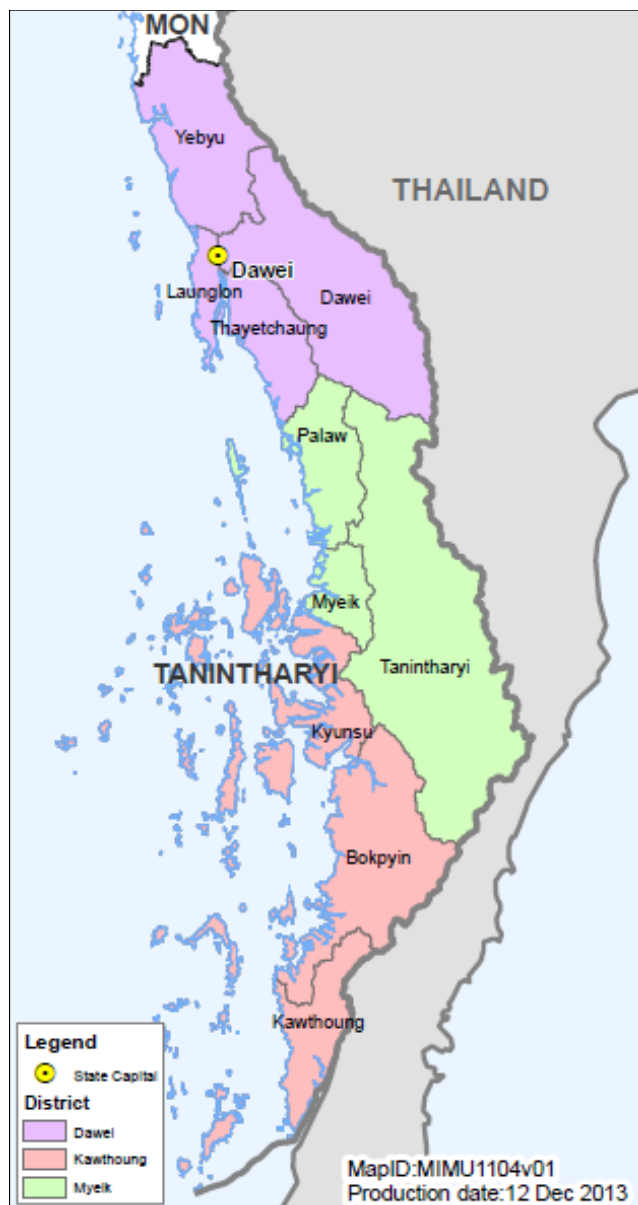


# TANINTHARYI REGION

## *A Snapshot of Child Wellbeing*



### BASIC INFORMATION

**Area:** 43,343.34 sq. km

**Total population:** 1,408,401

**Urban:** 338,419

**Children under 18:** 556,726

**Rural:** 1,069,982

**Ethnic composition:** Bamar, Karen, Mon, Shan, Rakhine, Other

**Languages:** Myanmar

**Administrative divisions:** 3 Districts, 10 Townships, 83 Wards, 264 Village Tracts, 1,250 Villages

**Capital:** Dawei

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

### SOCIO-ECONOMIC CONTEXT

Located in southern Myanmar, Tanintharyi Region is bordered by Mon State to the north and Thailand to the east. It is flanked entirely by the Andaman Sea to the west and is home to the Myeik Archipelago which consists of more than 800 islands.

On most social development indicators, Tanintharyi fares comparably to the national average, but access to basic services in remote islands is noted as a concern.

Although the Region has significant reserves of natural resources (mainly natural gas and metals), poverty incidence (at 33 per cent) is higher than the national average (26 per cent).

Furthermore, protracted armed conflict in the Region has led to thousands of people being displaced from their homes and communities, living either as IDPs in the country or seeking refuge in neighbouring Thailand. Land ownership, livelihood opportunities, physical security, adequate living conditions and access to basic services remain elusive for many of these IDPs and refugees.

