MON STATE

A Snapshot of Child Wellbeing

BASIC INFORMATION

Area: 12, 296.19 sq. km

Total population: 2,115,207
Rural:1,627,532 **Urban:** 487,675 **0-14 years:** 585,959

Languages: Mon, Myanmar

Administrative divisions: 2 Districts, 10 Townships, 86 Wards, 377 Village Tracts, 1,182 Villages

Capital: Mawlamyine

Main economic activities: Agriculture, Forestry, Fishing, Mining

SOCIO-ECONOMIC CONTEXT

Located in south-eastern Myanmar, Mon State is bordered by Bago Division to the north, Tanintharyi Division to the south and Kayin State to the east. It has a short border with Thailand on its east and is flanked almost entirely by the Andaman Sea on its west. Mawlamyine, the capital of Mon State, is one of the largest cities in Myanmar.

Mon State usually fares better than the national average on social development indicators and takes particular pride in its students achieving top results in the national board examinations typically taken at the end of secondary school.

Alongside the Mon State Government, the New Mon State Party continues to play a significant role in public affairs, most notably perhaps through the establishment and administration of Mon schools (where the medium of instruction is Mon language) in parallel to the government education system.

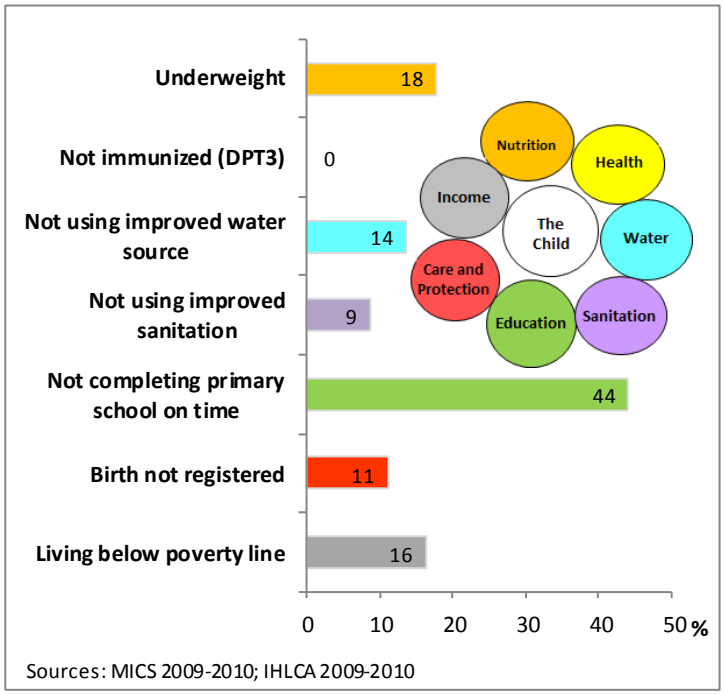
CHILD WELLBEING

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 Mon continue to have some of their most basic needs unmet. The chart depicts the extent of deprivation in Mon using a selected indicator for each key dimension. For example, deprivation in education is indicated by 44 per cent of primary school children in the State not completing their schooling on time.

How children in Mon 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.



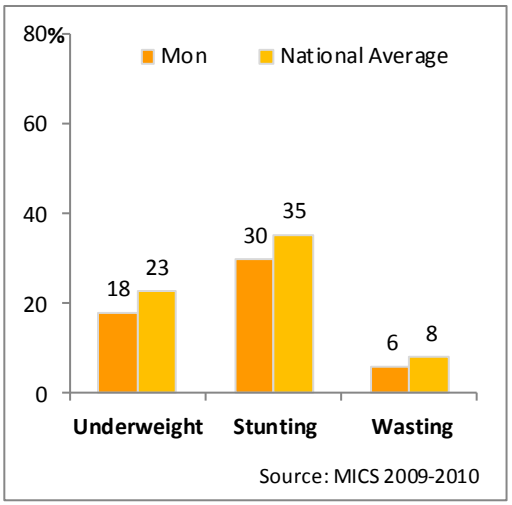
Sources: MICS 2009-2010; IHLCA 2009-2010

