

Steps to better health in rural Myanmar

In Chin Hills, North West Myanmar, life is hard. Visiting a health facility can take two or three days to walk across steep mountains. For a woman experiencing difficulties in childbirth, this can be catastrophic. For health to improve, change needs to happen within the community. Janette Macleod of Merlin explains.

Since May 2007, Merlin has been working with the ethnic Chin population in Chin State and Western Sagaing Division. Since December 2007, we have concentrated on primary healthcare, increasing community knowledge about health and supporting an environment where people can take steps to better health.

Thantlang Township is one of four townships where Merlin works and is located in western Chin State on the border with India. Steep sided mountains dropping down to narrow valleys mean there is almost no road access, and all areas are prone to landslides during rainy season. Most travel is by foot, horse or motorcycle. The majority of the population are subsistence farmers living in small remote villages using traditional slash and burn agricultural practices to grow staple crops of corn and rice.

We wanted to learn more about communities and local beliefs, so undertook a comprehensive survey of community knowledge and health seeking behaviour. Questionnaires and focus group discussions with different groups - new mothers, men and grandmothers - generated baseline information to feed into Merlin's activities.

The survey found that antenatal and postnatal care coverage is less than 25 per cent. Even women who receive ante- or postnatal care are visiting unskilled providers and not accessing a full package of services. If complications occur during delivery, few women receive proper care. One mother said about labour, "A mother is holding the handle of the entrance to death".

There are many taboos around diet during pregnancy. Mothers reduce their food intake and do not take vitamins, iron tablets and other nutritious foods such as bananas. They are concerned that high food

consumption means they will have a 'big' baby which will make delivery more complicated. Reducing diet and avoiding certain food groups poses a risk to the mother and to foetal development. Anaemia is extremely common during pregnancy.

While exclusive breast feeding is generally recognised as crucial for child development, there are many who do not follow this simple practice in Chin Hills. Strong beliefs that feeding colostrum to the baby is unhealthy means many babies are not breastfed until eight to 48 hours after birth. Many women give water and other fluids to infants and start food as early as three months old. Many also believe that if they breastfeed when they are hot from working in the fields, their 'hot' milk will give the baby diarrhoea.

The survey also highlighted many good practices including rest for the new mother, strong family support and community members being open to finding solutions to their health problems. As well as promoting changes to behaviour, good practices are reinforced and built upon.

Merlin's project aims to tackle some of the myths and misunderstandings about health, and promotes good practice through a multi-pronged approach, working with mobile medical teams, community health workers, auxiliary midwives and village health committees. We also work closely with household decision-makers and community leaders, including religious leaders. The involvement of the whole village at every stage provides peer support and community responsibility for healthy behaviour change.

Communicating about health

When community members have accurate information about health, they can make better choices about how to stay healthy. A key part of the project is a



A village in Chin Photo: Merlin

comprehensive behaviour change communication strategy. Key health messages are developed and delivered through a variety of culturally appropriate methods including focus group discussions, awareness sessions by community leaders, songs and plays.

Community health workers were initially hesitant in conducting awareness raising sessions. Merlin provides them with direct support and ensures they have the backing of the village health committee. They are now more confident in passing on key health messages and more forthcoming in suggesting new methods and forums.

Training and supplies

Simply delivering health messages is not enough. Merlin also provides training, basic equipment and medical supplies. Auxiliary midwives receive training in basic care during pregnancy, safe motherhood and care for newborn babies. Community health workers have been trained to care for children under-five years and provide basic treatment for the most common diseases including diarrhoea and malaria. All Merlin trained community level health workers receive basic equipment and medical supplies, which are replenished during monthly meetings where they also receive supportive supervision.

Meetings provide a supportive environment for community health workers to discuss any problems with Merlin staff and with volunteers from other villages. Many of these workers face significant challenges in treating patients and at the same time generating income for themselves, usually through very labour intensive farming practices. Village health committees discuss these challenges and community members are encouraged to support their community asset and to value the importance of community level services.

A healthy environment

Populations in these isolated villages have had little contact with those from outside the area and are strongly self reliant. Merlin helps them identify reasons for poor health and communities are quick to improve the village environment, for example, cleaning up and digging pit latrines. In one village the youth group spent every Sunday afternoon for one month building pig pens for all the village households to improve environmental sanitation. In other villages, households have started to boil their water. More women are accessing ante- and postnatal care with the support of their families. When communities identify a solution for which they need extra funds, technology or skills, Merlin aims to provide them with what they need, for example bednets, pit latrines and clean delivery kits. And where Merlin cannot help, we actively seek support for communities through other channels.

Working closely with community members and focusing activities on prevention and awareness have already shown that simple efforts and small steps can make a real difference in improving the health status of these vulnerable communities.

Janette Macleod is Project Coordinator with Merlin and has been working in Myanmar since August 2007.

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