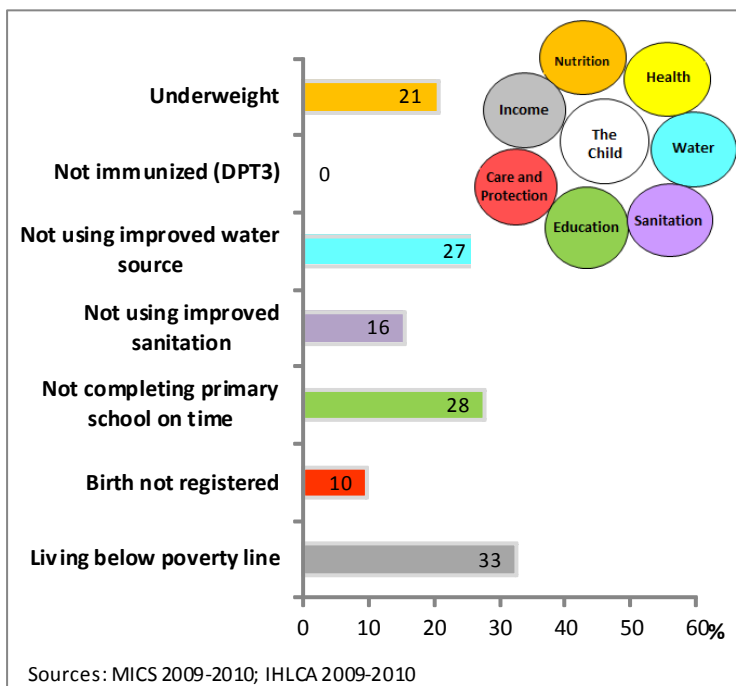
### CHILD WELLBEING

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 Tanintharyi continue to have some of their most basic needs unmet. The chart depicts the extent of deprivation in the Region using a selected indicator for each key dimension. For example, deprivation in education is indicated by 28% of primary school children not completing their schooling on time.

How children in Tanintharyi Region 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.

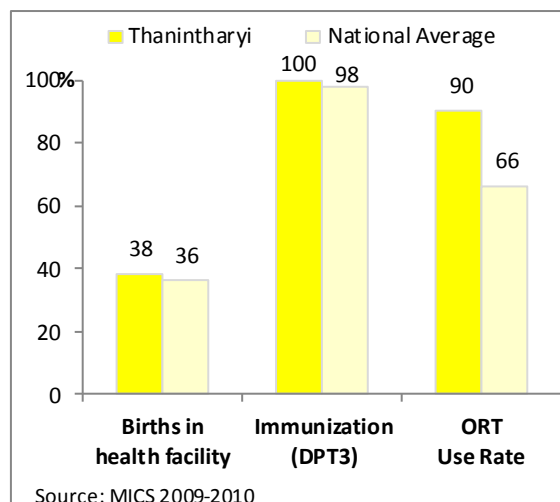
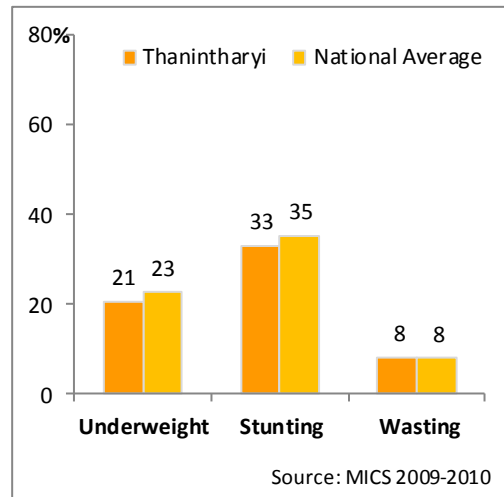


## NUTRITION

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.

According to all three standard measures of malnutrition (underweight, stunting and wasting), children in Tanintharyi are almost as likely to be malnourished as the average Myanmar child. The prevalence of stunting (or low height-for-age) is alarmingly high with almost 33 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