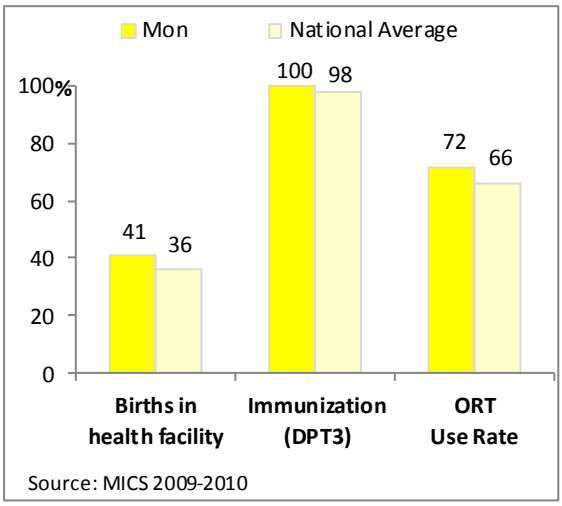
NUTRITION

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 Mon 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

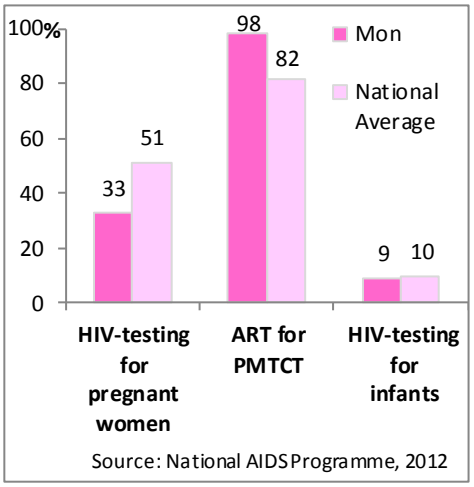
Significant reductions in maternal and child mortality can be achieved through a few simple health interventions, including giving birth in a health facility (or at least in the presence of a skilled birth attendant), timely immunization against some of the main childhood illnesses, and adequate management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

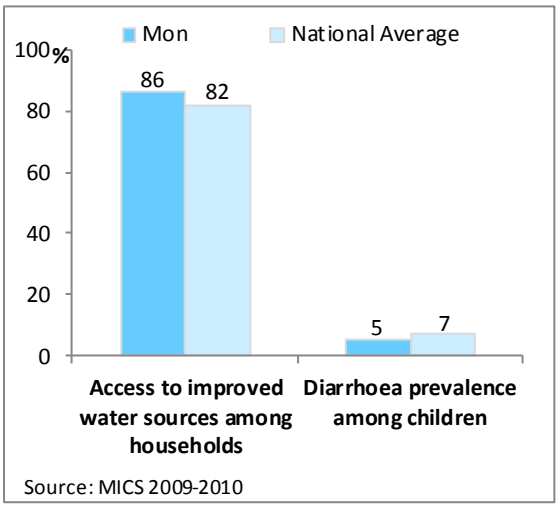
Children in Mon State are slightly more likely than the average Myanmar child to be born in a health facility, be vaccinated against common childhood diseases, and receive oral rehydration therapy (ORT) to prevent life-threatening dehydration associated with diarrhoea among children. However, the figures in the chart imply that more than half of all children in Mon 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 and over a quarter of children in the State do not receive adequate treatment for diarrhoea.

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 a third of pregnant women in Mon are likely to be tested for HIV and receive the test result. While the vast majority (98 per cent) of pregnant women identified as HIV-positive in the State receive ART to reduce the risk of transmission during pregnancy, delivery and breastfeeding, only 9 per cent of infants born to women identified as HIV-positive women are tested for HIV within the prescribed 2 months after birth.





