



The Republic of the Union of Myanmar

2014 Myanmar Population and Housing Census

Policy Brief on Children and Youth



Department of Population
Ministry of Labour, Immigration and Population
With technical assistance from UNFPA



Introduction

Being important to today's development of society as well as being the hope and future of a country, children and youth deserve a good start in life through better health provision, a nurturing home environment, educational opportunities, and eliminating barriers so that they could properly transition to adulthood in ways that will contribute to the economic and social development of the country.

The 2014 Myanmar Population and Housing Census enumerated 14.4 million children aged 0 to 14 years (29 per cent of the total population) and 9 million youth aged 15 to 24 years (18 per cent of the total population). The total population of children and youth combined was recorded at 23.4 million persons or 46.5 per cent of the total 50.3 million people enumerated in the 2014 Census.

These numbers have grown steadily between the 1973 and 2014 censuses, while the overall rate of growth has slowed down as a result of a decline in fertility. If fertility decline and improvement in child mortality will continue, the total population will increase to 61 million in 2034 and 64 million in 2044, with a little increase in the number of children and youth to 24.5 million in 2034, and expected to level out in 2044 to 23.1 million. In this demographic transition, the number of older population will triple in 2044 from the level in 2014 (2.9 million in 2014 to 8.6 million in 2044).



Key points

- (1) The 2014 Census shows that between a quarter and a half of children and youth live in a household that needs the basic requirements for good health and prosperity.
 - 41 per cent of rural children and 15 per cent of urban children need access to safe source of drinking water.
 - 38 per cent of rural children and 10 per cent of urban children live in a household that requires access to improved sanitation.
 - 94 per cent of rural children aged 0-4 live in a household using solid fuels or kerosene for cooking. The use of these fuels put children at risk of respiratory diseases, poisoning and fire.
 - 45.6 per cent of children and 38.5 per cent of youth in need of housing that entails less frequent maintenance. Some 9.5 million children and youth are living in poor quality housing units such as huts, houses made of bamboo, and other types of housing units which are constructed from poor quality materials or impermanent structures. Ample protection, especially for the children, living in these types of dwelling requires serious consideration.

The report calls for improving the health infrastructure especially in rural areas to reduce the risk of diseases. This includes increasing access to improved drinking water and sanitation, as well as more provision of electricity, transport, communication facilities, roads, and affordable and accessible primary health care services in the most disadvantaged communities.
- (2) Five million children and youth (23 per cent) belonged in the poorest segment of the population as measured by the wealth index quintile¹. To address this requires an increase in employment opportunities, sustained agricultural productivity, and encouragement of female labour force participation. Workplaces and communities need to reduce the cultural barriers to women staying in the labour force after marriage and childbirth. Increasing the labour force participation of women will lead to a higher economic growth.
- (3) Eight per cent of 10-13 year olds are in the labour force as reported in the 2014 Census. More than half of working children are in 'vulnerable' work², despite the 1993 Child Law, which stipulates that children under the age of 12 should not work and those between the ages of 12 to 14 should only take on light work which will not interfere with their education, health or development. Likewise, there is a need for further mechanisms to discourage children (and their families) from entering the labour force at a very young age.
- (4) School attendance is nearly universal for children aged under 12 but declines steadily and sharply thereafter. Half a million youth are illiterate. Children who have no education go to work at an early age but, as they grow older, they are more likely to become unemployed or in low paying jobs. There is a need to invest in meaningful and accessible education. Barriers to school attendance such as the cost of school fees, textbooks, uniforms, transport, food and lodging and the insufficient numbers (and quality) of lower and upper secondary schools in some areas need to be addressed. Educating children and their families on the importance of completing education is also important.

¹ Wealth index quintile was generated based on the type of household and information on access to particular household assets collected in the Census. It provides a measure of relative poverty/wealth as it gives the position of a household compared to other households in the country.

² Those are unpaid family labourers or working as own account workers outside of the formal economy.

