Myanmar

Maternal, Newborn & Child Survival

November 2008
**DEMOGRAPHICS**

- Total population (000) 48,798 (2007)
- Total under-five population (000) 4,132 (2007)
- Births (000) 891 (2007)
- Under-five mortality rate (per 1000 live births) 103 (2007)
- Infant mortality rate (per 1000 live births) 74 (2007)
- Neonatal mortality rate (per 1000 live births) 49 (2004)
- Total under-five deaths (000) 92 (2007)
- Maternal mortality ratio (per 100,000 live births) 380 (2005)
- Lifetime risk of maternal death (1 in N) 110 (2005)

**INTERVENTION COVERAGE FOR MOTHERS, NEWBORNS AND CHILDREN**

**NUTRITION**

- Stunting prevalence (based on 2006 WHO reference population, moderate and severe, %) 41 (2003)
- Stunting prevalence (based on NCHS/WHO reference population, moderate and severe, %) 32 (2003)
- Wasting prevalence (based on 2006 WHO reference population, moderate and severe, %) 11 (2003)
- Wasting prevalence (based on NCHS/WHO reference population, moderate and severe, %) 9 (2003)

**CHILD HEALTH**

- Complementary feeding rate (6-9 months, %) 66 (2003)
- Low birthweight incidence (%) 15 (2000)
- Immunisation Percent of children immunised against measles
  - 86 81 0

**Causes of under-five deaths**

- Globally more than one third of child deaths are attributable to undernutrition

**Causes of neonatal deaths**

- Premature 28%
- Diarrhoea 21%
- Malaria 9%
- Tetanus 2%
- Other 7%
- Infection 23%

**Causes of under-five deaths**

- Pneumonia 22%
- Measles 2%
- Other 6%
- HIV/AIDS 1%

**Malaria treatment**

- Percent febrile children < 5 years using anti-malarials
  - 2000 MICs 2003 MICs
  - No Data

**Diarrhoeal disease treatment**

- Percent children < 5 years with diarrhoea receiving oral rehydration therapy or increased fluids, with continued feeding
  - 2000 MICs 2003 MICs
  - No Data

**Exclusive breastfeeding**

- Percent infants <6 months exclusively breastfed
  - 2003 MICs
  - No Data
**Myanmar**

### Maternal and Newborn Health

- **Proportion of women with low BMI (< 18.5 Kg/m², %)** - -
- **Unmet need for family planning (%)** 19 (2001)
- **Total fertility rate** 2.1 (2007)
- **Adolescent birth rate (births per 1000 woman aged 15-19 yr)** 48 (2006)
- **Antenatal visit for woman (4 or more visits, %)** 22 (2001)
- **Early initiation of breastfeeding (within 1 hour of birth, %)** - -
- **Institutional deliveries (%)** 16 (2001)
- **Postnatal visit for baby (within 2 days for home births, %)** - -
- **Postnatal visit for mother (within 2 days, %)** - -

#### Antenatal Care

- Percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy: 76%

#### Skilled Attendant at Delivery

- Percent live births attended by skilled health personnel: 76%

#### Neonatal Tetanus Protection

- Percent of newborns protected against tetanus: 91%

### HIV and AIDS

- **HIV prevalence among young women (15-24 yrs, %)** 0.6 (2007)
- **HIV prevalence among young men (15-24 yrs, %)** 0.7 (2007)
- **HIV+ children using ART (number)** 287 (2007)
- **Orphan school attendance ratio** - -

### Water and Sanitation

- **Drinking Water Coverage**
  - Total: 74% (2001), 20% (2003), 64% (2007)
  - Rural: 78% (2001), 16% (2003), 11% (2007)
  - Urban: 20% (2001), 20% (2003), 20% (2007)

- **Sanitation Coverage**
  - Total: 1% (2001), 1% (2003), 1% (2007)
  - Rural: 8% (2001), 8% (2003), 8% (2007)
  - Urban: 85% (2001), 81% (2003), 85% (2007)

### Education

- **Survival rate to last grade of primary school (administrative data)** 72 (2005)
- **Survival rate to last grade of primary school (survey data)** 100 (2003)
- **Primary school net enrolment or attendance ratio (total)** 84 (2003)
- **Primary school net enrolment or attendance ratio (% male)** 83 (2003)
- **Primary school net enrolment or attendance ratio (% female)** 84 (2003)

### Child Protection

- **Women aged 20-24 years who were married or in union by age 18 (%)** - -
- **Birth registration (%)** 65 (2003)

### Policies

- **International Code of Marketing of Breastmilk Substitutes** No (2008)
- **New ORS formula and zinc for management of diarrhoea** Yes (2008)
- **Community treatment of pneumonia with antibiotics** Yes (2008)
- **IMCI adapted to cover newborns 0-1 week of age** - -
- **Costed implementation plan(s) for maternal, newborn and child health available** - -
- **Midwives to be authorised to administer a core set of life saving interventions** - -
- **Maternity protection in accordance with ILO Convention 183** No (2008)
- **Specific notification of maternal deaths** - -

