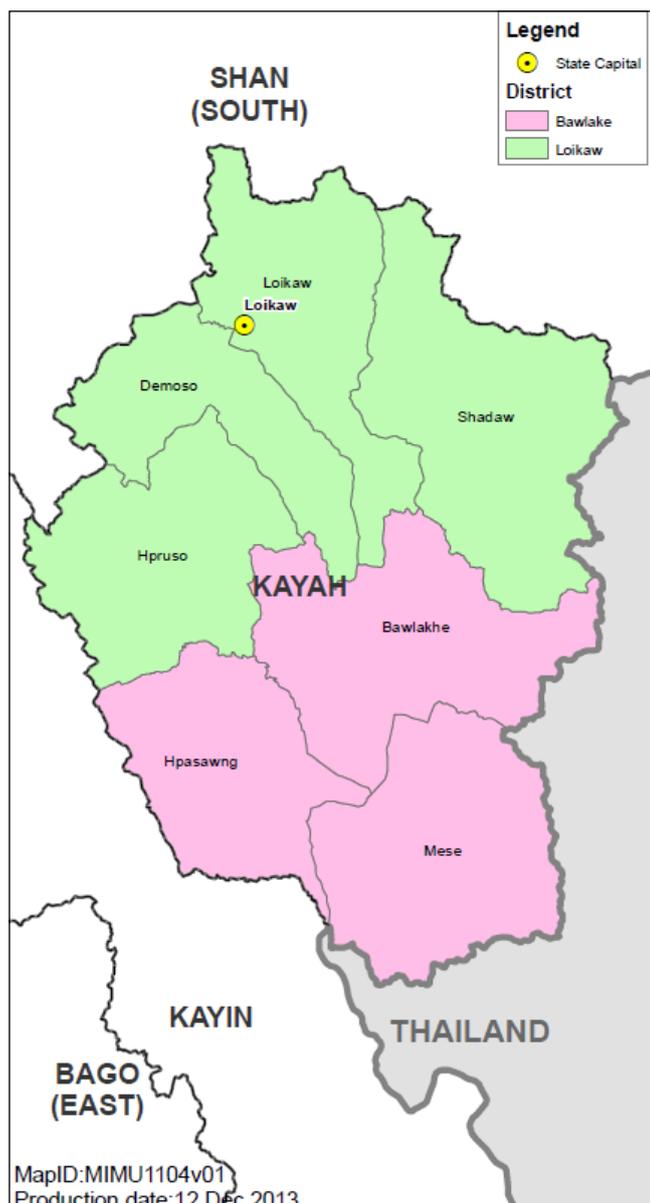


# KAYAH STATE

## A Snapshot of Child Wellbeing



### BASIC INFORMATION

**Area:** 11,731.09 sq. km

**Total population:** 277,428

**Rural:** 189,587    **Urban:** 87,841    **0-14 years:** 87,892

**Languages:** Kayah (several dialects), Myanmar

**Administrative divisions:** 2 Districts, 7 Townships, 31 Wards, 74 Village Tracts, 512 Villages

**Capital:** Loikaw

**Main economic activities:** Agriculture, Mining, Forestry, Energy

### SOCIO-ECONOMIC CONTEXT

Located in eastern Myanmar, Kayah State is bordered by Thailand to the east, the Kayin State of Myanmar to the south and west and Shan State to the north.

Due to decades of conflict, life in Kayah has long been characterized by relocation, internal displacement and, for many, migration to neighbouring Thailand. Land disputes, landmines and child soldiers have all been documented as key concerns in the State. Public services are inaccessible to a sizeable proportion of the population and food insecurity is rampant.

Although infrastructure and transportation links remain among the weakest in the country, Kayah State is home to several hydroelectric dams and generates a substantial proportion of the country's electricity.