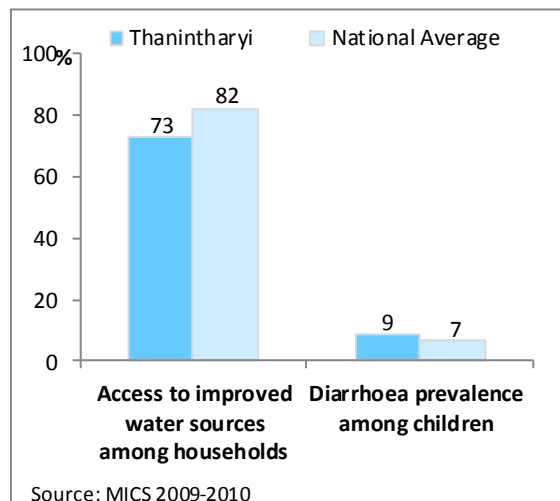
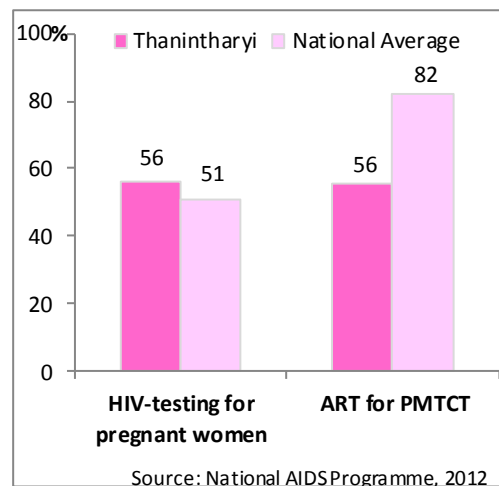
Significant reductions in maternal and child mortality can be achieved through a few simple health interventions, including giving birth in a health facility (or at least in the presence of a skilled birth attendant), timely immunization against some of the main childhood illnesses, and adequate management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

Children in Tanintharyi are almost as likely as the average Myanmar child to be born in a health facility (about 38 per cent are), where life-saving obstetric care would be available for mother and child in case of complications during birth. Immunization rates also appear comparable to the national average, but the remote location of several communities does make delivering vaccines to all children a daunting task, particularly on the Myeik Archipelago. The use of oral rehydration therapy (ORT), to prevent life-threatening dehydration associated with diarrhoea among children, is employed in about 90 per cent of the cases in the Region.

## 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 about half (56 per cent) of pregnant women in Tanintharyi are likely to be tested for HIV and receive the test result. Furthermore, only about half (56 per cent) of women identified as HIV-positive in the Region are likely to receive ART to reduce the risk of transmission during pregnancy, delivery and breastfeeding.



## WATER

According to the Multiple Indicator Cluster Survey (MICS), about 27 per cent of households in Tanintharyi are not using improved water sources, which is lower than the national average. The Knowledge Attitudes and Practices (KAP) Survey on Water and Sanitation conducted in 24 townships nationwide in 2011, however, suggests that the actual water and sanitation situation in the country is by and large much worse than indicated by the MICS.

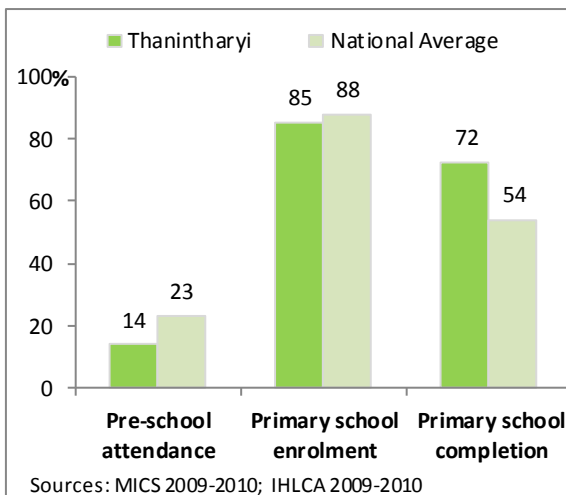
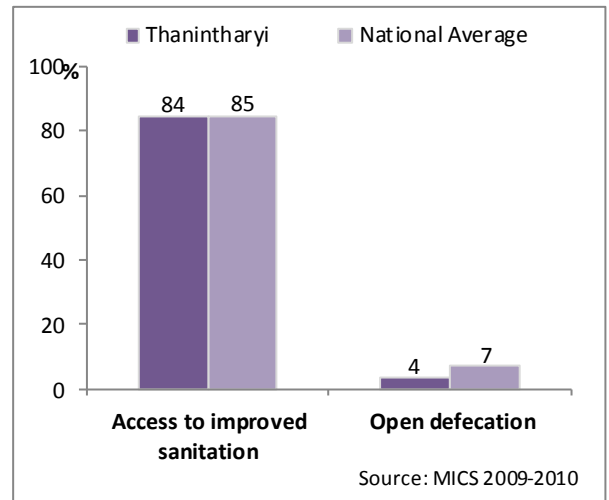
Lack of access to safe drinking water is a major contributor to diarrhoea prevalence, with 80 per cent of child deaths due to diarrheal disease globally being attributed to poor drinking water, lack of sanitation and poor hygiene. Prevalence of diarrhoea among children aged 0-59 months in Myanmar has increased from about 4 per cent in 2003 to almost 7 per cent in 2009-2010. In Tanintharyi, diarrhoea prevalence increased from about 3 per cent to 9 per cent during the same period, indicating an urgent need to improve access to clean water and sanitation.

