

# Utilization of Skilled Maternity Personnel in “Wa” Ethnic Group in Hopang Township, Northern Shan State, Myanmar



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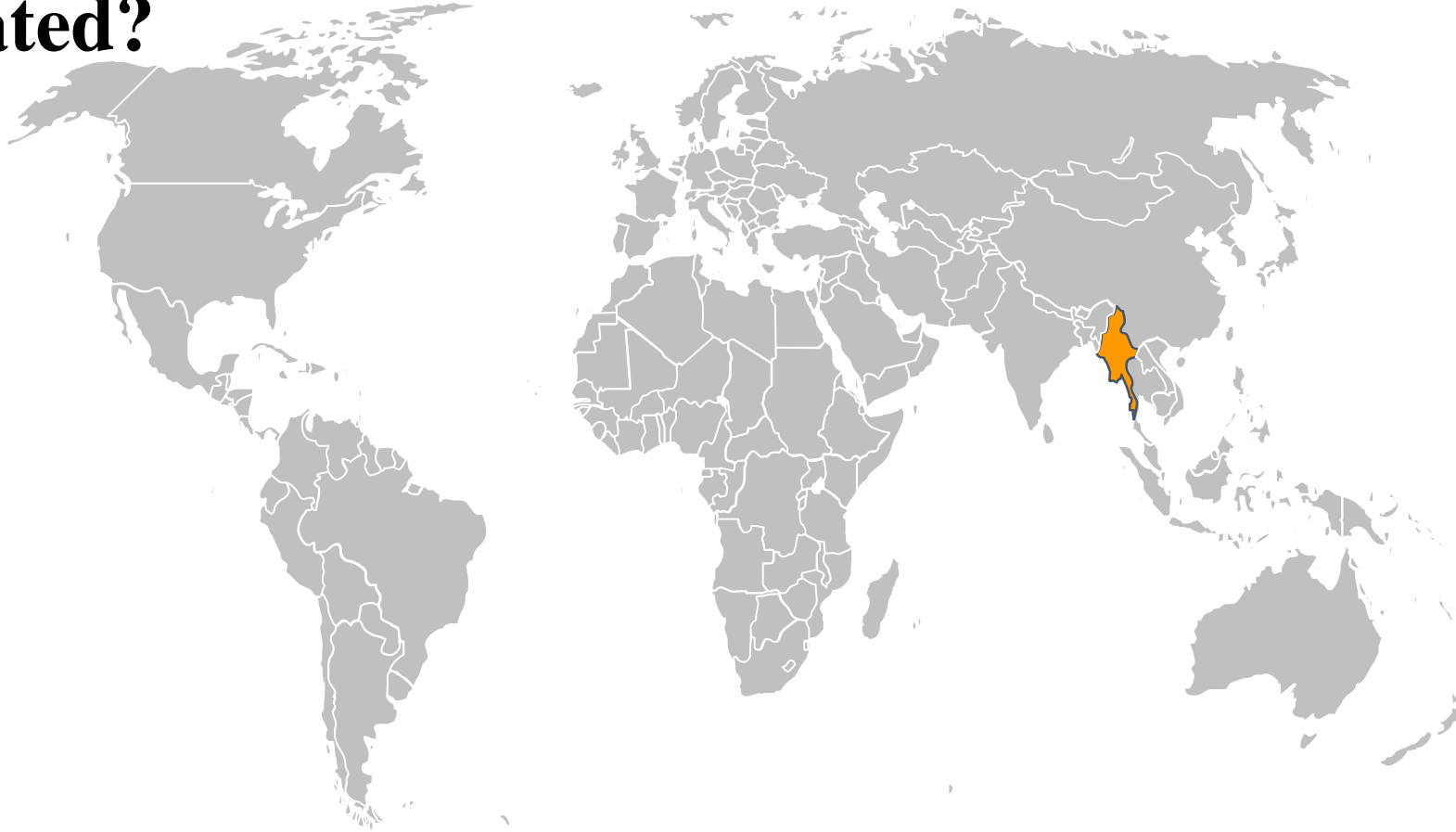
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# **Presenter Disclosures**

