

CHAPTER IV

FINDINGS

The purpose of this research study was to explore the factors that influence rural women's access to reproductive health services as well as to plan appropriate interventions that can improve access to reproductive health care in Kun Hing Township in the southern Shan State, Burma/Myanmar. The researcher used the PRECEDE framework to describe the results and findings from interviewing women of reproductive age, community leaders, and local health service providers. It should be noted that the main focus of the survey is, however, on the actual RH related experiences of village women living in rural/remote areas of Kun Hing Township. The two components, dealing with the experiences of local health service providers as well as those comments provided by village leaders are geared to complement the information provided by village women. The researcher described the findings as follows:

- (1) Predisposing factors
- (2) Reinforcing factors
- (3) Enabling factors

4.1 Predisposing factors (Women of Reproductive Age)

4.1.1 Socio-Demographic Characteristics of Women of Reproductive Age:

The main focus of the RH Survey was to learn about the experiences of local women during different phases of their respective "reproductive life-times". The RH Survey questionnaire asked a wide range of questions to find out whether or not women of reproductive age had access to relevant information and/or to specific RH services that could influence their overall health status, and that of their newborn infants and young children. The researcher first wished to learn about the respondents' key socio-demographic characteristics, which included age, ethnicity, marital status, formal educational background, occupation, and income.

Table 4.1: Number and Percentage, Socio-Demographic Characteristics of Women of Reproductive Age (n=399)

Socio-demographic characteristics	Number	Percentage
Age (Years)		
14 - 24 years	90	22.6
25 - 34 years	158	39.6
35 - 45 years	151	37.8
Range = 14-45 Mean = 30.9 Median = 32		
Ethnic group		
Shan	377	99.5
Lahu	2	0.5
Marital Status		
Currently married/ever married	379	95.0
Single/never married	20	5.0
Education (Years)		
None	252	63.2
Basic	130	32.6
Middle	14	3.5
High	3	0.7
Range = 0-10 Mean = 1.0 Median = 0		
Occupation		
Farmer	386	96.7
Other	13	3.3

Table 4.1 (Continued): Number and Percentage, Socio-Demographic Characteristics of Women of Reproductive Age (n=399)

Socio-demographic characteristics	Number	Percentage
Monthly Cash Income (Kyat)		
None	304	76.2
1,000-300,000	95	23.8
Range =1,000-300,000 Mean = 3,980 Median = 100,000		
Annual Income from Sale Agriculture Products (Kyat)		
5000-1,000,000	296	74.2
Range =5,000-1,000,000 Mean = 134,872 Median = 140,000		
Income from Sale of Livestock (Kyat)		
5,000-800,000	39	9.8
Range 51,000-800,000 Mean = 171,923 Median = 100,000		
Other Sources of Monthly Income (Kyat)		
4,000-1,000,000	18	4.5
Range =3,000-1,000,000 Mean = 118,778 Median = 50,000 & 70,000		
Income from Overseas Remittances (Kyat)		
10,000-400,000	21	5.3
Range =10,000-400,000 Mean = 121,286 Median = 100,000		

Table 4.1 illustrates that a total of 399 women of reproductive age were interviewed in the 17 communities comprising the RH Survey's "target intervention area".

The vast majority of women 379 [95.5%] were "currently married"/"ever married", and accordingly were asked many additional questions regarding their respective "reproductive health experiences". The interviewees also included, in this segment of the RH Survey, a small number [20 or 5.0%] of women who were "single". Since the latter did not have "reproductive health experiences" they only answered the first series of questions dealing with their respective "demographic, educational, and occupational backgrounds".

Table 4.1 illustrates that of the 399 women of reproductive age, 39.6% were between 25-34 years of age. Their ages ranged from 14-45 years, with a mean or average age of 30.9 years and a median age of 32 years.

377 of the 379 [99.5%] of "currently married"/"ever married" women were Shan while 2 [0.5%] were Lahu, all 20 [100.0%] "single" women were also Shan. All 399 women [100.0%] were Buddhists.

A total of 379 respondents [95.0%] were "currently married"/"ever married"; which included 356 "currently married" women [89.2%], 18 "divorced" women [4.5%], 5 "widowed" women [1.3%]. As mentioned above there were also 20 "single/never married" women [5.0%].

252 of the 399 women [63.2%] had "never attended school". With respect to all women of reproductive age, the number of years of formal schooling ranged from 0-10 years, while the mean or average number of years of schooling was 1.0 years and the median number of years was "0" years.

In 15 of the 17 surveyed villages the cohort of "currently married"/"ever married" women got married at ages as young as 15 years. For the entire group the age at first marriage ranged from 12-36 years, with a mean or average age at the time of marriage of 18.0 years, and a median age of 18 years.

Although the vast majority of women married only once, many nevertheless had married 2 or more times. The range in the number of times married was 1-5 times, while the mean or average number of times married was 1.3 times and the median number of times married was 1 time.

The number of newly married women moving into their "own" or "their parent's home" 165 [43.5%] was almost exactly the same as the number of women moving into their "husbands" or "their husband's parents" home 164 [43.3%].

Table 4.1 illustrates that of the 399 women of reproductive age 386 [96.7%] stated that their "main" occupation was farming, while 13 [3.3%] indicated another vocation. Only 26 of these 399 women [6.5%] had a "minor" occupation.

The respondents generally earned a small amount of money each year. Readers should bear in mind that 100,000 Kyat equals approximately 3,300 Baht or approximately 100 US Dollars.

Only 95 (23.8%) had a "monthly cash income", which ranged from 1,000-300,000 Kyat per month, with a mean or average income of 16,716 Kyat per month and a median income of 10,000 Kyat per month.

296 (74.2%) had an annual income from "the sale of agricultural products", which ranged from 5,000-1,000,000 Kyat per year, with a mean or average income of 181,804 Kyat per year and a median income of 140,000 Kyat per year.

Only 39 (9.8%) had an annual income from "the sale of livestock", which ranged from 5,000-800,000 Kyat per year, with a mean or average income of 171,923 Kyat per year and a median income of 100,000 Kyat per year.

Table 4.1 indicates that of the 399 respondents only 18 (4.5%) had monthly income from "other sources", which ranged from 3,000-1,000,000 Kyat per month, with a mean or average income of 118,778 Kyat per month and a median income of 50,000 & 70,000 Kyat per month.

Only 21 respondents (5.3%) received income from "overseas remittances", which ranged from 10,000-400,000 Kyat, with a mean or average income of 121,286 Kyat and a median income of 100,000 Kyat.

4.1.2 The Reproductive Health Experiences of Women of Reproductive Age Living in Rural/Remote Areas of Kun Hing Township

The respondents, in the following section of the report, include only "currently married"/"ever married" women. However since some of these individuals were either (a) recently married and/or (b) never pregnant, not all respondents were able to answer each of the question, or segments, in the RH Survey Questionnaire.

Table 4.2: Number and Percentage, Reproductive Health Experiences of Women of Reproductive Age (n=379)

Pregnancy Status	Yes (%)	No (%)	Not sure (%)	Missing (%)
Women currently pregnant	23 (6.1)	351 (92.6)	5 (1.3)	-
Women Want to be Currently Pregnant	49 (12.9)	324 (85.5)	1 (0.3)	5 (1.3)

Table 4.2 (Continued): Number and Percentage, Reproductive Health Experiences of Women of Reproductive Age (n=379)

Pregnancy History (Pregnancies)	Number	Percentage
Had at least one previous pregnancy	355	93.7
Never pregnant	13	3.4
Pregnant for the first time	11	2.9
Range =1-9 Mean = 2.9 Median = 3		
Fetal Events (n=355)		
Abortion/miscarriage	30	8.5
Induced abortion	6	1.6
Stillbirth	15	4.2

Table 4.2 illustrates that of the 379 women interviewed, 351 (92.6%) claimed that there were not currently pregnant, while 23 (6.1%) thought that they were pregnant, and 5 (1.3%) were not sure whether or not they were pregnant.

Of the 379 respondents only 49 (12.9%) want to be pregnant at the present point in time. A total of 324 of the 379 respondents (85.5%) specifically stated that they did not wish to become pregnant at the present point in time.

Of the 379 women interviewed, 355 (93.7%) claimed that they had experienced at least one previous pregnancy prior to the time of the RH survey.

Table 4.2 illustrates that only 30 women (8.5%) had ever encountered a spontaneous abortion/miscarriage. Only 6 women (1.6%) indicated that they had ever undergone an induced abortion. Only 15 women (4.2%) indicated that they had ever experienced a stillbirth.