- (5) At 62 infant deaths per 1,000 live births (IMR) and 72 deaths of children under five years of age per 1,000 live births (U5MR), Myanmar recorded the highest among ASEAN Countries. Rural areas and Ayeyawady and Magway Regions, and Chin State registered the highest among the States/Regions. Improvement of health facilities, making them affordable and accessible especially in those priority areas would make a significant progress in the reduction of the over-all children mortality rates.
- (6) Some 307,000 children and youth (1.4 per cent) reported to have a disability in at least one domain: seeing, hearing, walking, remembering/ concentrating³. The prevalence is higher in rural areas (1.5 per cent against 1.0 per cent) and in some States/Regions in the country (Ayeyawady, Chin, Kayin, and Tanintharyi). Females are less likely to be reported as experiencing disabilities across most domains. A strong public health system needs to be made accessible to all especially in those marginalized and remote areas in the country. Likewise, mothers has to be provided with health education which is important in achieving a healthy family.
- (7) Girls start to marry at the age of 17, and by age 23 half are married. Boys marry later; it is only by age 25 that half of males are married. Six per cent of girls aged 15-17 are married. Girls in early marriage are more exposed to risks related to pregnancy and childbirths. Adolescent fertility rate was recorded at 33 births per 1,000 girls aged 15-19. Improving access to education for young women especially in the rural areas⁴ would encourage them to delay marriage and thus childbirths. Providing young women with the right information and access on sexual and reproductive health services would ensure safety during pregnancy, delivery, and care of infants as well as for the young couples to meet their needs for family planning.

Close to 4 million children aged 0 to 4 years are exposed to health risks

The youngest children (aged 0 to 4) are most at risk from the injurious effects of infectious diseases caused by unhealthy domestic environments. Close to 4 million of them are living in households with the following health risks: i) unsafe source of drinking water, ii) unimproved sanitation, iii) using solid fuel or kerosene for cooking, and iv) using fuel-based lighting. This is more common in rural areas where 12.1 per cent of children are exposed to all of these four risks as compared to only 1.4 per cent in the urban areas. Shan State and Ayeyawady Region stand out as being particularly vulnerable in this aspect where more than half a million children are exposed to those risks. Addressing these risks especially in those areas would save many children from diseases caused by unhealthy environment.

Proportion of working children is high in Myanmar

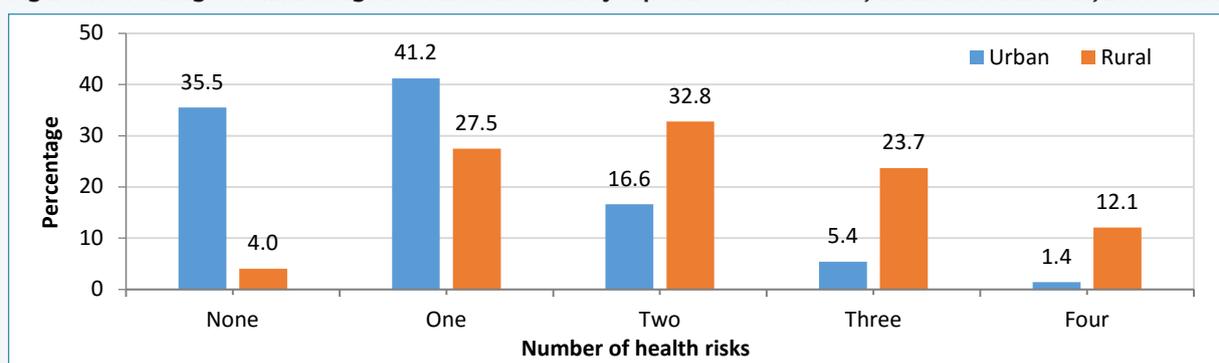
Eight per cent of 10-13 year olds are in the labour force. The proportion of young children aged 10-11 who are working is 4 per cent, while 13 per cent of 12-13 year olds are in the labour force. By ages 14-17, when most children had left school, 39.9 per cent

are in the labour force: 29.2 per cent in urban areas and 44.5 per cent in rural areas. More than half of working children are in 'vulnerable' work, meaning they are unpaid family labourers or working as own account workers outside of the formal economy. Involvement of children in the labour force has to be totally discouraged especially those in vulnerable employment. The Child Law should be strictly implemented.

Except Chin and Rakhine States with about 10 per cent of children aged 10-17 working, the rest of the States/Regions have at least 15 per cent of their children engaged in productive work with Shan State registering the highest proportion at 31.5 per cent. Taunggyi (Shan), North Yangon, Mandalay, and Bago Districts had more than 60,000 children working. Meanwhile, in all States/Regions, the proportions of girls working are lower than those of the boys.

