AYEYARWADDY REGION

A Snapshot of Child Wellbeing

BASIC INFORMATION

Area: 35,963.52 sq. km

Total population: 6,316,999
Rural: 5,546,391 **Urban:** 770,608 **0-14 years:** 1,807,602

Languages: Myanmar

Administrative divisions: 6 Districts, 26 Townships, 252 Wards, 1,913 Village Tracts, 12,194 Villages

Capital: Pathein

Main economic activities: Forestry, Agriculture, Fishing

SOCIO-ECONOMIC CONTEXT

Located in southern Myanmar, Ayeyarwaddy Region is bordered by Rakhine State and Bago Region to the north, Yangon Region to the east and the Andaman Sea and Bay of Bengal to the south and west.

Regarded as the rice bowl of Myanmar, Ayeyarwaddy is the largest producer of rice among all the states and regions. On most social development indicators, it fares close to the national average.

In 2008, Ayeyarwaddy was drastically affected by Cyclone Nargis which was one of the worst natural disasters in the history of Myanmar and resulted in catastrophic loss of lives and infrastructure in the Region.

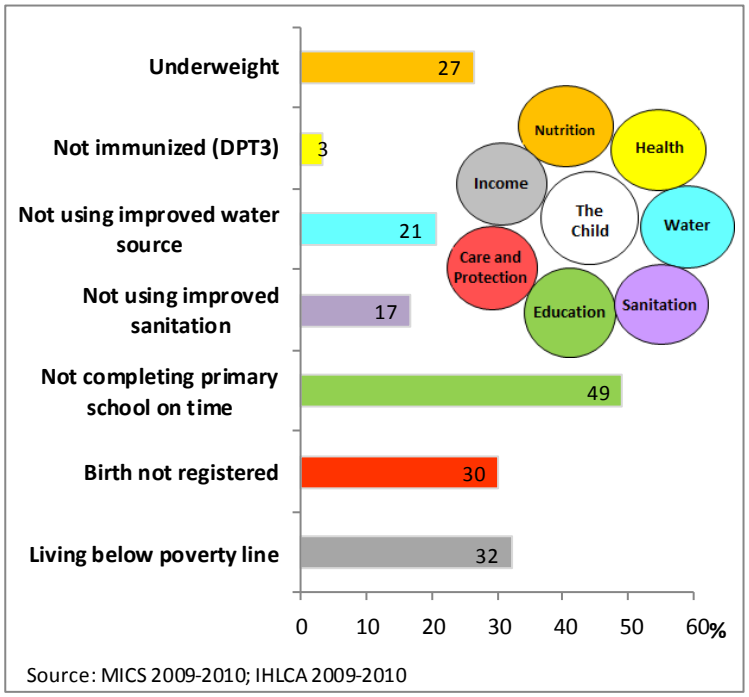
CHILD WELLBEING

Children have basic needs, such as adequate nutrition and healthcare, that if unmet could result in long-term consequences, including limitations on their physical and cognitive development and consequently on opportunities and wellbeing in adulthood.

Their experience of poverty is multidimensional and deprivation in any of the key dimensions (i.e. nutrition, health, education, care and protection, water, sanitation and income) compromises their wellbeing.

A sizeable proportion of children in Ayeyarwaddy continue to have some of their most basic needs unmet. The chart depicts the extent of deprivation in the Region using a selected indicator for each key dimension. For example, deprivation in education is indicated by almost half the children in primary school not completing on time.

How children in Ayeyarwaddy Region fare (compared to the average Myanmar child) in each of the key dimensions of wellbeing is examined more closely on the following pages. A table on the last page presents data on a slightly wider range of child wellbeing indicators.