WATER

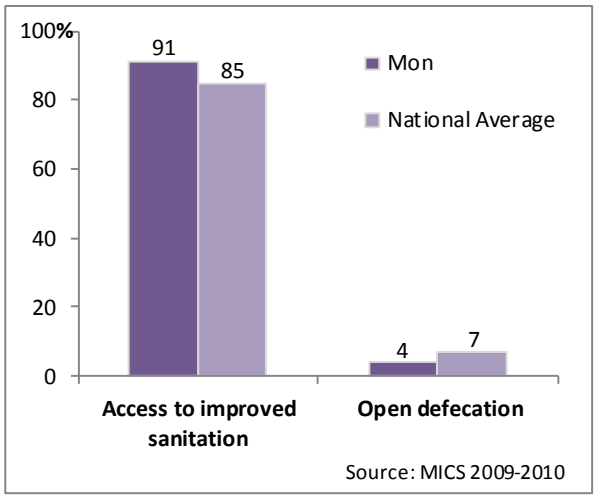
According to the Multiple Indicator Cluster Survey (MICS), about 14 per cent of households in Mon State are not using improved water sources, which is comparable to the national average.

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. Diarrhoea prevalence among children aged 0-59 months has remained at about 5 per cent in Mon 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.

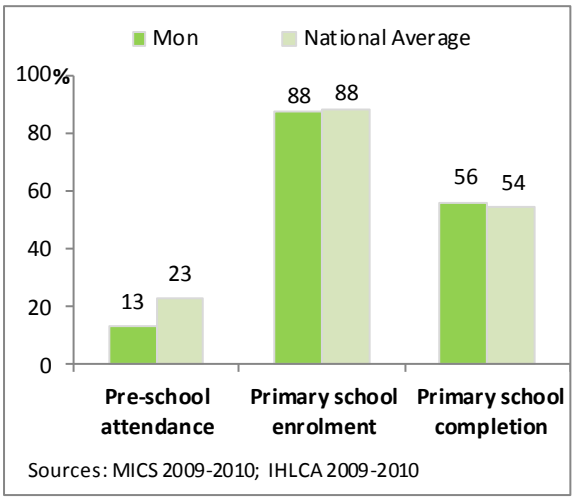
SANITATION

According to the Multiple Indicator Cluster Survey (MICS), about 9 per cent of households in Mon State still do not have access to improved sanitation and 4 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.



Source: MICS 2009-2010



Sources: MICS 2009-2010; IHLCA 2009-2010

EDUCATION

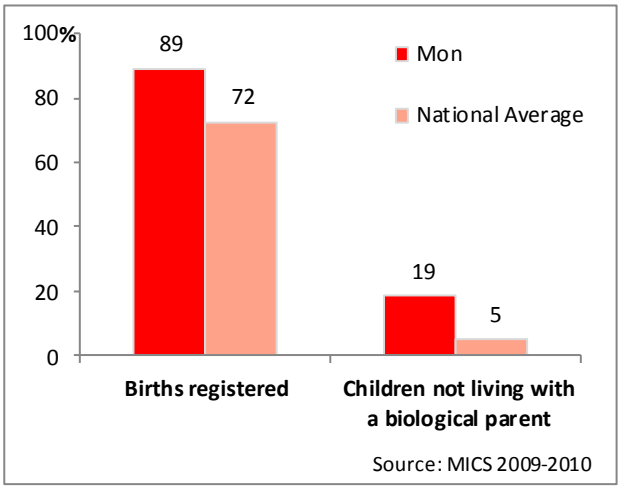
Myanmar generally lags behind other countries in the region on education indicators due to decades of underinvestment in the education sector.

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 Mon State, only 13 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.

