

# KAYIN STATE

## A Snapshot of Child Wellbeing



### BASIC INFORMATION

**Area:** 30,385.49 sq. km

**Total population:** 1,574,079\*  
**Children under 18:** 648,974\*

**Urban:** 329,166  
**Rural:** 1,175,160

**Ethnic composition:** Karen, Padaung, Bamar, Shan, Pa-O, Mon, Rakhine, Burmese-Thai, Other

**Languages:** Kayin, Myanmar

**Administrative divisions:** 4 Districts, 7 Townships, 84 Wards, 374 Village Tracts, 2,063 Villages

**Capital:** Hpa-An

**Main economic activities:** Agriculture, Mining, Forestry

\*The total population and child population figures include both the enumerated and the estimated population (69,753) not counted during the Census.

### SOCIO-ECONOMIC CONTEXT

Located in south-eastern Myanmar, Kayin State is bordered by Thailand to the east, Mon State and Bago Division to the west and Kayah and Shan States to the north.

On most social development indicators, with the exception of water and sanitation, Kayin State fares comparable to, if not better than, the national average.

Alongside the Kayin State Government, the Karen National Union continues to play a significant role in public affairs, most notably perhaps through the establishment and administration of alternative health and education services for Karen people in parallel to government-provided services.

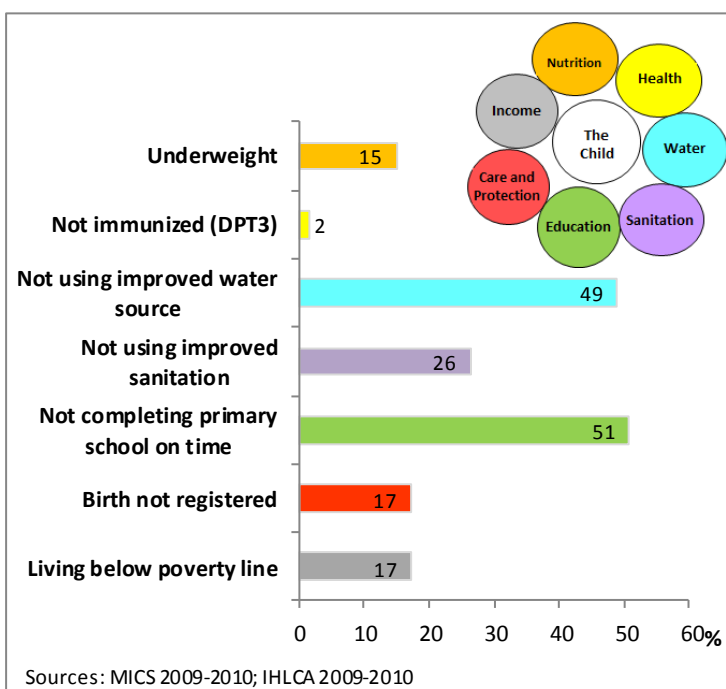
### CHILD WELLBEING

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 Kayin 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 indicated by 51 per cent of primary school children in Kayin not completing their schooling on time.

How children in Kayin State 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

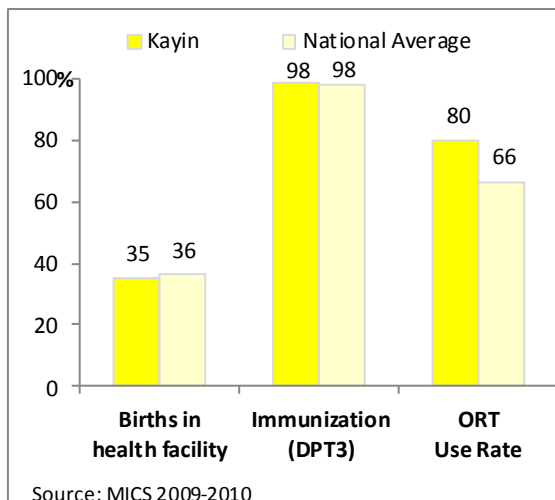
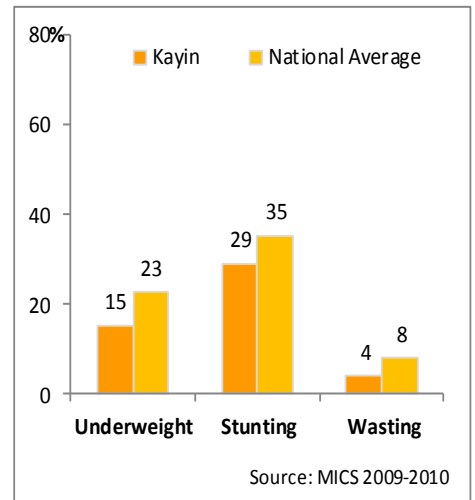


