

Baseline Practices and Coverage of Maternal Newborn and Child Health Care in Kanpetlet Township, Southern Chin State, Myanmar

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Abstract

Current practices of Maternal, Newborn and Child Health (MNCH) and responses to complicated MNCH were explored in Kanpetlet Township during 2016 for effective MNCH promotion through community network activity. A cross-sectional descriptive study using both qualitative and quantitative methods was conducted with 200 mothers who have children of age 2 or less and 25 health care providers. Among the mothers, 37.5% was from hard-to-reach villages. Eighty-three percent had at least one antenatal care (ANC) with a skilled birth attendant (SBA) for their last pregnancy and 33.1% completed 4 visits. SBA rate was 34.5% and 61.0% had at least one postnatal care (PNC) with SBA. Contraceptive utilization was 36.5%. Mother's compliance to the supportive emergency obstetric referral was satisfactory. Ninety-five percent of the mother started demand breast feeding soon after delivery and almost all mothers kept their newborn warm. Most of the mothers from hard-to-reach villages could not seek skilled health care providers in case of newborn emergencies. Applying charcoal powder or traditionally accepted materials to the infected umbilicus was common. Out of 212 age ≤ 2 children, measles coverage was 96.4%. Supplementation of vitamin A and anthelmintic last 6 month was 87.6% and 59.0%. Prevalence of acute respiratory tract infection, acute diarrhea and suspected malaria was 86.7%, 76.4% and 4.7%, respectively. About 39% of the mothers reduced feeding amount to their ill child. Self-medication with antibiotics was common. Median day of seeking any health care for ill child was 2 days. In regression analysis, mother who knew at least 3 postnatal danger signs is more likely to have delivery with SBA (AOR=6.82, $p=0.02$) and to use contraception (AOR=8.0, $p=0.005$). Delivery with SBA reduced half among mothers from hard-to-reach villages (AOR=0.4, $p=0.02$) and it happened even among mothers who know availability of community network (AOR=0.4, $p=0.03$). Mothers received PNC from SBA only if there is newborn or maternal complication and it is slightly decreased with one year increase in maternal age (AOR= 0.93, $p=0.04$). Current practices and responses to MNCH care are still weak and promotion is essentially needed in Kanpetlet Township.