

# **Maternal, newborn and child health care practices among mothers from Paletwa township in Southern Chin State, Myanmar**

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*45<sup>th</sup> Myanmar Health Research Congress, 9-13 Jan 2017/P36*

## **Abstract**

A cross-sectional descriptive study using both quantitative and qualitative methods was conducted at selected villages (nine townships) in Paletwa Township during 2016. Face-to-face interviews with 205 mothers of under-two year old children were done using pre-tested structured questionnaire. Four focus group discussions and 9 in-depth interviews with mothers of under-two year old children, and 18 key informant interviews with health care providers were done. The mean age of mothers was  $28 \pm 6$  years, and 58% were in 25-35 year age group. The mean gestational age receiving the first time of antenatal care (ANC) was  $14 \pm 8$  weeks. Nearly half of mothers took at least four times of ANC during their last pregnancy. Most frequently mentioned ANC providers for their last pregnancy were Basic Health Staff (BHS) (80%). Most of the mothers delivered their youngest child with normal spontaneous vaginal delivery (95%). The most frequent reason for seeking help from skilled birth attendants (SBA) was "no SBA at village" (30%). There were mothers (~30%) doing wrong practices on taking care of umbilicus of their neonates. Eg. Putting the burnt bamboo ashes. Eighty nine percent of mothers started breastfeeding within 24 hours after birth. The post-natal care (PNC) services received among mothers were mostly "immunization" (45%). The prevalence of contraceptive use was 50% of whom 59% used the injectable method. Thirty five percent of clients did not know the type of immunization that their children had received. Approximately 64% of respondents reported child health care being provided by BHS. Half of the respondents reported that they had ever heard about village health committee (VHC) and there was a system for funding support for the referral of patients to the hospitals. Qualitative results showed

the challenges to attain MNCH care services such as poor knowledge among mothers, shortage of basic health staff, difficult in transportation, and improper referral systems. It is recommended to strengthen the numbers of health assistants and midwives according to the geographical situations and populations of communities. It is also suggested to conduct refresher trainings especially for locally available and functioning auxiliary midwives (AMW). Community awareness about existence, mechanism and support functions of VHC among the local community members should also be improved.