

# First Myanmar National *Disability Survey* 2010



# Myanmar National Disability Survey

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Department of Social Welfare

Ministry of Social Welfare, Relief and Resettlement

Republic of the Union of Myanmar

The Leprosy Mission International (Myanmar)

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**Preface by : U Soe Kyi**

**Director General, Department of Social Welfare**

**Preface by Director General, Department of Social Welfare,  
Ministry of Social Welfare, Relief and Resettlement.**

The Department of Social Welfare is responsible for social work in Myanmar, with particular emphasis on development of vulnerable groups such as children, youth, women, elderly persons and persons with disabilities. To conduct successful and comprehensive activities for such groups it is vital to have reliable information and concrete statistics.

The Department of Social Welfare has drafted policies concerning various vulnerable groups, including persons with disabilities, since 1975. Among these, are a policy to estimate the population of persons with disability, record and classify types of disability, leading to the formation of a register. This has yet to be fully realized.

Section 32 (A) of the Constitution of the Union of Myanmar, which was approved on 28th May 2008, states that ' the State has the responsibility to take care of mothers and children, orphans, children of deceased military personnel, elderly people and persons with disabilities '. The primary responsibility to fulfill this mandate lies with the Department of Social Welfare.

It is my pleasure to report that the 'Myanmar National Disability Survey', jointly conducted by the Department of Social Welfare and The Leprosy Mission International, has been successfully completed, yielding valuable information on the situation of persons with disabilities in Myanmar.

There is a Myanmar saying 'to ensure a good result, first lay a good foundation'. Here I would like to record the contribution of those who enabled this noble cause in the history of the rehabilitation of persons with disabilities in Myanmar: the many volunteers who went to interview thousands of households across the country, those who trained and supervised them, and those who formulated the questionnaires. This survey described the disability situation in Myanmar according to a definition rooted in the cultural context of Myanmar. From different angles, it highlighted with concrete statistics the true socio-economic situation of persons with disabilities across Myanmar.

Doubtless, the findings of this survey will be of great value in building a modern and developed nation, and in achieving the Millennium Development Goals. The continued support of The Leprosy Mission International in supplying manpower, technical expertise and financial assistance for the improvement of the lives of persons with disabilities in Myanmar is appreciated with great thanks. Let us all commit ourselves to a National Plan of Action to enable a better future for the 2.32% of Myanmar population who, according to this survey, are living as persons with disabilities.

**Foreword by Mr. Geoff Warne,  
General Director,  
The Leprosy Mission International**



It is an honour for The Leprosy Mission International to participate with the Government of the Union of Myanmar in activities aimed at improving the lives of people with disabilities.

TLMI has been entrusted, as a leading agency for disability in Myanmar, to work with the Department of Social Welfare to develop the Myanmar National Plan of Action on persons with disabilities.

The completion and publication of this National Disability Survey is a vital component of that plan of action. In this report we see, very clearly, the extent to which people with disabilities and their households are disadvantaged. Among the poorer sections of society, they are often the poorest and the most marginalized, with little hope for a better future. These facts ought to galvanize us into action. With the right National Plan of Action, well implemented with strong commitment from both Government and the NGOs, this picture can be changed.

I urge all readers of this survey to think deeply about the devastating effects of disability on the lives of people throughout Myanmar and to work together with Government departments, The Leprosy Mission International and other agencies to adopt and to thoroughly implement a far-reaching, comprehensive Plan of Action.

## **Introduction**

The publication and subsequent ratification of the Convention on the Rights of Persons with Disabilities marked a watershed moment in the global disability movement, providing a more comprehensive framework to describe the inherent rights of Persons with Disabilities. Yet across the world much remains to be done to see that such rights can practically be realized.

In terms of planning, the first step is normally to gather information on which to base the subsequent activities. In the case of disability in Myanmar, detailed statistics on the disability situation have not been available until now. Small scale, localized surveys have given some data, but there has until now not been a national level survey. Hence, this survey represents the first comprehensive, national level survey of the disability situation in Myanmar.

In planning the survey methodology, the first consideration is ‘what is the intended use of the data?’. This determines to a certain degree what methodology is used, and how the survey is then carried out. In the case of the Myanmar Disability survey, the objective is ‘To make an assessment of the prevalence and distribution of disability, living situation of persons with disability and barriers to access of services for persons with disability, in order to plan and implement services for persons with disabilities’. This practical application of the data shaped the methodology (see Chapter 1) to identify persons with disabilities according to a Myanmar cultural construct of disability. The subsequent national (Chapter 2) and State/Division (Chapter 3) results were derived from survey of 108,000 households (approximately 530,000 people). Key issues concerning the impact of disability, such as gender, urban/rural distribution and socio-economic indices, as well as barriers to service access are discussed in detail in Chapter 4.

Report Editor :

Dr.Mike Griffiths, MBChB MSc (PHC) MRCP DFFP DTM&H  
( Consultant, TLM (Myanmar) )



## Executive Summary

The first ever survey of Persons with Disabilities in Myanmar was conducted in 2008 and 2009 by The Leprosy Mission International, in conjunction with the Department of Social Welfare and U Ko Lwin (Research consultant). A pre-survey to gather data on Myanmar definitions of disability was conducted in 2008, and based on this, inclusion criteria were established. The first phase of the survey covered Nargis affected areas of Myanmar, as well as parts of Central Myanmar and Mon State. The second phase, conducted in 2009, covered some of the less accessible States and Divisions.

Overall, the survey yielded a population prevalence of 2.32%, according to the inclusion criteria. This translated into a prevalence of one person with disability in every 10 households. Higher prevalence areas were Ayeyawaddy Division (3.27%) Mon State (2.78%) Yangon Division (2.75%) and Kachin State (2.70%). Of note, areas most affected by Cyclone Nargis were significantly more affected than non-affected areas (3.69% vs. 1.74%). The population burden of disability rested mainly with the working age population, with over 700,000 persons with disabilities; however, prevalence of disability is higher in the over-65s, where 7.47% of all persons over 65 were classified as disabled. The majority of disability (68%) was classified as physical impairment (difficulty moving). Type of disability showed variation at State and Divisional level, with the Delta areas having higher proportions of persons with physical impairment.

The data related to the impact of disability demonstrated findings consistent with the wider global situation: namely, that the persons with disability are economically, socially and educationally disadvantaged compared to non-disabled persons. Educational status of PwDs was considerably lower than the national average, with only 10% attending high school. Of greater concern, the livelihood status of PwDs was considerably below non-disabled persons, with only 15% reporting any current livelihood. Surveying household status of households which included a person with disability, and comparing with households who did not contain a person with disability, PwD households were less likely to own cultivatable land (39% vs. 61.8%), less likely to own valuable domestic asset (50.8% vs. 67%), less likely to own domestic livestock (38.5% vs. 50%) and more likely to be dependent on casual labour as the main source of household income (50.4% vs. 40%). These findings support observations made globally that PwDs are disproportionately represented amongst the poorest subsections of society.



These survey findings can reliably inform the development and implementation of specific measures and policies aimed at reducing the inequalities between disabled and non-disabled and non-disabled persons, enabling persons with disabilities to realize their rights, take up their responsibilities and participate fully in society, contributing as equal members to the development of their community and to the goals of the State.

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<sup>1</sup> In short, this survey included persons with functional impairment due to a range of disabling conditions, regardless of age; but specifically did not include persons with limited function due to chronic diseases such as heart disease, HIV/AIDS, depression or general age-related debility.

<sup>2</sup> The figure of one PwD per 11.2% of households has a predicted variance of 8-13%.

<sup>3</sup> As defined by the Post-Nargis Joint Assessment (PONJA) report

<sup>4</sup> Department of Social Welfare/The Leprosy Mission International, National Disability Survey draft 2009

## Chapter 1 Methodology

**1.1 Inclusion Criteria:** A variety of approaches and tools are available to conduct surveys on disability. Most, including the International Classification of Function (ICF), use a functional approach to define disability not by impairment, but by function. Accordingly, comparison of data on disability prevalence from country to country is dependent on the methodology used. Even with ICF, differing cutoff points for degrees of functional impairment can yield different prevalence data. The advantages of a functional based criteria is that disability is viewed more as an interaction between impairment and environmental and attitudinal barriers, rather than simply as impairment caused by accident or illness. The disadvantage with such an approach is that a large number of persons would be included in the disability prevalence figure who would not normally be considered or labeled 'disabled' either by themselves or their families and communities, hence defining a population of persons with disabilities which is beyond the normal understanding of disability.

In the case of Myanmar, the primary use of the data on disability was to plan and implement a National Plan of Action for Persons with Disabilities. At this stage in the development of disability services and strategies in Myanmar, service provision, benefits and opportunities for persons with disabilities are limited. Alongside this, public awareness of disability issues is low. Although legal provisions for PwDs are available within previous and current legal frameworks in Myanmar, few are aware of the legal provisions and rights for PwDs.

Given this background and the proposed use of the data, the objective of the survey was to identify the population of persons with disabilities which would be understood and classified as disabled according to the Myanmar perspective, and which would be considered priority for accessing services to be implemented for PwDs. Thus, the first step of the was to determine how Myanmar Society defines disability. To ascertain this, the Pre-Survey on Disability was conducted in July 2008.

The total sample size of Pre-Survey on Disability was 200 persons, made up of a mix of lay and professional respondents, including ordinary community members, Professors, Associated Professors and Lecturers of Psychology and Anthropology Department, Yangon University, Medical Doctors of Department of Health, Officers of Department of Social Welfare, Leaders of Disabled Person Organizations and Post Graduated Students of Yangon.

Picture cards and scenarios of 40 'cases' featuring impairment due to a variety of causes were showed and explained to each respondent, who was then asked to classify the 'case' as disabled or not. The full results of the Pre-survey are available in appendix 1.

Inclusion criteria were based on a modified list of the cases classified by the majority of respondents as disabled. Overall, persons with impaired function due to chronic diseases such as HIV/AIDS, depression, chronic heart disease, as well as people with minor limb or facial deformities which did not impair function, were not considered disabled by the majority of the respondents. The inclusion criteria were reviewed and modified by the Disabled People's Organizations of Myanmar, as well as the Department of Social Welfare.

