

**FACTORS INFLUENCING ON HIGH RISK
FERTILITY BEHAVIOUR AMONG
REPRODUCTIVE AGED WOMEN (15-49 YEARS)
IN MYANMAR: EVIDENCE FROM
2015-16 MDHS SURVEY**

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M.B.,B.S

Master of Public Health (MPH)

University of Public Health, Yangon

2022

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ABSTRACT

Maternal and child mortality still remain the major public health problems around the world, especially in developing countries. Poor maternal and child health outcomes are influenced by many factors, among which high risk fertility behaviour (HRFB) has been considered one of the maternal factors that result in unfavorable outcomes. It is critical to prevent HRFB of reproductive aged women to reduce maternal and child mortality. This study aimed to assess the prevalence of HRFB and its associated factors among reproductive aged women (15-49 years) in Myanmar. This study used Myanmar's demographic health survey data (2015-2016), a nationally representative cross-sectional study. A total sample of 3,583 women who had a live birth in the five years preceding the survey was analyzed and variable "HRFB" was used for the outcome. The binary logistic regression model was applied to determine the factors influencing the outcome variables using STATA version 15.1. In this study, it was observed that the prevalence of HRFB was 37.4% (95%CI: 36%, 39%) in which 23.1% (95% CI: 22%, 25%) of women had single HRFB and 14.3% (95% CI: 13%, 15%) of women had multiple HRFB. After adjusting covariates, the occurrence of HRFB was significantly less than among women who had higher education (AOR: 0.32, 95% CI: 0.20, 0.53), and among those who had their husband with higher education (AOR: 0.46, 95% CI: 0.28, 0.78), comparing their respective counterparts. Women who experienced bad obstetric history had 1.58 times the odds of getting HRFB compared with those who had no bad obstetric history. Women who had used modern contraception (AOR: 0.73, 95% CI: 0.62, 0.86), those had wanted pregnancy (AOR: 0.49, 95% CI: 0.36, 0.67) and women belonging to the middle and above wealth index group (AOR: 0.78, 95% CI: 0.62, 0.97) were significantly less likely to occur HRFB than their respective counterparts. Women's education, husband's education, wealth index, bad obstetric history, contraceptive use and wanted pregnancy were substantial predictors of HRFB. So, the maternal and reproductive health program in Myanmar should focus on these factors in order to increase to provide maternal and reproductive healthcare services, resulting in lower mother and child mortality in the country.