Empowerment and Problems in Health Care Access among Currently Married Women in Myanmar: A Secondary Data Analysis on MDHS 2015-16

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women's empowerment, problems in accessing health care, Demographic and Health Surveys, Myanmar, knowledge, decision power, beating, labour force

Abstract

Background: Women's health outcomes are influenced by the lack of access to health care and their inability to make decisions for themselves. This study was conducted to identify the association between women's empowerment and the problems in assessing health care among currently married women aged 15-49 years.

Method: A secondary analysis by using Myanmar Demographic and Health Survey (MDHS) (2015-16) data, which included all 15 regions of Myanmar. In the study, (7,759) eligible currently married women aged 15-49 years were included.

Result: Among eligible women, 52.43% (95% CI: 0.51-0.53) had problems in accessing health care. Women with medium and high empowerment scores were less likely to experience problems in accessing health care compared to women who got low score (aOR=0.85, 95%CI: 0.73-0.98) (aOR=0.55, 95% CI: 0.47-0.65) respectively. Women from rural area (aOR=1.41, 95% CI:1.15-1.72) and women living in Chin State, one of the least developed states, (aOR=1.84, 95% CI: 1.38-2.46) had faced more problems in accessing health care, on the other hand, the problems were seen to be reduced in the case of women aged over 35 years (aOR=0.66, 95% CI: 0.47- 0.94), and those who had an educated husband (aOR=0.76, 95% CI: 0.66-0.86), a husband with a white collar job (aOR=0.71, 95% CI: 0.56-0.89), and those living with an extended family (aOR=0.74, 95% CI: 0.66-0.84).

Conclusion: The study showed when the women are more empowered, they might have less problems in accessing health care. These finding would contribute to the policy formulation in reducing health inequity issues in terms of increasing women's empowerment by enabling women getting equal right to education and jobs.

Key words: women's empowerment, problems in accessing health care, Demographic and Health Surveys, Myanmar, knowledge, decision power, beating, labour force

Full Text

Due to technical limitations, full-text HTML conversion of this manuscript could not be completed. However, the manuscript can be downloaded and accessed as a PDF.

Figures

Figure 1

Conceptual framework

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Conceptual framework

Access to health care
Getting medical help for
self:

Figure 2

Scoring system for access to health care

Access to health care
Getting medical help for
self:

Figure 2

Scoring system for access to health care

Figure 3

Scoring system for domains of women's empowerment

Figure 3

Scoring system for domains of women's empowerment