

# BAGO REGION

## A Snapshot of Child Wellbeing



### BASIC INFORMATION

Area: 39,404.60 sq. km

Total population: 4,867,373      Urban: 107,336  
 Children under 18: 1,643,283      Rural: 3,795,037

Ethnic composition: Bamar, Karen, Mon, Chin, Rakhine, Other

Languages: Myanmar, Other

Administrative divisions: 4 Districts, 28 Townships, 254 Wards, 1,423 Village Tracts, 6,564 Villages

Capital: Bago

Main economic activities: Forestry, Agriculture, Fishing, Industry

### SOCIO-ECONOMIC CONTEXT

Located in southern central Myanmar, Bago Region is bordered by Mandalay and Magway Regions and the Union Territory of Nay Pyi Taw to the north, Mon and Kayin States and the Andaman Sea to the east, Yangon Region to the south and Ayeyarwaddy Region and Rakhine Region to the west.

Bago Region is endowed with significant reserves of natural resources (teak and petroleum) and highly favorable conditions for rice cultivation which make it the second largest producer of rice among all states/regions in the country.

On social development indicators, Bago generally fares similar to the national average but disparities between Bago West and Bago East are noted. Bago East fares worse on almost all indicators examined here. The disparity in birth registration is the starkest; with 80 per cent of births registered in Bago West while only 54 per cent are registered in Bago East.

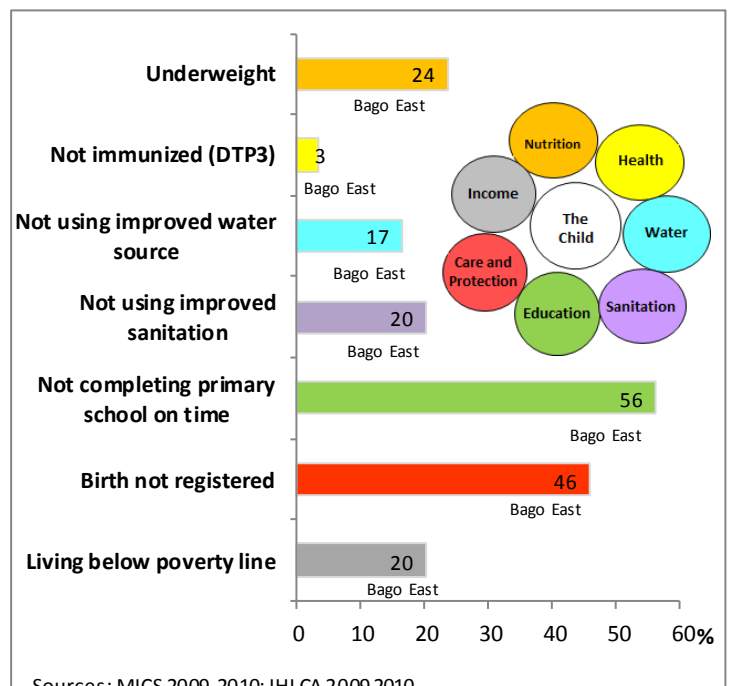
### CHILD WELLBEING

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 Bago continue to have some of their most basic needs unmet, with children in Bago East being more likely to be deprived than children in Bago West. The chart depicts the extent of deprivation in Bago East using a selected indicator for each key dimension.

How children in Bago 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.

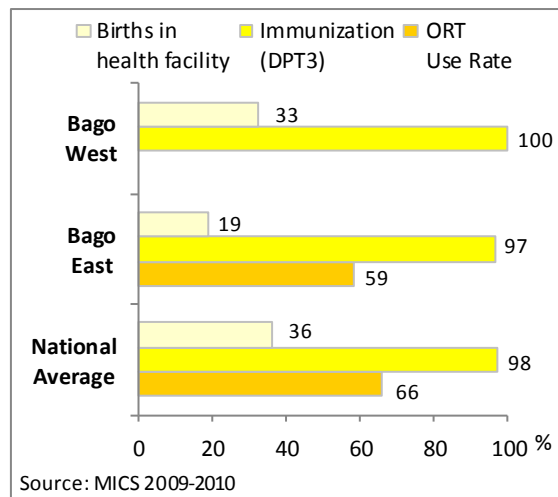
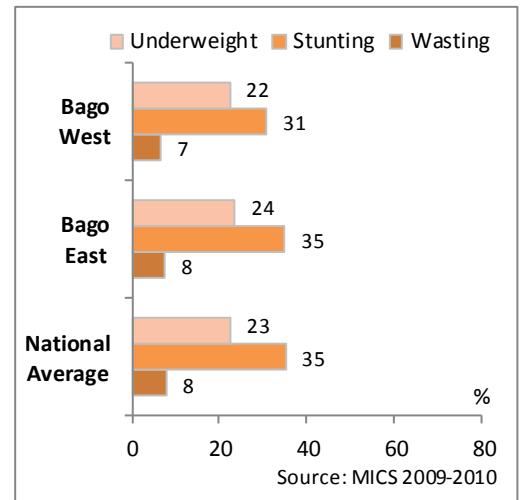


## NUTRITION

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.

