

A cross-sectional study of community-based maternal and child health interventions involving Women's Health Volunteer Groups in rural Myanmar

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ABSTRACT *Objective:* This study identified the relationship between interventions with womens health volunteer groups in two Myanmar villages and maternal and child health outcomes. *Design and Sample:* This cross-sectional study included 188 women aged 15–49 years old with at least one ≤5-year-old child. The women were randomly selected from two control and two experimental villages. *Measures:* Data were collected via structured interview with a questionnaire based on the UNICEF Multiple Indicator Cluster Survey. *Results:* Logistic regression analyses confirmed that womens health volunteer group intervention was related to the participants receiving any antenatal care (OR: 6.99, $p < .01$) and having knowledge regarding danger signs during the perinatal period (OR: 15.08, $p < .001$), modern contraceptive methods (OR: 44.52, $p < .001$), acceptable first aid (OR: 14.04, $p < .001$), and malaria prevention (OR: 40.30, $p < .001$). A skilled midwife had the most significant relationship with patients receiving any antenatal care (OR: 65.18, $p < .001$). Distance from urban area negatively related to appropriate disposal of the childs stool (i.e., flushed in a latrine; OR: 7.51, $p < .05$). *Conclusions:* This study shows that womens health volunteer groups may positively affect the diffusion of the need to seek antenatal care and health knowledge in rural Myanmar. The importance of skilled midwives is also highlighted, especially in resource-limited settings.

Key words: community-based intervention, maternal and child health, participatory approach, lay health workers, program evaluation, Myanmar.

Background

More than 287,000 pregnant and parturient women die every year worldwide, and most of them live in rural areas of developing countries (World Health Organization, 2012). Myanmar has a relatively high maternal mortality rate of 140 maternal deaths per 100,000 live births in urban populations, which increases to 363 per 100,000 live births in rural populations (Ministry of Health,

Myanmar, 2012). Several reports have described the effectiveness of community mobilization via women's organizations in low-resource settings, where community residents act as core players in solving their own challenges (Manandhar et al., 2004; O'Rourke, Howard-Grabman, & Seoane, 1998). These women's group interventions use a participatory learning and action cycle guided by a facilitator, who leads a cycle of meetings to identify