Children who have no education or dropped out of school are more likely to seek employment or are already employed (employment rate of 10-17 children with no education is 47.5 while 24.1 for children who have not completed primary education) than children who have stayed in school to complete primary, middle or senior secondary school. Education reforms are needed to reduce obstacles and increase the benefits

Figure 1. Percentage of children aged 0-4 in households by exposure to health risks, urban and rural areas, 2014 Census



³ Disability means experiencing either some difficulty, a lot of difficulty, or cannot do at all in any of the domains: seeing, hearing, walking, or remembering/concentrating.

⁴ Only 20.5 per cent of women aged 17 years in the rural areas had reach grade 11 or higher, compared to 43.2 per cent of their urban counterparts.

Figure 2. Percentage of children working or seeking work by age, urban and rural areas

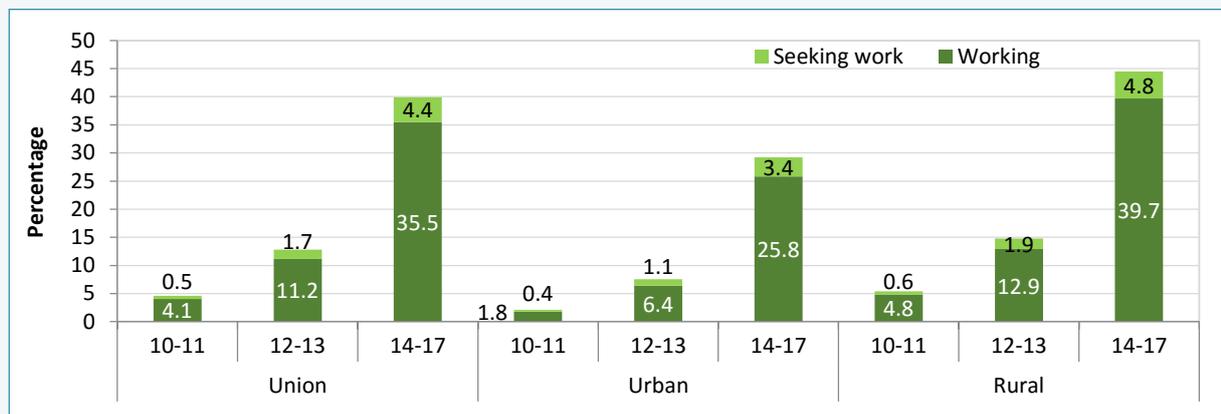
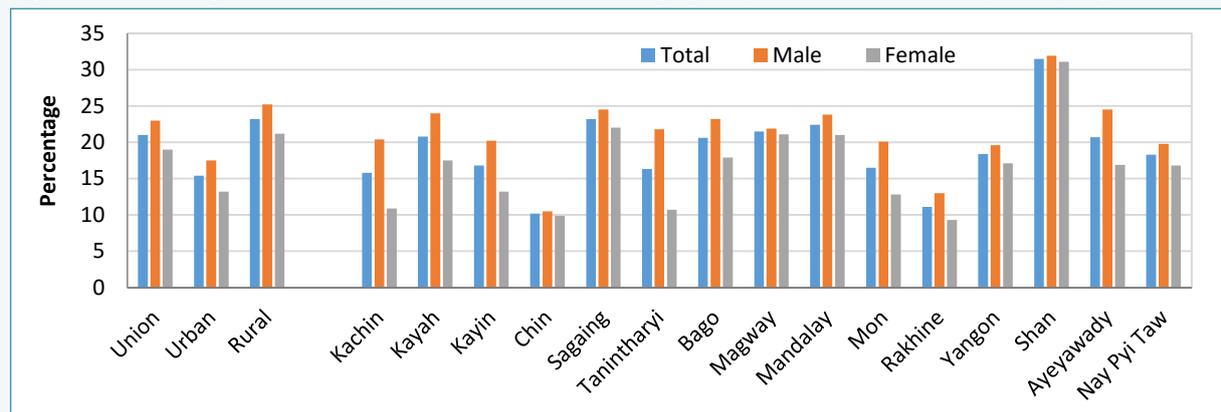


Figure 3. Percentage of children aged 10-17 who are working by sex, urban and rural areas, State/Region



of schooling as well as to establish mechanisms to discourage children (and their families) entering the labour force at a very young age.

