and methods

This is a quantitative cross sectional descriptive study on unmarried or never-married youths with the age group of 15-24 who are mentally sound and residing in the rural areas of Yangon. Under 18 years unmarried youths who could not get parental or guardian consent were excluded. Sample size was calculated by Cochran's Formula. For data collection, 305 unmarried youths were randomly selected from a randomly selected rural township in Yangon. The data was collected by using both interviewer-administered and self-administered questionnaires. The questionnaire was divided into four parts: Predisposing factors such as socio-demographic characteristics, level of knowledge, attitude and correct beliefs; enabling factors such as availability of contraceptive information and methods; need factors such as sexual experiences; and finally, contraceptive utilization which included both actual and intended use. Part I and Part II (predisposing factors and enabling factors) were included in interviewer-administered questionnaire, and Part III and Part IV (need factors and contraceptive utilization) were in self-administered questionnaire as the questions in these parts were about sexual experiences and sensitive. After receiving approval from the Committee for Human Research, Chulalongkorn University (COA No. 181/2017), data collection was carried out by principle researcher and three research assistants between September and October 2017. The final number of respondents who involved in the analysis was 270 with 10% refusal rate.

The level of knowledge about contraception was determined by 16 questions, and then, classified into three levels followed by Benjamin Bloom's criteria. The attitude of the respondent regarding premarital sex and contraception was measured by eight questions used Likert's scale, and three levels of attitude were determined based on mean and standard deviation. Six beliefs related questions were included, and three levels of correct beliefs were again categorized based on mean and standard deviation.

SPSS version 22 for windows (licensed by Chulalongkorn University) was used for data analysis. Ten dependent variables were included in inferential statistics. There were 6 dependent variables for actual use: Use of at least one modern contraceptive method, use of only traditional contraceptive method and use of neither method in the latest sex, and also, always uses in the life-time (up to the study period). Then, there were 4 dependent variables for intended use: Intended use of only modern contraceptive method, intended use of both method, intended use of only traditional method and intended use of neither method. Associations between independent variables and dependent variables were analyzed by using Pearson's Chi-square test with statistical significant level of less than 0.05. When the frequencies of cells were less than 5, Fisher's exact test with statistical significant level of less than 0.05 were used [9]. For multivariate analysis, the variables which were significant at the level of *p*-value less than 0.2 at bivariate analysis, plus those variables that were theoretically important or had been cofounders in prior research (even with significance >0.2) went first step of regressions [10]. Then, variables with *p*-value of greater than 0.05 were excluded from the analysis to get the final model.

Results

For socio-demographic characteristics, the mean age of the respondent in this study was 20 years. By categorizing into three age groups, about 56% respondents were included in 20-24 years' age group. Nearly 46% of the respondents were male, and about 54 % were female. As a religion, almost all of them are Buddhist since only one respondent answered as an atheist. For level of Education, all respondents could read and write simple Myanmar language. Only 1.1 % had never gone to school but still could read and write Myanmar language. Over half of the respondents (68.1%) had high school level education. High percentage of respondents (76.7%) lived and shared most of the meals together with their parents in past three months. For occupation, almost half of the respondent (45.6%) were students, 13.3% were employed while others were working as private or government employees or together with their family member such as agriculture, tailor and so on. Regarding with having own income, 39.3% of respondents had own income, and about half of them (53.3%) had 100,000-200,000 kyats per month and 40.2% had less than 100,000 kyats per month. Socio-demographic characteristics of the respondents were also shown in Table 1.

Among 270 respondents, majority (89.3%) had low level of knowledge about contraceptive method. Over half of the respondents (67.4%) had neutral attitude. About half of the respondents (50.4%) had fair level of correct beliefs.

About 44.8% of the respondent had received health education session about contraceptive methods, and 39.6% of respondents had received health education materials. About 40.4% of respondents answered that they can get contraception easily if they are in need. About 28.5% of the respondents believed that they can discuss with same gender service providers and they can confidentially discuss with service provider.

