ANNEX 7: FOCUS GROUP DISCUSSIONS

BACKGROUND AND METHOD

Focus group discussions were conducted in two townships: Ye in Mon State (proposed new township) and Thingangyun in Yangon Division (existing MSI township). Focus group discussions were held to help inform the PFHAB design document by providing information on the "current situation" with regards to use of SRH services and current levels of knowledge on SRH issues.

Target Populations included:

- Men and Women of Reproductive age (15-24) with a focus on married people
- Male and Female youth (10-25) with a focus on unmarried youth.
- Sex Workers

MSI staff in Thingangyun were also interviewed to look at knowledge and skills gaps.

The FGDs were semi-structured exploring:

- Awareness of SRH issues
- Access and Utilisation of Services
- Perceptions of Service Quality and Client Friendliness
- Perceptions of Affordability

The interviews were conducted by the MSIM Senior Programme Adviser (female) and a senior local consultant (male) working with MSIM. Participants were asked for their consent to participate in these discussion groups.

Participant numbers are below:

	Ye (Mon State)	Thingangyun (Yangon Division)
Men of Reproductive age (married)	13	4
Women of Reproductive age (married)	16	5
Male Youth (15-24)	8	6
Female Youth (15-24)	5	6
Female Sex Workers	N/A	10
MSI Programme Staff	N/A	2

FINDINGS

1. Men of Reproductive Age

Ye Township

- Men had heard of pills and injection, condom, withdrawal and cycle, vasectomy
- Two men said that their wife takes contraceptive injection without them knowing, one is newly married, one has 2 children. The wife made that decision on her own. The man with 2 children said that he has no objection but newly wed man doesn't agree to that because he heard that taking injection will 'dried up the *the-ain* (uterus) and he might not get the children if he wants in future.
- Regarding STIs symptoms, they expressed pus discharge and pain; usually self medication and if symptoms are not relieved they will go to the doctor (GP)
- Believe that STI incidence is reducing because of increased condom use
- The contraceptive injection cost K2000 to 3000
- HIV test available at Lamine, cost K3,000; but the results aren't considered to be reliable. Participants cited a high incidence of false 'positive' results which turned out to be 'negative' when tested in Yangon.
- Malaria test costs K1,000; no one use impregnated bed nets
- Health expenditure per year per household is estimated as K200,000 and it depends on epidemic like DHF this year and the expenditure increases
- Most of the deliveries are taking place at the hospital, cost K100,000 – 300,000

Thingangyan Township

- Family size is now on average 2-3 children with children spaced 2-3 years apart
- Participants could name pills and injection as FP methods
- MSI clinic – though at first that the clinic is for women only. One participant found out about the clinic when he brought his son, an alcoholic, to the centre. There is a mixed perception about the clinic. The majority thought it was beneficial especially for low income families, because of affordable cost less than outside clinic. Those with experience of the clinic commented that staff receive patients warmly and are very patient with clients, providing them with information. The Youth centre is considered good for children. Otherwise children might go for other activities that parents do not know. At the centre, they gain knowledge and new friends.
- More and more people use this clinic. Suggest changing the opening hours up to 5:30 pm to benefit those daily earners who come back from work in the evening. Participants commented that the morning clinic time can shift to 10 am because most of the women are not free in the morning time as they are engaged in cooking, attending their children going to school, etc.
- Participants had no idea about the cost of FP methods.
- Agree that men have the responsibility for FP. However they do not know whether their wives are using FP methods or not.
- Reasons for not using the MSI center: lack of information, distance, clinic hours.
- Yearly health expenditure depends upon the health conditions. Average cost for visiting a GP is about K2500-3000.

2. Women of Reproductive Age (Married Women)

Awareness of Family Planning

- Almost all women from Ye and Thingangyun (TGG) are aware of short term FP methods; pills (women from Ye also mentioned monthly pill which is not recommended), injectables. Ye women mentioned condoms spontaneously while TGG women mentioned condoms only after probing.
- Very few from Ye aware of implanon and ring. No one from Ye mentioned IUD which was named by most of TGG women. A few mentioned safe period, mostly incorrect. All know permanent methods.
- In both sites, on average each family has 3 children, ranging from no children to 6 among the respondents.
- Ideal interval they think for attempting the next pregnancy after a live birth is 2-3 yrs: (reasons for spacing and having fewer children- mostly for economic reason, can work and contribute to family income, more attention to each individual child, older child can help mother looking after younger child, schooling and development of children)
- Misconception and rumors common among Ye women: dry uterus, cancer uterus, and infertility after using contraceptives (pills and injections)- women and couples are reluctant to use such methods
- Knew that FP can be obtained at GP clinics, urban health centres of DOH, from quacks, and MSI centres (TGG women), TL in government hospitals, Vasectomy at GP clinics.

