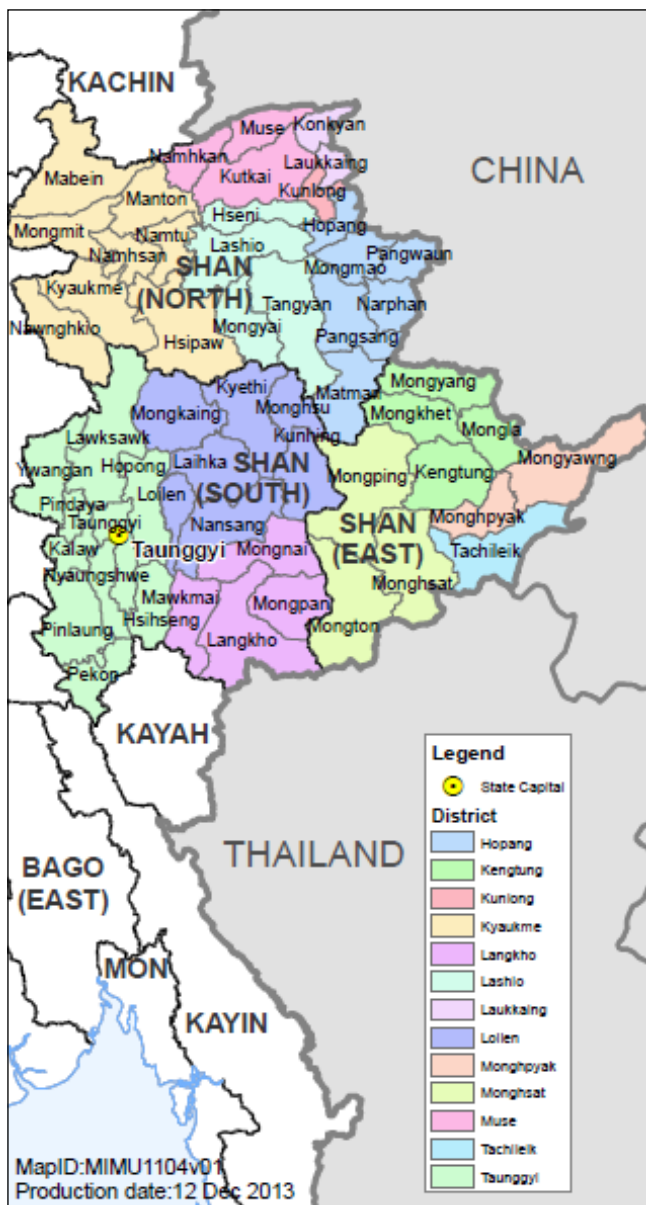


SHAN STATE

A Snapshot of Child Wellbeing



BASIC INFORMATION

Area: 155,457.45 sq. km

Total population: 4,493,308

Rural: 3,447,611 **Urban:** 1,045,697 **0-14 years:** 1,431,049

Languages: Myanmar, Other

Administrative divisions: 13 Districts, 55 Townships, 491 Wards, 15,902 Villages

Capital: Taunggyi

Main economic activities: Mining, Forestry, Agriculture

SOCIO-ECONOMIC CONTEXT

Located in eastern Myanmar, Shan State is bordered by China to the north, China and Laos to the east, Thailand and Kayah and Kayin States to the south, and Mandalay and Sagaing Regions to the west. Occupying about a quarter of Myanmar's total land area, it is the largest of all states and regions in the country.

Shan State is endowed with vast reserves of timber, coal, metals and precious stones. It is famous for its garden produce as the temperate climate lends itself to growing a variety of fruits and vegetables. And it is also home to Inle Lake, one of the biggest tourist attractions in Myanmar.