355 of the 379 respondents [93.7%] had experienced at least 1 pregnancy prior to the time of the survey. The number of pregnancies per woman ranged from 1-9 pregnancies, with a mean or average number of pregnancies of 2.9 and a median number of 3 pregnancies.

Table 4.3: Number and Percentage, Birth History of Women of Reproductive Age (n=355)

Women with History of Having Given Birth	Number	Percentage
Women experienced at least 1 live-birth	353	99.4
Range =1-8 Mean = 2.8 Median = 2		

Table 4.3 illustrates that of the 355 women reported that they had experienced at least 1 previous pregnancy prior to the time of the survey, 353 (99.4%) indicated that they also experienced at least 1 "live-birth". There were a total of 974 "live-births", with a range of 1-8 live-births per woman, a mean or average number of 2.8 live-births per woman and a median number of 2 "live-births" per woman.

Table 4.3 (Continued): Number and Percentage, Birth History of Women of Reproductive Age (n=353)

Women with History of birth	Number	Percentage
Children that have died		
Live-births that subsequently died	138	39.1
Range =1-6 Mean = 1.6 Median = 1		
Children still living		
At least one child still living	346	98.0
No longer have any children	7	2.0
Range =1-6 Mean = 2.2 Median = 2		

Table 4.3 illustrates that there were 221 "deaths" reported by 138 (39.1%) of the 353 women who experienced at least one "live-birth". A total of 346 respondents (98.0%), from the cohort of 353 women that reported at least one "live-birth", also reported that they had at least one child that was still living at the time of the RH survey. The remaining 7 women (2.0%) no longer had any children that were still alive.

4.1.3 Knowledge, Beliefs, & Behavioral Practices

The respondent's knowledge, beliefs, & behavioral practices were as follows:

Table 4.4: Number and Percentage, Women of Reproductive Age's Knowledge, Beliefs, & Behavioral Practices (n=367)

Knowledge, Beliefs, & Behavioral Practices	Yes (%)	No (%)	Not Sure (%)
During pregnancy			
1. Is it important or necessary to obtain an ANC examination from a local TBA or local AMW even if a pregnant mother is healthy?	362 (98.6)	1 (0.3)	4 (1.1)
2. Is it important or necessary to reduce one's normal workload during the latter stages of pregnancy?	361 (98.5)	4 (1.1)	2 (0.5)
3. Is it important or necessary to eat healthy foods (i.e. plenty of fruits and vegetables as well as eggs and meat) during pregnancy?	365 (99.5)	0 (0.0)	2 (0.5)
4. Is it important or necessary to visit the township hospital if you experience any health problems during pregnancy (i.e. oedema, dizziness, vaginal bleeding, headaches, etc.)?	363 (98.9)	1 (0.3)	3 (0.8)
During pregnancy & delivery			
1. Do you think that it is safe to deliver in your home/village?	295 (80.4)	65 (17.7)	7 (1.9)
2. Do you think that local TBAs and/or local Auxiliary Midwives are capable of performing safe deliveries under most or all circumstances?	51 (13.9)	292 (79.6)	24 (6.5)

Table 4.4 illustrates that 362 respondents (98.6%) replied "yes" to the question of whether or not it is important or necessary to obtain an ANC examination from a local TBA or local AMW even if a pregnant mother is healthy, 361 respondents (or 98.4%) replied "yes" with respect to reducing one's normal workload during the latter stages of pregnancy, 365 (or 99.5%) replied "yes" to eating healthy foods during pregnancy and 363 (98.9%) replied "yes" to visiting the township hospital if you experience any health problems during pregnancy.

Table 4.4 illustrates that of the 367 respondents, 295 (80.4%) indicated that they thought that it was safe to deliver in their respective homes/villages, but only 51 (13.9%) thought that local TBAs and/or local AMWs were able to perform deliveries under all or most circumstances.

Table 4.4 (Continued): Number and Percentage, Women of Reproductive Age's Knowledge, Beliefs, & Behavioral Practices (n=367)

Signs and Symptoms	Yes (%)	No (%)	Not Sure (%)
Prolonged labor	358 (97.1)	1 (0.3)	8 (2.2)
Hemorrhage	358 (97.1)	1 (0.3)	8 (2.2)
Retained placenta	358 (97.1)	1 (0.3)	8 (2.2)
Abnormal position of fetus	358 (97.1)	1 (0.3)	8 (2.2)
High blood pressure	358 (97.1)	1 (0.3)	8 (2.2)

Table 4.4 illustrates that the respondents were asked if it was necessary to go to the hospital if they encountered any of the following signs and symptoms [i.e. prolonged labor, hemorrhage, retained placenta, abnormal position of fetus during labor, and high blood pressure] prior to, during, or immediately after delivery: 358 of the 365 respondents (i.e. 97.1%) answered "yes", 1 (i.e. 0.3%) answered "no", and 8 (i.e. 2.2%) answered "not sure".

Table 4.4 (Continued): Number and Percentage, Women of Reproductive Age's Knowledge, Beliefs, & Behavioral Practices (n=359)

Lie-by-the-fire	Yes (%)	No (%)	Not Sure (%)
Do you, and most women in your household/village, usually "lie-by-the-fire" for a certain period of time following delivery?	342 (95.3)	16 (4.4)	1 (2.2)

Table 4.4 illustrates that of the 359 respondents, 342 (or 95.3%) indicated that they followed the practice of "lying-by-the-fire" after their last delivery.

Table 4.4 (Continued): Number and Percentage, Women of Reproductive Age's Knowledge, Beliefs, & Behavioral Practices (n=361)

Knowledge on breastfeeding	Yes (%)	No (%)	Not Sure (%)
Do you, and/or other women in your household/village, think that it is necessary to give the newborn infant "colostrum" during the first 3 days following delivery?	234 (64.8)	61 (16.9)	66 (18.3)

Table 4.4 illustrates that of the 361 women who answered this question, 234 (64.8%) thought it was necessary to give their newborn infant colostrum during the first 3 days following delivery.

Table 4.4 (Continued): Number and Percentage, Women of Reproductive Age's Knowledge, Beliefs, & Behavioral Practices (n= 363)

Knowledge on breastfeeding	Number	Percentage
Start immediately after birth	303	83.5
Start once the colostrum stop flowing	53	14.6
Not sure	7	1.9

Table 4.4 illustrates that 303 (83.5%) answered that mothers should start breast-feeding newborn infants immediately after delivery.

Table 4.4 (Continued): Number and Percentage, Women of Reproductive Age's Knowledge, Beliefs, & Behavioral Practices (n=362)

Appropriate time to exclusively feed breast-milk	Number	Percentage
0-1 month	67	18.5
1+ - 3 months	98	27.1
3+ - 6 months	53	14.6
Exactly 6 months	105	29.0
> 6 months	39	10.5

Table 4.4 (Continued): Number and Percentage, Women of Reproductive Age's Knowledge, Beliefs, & Behavioral Practices (n=362)

Appropriate time to continue feeding infants/young children breast-milk	Number	Percentage
6 months – 1 year	4	1.1
1+ - 2 years	170	47.0
Exactly 2 years	121	33.4
2+ - 3 years	32	8.8
> 3 years	30	8.3
Not sure	5	1.4

Table 4.4 illustrates that 105 (29.0%) respondents thought they should exclusively breast-feed their infant for "exactly 6 months", while 170 (47.0%) respondents thought that a mother should continue to feed her infant or young child breast-milk while introducing other supplementary foods for at least 1+ - 2 years, while 121 (or 33.4%) women thought breast-feeding could last "exactly 2 years".

4.2 Reinforcing Factors (Women of Reproductive Age)

4.2.1 Support from Spouse and Household Members during Pregnancy:

The researcher wished to learn whether or not the attitudes, beliefs, or actions of household members, such as spouses, had any positive or negative affect on the health status of women during specific phases of their reproductive lifetimes. The results of this inquiry are as follows:

Table 4.5: Number and Percentage, Respondents' Knowledge, Beliefs, & Behavioral Practices during Pregnancy (n=367)

Support from spouse & other household members	Yes (%)	No (%)	Not Sure (%)
1. Do your husband, mother, and/or mother-in-law encourage you to reduce your workload during the later stages of pregnancy?	324 (88.3)	38 (10.4)	5 (1.3)
2. Do your husband, mother, and/or mother-in-law encourage you to eat healthy foods during your pregnancy?	318 (86.6)	47 (12.8)	2 (0.6)

Table 4.5 illustrates that with respect to whether or not husbands, mothers, mother-in-laws encourage women to reduce their workload during pregnancy, 324 (or 88.3%) replied "yes". Similarly to the question of whether or not husbands, mothers, mother-in-laws encourage women to eat healthy foods during pregnancy, 318 (or 86.6%) replied "yes".