Table 1. Socio-demographic characteristics of the respondents

Socio-demographic characteristics	Frequency (n)	Percentage (%)
Age group of respondents (n=270)		
15 – 16 years	47	17.4
17 - 19 years	72	26.7
20-24 years	151	55.9
Mean = 19.85 , SD = 2.868, Range=15-24		
Sex (n=270)		
Male	124	45.9
Female	146	54.1
Religion (n=270)		
Buddhist	269	99.6
Others (Atheist)	1	0.4
Level of education (n=270)		
Never gone to school but can read and write simple Myanmar Language	3	1.1
Primary school	6	2.2
Secondary education	34	12.6
High school level	184	68.1
Higher education	43	15.9
Living arrangement (n=270)		
With parents	207	76.7
With father only	5	1.9
With mother only	13	4.8
With relatives	25	9.3
With friends	20	7.4
Occupation (n=270)		
Student	123	45.6
Private employee	19	7
Government employee	6	2.2
General/ random laborer	28	10.4
Hawker	24	8.9
Agriculture	14	5.2
Tailor	20	7.4
Unemployed	36	13.3
Having own income (n=270)		
Yes	106	39.3
No	164	60.7
Monthly income (n=106)		
<100,000 kyats per month	43	40.2
100,000-200,000 kyats per month	57	53.3
200000-300000 kyats per month	6	5.7

Among 270 respondents, 34 respondents (12.6%) have experienced sexual intercourse. The mean age at first sexual intercourse was 20 years (Standard deviation- 2.62), and the age range was from 15 to 24 years. About 53% of sexually active youths used only modern contraceptive method while 64.7% (52.9%+11.8%) of sexually active youths used at least one modern method during their first sex.

About 79.4% of sexually active used contraception at the latest sexual intercourse but use of at least one modern contraceptive method was 44%. 20.6% of respondents (7 respondents) did not use any contraceptive method at the latest sexual intercourse.

Only 17.6% of sexually active respondents always used at least one modern contraceptive method in the life-time. In addition, 45% of unmarried youths intended to use only modern contraceptive method in the future, and 8% of youths intended to use both modern and traditional method in the future. These above predisposing, enabling and need factors were also mentioned in Table 2.

In bivariate analysis, actual use of at least one modern contraceptive method in the latest sexual intercourse and in the life-time had significant negative associations with living together with parents (p -value = 0.033) and age group at the

Table 2. Predisposing, enabling and need factors of the respondents

Predisposing, enabling and need factors	Frequency (n)	Percentage (%)
Level of knowledge (n=270)		
Poor (<10 score)	241	89.3
Fair (10-13 score)	27	10
Good (>13 score)	2	0.7
Level of attitude (n=270)		
Negative (\leq 19 score)	40	14.8
Neutral (20-30 score)	182	67.4
Positive (\geq 31 score)	48	17.8
Level of correct Belief (n=270)		
Low (\leq 1 score)	56	20.7
Fair (2-4 score)	136	50.4
High (\geq 5 score)	78	28.9
Ever received health education session/health education material about contraceptive methods (n=270)		
Yes	121/107	44.8/39.6
No	149/163	55.2/60.4
Easy availability of contraception when needed (n=270)		
Yes	109	40.4
No	161	59.6
Same gender service provider (n=270)		
Yes	77	28.5
No	29	10.7
Don't know	164	60.7
Have experienced sexual intercourse (n=270)		
Yes	34	12.6
No	236	87.4
Age group at 1st sexual intercourse (n=34)		
15-16 years	6	17.6
17-19 years	9	26.5
20-24 years	19	55.9
Mean = 19.53, SD= 2.62, Range= 15-24, Mode= 20		
Use of contraceptive method at first sexual intercourse (n=34)		
Only modern contraceptive method	18	52.9
Only traditional method	10	29.4
Both modern and traditional methods	4	11.8
Use neither	2	5.9
Use of contraceptive method at the latest sexual intercourse (n=34)		
At least one modern contraceptive method	15	44.1
Only traditional contraceptive method	12	35.3
Neither	7	20.6
Always use of contraceptive method (n=34)		
Always use at least one modern contraceptive method	6	17.6
Always use only traditional contraceptive method	7	20.6
Neither	21	61.8
Intended use of contraceptive method (n=270)		
Intended use of only modern method	121	44.8
Intended use of both methods	22	8.1
Intended use of only traditional method	12	4.4
Intended use of neither method	115	42.6

first sexual intercourse (p -value = 0.020) respectively. Affordability (p -value = 0.048), confidentiality (p -value = 0.039), and use of contraceptive method at the first sexual intercourse (p -value = 0.027) showed significant negative associations with always use of only traditional contraceptive method. Use of contraception at the first sexual intercourse (p -value = 0.037), use of contraception when sex by peer pressure (p -value = 0.008), and use of contraceptive method when sex by peer pressure (p -value = 0.024) had significant positive associations with modern or traditional contraceptive utilization at the latest sexual intercourse. However, all these variables lost its significances in multiple logistic regression.

