

UN: High Rates Of Maternal Deaths In Myanmar Among Migrants, Refugees

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AsianScientist (Feb. 13, 2012) - Lack of access to reproductive health services in Myanmar has led to high rates of maternal deaths and unplanned pregnancies among the country's displaced, migrant and refugee populations, say health experts.

"There are huge unmet reproductive health needs for contraceptives, family planning, and access to skilled birth attendants," said Priya Manwell, the UN Population Fund's (UNFPA) humanitarian response coordinator for the Asia Pacific region.

Populations that are on the run or outside their home countries are often unable to gain access to reproductive healthcare, say health workers.

Without skilled birth attendants or contraception, complications from unsafe abortions and post-partum hemorrhage are common along the Thai-Burmese border, where there are more than 150,000 Burmese refugees, according to a new report by the international NGO, Ibis Reproductive Health.

"In Burma, the sad state of reproductive health... [bars] far too many, especially mobile populations, including migrants, refugees, and IDPs, from accessing appropriate, timely, and basic health services," Vit Suwanvanichkij, a research associate at the U.S.-based Johns Hopkins Bloomberg School of Public Health, told IRIN.

Nationwide, only 37 percent of women gave birth with a trained birth attendant in 2007, according to the most recent government data reported to the World Health Organization (WHO).

Health displaced

Displaced people in Myanmar's east face "a health disaster," with a maternal mortality rate (MMR) of 721 deaths per 100,000 live births - three times the national average of 240, according to a 2010 NGO-collaborative report, *Diagnosis Critical*.

Some 10 percent of Myanmar's national MMR has been traced to unsafe abortions.

"A lack of safe, legal abortion creates conditions where women in both eastern Burma and Thailand are likely to either self-abort or engage untrained providers who may use methods likely to cause harm or even death," said Cari Sietra, co-author of Ibis Reproductive Health's recent report.

The lack of health infrastructure in eastern Myanmar has led to frequent reproductive complications from preventable illnesses, such as malaria, which is "the number-one killer of pregnant women," said Suwanvanichkij.

"Malnutrition, malaria, and repeat pregnancies without adequate birth spacing all impact [on] women's ability to carry pregnancies, even wanted ones, to term," added Sietra.

Overall health challenges include a shortage of workers, investment and proper infrastructure, San San Myint, a national technical officer and reproductive health specialist at the WHO country office in Myanmar, told IRIN.

"Reproductive health coverage is [available in fewer than] 150 townships out of 325 townships. The main problem is funding and geographical barriers."

Camps

Reproductive health improves for refugees on the Thai side of the border, who have better access to trained providers, according to Sietra.

But Thailand's estimated two million Burmese migrant workers, are often reluctant to seek medical assistance.

"Undocumented Burmese migrants are hesitant to access services because of their immigration status," said Jaime Calderon, the Southeast Asia regional health migration adviser at the International Organization for Migration office in Bangkok.

This is compounded by providers' discriminatory policies, language constraints and inability to pay, say health workers along the border.

"Put this awful constellation of vulnerabilities together and the result is that far too many women again are sickened, disabled, or die from preventable causes, such as complications of pregnancy and abortions," said Suwanvanichkij.

While Myanmar's recent political reforms have the potential to translate into better care if there is long-term investment in the health system, "we still need to address the immediate needs of people urgently," said Taweasap Sirapapasiri, UNFPA's program officer for Thailand.

Source: [IRIN](#).

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