The chart shows how children in Bago West and Bago East fare on the three standard measures of malnutrition (underweight, stunting and wasting). The prevalence of stunting (or low height-for-age) is alarmingly high at 31 and 35 per cent respectively. 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 Bago, especially Bago East, are less likely than the average Myanmar child to be born in a health facility (only about 19 per cent are), where life-saving obstetric care would be available for mother and child in case of complications during birth.

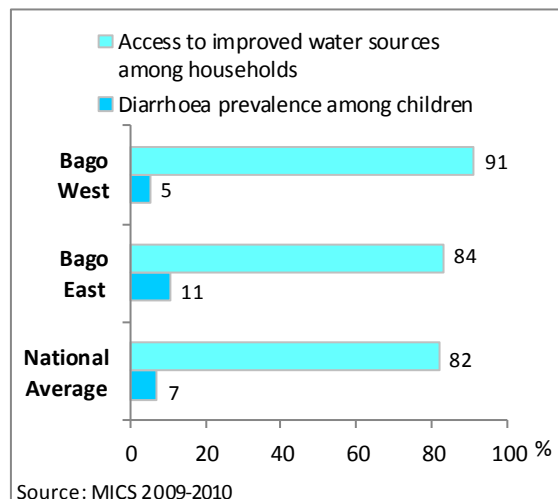
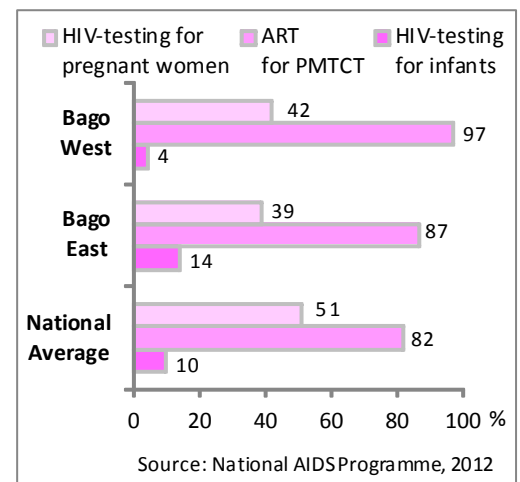
Immunization rates appear high and comparable to the national average.

The use of oral rehydration therapy (ORT), to prevent life-threatening dehydration associated with diarrhoea among children, is employed in only 59 per cent of cases in Bago East.

## 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, fewer than half the pregnant women in Bago (West and East) are likely to be tested for HIV and receive the test result. While use of ART for PMTCT is higher in Bago than the national average, HIV-testing for infants born to HIV-positive mothers within the prescribed period of 2 months after birth remains very low, varying from 4 per cent in the West to 14 per cent in the East.



## WATER

According to the Multiple Indicator Cluster Survey (MICS), about 9 and 16 per cent of households in Bago West and Bago East respectively are not using improved water sources. The Knowledge Attitudes and Practices (KAP) Survey on Water and Sanitation conducted in 2011 in 24 townships nationwide included 5 townships from Bago and found similar rates of access to improved water sources in the 5 selected townships.