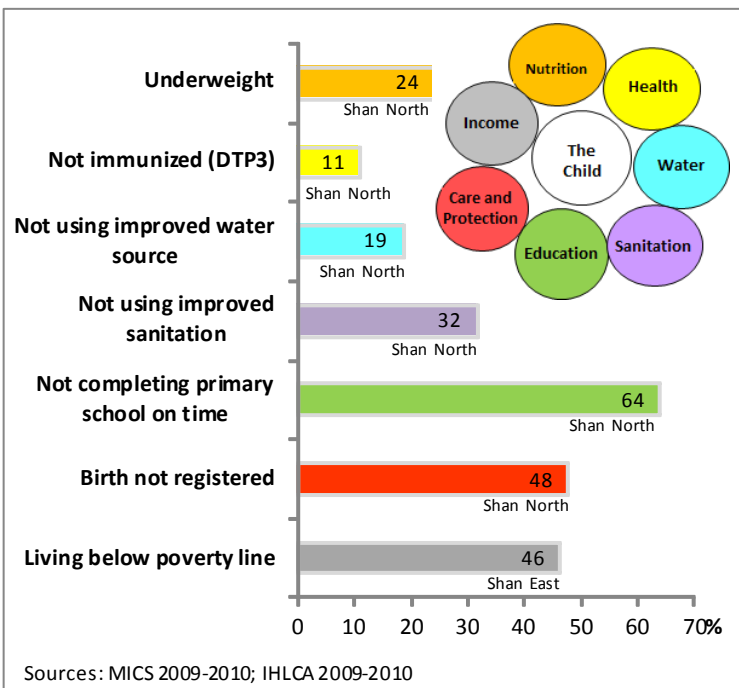
However, years of civil and political strife, coupled with large scale illegal production of opium and heroin, have adversely affected socio-economic development in the State despite the tremendous potential. Now home to 5 of the 6 self-administered areas in the country, and with continued conflict between the Government and ethnic armies on some fronts, vast areas in the State remain unreachable by essential public services and household-based data collection exercises alike. It is therefore highly plausible that the socio-economic situation may actually be worse than indicated by available data.

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 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.

As depicted in the chart, a sizeable proportion of children in Shan continue to have some of their most basic needs unmet, with a much greater extent of deprivation in Shan North and Shan East compared to Shan South across a number of indicators. For example, only 48 per cent of births are registered in Shan North and 46 per cent of the population is living below the poverty line in Shan East.

How children in Shan 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.

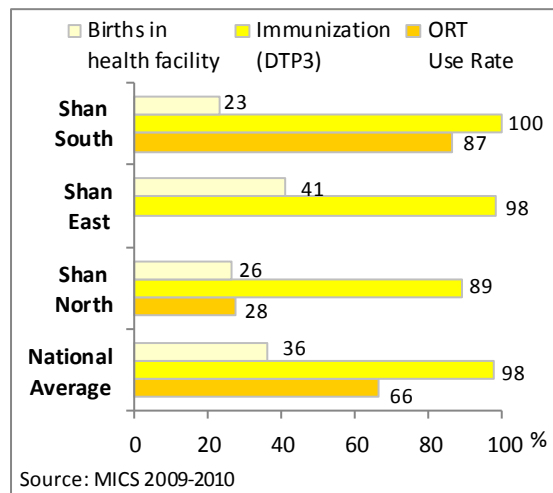
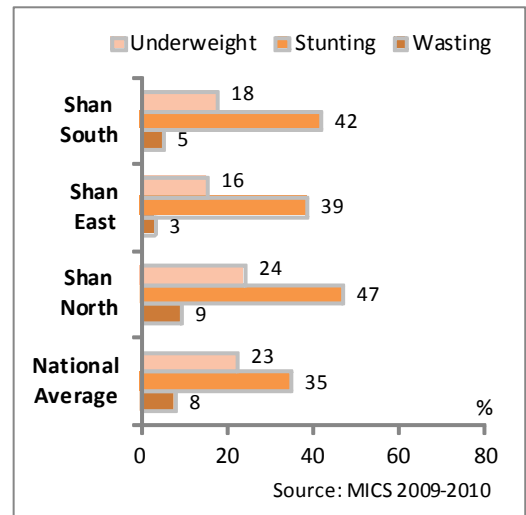


NUTRITION

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 Shan South, Shan East and Shan North fare on the three standard measures of malnutrition (underweight, stunting and wasting). The prevalence of stunting (or low height-for-age) is alarmingly high with as many as 47 per cent of children being stunted in Shan North. 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