These criteria were then integrated into the screening and survey tool for identification of respondents and different type of Disability. The definition of disability as defined by Myanmar Society based on the pre-survey findings is "an individual who is limited in function and/or ability to conduct activities in daily living to participate in society due to physical, seeing, hearing and intellectual or learning impairment."

**1.2 Sampling:** The first phase of surveying was conducted in November and December 2008, covering Ayeyawaddy Division, Yangon Division, Mandalay Division, Magwe Division, Bago Division, Mon State and Kayin State. In the second phase, conducted from April to July 2009, the remaining States and Divisions (Taninthayi, Sagaing, Shan, Rakhine, Kayah, Chin and Kachin) were surveyed. The teams were led by U Ko Lwin and his social research group (Myanmar Millennium Development Goal Services Provider), in partnership with Department of Social Welfare and The Leprosy Mission international. The questionnaire included information on the prevalence and types of disability, the causes of disability, the socio-demographic characteristics of people with disabilities, the social and economic circumstances of PWDs and their needs. This then enabled the survey to generate accurate and complete estimates of the number of persons with disabilities, by age group, gender, region of residence, type of residence (urban or rural), type of disability, cause of disability, educational and employment status, and their awareness of the existence and provision of services. A copy of the questionnaire is available as appendix 2.

In terms of sampling, population based weighting was used to determine the number of households to be sampled in each State and Division. For the first level of sampling, the whole country was divided into 16 States and Divisions



administrative regions (Shan State was divided into Northern Shan, Eastern Shan and Southern Shan). After this, 120 Townships were selected in consultation with the Department of Social Welfare. In each of the selected townships, 30 wards or village tracts were randomly selected, and amongst these, 30 households were randomly selected in each ward/village tract. A total of 108,000 households in urban and rural areas in 16 States and Divisions were included in the survey.

**1.3 Personnel and Training:** the surveying was principally conducted by volunteers and staff from the MMDG, along with staff and volunteers from the Department of Social Welfare and The Leprosy Mission International. Training on Myanmar Disability Survey was organized by TLMI in Yangon to enable staff to be aware of disability issues and research process. Participants of this training were senior staff from DSW, Staff from TLMI and researchers from MMDG. The total numbers of participants in the survey training workshops were 72 persons, including 17 from Department of Social Welfare State and Division level offices. These were responsibility for facilitating the field travel and supervising the survey.

**1.4 Questionnaires:** The questionnaires were conducted in two stages; firstly a set of screening question to identify persons with functional impairment, followed by a set of questions to further assess the inclusion and living situation of persons with disabilities and their households. The questionnaires were piloted in Hlaingtharyar Township. After implementing the pre-test survey the questionnaire was modified with technical assistance from TLMI and Disabled People's Organizations. The questionnaires were written in Myanmar language. The household questionnaire was used to list the number of persons regularly living in the households, to obtain information on age, sex, ethnic group, education level, and to assess the PWD's relationship to the head of the household. The questionnaire for individual with disabilities was used to collect detailed information on PWD in the selected households. Basic personal characteristics such as age, sex, ethnic group, literacy, education level, marital status, information about the type of disability, cause of disability, severity of the disability, awareness of social services available for PWDs, current work status, type of work, self perception on being disabled and their difficulties and needs were included.

**1.5 Verification and data analysis:** The Interviewers from MMDG were responsible for filling out the questionnaires completely and accurately. The team leaders were responsible for data checking and quality control. The questionnaires were then sent to Yangon head office of MMDG for data entry, general

tabulations and analysis. After receiving all questionnaires from the 120 Townships, the data entry and data processing were conducted by quantitative team using SPSS data base software. In order to provide verification, TLMI also conducted the disability surveys in some selected townships using the same questionnaire, but different sampling methods. This was also compared with data from field activity surveys and TLMI. No statistically significant variation was found between the three data sets. Population estimates were based on data sets from the Central Statistical Organization, using the latest State and Divisional disaggregated population statistics. Projected populations of persons with disabilities have not been rounded, but nonetheless remain estimates, rather than actual known or registered numbers of persons with disabilities in that category.

**1.6 Methodological Limitations:** three major limitations need to be considered regarding the data. Firstly, the inclusion criteria specifically did not include all persons with impaired function. The precise classification of persons who had impaired function due to conditions included in the criteria, and those who had impaired function due to conditions not included in the criteria was made by the interviewer. In order to reduce the risk of user/interviewer bias, each case record included a description of the interview, which could then allow the supervisor to re-classify the case based on the case description. Also, if the interviewer was not sure whether the interviewee was included or not, he/she could refer the case to the supervisor. This still leaves some room for erroneous classification and interviewer bias.

Secondly, some assessments may have been limited by language barriers, particularly in areas where Myanmar is not widely spoken. Although some local interviewers were deployed to overcome the language barriers, it is possible that language barriers could have influenced the classification of some conditions such as hearing impairment in areas such as Chin State and Northern and Eastern Shan State, where a diversity of ethnic groups and different languages exist.

Thirdly, the sampling technique used could lead to under or over sampling of population pockets of persons with disabilities (the classic example being the under-representation in the sample of persons affected by leprosy living in 'colonies' where all or most people are affected by leprosy). Other examples include persons with hearing and seeing difficulties living in institutions. Where random sampling is used, such areas may not be included, and hence the percentages of PwDs may be artificially low. Similarly, if such areas were included, the sample could be artificially high. This uneven distribution of PwDs in certain pocket areas probably accounts for less than 2% of the population of persons with disability, and so is not considered likely to have a significant impact on the overall prevalence. Surveys using a different sampling technique were employed in selected townships, and these demonstrated similar results to the main survey.

## Chapter 2: National Findings

**2.1 Summary:** According to the pre-survey inclusion criteria, the national disability prevalence of Myanmar is 2.32%. This translates to 1,276,000 persons, based on a population of 55 million. Based on a household occupancy of 4.9 persons per dwelling, this means that 11.22% of households in Myanmar have a person with disability. As shown in figure 1, prevalence rates vary from region to region. Coastal and delta areas had higher rates of disability than central and hilly areas. Detailed State and Divisional level findings are reported in Chapter 3. The prevalence for each township sampled is available as appendix 3.

**Figure 1. Disability by State/Division**

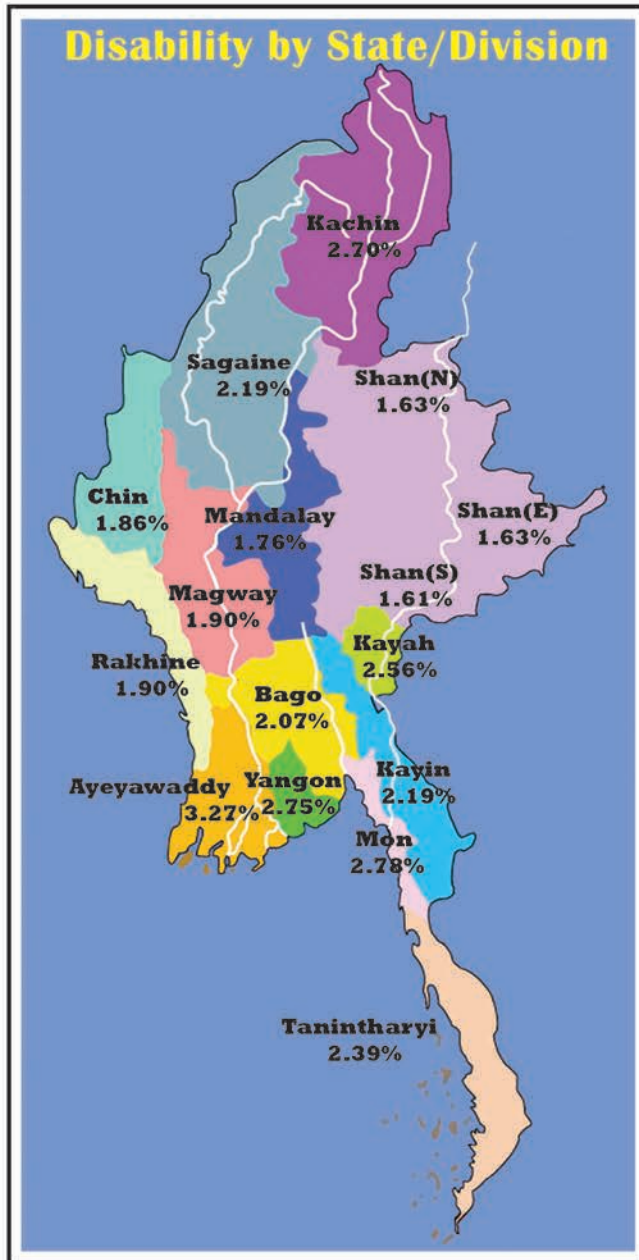
	Total
Ayeyawaddy	3.27
Bago	2.07
Kayin	2.19
Magway	1.90
Mandalay	1.76
Mon	2.78
Yangon	2.75
Kachin	2.70
Kayah	2.56
Chin	1.86
Sagaing	2.19
Taninthayi	2.39
Rakhine	1.90
Shan (S)	1.61
Shan (N)	1.63
Shan (E)	1.63
National	2.32

<sup>5</sup>[http://www.aphousingforum.org/aphf1/pdf/AyarLwin\\_Pre.pdf](http://www.aphousingforum.org/aphf1/pdf/AyarLwin_Pre.pdf)

<sup>6</sup>This figure may range from 8%-13%, depending on proportion of households with more than 1 PwD, and differences in household populations in different areas.



## Disability by State/Division



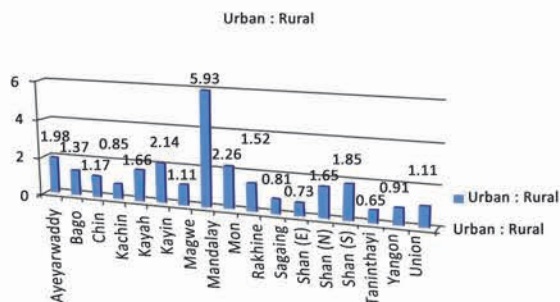
## 2.2 Demographics:

The disability prevalence rate can be disaggregated by urban and rural residence, gender, age group and type of disability. The results are shown in figure 2.

