

CHIN STATE

A Snapshot of Child Wellbeing



BASIC INFORMATION

Area: 36,071.58 sq. km

Total population: 478,801

Urban: 99,809

Children under 18: 221,115

Rural: 378,992

Ethnic composition: Chin, Bamar, Other

Languages: Chin (several dialects), Myanmar

Administrative divisions: 3 Districts, 9 Townships, 40 Wards, 470 Village Tracts, 1,501 Villages

Capital: Hakha

Main economic activities: Agriculture, Forestry

SOCIO-ECONOMIC CONTEXT

Located in western Myanmar, Chin State is bordered by Rakhine State to the south, Magway and Sagaing Regions to the east, India to the north and Bangladesh to the west. The terrain is mountainous with few transportation links.

Chin remains one of the least developed areas of Myanmar and schools and healthcare facilities are largely inadequate. Southern Chin is home to some of the most remote and isolated communities in the country.

In addition to having the highest poverty rate among all states and regions (73 per cent), Chin State also fares among the worst on a number of social development indicators (including stunting, immunization, diarrhoea prevalence and birth registration).

The population of Chin State is rapidly dwindling due to migration. A lack of economic opportunities has led many to migrate to other parts of Myanmar, India, Malaysia or Thailand.

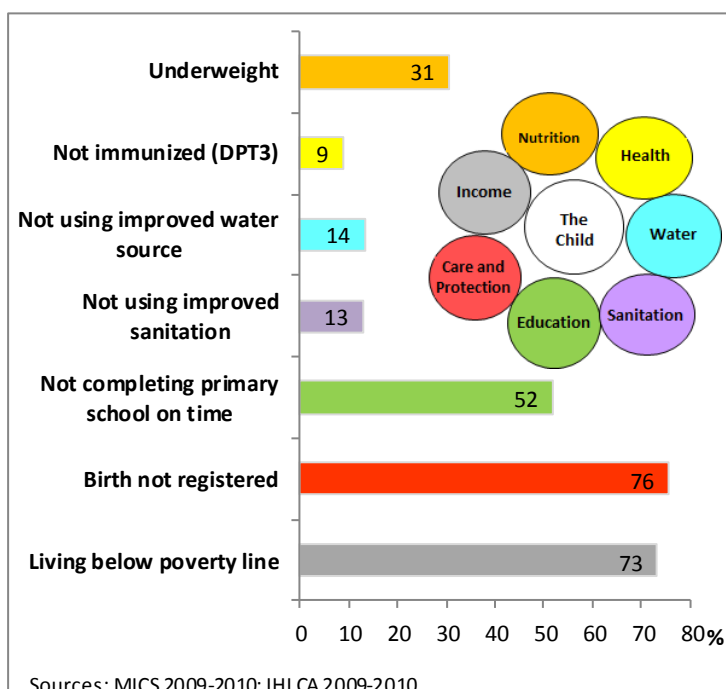
CHILD WELLBEING

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 Chin State continue to have some of their most basic needs unmet. The chart depicts the extent of deprivation in the State using a selected indicator for each key dimension. For example, deprivation in nutrition is illustrated by 30 per cent of children in the State being underweight.

How children in Chin 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

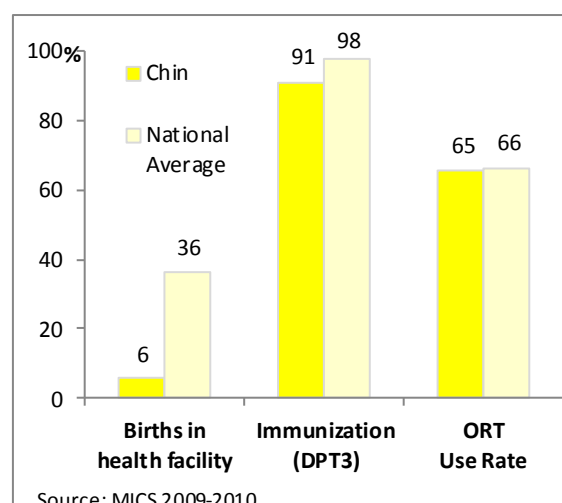
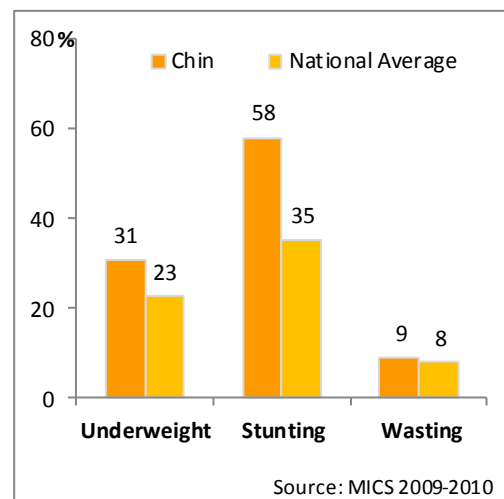


NUTRITION

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 Chin State are more likely to be malnourished than the average Myanmar child. The prevalence of stunting (or low height-for-age) is particularly high with almost 60 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 two years of life, stunting diminishes the ability of children to learn and earn throughout their lives.