Table 3 showed the bivariate analysis between 6 predisposing factors, 3 enabling factors and intended use of only modern contraceptive method in the future. According to that bivariate analysis, intended use of only modern contraceptive method in the future showed significant positive associations with age group of respondent (p -value = 0.002), secondary education (p -value = 0.008), occupation (p -value = 0.020), having own income (p -value = 0.001), ever heard of contraceptive method (0.006), level of correct belief (p -value < 0.001), ever received health education materials (p -value = 0.044), affordability to the price of contraceptive method (p -value = 0.041), and same gender service provider (p -value = 0.002). However, need factors did not show any association with intended use of only modern method. Again, sex (male, p -value = 0.002), level of attitude (p -value = 0.005), transportation by private vehicle (p -value = 0.005), Time-taken of less than 30 mins and over 2 hrs (p -value = 0.013), experience on sexual intercourse (p -value = 0.003) showed significant positive associations with intended use of both modern and traditional methods in the future. No association was found with intended use of only traditional contraceptive method.

In multiple logistic regression, age group, sex, having own income, ever heard about contraception, level of attitude, level of belief, easy availability of contraception when needed, same gender service provider and sexual activity status still held their significances at the final model of regression. The associations with these nine variables and intended use of only modern contraceptive method, both methods and neither method were shown in Table 4, Table 5, and Table 6 respectively.

Table 3. Bivariate analysis between 6 predisposing factors, 3 enabling factors and intended use of only modern contraceptive method in the future (n=270)

Variables	Intended use of only modern method	Intend use of both, traditional only or neither	X ²	p-value
	N (%)	N (%)		
Age group of respondents (years)			12.756	0.002*
15-16	14 (29.8%)	33 (70.2%)		
17-19	25 (34.7%)	47 (65.3%)		
20-24	82 (54.3%)	69 (45.7%)		
Level of education				#0.008*
Never gone to school but can read and write simple Myanmar language	2 (66.7%)	1 (33.3%)		
Primary school	3 (50.0%)	3 (50.0%)		
Secondary education	23 (67.6%)	11 (32.4%)		
High school level	70 (38.0%)	114 (62.0%)		
Higher education	23 (53.5%)	20 (46.5%)		
Occupation				#0.020*
Student	40 (32.5%)	83 (67.5%)		
Private employee	11 (57.9%)	8 (42.1%)		
Government employee	4 (66.7%)	2 (33.3%)		
General/random laborer	13 (46.4%)	15 (53.6%)		
Hawker	14 (58.3%)	10 (41.7%)		
Agriculture	7 (50.0%)	7 (50.0%)		
Tailor	13 (65.0%)	7 (35.0%)		
Unemployed	19 (52.8%)	17 (47.2%)		
Having own income			11.439	0.001*
Yes	61 (57.5%)	45 (42.5%)		
No	60 (36.6%)	104 (63.4%)		
Heard of any contraceptive method			7.422	0.006*
Yes	108 (48.6%)	114 (51.4%)		
No	13 (27.1%)	35 (72.9%)		
Level of correct belief			18.833	0.000**
Low level of correct belief	12 (21.4%)	44 (78.6%)		
Fair level of correct belief	63 (46.3%)	73 (53.7%)		

(continued)

Table 3. (continued)

Variables	Intended use of only modern method	Intend use of both, traditional only or neither	X ²	p-value
	N (%)	N (%)		
High level of correct belief	46 (59.0%)	32 (41.0%)	4.055	0.044*
Ever received HE material				
Yes	56 (52.3%)	51 (47.7%)		
No	65 (39.9%)	98 (60.1%)		
Affordable to the price of contraception				#0.041*
Yes	36 (59.0%)	25 (41.0%)		
No	3 (37.5%)	5 (62.5%)		
Don't know	82 (40.8%)	119 (59.2%)		
Same gender service provider			12.274	0.002*
Yes	40 (51.9%)	37 (48.1%)		
No	20 (69.0%)	9 (31.0%)		
Don't know	61 (37.2%)	103 (62.8%)		

Notes: # Fisher's Exact test, * p-value <0.05, **p-value <0.001

Table 4. Logistic regression analysis of sex, income, level of correct belief, same gender service provider and intend to use only modern contraceptive method in the future