4.2 Reinforcing Factors (Community Leaders)

4.2.2 Cultural Factors That Can Influence the Acceptability of Selected RH Services at the Village Level

The researcher was also interested in learning whether the attitudes, beliefs, or actions of certain respected members of Tai/Shan communities [i.e. the elderly and/or monks] had any positive or negative affect on the acceptance of certain RH services such as family planning. This

question was posed to the 23 local health service providers that were interviewed as part of the second component of the RH survey.

Table 4.6: Number and Percentage, Cultural Beliefs Affecting the Acceptance of FP [Perceptions Local Health Service Providers] (n=23)

Cultural Factors	Yes (%)	No (%)	Not Sure (%)
1. Do local religious leaders [i.e. Buddhist monks] support the provision of FP services in your community?	0 (0.0)	5 (21.7)	18 (78.3)
2. Do local religious leaders generally understand that the main purpose of using FP services is to promote the health of women and young children as well as to reduce high maternal, infant, and maternal mortality rates?	2 (8.7)	2 (8.7)	19 (82.6)

Table 4.6 illustrates that most local health service providers were "not sure" [i.e. 18 out of 23 or 78.3%] if monks supported the provision of FP services.

With respect to whether or not local monks understood the importance of FP services on promoting the health of mothers and young children, 19 [82.6%] answered that they "were not sure".

Table 4.6 (Continued): Number and Percentage, Cultural Beliefs Affecting the Acceptance of FP [Perceptions of Local Health Service Providers] (n=23)

Cultural Factors	Yes (%)	No (%)	Not Sure (%)
Do older members of the community generally support the use of FP services among their family members?	0 (0.0)	5 (21.7)	18 (78.3)
Do older members of the community feel that FP services are "interfering with Nature or God's Will"?	1 (4.3)	14 (60.9)	1 (4.3)

Table 4.6 illustrates that most local health service providers were "not sure" [18 out of 23 or 78.3%] if older member of the community supported the provision of FP services.

Only one respondent answered "yes", 14 responded "no", and 1 was "not sure" as to whether or not elderly members of the community believed that FP Services "interfered with God's Will".

4.3 Enabling factors (Women of Reproductive Age)

4.3.1 Perception of Accessibility and Availability of Services

4.3.1.1 Ante-Natal Care Experiences during Their Last Pregnancy

The researcher wished to learn the Ante-Natal Care experiences of Shan women living in rural/remote areas of Kun Hing Township, during pregnancy.

Table 4.7: Number and Percentage, Ante-Natal Care History of Currently Married Women (n=357)

Ante-Natal Care Examinations	Number	Percentage
Women received at least 1 ANC examination during last pregnancy	250	70.0
Women did not received any ANC examination	107	30.0

Table 4.7 illustrates that 250 (70.0%), of the 379 "currently married"/"ever married" women had received at least 1 ANC examination during their last pregnancy, while 107 (30.0%) women did not receive any ANC examinations.

Table 4.7 (Continued): Number and Percentage, Ante-Natal Care History of Currently Married Women (n=262)

Source of Ante-Natal Care	Number	Percentage
TBAs	64	24.4
AMWs	75	28.6
Gov. Outreach Health Worker	108	41.2
Hospital Staff	9	3.4
Clinic staff	4	1.6
Others	2	0.8

Table 4.7 illustrates that the most important source of ANC services [108 or 41.2%] was the Outreach Health Worker from the Ka Li Sub-Township Center, followed by the cohort of AMWs living in the "surveyed communities" [75 or 28.6%].

Table 4.7 (Continued): Number and Percentage, Ante-Natal Care History of Currently Married Women (n=250)

Payment for Ante-Natal Care Services	Number	Percentage
Paid for ANC Services	51	20.4
Did not pay for ANC Services	173	69.2
Did not answer	26	10.4

Table 4.7 illustrates that only 51 [or 20.4%] of the respondents had to pay for their ANC care, while 173 [or 69.2%] did not have to pay any money to receive ANC Care.

Table 4.7 (Continued): Number and Percentage, Ante-Natal Care History of Currently Married Women (n=357)

Number of ANC examinations received during last pregnancy	Number	Percentage
0	107	30.0
1 time	101	28.3
2 times	61	17.1
3 times	45	12.6
4 times	8	2.2
5 times	17	4.8
>5 times	18	5.0
Range = 0-6 Mean = 1.7 Median = 1		

Table 4.7 illustrates that 107 respondents [30.0%] did not receive any ANC examinations, while 250 [70.0%] received at least 1 ANC examination during their last pregnancy.

4.3.1.2 Delivery History of Currently Married Women

The researcher similarly wished to learn the "delivery experiences" of women living in rural/remote areas of Kun Hing Township.

Table 4.8: Number and Percentage, Delivery History of Currently Married Women (n=379)

Delivery History	Number	Percentage
Experienced at least one childbirth	355	93.7

Table 4.8 illustrates that 355 (93.7%) of the 379 "currently married"/"ever married" women of reproductive age had experienced at least one childbirth/delivery.

Table 4.8 (Continued): Number and Percentage, Delivery History of Currently Married Women (n=379)

Individuals assisting with childbirth	Number	Percentage
TBAs	148	39.0
AMWs	100	26.3
Gov. Outreach Health Worker	72	19.0
Hospital Staff	19	5.0
Pregnant Woman Herself	24	6.3
Husband	4	1.1
Relatives	4	1.1
Private Hospital staff	4	1.1
Clinic Staff	4	1.1

Table 4.8 illustrates that local TBAs performed or assisted with the largest number and percentage of deliveries [148 or 39.0%]. This was closely followed by local AMWs [100 or 26.3%]. Only 27 women [7.2%] of deliveries were performed by hospital or clinic staff.

Table 4.8 (Continued): Number and Percentage, Delivery History of Currently Married Women (n=355)

The site of last delivery	Number	Percentage
Home of expectant mother	316	89
Home of local TBA	1	0.3
Home of local AMW	1	0.3
Township/sub-township hospitals	24	6.8
Other site	13	3.7

Table 4.8 indicates that nearly 90% of all deliveries [316 or 89.0%] took place at the home of the expectant mother.

4.3.1.3 The Respondents' Experiences with Obstetrics Related Complications During the Period Prior to, during Childbirth, and/or Shortly After Delivery:

The researcher wished to learn about the incidence of obstetrics related complications encountered by the respondents during their last pregnancy/delivery, and whether or not patients were referred to township hospitals and/or more experienced health workers to address these potentially dangerous situations/problems.

Table 4.9: Number and Percentage, Experiences with Obstetrics Related Complications of Currently Married Women (n=379)

Experience with obstetrics related complication during last delivery	Number	Percentage
Yes	39	10.3

Table 4.9 illustrates that 39 [10.3%] respondents indicated that they experienced an obstetrics related complication during the period just prior to, during, and/or short after their last delivery. Since 2 women mentioned that they had 2 separate complications the total of obstetrics related complications was 41.

Table 4.9 (Continued): Number and Percentage, Experiences with Obstetrics Related Complications of Currently Married Women (n=39)

Referral for an obstetrics related complication	Yes (%)	No (%)	Not Sure (%)
Were you referred to a health center, clinic, or hospital just prior to, during, or immediately after your delivery to address any serious health problems?	18 (46.2)	21(53.8)	0 (0.0)

Table 4.9 illustrates that although 39 respondents indicated that they experienced what they considered to be an obstetrics related complication just prior to, during, and/or shortly after delivery, only 18 of these individuals [46.2%] were referred to a health facility to address their respective problem.

Table 4.9 (Continued): Number and Percentage, Experiences with Obstetrics Related Complications of Currently Married Women (n=18)

Site of referral	Number	Percentage
Kun Hing Township/Ka Li Sub-Township Hospitals	12	66.7
Private hospitals in Taunggyi	5	27.8
Hospital in Thailand	1	5.5

Table 4.9 illustrates that of the 18 patients referred to a hospital to address obstetrics related complication 12 (66.7%) went to the Kun Hing Township and/or the Ka Li Sub-Township Hospitals, 5 (27.8%) traveled to private hospitals in Taunggyi center, while one (5.5%) went to a hospital in Thailand as the respondent was living there at the time of her last delivery.