Awareness of HIV

- Women from both sites mentioned sexual transmission and transmission through blood (some misconceptions present).
- None spontaneously mentioned about mother to child transmission
- Aware of HIV testing and knew that HIV test can be done at the hospitals, MCH (AN care), and private lab. There is lack of knowledge about VCT though.
- Ye women aware of home based care and positive living; respondents from both sites have only very little knowledge about ARV.

Awareness of STIs

- Very low knowledge about STI in both sites (modes of transmission, symptoms, complications)
- Misconceptions common: e.g. STI can progress to HIV infection

- Services: women thought that GPs can provide STI management, aware that some people with STI treat themselves with drugs from the drug shops (shy to seek appropriate care)

Existing Beliefs and Practices

- Almost all participants have used or are using temporary contraceptives (Common methods in Ye: OC pills, Injectables, Condoms; TGG: Pills, Injectables, IUD)
- One from Ye had female sterilization, one from TGG has IUD inserted
- 1 from Ye is not using contraceptive because they want to have children
- 1 girl from TGG stopped taking OC pills (which was suggested by her mother in law to take) because her husband wants to have children after two months of marriage although she does not feel ready because of financial problem
- Women from Ye appreciate the condom as a method of contraceptive but those from TGG believe that condom is more for disease prevention and is not really relevant for married couple except if women cannot use any other method for medical reasons. They would not dare to buy condoms from the shops as they fear that they would be misinterpreted as SW, they thought that their husbands will also not feel comfortable buying condoms from the shops.
- Contraception before the first child is not common in both sites
- Spacing between children (among the respondents): 1 yr to 6 yr, mostly 2-3 yrs

Access and Utilization of Ante-Natal Care

- Ye women go to midwife (current government staff) who runs own practice, Station Medical Hospital, MCH of township health department.
- Women from Ye usually start taking AN care around 5 months of gestation.
- TGG women go to township MCH, TGG Sanpya Hospital and some central women hospital. Better off people take AN care from OB/Gyn.

Access and Utilization of Family Planning

- Women usually get pills from drug shop, store, CBD (in TGG)
- Injectables: from MW, GP doctor, quacks (in Ye villages), and from MSI (in TGG)
- Tubal ligation at the government hospitals and vasectomy at GPs
- Ye women use condoms as contraceptives and they get condoms from CARE outreach workers

Access and Utilization of Abortion and Post Abortion Care

- Women from Ye. If a married woman is pregnant she will deliver the child no matter what. If she is not married yet, most will get married to the father of the child and thus, the problem is solved. If marriage is not possible for any reason; the girl and her family (mostly mother) will attempt abortion from *Lethe (Untrained Traditional Birth Attendant)*
- Women from TGG: both married and unmarried women go for abortion, mostly from *Lethe*
- *Lethe* and the hospital for complications in both townships

Access and Utilization of STI Treatment

- Women from Ye have very low knowledge about STI and they think that any doctor or nurse can treat STI like other general illnesses. However, they believed that women would not be very comfortable talking about the problem with service providers. They think that women would prefer female service providers.
- TGG women are more familiar with MSIM's approach; women's health focus and predominantly female staff providing information and services so they think that some women might feel comfortable coming to MSI for any lower abdominal and reproductive tract problems

Access and Utilization of HIV testing

- Women from both townships know about private lab and hospital providing HIV test. Some TGG women got HIV tested during AN care at MCH.

- But people do not feel comfortable going for HIV tests in those places as they are afraid of the positive result and possible health and social consequences

Clinic environment – Access, Client Friendly, Service Quality

- Closeness to their place, closeness to public areas e.g market
- Clinic opening hours: after housework: in the afternoon and evening (when they/their husband come home with daily income). Some also prefer to come to the clinic while they come to the market in the morning
- Clean, welcoming, not very crowded, private
- It is not accessible if there is long distance and/or travel cost to get there
- It is not client friendly if you are not welcomed, its not clear who to ask for information, or if there is a long waiting time
- Service is considered good quality if the problem is solved, people are treated well, not blamed or scolded, given time, problems are listened to, providers are friendly, providers keep good records of the client and remember him/her on subsequent visits.
- People find out about a good quality of service by word of mouth
- Some people translate high price as high quality

Affordability of Services

Ye

- OCP: they are paying from 250 Ks to 2000 ks depending on the brand, 300- 500 Ks would be reasonable for majority women.
- Injectables: 3 months; they are paying for 1500 Ks to 3000 Ks. Majority could afford 700-1000 Ks.
- HIV test: cost around 5000 Ks on top of traveling cost to town and not many people go get the test. 1000 Ks for the service would be reasonable.
- Delivery: around 20000 Ks for normal delivery with MW, hospital delivery (for drugs) 300,000 Ks and more for CS.
- STI treatment: not sure, but would be around average cost for routing GP visit_ 2000 Ks

Interpretation: Cost for RH services is a bit high in Ye. MSIM prices are below/within the affordable price for FP method.