Variables	B	S.E	Sig.	Crude OR (95%C.I)	95.0% C.I	
					Lower	Upper
Female (Ref: Male)	0.553	0.274	0.044*	1.738	1.016	2.973
No own income (Ref: Have own income)	-0.674	0.272	0.013*	0.51	0.299	0.869
Level of correct beliefs (Ref: Low level of correct belief (≤ 1))			0.002*			
Fair level of correct belief (2-4)	1.128	0.383	0.003	3.09	1.458	6.546
High level of correct belief (≥ 5)	1.483	0.418	0.000	4.408	1.942	10.003
Same gender service provider (Ref: Yes)			0.003*			
No	0.789	0.498	0.113	2.202	0.83	5.839
Don't Know	-0.646	0.301	0.032	0.524	0.291	0.946

Note: *p-value <0.05

Table 5. Logistic regression analysis of have experienced sexual intercourse, level of correct belief and intend to use both contraceptive methods in the future

Variables	B	S.E	Sig.	Crude OR (95%C.I)	95.0% C.I	
					Lower	Upper
No experience sexual intercourse (Ref: have experience)	-2.026	0.558	0.000**	0.132	0.044	0.394
Level of correct belief (Ref: Low level of correct belief)			0.001*			
Fair level of correct belief	-0.203	0.826	0.806	0.816	0.162	4.117
High level of correct belief	1.771	0.837	0.034	5.879	1.139	30.349

Notes: *p-value <0.05, **p-value < 0.001

Table 6. Logistic regression analysis of age group, heard of contraception, easily availability of contraception when needed and intend to use neither contraceptive method in the future

Variables	B	S.E	Sig.	Crude OR (95%C.I)	95.0% C.I	
					Lower	Upper
Age group (Ref: 15-16 years)			0.000**			
Age group (17-19 years)	-.287	.408	0.482	0.751	0.338	1.669
Age group (20-24 years)	-1.263	.373	0.001	0.283	0.136	0.588
Not ever heard about contraception (Ref: ever heard about contraception)	1.086	.366	0.003*	2.962	1.445	6.072
Not availability of contraception Easily when need (Ref: easily available)	1.114	.287	0.000**	3.048	1.737	5.347

Notes: * p-value <0.05, ** p-value < 0.001

Discussion

The sample population of youths in this study included 270 unmarried youths who were in age range from 15 to 24 years, and categorized into three groups as 15-16, 17-19, and 20-24. The mean age of this study was 20 years, and 151 unmarried youths (56%) were included in 20-24 years age group. Intended to use only modern contraceptive method had a significant positive association with age group (p -value = 0.002). Moreover, age group had also a significant strong positive association with intended use of modern or traditional contraceptive method in the future (p -value < 0.001). Multiple logistic regression revealed that age group still maintained its significance with intended use of neither method in the future (p -value < 0.001). Those results may be explained by that younger respondents were afraid of receiving and using contraceptive methods especially modern contraceptive method which can be discovered by their parents or other people. Similarly, a study on 15-24 years old youths who lived in Kisumu town in western Kenya mentioned that a significant association between age and contraceptive practice with p -value 0.02. That study also found out that the younger youth was less likely to have consistent use and current use of contraception than the older youths [11].

Out of 270 respondents, 146 (54%) were female, and 124 (46%) were male. Intend to use only modern contraceptive method in the future (p -value = 0.044) and sex had a significant association in this study. Female were 1.7 times more likely to use modern contraceptive method in the future. However, another study among in and out of school adolescents (10-19 years old) in Addis Ababa city, Ethiopia found out that male used modern contraceptive methods more than female [12]. The different result in this study can be due to availability of contraception and information at the study area. In this study area, only oral contraceptive pill and injection were easily available compared to other modern contraceptive methods. Although condom can be available easily, the practice of condom was low.

The findings for income showed that 106 respondents (39.3%) had monthly own income, and having own income had a significant positive association with intended use of modern or traditional contraceptive method (p -value = 0.002), and intended use of only modern contraceptive method in the future (p -value = 0.001). Multiple logistic regression also described that income remained its significance with intended use only modern contraceptive method in the future (p -value = 0.013). Therefore, all these results in this study revealed that unmarried youths with no income were less likely to intend to use contraception in the future than the youths with own income. Hence, it can be concluded that having own income was the encouraging factor to use modern contraceptive method. The previous study on married youths in rural area of Ayeyarwaddy, Myanmar revealed the similar finding of the significant positive association between having own income and contraceptive utilization [13].