### Systems

- **DHS, MICS, Other NS** Source: WHO/UNICEF
- **Pre-pregnancy, Pregnancy, Birth, Neonatal period, Infancy** Source: DHS, MICS, Other NS

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### Causes of Maternal Deaths

Regional estimates for Asia, 1997-2002

- **Obstructed labor** 9%
- **Hypertensive disorders** 9%
- **Severe infections, including AIDS** 12%
- **Anemia** 13%
- **Other causes** 21%
- **Abortion** 6%
- **Haemorrhage** 30%

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### Coverage Along the Continuum of Care

- **Contraceptive prevalence rate** 34 (2008)
- **Antenatal visit (1 or more)** 76 (2008)
- **Skilled attendant at birth** 57 (2008)
- **Postnatal care** 15 (2008)
- **Exclusive breastfeeding** 81 (2008)

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**Source:** WHO/UNICEF, 2008
## DISPARITIES IN INTERVENTION COVERAGE

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total</th>
<th>Gender</th>
<th>Residence</th>
<th>Wealth Quintile</th>
<th>Source</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Ratio of Male to Female</td>
<td>Urban</td>
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<td>NUTRITION 1</td>
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<td>Low birthweight incidence (%)</td>
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<td>Underweight prevalence (based on 2006 WHO reference population, %)</td>
<td>30</td>
<td>31</td>
<td>28</td>
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<td>25</td>
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<td>Underweight prevalence (based on NCHS/WHO reference population, %)</td>
<td>32</td>
<td>31</td>
<td>32</td>
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<td>25</td>
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<tr>
<td>Stunting prevalence (based on 2006 WHO reference population, %)</td>
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<td>42</td>
<td>40</td>
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<td>Wasting prevalence (based on 2006 WHO reference population, %)</td>
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<td>Wasting prevalence (based on NCHS/WHO reference population, %)</td>
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<td>Exclusive breastfeeding (0-5 months, %)</td>
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<td>Complementary feeding (6-9 months, %)</td>
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<td>CHILD HEALTH</td>
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<td>Careseeking for pneumonia (%)</td>
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<td>Antibiotic use for pneumonia (%)</td>
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<td>ORT (ORS or RHF) or increased fluids, with continued feeding (%)</td>
<td>65</td>
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<td>Children sleeping under ITNs (%)</td>
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<td>Children with fever receiving any anti-malarial medicines (%)</td>
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<td>MATERNAL AND NEWBORN HEALTH</td>
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<td>Proportion of women with low BMI (&lt; 18.5 Kg/m²)</td>
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<td>Antenatal care coverage at least one visit (%)</td>
<td>76</td>
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<td>87</td>
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<td>Antenatal care coverage (4 or more visits, %)</td>
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<td>31</td>
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<td>Skilled attendant at delivery (%)</td>
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<td>Early initiation of breastfeeding (%)</td>
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<td>WATER AND SANITATION 3</td>
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<tr>
<td>Use of improved drinking water sources (%)</td>
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<td>Use of improved sanitation facilities (%)</td>
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<td>EDUCATION</td>
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<td>Survival rate to last grade of primary school (administrative data, %)</td>
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<td>71</td>
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<td>Survival rate to last grade of primary school (survey data, %)</td>
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<td>Primary school net enrolment or attendance ratio</td>
<td>84</td>
<td>83</td>
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<td>CHILD PROTECTION</td>
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Note: The format for this Country Profile has been adapted from the Countdown to 2015, 2008 report (UNICEF, 2008). Coverage data have been largely derived from national household surveys such as the Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS). For the majority of coverage indicators, UNICEF global databases were used. Other organizations such as the World Health Organization, UNAIDS, United Nations Population Fund, London School of Hygiene and Tropical Medicine and Saving Newborn Lives also provided data. Details on indicators, data sources, and definitions of indicators, can be found at www.childinfo.org.

1. Anthropometric indicators - Reference Standards for Underweight, Stunting and WastingNew international Child Growth Standards for infants and young children were released by WHO in 2006, replacing the older NCHS/WHO reference population. During this transition period, the Country Profile provides underweight, stunting and wasting data based on both the 2006 WHO reference population and the older NCHS/WHO reference population, where available. In using the 2006 WHO reference population, estimates generally change in the following manner: stunting is greater throughout childhood; underweight rates are higher during the first half of infancy and lower thereafter; and, wasting rates are higher during infancy.

2. Disparities - Disparity information is only available for data directly derived from household surveys such as MICS and DHS. Therefore, disparity data are not available for the following indicators: mortality, vitamin A supplementation, immunization, and for HIV/AIDS. In addition, neither UNICEF Global Databases nor databases from partner organizations maintain disparity data for the following indicators: total fertility rate, unmet need, institutional deliveries, contraceptive prevalence, adolescent birth rate.

3. Water and sanitation wealth quintile data are derived from a MICS or DHS survey from 2005 or 2006. Urban, rural and total coverage estimates provided are for 2006 and are those published by the WHO/UNICEF Joint Monitoring Program for Water Supply and Sanitation.