



# UNFPA in Myanmar

2013 & 2014

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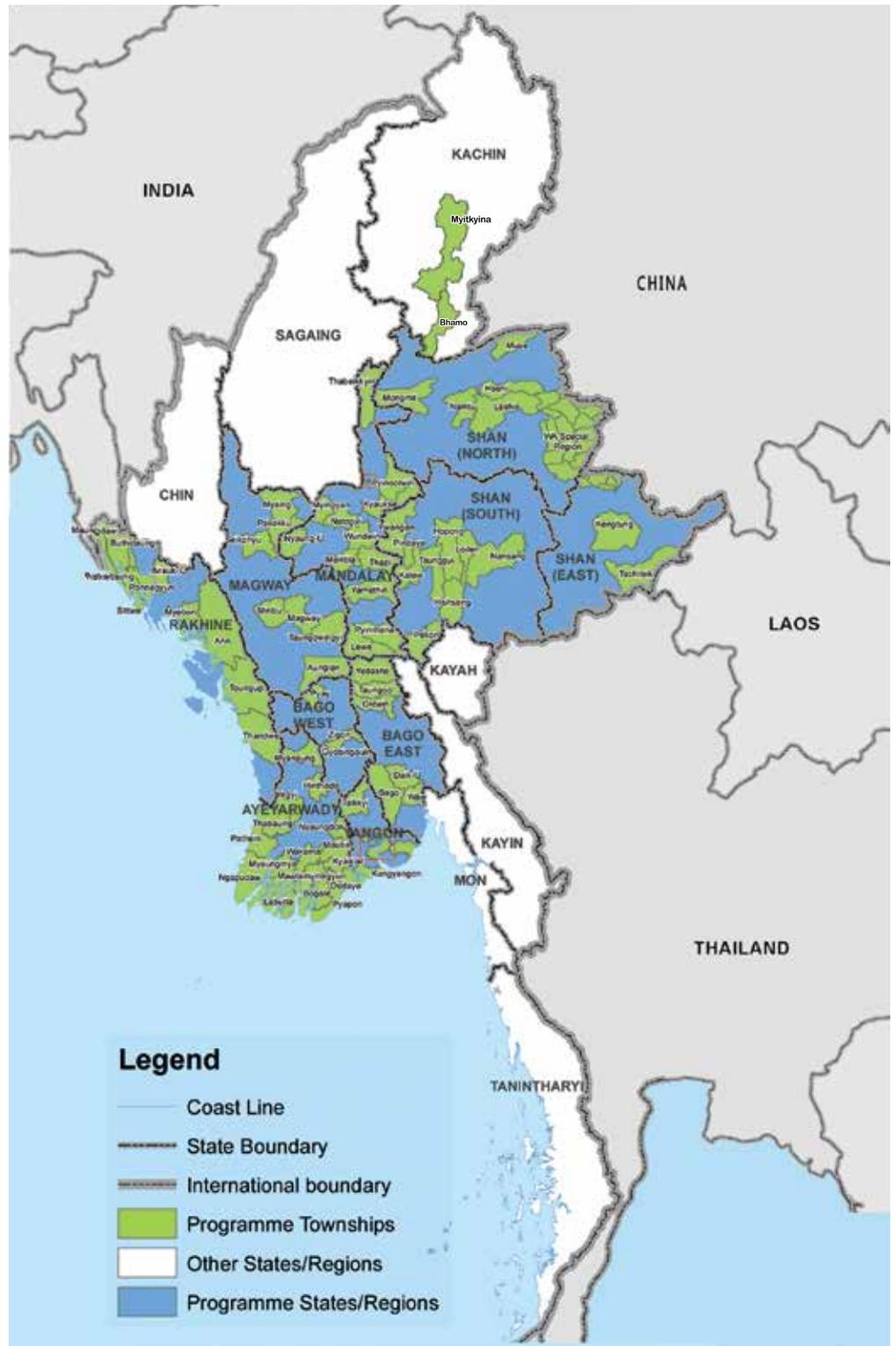


# The United Nations Population Fund

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Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

# Where We Work



## Foreword

We are now on the brink of our fourth year into our 3rd Country Programme. In the last two years, much of our time was spent in supporting the first census to be taken in 30 years. This has been full of energy, rush, questions, surprises, successes and challenges. As a contribution in Myanmar's larger reform process, the census knocked on the doors of almost 98% of households and recorded the people's answers to questions on their health, education, economic and living conditions.



