



Disability in Myanmar – 2014 to 2019

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Introduction

- People with disabilities are considered one of the most vulnerable and marginalized groups, facing systemic impediments to equal participation in society.
- As of 2019, an estimated **5.9 million people** in Myanmar or **13% of the population**, were living with disabilities, and this figure is expected to increase.
- Myanmar's definition of persons with disabilities comes from the UN Convention on the Rights of Persons with Disabilities:

"Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

Measuring disability

- Measurement of disability is challenging due to its nature as a complex and changing phenomenon with multiple factors.
- Multiple factors: The WG questions are based on self-reported difficulties to perform the following core domains:
 - o seeing,
 - hearing,
 - walking/climbing steps (mobility),

- remembering/concentrating (cognition),
- o communicating and
- self-care (washing, dressing, etc.)

- Continuous measurement: Answers are categorised by degree of difficulty: "No difficulty", "Some difficulty", "A lot of difficulty" and "Cannot do at all."
- No use of the word "disability" in the questionnaire which leads to underreporting.

Measuring disability

- The Washington Group set of questions has its limitations. It does not measure:
 - o social or psychological disabilities, or
 - disabilities connected to upper body movements.
- The WG questions are also **not adapted for children**, whose inability to perform functions at a young age can be confused with disability.
- Due to cultural stigma and sensitivities regarding disability, it is preferable that questions are **asked by professionals** and not in a more general census-type survey.

Measuring disability

- WG's self reported difficulties are collected differently between the Census 2014 and Intercensal Survey 2019. The disability types are:
 - o seeing,
 - o hearing,
 - o walking/climbing steps (mobility),
 - o remembering/concentrating (cognition),
 - communicating and
 - self-care (washing, dressing, etc.)

One combined disability type is calculated: the **Disability Prevalence Rate**.

Intercensal Survey 2019

Key concepts

- Disability Prevalence refers to the number of people with one or more disabilities of any type.
- **Disability Prevalence Rate**, or DPR, is the *percentage* of the population with one or more disabilities of any type.

• Notes:

- A person can have one or more disabilities at any given time but would be considered as one individual in the disability prevalence or DPR.
- In this Analytical Brief, the DPR, refers to the percentage of people with one or more disabilities of any type, unless a specific disability type is indicated (i.e. "disability prevalence rate in seeing", "DPR in hearing").



Approach used

- Use of two datasets: Census 2014 and Intercensal Survey 2019
- Levels:
 - Countrywide, State/Region, District and Township levels and
 - Union, Urban and Rural levels.
- Harmonization of two datasets: aged 5 and over
- Indicators available/calculated:
 - Percentage of population with disability (*Disability Prevalence Rate*) by disability type
 - Population/Estimated population with disability by disability type

Data limitation

- Urban and rural levels are not available at state/region and district level in the Intercensal Survey 2019
- **DPR** is not available at the **township level** in the **Census 2014**
- Communication and self-care disability types were not available in Census 2014
- DPR for combined disabilities cannot be compared between Census 2014 and 2019.
 Only DPR ranks can be compared.
- DPRs for individual disabilities can be compared. There is an unexpected increase between 2014 and 2019. Further research is needed but we suspect there is a difference in the data collection.

Data limitation

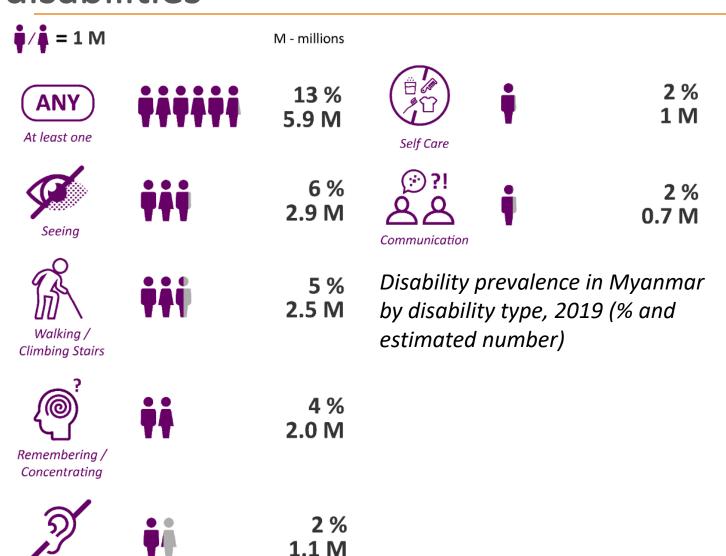
 Comparisons of DPRs for individual disabilities