Myanmar has a challenge in achieving universal basic education from primary to upper secondary school

Some 45 per cent and 68 per cent respectively among children aged 10 and 11 years had completed primary education and it declines after that level. Only 32 per cent of children aged 14 years had completed middle school. Boys aged 15 and 17 are more likely to complete primary and lower secondary school (Grades 9/10) while girls are more likely to complete Grade 11 or higher education. In urban areas, 43.2 per cent of females aged 17 had completed Grade 11 while this figure is only 34 per cent among boys of the same age.

Only 69 per cent of children aged 5-15 are in school, with the proportion in the urban higher than in the rural areas. Boys and girls in this age group have an almost the same attendance rate. Shan State recorded the highest proportion of children out of school (a little over half of children are in school) while Chin State has the highest proportion of children attending school.

Children from poorer households are likely to leave school earlier than children from better-off households. The percentage of the population aged 17 with no completed level of education (none) is highest in the lowest quintile (39.1 per cent) and lowest in the highest quintile (6.8 per cent), while the reverse is the case for those who completed Grade 11 or higher education (4.6 per cent compared with 42.1 per cent).

Figure 4. Current school attendance rates of children aged 5-15 by sex, urban and rural areas, State/Region

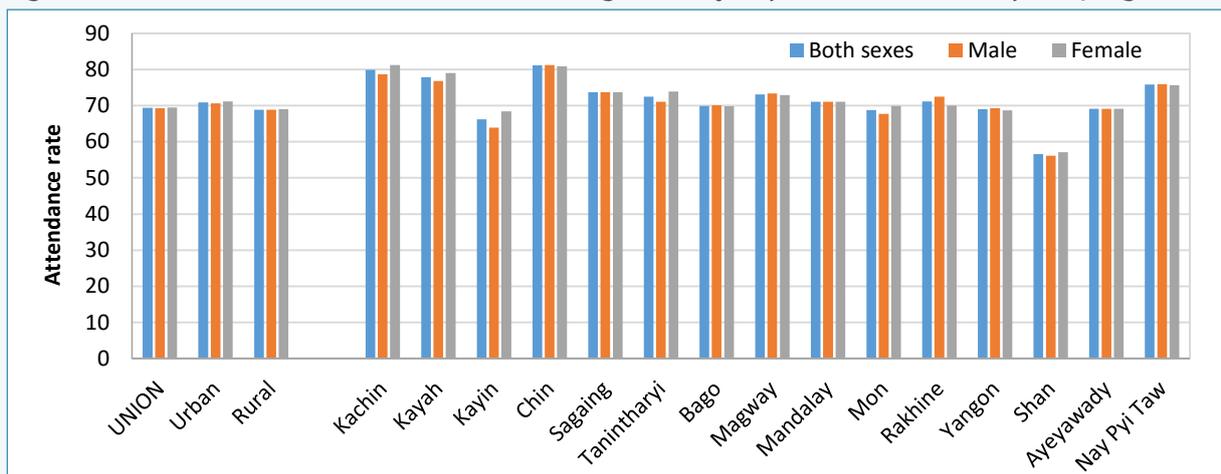
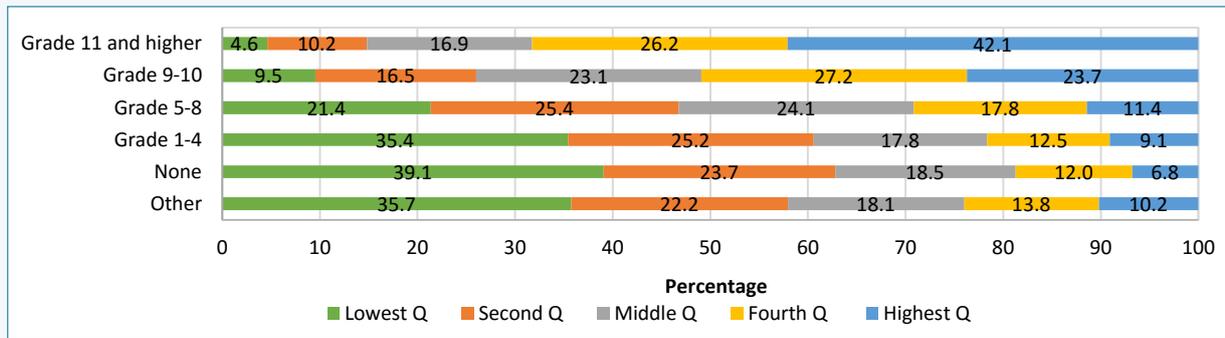


Figure 5. Percentage of 17 years old by highest level of education completed by wealth index quintile



Children and youth need to be provided with equal access to education to help them become economically productive and socially prepared when they grow up. Priority needs to go to those who are disadvantaged and in remote places in the country. Employment opportunities would enable parents/guardians send their children to school. Barriers to education should be identified and addressed to ensure continuity and completion.