Moreover, unmarried youths who have ever heard about contraception were more likely to use contraception in the future. Furthermore, the level of knowledge, positive attitude and correct beliefs also showed significant positive associations with intended use of modern or traditional method. The similar results could also be found in previous two studies in Salin Township, Myanmar and Myanmar migrant youths in Thailand [14, 15]. A study on Myanmar migrant sexually active 15-24 years old youths in Bang Bon district, Bangkok showed over 90% of youths had ever heard about contraception [15]. That percentage was slightly higher than this study (82%). This is because that study was done on only sexually active youths whereas this study was for both sexually active and non-active youths. Moreover, that study also showed a significant positive association between level of knowledge and current use of contraception. Although the study on contraceptive related

knowledge of unmarried youths in Myanmar was not found, a study among rural pregnant women in Salin Township, Myanmar also supported the finding of this study. In that study, most of the pregnant women (78.4%) were the age between 20 and 35 years. That study, likewise, found out that women with good level of knowledge on contraception were more likely to have good birth spacing than poor and fair level of knowledge [14].

Bivariate analysis showed that availability of contraception in need easily had a significant strong positive association with intended use of contraception in the future (p -value <0.001). Multivariate analysis also revealed their significance with p -value less than 0.001. Also a previous study among youths in Bang Bon district, Bangkok showed a significant strong positive association between availability of contraception and current use of contraception with p -value less than 0.001 [15]. As another similar finding, UNFPA annual report 2004 for reproductive health and family planning further stated that the prevalence of modern contraceptive method was significantly higher in the countries in which contraception can be easily accessible [16]. Therefore, it cannot be denied that easily availability is essential to access contraception for youths.

At the logistic regression, the result showed that respondent who did not aware of same gender service provider were 0.5 time less likely to use only modern method in the future (p -value= 0.032) than those respondents who believed availability of same gender service provider. Although the result also pointed out that youths who did not believe on gender preference intended to use only modern method about 2 times more than who believed on same gender service provider, p -value was not significant (p -value= 0.113). Even though unmarried youths would like to use only modern contraceptive methods, they answered that they do not believe same gender service providers can be available when they go to clinic. This result can be explained by low knowledge and awareness of rural youths about youth centers and same gender service provider. In Myanmar, mostly, same gender service provider is not available in public clinics. That service can only be available NGO provided youth projects. A similar finding was found in previous study on Myanmar migrant youths [15]. The result of that study also revealed that percentage of respondents who currently used contraception and did not believe to get same gender service provider were more than that of respondents who currently used contraception and believed to get same gender service provider.

The result in this study also pointed out that sexually active respondents more intended to use contraception in the future compared to non-sexually active youths. This can also be due to lower knowledge and awareness on contraceptive method in unmarried non-sexually active youths. The further analysis between heard of contraceptive method and sexual activity among youths in this study also showed that heard of any contraceptive method was significantly lower in non-sexually active respondents. Based on these findings, it can be explained that sexually active respondents had ever heard more about contraceptive methods and which in turn led to higher intended use of contraception than non-sexually active respondents.

Conclusion and recommendations

Overall, the results suggested the low prevalence of contraceptive utilization and factors that have associations with actual use in the latest sex and in the life-time, and intended use in the future. In this study, over half of respondents had never received health education session or health education materials about contraception. As recommendations for Program Implementation Level, therefore, youth information clinics or centers should be also provided for youths who live in rural areas of Yangon region. Since low level of knowledge especially for emergency

contraceptive pill and IUD was seen in majority of youths in this study, providing sexual and reproductive knowledge through comprehensive sexual and reproductive health education in middle and high schools, Facebook, mobile application and edutainment program in TV channels should be implemented. Since awareness on youth-friendly services and service provider's attitude can be encouraging factors to use modern contraceptive method, unbiased and respectful care should be provided to both married and unmarried youths who seek contraceptive service at the public or private or NGO clinic. The next quantitative research should add the questions on why they did not use contraception at the first sexual intercourse, and at every intercourse so that the researcher can know the reason why use of contraception was lower at the latest sexual intercourse and in the life-time compared to the first sexual intercourse. Furthermore, the next quantitative research which will focus on larger sample size of unmarried sexually active youths is needed by using the findings from this study.

Limitations

There were only 34 sexually active youths in this study, and therefore, analysis for actual use was based on this very small sub-sample which could create some different results from other studies on sexually active adolescents and youths. Moreover, researchers' bias could be included in the result as three research assistants were recruited for this study.

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