**Thinzar Wai**

**There is no financial or commercial conflict of interest for this project.**

# Where is Myanmar (Burma) located?



# Study area



MIMU: Myanmar States and Division overview map

# Background

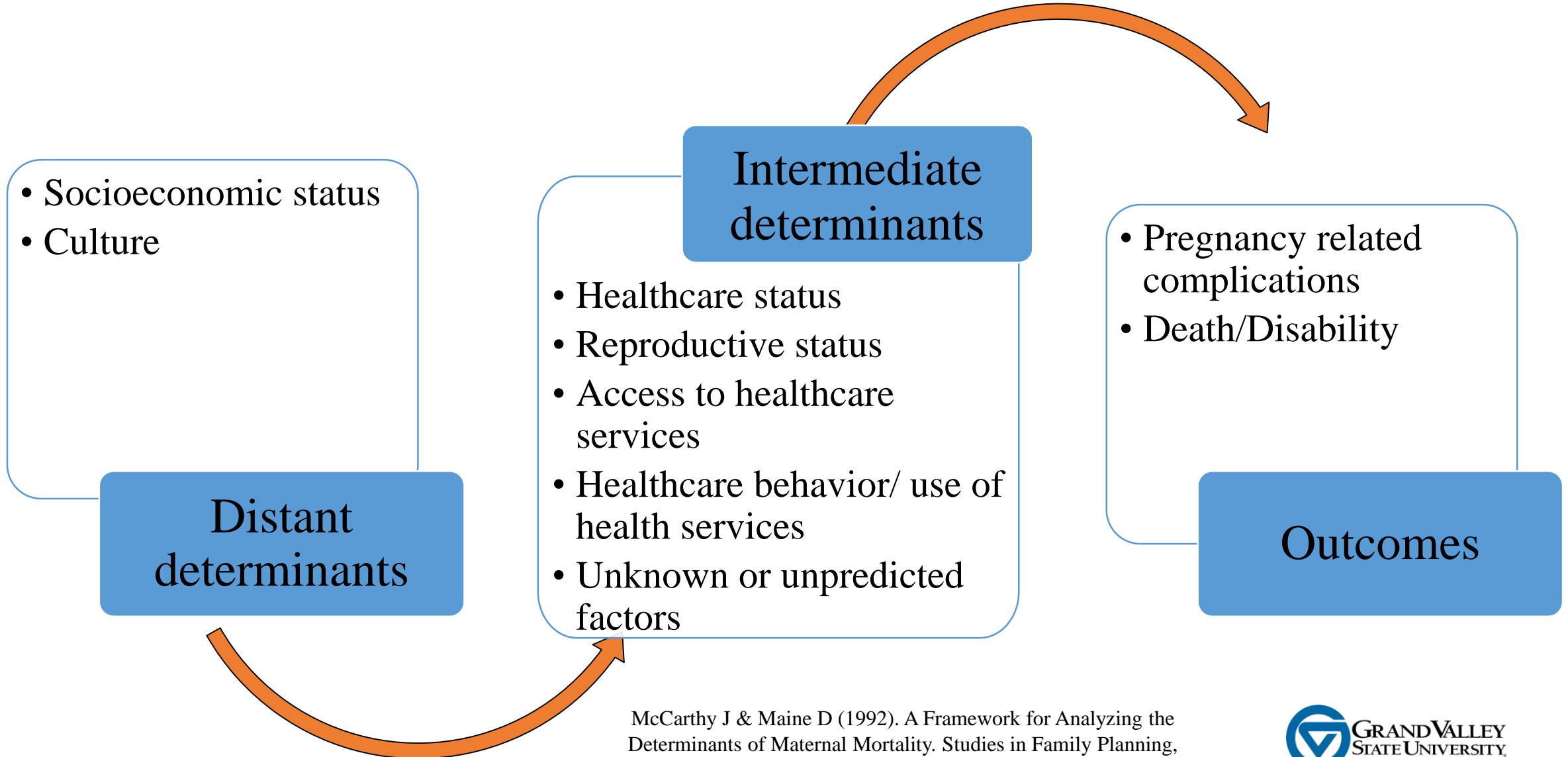
- **Daily about 800 preventable maternal deaths**
  - Almost 99% occur in developing countries
  - One third from South Asia



