



Access and Utilization of Maternal and Child Health Care Services among Migrants in Bogale and Mawlamyinegyun Townships



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Introduction

- Extremely important to include migrants in achieving UHC
- Low primary health care coverage and high maternal and child death rate were usually found among migrants
- Urgent need to explore migration pattern and access to maternal and child health services among migrants in finding out strategies ensuring inclusiveness

Objectives

- To assess migration pattern among migrants in Bogale and Mawlamyinegyun Townships
- To identify the accessibility and utilization of maternal and child health care services among migrants
- To explore the barriers to access health care among migrants
- To find out the challenges among health care providers while providing maternal and child health services to migrants

Methodology

Study Design: Cross-sectional
Study area: 87 villages in Bogale and Mawlamyinegyun Townships, Ayeyarwaddy Region
Sampling: villages with large numbers of migrants. Snow ball method was used to find out migrant households
Data Collection
Face-to-face interviews: 1187 migrant households
Key Informant Interviews (KIs): 21 BHS, 15 VHW, 11 village health committee members
In Depth Interviews (IDIs): 26 migrant mothers having children under two years old
Data analysis: Quantitative data-descriptive analysis, Qualitative data-thematic analysis

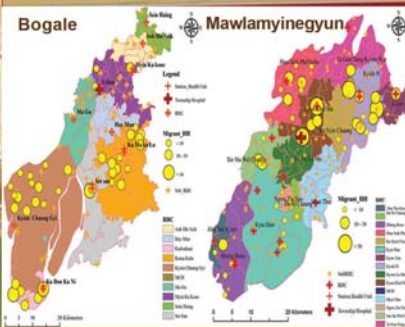
Key Findings

- Main reason for migration- **work opportunity**
- Availability of work- **seasonal in nature**
- Majority of migrant are moving around **within Ayeyarwaddy Region**
- Nearly half of migrant households have mother of under two years old children
- Access to MCH services-
 - AN care- 82.7%** (but only 15% received all components of AN care)
 - Full dose of ATT injection-75.6%**
 - Skilled birth delivery-39.1%**
 - PN care-54.9%**
 - Never received EPI-22.5%**
- Migrants are not included in any of the health care registry and not eligible for referral support
- Main challenges (for health staff)- work overload, limited human resources, difficult transportation
- Key barriers (for migrants) - difficult transportation, unaffordable to transportation and health care cost

Recommendations

To include migrant information in HMIS

- Regular recording, registration and sharing information of migrant mothers and under five children among BHS, VHW and local authority
- To consider performance based reward for BHS and VHW to improve service provision for migrants
- Implement an incentive mechanism and solve transportation difficulties for migrants to improve access to MCH care



Distribution of migrant households and health facilities

"Last year we had 15 maternal deaths. Almost all of them are poor. Four of them died at the hospital and the rest died elsewhere. As we hadn't checked their place of origin, we don't know exactly how much migrants were including in maternal death last year. But three out of four mothers who died at the hospital were migrants." (KI with BHS)

"The older child died of A-twin-tat (beri beri). She (the recent child) hadn't got any immunization even though she is already two years. We want our child get injected (EPI) but how? We're moving place to place with this small boat catching fish. We were not there when Sayarma (MW) came to our native village (for EPI). While we were staying at other village, no body told us when Sayarma (MW) come for immunization." (A migrant mother)

(82.7%) of migrant mothers received AN care

Components of AN care obtained among migrant mothers (n=459)

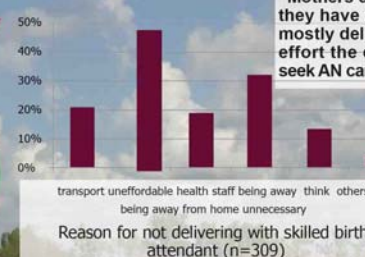
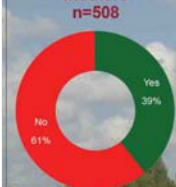
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| Abdominal examination (88%) | Check body weight (63%) |
| Check blood pressure (88%) | Deworming (60%) |
| Injection ATT (85%) | Check anaemia (44%) |
| Iron tablet (85%) | Urine examination (42%) |

(15%) of migrant mothers received all components of AN care

Challenges for midwives....

"A midwife has to take care of 10 to 12 villages. If we don't have a motor boat, we cannot visit each village frequently. We went to every villages at the time of EPI. Pregnant mothers and children were gathered and we provide AN care and EPI at the same time. As we toured in a group, we shared the duties among us. While an AMW check BP, the other do abdominal examination. We cannot provide proper AN though. If they found out a risk, they informed me and I did all the AN examination again. I cannot check each and every pregnant women." (a midwife)

Skilled birth delivery among migrant mothers n=508



"Mothers delivered with midwives if only they have difficult labour. Otherwise we mostly delivered with TBA as we cannot effort the delivery cost. But we usually seek AN care with MW." (A migrant mother)

"The TBA stays with us for the whole week after child birth. She cooks, washes and does our household chaos which MW never does" (A migrant mother)

- EPI zero dose-22.5%
- EPI not complete at 2 years of age-83.3%

Reason for not obtaining EPI

- Staying in the farm at the time of EPI-50%
- Being away from home-38%
- Midwives not coming-24%
- Busy at the time of EPI-10.6%

We do not count the guests and seasonal incomers (migrants) in our birth, or death registry and head count. They come in during harvesting time and go back at the end of the season. Including them will make us busy while doing registries. (An AMW)

Seasonal work opportunity for migrants in Bogale



Seasonal work opportunity for migrants in Mawlamyinegyun



Discussion and Conclusion

- Migrant mothers and children have less access to proper AN care, skilled birth delivery and complete dose of EPI
- Providing MCH care to migrants is also a challenging task for health care workers
- Migration is mostly within the region and the pattern is easily guessable which will help in developing migrant specific strategies
- A strong coordination between health workers, local authority and employers is a key for inclusiveness of migrants in MCH services

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