HEALTH

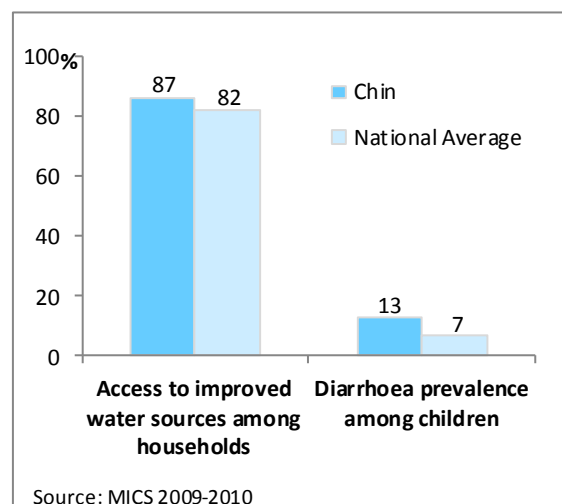
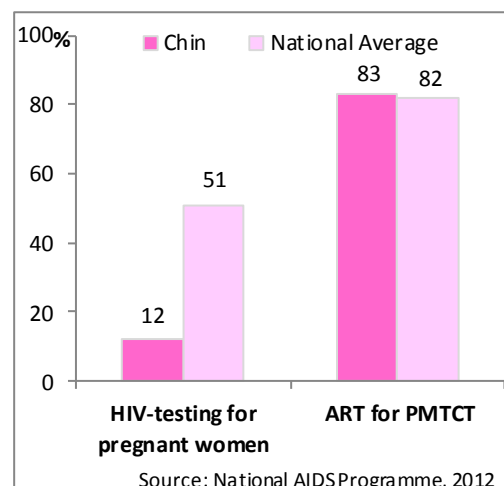
Significant reductions in maternal and child mortality can be achieved through a few simple health interventions, including giving birth in a health facility (or at least in the presence of a skilled birth attendant), timely immunization against some of the main childhood illnesses, and adequate management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

Children in Chin State are much less likely than the average Myanmar child to be born in a health facility (only about 6 per cent are), where life-saving obstetric care would be available for mother and child in case of complications during birth. This also reflects the low level and quality of ante-natal care received by pregnant women in the State. Immunization rates appear comparable to the national average but the remote location of many communities does make delivering vaccines to all children a daunting task, especially in southern Chin. The use of oral rehydration therapy (ORT), to prevent life-threatening dehydration associated with diarrhoea among children, is employed in only 65 per cent of cases.

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 12 per cent of pregnant women in Chin are likely to be tested for HIV and receive the test result. However, the vast majority of women (83 per cent) identified as HIV-positive in the State receive antiretroviral drugs to reduce the risk of transmission during pregnancy, delivery and breastfeeding, but access is still not universal.



WATER

According to the Multiple Indicator Cluster Survey (MICS), about 20 per cent of households in Chin state 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 2 from Chin State, suggests that the situation might be much worse. According to this survey, 42 per cent of households in Mindat township are not using improved water sources and as many as 70 per cent in Kanpetlet township are not. A majority of the households in both townships cited difficulties in getting water.