TGG

Most participants are old or existing client of MSI. They are happy with what MSI has been charging. Some of the poorest of the poor people may still not come to MSI or elsewhere for FP and they will have many more children, unsafe abortion, health and social consequences of having many children and abortion

Male Involvement in SRH

- The majority of women discuss birth spacing with their husbands. Most make a joint decision whether to use contraceptives and women choose the method (except condoms) with advice from the friend, elders or providers.
- Most women acknowledge that men are not very interested in or are not very keen to support their wives using contraception.
- Usually, husbands take extra care of their wives when they are pregnant, especially when they are near term and at delivery. A few couples had birth preparedness plans in Ye including saving money, deciding where to deliver and who they would use to support delivery.
- Couples do not commonly discuss STIs, HIV and condoms as something relevant to their relationship. They might talk as a general topic if relevant issues are on TV or something happened to other people in their village. Women in Ye discussed with their husband about condom for contraception. Those from TGG thought that if they raise the issue of condoms, it might mean that they don't trust in their husbands' fidelity and they would get angry.

Community Involvement

- Community spirit and mobilization for social issues and health is strong in Ye particularly in villages.
- Some women participated as volunteers in Project Implementation Team for home based care project in their village.

Participants' suggestions for a new programme

- Recruiting local staff for education and service delivery
- Need local volunteers for assigned catchment area to provide information about the project and services, mobilize the community to support healthy behaviour, coordinate for field activities (group session, organization for mobile clinic, linking community work with RH related activities)
- Site selection: villages are widespread: some villages closer to the border area will have easier access to town while other big villages would prefer to go to the area which is central and close to nearby villages
- Community based education is necessary
- Men should also be given education on RH

3. Male Youth (15-24)

Ye Township

- Youth had heard of pills and injection (3 months) for contraception; later they noted withdrawal and safe period as other methods.
- The preferred family size is 3 children, 2 years apart;
- Know that condom can prevent HIV/AIDS and STIs but few mention 'prevent pregnancy';
- Aware of STI symptoms – gland enlargement, discharge; Mainly take themselves for self treatment or visit “quack” or doctor (GP). Believe there is a low prevalence of STIs;
- For ANC, people go to station hospital, or the midwife from local areas, or alternately doctors in Mawlamyine;
- People go to station hospital for emergency cases; have to wait; low cost;
  People prefer private clinic because of good care, convenient, better medicine;
- Believe that number of people using contraception is increasing because of the poor economy and the higher costs of feeding a child.
- Believe both men and women have the responsibility for FP
- Believe malaria prevalence is low in Ye.
- Cost of treatment for STI ranges from K1500 to 3000; malaria K5000, normal delivery K100,000;
- Suggest any new programme produces IEC materials with more pictures

Thingangyun Township

- The clinic is regarded as providing services for married women as the name indicates. More recently male youth have become aware that the clinic is giving contraceptive injections to women, education on HIV/AIDS, and can treat general illnesses.
- Male youth found out about the clinic through friends; and one said he accompanied her elder sister to the clinic and got to know the youth centre. At the centre they read books, talk among youths, play games. They request the youth centre be open on Saturday and Sunday as these days those at school don’t have classes and those working have the weekend off.
- Can describe some STI symptoms
- Some believe that take penicillin 5ml after having sex with SW can prevent STDs.
- One said that his friend go to SW and *phar kyo* (STI) and took treatment at an MSI clinic.
- The trend is for more men to use condoms.
- Name pills, injection, condom, IUD, withdrawal as FP methods. One youth mentioned that he had heard that 'massage on abdomen' around the umbilicus after sexual intercourse let the secretion out of the uterus and thus prevents pregnancy.
- They prefer to have 2-3 children, 3-5 years apart, because older child can look after the young child. No health reasons cited.

3. Female Youth (15-24)

Awareness of Family Planning

- All heard of pills and injectables. When probed they mentioned condoms.
- Some know permanent methods: male and female sterilization.
- In both sites, on average each family has 3 siblings and they think that they would want 1-3 children of their own.
- Ideal interval they think for attempting the next pregnancy after a livebirth is 3-4 yrs: reasons for spacing and having fewer children are mostly economic but also the ability to give more attention to each individual child and that it is less tiring for the mother.
- Thought that services can be obtained in MW, general practitioners' clinic, hospitals, and MSI centres (TGG women)

Awareness of HIV

- Girls from both sites mentioned sexual transmission (specific responses: those who have multiple partners, sex workers and men who have sex with SWs), transmission through blood (specific responses: IDU sharing needles, contaminated needles used for injection for medical reasons, blood transfusion, cuts and wounds).
- None mentioned mother to child transmission.
- Aware that only blood testing can confirm if one is infected with HIV or not.
- Ye girls do not know about ART while a few TGG girls have heard of it.