**Figure 2. Demographic Overview**

		Prevalence(%)	Population (projected)
Location	Urban	2.49	425,291
	Rural	2.24	850,709
Gender	Male	2.55	695,824
	Female	2.10	580,176
Age Group	<5	0.88	68,521
	5-16	2.03	248,948
	16-65	2.25	711,880
	>65	7.47	246,651
Type of Disability	Physical	1.58	869,000
	Seeing	0.31	170,500
	Hearing	0.24	134,750
	Intellectual	0.18	101,750

In 2002, 28% of the Myanmar population was considered to be living in urban areas . The prevalence of PwDs in urban areas was significantly higher than in rural areas (ratio 1.11) but with significant variation between different States and Divisions.



[http://earthtrends.wri.org/pdf\\_library/country\\_profiles/pop\\_cou\\_104.pdf](http://earthtrends.wri.org/pdf_library/country_profiles/pop_cou_104.pdf)

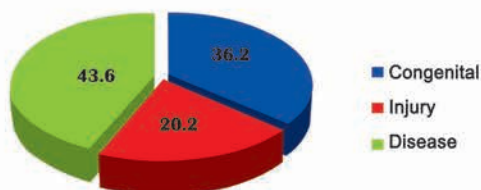
With regard to gender, the proportion of males with disability (54.65%) is higher than that of females with disability (45.44%). When compared with national gender balance, the survey suggests that males are more likely to be disabled than females. This finding needs to be explored further in terms of cause and impact of disability. In terms of age distribution, the burden of disability lies with the working age population (16-65), who comprise 37% of the population, but in whom is found over 50% of the total persons with disabilities. Likewise, the disability prevalence the older people is 7.47% . Hence, whilst the burden of disability in population terms is

with the working age population, older age groups have a higher prevalence of disability, most likely due to the increase in age-related degenerative conditions such as cataracts and hearing loss, increase in rates of cerebrovascular disease and consequent stroke, and musculoskeletal conditions such as arthritis. These findings have a significant impact on the focus of service provision for persons with disability, whereby approaches to improve livelihood and education opportunities for working age adults with disabilities, and social protection policies for disabled older persons need to be considered. This will have particular relevance as the proportion of the population in the over-65 age range increases.

### 2.3 Type and Cause of Disability

Based on the definition of disability derived from the pre-survey, type of disability can be classified as physical disability, seeing disability, hearing disability and intellectual disability. As seen in Figure 2, the most commonly reported type of disability is physically disability. More than two third (68.2%) of the persons with disability have limitations in function related to physical disability.

The causes of disability can be broadly classified into three groups: congenital, injury and disease. Informants with a disability were asked to specify the cause of their disability, and these were then classified into one of the three main groups.



**Figure 3. Main Cause of Disability**

Disease causing disability included infectious diseases such as polio and leprosy, cardiovascular diseases (hypertension leading to stroke), neurological conditions and age-related disability such as cataracts. The most common disabling congenital conditions were cerebral palsy and chromosomal disorders such as Down's syndrome. Injuries arose from a variety of source, including industrial injuries and traffic accidents.

As can be seen from Fig.4, the majority of cases of intellectual impairment and hearing impairment are caused by congenital factors, whereas disease and injury accounts for most of the cases of sight and physical impairment.



**Figure 4. Cause of disability by Type of Disability, urban/rural, gender and age group**

		Congenital Prevalence (Population)	Injury Prevalence (Population)	Disease Prevalence (Population)
Location	Urban	1(170,116)	0.5(77,403)	1(177,772)
	Rural	0.8(291,793)	0.5(180,350)	1(378,556)
Gender	Male	0.9(247,714)	0.6(165,606)	1(282,505)
	Female	0.8(213,506)	0.3(92,828)	1(273,843)
Age Group	<5	0.6(46,869)	0.06(5,002)	0.2(16,651)
	5-16	1.2(150,613)	0.2(32,114)	0.5(66,220)
	16-65	0.7(232,073)	0.5(169,428)	1(310,380)
	>65	1(32,065)	1.6(51,550)	5(163,036)
Type of Disability	Physical	0.49(271,128)	0.37(200,739)	0.72(397,133)
	Seeing	0.08(42,284)	0.06(31,372)	0.18(96,844)
	Hearing	0.13(70,205)	0.05(26,546)	0.07(38,000)
	Intellectual	0.14(77,432)		0.04(24,318)

In terms of cause of disability, rates of congenital disability were higher amongst urban (1% vs 0.77%, ratio 1.3); however, rates of injury related disability were slightly higher in rural than urban areas (0.48% vs 0.45%, ratio 1.05). Not surprisingly, males (0.6%) had a higher prevalence of injury related disability than women (0.3%, ratio 1.8), related to higher risk of industrial or work-related injury. In terms of age, the demographics show that congenital causes of disability decreases as a proportion of the total as age increases. This is due to several factors: firstly, many congenital disabling conditions are associated with lowered life expectancy; secondly, disease related disabilities such as cataracts and cardiovascular disease related disabilities increase with increasing age.

In terms of age and type of disability, two findings stand out as significant. Firstly, the proportion of PwDs with difficulties seeing is proportionately highest in the over-65 age group, caused mainly by age related visual disorders. The proportion of persons with disability due to intellectual disorders is highest in the 6-15 and 16-65 age groups, with a relatively small proportion in the >65 group. This is probably due to the lower life expectancy associated with some underlying causes of intellectual disorders (such as Down's syndrome). However, this demographic may change if there is an increasingly aged population with higher rates of later onset intellectual impairment such as Alzheimer's disease and multi-infarct dementia.

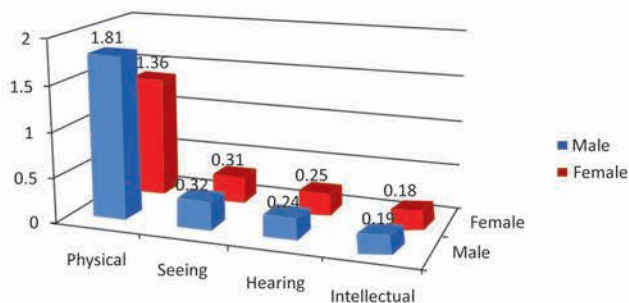
Specific disease prevention programmes and accident reduction/risk mitigation measures are needed to address different causes of disability (for example, polio vaccination programmes, health education programmes to reduce cardiovascular risk factors, improved antenatal care to reduce anoxic birth injury related intellectual impairment).

**Figure 5. Type of Disability by Age Group**

		Physical Prevalence (Population)	Seeing Prevalence (Population)	Hearing Prevalence (Population)	Intellectual Prevalence (Population)
Age Group	<5	0.7(53,009)	0.06(4263)	0.07(5,412)	0.07(6543)
	5-16	1.3(160,765)	0.16(19,949)	0.26(31,284)	0.3(37,202)
	16-65	1.5(481,426)	0.29(93,264)	0.26(80,784)	0.18(56,117)
	>65	5.3(173,800)	1.6(53,026)	0.44(14,520)	0.18(5,539)

Gender analysis demonstrated a significantly higher prevalence of physical disability amongst males than females (1.81% vs 1.36%, ratio 1.33) whereas prevalence of hearing disability is slightly higher amongst females (0.25 vs 0.24, ratio 1.06) than males. Rates of seeing and intellectual disability demonstrated small male:female differences in prevalence.

**Figure 6. Type of Disability by Gender**

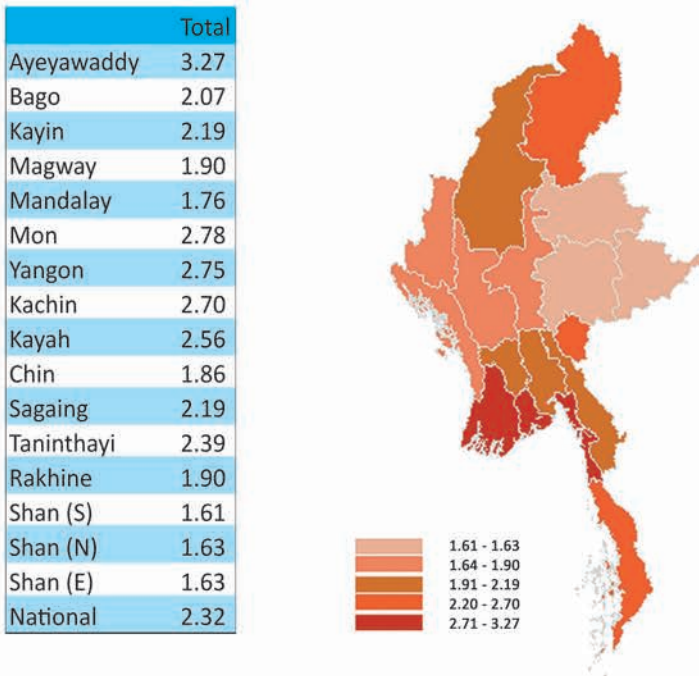


## Chapter 3: State/Divisional Level Analysis

### 3.1 Overview

The highest disability prevalence was found in Ayeyawaddy Division (3.27%), and prevalence in Yangon Division, Taninthayi Division, Mon State, Kachin State and Kayah State are all above the national rate.

**Figure 7. Map of National Disability Prevalence Rate by State/Division**



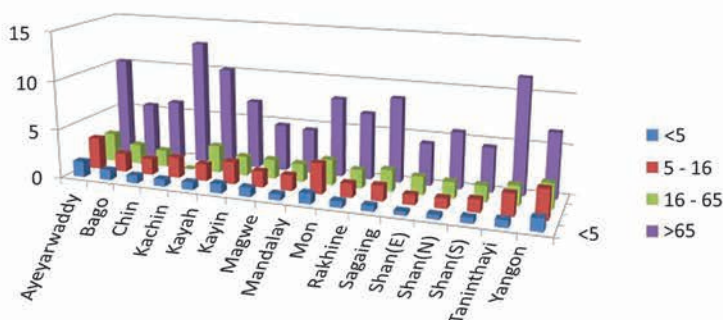
Higher prevalence rates in the Delta and coastal areas are suggested to be due to a higher burden of stroke/cardiovascular injury. This is suggested by the high proportion of PwDs with physical disability in Ayeyawaddy Division (see comment below by type)



### 3.2 Demographics by State & Division

Figure 8 shows the distribution of the age groups within different States and Divisions.

