RAKHINE STATE

A Snapshot of Child Wellbeing

BASIC INFORMATION

Area: 36,778.21 sq. km

Total population: 3,222,461
Rural: 2,717,104 **Urban:** 505,357 **0-14 years:** 1,039,134

Ethnic composition: Rakhine, Rohingya, Bamar, Chin, Other

Languages: Rakhine, Myanmar

Administrative divisions: 4 Districts, 17 Townships, 133 Wards, 1,040 Village Tracts, 3,931 Villages

Capital: Sittwe

Main economic activities: agriculture, fishing

SOCIO-ECONOMIC CONTEXT

Located in western Myanmar, Rakhine is bordered by Chin State to the north and by Magway, Bago and Ayeyarwaddy Regions to the east. It is flanked almost entirely by the Bay of Bengal on its west.

Rakhine State is one of the least developed areas of Myanmar and is second only to Chin State in terms of the proportion of the population living below the poverty line. The State fares poorly on most social development indicators and is characterized by high malnutrition, generally low enrolment and completion in primary education, and poor access to clean water and sanitation. It is also prone to natural hazards such as storms and floods.

The socio-economic situation in Rakhine has further deteriorated since the outbreak of inter-communal violence in 2012. Thousands of people have been displaced from their homes and are suffering from food insecurity, interrupted livelihoods and education, as well as a lack of access to markets. Living conditions have been found to be deplorable in many IDP camps and health risks abound.

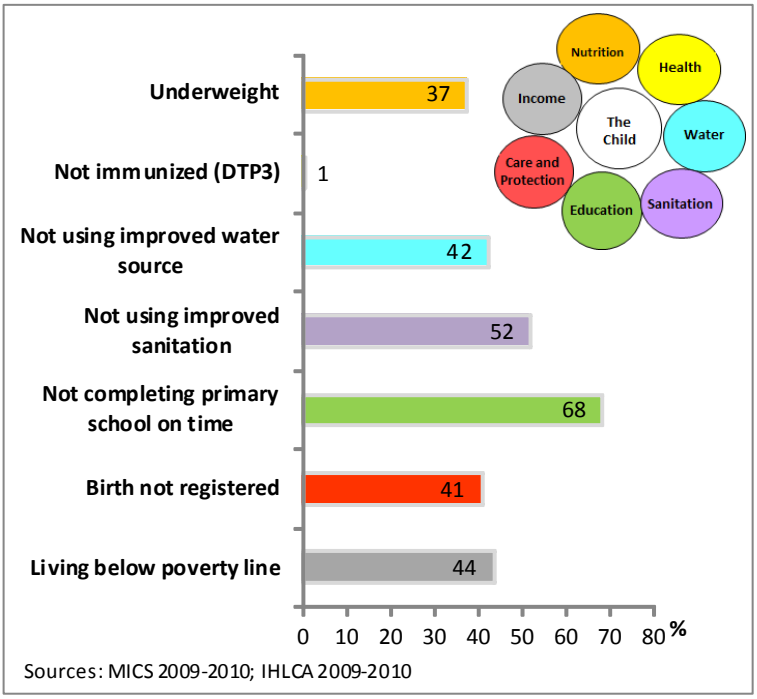
CHILD WELLBEING

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 Rakhine 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 education is illustrated by 68 per cent of primary school children not completing on time.

How children in Rakhine 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.



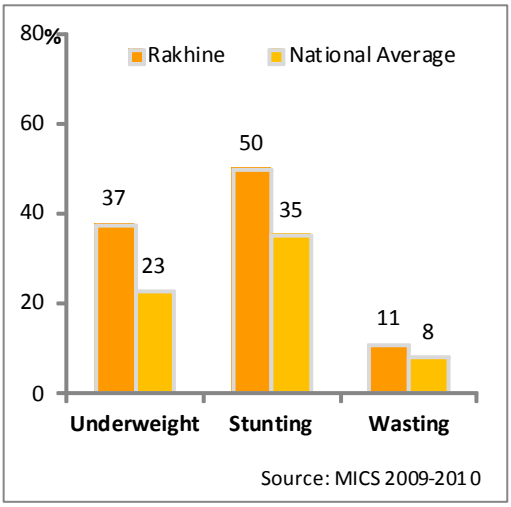
Sources: MICS 2009-2010; IHLCA 2009-2010

