

UTILIZATION OF MATERNAL HEALTH CARE SERVICES
AMONG MIGRANTS IN MUSE TOWNSHIP

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ABSTRACT

This cross-sectional descriptive survey was conducted using both quantitative and qualitative methods to study the utilization of maternal health care services among migrants in Muse Township, Myanmar-China border area. Total 205 migrants, who were infant-mothers, were interviewed for quantitative survey with pre-tested questionnaires and in depth interviews were carried out with eight health workers.

Knowledge of migrants on maternal health care was not satisfactory among migrant women recruited in this study, as the highest score was lower than 50% of total score given. Most respondents aware of provider and frequency required for antenatal care (ANC), and safe place for delivery. However, majority of respondents did not know that they should seek post-natal care (PNC) from skilled personnel and its frequency required. Health problems, danger signs and symptoms related to pregnancy that need to seek care were less commonly known. Of 205 respondents, 99.5% had received at least one time of ANC; among them 16% had ANC less than 4 times whereas 84% had ANC 4 times or more. However, only 27.8% respondents had initiated ANC at first trimester as well as received ANC 4 times or more. Primi-parity women were more likely to have sought ANC 4 times or more. Regarding place of delivery, 86% were institutional

delivery whereas 14% non-institutional. The common reasons for non-institutional deliveries were: no enough time to go to hospital; financial problem; felt unnecessary; and dislike health workers' behavior. Education level, family income and total ANC frequency were factors that associated with institutional delivery and skilled birth attendant. Primi-parity women were more likely to have skilled birth attendants in compare to multiparous women. Regarding PNC, only 36% of respondents had received 4 times or more; 20.5% had received once; and 1% had no PNC. Women who had not delivered at Muse were more likely to have received PNC 4 times or more. Fifteen percent of women had returned back to their hometown for delivery and common reasons were no person for taking care; social problem; financial problem; and unfamiliar with the service. Those women were more likely to be primiparity, younger age, or recent migrant. It was also found that there was cross-border seeking for maternal health care services from yanmar migrants living in China border towns. Health workers expressed that floating nature of migrants, work overload, manpower and time limitation were challenges in providing services to migrants. Although findings indicated that migrants were accessible to health service of the host community, most ANC initiations were late and frequency of PNC received still low. Therefore, strategies should be developed which emphasized for increasing the knowledge of migrants on maternal health care and ensuring effective service butilization.