A child is more likely to die during infancy or before reaching age five if the mother has had several births, illiterate, and who live in households with lower economic status

Based on the results of the Census, children born to a woman who have given births to 5 or more children have five times greater chances of dying before the age of 5 than children born to a woman who gave given birth to 1 or 2 times. Children of mothers who are literate and who have attended primary school or high school have lower chances of dying early.

Children living in households with access to modern communication devices, presence of electricity,

access to safe drinking water, and improved sanitation have lower chances of dying. These are all indicators of economic condition of the households.

It is important for policy making purposes to consider all these factors in the effort to reduce mortality rates for children. Addressing one but not the rest will not necessarily result to a lower child mortality if other factors are not also improved.

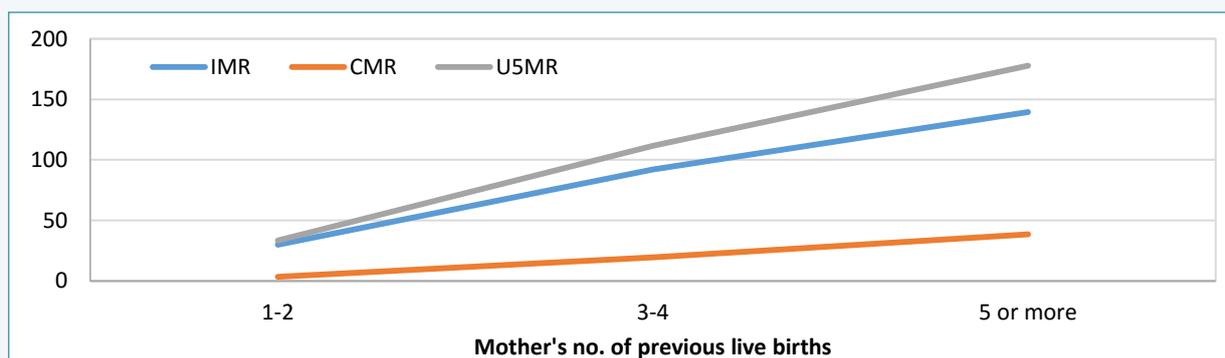
Census data reveals that disability among children and youth is higher in rural areas, poorer States/Regions, and poorer households

Children and youth in rural areas have higher levels of prevalence of disabilities than those in urban areas. Likewise, the Census revealed that youth with at least some disability in seeing, hearing, walking and remembering/concentrating are more likely to live in poorer households.

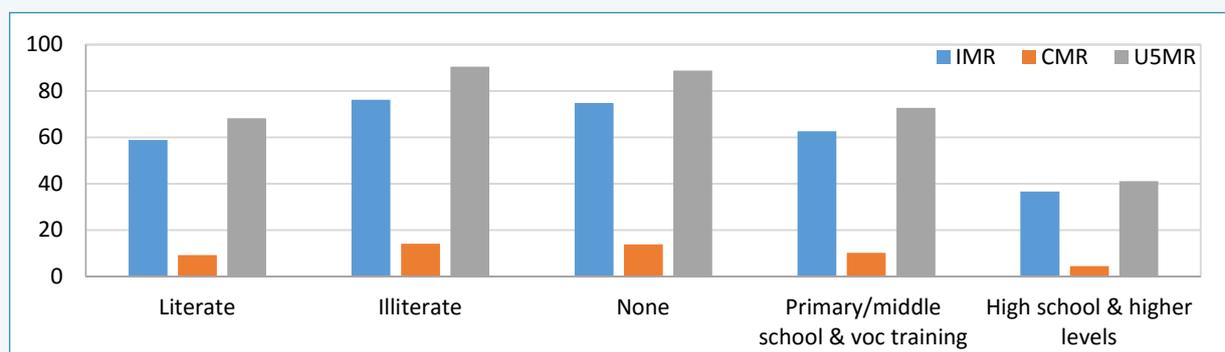
Five of the districts in the top 10 with the highest number of children with disability are in Ayeyawady (Patheingyi, Phyayon, Hinthada, Labutta, and Maubin).

