

Poor maternal health care widespread in eastern Burma

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Access to maternal health-care is extremely limited and poor nutrition, anemia and malaria are widespread in eastern Burma, which increases the risk of pregnancy complications, says new research published in the open access journal *PLoS Medicine*. Human rights violations—such as displacement and forced labour—are also widely present, and in some communities forced relocation doubled the risk of women developing anemia and greatly decreased their chances of receiving any antenatal care.

Luke Mullany and colleagues from Johns Hopkins University in Baltimore, USA and the Burma Medical Association surveyed 3000 women along the Eastern Burmese border as part of a baseline assessment of women's needs for their Mobile Obstetric Maternal Health Workers (MOM) Project, which was set up in collaboration with a health worker training clinic in Thailand called Mae Tao Clinic. They also conducted health assessments. Nearly 90% of the women reported a home delivery for their last baby, a skilled attendant was present at only 5% of births, and only a third of women had any antenatal or postnatal care, the authors report. Only a third of the women surveyed reported access to effective contraceptives.

Mullany and colleagues report that very few women had received iron supplements or had used insecticide-treated bednets, and consequently found that more than half the women were anemic and 7.2% were infected with malaria. Many women also showed signs of poor nutrition, the research says.

Frequency and types of human rights violations varied across the project sites in Eastern Burma. In the Karen region, more than 10% of household were forced to move, in the Karenni ceasefire region a third of women reported members of their household being forced to work, and in the Shan region many women reported forced labor, forced relocation, threats to food security, and direct attacks. In analyses looking at the relationship between human rights violation and maternal health, the authors found that the odds of receiving no antenatal care services were almost 6 times higher among those forcibly displaced.

The authors conclude that "coverage of basic maternal health interventions is woefully inadequate in these selected populations and substantially lower than even the national estimates for Burma, among the lowest in the region." It is clear, the authors say, "that considerable political, financial, and human resources will be needed to improve maternal health in this region."

In a commentary on the research article, Macaya Douoguih from the National Institutes of Health, USA (not involved in the study) says that the study provides "useful information on access to care and health indicators, which will help to prioritize unmet needs." "There is no question that an increase in access to services is desperately needed to improve health in this region," says Dr. Douoguih. "This study lays the foundation for an innovative community-based mobile health system that could greatly enhance the health of communities in eastern Burma."

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