

**DIFFERENTIALS AND DETERMINANTS OF
FERTILITY AMONG WOMEN AGE 15-49 YEARS
IN MYANMAR**

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ABSTRACT

In Myanmar, total fertility rate is declining from 5.7 in 1973 Myanmar Population and Housing Census data to 2.3 in 2014 Myanmar Population and Housing Census. The reasons of falling total fertility rate is multifactorial and it depends on socio-economic characteristics, women situation and health care facilities of country. This study aims to find differentials and determinants of fertility in Myanmar women. This study was secondary data analysis using Myanmar DHS (2015-2016) and 12,885 women age 15-49 years were included in this study. Descriptive statistics was used to describe the fertility outcomes and differentials. Multinomial regression model was done to assess indirect determinants for fertility and Bongaarts's fertility differential model for direct determinants. About 41 % of women had no children and women with more than 2 children accounted for 27%. With reference to no child ever born, the chance of getting more than 2 children were significantly higher among women age 35-49 years (RRR 359.2,95% CI-241,535.4) compared with those of age 15-24 years. Women living in Yangon (RRR 0.3,95%CI-0.2,0.4), resided at rural (RRR 0.8,95% CI-0.6,1), being richest in wealth quintile (RRR 0.1,95% CI-0.1,0.2) and more than secondary education (RRR 0.1,95%CI-0.05,0.1, $P<0.001$) were less likely to have more than 2 children compared to women with their respective reference categories such as Kachin, urban, poorest and no education. Low proportion of marriage ($C_m=0.44$) and high usage of contraceptives ($C_c=0.47$) among these women were the main direct determinants of the current total fertility rate. If not paid attention to these determinants, Myanmar will reach to the replacement fertility level ($TFR < 2.1$) in near future. The findings suggested that effective health literacy promotion regarding to contraceptive knowledge and safe motherhood should be targeted to the reproductive women. Government need to strengthen family support policy for the people with children and should promote and create child-oriented and valued society. Further qualitative study should be conducted to explore the underlying reasons for occurrence of the major determinants that inhibit the fertility.