**Figure 8. Age**

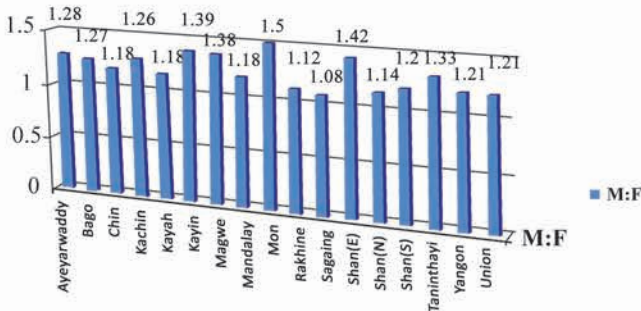


In terms of age stratification, the burden of disability in terms of numbers is highest in the 16-65 age range; however, prevalence of disability is highest amongst persons over 65. This age range showed the largest variation between States and Division, with the highest prevalence in Kachin State (12.7%) being nearly three times higher than the State/Division with the lowest prevalence (Eastern Shan State, 4.28%). Ayeawaddy Division, Yangon Division and Mon State have the highest prevalence of under 5 disability (1.63, 1.28 and 1.07% respectively) and also had significantly high prevalence of 5-16 year old disability (3.26, 2.99 and 3.10% respectively). Of note, these regions also had the highest rate of congenital disabilities (1.24, 1.83 and 1.31%).

The gender gap is highest for physical disability (1.33 and lowest for hearing disability (0.94), with seeing (1.03) and intellectual (1.02) disabilities having only modest gender differences. Hence, the majority of gender difference in disability can be accounted for by the difference in rates of physical disability amongst males and females.

The distribution of the gender within different States and Divisions is shown in Figure 9. Overall, the gender gap for the Union was 1.21 males to 1 female; however, there is significant variation in the gender gap between States and Divisions, with Mon State (1.5) and Eastern Shan State (1.42) representing the highest gender gap. The reason for higher numbers of males than females is not known; there is no correlation between States with high gender gap and rates of disability through injury.

M:F



### 3.3 Type of Disability by State/Division

When stratified by type of disability, there is a high proportion of persons with physical impairment in Ayeyawaddy Division. This is due largely to a higher incidence of stroke (cerebrovascular accident) but the precise aetiology is not known. Relatively high prevalences of persons with difficulty seeing are found in the central dry zone (Magwe, Sagaing). The likely aetiology for the excess in sight disorders is probably infectious and inflammatory eye disorders such as trachoma, but further research is needed to consider this.

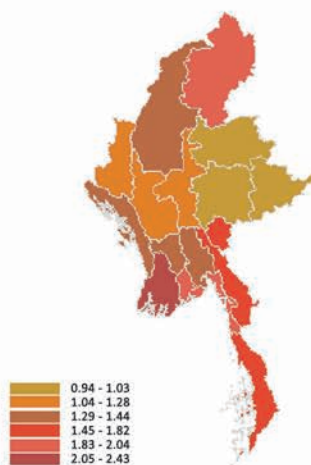
**Figure 10. Disability Prevalence Rate by Type of Disability and State/Division**

	Physical	Seeing	Hearing	Intellectual	Total
Ayeyawaddy	2.43	0.33	0.26	0.25	3.27
Bago	1.44	0.28	0.16	0.19	2.07
Kayin	1.58	0.26	0.21	0.14	2.19
Magway	1.28	0.34	0.17	0.11	1.90
Mandalay	1.24	0.24	0.16	0.13	1.76
Mon	2.04	0.32	0.24	0.19	2.78
Yangon	1.91	0.31	0.27	0.27	2.75
Kachin	1.97	0.31	0.25	0.17	2.70
Kayah	1.82	0.29	0.21	0.23	2.56
Chin	1.14	0.31	0.22	0.19	1.86
Sagaing	1.32	0.43	0.27	0.17	2.19
Taninthayi	1.63	0.25	0.30	0.21	2.39
Rakhine	1.31	0.27	0.17	0.15	1.90
Shan (S)	1.01	0.18	0.28	0.14	1.61
Shan (N)	1.03	0.20	0.25	0.15	1.63
Shan (E)	0.94	0.22	0.29	0.17	1.63
National	1.58	0.31	0.24	0.19	2.32

### 3.3.1 Physical Disability

Among the States and Divisions, highest prevalence of physical disability was found in Ayeyawaddy Division. Physically disability prevalence rate of Ayeyawaddy Division, Yangon Division, Kayin, Mon, Kachin and Kayah State are higher than the national prevalence rate.

**Figure 11. Map of Physical Disability Prevalence Rate**



As shown in Figure 12, the prevalence rate of physically disability of males is higher than females. As suggested previously, the likely cause is higher rates of cerebrovascular accident (stroke) and accidents, but the precise cause is not evident from this data. Regarding the age group, although the burden of disability is highest amongst working age group, the proportion of persons with physical disability per head of population is highest amongst the over 65s.

**Figure 12. Physical Disability**

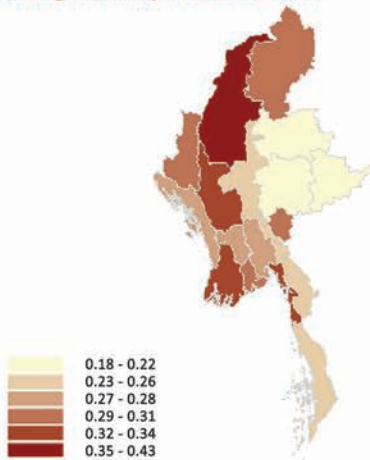
		Prevalence	Number
<b>Urban / Rural</b>	Urban	1.76	300,951
	Rural	1.5	569,250
<b>Gender</b>	Male	1.8	493,592
	Female	1.36	375,408
<b>Age Group</b>	<5 yrs	0.68	53009
	6 - 15 yrs	1.3	160,765
	16 - 65 yrs	1.5	481,426
	>65 yrs	5.3	173,800



### 3.3.2 Seeing Disability

The highest prevalence rate of seeing disability is found in Sagaing Division followed by Magway, Ayeyawaddy, Mon, Yangon and Kachin. As stated previously, the likely cause of this in the central areas is infectious and inflammatory eye conditions, whilst in Kachin state, age-related disorders such as cataracts are the probable cause. However, more research is needed to examine this hypothesis.

**Figure 13. Map of Seeing Disability Prevalence Rate**



As shown in Figure 14, the prevalence rate of seeing disability of males is slightly more than females, but not statistically significant. Regarding the age group, the prevalence rate of seeing disability of older people is significantly high, reflecting the contribution of age related sight disorders to the burden of disability amongst older persons.

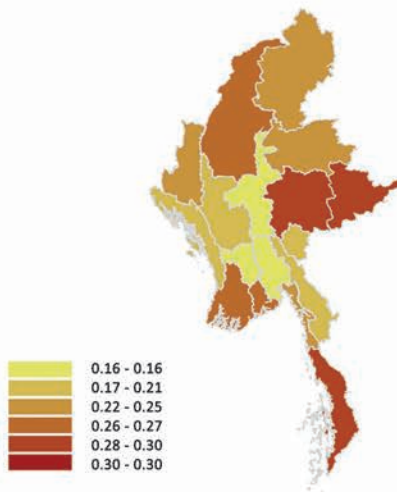
**Figure 14. Seeing Disability**

		Prevalence	Population
Urban/Rural	Urban	0.29	48,593
	Rural	0.32	121,908
Gender	Male	0.32	86,103
	Female	0.31	84,398
Age Group	<5 yrs	0.06	4,263
	6-15 yrs	0.16	19,949
	16-65 yrs	0.29	93,264
	>65 yrs	1.6	53,026

### 3.3.3 Hearing Disability

Regarding hearing disability, the highest prevalence rate is found in Taninthayi Division followed by Shan (North and East) State, Sagaing, Ayeeyawaddy and Yangon Division.

**Figure 15. Map of Hearing Disability Prevalence Rate**



As shown in Figure 16, the prevalence rate of hearing disability of female is more than male, though not statistically significant. Regarding the age group, the relative proportional prevalence rate of hearing disability in older people is high, reflecting higher prevalence of age related hearing loss.

**Figure 16. Hearing Disability**

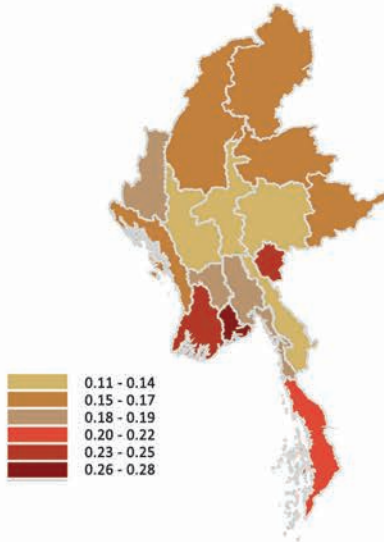
		Prevalence	Population
Urban/Rural	Urban	0.23	39,072
	Rural	0.25	92,928
Gender	Male	0.24	64,950
	Female	0.25	69,801
Age Group	<5 yrs	0.07	5,412
	6-15 yrs	0.26	31,284
	16-65 yrs	0.26	80,784
	>65 yrs	0.44	14,520

<sup>9</sup> This means the proportion of PwDs with that disability who are in that age group, compared to the proportion of Myanmar population who are in that age group.

### 3.3.4 Intellectual Disability

Regarding intellectual disability, the highest rate is found in Yangon Division.

**Figure 17. Map of Intellectual Disability Prevalence Rate**



As shown in Figure 18, the prevalence rate of intellectual disability in urban areas appears to be slightly higher than in rural areas.