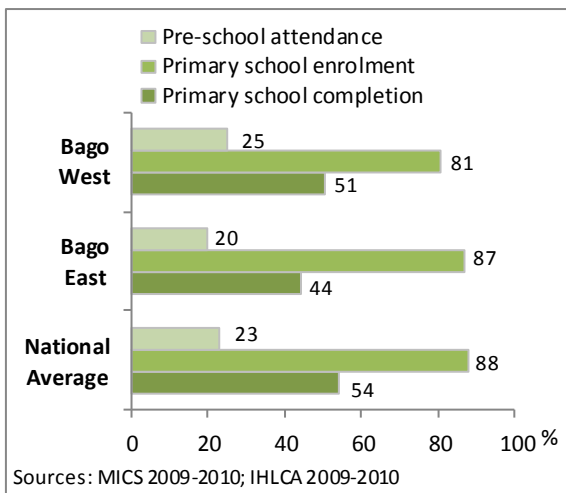
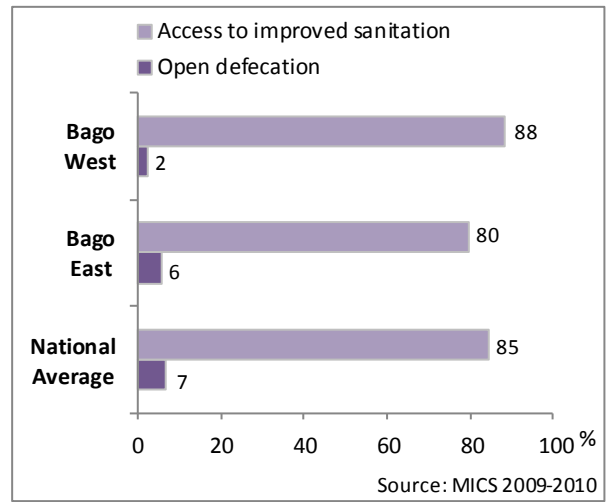
Lack of access to safe drinking water is a major contributor to diarrhoea prevalence, with 80 per cent of child deaths due to diarrheal disease globally being attributed to poor drinking water, lack of sanitation and poor hygiene. Prevalence of diarrhoea among children aged 0-59 months in Myanmar has increased from about 4 per cent in 2003 to almost 7 per cent in 2009-2010. While diarrhoea prevalence has remained at about 5 per cent in Bago West during the same period, it has increased from 3 per cent to 11 per cent in Bago East, indicating an urgent need to improve access to clean water and sanitation.

## SANITATION

According to the Multiple Indicator Cluster Survey (MICS), about 12 and 20 per cent of households in Bago West and Bago East respectively do not use improved sanitation, and 2 and 6 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. For example, in Paukkhaung township (Bago West), almost 44 per cent of households were not using improved latrines and 10 per cent were practicing open defecation.

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.

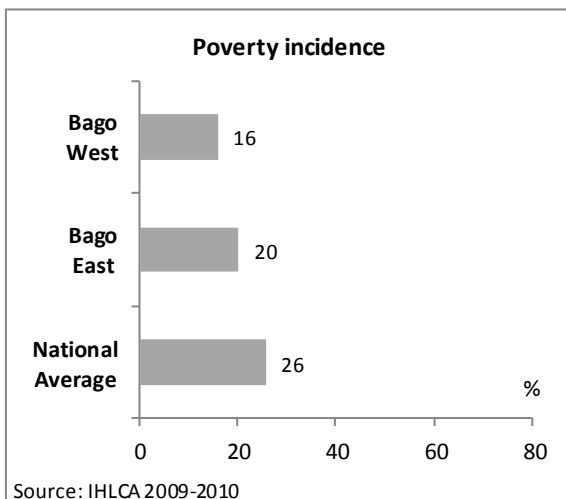
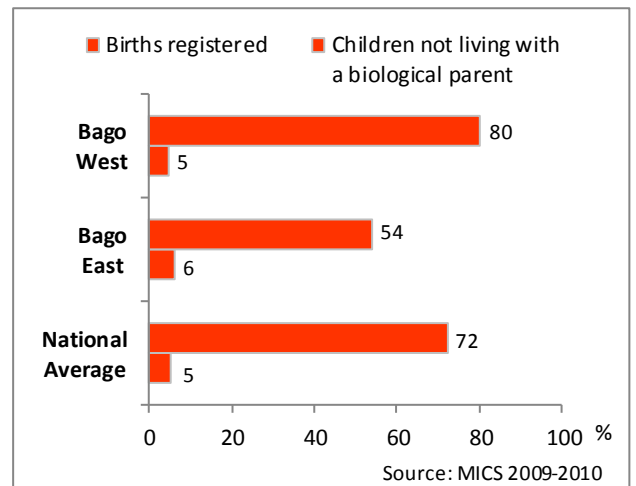
Pre-school attendance among children aged 3-5 years is quite low with less than a quarter of all children nationwide attending. The situation is similar in Bago West but worse in Bago East, with only about a fifth of children attending pre-school in the latter. Intellectual and social stimulation in 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 Bago East (87 per cent) is similar to the national average but in Bago West is lower (81 per cent only) and is still not universal in either. Only 51 and 44 per cent of all children attending primary school actually complete schooling on time in Bago West and Bago East respectively.

## 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. Only about 54 per cent of births are registered in Bago East and 80 per cent are registered in Bago West. 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 Bago West (5 per cent) and Bago East (6 per cent) is comparable to 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 16 per cent of the population was estimated to be living below the poverty line in Bago West and 20 per cent in Bago East. This compares favorably to the estimate of 26 per cent living below the poverty line in the country as a whole, and 44 and 73 per cent respectively in Rakhine and Chin.