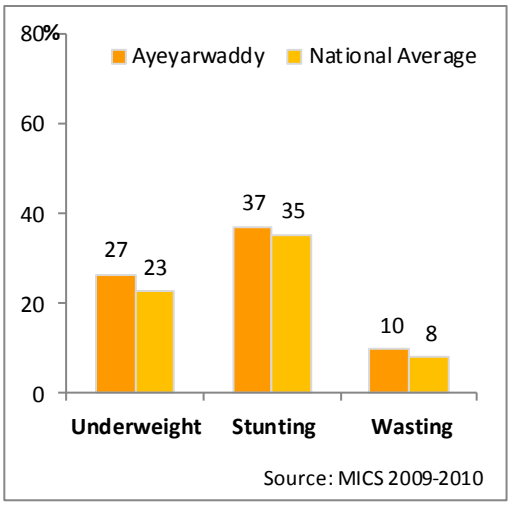
Source: MICS 2009-2010; IHLCA 2009-2010

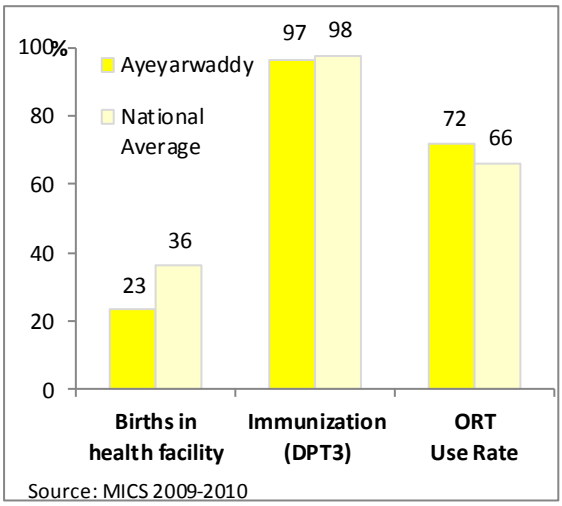
NUTRITION

Good nutrition is a cornerstone for survival, health and development. Well-nourished children perform better in school, grow into healthy adults and in turn give their children a better start in life.

Given the optimum start in life, all children have the potential to develop within the same range of height and weight. This means that differences in children's growth to age five are more dependent on nutrition, feeding practices, environment and health care than on genetics or ethnicity.

According to all three standard measures of malnutrition (underweight, stunting and wasting), children in Ayeyarwaddy Region are almost as likely to be malnourished as the average Myanmar child. The prevalence of stunting (or low height-for-age) is alarmingly high with 37 per cent of children being stunted. Stunting is a consequence of chronic malnutrition and can have irreversible damage on brain development. If not addressed in the first 2 years of life, stunting diminishes the ability of children to learn and earn throughout their lives.





HEALTH

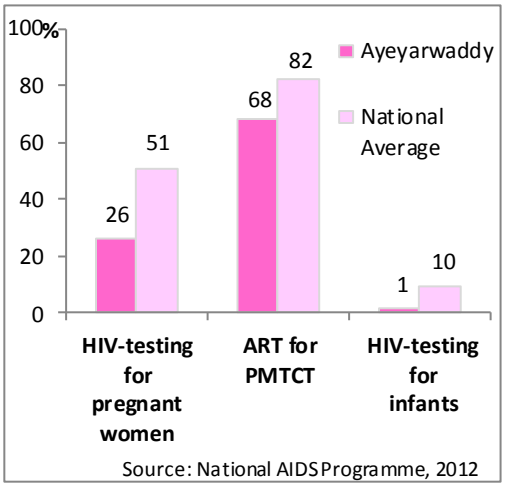
Significant reductions in maternal and child mortality can be achieved through a few simple health interventions, including giving birth in a health facility (or at least in the presence of a skilled birth attendant), timely immunization against some of the main childhood illnesses, and adequate management of diarrhoea including oral rehydration therapy (ORT) etc.

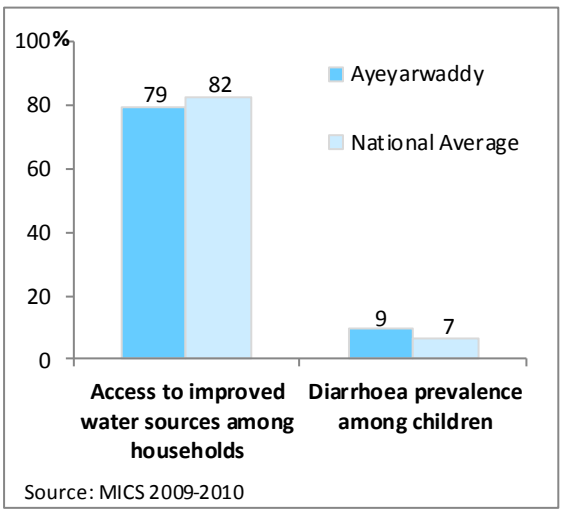
Children in Ayeyarwaddy Region are less likely than the average Myanmar child to be born in a health facility (only about 23 per cent are), where life-saving obstetric care would be available for mother and child in case of complications during birth. Immunization rates appear comparable to the national average. The use of oral rehydration therapy (ORT), to prevent life-threatening dehydration associated with diarrhoea among children, is employed in only 72 per cent of cases in the Region.