Disability prevalence rate by type at the state/region level, 2014 & 2019 (%)



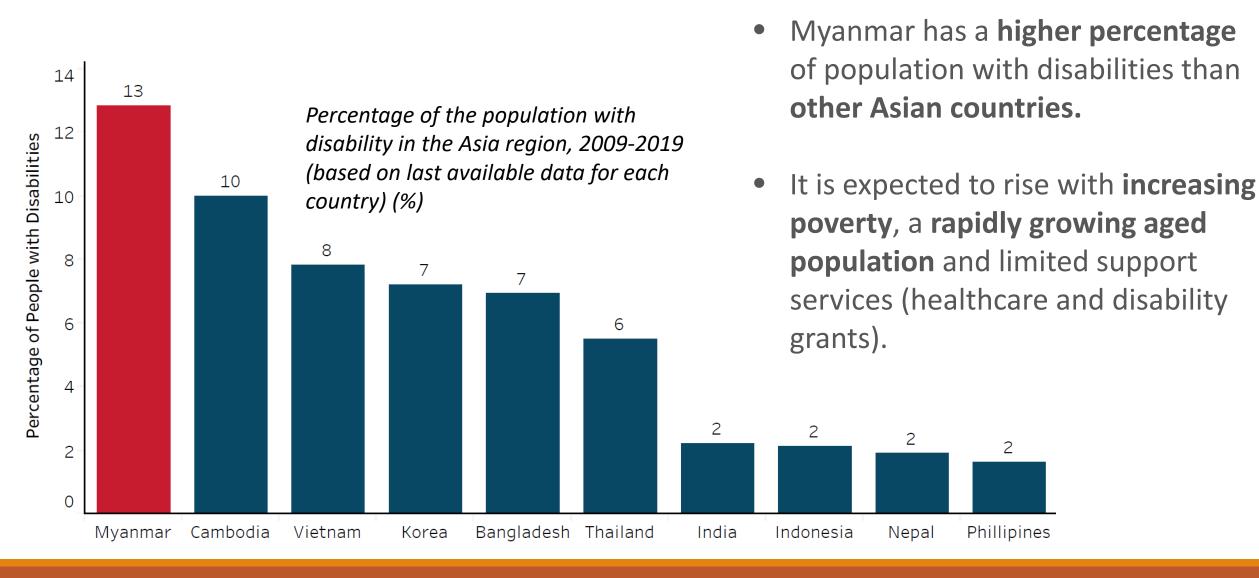
Almost six million people in Myanmar have one or more disabilities



Hearina

- Myanmar's disability prevalence rate in 2019 was 13%, meaning nearly 5.9 million people, five years and older, have at least one disability.
- The percentage of the population with disability is similar in rural and urban areas; however, there are many more persons with disabilities living in rural areas.

Myanmar has a higher percentage of population with disabilities than other Asian countries, and this is expected to rise