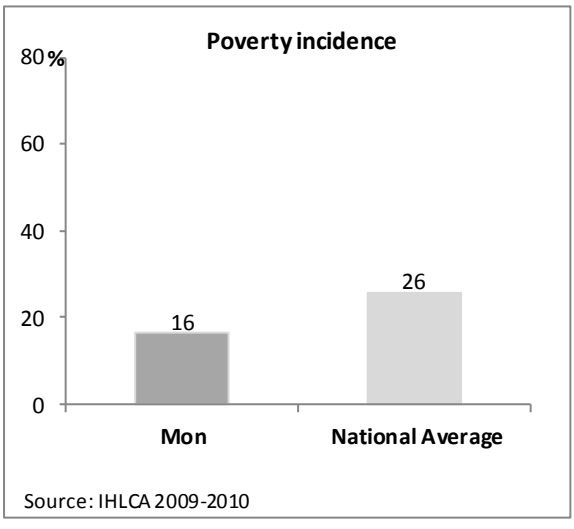
The primary school enrollment rate in Mon is comparable to the national average but almost 12 per cent of children still do not have access to primary education and only slightly over half (56 per cent) of primary school children in the State complete their schooling on time.

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 Mon State are more likely to have their births registered than elsewhere in Myanmar, 11 per cent of births in the State are 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 Mon (19 per cent) appears much worse than the national average (5 per cent).



Source: MICS 2009-2010



Source: IHLCA 2009-2010

INCOME

While income alone is not sufficient to ensure a child's wellbeing, it often enables families to have better access to quality education, healthcare, 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, 26 per cent of the population in Myanmar was estimated as living below the poverty line. In Mon State, 16 per cent of the population was estimated to be living below the poverty line.

TABLE OF INDICATORS FOR MON STATE

	INDICATOR	Mon	National Average	Highest Incidence	Lowest Incidence
NUTRITION	**Underweight:** % of children aged 0-59 months who measured below -2 SD international reference weight for age	17.8	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	29.7	35.1	58.0 *Chin*	24 *Yangon*
	Wasting: % of children aged 0-59 months who measured below -2 SD international reference weight for height	5.9	7.9	10.8 *Rakhine*	2.3 *Kayah*
	Exclusively breastfed: % of children aged 0-5 months who are exclusively breastfed	47	23.6	47 *Mon*	1.3 *Rakhine*
	Vitamin A supplementation: % of children 5-59 months who never received vitamin A	9.4	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	99.6	93.1	99.6 *Mon*	75.6 *Chin*
	Ante-natal care quality: % of pregnant women who had urine specimen taken	91.2	56.9	91.2 *Mon*	16.2 *Chin*
	Births in health facility: % of ever married women aged 15-49 who delivered in health facility	40.7	36.2	68.9 *Yangon*	5.6 *Chin*
	Immunization: % of children aged 12-23 months who received DPT3 vaccinations	100	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	[71.8]	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	32.6	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	98.1	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	8.9	9.5	42.4 *Shan South*	1.1 *Magway*
WATER & SANITATION	**Improved water**: % of households using improved water sources	86.3	82.3	92.5 *Yangon*	51.1 *Kayin*
	Diarrhoea prevalence: % of children who had diarrhoea in the last two weeks	5.3	6.7	13.1 *Chin*	2.5 *Sagaing*
	Improved sanitation: % of households with access to sanitary means of excreta disposal	91.2	84.6	93.8 *Yangon*	48.0 *Rakhine*
	Open defecation: % of households practicing open defecation	3.9	7	40.7 *Rakhine*	0.3 *Yangon*
EDUCATION	**Early childhood education**: % of children aged 36-59 months currently attending early childhood education	13.1	22.9	60.7 *Kayah*	5.4 *Rakhine*
	Primary school enrolment: Net Enrolment Rate in Primary School	87.5	87.7	96.3 *Kayah*	71.4 *Rakhine*
	Primary school completion: Net Primary School Completion Rate	56	54.2	72.3 *Thanintharyi*	31.7 *Rakhine*
CHILD PROTECTION	**Birth registration**: % of children aged 0-59 months whose births are registered	88.9	72.4	95.2 *Yangon*	24.4 *Chin*
	Parental care: % children aged 0-17 years in households not living with a biological parent	18.7	5.4	18.7 *Mon*	1.3 *Rakhine*
INCOME	**Poverty incidence**: % of population who are poor	16.3	25.6	73.3 *Chin*	11.4 *Kayah*

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

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.