Table 4.9 (Continued): Number and Percentage, Experiences with Obstetrics Related Complications of Currently Married Women (n=17)

Cost of obstetrics related complication referral treatment (Kyat)	Number	Percentage
100,000 - 820,000 Kyat [Township/Sub-Township]	11	46.7
150,000 - 990,000 Kyat [Private hospital]	5	29.4
105,000 Kyat [Hospital in Thailand]	1	5.9
Range= 100,000 - 990,000 Mean= 439,599 Median= 490,000		

Table 4.9 (Continued): Number and Percentage, Experiences with Obstetrics Related Complications of Currently Married Women (n=17)

Cost of referral	Yes (%)	No (%)
Was the cost of treatment/transportation/food expensive?	14 (82.4)	3 (17.6)

Table 4.9 illustrates that with respect to the 11 women who were referred to the Kun Hing Township or Ka Li Sub-Township Hospital, the range in cost, including medical care, transportation, and food, was 100,000 - 820,000 Kyats. The mean or average amount of money spent for an obstetric related complication referral was 379,773 Kyat, while the median amount spent was 400,000 Kyat.

Table 4.9 illustrates that 14 (82.4%) respondents that were referred to a hospital to address an obstetrics complication thought that their "referral costs" were expensive.

4.3.1.4 Post-Partum Experiences of Currently Married Women of Reproductive Age

The researcher wished to learn about the post-partum experiences of women living in rural/remote areas of Kun Hing Township.

Table 4.10: Number and Percentage, Respondents' Post-partum Experiences Following Their Last Delivery (n=355)

Post-partum Experiences	Yes (%)	No (%)
Did anybody provide Post-Natal Care to you or your newborn infant immediately or shortly after your last delivery?	272 (76.6)	83 (23.4)

Table 4.10 illustrates that 272 respondents (76.6%) indicated that they, and their newborn infant, received Post-Natal Care following their last delivery.

Table 4.10 (Continued): Number and Percentage, Respondents' Post-partum Experiences Following Their Last Delivery (n=357)

Sources of Post-Partum Care	Number	Percentage
Nobody Provided PNC Care Following Delivery	83	23.3
TBAs	83	23.2
AMWs	121	33.9
Gov. Outreach Health Worker	44	12.3
Other Health Workers	26	7.3

Table 4.10 illustrates that AMWs [121 or 33.9%] and local TBAs [83 or 23.3%] provided the largest proportion of PNC services to mothers and newborn infants following delivery.

Table 4.10 (Continued): Number and Percentage, Respondents' Post-partum Experiences Following Their Last Delivery (n=272)

Payment for Post-partum Care	Yes (%)	No (%)	Not Sure (%)
Did you have to pay any money for the PNC examination?	90 (33.1)	145 (53.3)	37 (13.6)

Table 4.10 illustrates that 90 respondents (33.1%) had to pay for their respective PNC examination, while 145 (53.3%) stated that their PNC examination was provided "free-of-charge".

Table 4.10 (Continued): Number and Percentage, Respondents' Post-partum Experiences Following Their Last Delivery (n=90)

Payment for Post-partum Care	Yes (%)	No (%)
Did you feel that the cost of the PNC examination was expensive?	27 (30.0)	63 (70.0)

Table 4.10 illustrates that of the 90 women claiming to have paid for their PNC examination 63 (70.0%) did not think that the fee was expensive.

4.3.1.5 The Types of Post Natal Care Health Services, and/or Health Education Messages, Provided by Local TBAs and AMWs to Village Women during Home Visits Shortly After Delivery

Table 4.11: Number and Percentage, Post Natal Care Health Services (n=355)

Post Natal Care Health Services	Yes (%)	No (%)	Not Sure (%)
Do TBAs/AMWs visit your home following delivery?	282 (79.4)	71 (20.0)	2 (0.6)

Table 4.11 illustrates that 282 respondents [79.4%] indicated that local TBAs and/or AMWs usually make home visits, in the first days following delivery, to check on the post-partum mother and newborn infant.

Table 4.11 (Continued): Number and Percentage, Post Natal Care Health Services (n=282)

Type of post-partum care services	Number	Percentage
TBAs/AMWs only visit when a serious health problem occurs	35	4.3
TBAs/AMWs check to see if mother and infant are well or have any health problems	144	17.5
TBAs/AMWs examine mother's uterus and breasts and infant's umbilicus	190	23.1

** Each respondent was allowed to provide "multiple answers" (i.e. a total of 824 responses).*

Table 4.11 illustrates that a considerable proportion of the 282 respondents [190] mentioned that TBAs/AMWs examine the mother's uterus [to see if it is healing properly] and breasts [to see if there is sufficient breast-milk], as well as examine the newborn infant's umbilicus [to see if there is any swelling or infection].

Table 4.11 (Continued): Number and Percentage, Post Natal Care Health Services (n=282)

Health education	Number	Percentage
Breast-feeding, personal hygiene, and proper diet	141	17.2
Family planning & birth spacing	83	10.1
Immunizations to newborn infants and young children	88	10.7
Proper nutrition for newborn infants and young children	141	17.2

* Each respondent was allowed to provide "multiple answers" (i.e. a total of 824 responses).

Table 4.11 similarly illustrates that a sizable proportion of the 282 respondents indicated that TBAs/AMWs provide health education to mothers regarding breast-feeding, personal hygiene, and proper diet [141] and about proper nutrition for newborn infants and young children [141].

4.3.1.6 Other Types of Reproductive Health Services Provided to "Currently Married" Women in Rural Communities of Kun Hing Township

The researcher wished to learn if women living in rural areas of Kun Hing Township had access to information about as well as if they could directly obtain immunization and family planning services either in their villages or at health facilities located in the township/sub-township center.

Table 4.12: Number and Percentage, Other Types of Reproductive Health Services (n=366)

Health education	Yes (%)	No (%)	Not Sure (%)
Received information about Tetanus Toxoid	198 (54.1)	168 (45.9)	0 (0.0)

Table 4.12 illustrates that 198 (54.1%) respondents indicated that they had received information regarding Tetanus Toxoid (TT) immunizations.

Table 4.12 (Continued): Number and Percentage, Other Types of Reproductive Health Services (n=366)

Availability of TT immunization services	Yes (%)	No (%)	Not Sure (%)
TT immunizations are available in village	28 (7.7)	334 (93.1)	4 (1.1)
TT immunizations are available at the township hospital	337 (92.1)	17 (4.6)	12 (3.3)

Table 4.12 illustrates that 334 (93.1%) respondents indicated that TT immunizations were not available at the village level. In contrast, 337 respondents (92.1%) indicated that TT immunizations were available at the township hospital.

Table 4.12 (Continued): Number and Percentage, Other Types of Reproductive Health Services (n=367)

Health education	Yes (%)	No (%)	Not Sure (%)
Received health education on childhood immunizations	227 (61.9)	129 (35.1)	11 (3.0)

Table 4.12 similarly illustrates that 227 (61.9%) respondents claimed to have received some health education about childhood immunizations, while 129 (35.1%) did not, and 11 (3.0%) were "not sure/cannot remember".

Table 4.12 (Continued): Number and Percentage, Other Types of Reproductive Health Services (n=377)

Source of health education	Number	Percentage
Did not receive any health education	140	37.1
Received health education from local VHVs	1	0.3
Received health education from local TBAs	1	0.3
Received health education from local AMWs	41	10.8
Received health education from Outreach Health Worker	183	48.5
Received health education from Hospital Staff	1	0.3
Received health education from Others	10	2.7

Table 4.12 illustrates that 183 respondents (48.5%) received health education regarding immunization from the Outreach Health Worker from Ka Li Sub-Township center.

Table 4.12 (Continued): Number and Percentage, Other Types of Reproductive Health Services (n=367)

Health education	Yes (%)	No (%)	Not Sure (%)
Would you allow your children to be immunized, if this service was available?	340 (92.6)	20 (5.5)	7 (1.9)

Table 4.12 illustrates that 340 (92.6%) respondents indicated that they would allow their children to be immunized, if this health service was available in their village or a neighboring community.