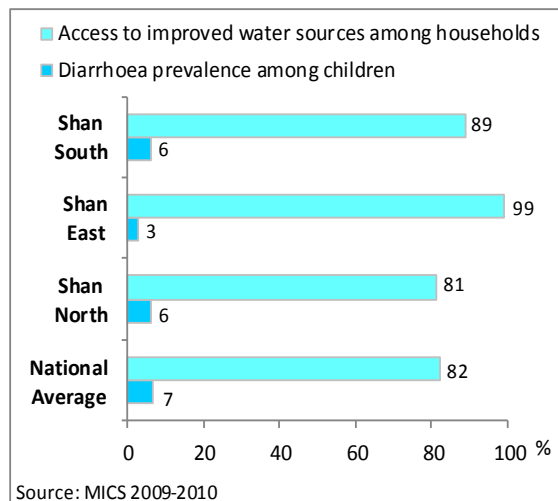
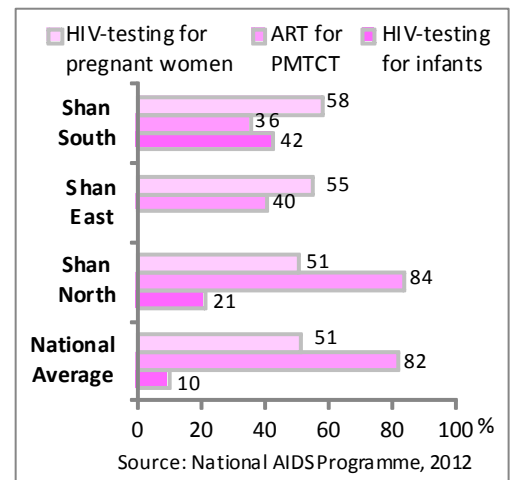
Significant reductions in maternal and child mortality can be achieved through a few simple health interventions, including giving birth in a health facility (or at least in the presence of a skilled birth attendant), timely immunization against some of the main childhood illnesses, and adequate management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

A low proportion of children born in Shan State are likely to be born in a health facility where life-saving obstetric care would be available for mother and child in case of complications during birth. According to available data, the proportion of births in a health facility range from 23 per cent in Shan South to 41 per cent in Shan East. Immunization rates appear comparable to the national average in Shan South and East but are almost 10 percentage points lower in Shan North. The use of oral rehydration therapy (ORT), to prevent life-threatening dehydration associated with diarrhoea among children, is employed in 87 per cent of the cases in Shan South and only 28 per cent of the cases in Shan North.

HIV

Elimination of mother-to-child transmission of HIV is a key component of the global response to HIV for young children. 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 60 per cent of pregnant women across Shan are likely to be tested for HIV and receive the test result. Whether pregnant women identified as HIV-positive in the State receive ART for PMTCT varies considerably between Shan North and South. And to a lesser extent, so does the probability of an infant born to an HIV-positive woman being tested for HIV within the prescribed 2 months after birth, which is as low as 21 per cent in Shan North.



WATER

According to the Multiple Indicator Cluster Survey (MICS), the proportion of households not using improved water sources in Shan ranges from 1 per cent in Shan East to 11 per cent and 19 per cent respectively in Shan South and Shan North. However, the Knowledge Attitudes and Practices (KAP) Survey on Water and Sanitation conducted in 2011 in 24 townships nationwide, including 4 from Shan State, suggests that the situation might be much worse in some areas. According to this survey, as many as 35 per cent of households in Kutkai township (Shan North) are not using improved water sources and 37 per cent in Pinlaung township (Shan South) are not.