**Figure 18. Intellectual Disability**

		Prevalence	Population
Urban/Rural	Urban	0.22	36,784
	Rural	0.18	67,716
Gender	Male	0.19	51,180
	Female	0.18	50,570
Age Group	<5 yrs	0.07	5,643
	6-15 yrs	0.3	37,202
	16-65 yrs	0.18	56,117
	>65 yrs	0.17	5,539





### 3.4 Ayeyawaddy Division

	Prevalence	Population
Disability Prevalence Rate	3.27	247,655

#### Type of Disability

Physical	2.43	184,037
Seeing	0.33	24,993
Hearing	0.26	19,691
Intellectual	0.25	18,934

#### Region

Urban	5.66	63,647
Rural	2.85	184,008

#### Gender

Male	3.68	138,439
Female	2.87	109,216

#### Age Group

Under 5	1.63	17,336
6- 15	3.26	55,227
16- 65	2.95	128,533
Above 65	10.25	46,559

#### Cause of being disabled

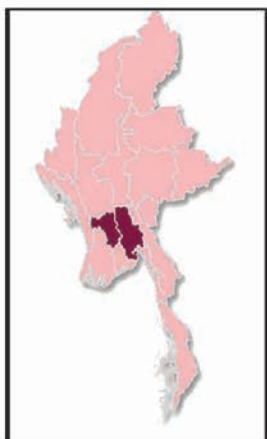
Congenital	1.24	94,109
Injury	0.48	36,158
Disease	1.55	117,389

#### Key Poverty Indices

No Schooling	48.2
Temporary/Semi temporary Shelter	72.9
Landless	57.1
Bicycle	19.4
Radio/Cassette	21.8
TV	19.5
Draught animal	8.1
Pig	11.7
Poultry	17.0
Motorized agriculture equipment	1.8
Animal Drawn agriculture equipment	42.5
Household with causal work	56.6

#### Townships sampled

Township	Prevalence
Bogale	4.01
Dedaye	4.26
Hinthada	2.44
Kyiklat	3.73
Laputtar	4.05
Myaungmya	2.83
Maubin	2.60
Mawlamyinegyun	3.67
Ngaputaw	2.99
Pathein	2.42
Pyapon	3.12
Wakema	3.05



### 3.5 Bago Division

	Prevalence	Population
Disability Prevalence Rate	2.07	116,248

#### Type of Disability

Physical	1.44	80,868
Seeing	0.28	15,724
Hearing	0.16	8,985
Intellectual	0.19	10,670

#### Region

Urban	2.65	28,946
Rural	1.93	87,303

#### Gender

Male	2.32	64,750
Female	1.82	51,498

#### Age Group

Under 5	1.03	7,789
6- 15	1.89	22,901
16- 65	2.01	66,262
Above 65	5.61	19,297

#### Cause of being disabled

Congenital	0.75	42,082
Injury	0.42	23,482
Disease	0.90	50,684

#### Key Poverty Indices

No Schooling	39.4
Temporary/Semi temporary Shelter	72.0
Landless	56.9
Bicycle	48.6
Radio/Cassette	30.6
TV	31.8
Draught animal	25.3
Pig	13.5
Poultry	33.6
Motorized agriculture equipment	3.5
Animal Drawn agriculture equipment	43.1
Household with casual work	49.5

#### Townships sampled

Township	Prevalence
Bago	1.88
Deikoo	2.04
Pangtaung	2.08
Paukkhaung	2.24
Paungtale	2.44
Pyay	2.66
Shwetaung	2.08
Taungoo	1.84
Thekone	2.15



#### Townships sampled

Township	Prevalence
Kanpetlet	2.36
Phalum	2.53
Harkhar	2.62
Khinoo	2.98

### 3.6 Chin State

Disability Prevalence Rate	Prevalence	Population
	1.86	2,706

#### Type of Disability

Physical	1.14	5,949
Seeing	0.31	1,618
Hearing	0.22	1,148
Intellectual	0.19	992

#### Region

Urban	2.12	1,621
Rural	83.3	8,085

#### Gender

Male	2.01	5,222
Female	1.71	4,484

#### Age Group

Under 5	0.79	544
6- 15	1.65	1,776
16- 65	1.72	5,377
Above 65	6.16	2,009

#### Cause of being disabled

Congenital	0.69	3,601
Injury	0.46	2,398
Disease	0.72	3,708

#### Key Poverty Indices

No Schooling	62.0
Temporary/Semi temporary Shelter	31.9
Landless	33.9
Bicycle	0.4
Radio/Cassette	9.6
TV	9.5
Draught animal	12.4
Pig	39.0
Poultry	53.8
Motorized agriculture equipment	0.8
Animal Drawn agriculture equipment	43.9
Household with causal work	21.9





### 3.7 Kachin State

	Prevalence	Population
Disability Prevalence Rate	2.70	38,825

#### Type of Disability

Physical	1.97	28,329
Seeing	0.31	4,458
Hearing	0.25	3,595
Intellectual	0.17	2,445

#### Region

Urban	2.36	8,891
Rural	2.79	29,934

#### Gender

Male	3.02	21,548
Female	2.39	17,277

#### Age Group

Under 5	0.73	1,553
6- 15	2.1	6,989
16- 65	2.35	18,869
Above 65	12.7	11,415

#### Cause of being disabled

Congenital	0.36	5,203
Injury	0.77	11,104
Disease	1.57	22,519

#### Key Poverty Indices

No Schooling	42.5
Temporary/Semi temporary Shelter	70.7
Landless	43.8
Bicycle	39.3
Radio/Cassette	24.1
TV	33.5
Draught animal	43.0
Pig	33.9
Poultry	49.8
Motorized agriculture equipment	3.3
Animal Drawn agriculture equipment	56.2
Household with casual work	32.5

#### Townships sampled

Township	Prevalence
Karmine	2.89
Bamaw	3.38
Moekaung	3.00
Monyein	3.29
Moemauk	3.13
Myitkyina	3.33
Shweku	2.38



#### Townships sampled

Township	Prevalence
Demawsoe	3.64
Loikaw	2.47

### 3.8 Kayah State

Disability Prevalence Rate	Prevalence	Population
	2.56	7,908

#### Type of Disability

Physical	1.82	5,622
Seeing	0.29	927
Hearing	0.21	649
Intellectual	0.23	710

#### Region

Urban	3.83	1,961
Rural	2.3	5,947

#### Gender

Male	2.78	1,961
Female	2.35	3,645

#### Age Group

Under 5	0.78	411
6- 15	1.72	1,376
16- 65	2.78	4,436
Above 65	10.15	1,684

#### Cause of being disabled

Congenital	0.75	2,301
Injury	0.85	2,610
Disease	0.97	2,989

#### Key Poverty Indices

No Schooling	42.7
Temporary/Semi temporary Shelter	23.5
Landless	32.2
Bicycle	60.4
Radio/Cassette	39.6
TV	33.9
Draught animal	32.6
Pig	59.1
Poultry	66.5
Motorized agriculture equipment	4.3
Animal Drawn agriculture equipment	67.9
Household with causal work	31.2



### 3.9 Kayin State

	Prevalence	Population
Disability Prevalence Rate	2.19	36,363

#### Type of Disability

Physical	1.58	26,234
Seeing	0.26	4,317
Hearing	0.21	3,487
Intellectual	0.14	2,325

#### Region

Urban	3.95	10,873
Rural	1.84	25,490

#### Gender

Male	2.55	21,045
Female	1.83	15,309

#### Age Group

Under 5	0.97	2,364
6- 15	2.28	8,691
16- 65	1.97	18,472
Above 65	7	6,836

#### Cause of being disabled

Congenital	0.7	11,636
Injury	0.77	12,727
Disease	0.72	12,000

#### Key Poverty Indices

No Schooling	69.0
Temporary/Semi temporary Shelter	53.8
Landless	79.2
Bicycle	27.4
Radio/Cassette	15.2
TV	39.6
Draught animal	14.2
Pig	38.1
Poultry	31.0
Motorized agriculture equipment	9.6
Animal Drawn agriculture equipment	20.8
Household with causal work	68.5

#### Townships sampled

Township	Prevalence
Hlaingbwe	1.75
Hpaan	1.88





Townships sampled

Township	Prevalence
Chauk	1.26
Yaynanchaung	1.39
Magway	1.62
Myothit	1.42
Natmauk	1.28
Pakkoku	1.33
Taungdwingyi	1.73
Thayet	1.46

### 3.10 Magway Division

Disability	Prevalence	Population
Prevalence Rate	1.90	97,608

#### Type of Disability

Physical	1.28	65,757
Seeing	0.34	17,467
Hearing	0.17	8,733
Intellectual	0.11	5,651

#### Region

Urban	2.04	27,818
Rural	1.84	69,789

#### Gender

Male	2.21	56,320
Female	1.6	41,288

#### Age Group

Under 5	0.91	6,833
6- 15	1.65	19,424
16- 65	1.96	57,003
Above 65	4.74	14,348

#### Cause of being disabled

Congenital	1.08	55,246
Injury	0.41	21,083
Disease	0.41	21,279

#### Key Poverty Indices

No Schooling	44.3
Temporary/Semi temporary Shelter	73.1
Landless	78.1
Bicycle	36.5
Radio/Cassette	17.5
TV	26.9
Draught animal	9.9
Pig	8.3
Poultry	15.3
Motorized agriculture equipment	1.0
Animal Drawn agriculture equipment	21.9
Household with casual work	56.8



### 3.11 Mandalay Division

	Prevalence	Population
Disability Prevalence Rate	1.76	134,445

#### Type of Disability

Physical	1.24	94,723
Seeing	0.24	18,333
Hearing	0.16	12,222
Intellectual	0.13	9,167

#### Region

Urban	4.37	93,977
Rural	0.74	40,468

#### Gender

Male	1.91	72,331
Female	1.62	62,114

#### Age Group

Under 5	0.63	7,126
6- 15	1.58	27,965
16- 65	1.85	79,188
Above 65	4.52	20,167

#### Cause of being disabled

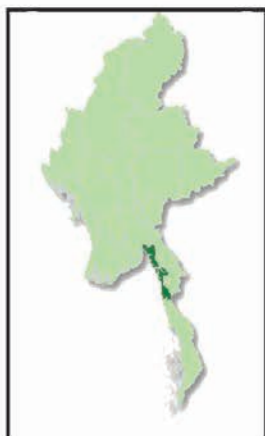
Congenital	0.76	57,946
Injury	0.39	29,444
Disease	0.62	47,056