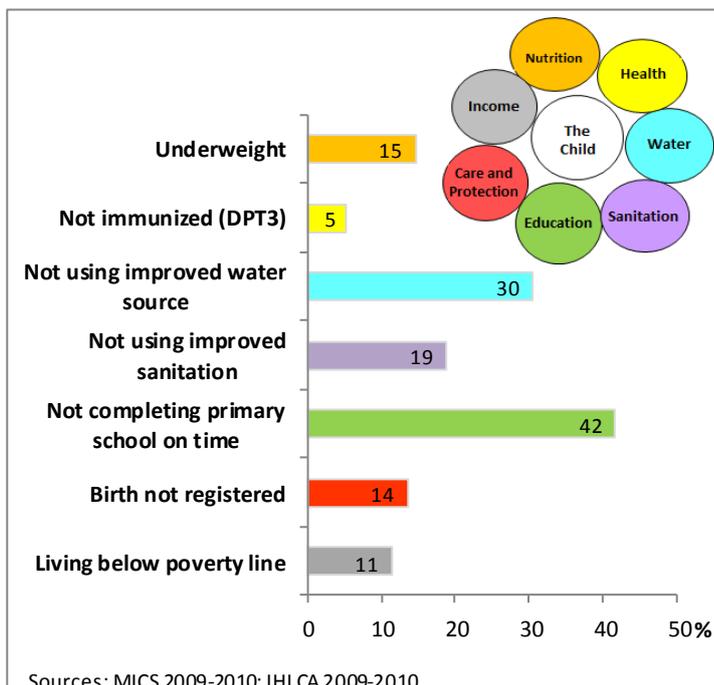
### CHILD WELLBEING

Children have basic needs, such as adequate nutrition and healthcare, that if unmet could result in long-term consequences, including limitations on their physical and cognitive development and consequently on opportunities and wellbeing in adulthood.

Their experience of poverty is multidimensional and deprivation in any of the key dimensions (i.e. nutrition, health, education, care and protection, water, sanitation and income) compromises their wellbeing.

A sizeable proportion of children in Kayah continue to have some of their most basic needs unmet. The chart depicts the extent of deprivation in the State using a selected indicator for each key dimension. For example, deprivation in education is indicated by 40 per cent of primary school children in the State not completing their schooling on time.

How children in Kayah fare (compared to the average Myanmar child) in each of the key dimensions of wellbeing is examined more closely on the following pages. A table on the last page presents data on a slightly wider range of child wellbeing indicators.

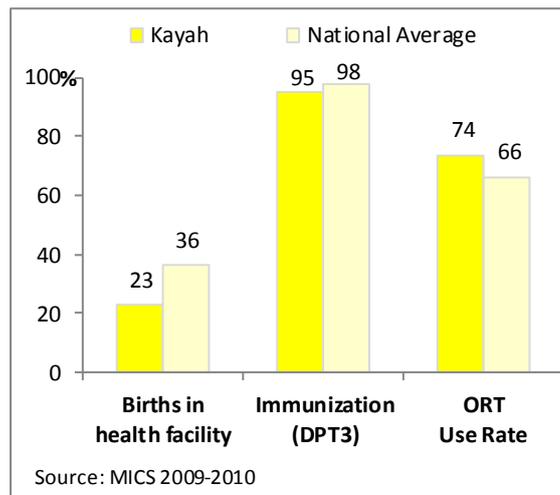
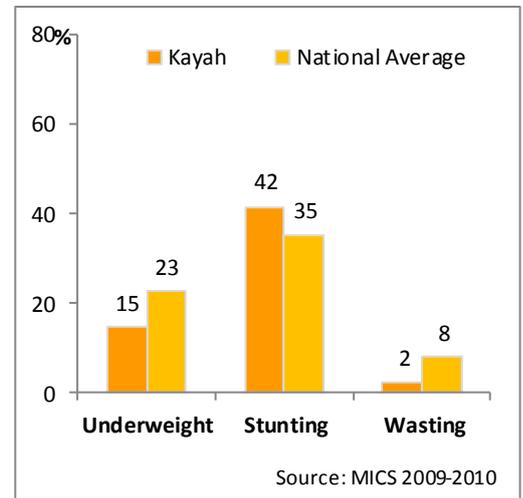


## NUTRITION

Good nutrition is a cornerstone for survival, health and development. Well-nourished children perform better in school, grow into healthy adults and in turn give their children a better start in life.