Table 4.13: Number and Percentage, Women of Reproductive Age's Experiences Using Family Planning (n=367)

Family planning experiences	Yes (%)	No (%)	Not Sure (%)
Have you ever used a modern Family Planning Method?	314 (85.6)	53 (14.4)	0 (0.0)

Table 4.13 illustrates that a total of 314 (85.6%) respondents indicated that they were either currently using a FP method, or had used a FP method in the past.

Table 4.13 (Continued): Number and Percentage, Women of Reproductive Age's Experiences Using Family Planning (n=351)

What FP Method did you use?	Number	Percentage
COCs	161	45.9
DMPA/Depo	186	52.9
POPs	1	0.3
Condoms	1	0.3
Female Sterilization	2	0.6

** Each respondent was allowed to provide "multiple answers".*

Table 4.13 indicates that DMPA/Depo was the most popularly used FP method [186 or 52.9% of all methods]. This was followed by COCs [combined oral contraceptives] which accounted for 161 (45.9%) of FP usage. It should be noted that some respondents reported having used two FP methods.

Table 4.13 (Continued): Number and Percentage, Women of Reproductive Age's Experiences Using Family Planning (n=338)

Family planning experiences	Yes (%)	No (%)	Not Sure (%)
Are FP services available in your village or a nearby community?	261 (77.2)	75 (22.2)	2 (0.6)

Table 4.13 illustrates that 261 respondents (77.2%) indicated that FP methods/services were available from a local source in or near their community.

Table 4.13 (Continued): Number and Percentage, Women of Reproductive Age's Experiences Using Family Planning (n=294)

Reasons for using FP methods?	Number	Percentage
Presently not ready to become pregnant	4	1.3
Want to space birth as the last delivery took place < 6 months ago	11	3.7
Want to space birth as the last delivery took place 6 – 12 months ago	7	2.3
Want to space birth as the last delivery took place 1+ - 3 years ago	18	4.9
Want to space birth as the last delivery took place > 3 years ago	13	6.0
Do not want any children at the present, but perhaps may wish to have others in the future	121	41.0
Do not want any more children at the present time or in the future	120	40.8

Table 4.13 illustrates that 121 (41.0%) respondents do not want any children at the present point in time, but perhaps may wish to have others in the future, and 120 (40.8%) women do not want any more children at the present time as well as in the future.

Table 4.13 (Continued): Number and Percentage, Women of Reproductive Age's Experiences Using Family Planning (n=372)

From where do you receive your FP service?	Number	Percentage
Not currently using any FP method/service	69	18.6
Purchase in general store/shop	54	14.5
Purchase in pharmacy shop/general store at township center	44	11.8
Obtain FP method from local VHVs	4	1.1
Obtain FP method from local AMWs	178	47.8
Obtain FP method from Outreach Health Worker from Ka Li Center	8	2.2
Obtain FP method from township/sub-township hospital	13	3.5
Others	2	0.5

Table 4.13 illustrates that the largest number of respondents obtained their FP method/service from local AMWs [178 or 47.8%].

Table 4.13 (Continued): Number and Percentage, Women of Reproductive Age's Experiences Using Family Planning (n=309)

Payment for FP services	Yes (%)	No (%)	Missing (%)
Did you have to pay any money to obtain your current FP method?	265 (85.8)	42 (13.6)	2 (0.6)

Table 4.13 illustrates that of the 309 respondents 265 (85.8%) indicated that they had to pay for their FP method/service.

Table 4.13 (Continued): Number and Percentage, Women of Reproductive Age's Experiences Using Family Planning (n=265)

Payment for FP services	Yes (%)	No (%)	Not Sure (%)
Do you think that the cost of your FP method is expensive?	100 (37.7)	165 (62.3)	0 (0.0)

Table 4.13 illustrates that 165 of the 265 (62.3%) that had to pay for their FP service thought that the cost was not expensive.

4.4 Enabling Factors (Community Leaders)

4.4.1 Physical and Economic Accessibility to Burmese Central/Township Government Hospital

Readers should kindly refer to Table A in the Appendix section to obtain a clear understanding of a community's physical accessibility to, as well as the economic constraints involved in obtaining, medical care at the township/sub-township hospitals respectively in Kun Hing and Ka Li towns for each of the 17 villages included in the RH Survey.

It should be noted that with respect to the four villages located in the north-western part of Kun Hing Township, the "distance" refers to the number of miles/kilometers to the Kun Hing Township center, while for the other 13 villages the "distance" refers to the number of miles/kilometers from each community to the Ka Li Sub-township center.

These two urban centers are located in the same general area of Kun Hing Township, 8 miles apart [2.5 hours by walking] from one another. In summary, the distance from the surveyed communities to either the township/sub-township ranged from 9 miles (15 kilometers) to 20 miles (32 kilometers).

The cost of "travelling to health centers by mechanized vehicle" is the most expensive. It was 15,000-80,000 kyat per trip, while the mean/average cost was 40,769 kyat and the median cost was 50,000 kyat.

Kindly refer to Table A in the Appendix section. This table illustrates that respondents in every village thought that local residents considered "travel related costs" incurred while going to the township hospital to be expensive.

Similarly all respondents indicated that patients have to pay for medical care provided at the township hospital. They also indicated that all communities [except for Na Ke] felt that villagers do not have enough money to pay for medical care provided at township/sub-township hospitals. The reason that Na Ke residents appear to have "sufficient resources" is that this is the only community included in the survey that obtains extra income from the sale of a "cash crop" [i.e. mulberry paper].

4.4.2 Medical Care Provided by Village Level Traditional Medical Practitioners

The researcher wished to learn where villagers went during times of illness, especially as township hospitals were located far from communities and villagers generally did not have the funds to pay for medical care and/or related costs such as transportation and food while at the hospital. As such the researcher wished to learn whether or not the "surveyed communities" contained any traditional medical practitioners, and whether or not local residents suffering from either (a) minor illnesses or (b) serious health problems visited these individuals to obtain care/treatment.

Table 4.14: Number and Percentage, Medical Care Provided by Village Level Traditional Medical Practitioners (n=17)

Does your village have the following "traditional medical practitioners"? (If so indicate the number of specific traditional medical practitioners working in your village]	Number	Percentage
TBAs		
Villages had 1-2 local TBAs	15	88.2
Villages did not have local TBAs	2	12.8
AMWs		
Villages contained 1-2 local AMWs	7	42.2
Villages did not have local AMWs	10	58.8

Table 4.14 illustrates that 15 of the 17 villages (88.2%) had either 1-2 local TBAs. Only Peng Neua and Kot Pung did not contain any TBAs.

Seven of the 17 surveyed villages (42.2%) contained 1-2 local AMWs, while the remaining 10 communities (58.8%) did not have any trained AMWs.

The RH Survey tried to assess whether Ethnic Health Organizations (EHOs) regularly visited rural/remote communities in Kun Hing Township to provide curative care or promotive/preventive health services. Only two communities [Keng Lom and Na Keng] mentioned that they were part of an Outreach Health Program, in which three health team members regularly visited their village.

Table 4.14 (Continued): Number and Percentage, Medical Care Provided by Village Level Traditional Medical Practitioners (n=17)

Indicate if most villagers make use of local traditional medical practitioners if a child/other person, in their family, is suffering from a minor illness [e.g. mild fever, common cold, cough, diarrhea, etc.]	Number	Percentage
Parents visit another medical practitioner (i.e. local AMWs)	11	64.7
Parents visit an injectionist	9	52.9
Parents visit a local herbal specialist	1	5.9
Parents visit a local spirit doctor, incantationist, or shaman	1	5.9

Table 4.14 illustrates villagers' "health seeker behavior". With respect to minor illnesses it appeared that most villagers [i.e. in 11 of the 17 villages or 64.7%] went on their own, or took their children who were suffering from these conditions, to the local AMW, who as indicated above is trained to provide curative care. The next most popular source of medical care for minor illnesses was the local "injectionist" [i.e. in 9 of the 17 villages or 52.9%].

Table 4.14 (Continued): Number and Percentage, Medical Care Provided by Village Level Traditional Medical Practitioners (n=17)

Villagers health seeking behavior for major illnesses	Number	Percentage
Parents visit another medical practitioner (i.e. local AMWs)	12	70.6
Parents visit an injectionist	8	47.1
Parents visit a local spirit doctor, incantationist, or shaman	3	17.6
Parents visit a local herbal specialist	1	5.9

Table 4.14 illustrates that the situation with respect to treating major illnesses was quite similar in that the most popular source of care was provided by local AMWs [in 12 of the 17 villages or 70.6%]; followed by "injectionists" [in 8 of 17 villages or 47.1%].