#### Key Poverty Indices

No Schooling	40.7
Temporary/Semi temporary Shelter	73.0
Landless	77.7
Bicycle	49.5
Radio/Cassette	21.0
TV	34.6
Draught animal	11.3
Pig	5.4
Poultry	14.4
Motorized agriculture equipment	3.0
Animal Drawn agriculture equipment	22.3
Household with causal work	51.3

#### Townships sampled

Township	Prevalence
Amarapura	1.30
Aungmyaythazan	2.17
Chanayethazan	1.06
Chanmyathazi	1.08
Kyaukpadaung	1.48
Maharaungmyay	1.48
Mattaya	1.55
Meikhtila	1.33
Patheingyi	2.08
Pyigyitagon	1.70



#### Townships sampled

Township	Prevalence
Mawlamyein	3.02
Thanphyuzayet	2.93
Thaton	2.57

### 3.12 Mon State

Disability Prevalence Rate	Prevalence	Population
	2.78	78,310

#### Type of Disability

Physical	2.04	57,183
Seeing	0.32	9,014
Hearing	0.24	6,761
Intellectual	0.19	5,352

#### Region

Urban	5.29	22,162
Rural	2.34	56,148

#### Gender

Male	3.34	46,751
Female	2.23	31,559

#### Age Group

Under 5	10.7	4,771
6- 15	3.11	21,300
16- 65	2.59	39,468
Above 65	8.04	12,765

#### Cause of being disabled

Congenital	1.83	51,606
Injury	0.24	6,656
Disease	0.71	20,048

#### Key Poverty Indices

No Schooling	48.7
Temporary/Semi temporary Shelter	56.3
Landless	81.1
Bicycle	26.1
Radio/Cassette	12.5
TV	40.3
Draught animal	11.7
Pig	1.9
Poultry	16.8
Motorized agriculture equipment	13.9
Animal Drawn agriculture equipment	18.9
Household with causal work	70.1



### 3.13 Rakhine State

	Prevalence	Population
Disability Prevalence Rate	1.90	58,388

#### Type of Disability

Physical	1.31	40,257
Seeing	0.27	8,297
Hearing	0.17	5,224
Intellectual	0.15	4,610

#### Region

Urban	2.60	16,991
Rural	1.79	41,397

#### Gender

Male	2.01	30,654
Female	1.79	27,734

#### Age Group

Under 5	0.65	2,744
6- 15	1.44	9,751
16- 65	1.86	33,281
Above 65	6.78	12,612

#### Cause of being disabled

Congenital	0.45	13,780
Injury	0.52	15,998
Disease	0.93	28,610

#### Key Poverty Indices

No Schooling	40.0
Temporary/Semi temporary Shelter	75.8
Landless	43.0
Bicycle	19.6
Radio/Cassette	26.4
TV	12.7
Draught animal	18.7
Pig	14.9
Poultry	50.3
Motorized agriculture equipment	1.8
Animal Drawn agriculture equipment	46.5
Household with causal work	56.4

Township	Prevalence
Longlone	3.16
Kyauktaw	3.13
Kyaukphyu	1.78
Gwa	1.96
Sittway	2.16
Taungkoke	2.20
Myaukoo	2.89
Thantwe	1.76



### 3.14 Sagaing Division

	Prevalence	Population
Disability Prevalence Rate	2.19	130,560

#### Type of Disability

Physical	1.32	78,694
Seeing	0.43	25,635
Hearing	0.27	16,096
Intellectual	0.17	10,135

#### Region

Urban	1.84	23,370
Rural	2.28	107,190

#### Gender

Male	2.27	67,238
Female	2.11	63,322

#### Age Group

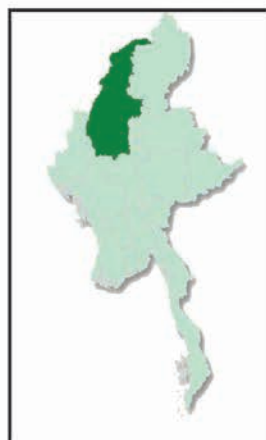
Under 5	0.59	5,222
6- 15	1.57	21,542
16- 65	2.20	73,766
Above 65	8.59	30,029

#### Cause of being disabled

Congenital	0.79	47,263
Injury	0.44	26,373
Disease	0.96	56,924

#### Key Poverty Indices

No Schooling	54.5
Temporary/Semi temporary Shelter	71.0
Landless	44.5
Bicycle	44.6
Radio/Cassette	22.2
TV	12.3
Draught animal	41.4
Pig	11.5
Poultry	13.9
Motorized agriculture equipment	3.9
Animal Drawn agriculture equipment	55.0
Household with causal work	39.6



#### Townships sampled

Township	Prevalence
Chaungoo	3.69
Sagine	2.60
Sarlinggyi	2.02
Tamu	2.44
Tantse	1.60
Depeyin	2.38
Pale	2.73
Butalin	2.93
Minkin	2.38
Monywa	3.00
Myinmu	2.80
Yinmarpin	1.73
Yeu	2.40
Shwebo	2.47
Wetlet	3.00

### 3.15 Shan State (East)

	Prevalence	Population
Disability Prevalence Rate	1.63	14,067

#### Type of Disability

Physical	0.94	8,199
Seeing	0.22	1,899
Hearing	0.29	2,503
Intellectual	0.17	1,467

#### Region

Urban	1.26	2,406
Rural	1.74	11,662

#### Gender

Male	1.92	8,215
Female	1.35	5,852

#### Age Group

Under 5	0.39	436
6- 15	0.99	1,773
16- 65	1.84	9,552
Above 65	4.28	2,307

#### Cause of being disabled

Congenital	0.54	4,614
Injury	0.58	5,036
Disease	0.51	4,417

#### Key Poverty Indices

No Schooling	73.2
Temporary/Semi temporary Shelter	21.5
Landless	24.6
Bicycle	8.5
Radio/Cassette	28.3
TV	73.7
Draught animal	42.3
Pig	59.4
Poultry	77.1
Motorized agriculture equipment	13.0
Animal Drawn agriculture equipment	75.4
Household with casual work	19.2



#### Townships sampled

Township	Prevalence
Thaneni	2.31
Kyeinton	1.84
Tarchilak	2.02
Mineyam	1.71
Mineyaung	1.76

### 3.16 Shan State (North)

Disability	Prevalence	Population
Prevalence Rate	1.63	37,806

#### Type of Disability

Physical	1.03	23,890
Seeing	0.20	4,639
Hearing	0.25	5,798
Intellectual	0.15	3,479

#### Region

Urban	2.47	7,939
Rural	1.50	29,867

#### Gender

Male	1.74	19,999
Female	1.53	17,807

#### Age Group

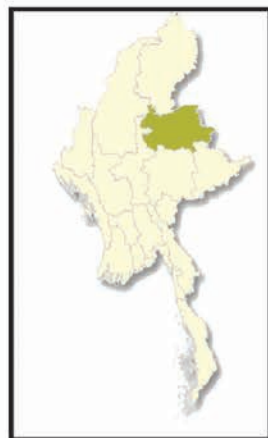
Under 5	0.45	1,361
6- 15	1.02	4,915
16- 65	1.67	23,213
Above 65	5.73	8,317

#### Cause of being disabled

Congenital	0.47	10,888
Injury	0.52	12,136
Disease	0.64	14,782

#### Key Poverty Indices

No Schooling	55.7
Temporary/Semi temporary Shelter	53.9
Landless	48.5
Bicycle	15.5
Radio/Cassette	18.9
TV	33.3
Draught animal	15.9
Pig	10.9
Poultry	16.7
Motorized agriculture equipment	1.0
Animal Drawn agriculture equipment	32.4
Household with casual work	39.4



#### Townships sampled

Township	Prevalence
Loinlin	2.24
Hopone	1.67
Kwatkhone	2.33
Kuaukme	1.89
Namtu	1.96
Namsam	1.76
Naungcho	1.56
Larsho	1.82
Thipaw	1.36

### 3.17 Shan State (South)

Disability Prevalence Rate	Prevalence	Population
	1.61	34,664

#### Type of Disability

Physical	1.01	21,746
Seeing	0.18	3,876
Hearing	0.28	6,029
Intellectual	0.14	3,014

#### Region

Urban	2.66	7,938
Rural	1.50	26,726

#### Gender

Male	1.76	18,823
Female	1.46	15,842

#### Age Group

Under 5	0.57	1,595
6- 15	1.28	5,684
16- 65	1.65	21,318
Above 65	4.5	6,066

#### Cause of being disabled

Congenital	0.39	8,458
Injury	0.40	8,562
Disease	0.82	17,644

#### Key Poverty Indices

No Schooling	46.9
Temporary/Semi temporary Shelter	47.7
Landless	45.7
Bicycle	28.2
Radio/Cassette	33.7
TV	37.3
Draught animal	28.4
Pig	19.8
Poultry	26.4
Motorized agriculture equipment	2.1
Animal Drawn agriculture equipment	54.3
Household with casual work	40.6



#### Townships sampled

Township	Prevalence
Kalaw	1.64
Namtsan	2.22
Nyaungshwe	1.73
Taunggyi	1.51
Pinlaung	1.91
Pindaya	1.51
Yutsauk	3.09



### 3.18 Taninthayi Division

	Prevalence	Population
Disability Prevalence Rate	2.39	36,660

#### Type of Disability

Physical	1.63	25,003
Seeing	0.25	3,835
Hearing	0.30	4,602
Intellectual	0.21	3,221

#### Region

Urban	1.69	6,122
Rural	2.61	30,538

#### Gender

Male	2.73	20,823
Female	2.05	15,837

#### Age Group

Under 5	0.73	1,796
6- 15	2.21	8,285
16- 65	2.01	16,607
Above 65	11.59	9,972

#### Cause of being disabled

Congenital	0.44	6,019
Injury	0.41	6,306
Disease	1.53	23,536

#### Key Poverty Indices

No Schooling	46.0
Temporary/Semi temporary Shelter	36.7
Landless	49.3
Bicycle	20.7
Radio/Cassette	9.5
TV	18.6
Draught animal	8.1
Pig	8.6
Poultry	19.1
Motorized agriculture equipment	0.7
Animal Drawn agriculture equipment	32.6
Household with causal work	39.5