## SANITATION

According to the Multiple Indicator Cluster Survey (MICS), about 16 per cent of households in Tanintharyi Region do not use improved sanitation and 4 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 Longlone township of Tanintharyi Region, about 25 per cent of households were not using improved latrines and almost 7 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.

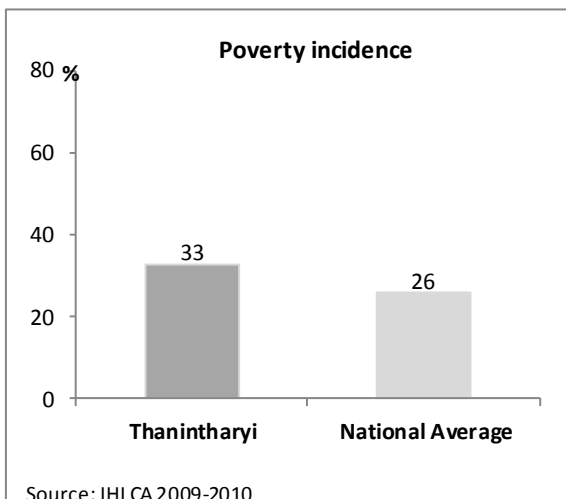
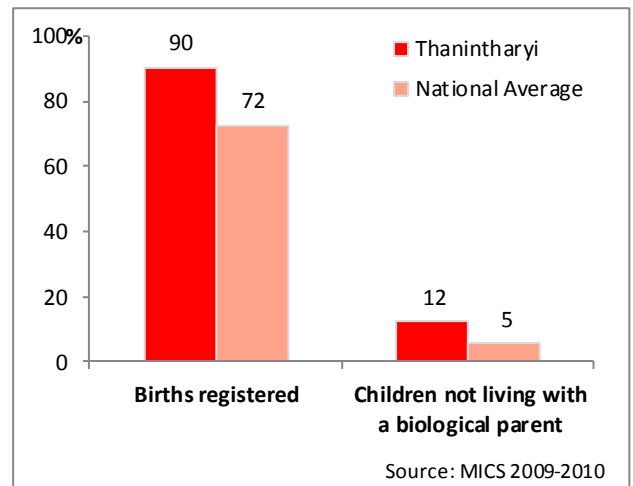
Pre-school attendance among children aged 3-5 years is quite low with less than a quarter of all children attending pre-school in the country as a whole. Tanintharyi fares even worse on this indicator, with only about 14 per cent of children aged 3-5 attending pre-school. Adequate intellectual and social 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 Tanintharyi is comparable to the national average but almost 15 per cent of children still do not have access to primary education. However, with 72 per cent of children attending primary school completing their schooling on time, Tanintharyi has the highest primary school completion rate among all states and regions.

## 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. Although Tanintharyi has a relatively high birth registration rate, 10 per cent of births in the Region 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 the proportion of children not living with a biological parent, the situation in Tanintharyi (12 per cent) appears among the worst in the country.



## 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 33 per cent of the population was estimated to be living below the poverty line in Tanintharyi Region. This is higher than the poverty estimate of 26 per cent for the country as a whole.

**TABLE OF INDICATORS FOR TANINTHARYI REGION**

	INDICATOR	Thanintharyi	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	20.6	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	32.9	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	8.1	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	13.6	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	8.9	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	98.2	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	56	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	38.4	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	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	90.2	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	55.9	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	55.6	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	72.7	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	8.8	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	84.4	84.6	93.8 <i>Yangon</i>	48.0 <i>Rakhine</i>
	<b>Open defecation:</b> % of households practicing open defecation	3.6	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	13.7	22.9	60.7 <i>Kayah</i>	5.4 <i>Rakhine</i>
	<b>Primary school enrolment:</b> Net Enrolment Rate in Primary School	85.2	87.7	96.3 <i>Kayah</i>	71.4 <i>Rakhine</i>
	<b>Primary school completion:</b> Net Primary School Completion Rate	72.3	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	90.1	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	12.2	5.4	18.7 <i>Mon</i>	1.3 <i>Rakhine</i>
INCOME	<b>Poverty incidence:</b> % of population who are poor	32.6	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.