

**DETERMINANTS OF INSTITUTIONAL
DELIVERY AND POSTNATAL CARE
UTILIZATION AMONG REPRODUCTIVE-AGED
WOMEN WHO HAD COMPLETED FOUR OR
MORE ANTENATAL CARE VISITS IN
MYANMAR**

HTUN YADANAR OO

M.B.,B.S

For the degree of Master of Public Health (MPH)

University of Public Health, Yangon

2021

**DETERMINANTS OF INSTITUTIONAL
DELIVERY AND POSTNATAL CARE
UTILIZATION AMONG REPRODUCTIVE-AGED
WOMEN WHO HAD COMPLETED FOUR OR
MORE ANTENATAL CARE VISITS IN
MYANMAR**

**Thesis submitted to
The Postgraduate Academic Board of Studies
University of Public Health, Yangon
As the partial fulfillment of the requirements
For the Degree of Master of Public Health (MPH)**

HTUN YADANAR OO

M.B.,B.S

2021

ABSTRACT

Maternal mortality in Myanmar remains high, mostly occurring during delivery and postnatal periods. It is critical to provide continuous healthcare from pregnancy to the end of the postnatal period to reduce maternal mortality. This study aimed to identify the most related enablers and barriers to the continuum of maternal healthcare services of Myanmar. This study used Myanmar's demographic health survey data (2015-2016), a nationally representative cross-sectional study. Women of age 15-49 years who had at least one birth in the five years preceding the survey and completed four or more antenatal care visits were included in this study. Variables - 'institutional delivery' and 'postnatal care after home delivery' were used as outcomes. A total sample of 2,099 women was analyzed for the outcome, institutional delivery. Among mothers delivered at home, those whose most recent birth was within two years (n=380) were analyzed for the outcome, postnatal care utilization. The frequency distribution tables were used to describe the background characteristics of the study population. The multivariable binary logistic regression analyses were done to determine the factors influencing the outcome variables using STATA version 15.1. The prevalence of institutional delivery was 54.7% (95%CI:51.2,58.2). The odds of institutional delivery were higher among women having higher education, husband having higher education, and being first birth than their respective counterparts. In contrast, the odds of institutional delivery were reduced among women who lived in rural areas, husbands working in agriculture, and poor wealth status. The prevalence of postnatal care utilization within 42 days after home delivery was 76% (95%CI:70.2,80.8). Compared with women living in hilly regions, women living in central plains are 4.2 times more likely (95%CI:1.9, 8.9) and women living in the coastal areas are three times more likely (95%CI:1.36,6.82) to receive postnatal care after home delivery. The women who received all seven components of antenatal care were found to have higher odds (aOR=2.0; 95%CI:1.01, 4.03, p-value=0.046), and women who had skilled assistance at birth also had higher odds (aOR=3.4; 95%CI:1.8,6.5, pvalue<0.001) of receiving postnatal care after home delivery than their counterparts. Only half of the pregnant women who received four antenatal care visits gave birth at the health facility, and one in every four home-delivered mothers did not receive any postnatal check ups. Higher education levels favored institutional delivery while being poor and living in rural areas

lowered the institutional delivery. Service-related factors significantly influenced postnatal care utilization. These identified factors should be given attention by the maternal health program of Myanmar in improving their service continuum to reduce maternal mortality of Myanmar. Further research should be conducted using mixed-method approach to explore why these women failed to receive skilled assistance at birth despite regular antenatal visits.