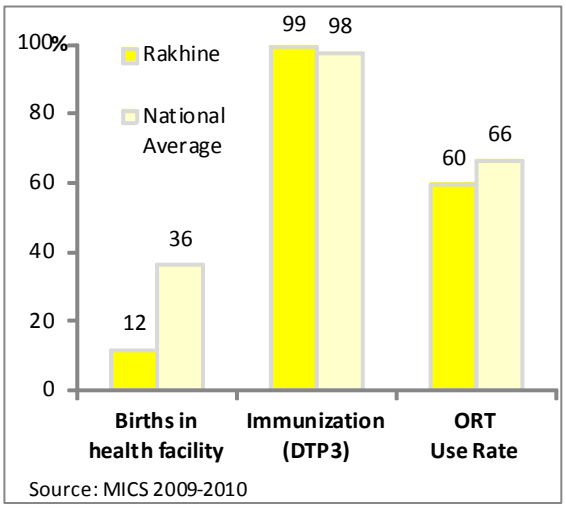
NUTRITION

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 Rakhine State are more likely to be malnourished than the average Myanmar child. The prevalence of stunting (or low height-for-age) is alarmingly high with almost 50 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

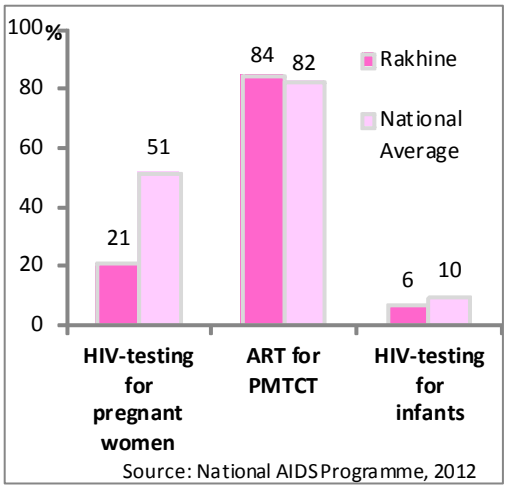
Significant reductions in maternal and child mortality can be achieved through a few simple health interventions, including giving birth in a health facility (or at least in the presence of a skilled birth attendant), timely immunization against some of the main childhood illnesses, and adequate management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

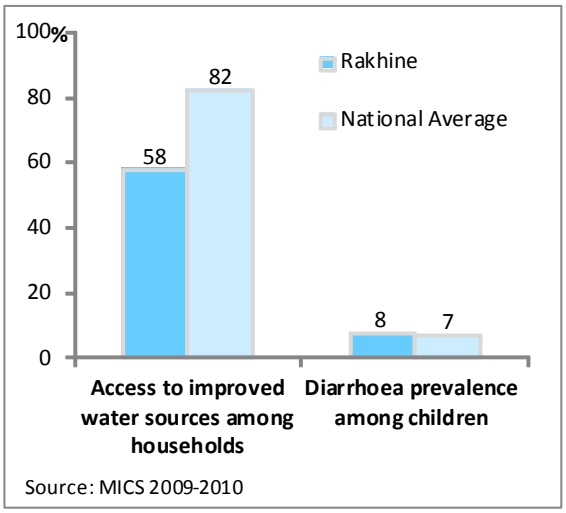
Children in Rakhine State are much less likely than the average Myanmar child to be born in a health facility (only about 12 per cent are), where life-saving obstetric care would be available for mother and child in case of complications during birth. This also reflects the low level and quality of ante-natal care received by pregnant women in the State. Immunization rates appear high and comparable to the national average, but routine immunization, like several other essential services, has been interrupted since the outbreak of violence in the State in 2012. The use of oral rehydration therapy (ORT), to prevent life-threatening dehydration associated with diarrhoea among children, is employed in only 60 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 21 per cent of pregnant women in Rakhine are tested for HIV and receive the test result. Of pregnant women identified as HIV-positive, at least 16 per cent are not receiving ART for PMTCT. And only 6 per cent of infants born to HIV-positive women in the State are tested for HIV within the prescribed 2 months after birth.





WATER

According to the Multiple Indicator Cluster Survey (MICS), about 42 per cent of households in Rakhine do not use improved water sources. The Knowledge Attitudes and Practices (KAP) Survey on Water and Sanitation conducted in 2011 in 24 townships nationwide, including 2 from Rakhine State, suggests that the situation might actually be much worse. According to this survey, about 82 per cent of households in Ponnagyun township do not have access to improved water sources and as many as 99 per cent in Rathedaung township do not. Furthermore, a majority of the households in both townships also cited difficulties in getting water.