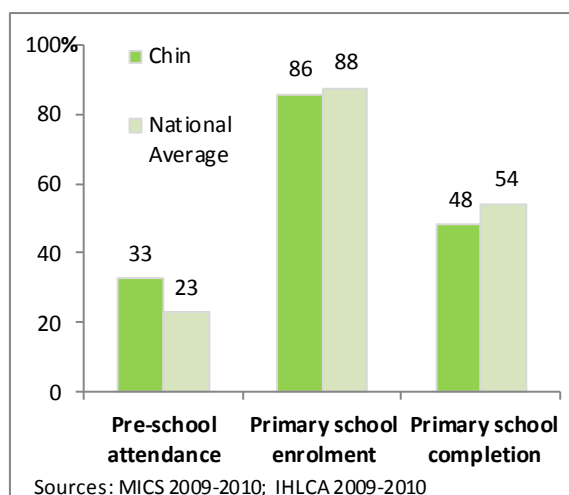
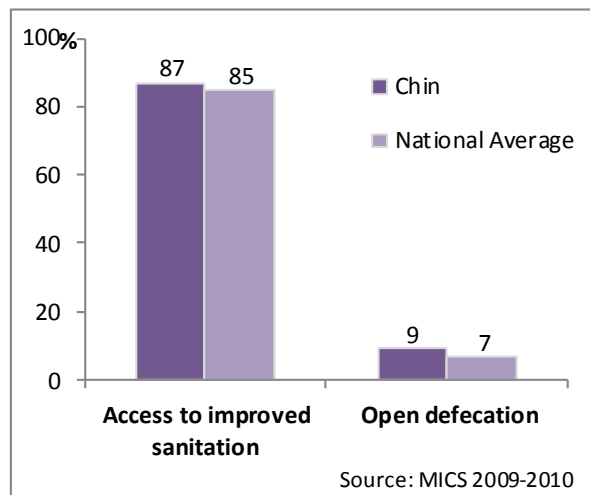
Lack of access to safe drinking water is a major contributor to diarrhoea prevalence, with 80 per cent of child deaths due to diarrheal disease globally being attributed to poor drinking water, lack of sanitation and poor hygiene. Prevalence of diarrhoea among children aged 0-59 months in Myanmar has increased from 4 per cent in 2003 to about 7 per cent in 2009-2010. Diarrhoea prevalence in Chin still stands at 13 per cent.

SANITATION

According to the Multiple Indicator Cluster Survey (MICS), about 13 per cent of households in Chin do not have access to improved sanitation and 9 per cent are practicing open defecation.

The 2011 KAP Survey on Water and Sanitation revealed that the situation may actually be much worse, especially in some areas. About 27 per cent of households were found to be using unimproved latrines and 15 per cent were using no latrines in Kanpetlet township. However in Mindat township, the use of unimproved or no latrines was 5 per cent and 2 per cent respectively.

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.

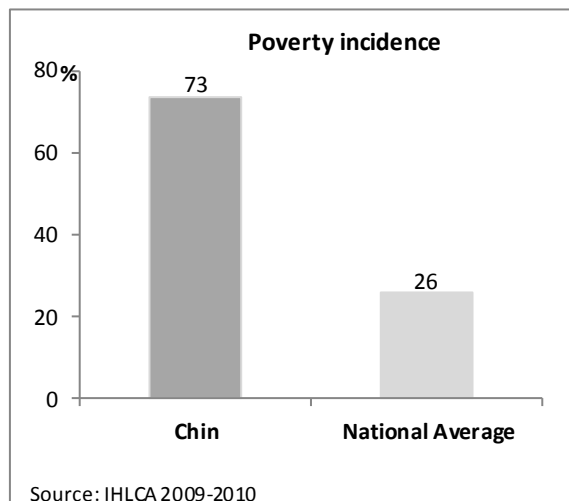
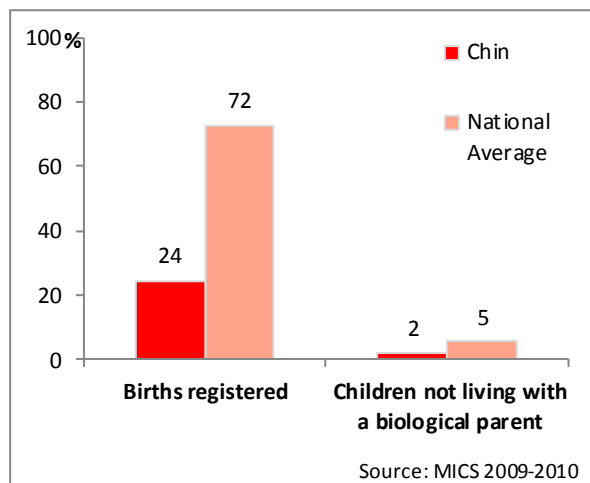


EDUCATION

Myanmar generally lags behind other countries in the region on education indicators due to decades of underinvestment in education. Pre-school attendance among children aged 3-5 years is low with less than a quarter of all children attending. Although Chin fares better than the national average on this indicator, presumably due to the abundance of faith-based ECD centers, only about a third of children in the State attend 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 Chin is comparable to the national average but almost 15 per cent of children do not have access to primary education and less than half of all children attending primary school in the State actually complete on time. Difficult terrain, extreme weather, long distances, and inadequate electricity and infrastructure are commonly cited as obstacles to universal primary education.