The census data analysis will give a clear picture of the different realities of the peoples of Myanmar. With the majority of the population taking part, the census has been a collective effort. Data from the nation-wide exercise has the potential for informing planning, policies and services improvement for the people of Myanmar. It is regrettable that certain populations in Rakhine, Kachin and Kayin were not counted. We hope that on-going consultations with all concerned stakeholders will result in a solution to resolve this situation. This notwithstanding, overall, the census has been considered a success and a breakthrough for the country, according to independent national and international observers.

The census has been a unique experience in UNFPA's support to censuses in different contexts throughout the world. It received immense support from donors and

UN agencies, through funding, partnership, guidance and advice. It is now up to communities, leaders and authorities, States and Regions to use the data for planning and consensus building on the way forward towards development, peace and reconciliation.

Myanmar has taken some bold steps to align itself to regional and global stands, policies and standards on Sexual and Reproductive Health and Rights. Continued and steadfast efforts in this direction will give all people, especially women and girls, more choices, thus enabling them to reach their full potential. New initiatives that aim at addressing and ending sexual and gender based violence, are a powerful means to garner gender equality in all spheres.

UNFPA has also contributed to the formulation of the National Strategic Plan for the Advancement of Women and the drafting of the Prevention of Violence Against Women Law. Also, the emphasis on reducing maternal mortality signals powerfully that equal status for women in society, as well as maternal health, are absolutely integral to larger development. Our work to improve prospects for young people, women and girls helps to address inequities and it can mean that economic growth can benefit the majority and not just a few. In this, we depend also on a number of dedicated partners that we work with in different parts of the country. They come from government and non-government sectors. They are in state-controlled and non-state controlled areas. Resolved in this, UNFPA in Myanmar will continue its quest to deliver a world "where every pregnancy is planned, every birth is safe and every young person's potential is fulfilled".

We hope you enjoy reading about what we have done together. We would like to hear from you. Let us know what more could be done or what could be done differently.

*Janet Jackson, UNFPA Representative*

## UNFPA in Myanmar

UNFPA has a history of more than 40 years in Myanmar. Support was first given in 1973, and again in 1983, with assistance to conduct Myanmar's first and second population censuses. UNFPA's activities grew in Myanmar in the 1990's with support for the collection of data on reproductive health and fertility. With improved availability of demographic data for reproductive health programming, and an urgent need for continuing assistance, UNFPA's activities expanded. In 2002, UNFPA adopted a programmatic approach and is currently in its third Programme of Assistance for Myanmar, covering 2012 to 2015. This third programme will assist Myanmar to attain the important goals set at the International Conference on Population and Development and the Millennium Development Goals (MDGs). The priorities of the programme, which is carried out in partnership with the Government of Myanmar and international and national non-governmental organisations, are:

- Increased access to and utilisation of quality maternal and newborn health services.
- Increased access to and utilisation of HIV and Sexually Transmitted Infection (STI) prevention services, especially for young people (including adolescents) and other key populations.
- Improved data availability and analysis around population dynamics, Sexual and Reproductive Health (SRH), including family planning, and gender.
- Advancing gender equality and reproductive rights, particularly through advocacy and the implementation of law and policy.



## Population, development, sexual and reproductive health and rights in numbers

The nation-wide census undertaken by the Myanmar government, with support from UNFPA, shows in its provisional results that the total population is 51.4 million. The country is home to a large number of ethnic groups. Young people aged 10-24 account for nearly 30% of the total population. In 2012, the gross domestic product per capita was recorded as USD 1,125; health expenditure was only 1.8% of the gross domestic product. The results of the 2014 census will soon fill significant gaps in data relating to population dynamics, and to the composition and distribution of the population. According to a World Health Organization (WHO) estimate, the maternal mortality ratio was 200 maternal deaths per 100,000 live births in 2012. Due to limitations in its health system, Myanmar faces challenges in achieving the Millennium Development Goal target of reducing the maternal mortality ratio to 105 maternal deaths per 100,000 live births by 2015.

Over 70% of deliveries take place at home, where nearly 90% of maternal deaths occur. In 2009, the antenatal care coverage rate was 71%, and skilled birth attendants were present at 64.4% of deliveries. The quality of assisted deliveries is of concern. Constraints include limited access to health services due to poverty, geographical barriers, and a shortage of health personnel, especially midwives.

Although the majority of young people have heard about HIV/AIDS, comprehensive knowledge about prevention is relatively low, and misconceptions about HIV/AIDS are prevalent. There is a shortage of data on young people's knowledge of sexual and reproductive health, and their access to sexual and reproductive health services is limited. HIV prevalence in Myanmar has declined from 0.94% in 2000 to an estimated 0.47% in 2013 among the general population aged 15 years and above. The HIV prevalence rate is higher among people who inject drugs (18.6%), men who have sex with men (10.4%), and female sex workers (11.2%). HIV incidence is especially high among the young cohort of these populations.



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