Awareness of STIs

- Very low knowledge about STI in Ye. Some have heard the term but don't know what it means.
- TGG girls had heard of STIs. They know STIs are transmitted through sex so those who have multiple partners and those who have sex very often are at risk of STI. Symptoms mentioned: discharge and ulcers. Not very aware of complications and services available.

Existing Beliefs and Practices

- Ye girls thought that premarital sex is not uncommon among sweetheart relationship. They thought that those couple may use pills (not specific) to prevent pregnancy.
- TGG girls said that about sweetheart relationship, and sexual relationship among unmarried youth were girls talk topics among others. They also said that they talk about it more like gossip and not much about health, consequences, and prevention as girls think that it will not happen to them.
- TGG girls reported that about 9 out of 10 unmarried couples have sex. They also know that young boys go to sex workers.
- TGG girls know dual benefit of condoms while Ye girls only relate condom with disease prevention.
- Girls from both sites also heard of unmarried girls attempting abortion with *Lethe.* Some died of complications they heard.
- Girls from Ye do not know if anyone/agency is providing education on RH and they have never been in any educational activities.

Access and Utilization

- Girls in Ye know about a *Lethe* whom most women come for antenatal care, delivery, and massage for abortion. They thought that some women may also go to GPs and TMO.
- TGG girls mentioned hospital, MCH, MW and Nurses for AN care, GPs and MSI for FP and STI. They also heard that women go to *Lethe* for abortion but aware that it is unsafe.
- HIV testing: Girls from Ye thought it could be available at the hospital and those from TGG think that private lab can do the testing
- Girls from both sites would talk about their relationship problems with peers. For any RH problems, they would feel comfortable talking to someone who has knowledge, who listens to them and shows

understanding, who does not blame them, who is non-judgemental, who keeps their information confidential.

Clinic/ Centre Environment – Accessible, Client Friendly and Service Quality

- It is accessible if it is close to their home and open at times and on days that are appropriate for youth to come.
- It is inviting if *it is* clean, welcoming, not very crowded, quiet spaces for different activities at Youth centre (TGG girls) e.g. Karaoke, Reading Room, Computer room
- Good quality service is perceived as problem solved, not blamed or scolded, give time, their concerns are listened to , friendly, sense of humor make them comfortable, can discuss their problem openly

Affordability

- Not many youth are employed, so they may not be able to pay much for the services

Participants' suggestions for implementing a new project

- Girls from Ye suggest large group education session can make people aware of the topic. They thought that small group sessions might be more effective to discuss in details.
- Girls from TGG suggest that small group session facilitated by trained providers or peers is necessary. They thought facilitators should engage participants in discussion, asking relevant questions for the participants to think and discuss issues that they can relate to.

5. Sex Workers

- A clinic is inviting if you are welcomed, greeted or somebody comes and asks what they can help and if it is clean.
- In a service provider they look for caring, compassionate, warm people who use soft words and someone the poor can depend on. They also look for someone who doesn't discriminate, or look down on them for their profession. Someone who will give them accurate information and does not discriminate against them.
- The like to be brought together for group discussions so that they can openly discuss about their issues
- Feel more comfortable with female service providers

6. MSI Staff Members

Included Clinic Nurse with 3 years with MSI and a CBD with 5 years at MSI

Knowledge and skills

- Conscious of elements of quality such as paying clients attention, minimising client waiting time, sterilization, infection prevention, providing clear follow up instruction, providing the chance for the client to talk, ensuring costs are affordable, providing subsidized care, providing good health education, advice and counselling, building good personal relationships.
- Both staff feel prepared/trained to carry on the assigned task and if they have a problem the nurse will contact CiC, the CBD the Field Coordinator
- Clinic Nurse would like to receive 1. refresher training on RH on up to date methods, knowledge and skills; 2. diagnosis of STI (because as STIs are treated with syndromic approach); 3. advanced counselling
- The CBD wants training on: 1. communication (because they have to deal with the community directly); 2. general health knowledge especially on current topics of interest (because community use to ask them about the current and general health problems);

Who is accessing their services?

- age: 20-35 years are common
- F:M = 85:15 (nurse); F:M 70:30 (CBD)
- 25+ age is more common; but 24 and below is in increasing trend

- Male clients as partner for STIs treatment
- Some SW, got to know through risk investigation

Reasons why people don't access the clinic/services

- majority know this clinic as clinic for women, therefore fewer men come
- Can be harder to work with couples of different religions (muslim)

Integration of Services

- Presence of VCT is more beneficial to the clients. Those coming to VCT also refer to RH for FP.
- ARH attract youth to the centre and they also refer to RH those who want to know about RH. Through youths coming to the youth centre information reaches more in the community, especially among youths.