Table 4.15: Number and Percentage, Access to Medical Care from MOH Health Workers (n=17)

Access to Health Education	Yes (%)	No (%)
Are any central/township Burmese government health workers stationed in your village?	1 (5.9)	16 (94.1)
Do these individuals visit on a regular basis?	8 (47.1)	9(52.9)

Table 4.15 illustrates that in only 1 of the 17 "surveyed villages" (5.9%) was there any central/township government health worker stationed on a regular basis. This table illustrates that village leaders in 9 communities (52.9%) said that government health workers visit on a regular basis, while village leaders in the remaining 8 communities (47.1%) stated that government health workers [from the township level] did not make any visits.

Table 4.15 (Continued): Number and Percentage, Access to Medical Care from MOH Health Workers (n=17)

How frequently do health workers come to provide health care to local residents?	Number	Percentage
Never visit	8	47.1
Visit once every 6 months	5	29.4
Visit only once a year	4	23.5

Table 4.15 illustrates that when asked to indicate the frequency of these visits village leaders in 8 communities (47.1%) stated that health workers "never" visited their community. Village leaders in other communities indicated that when health workers make on-site visits they occur only once or twice a year.

Table 4.15 (Continued): Number and Percentage, Access to Medical Care from MOH Health Workers (n=17)

Access to Reproductive Health Education	Yes (%)	No (%)
Are central/township government health workers responsible for providing health education regarding different Reproductive Health/MCH issues?	1(5.9)	16 (94.1)
Do central central/township government health officials or health workers from health centers or hospitals promote policies to make it easy for villagers to obtain FP services?	0 (0.0)	17 (100)
Do central/township health officials or health workers from health centers and/or hospitals ever visit your community to talk about the importance of the obtaining RH services?	0 (0.0)	17 (100)

Table 4.15 illustrates that village leaders in 16 communities (94.1%) said "no" regarding whether they thought "central/township government health workers were responsible for providing health education regarding different Reproductive Health/MCH issues".

With respect to promoting or making FP services available at the village level village leaders from all 17 communities (100.0%) stated that the visiting health workers did not make any effort to promote or increase accessibility to FP services.

Village leaders in all 17 communities (100.0%) stated that health workers from the township hospital never visit their village to provide important health education messages and/or to provide specific RH services to local residents.

4.5 Predisposing Factors (Health Service Providers)

4.5.1 Socio-Demographic Characteristics of Local Health Service Providers

The researcher wished to learn the background [i.e. socio-economic-demographic characteristics] of the different local health service providers interviewed in the second component of the RH Survey exercise.

Table 4.16: Number and Percentage, Socio-Demographic Characteristics of Local Health Service Providers (n=23)

Socio-Demographic Characteristics	Number	Percentage
Category of local health service providers		
TBAs	12	52.2
AMWs	7	30.4
VHV	3	13.1
Midwife	1	4.3
Marital status		
Currently married	14	60.9
Single/never married	7	30.4
Widowed	2	8.7

Table 4.16 illustrates that a total of 23 local health service providers, living in 15 of the 17 "surveyed communities", were interviewed and more than half [12 or 52.2%] were Traditional Birth Attendants (TBAs).

The overall age of all 23 respondents ranged from 18 to 65 years, with the mean or average age being 37.0 years, and the median age being 40 years. All 23 local health service providers were Tai or Shan and Buddhist (100%). Further details are provided in Table B in the Appendix.

Table 4.16 illustrates that 14 of the 23 local health service providers were currently married (60.9%).

The general formal educational level of local health service providers was low. There was a great difference in the number of "years of formal education" between AMWs and that of either the TBAs or VHV's.

Since all of the 23 local health service providers live in rural villages most are employed as "farmers". Several individuals were "local shop-keepers". Some of the women, as illustrated in Table B in the Appendix section, indicated that they had a "main" as well as "minor" occupation.

With respect to "monthly incomes", many of the local health workers either indicated that they earned "no money" or "a very small amount" [i.e. 2,000 – 5,000 kyat].

Each of the 23 local health service providers listed a "main" occupation. A total of 13 of the 23 (56.5%) local health service providers also listed a "minor" occupation.

4.5.2 The Experiences of Local Health Service Providers in Providing RH Services to Women Living in Rural Communities in Kun Hing Township:

The data enumerated in Table C in the Appendix section illustrates the manner in which each of the local health service providers originally learned how to perform deliveries.

It also illustrates the length of time that each local health worker worked with another TBA and/or health worker before starting to independently perform/assist with deliveries.

The experiences of the 23 local health service providers vary dramatically with respect to the number of years that they have been performing or assisting with local deliveries as well as the total number of deliveries they have performed or assisted with throughout their respective careers. It should be mentioned that since two VHV's never performed any deliveries, only 21 respondents answered most questions in this component of the RH Survey exercise.

With respect to the age when these 21 women initially started performing or assisting with deliveries, it ranged from 17-51 years, with the mean or average age being 27.4 years, and the median age being 30 years.

The length of time that these 21 local health service providers have been performing/assisting with deliveries also varied considerably. The overall range in the length of time that local health service providers have been performing or assisting with deliveries ranged

from 1-35 years, with the mean or average length of time being 11.1 years, and the median length of time being 9 years. Detailed information, for each respondent, is provided in Table C in the Appendix.

Table 4.17: Number and Percentage, Delivery Experience of Local Health Service Providers (n=23)

Experiences in performing/assisting with deliveries	Number	Percentage
Started to do so on their own	9	39.2
Received formal training	7	30.4
Initially assisted a relative/local TBA	5	21.7
Never performed any deliveries	2	8.7

Table 4.17 illustrates that 9 local health service providers (39.2%) started to do so entirely on their own without any formal training or previous experience helping other trained birth attendants, 7 (30.4%) received formal training from a central/township government AMW or Midwifery training course, 5 (21.7%) initially assisted a relative or neighbor who was a local TBA, and 2 (8.8%) never performed or assisted with any deliveries.

Table 4.17 (Continued): Number and Percentage, Delivery Experience of Local Health Service Providers (n=23)

Experience before performing deliveries on their own	Number	Percentage
Did not assist anybody	9	39.1
Initially assisted a local TBA before performing deliveries on their own	4	17.4
Initially assisted local health workers at the township hospital	8	34.8
Did not have any experience performing deliveries	2	8.7

Table 4.17 illustrates that a total of 9 respondents (39.1%) did not assist anybody but simply started performing deliveries on their own, 4 (17.4%) initially assisted a local TBA before performing deliveries on their own, 8 (34.8%) initially assisted local health workers at the

township hospital before performing deliveries on their own, and 2 (8.7%) did not have any experience performing or assisting with deliveries.

Table 4.17 (Continued): Number and Percentage, Delivery Experience of Local Health Service Providers (n=23)

Deliveries Performed During One's Entire Career	Number	Percentage
Never performed	2	8.7
Assisted another individual to perform a delivery	13	56.5
Performed deliveries entirely on their own	18	78.3
Could "not remember"	2	8.7
Range= 0-21 Mean = 5.2 Median = 5		

Table 4.17 illustrates that 18 of the 23 respondents (78.3%) had performed deliveries entirely on their own and 13 of the 23 respondents (56.5%) had at some time in their careers assisted another individual to perform a delivery.

Table 4.17 (Continued): Number and Percentage, Delivery Experience of Local Health Service Providers (n=23)

Deliveries Performed During the Past 12-Month Period	Number	Percentage
Never performed/assisted with delivery	2	8.7
Assisted another perform a delivery	12	52.2
Performed deliveries on their own	13	56.5

Table 4.17 illustrates that 12 of the 23 respondents (52.2%) had assisted another individual to perform a delivery in the past 12-month period, and 13 of the 23 respondents (56.5%) had performed deliveries entirely on their own.

4.5.3 The Personal Experiences of Local Health Service Providers in Providing Various RH Services to Members of Their Community

Local health service providers, living and working in rural communities of the Kun Hing Township Area, are not in any manner considered to be part of the Burmese government's health infra-structure. Central/township health authorities view the AMWs as "health volunteers" and local TBAs as "villagers".

It should be noted that all 21 local health service providers (100%) indicated that they always performed, or assisted with deliveries, in the expectant mother's home [i.e. the "patient's home"].