HIV

Elimination of mother-to-child transmission of HIV is a key component of the global response to HIV for young children. In high-income countries, mother-to-child transmission of HIV has been virtually eliminated. Steady expansion of HIV testing, particularly of pregnant women, and provision of the most effective antiretroviral treatment (ART) offers hope that mother-to-child transmission can be virtually eliminated in low- and middle-income countries as well.

The Myanmar National Strategic Plan on AIDS 2011-2015 includes prevention of mother-to-child transmission (PMTCT) as a priority and various related indicators are regularly monitored. Among those reached by the public health system, only about a quarter (26 per cent) of pregnant women in Ayeyarwaddy are likely to be tested for HIV and receive the test result. Of these, only 68 per cent of those identified as HIV-positive are likely to receive ART for PMTCT. And only 1 per cent of infants born to women identified as HIV-positive in the Region are tested for HIV within the prescribed 2 months after birth.





WATER

According to the Multiple Indicator Cluster Survey (MICS), about 21 per cent of households in Ayeyarwaddy Region are not using improved water sources, which is comparable to the national average. However, the Knowledge Attitudes and Practices (KAP) Survey on Water and Sanitation conducted in 2011 in 24 townships nationwide, including 5 from Ayeyarwaddy, suggests that the water and sanitation situation is by and large much worse than indicated by MICS. For example, as many as 37 per cent of households in Pantanaw township were found by the KAP survey to not be using improved water sources throughout the year.

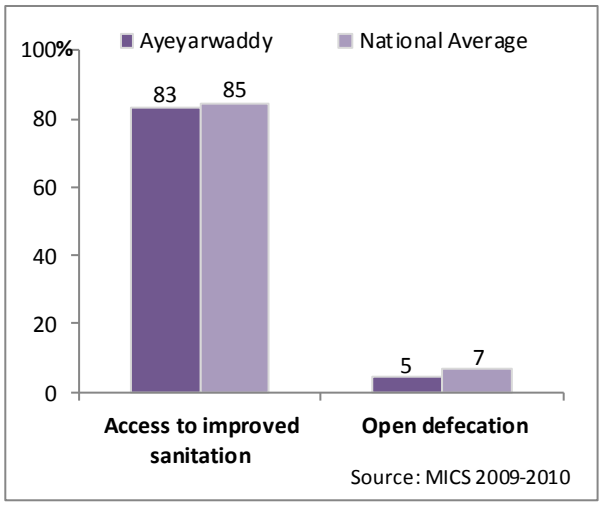
Lack of access to safe drinking water is a major contributor to diarrhoea prevalence, with 80 per cent of child deaths due to diarrheal disease globally being attributed to poor drinking water, lack of sanitation and poor hygiene. Prevalence of diarrhoea among children aged 0-59 months in Ayeyarwaddy has increased from almost 5 per cent in 2003 to about 9 per cent in 2009-2010, mirroring the increase in Myanmar as a whole.

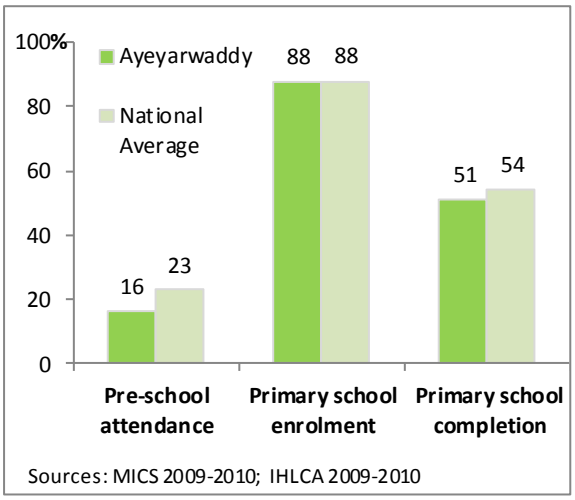
SANITATION

According to the Multiple Indicator Cluster Survey (MICS), about 17 per cent of households in Ayeyarwaddy Region do not use improved sanitation and 5 per cent are practicing open defecation.

The 2011 KAP Survey on Water and Sanitation revealed that the situation may actually be much worse than indicated by MICS, especially in some areas. For example, as many as 34 per cent of households were not using improved sanitation in Pyapon township of Ayeyarwaddy.