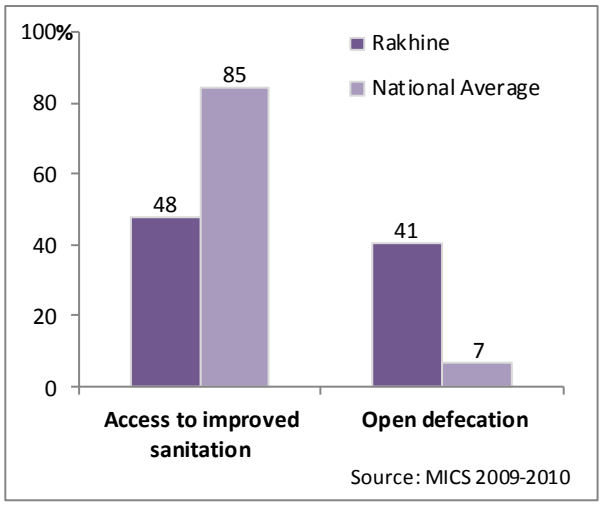
Lack of access to safe drinking water is a major contributor to diarrhoea prevalence, with 80% of child deaths due to diarrheal disease globally being attributed to poor drinking water, lack of sanitation and poor hygiene. Prevalence of diarrhoea among children aged 0-59 months in Myanmar has increased from about 4 per cent in 2003 to almost 7per cent in 2009-2010. In Rakhine, diarrhoea prevalence stands at 8 per cent.

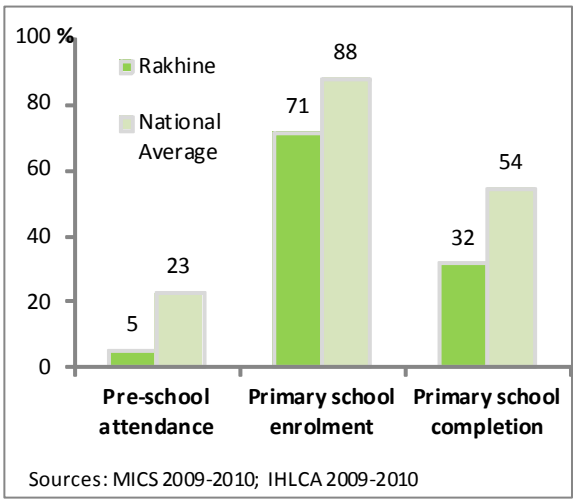
SANITATION

On sanitation indicators, Rakhine emerges as having the worst situation among all states and regions in Myanmar. According to the Multiple Indicator Cluster Survey (MICS), about 52 per cent of households in the State do not have access to improved sanitation and 41 per cent are practicing open defecation.

The 2011 KAP Survey on Water and Sanitation revealed that the situation may actually be even worse, especially in some areas. In Rathedaung and Ponnagyun townships, for example, open defecation rates were found to be 66 per cent and 64 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

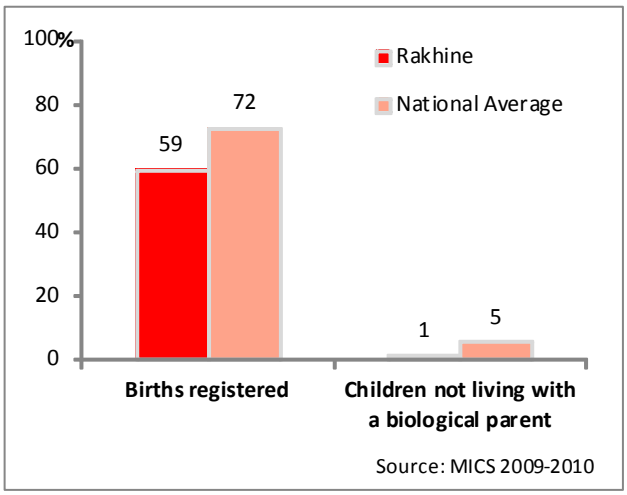
Myanmar generally lags behind other countries in Asia on education indicators due to decades of underinvestment in the education sector. But the extent of deprivation in education among children in Rakhine State is particularly alarming.