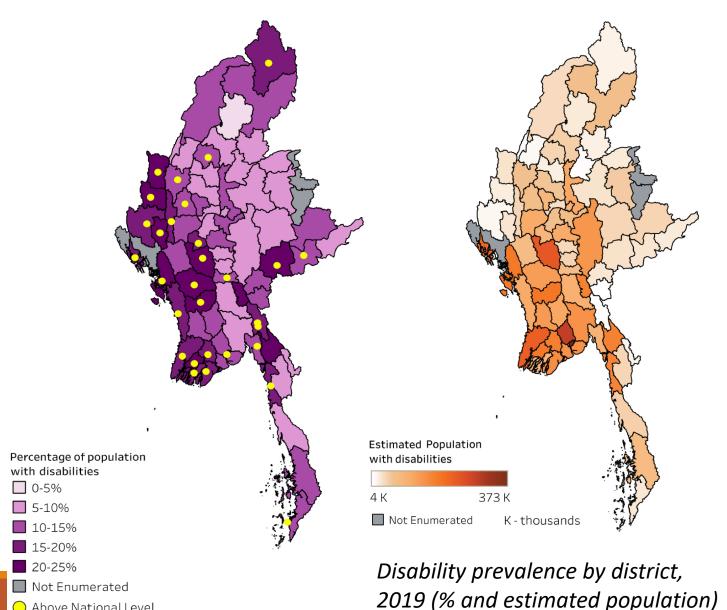


Myanmar's western areas and Kayin State show the highest levels of disability

Myanmar's western states/regions (Chin, Ayeyarwady, Rakhine and Magway) and Kayin have the highest percentage of population with disabilities, particularly Chin and Ayeyarwady.

- National level 13%Chin 21%Ayeyarwady 17%
- 1 in 6 persons of the Myanmar population with disability is located in Ayeyarwady.

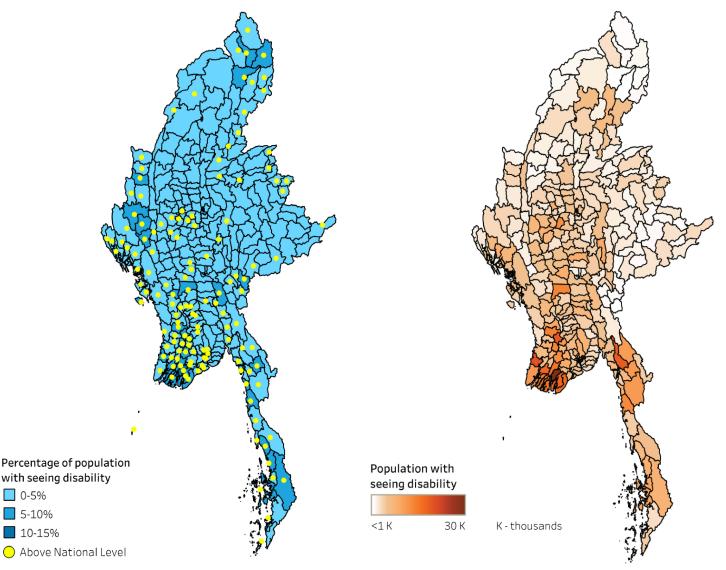
Myanmar's western areas and Kayin State show the highest levels of disability



Above National Level

- At district level, the highest percentages of population with disabilities are also found in the western states/regions, Kayin, Shan and Bago.
- The majority and sometimes all of the districts in the western states/regions and Kayin have levels higher than the national level.
- In Shan State, **Langkho** district and in Bago Region, Pyay district (above 20%) had particularly high level of disability.

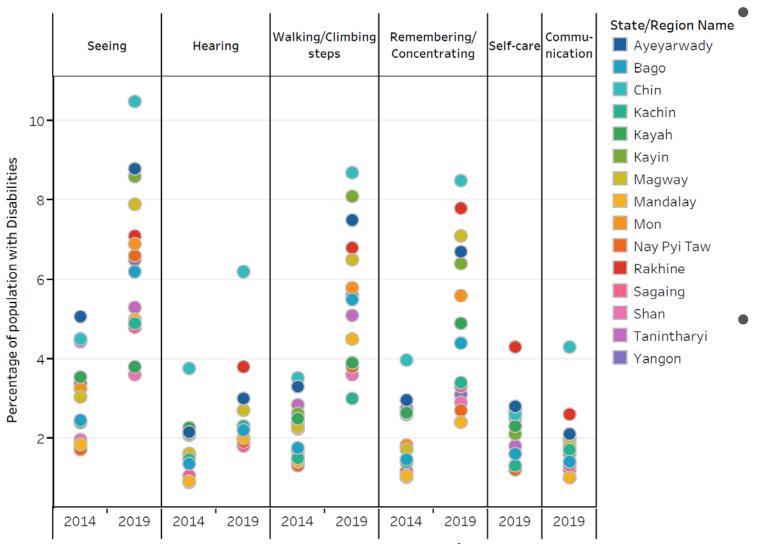
Myanmar's western areas and Kayin State show the highest levels of disability



 The percentage of population with disabilities was higher than the national level for each type of disability in most townships in Ayeyarwady, Chin and Tanintharyi when last surveyed in 2014.