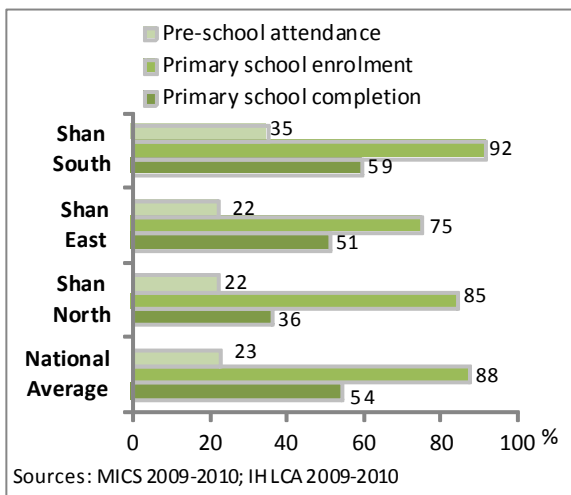
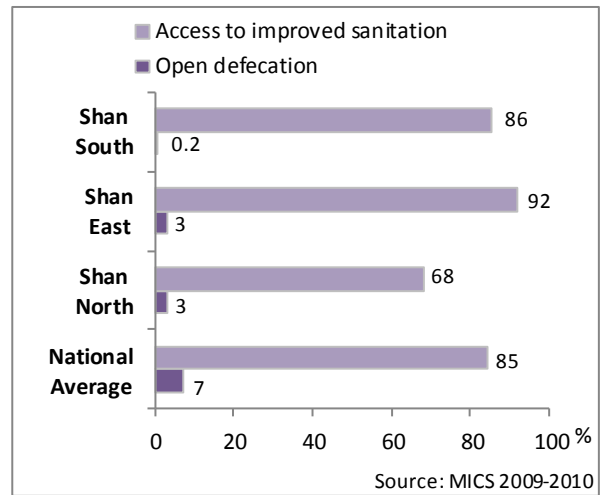
Lack of access to safe drinking water is a major contributor to diarrhoea prevalence, with 80% of child deaths due to diarrheal disease being attributed to poor drinking water, lack of sanitation and poor hygiene. Similar to the trend observed in Myanmar as a whole, diarrhoea prevalence among children aged 0-59 months in Shan has increased slightly since 2003 (when it was 2% in Shan North, 3% in Shan East and 5% in Shan South).

SANITATION

According to the Multiple Indicator Cluster Survey (MICS), the proportion of households that do not have access to improved sanitation in Shan State ranges from 8 per cent in Shan East to 32 per cent in Shan North. And open defecation rates are higher in Shan East and Shan North (3 per cent each) compared to Shan South (0.2 per cent).

The 2011 KAP Survey on Water and Sanitation revealed that the situation may actually be much worse, especially in some areas. For example, about 52 per cent of households were not using improved latrines in Kutkai township (Shan North).

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.

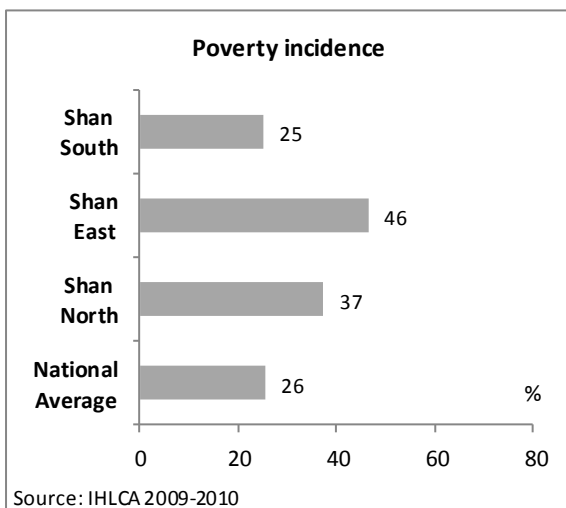
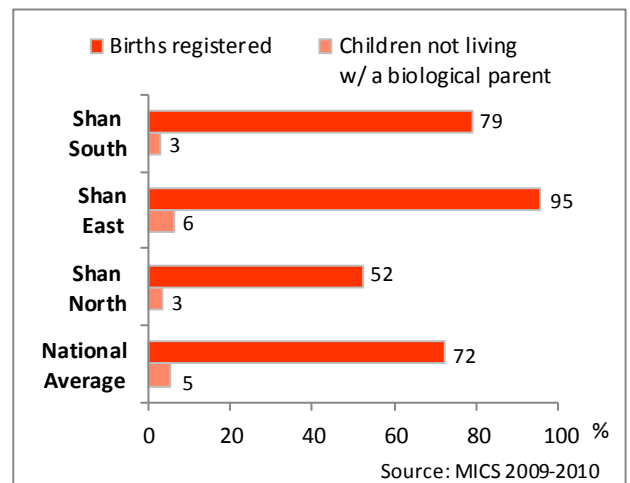
Pre-school attendance among children aged 3-5 years is quite low with less than a quarter of all children attending nationwide. Shan North and Shan East have similar pre-school attendance rates (22 per cent) but Shan South appears to have a slightly better situation with over one third of children attending pre-school. 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 Shan ranges from 75 per cent in Shan East to 92 per cent in Shan South. Fewer than 60 per cent of children complete primary school on time across the State, with as few as 36 per cent doing so in Shan North.