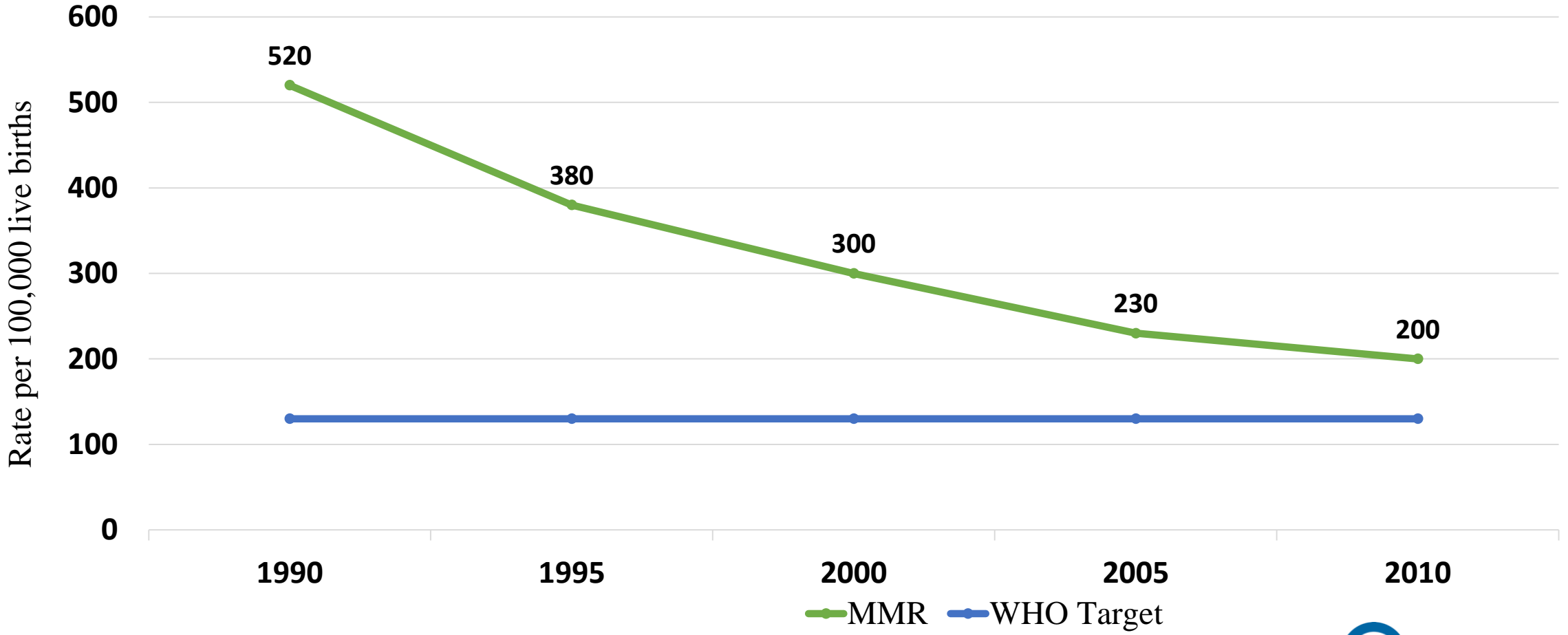
5 Millennium Development Goal 5: Reduction of maternal mortality ratio by three quarters between 1990 and 2015

- **Myanmar (Burma)**
  - >50% of women give birth alone, with a family member, or with a traditional birth attendant
  - Focus on Wa ethnic group in Hopang Township of Northern Shan State—hard to reach

# Determinants of Maternal Mortality



# Maternal Deaths in Myanmar



Data Source: WHO 2012



# Hypothesis

What are the sociodemographic characteristics and key variables that predict “Wa” ethnic group women’s choice of skilled vs. unskilled maternal healthcare providers?