## NUTRITION

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 Kayin State are less likely to be malnourished than the average Myanmar child. However, the prevalence of stunting (or low height-for-age) is alarmingly high with almost 30 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

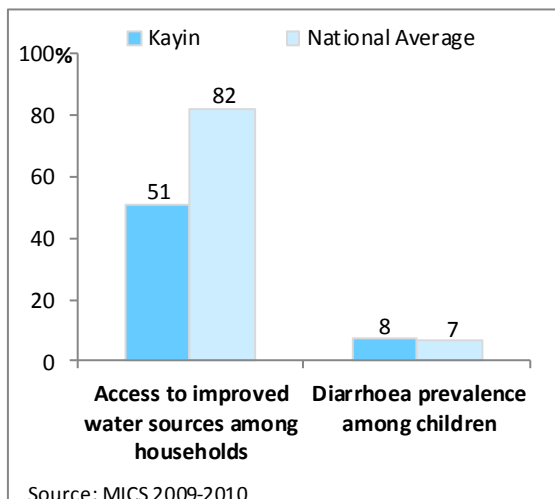
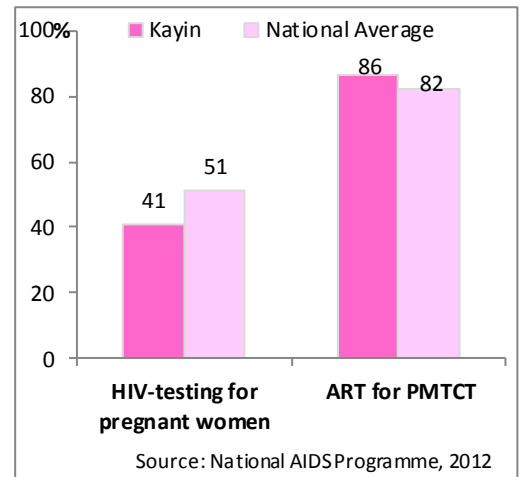
Significant reductions in maternal and child mortality can be achieved through a few simple health interventions, including giving birth in a health facility (or at least in the presence of a skilled birth attendant), timely immunization against some of the main childhood illnesses, and adequate management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

As visible in the chart, children in Kayin State are equally likely as the average Myanmar child to be born in a health facility and be vaccinated against common childhood diseases, and more likely to receive oral rehydration therapy (ORT) to prevent life-threatening dehydration associated with diarrhoea among children. However, the figures in the chart imply that majority of children in Kayin State are still being born in circumstances in which life-saving obstetric care would not be available for mother and child in case of complications during birth. Furthermore, these figures do not reflect the health situation of children in non-government-controlled areas in Kayin which tend to be mostly unreached by public health services.

## 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 (41 per cent) of pregnant women in Kayin are likely to be tested for HIV and receive the test. However, the vast majority (86 per cent) of pregnant women identified as HIV-positive in the State are likely to receive antiretroviral drugs to reduce the risk of transmission during pregnancy, delivery and breastfeeding.



## WATER

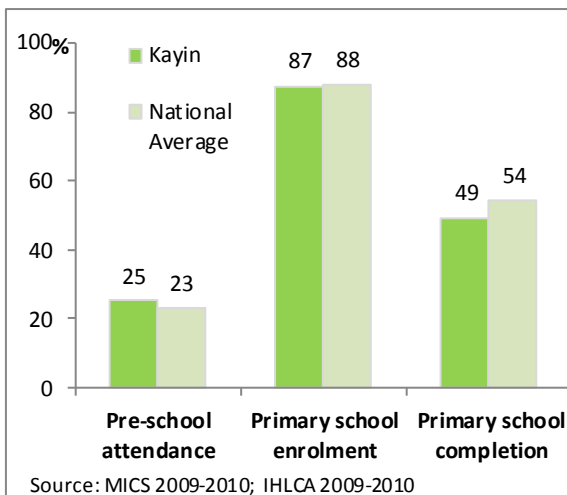
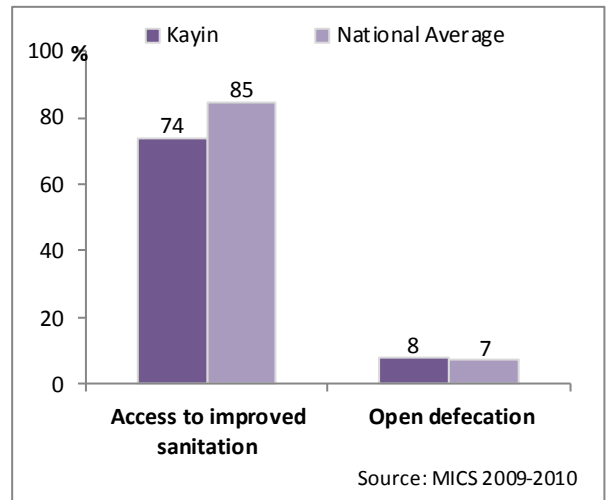
According to the Multiple Indicator Cluster Survey (MICS), about 50 per cent of households in Kayin State are not using improved water sources, which is worse than the national average (18 per cent).

