



The Republic of the Union of Myanmar

The 2014 Myanmar Population and Housing Census

THEMATIC REPORT ON DISABILITY

Census Report Volume 4-K



**Department of Population
Ministry of Labour, Immigration and Population**

With technical assistance from UNFPA



AUGUST 2017



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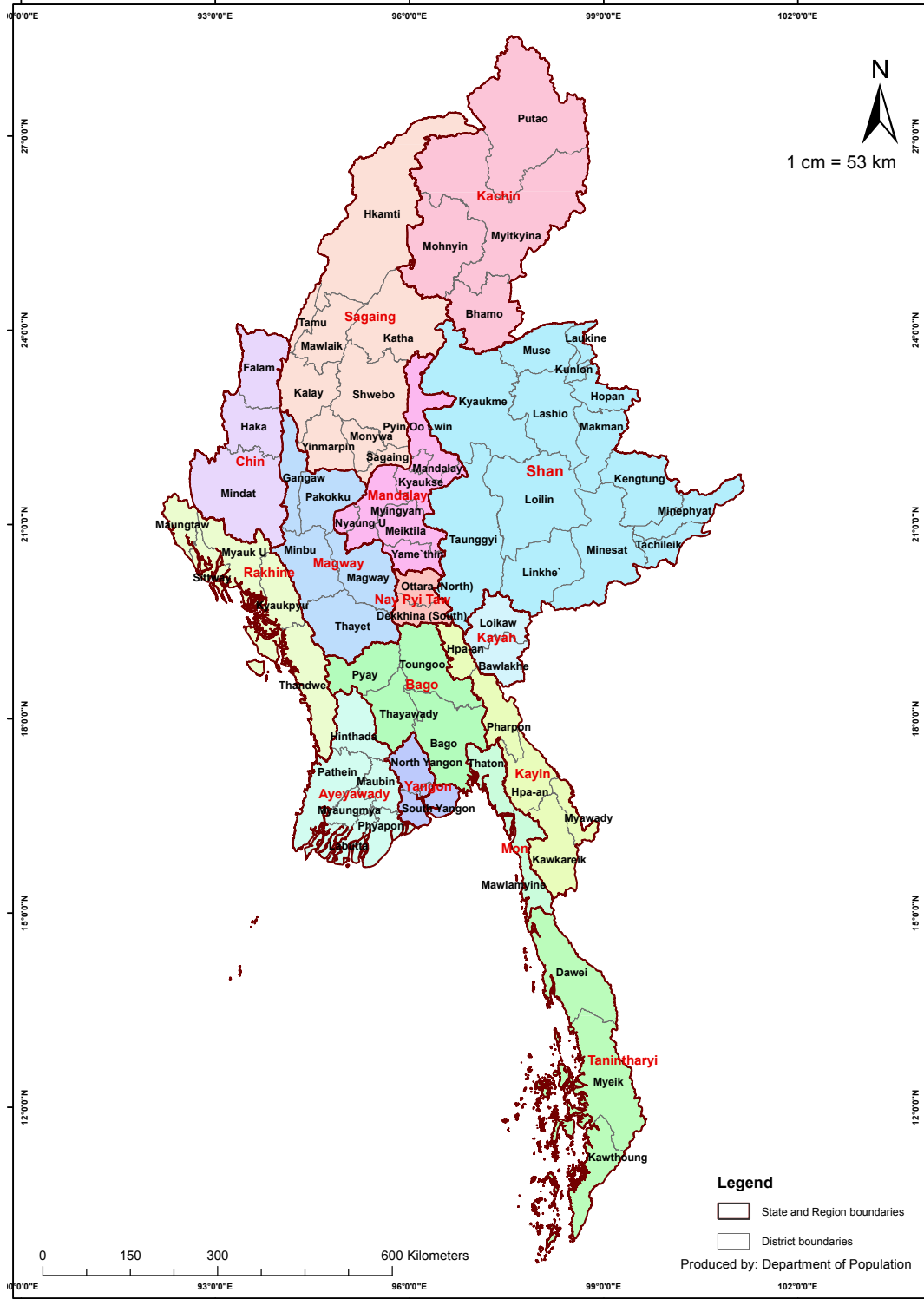
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AUGUST 2017