# Methods

## Study design

- Secondary analysis of a cross-sectional survey collected during 2008-2010
- Face-to-face interviews with women (>18years) who gave birth during previous two years (2006-2008) or close relatives of deceased mothers

## Inclusion criteria:

- Mothers of 'Wa' ethnic who lived in the study area over two years
- Close family members of deceased mothers who met the pervious criterion

## Exclusion criteria:

- Mothers who delivered outside the study area
- Mothers who transferred out of the study area during the study period

# Methods

## Variables

- Dependent variables
  - Utilization of skilled birth attendants during pregnancy and delivery
- Independent variables
  - Socio-demographic factors
  - Determinants

## Statistical analysis

- Descriptive statistics
- Bivariate statistics (Chi-square)
- Logistic regression and Generalized Linear Models

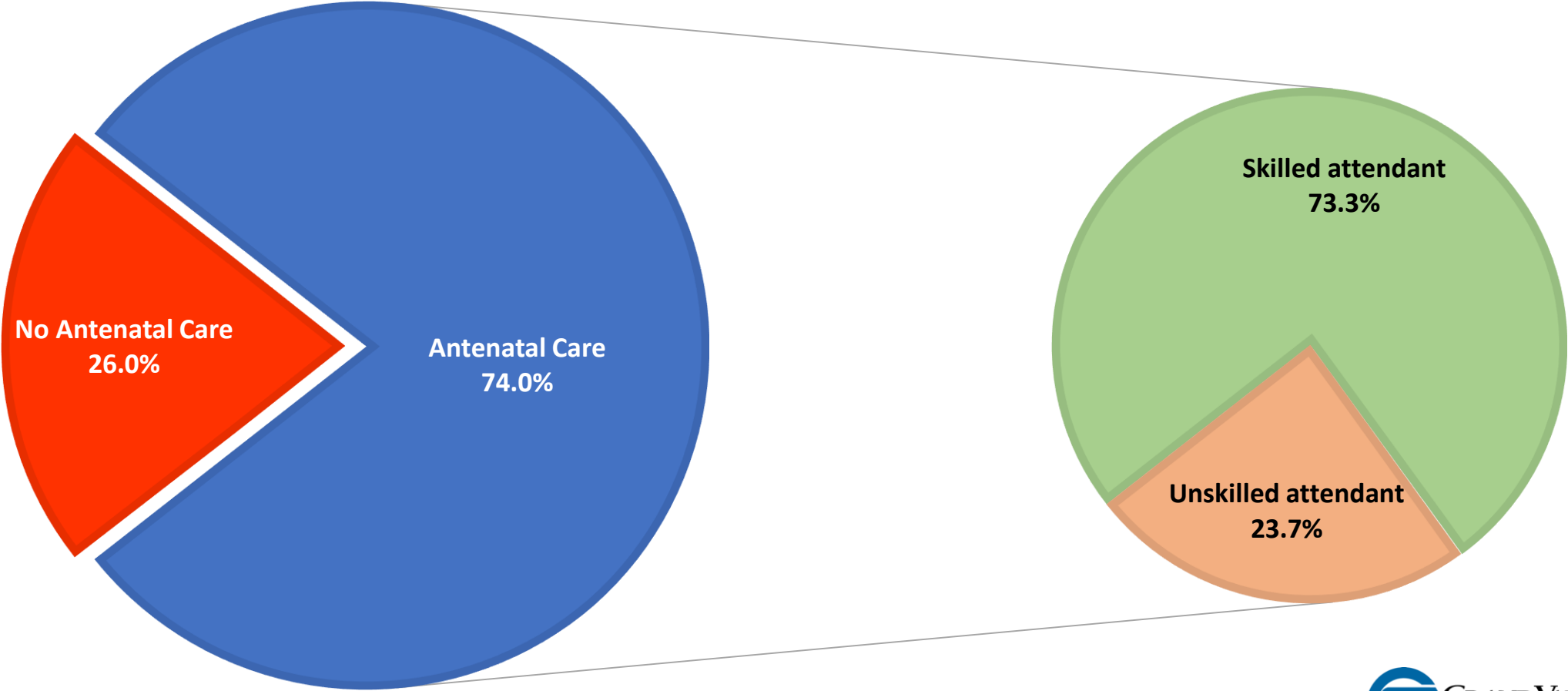
# Results

## Frequency Table for Scio-demographic results

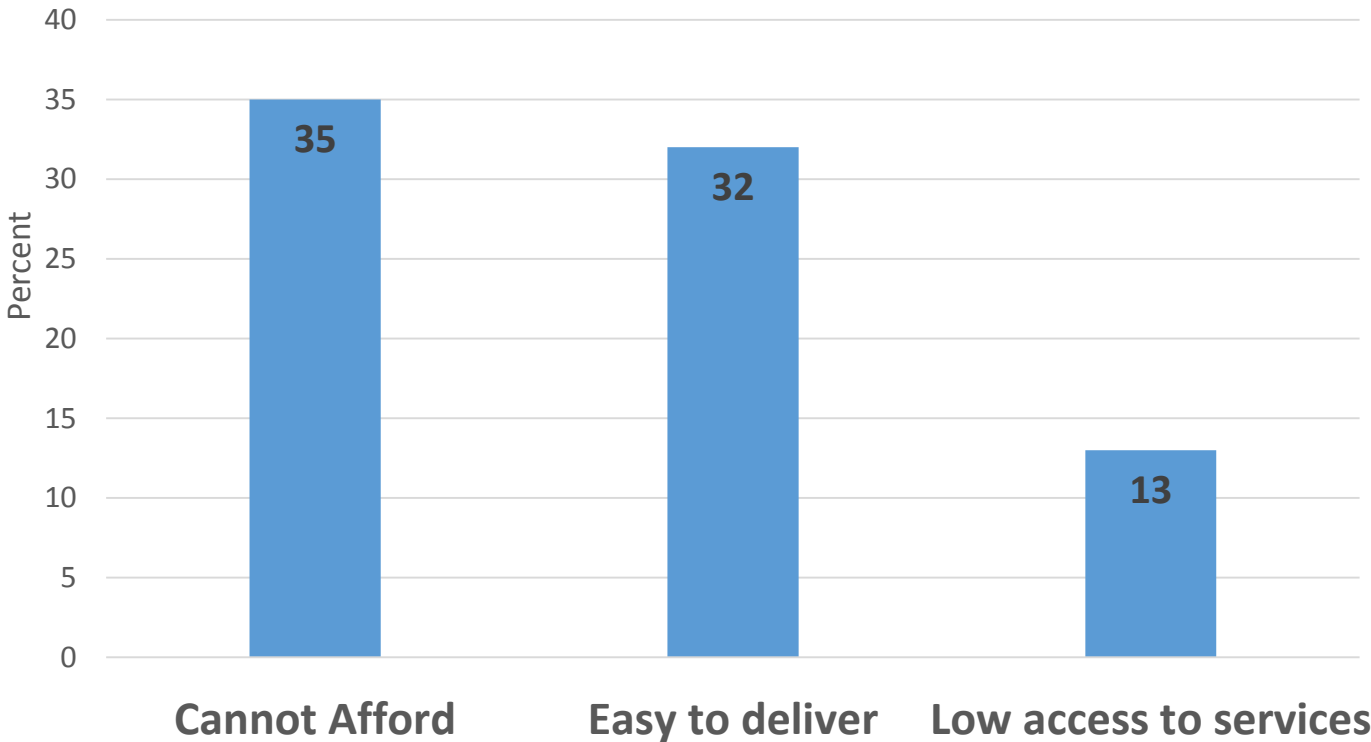
Variables	Number (%) N= 358
<b>Residential setting</b>	
Urban	161 (45%)
Rural	197 (55%)
<b>Age</b>	
18-25	177 (49.4%)
26-35	143 (39.9%)
36-49	38 (10.6%)
<b>Education</b>	
Illiterate	155 (43.3%)
Literate	203 (56.7%)
<b>Religion</b>	
Buddhist	185 (51.7%)
Other	173 (48.3%)

Variables	Number (%) N= 358
<b>Occupation</b>	
Dependent (Housewife)	116 (32.4%)
Employed	242 (67.6%)
<b>Household Size</b>	
1-3	44 (12.3%)
4-5	150 (41.9%)
>5	164 (45.8%)
<b>Distance to nearest skilled personnel</b>	
< 1 mile	135 (37.7%)
>1 miles	223 (62.3%)