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. While only 72 per cent of all births in Myanmar are registered, the proportion is much lower in Chin where only about 24 per cent of births are 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 Chin (2 per cent) appears slightly better than the national average (5 per cent).



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 73 per cent of the population was estimated to be living below the poverty line in Chin State. This is the highest incidence of poverty among all states and regions and is much higher than the national average of 26 per cent. It is also much higher than the 44 per cent estimated for Rakhine State, which has the second highest poverty rate among all states and regions.

TABLE OF INDICATORS FOR CHIN STATE

	INDICATOR	Chin	National Average	Highest Incidence	Lowest Incidence
NUTRITION	Underweight: % of children aged 0-59 months who measured below -2 SD international reference weight for age	30.7	22.6	37.4 <i>Rakhine</i>	13.0 <i>Kachin</i>
	Stunting: % of children aged 0-59 months who measured below -2 SD international reference height for age	58	35.1	58.0 <i>Chin</i>	24 <i>Yangon</i>
	Wasting: % of children aged 0-59 months who measured below -2 SD international reference weight for height	8.9	7.9	10.8 <i>Rakhine</i>	2.3 <i>Kayah</i>
	Exclusively breastfed: % of children aged 0-5 months who are exclusively breastfed	25.4	23.6	47 <i>Mon</i>	1.3 <i>Rakhine</i>
	Vitamin A supplementation: % of children 5-59 months who never received vitamin A	13.1	10.6	13.1 <i>Chin</i>	6.4 <i>Bago West</i>
MATERNAL & CHILD HEALTH	Ante-natal care visits: % of pregnant women receiving ANC one or more times during pregnancy	75.6	93.1	99.6 <i>Mon</i>	75.6 <i>Chin</i>
	Ante-natal care quality: % of pregnant women who had urine specimen taken	16.2	56.9	91.2 <i>Mon</i>	16.2 <i>Chin</i>
	Births in health facility: % of ever married women aged 15-49 who delivered in health facility	5.6	36.2	68.9 <i>Yangon</i>	5.6 <i>Chin</i>
	Immunization: % of children aged 12-23 months who received DPT3 vaccinations	91	97.8	100.0 <i>Mon</i>	91.0 <i>Chin</i>
	ORT Use Rate: % of children aged 0-59 months who had diarrhoea in the last two weeks and received ORT	65.4	66.3	90.2 <i>Thanintharyi</i>	47.2 <i>Kachin</i>
HIV	HIV-testing for pregnant women: % of women attending ANC who tested for HIV and received the result	12.1	51	98.2 <i>Kayah</i>	12.1 <i>Chin</i>
	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	83.3	82	102.2 <i>Magway</i>	35.7 <i>Shan South</i>
	HIV-testing for infants: % of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth		9.5	42.4 <i>Shan South</i>	1.1 <i>Magway</i>
WATER & SANITATION	Improved water: % of households using improved water sources	86.5	82.3	92.5 <i>Yangon</i>	51.1 <i>Kayin</i>
	Diarrhoea prevalence: % of children aged 0-59 months who had diarrhoea in the last two weeks	13.1	6.7	13.1 <i>Chin</i>	2.5 <i>Sagaing</i>
	Improved sanitation: % of households with access to sanitary means of excreta disposal	86.9	84.6	93.8 <i>Yangon</i>	48.0 <i>Rakhine</i>
	Open defecation: % of households practicing open defecation	9.2	7	40.7 <i>Rakhine</i>	0.3 <i>Yangon</i>
EDUCATION	Early childhood education: % of children aged 36-59 months currently attending early childhood education	32.7	22.9	60.7 <i>Kayah</i>	5.4 <i>Rakhine</i>
	Primary school enrolment: Net Enrolment Rate in Primary School	85.8	87.7	96.3 <i>Kayah</i>	71.4 <i>Rakhine</i>
	Primary school completion: Net Primary School Completion Rate	48.1	54.2	72.3 <i>Thanintharyi</i>	31.7 <i>Rakhine</i>
CHILD PROTECTION	Birth registration: % of children aged 0-59 months whose births are registered	24.4	72.4	95.2 <i>Yangon</i>	24.4 <i>Chin</i>
	Parental care: % children aged 0-17 years in households not living with a biological parent	2	5.4	18.7 <i>Mon</i>	1.3 <i>Rakhine</i>
INCOME	Poverty incidence: % of population who are poor	73.3	25.6	73.3 <i>Chin</i>	11.4 <i>Kayah</i>

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 & Myanmar Census 2014
- ⇒ 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 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.