Disability prevalence by township, 2014 (% and estimated population)

There is an unexpected increase in the percentage of people with disabilities for each disability type between 2014 and 2019



The 2014 Myanmar Population and Housing Census under-estimated the number of people with disabilities through not measuring two disability types which affect as many as an estimated 1.6 million people countrywide.

Other than the consistently high levels of disability in Chin and Ayeyarwady in 2014 and again in 2019, there is no pattern in the differences between states and regions.

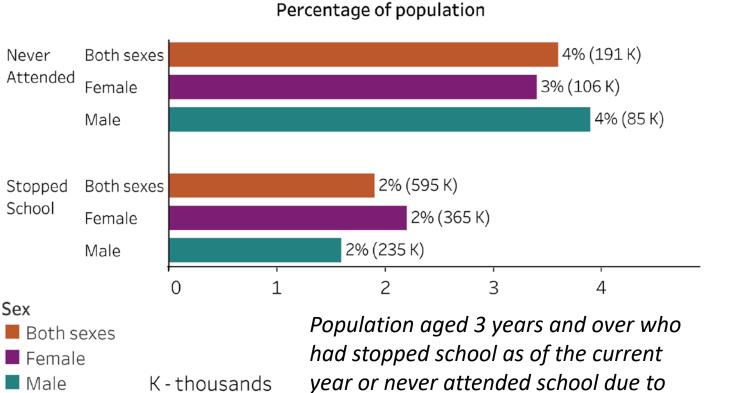
Disability prevalence rate by type at the state/region level, 2014 & 2019 (%)

Children with disabilities are more likely to be excluded from the formal education system

- Myanmar's education system is not inclusive for children with disabilities.
- Principal barriers to children with disabilities accessing schooling are:
 - lack of qualified teachers
 - negative judgment and attitude from teachers, parents and classmates;
 - denial of enrolment in mainstream schools;
 - the general perception that school is not benefiting children with disabilities; and
 - lack of accessible facilities.

Children with disabilities are more likely to be excluded from the formal education system

- Illness, injury or disability were the cause of:
 - o an estimated **600,000** school-age children **stopping school** in Myanmar in 2019/2020, as well as
 - o an estimated **200,000** persons aged 3 and over **never attending school at all**.

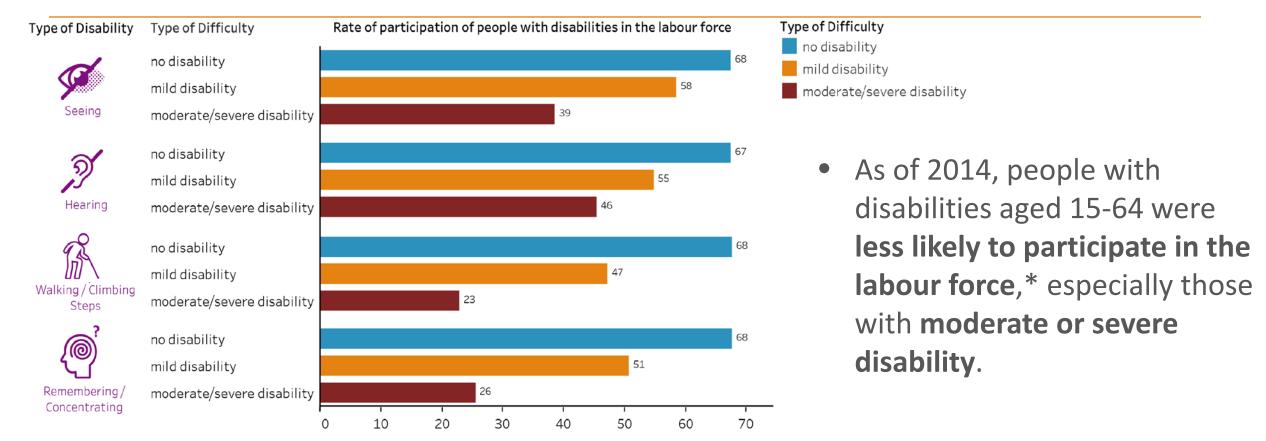


estimated number)

illness, injury or disability, 2019 (% and

 While the percentages of males and females with disabilities who either never attended or stopped school due to illness, injury or disability were similar, the overall number of females is higher due the greater overall number of females in Myanmar's population.