Improved sanitation can reduce diarrheal disease by more than a third, and can significantly lessen the adverse health impacts of other disorders responsible for death and disease among millions of children. Investment in hygiene promotion, sanitation and water services is also among the most cost-effective ways of reducing child mortality.





EDUCATION

Myanmar generally lags behind other countries in the region on education indicators due to decades of underinvestment in the education sector.

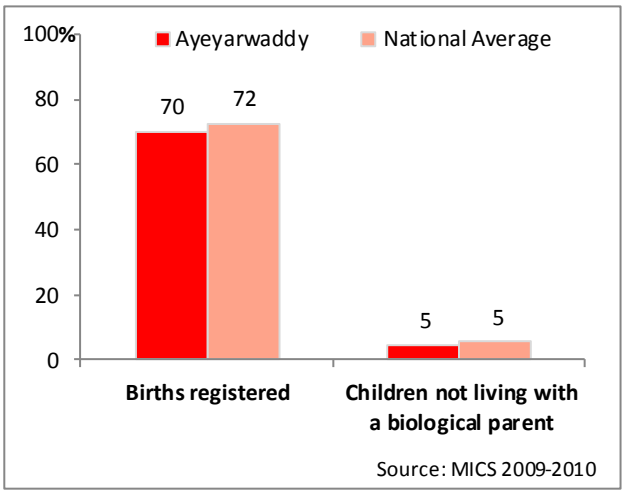
Pre-school attendance among children aged 3-5 years is low with less than a quarter of them attending pre-school in the country as a whole. Ayeyarwaddy fares even worse on this indicator, with only about 16 per cent of children aged 3-5 in the Region attending pre-school. Adequate intellectual and social stimulation in early childhood, as provided in pre-school, is important for a child developing to his or her full potential. And children who attend pre-school tend to do much better in primary school.

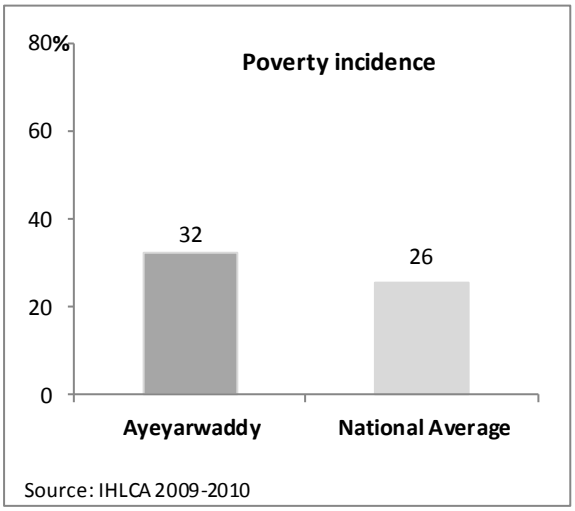
The primary school enrollment rate in Ayeyarwaddy is comparable to the national average but 12 per cent of children still do not have access to primary education. And only about half (51 per cent) of children enrolled in primary school in the Region complete their schooling on time.

CARE AND PROTECTION

Quality data on the most salient child protection issues in Myanmar, such as children living in out-of-home residential care, children living and working on the street and children in hazardous forms of work, is currently unavailable. It is expected that with the population census and Demographic Health Survey in 2014-2015, relevant data will be collected and analyzed.

Currently available indicators include proportion of births registered and proportion of children not living with a biological parent. About 30 per cent of births in Ayeyarwaddy are not registered. Unregistered children are not only deprived of their basic right to a legal identity but are also more vulnerable to exploitation. With regard to children not living with a biological parent, the situation in Ayeyarwaddy (at almost 5 per cent) is comparable to the national average.





INCOME

While income alone is not sufficient to ensure a child's wellbeing, it often enables families to have better access to quality education, health care, water and sanitation.

Income poverty data are not as yet available in Myanmar.

However, the Integrated Household Living Conditions Assessment (IHLCA) allowed estimation of monetary poverty, as measured by consumption expenditure on food and non-food items. According to this measure, about 32 per cent of the population was estimated to be living below the poverty line in Ayeyarwaddy Region. This is somewhat higher than the poverty estimate for the country as a whole (which is 26 per cent).