Figure 1

Map of Myanmar by State/Region and District



Foreword

The 2014 Myanmar Population and Housing Census (2014 Census) was conducted with midnight of 29 March 2014 as the reference point. This is the first Census in 30 years; the last was conducted in 1983. Planning and execution of this Census was spearheaded by the former Ministry of Immigration and Population, now the Ministry of Labour, Immigration and Population, on behalf of the Government, in accordance with the Population and Housing Census Law, 2013. The main objective of the 2014 Census is to provide the Government and other stakeholders with essential information on the population, in regard to demographic, social and economic characteristics, and housing conditions and household amenities. By generating such information at all administrative levels, it is also intended to provide a sound basis for evidence-based decision-making, and to evaluate the impact of social and economic policies and programmes in the country.

The results of the 2014 Census have been published so far in a number of volumes. The first was the *Provisional Results* (Census Volume 1), released in August 2014. The Census Main Results were launched in May 2015. These included *The Union Report* (Census Report Volume 2), *Highlights of the Main Results* (Census Report Volume 2-A), and the reports for each of the 15 States and Regions (Census Report Volume 3[A-O]). The reports on *Occupation and Industry* (Census Report Volume 2-B), and *Religion* (Census Report Volume 2-C) were launched in March 2016 and July 2016, respectively.

The current set of the 2014 Census publications comprises 13 thematic reports and a Census Atlas. They address issues on Fertility and Nuptiality; Mortality; Maternal Mortality; Migration and Urbanization; Population Projections; Population Dynamics; the Older Population; Children and Youth; Education; Labour Force; Disability; Gender Dimensions; and Housing Conditions and Household Amenities. Their preparation involved collaborative efforts with both local and international experts as well as various Government Ministries, Departments and research institutions. The thematic reports published to date include: Fertility and Nuptiality; Mortality; Maternal Mortality; Migration and Urbanization; Population Dynamics; Population Projections; the Labour Force; Education; Household Conditions and Household Amenities; and Gender Dimensions.

Data capture of the Census was undertaken using scanning technology. The processes were highly integrated, with tight controls to guarantee accuracy of results. To achieve internal consistency and minimize errors, rigorous data editing and validation were carried out to facilitate further analysis of the results. The information presented in these reports is therefore based on more cleaned data sets, and the reader should be aware that there may be some small differences from the results published in the first set of volumes. In such instances, the data in the thematic reports should be preferred.

At a time when, globally, rapid population ageing is taking place and along with it, increases in chronic health conditions, the prevalence of disabilities is sharply on the rise. Globally, many of those living with a disability cannot access health services, education or employment opportunities. Their needs, in terms of disability-related services, are often unmet and as a result, an exclusion from everyday life activities is experienced by many. Myanmar is no exception to this scenario. In an effort to combat this situation, the Government of Myanmar has made substantial changes in its support to persons with disabilities; a commitment which

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is reflected at both the international and national levels. But to carry through such initiatives there is a vital need for underlying information. To some extent this need is met from the results of the 2014 Census presented in this report, although the information collected only relates to four of the six types of disability domains recommended by the Washington Group on Disability Statistics, namely: seeing, hearing, walking, and remembering or concentrating.

Out of a total of 50.3 million persons enumerated in the 2014 Census, there were 2.3 million persons (4.6 per cent of the total population) who reported some degree of difficulty with either one or more of the four functional domains. Of this number, over half a million (representing over 1 per cent of the population as a whole) reported having a lot of difficulty (referred to in this report as moderate disability) or could not do one or more of the four activities at all (referred to as severe disability). Among those with the severest degree of disability, 55 thousand were blind, 43 thousand were deaf, 99 thousand could not walk at all and 90 thousand did not have the capability to remember or concentrate.

The Census shows that disability is predominantly an old age phenomenon with its prevalence remaining low up to a certain age, after which rates increase substantially. Prevalence of disability is slightly higher among females than among males. Persons living in rural areas have higher levels of disability, both in absolute and relative terms, compared to their urban counterparts. Nearly one half of all persons with a disability live in households with extended families, showing that the traditional system in which the family takes care of an ailing or a relative with a disability is still largely in place in Myanmar.

Children who have a disability are less likely to attend primary or secondary school, and, as a consequence, with more limited or no education, their subsequent participation in the labour market presents a challenge. Moreover, persons with disabilities are further disadvantaged by having less access to certain amenities and facilities such as improved drinking water and improved sanitation.

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