**TABLE OF INDICATORS FOR BAGO REGION**

	INDICATOR	Bago East	Bago West	National Average	Highest Incidence	Lowest Incidence
NUTRITION	<b>Underweight:</b> % of children aged 0-59 months who measured below -2 SD international reference weight for age	23.6	22.4	22.6	37.4 <i>Rakhine</i>	13.0 <i>Kachin</i>
	<b>Stunting:</b> % of children aged 0-59 months who measured below -2 SD international reference height for age	35	30.8	35.1	58.0 <i>Chin</i>	24 <i>Yangon</i>
	<b>Wasting:</b> % of children aged 0-59 months who measured below -2 SD international reference weight for height	7.6	6.7	7.9	10.8 <i>Rakhine</i>	2.3 <i>Kayah</i>
	<b>Exclusively breastfed:</b> % of children aged 0-5 months who are exclusively breastfed	21.6	[12.5]	23.6	47 <i>Mon</i>	1.3 <i>Rakhine</i>
	<b>Vitamin A supplementation:</b> % of children 5-59 months who never received vitamin A	11.4	6.4	10.6	13.1 <i>Chin</i>	6.4 <i>Bago West</i>
MATERNAL & CHILD HEALTH	<b>Ante-natal care visits:</b> % of pregnant women receiving ANC one or more times during pregnancy	95.3	95.9	93.1	99.6 <i>Mon</i>	75.6 <i>Chin</i>
	<b>Ante-natal care quality:</b> % of pregnant women who had urine specimen taken	43.2	58.2	56.9	91.2 <i>Mon</i>	16.2 <i>Chin</i>
	<b>Births in health facility:</b> % of ever married women aged 15-49 who delivered in health facility	19	32.6	36.2	68.9 <i>Yangon</i>	5.6 <i>Chin</i>
	<b>Immunization:</b> % of children aged 12-23 months who received DPT3 vaccinations	96.8	100	97.8	100.0 <i>Mon</i>	91.0 <i>Chin</i>
	<b>ORT Use Rate:</b> % of children aged 0-59 months who had diarrhoea in the last two weeks and received ORT	58.6	[*]	66.3	90.2 <i>Thanintharyi</i>	47.2 <i>Kachin</i>
HIV	<b>HIV-testing for pregnant women:</b> % of women attending ANC who tested for HIV and received the result	39.2	42	51	98.2 <i>Kayah</i>	12.1 <i>Chin</i>
	<b>ART for PMTCT:</b> % of HIV-positive pregnant women who received antiretroviral drugs to reduce the risk of mother-to-child transmission during pregnancy, delivery and breastfeeding	86.7	97.1	82	102.2 <i>Magway</i>	35.7 <i>Shan South</i>
	<b>HIV-testing for infants:</b> % of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	14.3	4.4	9.5	42.4 <i>Shan South</i>	1.1 <i>Magway</i>
WATER & SANITATION	<b>Improved water:</b> % of households using improved water sources	83.5	91.2	82.3	92.5 <i>Yangon</i>	51.1 <i>Kayin</i>
	<b>Diarrhoea prevalence:</b> % of children who had diarrhoea in the last two weeks	10.7	5.3	6.7	13.1 <i>Chin</i>	2.5 <i>Sagaing</i>
	<b>Improved sanitation:</b> % of households with access to sanitary means of excreta disposal	79.8	88.4	84.6	93.8 <i>Yangon</i>	48.0 <i>Rakhine</i>
	<b>Open defecation:</b> % of households practicing open defecation	5.6	2.4	7	40.7 <i>Rakhine</i>	0.3 <i>Yangon</i>
EDUCATION	<b>Early childhood education:</b> % of children aged 36-59 months currently attending early childhood education	19.5	24.7	22.9	60.7 <i>Kayah</i>	5.4 <i>Rakhine</i>
	<b>Primary school enrolment:</b> Net Enrolment Rate in Primary School	87.1	80.7	87.7	96.3 <i>Kayah</i>	71.4 <i>Rakhine</i>
	<b>Primary school completion:</b> Net Primary School Completion Rate	44	50.5	54.2	72.3 <i>Thanintharyi</i>	31.7 <i>Rakhine</i>
CHILD PROTECTION	<b>Birth registration:</b> % of children aged 0-59 months whose births are registered	54.3	80	72.4	95.2 <i>Yangon</i>	24.4 <i>Chin</i>
	<b>Parental care:</b> % children aged 0-17 years in households not living with a biological parent	6	4.6	5.4	18.7 <i>Mon</i>	1.3 <i>Rakhine</i>
INCOME	<b>Poverty incidence:</b> % of population who are poor	20.2	15.9	25.6	73.3 <i>Chin</i>	11.4 <i>Kayah</i>

Figures in parenthesis indicate that the percentage or proportion is based on 25-29 unweighted cases only.

An asterisk indicates fewer than 25 unweighted cases.

### 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 (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.