Given the optimum start in life, all children have the potential to develop within the same range of height and weight. This means that differences in children's growth to age five are more dependent on nutrition, feeding practices, environment and health care than on genetics or ethnicity.

The chart shows how children in Kayah fare on the three standard measures of malnutrition (underweight, stunting and wasting). Children in Kayah are less likely than the average Myanmar child to be underweight or wasted, but more likely to be stunted (an alarming 42 per cent are). Stunting (or low height-for-age) is a consequence of chronic malnutrition and can have irreversible damage on brain development. If not addressed in the first two years of life, stunting diminishes the ability of children to learn and earn throughout their lives.



## HEALTH

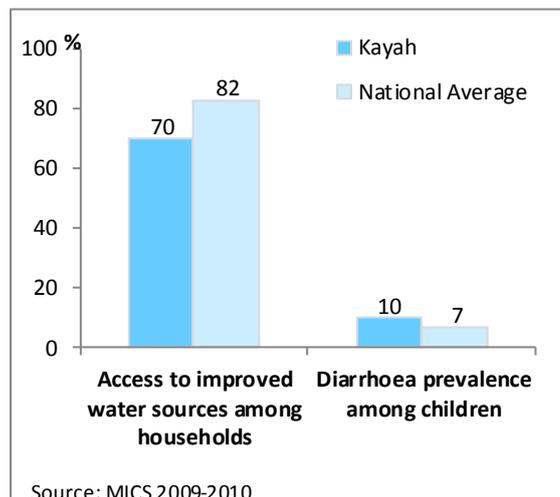
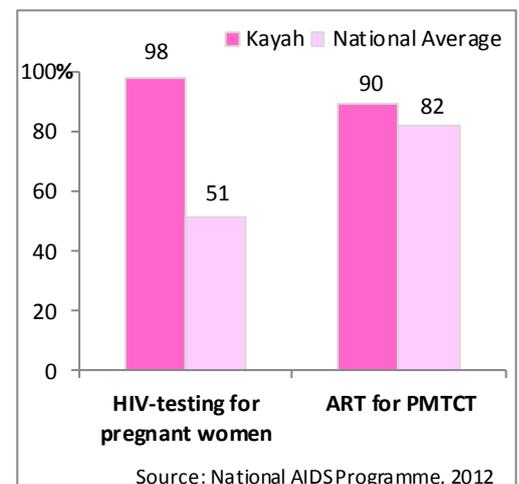
Significant reductions in maternal and child mortality can be achieved through a few simple health interventions, including giving birth in a health facility (or at least in the presence of a skilled birth attendant), timely immunization against some of the main childhood illnesses, and adequate management of diarrhoea including oral rehydration therapy (ORT) etc.

Children in Kayah State are less likely than the average Myanmar child to be born in a health facility (only about 23 per cent are), where life-saving obstetric care would be available for mother and child in case of complications during birth. Immunization rates appear high and comparable to the national average, but the figure here (95 per cent) does not take into account the vast areas in the State that are unreached by public services due to military restrictions. Oral rehydration therapy (ORT), to prevent life-threatening dehydration associated with diarrhoea among children, is not employed in over a quarter of cases in the State.

## HIV

Elimination of mother-to-child transmission of HIV is a key component of the global response to HIV for young children. In high-income countries, mother-to-child transmission of HIV has been virtually eliminated. Steady expansion of HIV testing, particularly of pregnant women, and provision of the most effective antiretroviral treatment (ART) offers hope that mother-to-child transmission can be virtually eliminated in low- and middle-income countries as well.

