

# **A Reproductive Health Needs Assessment in Myanmar**



**Ministry of Health  
Union of Myanmar**



**UNFPA**

**United Nations Population Fund  
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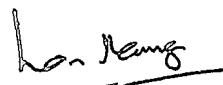
## ACKNOWLEDGEMENT

Myanmar being one of the signatories in International Conference on Population Development (ICPD, 1994), the Government of the Union of Myanmar has put much emphasis in improving reproductive health status of the nation as a whole. The National Health Committee and Ministry of Health acknowledge the importance of delivering high quality care towards making sound reproductive health a reality for all. Based upon the available information concerning reproductive health in Myanmar, it is principally accepted that there is a large need and much more room for improvement. It is our strong belief that only with the benefit of a comprehensive assessment of the reproductive health situation, the strategies and interventions could be developed and improved.

In order to address the reproductive health problems and the unmet need, the Department of Health and UNFPA had organized a co-ordinated effort which was of participatory nature by the representatives of the various constituencies involved in the promotion of reproductive health. For the assessment to be effective, an assessment mission was undertaken which included well-experienced international and national experts.

This report contains the findings and recommendations in holistic view which will timely be incorporated into the country's reproductive health programme. The assessment process also created a very important foundation on which all related departments and organizations would be able to work in a co-ordinated manner as partners which will have a positive bearing on the future reproductive health activities. While this study focused on a situation analysis of reproductive health and its needs, it affirms the critical as well as essential role of reproductive health in nation's development. It is gratifying to find a true understanding and strong support by various United Nations agencies and international NGOs.

Certainly, I would like to express my heartfelt thanks to UNFPA for providing funds and making this assessment possible with important findings which I am sure will help us in improving our future programme strategies and activities. Thanks are also due to the International Council on Management of Population Programmes, Malaysia, and the Population Council, Bangkok; WHO, Geneva; UNFPA/CST, Bangkok for their active role. I would also like to express my appreciation and thanks to Department of Population, Ministry of Immigration and Population; Myanmar Maternal and Child Welfare Association; Department of Medical Research; and Department of Medical Science who took part in this assessment very enthusiastically: without their hard work the assessment will not have been accomplished; the mission members for their technical assistance and full support throughout the process; and last but not the least, all the community members and service providers in the field for their time and their participation in making this assessment successful.



Dr. Wan Maung  
Director General  
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## Foreword

It is generally accepted that there is a need for expanded and improved reproductive health services in Myanmar. The ability to address these needs is inhibited, in part, by the scarcity of available information. Both the Government and the donor agencies interested in the promotion of reproductive health in Myanmar recognise the need for a more comprehensive base of information regarding the broad reproductive health situation in Myanmar. Such information is essential if appropriate and well co-ordinated interventions are to be developed.

The Reproductive Health Needs Assessment mission was first conceived during the Tripartite Review of the UNFPA-supported Birth Spacing Project in October 1997 and proposed as part of the 1998 work plan. This was discussed at the United Nations Country Team Meeting in November 1997 and also in the United Nations Thematic Working Group on Primary Health Care and Reproductive Health. The United Nations agencies welcomed the idea and extended their full support in the conduct of the mission activities.

Mission activities were conducted in a highly participatory manner by a broad based and interdisciplinary team. The assessment team began its activities by meeting with policy makers and representatives of a number of United Nations agencies. This was followed by a workshop of approximately 30 key stakeholders in reproductive health in Myanmar. The views and suggestions expressed during these initial meetings informed the process and content of the field assessment. On returning from the field assessment, a dissemination workshop was held to present the draft findings, and to solicit further input from policy makers, the United Nations agencies and other key stakeholders.

The report of the assessment presented here will provide an essential information base for the activities of all the United Nations agencies in the area of reproductive health, and will be an important input into the programme development of other organizations and agencies.

I wish to express my appreciation to all the assessment team members for their hard work in conducting this extremely important activity. Thank you also to the many individuals, both in Yangon and in the townships visited, who took their time to meet and talk with the assessment team.



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## **Introduction**

Recognizing that the reproductive health situation is a crucial component in human resource development, Myanmar's National Health Policy places high priority on strategies that seek to encourage, strengthen and intensify actions for improving reproductive health. The International Conference on Population and Development (ICPD) enhanced the Government's concern for reproductive health. Therefore the Government of Myanmar and the United Nations Population Fund (UNFPA) decided to carry out a Reproductive Health Needs Assessment. This report presents the findings of the assessment conducted in Myanmar during May 1998.

### **REPRODUCTIVE HEALTH STATUS**

Very little reliable information is available concerning reproductive health conditions in Myanmar. Despite this lack of research, available information indicates reproductive health problems are both widespread and serious. The following summary offers a brief overview of conditions relating to reproductive health in Myanmar, highlighting issues of particular importance as identified by either local communities themselves or by recently completed research. A number of key indicators are presented in Table 1 at the end of this section.

### **Maternal Health**

Estimates of maternal mortality differ substantially, yet all demonstrate that deaths related to pregnancy and childbirth pose a serious problem in Myanmar. A National Programme of Action study published in 1993 estimated the in-hospital maternal mortality ratio (MMR) at 140 per 100,000 live births (Ministry of Health 1993). Given that probably between 70 and 80 per cent of births take place at home (Ministry of Health 1996, Ministry of Health 1997a), actual maternal mortality rates are likely to be much higher, particularly in areas where access to emergency obstetrical services is limited by the geographic situation. Some estimates place the national MMR as high as 500 or 580 per 100,000 (Adamson 1996, UNICEF 1998a). Data on maternal morbidity are even more difficult to obtain, although unsafe abortion is likely to be a significant contributor.