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 half (52 per cent) of all births are registered in Shan North. Unregistered children are not only deprived of their basic right to a legal identity but are also more vulnerable to exploitation. With regard to the proportion of children not living with a biological parent, the situation in Shan (3-6 per cent) is more or less 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 25 per cent of the population was estimated to be living below the poverty line in Shan South which is comparable to the national average (26 per cent). Higher levels of poverty were estimated for Shan North and Shan East; 37 per cent and 46 per cent respectively, with the latter being second only to Chin State where 73 per cent of the population was estimated to be living below the poverty line.

TABLE OF INDICATORS FOR SHAN STATE

	INDICATOR	Shan North	Shan East	Shan South	National Average	Highest Incidence	Lowest Incidence
NUTRITION	Underweight: % of children aged 0-59 months who measured below -2 SD international reference weight for age	24.1	15.5	17.7	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	46.9	38.5	41.8	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	9.4	3.4	5.3	7.9	10.8 <i>Rakhine</i>	2.3 <i>Kayah</i>
	Exclusively breastfed: % of children aged 0-5 months who are exclusively breastfed	12.9	23.3	27.8	23.6	47 <i>Mon</i>	1.3 <i>Rakhine</i>
	Vitamin A supplementation: % of children 5-59 months who never received vitamin A	26.1	12.9	10.3	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	63.2	98.6	98.7	93.1	99.6 <i>Mon</i>	75.6 <i>Chin</i>
	Ante-natal care quality: % of pregnant women who had urine specimen taken	32.5	77.9	73.2	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	26.2	41.1	23	36.2	68.9 <i>Yangon</i>	5.6 <i>Chin</i>
	Immunization: % of children aged 12-23 months who received DPT3 vaccinations	89	98.3	100	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	[27.7]	[*]	[86.7]	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	50.7	54.9	57.8	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	83.8	40.3	35.7	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	21		42.4	9.5	42.4 <i>Shan South</i>	1.1 <i>Magway</i>
WATER & SANITATION	Improved water: % of households using improved water sources	81.4	99	89	82.3	92.5 <i>Yangon</i>	51.1 <i>Kayin</i>
	Diarrhoea prevalence: % of children who had diarrhoea in the last two weeks	6.1	2.8	5.9	6.7	13.1 <i>Chin</i>	2.5 <i>Sagaing</i>
	Improved sanitation: % of households with access to sanitary means of excreta disposal	68.3	92.1	85.6	84.6	93.8 <i>Yangon</i>	48.0 <i>Rakhine</i>
	Open defecation: % of households practicing open defecation	3.1	2.9	0.2	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	22.1	22.4	35	22.9	60.7 <i>Kayah</i>	5.4 <i>Rakhine</i>
	Primary school enrolment: Net Enrolment Rate in Primary School	84.6	75.1	91.5	87.7	96.3 <i>Kayah</i>	71.4 <i>Rakhine</i>
	Primary school completion: Net Primary School Completion Rate	36.1	51.1	59.3	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	52.3	95.4	79.2	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	3.4	6.1	2.7	5.4	18.7 <i>Mon</i>	1.3 <i>Rakhine</i>
INCOME	Poverty incidence: % of population who are poor	37.4	46.4	25.2	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
- ⇒ 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.