The Myanmar National Strategic Plan on AIDS 2011-2015 includes prevention of mother-to-child transmission (PMTCT) as a priority and various related indicators are regularly monitored. Among those reached by the public health system, pregnant women in Kayah are much more likely to be tested for HIV and receive the test result than those in other parts of Myanmar. Of the pregnant women identified as HIV-positive in the State, about 10 per cent are still not receiving antiretroviral drugs to reduce the risk of transmission during pregnancy, delivery and breastfeeding.



## WATER

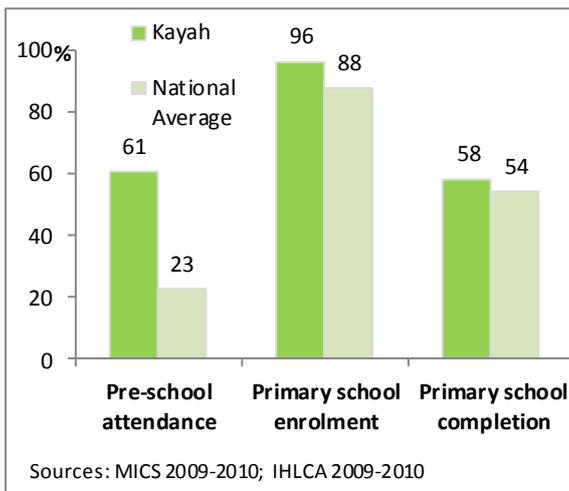
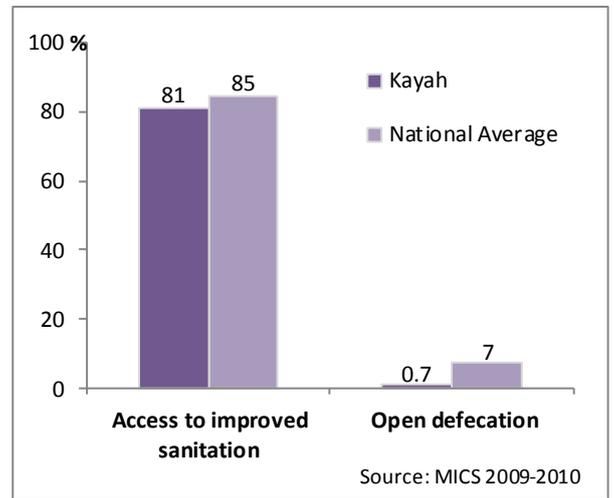
According to the Multiple Indicator Cluster Survey (MICS), about 30 per cent of households in Kayah State do not use improved water sources.

Lack of access to safe drinking water is a major contributor to diarrhoea prevalence, with 80 per cent of child deaths due to diarrheal disease globally being attributed to poor drinking water, lack of sanitation and poor hygiene. Prevalence of diarrhoea among children aged 0-59 months in Myanmar has increased from about 4 per cent in 2003 to almost 7 per cent in 2009-2010. In Kayah, diarrhoea prevalence increased from about 8 per cent to 10 per cent during the same period, indicating an urgent need to improve access to clean water and sanitation.

## SANITATION

According to the Multiple Indicator Cluster Survey (MICS), about 19 per cent of households in Kayah State do not have access to improved sanitation and 0.7 per cent are practicing open defecation.

Improved sanitation can reduce diarrheal disease by more than a third, and can significantly lessen the adverse health impacts of other disorders responsible for death and disease among millions of children. Investment in hygiene promotion, sanitation and water services is also among the most cost-effective ways of reducing child mortality.



## EDUCATION

Myanmar generally lags behind other countries in the region on education indicators due to decades of underinvestment in the education sector.