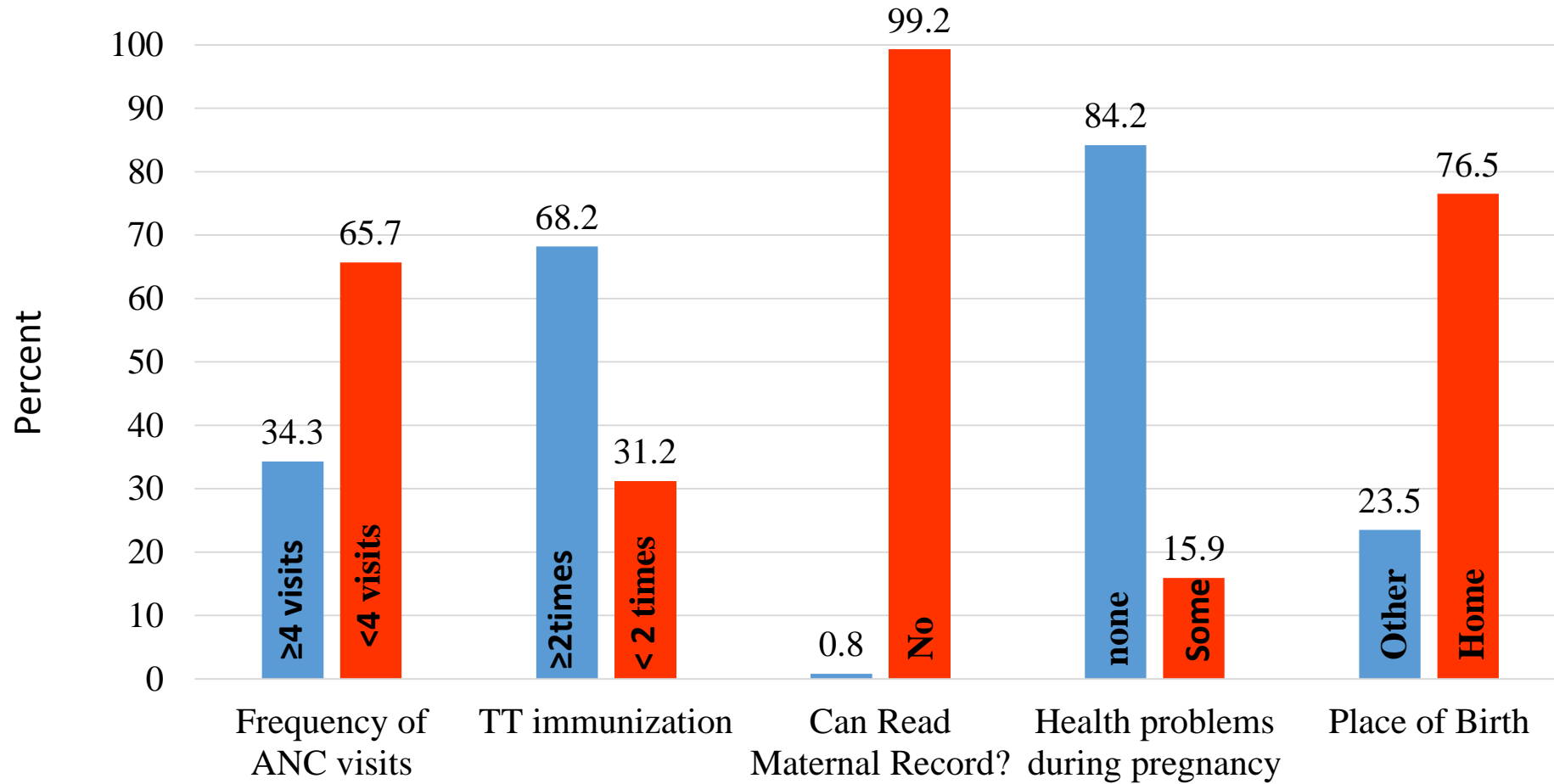
# Use of Skilled vs. Unskilled Attendants for Antenatal Care and Birth