TABLE OF INDICATORS FOR AYEYARWADDY REGION

	INDICATOR	Ayeyarwaddy	National Average	Highest Incidence	Lowest Incidence
NUTRITION	**Underweight:** % of children aged 0-59 months who measured below -2 SD international reference weight for age	26.5	22.6	37. 4 *Rakhine*	13.0 *Kachin*
	Stunting: % of children aged 0-59 months who measured below -2 SD international reference height for age	37	35.1	58.0 *Chin*	24 *Yangon*
	Wasting: % of children aged 0-59 months who measured below -2 SD international reference weight for height	9.8	7.9	10.8 *Rakhine*	2.3 *Kayah*
	Exclusively breastfed: % of children aged 0-5 months who are exclusively breastfed	25	23.6	47 *Mon*	1.3 *Rakhine*
	Vitamin A supplementation: % of children 5-59 months who never received vitamin A	8	10.6	13.1 *Chin*	6.4 *Bago West*
MATERNAL & CHILD HEALTH	**Ante-natal care visits**: % of pregnant women receiving ANC one or more times during pregnancy	90	93.1	99.6 *Mon*	75.6 *Chin*
	Ante-natal care quality: % of pregnant women who had urine specimen taken	53.3	56.9	91.2 *Mon*	16.2 *Chin*
	Births in health facility: % of ever married women aged 15-49 who delivered in health facility	23.2	36.2	68.9 *Yangon*	5.6 *Chin*
	Immunization: % of children aged 12-23 months who received DPT3 vaccinations	96.7	97.8	100.0 *Mon*	91.0 *Chin*
	ORT Use Rate: % of children aged 0-59 months who had diarrhoea in the last two weeks and received ORT	71.8	66.3	90.2 *Tanintharyi*	47.2 *Kachin*
HIV	**HIV-testing for pregnant women**: % of women attending ANC who tested for HIV and received the result	26	51	98.2 *Kayah*	12.1 *Chin*
	ART for PMTCT: % of HIV-positive pregnant women who received antiretroviral drugs to reduce the risk of mother-to-child transmission during pregnancy, delivery and breastfeeding	68.3	82	102.2 *Magway*	35.7 *Shan South*
	HIV-testing for infants: % of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	1.4	9.5	42.4 *Shan South*	1.1 *Magway*
WATER & SANITATION	**Improved water**: % of households using improved water sources	79.4	82.3	92.5 *Yangon*	51.1 *Kayin*
	Diarrhoea prevalence: % of children who had diarrhoea in the last two weeks	9.4	6.7	13.1 *Chin*	2.5 *Sagaing*
	Improved sanitation: % of households with access to sanitary means of excreta disposal	83.1	84.6	93.8 *Yangon*	48.0 *Rakhine*
	Open defecation: % of households practicing open defecation	4.7	7	40.7 *Rakhine*	0.3 *Yangon*
EDUCATION	**Early childhood education**: % of children aged 36-59 months currently attending early childhood education	16.2	22.9	60.7 *Kayah*	5.4 *Rakhine*
	Primary school enrolment: Net Enrolment Rate in Primary School	87.5	87.7	96.3 *Kayah*	71.4 *Rakhine*
	Primary school completion: Net Primary School Completion Rate	50.9	54.2	72.3 *Tanintharyi*	31.7 *Rakhine*
CHILD PROTECTION	**Birth registration**: % of children aged 0-59 months whose births are registered	69.8	72.4	95.2 *Yangon*	24.4 *Chin*
	Parental care: % children aged 0-17 years in households not living with a biological parent	4.6	5.4	18.7 *Mon*	1.3 *Rakhine*
INCOME	**Poverty incidence**: % of population who are poor	32.2	25.6	73.3 *Chin*	11.4 *Kayah*

NOTES

All data presented herein, except on the following indicators, comes from the Multiple Indicator Cluster Survey (MICS) 2009-2010.

- ⇒ Area and Population: Health Management Information System (HMIS) Township Profiles 2011
- ⇒ Administrative divisions: 2012 MIMU P-Codes Release V (based on the 25 February 2011 Gazette issued by the Ministry of Home Affairs – with UN/NGO field office updates on the number of villages)
- ⇒ Poverty Incidence and Primary School Net Enrolment Rate: Integrated Household Living Conditions Assessment (IHLCA) 2009-2010
- ⇒ HIV-testing for pregnant women, ART for PMTCT and HIV-testing for infants: Myanmar National AIDS Programme 2012 (This is programme data, and unlike the data on the other indicators, is likely not representative at the state/regional level.)

The map was developed by the Myanmar Information Management Unit (MIMU) upon request by UNICEF.