### **Unsafe Abortion Practices**

It appears that induced abortion is widely practised despite the fact that it is illegal in Myanmar. Both women and providers run the risk of severe punishment if they are identified as having performed or undertaken an induced abortion. Women who undergo a termination of pregnancy also have to contend with the possibility of social stigmatization and the risks to their health from unsafe procedures that are often conducted under unsanitary conditions. Provisional results of a study currently under analysis appear to indicate that both women and service providers are greatly concerned with the reproductive health problems related to unsafe abortion practices and have personal knowledge of their occurrence in their communities (Department of Health 1998).

Despite incomplete data regarding unsafe abortion, it is widely accepted as a leading cause of morbidity and mortality among Myanmar women. A 1992 hospital-based study concluded that 38.3 percent of maternal deaths are abortion-related (Krasu 1992). A 1994 study in Yangon's Central Women's Hospital reported that 60 per cent of maternal deaths were attributable to

septic induced abortion. At the population level it has been estimated that one-third of pregnancies end in abortion (Ba Thike 1997).

### **Birth spacing**

Earlier UNFPA and UNDP surveys of townships reached by birth spacing services suggested a contraceptive prevalence rate of approximately 22 per cent (Bo Kywe and Maung Maung Lin 1993, Bhatnager 1996). A nation-wide survey in 1991 (MOIP 1995) found a contraceptive prevalence rate of 16.8 per cent. Preliminary results of a more recent survey indicate that this figure may have increased in recent years to approximately 32 per cent (MOIP 1998a). For the one year period preceding the studies, these two surveys found a total fertility rate of 2.9 and 2.7 in 1991 and 1997 respectively. There are indications that these could be under estimates. For the 1991 survey, if household data is used to look at births over the preceding five years, the total fertility rate is calculated to be closer to 3.4. There are also indications that the unmet need for birth spacing methods is high. The 1991 survey found that among married women not currently using contraception, 17.8 per cent wanted to postpone their next birth and 46.4 per cent did not want more children. A further discussion of unmet need for contraception is presented in the birth spacing chapter. A high rate of induced abortion, as discussed above, also serves as a proxy measure of unwanted pregnancy.

### **RTIs, STDs and HIV/AIDS**

Knowledge of reproductive tract infections (RTIs) appears to be low in Myanmar. Women with symptoms that they presume indicate an infection (usually a vaginal discharge) frequently treat themselves with antibiotics or seek care from a variety of private providers. The recent *Assessment of the Contraceptive Method Mix in Myanmar* (Ministry of Health 1997a) found that both women and service providers were largely unaware of reproductive tract pathogens and did not distinguish between infections that could be transmitted sexually and those resulting from endogenous infection. Service providers often lack the facilities for obtaining or conducting appropriate diagnostic tests and providing necessary treatments. At the same time, however, anecdotal evidence appears to indicate that reproductive tract infections may be highly prevalent and, consequently, may contribute significantly to women's reproductive morbidity.

Specifically, data concerning the prevalence of STDs in Myanmar are limited, and interpretation of what information is available, such as limited surveillance data for syphilis, gonorrhoea or genital ulcerative diseases, is complicated by the fact that diagnostic techniques rely on inadequate laboratory facilities. There are indications, however, that the problem of HIV in particular has the potential to increase rapidly in Myanmar. Although the epidemic has not been well characterized, by the end of 1996 there were already official reports of 13,773 cases of HIV infection and 1,612 cases of AIDS. Adjusting for a presumed underreporting, the actual number of HIV positive people in Myanmar is likely to be significantly higher. The most affected regions are thought to be in the north of the country and in those areas bordering northern Thailand, such as the eastern Shan State. Data from the HIV sentinel surveillance indicate that the prevalence of HIV among pregnant women in Myanmar is 1.9 per cent (Department of Health 1997).

### **Youth**

It is now widely acknowledged that young people are particularly vulnerable to sexually transmitted infection and HIV transmission, due to immature physiology, as well as low levels

of sexual autonomy. There is also anecdotal evidence that suggests that teenage pregnancies are of particular concern in less educated and under-privileged population groups in Myanmar. Sexual behaviour, concerns, and awareness among the youth of Myanmar are issues that have been left largely unaddressed to date.

### Development indicators

Myanmar has a relatively fast growing population, with the most recent available estimate of population growth to be 1.8 per cent per annum between 1983 and 1996. The majority (60 per cent) of the population in Myanmar have access to a safe water source (National Health Committee 1998). This represents 50 per cent of the rural population, and 78 per cent of the urban population. Education levels are generally high in Myanmar, with only small differences between men and women. In a recent UNICEF publication (1998) figures of 78 and 89 per cent were quoted for adult literacy rates for women and men respectively. School enrolment figures, females as a per cent of males, indicate almost total equality between the sexes, 96 per cent for primary school and 100 per cent for secondary school.

**Table 1.** Key Indicators in Reproductive Health in Myanmar

<b>Maternal Health</b>			
Maternal mortality ratio (per 100,000 live births)	1990	580	UNICEF
% of births attended by a trained attendant	1991	46	1998a
	1997	56	MOIP 1995
			MOIP 1998a
<b>Birth spacing</b>			
Contraceptive prevalence rate	1991	16.8	MOIP 1995
	1997	32.7	MOIP 1998a
Total fertility rate	1991	2.9	MOIP 1995
	1997	2.7	MOIP 1998a
<b>Abortion</b>			
% of maternal deaths in hospital which are abortion related	1992	38	Krasu 1992
<b>RTI/STDs</b>			
% of pregnant women who are HIV positive	1997	1.9	DOH 1997

### REPRODUCTIVE HEALTH SERVICES

#### Health service structure

预览已结束，完整报告链接和二维码如下：

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