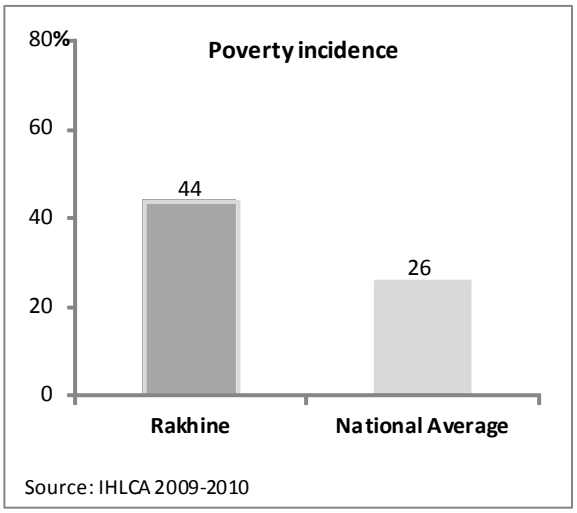
While pre-school attendance among children aged 3-5 years is quite low nationally (23 per cent), it is lowest in Rakhine (about 5 per cent). Intellectual and social stimulation in early childhood, as provided in pre-school, is important for a child developing to his or her full potential. And children who attend pre-school tend to do much better in primary school.

The primary school enrollment rate in Rakhine is also much lower than the national average, with almost 30 per cent of children not enrolled. Barely a third of all children attending primary school in the State actually complete on time. And the outbreak of violence in the State in 2012 has worsened access and quality of education for thousands of children.

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 lower in Rakhine State where fewer than 60 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 Rakhine (1 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 44 per cent of the population was estimated to be living below the poverty line in Rakhine State. This is considerably higher than the 26 per cent estimated as being poor nationwide.

TABLE OF INDICATORS FOR RAKHINE STATE

	INDICATOR	Rakhine	National Average	Highest Incidence	Lowest Incidence
NUTRITION	**Underweight:** % of children aged 0-59 months who measured below -2 SD international reference weight for age	37.4	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	49.9	35.1	58.0 *Chin*	24 *Yangon*
	Wasting: % of children aged 0-59 months who measured below -2 SD international reference weight for height	10.8	7.9	10.8 *Rakhine*	2.3 *Kayah*
	Exclusively breastfed: % of children aged 0-5 months who are exclusively breastfed	1.3	23.6	47 *Mon*	1.3 *Rakhine*
	Vitamin A supplementation: % of children 5-59 months who never received vitamin A	9.1	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	88.7	93.1	99.6 *Mon*	75.6 *Chin*
	Ante-natal care quality: % of pregnant women who had urine specimen taken	32.2	56.9	91.2 *Mon*	16.2 *Chin*
	Births in health facility: % of ever married women aged 15-49 who delivered in health facility	11.7	36.2	68.9 *Yangon*	5.6 *Chin*
	Immunization: % of children aged 12-23 months who received DPT3 vaccinations	99.4	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	59.6	66.3	90.2 *Thanintharyi*	47.2 *Kachin*
HIV	**HIV-testing for pregnant women**: % of women attending ANC who tested for HIV and received the result	20.6	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	84.2	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	6.3	9.5	42.4 *Shan South*	1.1 *Magway*
WATER & SANITATION	**Improved water**: % of households using improved water sources	57.7	82.3	92.5 *Yangon*	51.1 *Kayin*
	Diarrhoea prevalence: % of children who had diarrhoea in the last two weeks	7.6	6.7	13.1 *Chin*	2.5 *Sagaing*
	Improved sanitation: % of households with access to sanitary means of excreta disposal	48	84.6	93.8 *Yangon*	48.0 *Rakhine*
	Open defecation: % of households practicing open defecation	40.7	7	40.7 *Rakhine*	0.3 *Yangon*
EDUCATION	**Early childhood education**: % of children aged 36-59 months currently attending early childhood education	5.4	22.9	60.7 *Kayah*	5.4 *Rakhine*
	Primary school enrolment: Net Enrolment Rate in Primary School	71.4	87.7	96.3 *Kayah*	71.4 *Rakhine*
	Primary school completion: Net Primary School Completion Rate	31.7	54.2	72.3 *Thanintharyi*	31.7 *Rakhine*
CHILD PROTECTION	**Birth registration**: % of children aged 0-59 months whose births are registered	59.2	72.4	95.2 *Yangon*	24.4 *Chin*
	Parental care: % children aged 0-17 years in households not living with a biological parent	1.3	5.4	18.7 *Mon*	1.3 *Rakhine*
INCOME	**Poverty incidence**: % of population who are poor	43.5	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.