

A REPRODUCTIVE HEALTH NEEDS ASSESSMENT IN PERI-URBAN YANGON, MYANMAR

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Background: Recent political reforms in Myanmar have resulted in rapid changes throughout the country. Spending on health has increased significantly, through both foreign aid and government spending, but reproductive health outcomes remain poor in much of the country. Although urban-rural health disparities have historically been pronounced, the influx of rural migrants seeking economic opportunities in major urban areas has complicated this previously established distinction. Peri-urban Yangon is a dynamic series of townships characterized by poor infrastructure, slums, and a highly mobile population. Although donors are increasingly interested in investing in this region, there remains a lack of data and resources to guide these efforts.

Objectives: This needs assessment identifies the reproductive health needs of women living in peri-urban Yangon and seeks to understand better current practices, available services, and potential avenues for improvement. This study focused on delivery care, contraception, abortion, and post-abortion care.

Methods: A multi-disciplinary study team from the University of Ottawa (Canada), the National YWCA (Myanmar), and Cambridge Reproductive Health Consultants (US) employed a multi-methods study design to complete this project. We conducted interviews with 18 key informants, held seven focus group discussions with 27 women and nine healthcare providers, completed a service mapping exercise that included surveys of 27 facilities, and administered a survey with 147 women participants in the National YWCA's microfinance program. We also conducted a systematic review of published and unpublished sources of information regarding reproductive health in peri-urban Yangon. We used standard qualitative analytic techniques to interpret these data and formulate our recommendations.

Findings: Despite service delivery points being plentiful in peri-urban Yangon, geographic and socioeconomic factors limit affordable access. Poverty, coupled with high out-of-pocket expenses and transportation costs, deters many women from seeking care. Gender norms, marital status, tradition, and misinformation all influence women's health-seeking behaviors. Women are increasingly aware that institutional deliveries are safe than home deliveries, however sociocultural factors and close ties to traditional birth attendants (TBAs) still strongly influence decision-making. With respect to contraceptives, women overwhelmingly prefer injections, but fear side effects, and are interested in the implant, but fear insertion and perceive long-acting reversible contraceptives as expensive and inaccessible. Some women use traditional methods to "purify" their blood, while emergency contraception remains widely misunderstood. Unsafe abortion care is widely available in the peri-urban townships and demand is considerable, despite widespread awareness of the associated morbidity and mortality. Although misoprostol is available from drug shops, dosage and administration is often incorrect, leading to incomplete abortions. Given the distances to public hospitals and lack of information about when and where to access post-abortion care (PAC), many women seek PAC dangerously late. Finally, a lack of tailored services for young and unmarried women, as well as discrimination from providers, mean few reproductive health services are available for this group.

Discussion: Our findings highlight that the need for tailored health education and service delivery efforts is pressing. Adolescents and unmarried women in particular would benefit from tailored, non-judgmental resources. Service delivery efforts should aim to diminish transportation-related barriers, which pose a significant barrier to access. There is also a need to improve opportunities for healthcare providers to learn about sexual and reproductive health so they can provide accurate, comprehensive, and woman-centered care to women presenting for sexual and reproductive health care. Improving task-shifting between providers and patients could also be an important means of improving access to reproductive health care, and eliminate the need for multiple facility visits for treatment or care. Providing women with correct information about timing, dosage, and administration of medications, such as EC, should also be prioritized. To improve women's health outcomes, there is also a need to identify avenues to expand access to safe abortion and post-abortion care. To maximize impact and reach community members, elders and women in peri-urban areas, and specifically adolescents, should be closely involved in the development of reproductive health projects and programs in their townships.

Conclusion: The study findings highlight inaccessible reproductive health services, considerable misinformation, common and unsafe practices surrounding delivery and abortion, and an overarching need for comprehensive information and resources in peri-urban Yangon. A unique and tailored service delivery approach is needed to meet the complex and varied needs of this population. Many organizations are doing important work to improve reproductive health in peri-urban Yangon, but more data and resources are needed to inform their funding and programming efforts. Collaboration between these organizations, and support from the reproductive health community more broadly, could help facilitate these efforts.