Table 4.17 (Continued): Number and Percentage, Delivery Experience of Local Health Service Providers (n=21)

Delivery Experience in Nearby Communities	Number	Percentage
Only performed deliveries in their own community	11	52.4
Regularly performed deliveries in nearby communities	10	47.6

Table 4.17 illustrates that 11 (52.4%) of the respondents mentioned that they only performed/assisted with deliveries in their own community, while 10 (47.6%) stated that they regularly performed/assisted with deliveries in nearby communities.

Table 4.17 (Continued): Number and Percentage, Delivery Experience of Local Health Service Providers (n=21)

Financial Remuneration for Delivery Services	Number	Percentage
Never received any remunerative	2	9.5
Always received some financial payment	3	14.3
Sometimes received some financial remuneration	11	52.4
Rarely received payment	5	23.8

Table 4.17 illustrates that 11 (52.4%) respondents indicated that they "sometimes" received some financial remuneration while 5 (23.8%) stated that they "rarely" received payment for performing/assisting with deliveries.

Table 4.17 (Continued): Number and Percentage, Delivery Experience of Local Health Service Providers (n=21)

Visiting mothers & infants during the first days/weeks following childbirth	Number	Percentage
Never make any visits	3	14.3
Always make home visits	14	66.7
Sometimes make home visits	4	19.0

Table 4.17 illustrates that 14 (66.7%) respondents stated that they "always" made home visits within the first days/weeks following delivery.

4.5.4 The Types of Post-Partum Care Provided to Mothers & Newborn Infants

Table 4.18 indicates the specific "health conditions" that the local health service provider "checked for" during the PNC home-visits while observing/checking up on the health status of the post-partum mother and/or newborn infant.

Table 4.18: Number and Percentage, PNC Experience of Local Health Service Providers (n=18)

PNC home visits while observing/checking up on the health status	Number	Percentage
Check to see if the uterus is healing properly	12	66.7
Check to see if the infant's umbilicus is healing properly	18	100
Check to see if the mother has an adequate supply of breast-milk	15	83.3
Check to see if the mother is experiencing any pain	14	77.8
Check to see if there is any bleeding or vaginal discharge	12	66.7
Check for "other" health conditions	2	11.1

Table 4.18 (Continued): Number and Percentage, PNC Experience of Local Health Service Providers (n=18)

Type of health education provided	Number	Percentage
Breast-feeding	16	88.9
Proper diet for the post-partum mother	13	72.2
Family planning services	11	61.1
Immunizations for the newborn infant	11	61.1
Malaria and diarrhea	1	5.6

Table 4.18 illustrates that 12 of the 18 (66.7%) respondents indicated that they "check to see if the uterus is healing properly", 18 (100%) respondents "check to see if the infant's umbilicus is healing properly", 15 (83.3%) service providers "check to see if the mother has an adequate supply of breast-milk", 14 (77.8%) "check to see if the mother is experiencing any pain", and 12 (66.7%) "check to see if there is any bleeding or vaginal discharge. Two local health service providers (11.1%) checked for "other" health conditions [e.g. blood pressure].

With respect to the provision of health education, 16 (88.9%) respondents "provided health education on breast-feeding", 13 (72.2%) "provided health education" on a proper diet for the post-partum mother", 11 (61.1%) "provided health education on the importance of birth spacing/family planning services", while 11 (61.1%) "provided health education on the importance of specific immunizations for the newborn infant". One of the AMWs was the only local health service provider (5.6%) to discuss with mothers the importance of preventing "malaria and diarrhea" in newborn infants/young children.

4.5.5 The Types of Ante-Natal Care Provided to Pregnant Women

Table 4.19 below looks into whether or not ANC care is provided, as well as the site and under what circumstances such examinations are performed.

Table 4.19: Number and Percentage, ANC Experience of Local Health Service Providers (n=20)

ANC experiences of local health service providers	Number	Percentage
Did not provide any ANC examinations	3	15.0
Pregnant women make the effort to visit them	4	20.0
Provide at least 1 ANC examination	7	35.0
Provide at least several ANC examinations	3	15.0
Visit only if pregnant woman experiences a specific problem	3	15.0
Types of Ante-Natal Care provided to pregnant women		
Checked to see health problems	12	60
Checked to see signs of a "high risk pregnancy"	12	60
Checked to see fetal heart-beat	5	25.0
Checked to see if women have adequate rest or ate a proper and nutritious diet	7	35.0
Checked to see if fetus has moved into a normal position	10	50.0

Table 4.19 illustrates that 3 (15.0%) respondents indicated that they "did not provide any ANC examinations to pregnant women", 4 (20.0%) only provided ANC examinations to patients/pregnant women who made the effort to visit them at their home, 7 (35.0%) tried to provide at least 1 ANC examination, for all women, during their pregnancy, 3 (15.0%) tried to provide at least several ANC examinations, for all women, during their pregnancy, and 3 (15.0%) only provided an ANC examination if the pregnant woman experienced a specific problem.

Table 4.19 illustrates that of the 20 local health service providers who completed this portion of the question, 12 (60.0%) checked to see if the pregnant woman had any health problems, 12 (60.0%) checked to see if the pregnant women had signs of a "high risk pregnancy", or had a "history" of other medical problems, 5 (25.0%) checked "fetal heart-beat", 7 (35.0%) checked to see if the pregnant woman was getting adequate rest or ate a proper and nutritious diet, and 10 (50.0%) checked to see if the fetus during the last weeks of pregnancy had moved into a "normal position" for delivery. In addition to these responses four of the local health service providers indicated that they "checked for another condition".

4.5.6 The Provision of Family Planning Services as well as the Referral of Pregnant Women, Post-Partum Mothers, and Newborn Infants to More Qualified Health Workers and/or Township Hospitals During Pregnancy, Childbirth, or Shortly After Delivery

This segment of the RH Survey questionnaire was geared to learn whether or not local health service providers, during the past 12-month period, were involved in the provision of village level RH services.

Table 4.20: Number and Percentage, Personal Experience of Local Health Service Providers (n=23)

Personal experiences on provisional of FP services	Number	Percentage
Do not provide any FP services	15	65.2
Provide both Oral & Injectable contraceptives	8	34.8
Provide Condoms	5	21.7

Table 4.20 illustrates that 15 of the 23 (65.2%) respondents do not provide any FP services to local women, 8 of the 23 (34.8%) respondents provided both Oral as well as Injectable contraceptives to local women and 5 (21.7%) also provided Condoms.

4.5.7 Referral of Pregnant Woman, Post-Partum Mothers, and Newborn Infants to More Qualified Health Workers and/or to Township Hospitals When Encountering Complications during Pregnancy, Childbirth, and/or Shortly After Delivery

The local health service providers were asked whether or not they referred, during the past 12-month period, pregnant women, post-partum mothers, and/or newborn infants to more qualified health workers and/or to township hospitals when encountering serious complications during pregnancy, childbirth, and/or shortly after delivery.

Table 4.21: Number and Percentage, Referral Experience of Local Health Service Providers (n=23)

Referral of women to hospital/health worker	Number	Percentage
Did not refer	19	82.6
Referred	4	17.4

Table 4.21 illustrates that 19 (82.6%) respondents indicated that they had not referred any pregnant woman, post-partum mother, or newborn infant to a more qualified health worker and/or the township hospital during the past year.

Of the 4 local health service providers that indicated they had referred pregnant women, post-partum mothers, and/or newborn infants to a more qualified health worker and/or the township hospital 3 were TBAs while 1 was an AMW.

One AMW referred a woman to the township hospital who (a) had a prolonged/difficult delivery, which probably resulted from (b) the fetus being in an abnormal position during delivery.

TBAs referred 2 women. One woman encountering a prolonged/difficult delivery was referred to the township hospital. Another woman went into "shock" during delivery. This individual, however, was referred to a local AMW.

4.5.8 Personal Experiences of Local Health Services Providers: Abortions/Miscarriages, Stillbirths, Peri-Natal/Later-Stage Neo-Natal Deaths, and Maternal Deaths

The next section of the RH Survey questionnaire focused on two important health issues. The first tried to indicate the extent to which any of the local health workers' clients had encountered a "fetal event" such as a "natural abortion/miscarriage", "induced abortion", or "stillbirth", while the second issue identified the number of their clients [or their newborn infants] who died during pregnancy, childbirth, and/or the immediate post-partum period.