Figure 6. Infant, child and under-five mortality by selected characteristics, per 1000, 2014 Census

a) Mother's number of previous births



b) Literacy and highest grade completed of mothers



Others are in Yangon (North Yangon), Shan (Taunggyi), Bago (Bago), Tanintharyi (Myeik), and Kayin (Hpa-an).

A strong public health system, with increasing prosperity in rural and urban areas through improved infrastructure; increased agricultural productivity; and more education, training and employment opportunities, as stipulated in country's Comprehensive National Development Plan should be seriously implemented as these will bring substantial health improvements to the population(World Bank, 2014).

The 'Five-Year Strategic Plan for Young People's Health' (2016-2020) which recognizes that adolescent years are critical periods of life should be strictly implemented and monitored such that these young people would become healthy, productive and useful to the society.

Early marriage is more common in rural areas and among females

Some 4.7 per cent of male adolescents aged 15-19 are reported as ever-married; 3.6 per cent in urban areas and 5.2 per cent in rural areas. Among adolescent females, almost three times the proportion (13.0 per cent) are ever-married; 9.8 per cent in urban areas and 14.4 per cent in rural areas.

Six districts in Shan (Minesat, Minephyat, Linkhe, Loilin, Kunlon, and Kengtung) are in the top 10 districts with the highest proportion of female aged 15-19 ever married, with Minesat as the highest at 31.2 per cent of female teenagers in the district. The rest

are in Tanintharyi (Kawthoung), Rakhine (Thandwe), Kayin (Myawady), Ayeyawady (Labutta).

While the adolescent fertility rate is one of the lowest among the ASEAN countries, stark disparity was observed among the States/Regions in the country

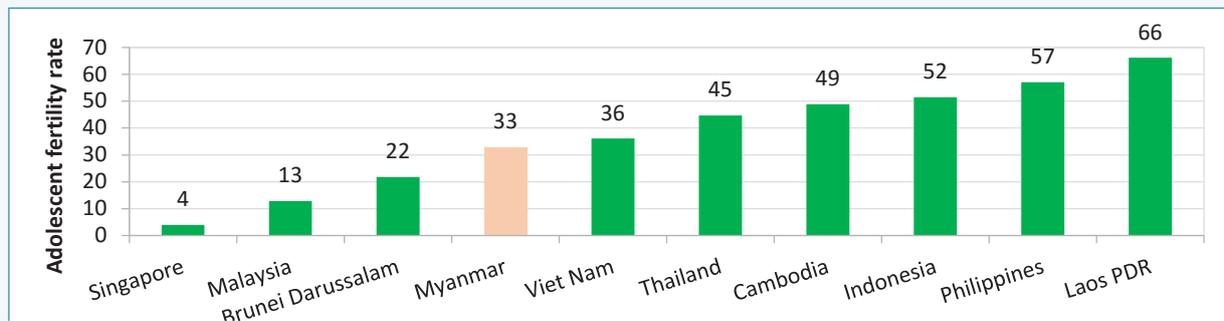
At 33 births per 1,000 girls aged 15-19, Myanmar emerged as one of the lowest among the ASEAN countries, with Lao PDR registering the highest at 66. However, within the country, there are huge differences with Shan and Chin States at 59 and 50 births per 1,000 girls, respectively.

Females quickly withdraw from the labour force when they marry, resulting in fewer economically productive adults. Likewise, early marriage exposed them and the new-borns to pregnancy related risks. Thus, early marriage could be discouraged through access to education and employment for young women as well as providing them with access to sexual and reproductive health services.

Conclusion

Children and youth should be protected and properly nurtured for them to thrive and be prepared to adulthood through access to education, employment, and health services. These would enable them to be productive both economically and socially. They should be given serious and thorough consideration in the formulation of national policies towards population development thrusts. Preparing them for the future is a step towards economic growth.

Figure 7. Adolescent fertility rates for Myanmar and other ASEAN countries



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