# Reasons for Not Choosing SBA



# Frequency of Indicators



# Predictors of Use of Skilled Birth Attendant

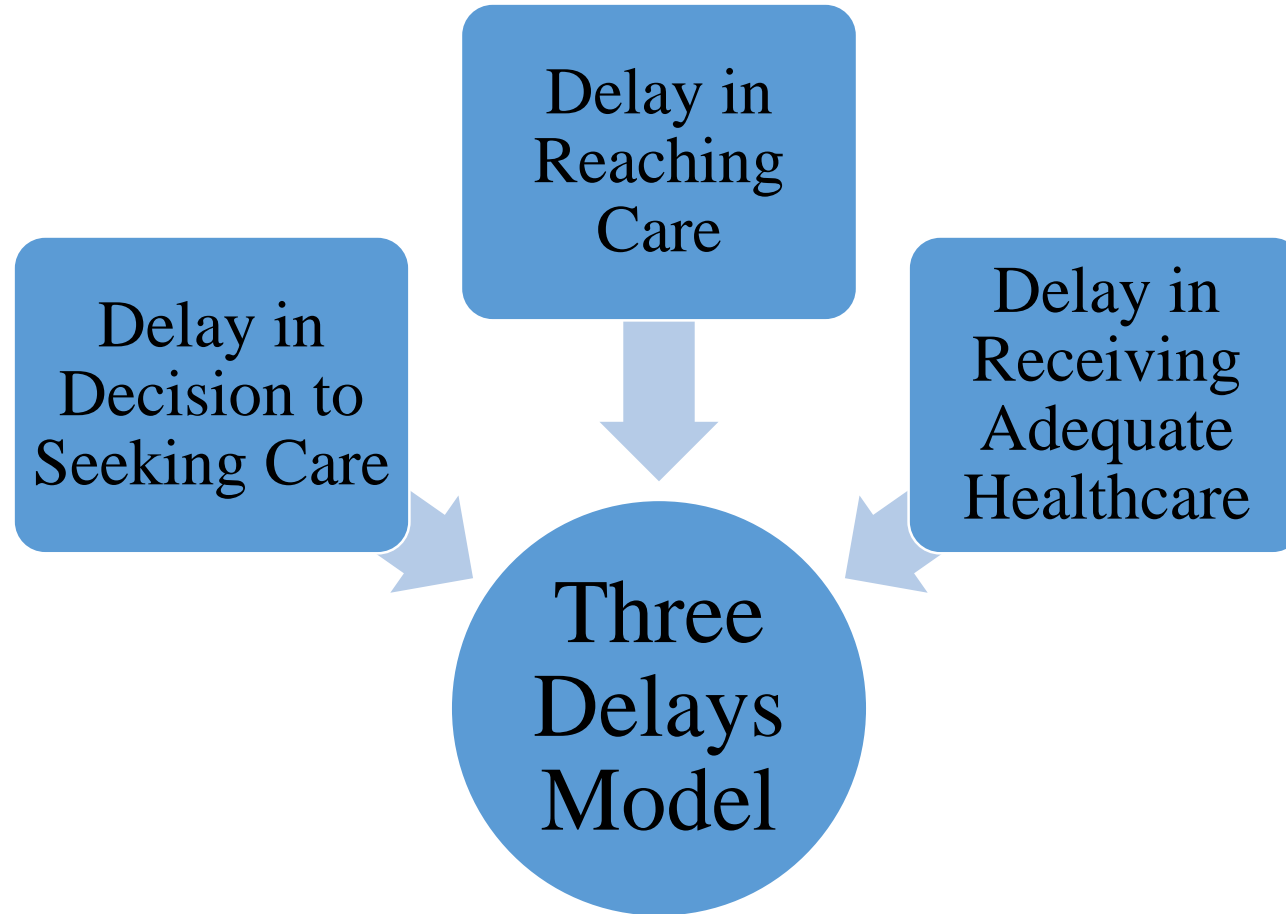
- Distance to reach nearest healthcare personnel
- Utilization of Skilled Birth Attendant at Antenatal Care
- Education
- Place of birth
- Religion
- Occupation
- Health Problems during delivery

# Discussion

- Key factors for utilization of SBA
- Geographical barriers, clinical staffing, transportation and financial concerns can also prevent in assessing healthcare in rural areas of Myanmar (Kyaw Oo et al, 2012).
- Accessibility also depends on traditional beliefs, mutual coordination between healthcare workers and the community (Tarenkegn et al, 2014).



# Discussion



# Study Limitations

- Use of interpreters may have affected responses
- Recall bias of actions over the previous two years

# Conclusion

- Myanmar Ministry of Health needs to cooperate with NGOs and UNICEF to hit the MMR target
- Strategic planning is essential to increase resources targeting hardest to reach areas
- These findings in Hopang Township provide promising evidence to focus maternal services in other regions of Myanmar



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# Thank You

Questions?