People with disabilities are less likely to be employed

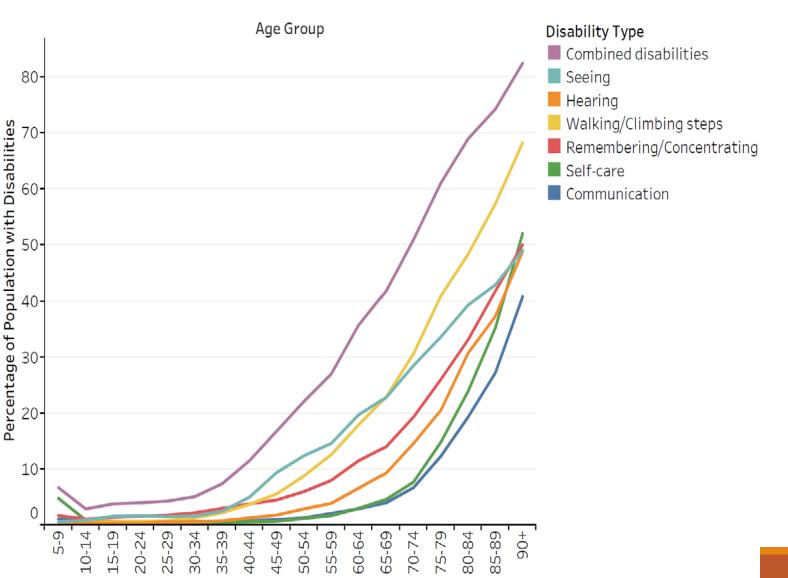


Participation of population with disabilities in the labour force, Myanmar, 2014 (%)

• Labour force participation rates* in Myanmar were **lower for those with a moderate or severe disability** than those with a **mild disability** across **all four types** of disabilities measured.

^{*} The labour force participation rate is a measure of an economy's active workforce and is the percentage of the working age population who are either employed (in paid employment or self-employed), or unemployed but available for or seeking work.

Lack of healthcare infrastructure and a growing aged population are the leading causes of high disability prevalence



- Disability is an age-related phenomenon particularly in terms of mobility (walking/climbing steps) and seeing which begin to rise at age 40.
- The increase in disability prevalence rate among older age groups varies by disability type.

Disability prevalence rates by age and disability type, 2019 (%)

Lack of healthcare infrastructure and a growing aged population are the leading causes of high disability prevalence

- Weaknesses in healthcare infrastructure disproportionately affect Myanmar's rapidly growing aged population, pushing the country's disability prevalence rate up while reducing individuals' quality of life.
- The **population aged 65** and over is projected to be **nearly 9 million by 2050**, three times larger than the same population in 2014.
- This lack of capacity impacts people of all ages for whom treatment could either resolve
 or prevent the worsening of disabilities, resulting in an improvement in their quality of
 life.
- The 2019 Statistical Yearbook indicates a **lack of trained doctors** in Myanmar with around **17,000 for a population of over 51 million**.



Conclusion

- There is an estimated **5.9 million** people with disabilities with 1/6 persons located in **Ayeyarwady (17%). Chin** has the highest rate of **21%** which is 12% higher than the national level.
- People with disabilities in Myanmar are more likely to be found in the countryside as within cities and towns (4.3 and 1.7 million respectively) due to the overall higher population in rural areas. They are also more likely to older females due to the high overall number of women in the country.
- People with disabilities in Myanmar typically have challenges in access to education, fewer livelihood opportunities, and reduced social inclusion. By providing the right support and an inclusive approach, people with disabilities can experience a higher quality of life.