Furthermore, a trend analysis of diarrhoea rates reveals that no progress has been achieved in reducing the prevalence of diarrhoea among children aged 0-59 months. Lack of access to safe drinking water is a major contributor to diarrhoea prevalence, with 80% of child deaths due to diarrheal disease being attributed to poor drinking water, lack of sanitation and poor hygiene. Diarrhoea prevalence has remained at about 8 per cent in Kayin State between 2003 and 2009-10 and has actually increased from 4 per cent to 7 per cent in the country as a whole during the same period.

## SANITATION

According to the Multiple Indicator Cluster Survey, about 26 per cent of households in Kayin State do not use improved sanitation and 8 per cent are 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

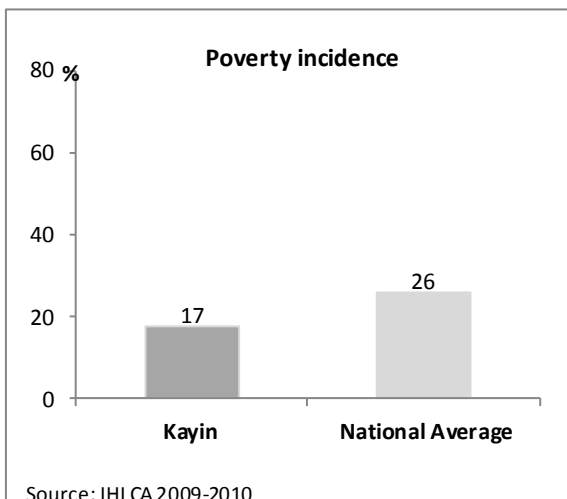
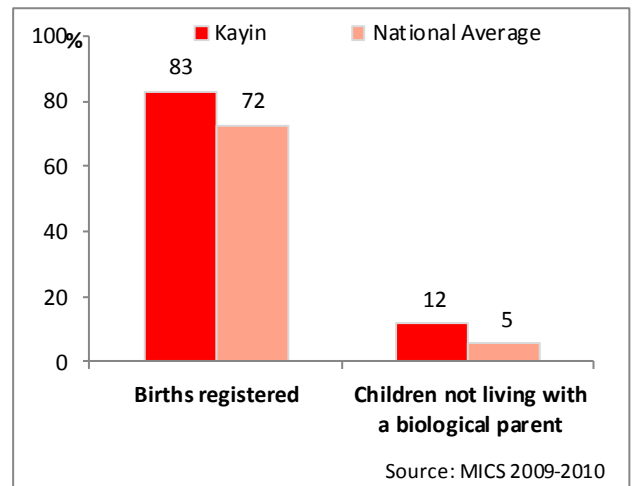
Myanmar generally lags behind other countries in the region on education indicators due to decades of underinvestment in the education sector.

Pre-school attendance among children aged 3-5 years is quite low with less than a quarter of all children attending pre-school in the country as a whole. In Kayin State, about 25 per cent of children aged 3-5 are 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 Kayin is comparable to the national average but almost 13 per cent of children still do not have access to primary education and only about half of all children attending primary school in the State complete their schooling on time.

## CHILD 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 children in Kayin State are more likely to have their births registered than elsewhere in Myanmar, 17 per cent of births in the State are still 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 Kayin (12 per cent) appears much worse 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 17 per cent of the population was estimated to be living below the poverty line in Kayin State.

**TABLE OF INDICATORS FOR KAYIN STATE**

	INDICATOR	Kayin	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	15.1	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	29	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	3.9	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	9.4	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	10.3	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	95.2	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	52.5	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	35.3	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	98.4	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	79.6	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	40.7	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	86.3	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		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	51.1	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	7.7	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	73.6	84.6	93.8 <i>Yangon</i>	48.0 <i>Rakhine</i>
	<b>Open defecation:</b> % of households practicing open defecation	7.9	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	25.1	22.9	60.7 <i>Kayah</i>	5.4 <i>Rakhine</i>
	<b>Primary school enrolment:</b> Net Enrolment Rate in Primary School	87.2	87.7	96.3 <i>Kayah</i>	71.4 <i>Rakhine</i>
	<b>Primary school completion:</b> Net Primary School Completion Rate	49.2	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	82.7	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	11.7	5.4	18.7 <i>Mon</i>	1.3 <i>Rakhine</i>
INCOME	<b>Poverty incidence:</b> % of population who are poor	17.4	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 (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.