Table 4.22: Number and Percentage, Personal Experience of Local Health Service Providers (n=19)

Category of mortality experienced in the past 12-month	Number	Percentage
Natural abortion/miscarriage	1	5.3
Stillbirth	1	5.3
Peri-natal death	3	15.8
Maternal death	1	5.3

Table 4.22 illustrates that in the past 12-month period only 1 of the 19 (5.3%) respondents encountered a "spontaneous abortion/miscarriage", 1 respondent (5.3%) encountered a "stillbirth", 3 respondents (15.8%) encountered a total of 5 "peri-natal deaths" and 1 respondent (5.3%) encountered a "maternal death". In summary 6 local health-service providers encountered a total of 8 "events".

Table 4.22 (Continued): Number and Percentage, Personal Experience of Local Health Service Providers (n=19)

Category of mortality experienced throughout professional career	Number	Percentage
Natural abortion/miscarriage	2	10.5
Induced abortion	1	5.3
Stillbirth	4	21.1
Peri-natal death	5	26.3
Later-stage neo-natal death	2	10.6
Maternal death	3	15.8

Table 4.22 illustrates that during their respective professional careers [including the past 12-month period], 2 of the 19 (10.5%) respondents reported 3 "spontaneous abortions", 1 respondent (5.3%) reported 3 "induced abortions", 4 respondents (21.1%) reported 7 "stillbirths", 5 respondents (26.3%) reported 9 "peri-natal" deaths, 2 respondents (10.6%) reported 1 "later-stage neo-natal death", and 3 respondents (15.8%) reported 3 maternal deaths.

4.6 Enabling Factors (Health Service Providers)

4.6.1 Other Issues Affecting the Ability of Local Health Service Providers to Provide Specific RH Services to Local Residents of Rural/Remote Communities in the Kun Hing Township:

Table D in the Appendix section summarizes the extent to which the local network of TBAs, AMWs, VHV, and Outreach Health Workers perform and/or assist with local deliveries.

Table E in the Appendix section, which was collected as part of the "Village Profile" Component of the RH Survey, confirms that very few women receive any ANC, Delivery, or PNC services from the public health sector as this requires pregnant women and/or post-partum mothers to make a long and somewhat difficult, as well as expensive, journey to the township centers of Kun Hing and Ka Li; the only sites in the township where government health are located.

4.6.1.1 The Overall Role of TBAs, AMWs, TBAs, and Outreach Health Workers in Providing Delivery Services at the Village Level

Readers should kindly refer to Table D in Appendix section, which illustrates that 2 of the 17 communities [i.e. Peng Neua and Kot Pung] did not contain any local health service providers capable of assisting at the time of delivery. These 2 communities usually rely upon AMWs from neighboring communities to assist at the time of delivery.

In general each of the remaining 15 communities contained 1-2 TBAs. In 7 [i.e. 46.7%] of these communities all of the local TBAs were actively involved in performing/assisting with deliveries.

In another 7 [i.e. 46.7%] of the communities some of the "elderly TBAs" were no longer actively involved in performing/assisting with deliveries.

In the village of Na Leu the 2 respondents provided different answers. A TBA stated that "all local TBAs were active", while a VHV mentioned that some of the "elderly TBAs were no longer actively involved" in performing/assisting with deliveries.

With respect to the role that local AMWs play performing/assisting with deliveries, Table E in the Appendix section illustrates that 6 [40.0%] villages did not contain any local AMWs, while 7 [46.7%] villages contained at least one local AMW. These 7 communities had from 1-2 AMWs and all of these individuals were actively involved in performing/assisting with local deliveries.

The respondents from the 2 villages [13.3%] of Wan Mai and Peng Khan did not answer this segment of the question, but village leaders earlier indicated that there were not any AMWs living in these 2 villages.

In summary, the AMWs provide ANC, Delivery, and PNC services as well as curative care services to interested clients.

Village Health Volunteers (VHVs) are a relatively new category of "local health service provider" for rural communities in the Kun Hing Township Area.

Table D in the Appendix section illustrates that 8 of the 15 [53.3%] communities had at least 1 VHV. The remaining 7 communities [46.7%] did not contain any VHVs. None of the VHVs, however, were trained to perform/assist with deliveries. The VHV from Pa Pha has assisted with one delivery, but she was trained by a local TBA from her community and not as part of the VHV training program.

4.6.1.2 The Role of Burmese MOH Officials/Health Workers From the Township Level in Providing Specific RH Services in Rural/Remote Communities in the Kun Hing Township Area:

The Burmese MOH has established a number of health policies and programs that specify that a wide range of curative, promotive, and preventive health services are supposed to be provided to residents in all administrative regions/states/townships in the country.

Table 4.23: Number and Percentage, Local Health Service Providers Perception Regarding the Establishment of RH Service Delivery Activities (n=23)

Burmese health officials promote RH services	Yes (%)	No (%)	Not Sure (%)
Did local health services providers feel that central/township government officials had established "policies" to facilitate the provision of FP services at the village level?	2 (8.7%)	19 (82.6%)	2 (8.7%)
Do central/township government health officials promote policies to make it easy for villagers to obtain FP services at the village level?	2 (8.7%)	21 (91.3%)	0 (0.0%)
Did local health services providers feel that central/township health personnel promote RH services at the village level?	4 [17.3%]	17 [73.9%]	2 [8.7%]

Table 4.23 illustrates that 19 of the 23 [82.6%] local health service providers did not feel that the central/township government [i.e. MOH and township health authorities] had established "policies" to make it easy for residents of the Kun Hing Township Area to obtain FP services at the village level.

21 of the 23 [91.3%] respondents indicated that Burmese government sponsored "FP services were not available at the village level". Only the 2 TBAs [8.7%] from Keng Loun village, indicated that government sponsored FP services were provided at village level.

With respect to whether or not central/township government officials/staff promote RH services at the village level, 4 [17.3%] respondents answered yes, 2 [8.7%] were not sure, while 17 [73.9%] answered "no".

Table 4.23: (Continued) Number and Percentage, Local Health Service Providers Perception of the Establishment of RH Service Delivery Activities (n=23)

Do central Burmese health officials or health workers from health centers and/or hospitals ever visit your community to talk about the importance of the following RH services?

	Category of RH Service	No (%)	Yes (%)	Miss- ing (%)
1	Importance of FP services to space births as well as to insure that families do not have too many children that can adversely affect the family's economic and health status	19 (82.6)	4 (17.4)	0 (0.0)
2	Importance of immunization services to prevent infants and young children contracting several dangerous, and potentially fatal communicable diseases	14 (60.9)	7 (30.4)	2 (8.7)
3	Importance of pregnant women visiting health centers or hospitals for routine ANC examinations	17 (73.9)	4 (17.4)	2 (8.7)
4	Importance of referring women encountering serious problems during their pregnancy, facing difficulties at the time of their delivery, or encountering complications in the immediate post-partum period to go to a health center or hospital	16 (69.6)	5 (21.7)	2 (8.7)
5	Importance of breast-feeding infants for at least 6 months following delivery [i.e. entirely using breast-milk] as well as to breast-feed, if possible, for up to 2 years	16 (69.6)	5 (21.7)	2 (8.7)
6	Importance of routinely weighing young children, under 5 years of age, to monitor normal growth and development as well as to detect different grades of malnutrition	17 (73.9)	4 (17.4)	2 (8.7)

Table 4.23 illustrates that central/township government health officials rarely discuss 6 important health educational topics with mothers, pregnant women, or other villages. A total of 19 of the 23 [82.6%] respondents answered that Burmese government health officials never talked about the importance of FP services, or as indicated in the preceding section, actually provided FP services when visiting rural communities in the Kun Hing Township Area.

A total of 14 of the 23 [60.9%] respondents answered that Burmese government health officials never discussed the importance of obtaining immunization services for children and pregnant women when visiting rural communities in this geographical area.

A total of 17 of the 23 [73.9%] respondents answered that Burmese government health officials never discussed the importance of pregnant women obtaining regular ANC examinations.

A total of 16 of the 23 [69.6%] respondents indicated that Burmese government health officials never discussed the importance of breast-feeding for newborn infants.

A total of 16 of the 23 [69.6%] respondents stated that Burmese government health officials never talked about the necessity of immediately visiting a government hospital if encountering any serious health problem during pregnancy, at childbirth, or in the immediate period following delivery.

A total of 17 of the 23 [73.9%] respondents answered that Burmese government health officials never discussed the importance of regularly weighing young children to monitor "normal growth and development" and/or to detect early signs of childhood malnutrition.