#### Townships sampled

Township	Prevalence
Htarwei	3.20
Pulaw	2.98
Yephyu	3.13

### 3.19 Yangon Division

	Prevalence	Population
Disability Prevalence Rate	2.75	175,571

#### Type of Disability

Physical	1.91	121,303
Seeing	0.31	19,792
Hearing	0.27	17,238
Intellectual	0.27	17,238

#### Region

Urban	2.66	116,052
Rural	2.93	59,519

#### Gender

Male	3.01	95,511
Female	2.49	80,060

#### Age Group

Under 5	1.28	10,008
6- 15	2.99	38,801
16- 65	2.56	100,075
Above 65	6.57	26,687

#### Cause of being disabled

Congenital	1.32	83,923
Injury	0.33	20,893
Disease	1.11	70,755

#### Key Poverty Indices

No Schooling	41.3
Temporary/Semi temporary Shelter	63.5
Landless	90.5
Bicycle	22.3
Radio/Cassette	20.5
TV	29.7
Draught animal	6.0
Pig	3.8
Poultry	17.3
Motorized agriculture equipment	2.1
Animal Drawn agriculture equipment	9.5
Household with casual work	55.7



#### Townships sampled

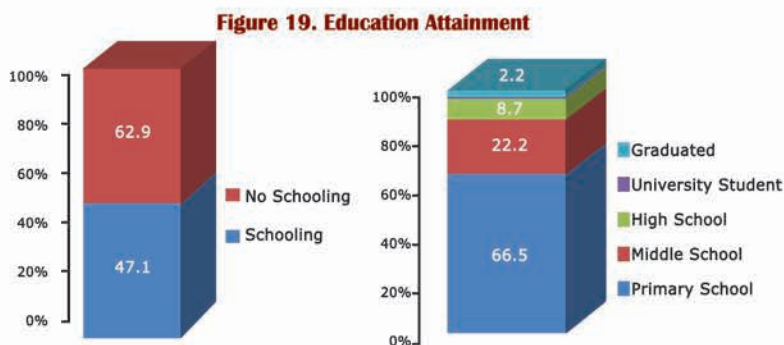
Township	Prevalence
Dagon E	2.53
Dagon N	3.04
Dagon S	2.59
Dagon SK	2.37
Dala	3.73
Dawbon	3.17
Hlaingthaya	3.33
Khawthmu	2.50
Kayam	1.93
Kungyankone	1.88

## Chapter 4: The Impact of Disability

**4.1 Overview** From global data it is well-known fact that there is strong relationship between socio-economic status and disability. The impact of a person with disability on household socio-economic status is also significant. As this data demonstrates, households with a person with disability are significantly disadvantaged compared to households without a person with disability. This is consistent with data from other countries. In this survey, education attainment, type of house, land ownership, household durable, livestock ownership and productive asset are used as key proxy indicators of poverty.

### 4.2 Educational attainment

Disability is a clear obstacle for PWDs in attaining an education. In the survey, questions regarding education attainment were put to all the PWD aged above 5. The figure 9 shows that nearly one in every two PWDs in Myanmar never attended school, compared to a national primary enrollment of 84% . Of those who ever attended school, only 33.5% progressed beyond primary level. This translates into a net secondary enrollment rate of 15.8%, well below the national average for secondary school enrollment of 38% .



<sup>10</sup> [http://www.unicef.org/Infobycountry/myanmar\\_2062.html](http://www.unicef.org/Infobycountry/myanmar_2062.html)

<sup>11</sup> [http://earthtrends.wri.org/pdf\\_library/country\\_profiles/pop\\_cou\\_104.pdf](http://earthtrends.wri.org/pdf_library/country_profiles/pop_cou_104.pdf)

About 22% of PwDs had finished secondary education but did not complete the high level of education. Those who achieve graduate status is comparatively low, with only 2.2% of PwDs completing University degrees, compared to 12% of the non-disabled population.

In terms of gender, the proportion of female PwDs who never attended school was higher than the proportion of male PwDs who never attended school. Of note, the relative proportion of PwDs in rural settings who never attended school is lower in rural than in urban areas

**Figure 20. Education by urban/rural, gender and age group**

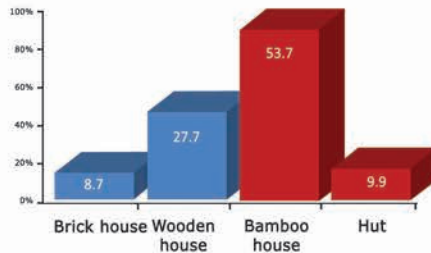
		No Schooling	Schooling
Urban/rural	Urban	42.1	57.9
	Rural	49.7	50.3
Gender	Male	44.1	55.9
	Female	50.8	49.2
Age Group	6-15	59.6	40.4
	16-65	39.6	60.4
	>65	56.3	43.7

### 4.3 Housing

Housing is a well known proxy indicator for both economic status and vulnerability. Housing can be both a contributory risk to disability (poor housing linked to poor health, accident risk) and a reflection of the economic consequences of disability. Housing quality is assessed both in terms of type and durability (expected life span of the shelter). These figures were collected for all households with PwDs living in them. According to figure 21, 53.7% of households with PwDs were living in bamboo houses with a lifespan of less than three years. These were made with bamboo or wood, with thatch roofing. About 1 out of 10 PwDs are living in 'hut' which would be classified by being more temporary, with a lifespan of less than two years.



**Figure 21. Type of house**

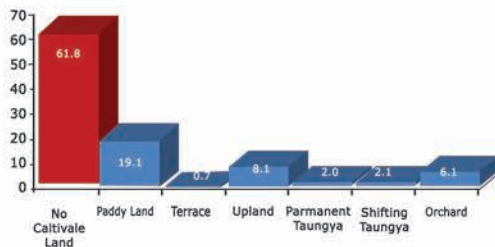


The cumulative proportion of PwD households in bamboo houses/huts with durability of less than three years was 63.6%, nearly 2/3rds of all PwD households. This is significantly higher than the national average of approximately 50%.

#### **4.4 Land Ownership**

The economy of Myanmar being based on agriculture, access to cultivatable land is considered a key proxy for socio-economic status. According to national agricultural statistics, about 60% of households have some type of cultivated land. Some households have cultivatable paddy, either low or upland. Those living in hilly areas have terrace, taungya and/or orchard. These cultivated land provide food for everyday consumption, and as such form a vital part of the natural capital of rural people. Access to cultivatable land is hence strongly linked with food security in rural areas.

**Figure 22. Cultivated Land Ownership**

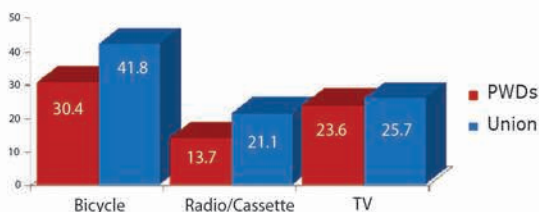


According to FAO, landless contributes about 40% but more than 60% of the households with PwDs did not own any cultivatable land. This suggests two things, both cause and effect. Firstly, that PwDs, having low rates of ownership of cultivatable land, are more likely to have higher rates of food insecurity and economic vulnerability. Secondly, that the lack of land ownership may be a consequence of the impact of disability on the overall household economic situation. Potentially, a prior causative link may be demonstrated-using global data, many causes of disability are linked with food insecurity and low socio-economic status, such as anoxic birth injury leading to cerebral palsy, injuries, infectious diseases such as leprosy etc. Hence, food insecurity may be a contributory cause, as well as a consequence, of disability. This illustrates the cyclical impact of disability, where disability confers economic disadvantage, and in turn, economic disadvantage is more linked to higher rates of certain types of disability.

#### 4.5 Ownership of Assets, Animals and Equipment

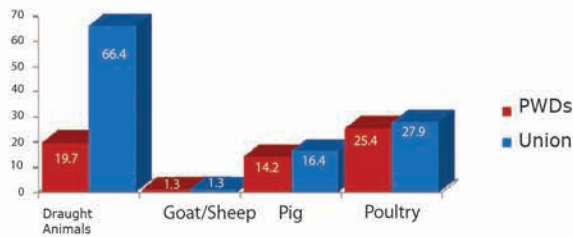
Ownership of household assets is considered another proxy of economic status. Measuring common household assets, nearly half (49.2%) of the PwDs' households have no household durable. These data can be compared with Union (national) data. As seen in figure 23, compared with national data, asset ownership by households with PwDs is considerably lower.

**Figure 23. Ownership of Household assets**



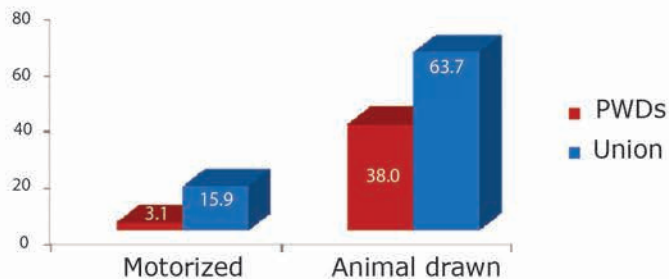
Ownership of draft animals, breeding animals and poultry are livelihood related indices. These animals provide secondary income for the households. According to FAO, more than half of Myanmar households have some form of small scale backyard farming. However, more than 61.4% of the PwDs have no livestock for their secondary income. The comparison between the animals ownership of PwDs and union level is shown in figure 24.

**Figure 24. Ownership of animals**



Another livelihood related socio-economic index is the ownership of agricultural equipment, such as motorized animal drawn ploughs. Ownership confers advantage by allowing unrestricted use of equipment without rental charges; non-owners are disadvantaged by high rental fees and low priority in access to equipment. When considering ownership of such, it was found that nearly 6 out of 10 PWDs' households have no agriculture equipment-much lower than the national average.

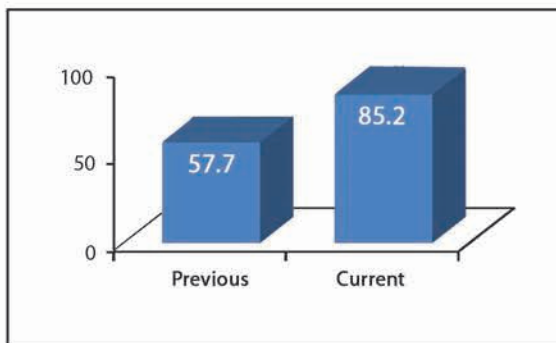
**Figure 25. Ownership of agriculture equipment**



#### **4.6 Employment and Main Source of household income**

Employment or engagement by PwDs themselves in productive livelihood is a strong contributory factor to household economic status. As seen in Fig 26, less than 15% of PwDs were engaged in a productive livelihood at the time of the survey, and over 50% had ever had an prior livelihood.

**Figure 26: Unemployment Status of Persons with Disability**

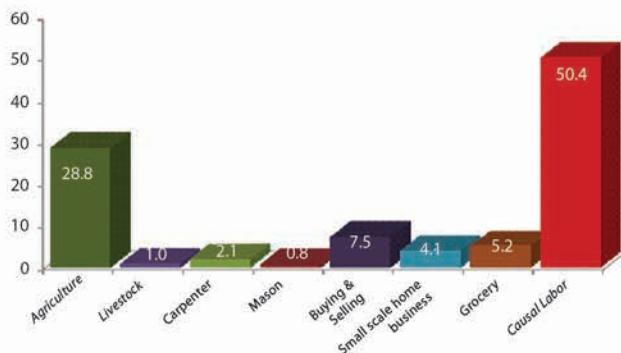


In terms of type of employment, the majority of PwDs who had had productive livelihood were engaged in family business (31.3%) or casual labour (46.1%). The largest formal employment sector was the government sector, employing 12.3% of PwDs at some point in their lives.

Economic vulnerability is linked to income type and sources as well as to asset ownership. Where households have diverse sources of regular income, economic vulnerability is lower. Reliance on casual labour exposes the household to higher rates of economic vulnerability, as casual labour is highly sensitive to market and seasonal demand. Figure 26 provides the information on their main source of household income. Although national statistics are not exact, around 40% of households in Myanmar are estimated to rely on casual labour as the main income source. Over 50% of households with PwDs rely on casual labour



**Figure 27. Main Source of Household Income**

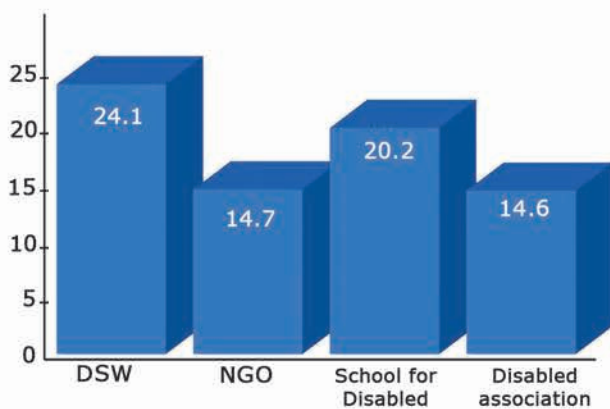


It should be noticed that agriculture is main source of income for 28.8% of the households only, whereas the national figure is closer to 50%.

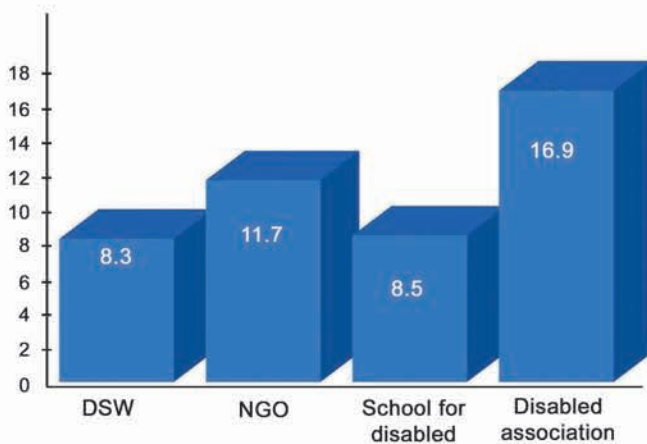
#### **4.7 Awareness of Disability Services**

According to disability survey findings about awareness of social services for persons with disabilities, there are about 27% of the people with disabilities who are aware of existing social services. Only 24.1% of them have knowledge about existence of government social welfare services while only a third of those who know about the service ever contacted the government agency. As to awareness on NGOs who provide services for persons with disabilities, 14.7% know of their presence but just over 1.7% of those who were aware of services had ever contacted the NGOs. Concerning special institutions, 20.2% of the persons with disabilities have knowledge about special institutions but only less than 1.7% of them ever had contact with them. Lastly, 14.6% of persons with disabilities know about existence of organizations for and of persons with disabilities whereas only 2.5% of them ever been involved with those organizations. In summary, the survey reveals that awareness amongst persons of available services is very low, and even fewer PwDs have actually made contact with service providers.

**Figure (28) Awareness on social services**



**Figure (29) Contact with social services**



### Appendix 1: Findings of Pre-survey on Myanmar Definition of Disability

	No	Yes
Polio	8.6	91.4
Missing leg at congenital	9.0	91.0
Missing arms at congenital	9.6	90.4
Blindness at birth	9.8	90.2
Cerebral palsy	10.0	90.0
Blindness due to injury	11.9	88.1
Blindness due to disease	13.4	86.6
Paraplegia	13.6	86.4
Missing leg due to injury	14.9	85.1
Missing arms due to injury	15.9	84.1
Stroke	16.1	83.9
Short leg/limb	16.6	83.4
Thin Leg	16.9	83.1
Short hand	19.1	80.9
Thin hand	19.1	80.9
Paralyze due to bone marrow	19.1	80.9
Paralyze	19.2	80.8
Mental retardation	19.2	80.8
Cannot speak since birth	20.6	79.4
Cannot hear since birth	21.8	78.2
Difficulty in relationship	21.9	78.1
Senseless	26.0	74.0
Arm paralysis	30.0	70.0
Weak nervous system	32.1	67.9
Cannot hear at high volume	32.6	67.4
Bone enlarge	34.2	65.8
Difficulty in learning	34.8	65.2
Bone breakable	35.0	65.0
Club feet	35.7	64.3
Bone puffy	36.4	63.6
Partially blindness	36.5	63.5
Leprosy	36.7	63.3
Poor emotion	37.1	62.9
Difficulty in seeing (about 6 feet)	38.0	62.0
Older people	46.9	53.1
Cancer	53.2	46.8
Heart disease	53.8	46.2
Difficulty in seeing (written at the blackboard)	54.2	45.8
Difficulty in seeing (printed material)	54.3	45.7
HIV/AIDS	56.9	43.1

### Appendix 3: prevalence data from sampled township

Township	Prevalence	Township	Prevalence	Township	Prevalence
Bogale	4.01	Dagon E	2.53	Htarwei	3.20
Dedaye	4.26	Dagon N	3.04	Pulaw	2.98
Hinthada	2.44	Dagon S	2.59	Yephyu	3.13
Kyiklat	3.73	Dagon SK	2.37	Longlone	3.16
Laputtar	4.05	Dala	3.73	Kyauktaw	3.13
Myaungmya	2.83	Dawbon	3.17	Kyaukphyu	1.78
Maubin	2.60	Hlaingthaya	3.33	Gwa	1.96
Mawlamyinegyun	3.67	Khawthmu	2.50	Sittway	2.16
Ngaputaw	2.99	Kayam	1.93	Taungkoke	2.20
Pathein	2.42	Kungyankone	1.88	Myaukoo	2.89
Pyapon	3.12	Kyauktan	3.33	Thantwe	1.76
Wakema	3.05	Shwepyitha	3.55	Kalaw	1.64
Bago	1.88	Seikgyi	2.68	Namtsan	2.22
Deikoo	2.04	Thanhlin	2.68	Nyaungshwe	1.73
Pangtaung	2.08	Thonegwa	2.55	Taunggyi	1.51
Paukkaung	2.24	Twantay	3.08	Pinlaung	1.91
Paungtale	2.44	Karmine	2.89	Pindaya	1.51
Pyay	2.66	Bamaw	3.38	Yutsauk	3.09
Shwetaung	2.08	Moekaung	3.00	Loinlin	2.24
Taungoo	1.84	Monyein	3.29	Hopone	1.67
Thekone	2.15	Moemauk	3.13	Kwatkhone	2.33
Hlaingbwe	1.75	Myitkyina	3.33	Kuaukme	1.89
Hpaan	1.88	Shweku	2.38	Namtu	1.96
Chauk	1.26	Demawsoe	3.64	Namsam	1.76
Yaynanchaung	1.39	Loinkaw	2.47	Naungcho	1.56
Magway	1.62	Kanpetlet	2.36	Larsho	1.82
Myothit	1.42	Phalum	2.53	Thipaw	1.36
Natmauk	1.28	Harkhar	2.62	Thaneni	2.31
Pakkoku	1.33	Khinoo	2.98	Kyeinton	1.84
Taungdwingyi	1.73	Chaungoo	3.69	Tarchilak	2.02
Thayet	1.46	Sagine	2.60	Mineyam	1.71
Amarapura	1.30	Sarlingyi	2.02	Mineyaung	1.76
Aungmyaythazan	2.17	Tamu	2.44	<b>Total</b>	<b>2.32</b>
Chanayethazan	1.06	Tantse	1.60		
Chanmyathazi	1.08	Depeyin	2.38		
Kyaukpadaung	1.48	Pale	2.73		
Maharaungmyay	1.48	Butalin	2.93		
Mattaya	1.55	Minkin	2.38		
Meikhtila	1.33	Monywa	3.00		
Patheingyi	2.08	Myinmu	2.80		
Pyigyitagon	1.70	Yinmarpin	1.73		
Mawlamyein	3.02	Yeu	2.40		
Thanphyuzayet	2.93	Shwebo	2.47		
Thaton	2.57	Wetlet	3.00		





**First Myanmar National  
Disability Survey 2010**