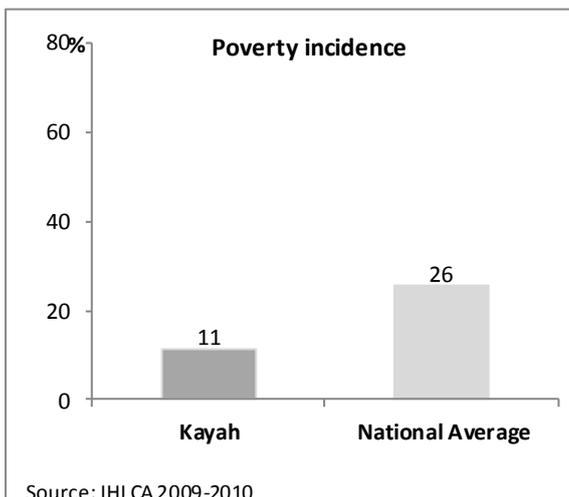
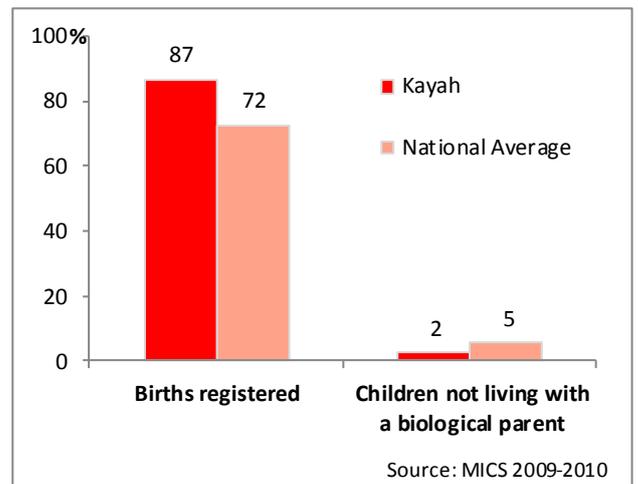
Pre-school attendance among children aged 3-5 years is quite low with less than a quarter of all children nationwide attending. Although Kayah fares better than the national average on this indicator, presumably due to the abundance of faith-based early childhood development centers, less than two thirds of all children in the State attend pre-school. Intellectual and social stimulation in early childhood, as provided in pre-school, is important for a child developing to his or her full potential. And children who attend pre-school tend to do much better in primary school.

The primary school enrollment rate in Kayah is higher than the national average but still not universal and only 58 per cent of children attending primary school in the State are completing their schooling on time.

## CARE AND PROTECTION

Quality data on the most salient child protection issues in Myanmar, such as children living in out-of-home residential care, children living and working on the street and children in hazardous forms of work, is currently unavailable. It is expected that with the population census and Demographic Health Survey in 2014-2015, relevant data will be collected and analyzed.

Currently available indicators include proportion of births registered and proportion of children not living with a biological parent. About 13 per cent of births in Kayah are still not registered. Unregistered children are not only deprived of their basic right to a legal identity but are also more vulnerable to exploitation. With regard to children not living with a biological parent, the situation in Kayah (2 per cent) appears slightly better than the national average (5 per cent).



## INCOME

While income alone is not sufficient to ensure a child's wellbeing, it often enables families to have better access to quality education, health care, water and sanitation.

Income poverty data are not as yet available in Myanmar.

However, the Integrated Household Living Conditions Assessment (IHLCA) allowed estimation of monetary poverty, as measured by consumption expenditure on food and non-food items. According to this measure, about 11 per cent of the population was estimated to be living below the poverty line in Kayah State.

**TABLE OF INDICATORS FOR KAYAH STATE**

	INDICATOR	Kayah	National Average	Highest Incidence	Lowest Incidence
NUTRITION	<b>Underweight:</b> % of children aged 0-59 months who measured below -2 SD international reference weight for age	14.6	22.6	37.4 <i>Rakhine</i>	13.0 <i>Kachin</i>
	<b>Stunting:</b> % of children aged 0-59 months who measured below -2 SD international reference height for age	41.7	35.1	58.0 <i>Chin</i>	24 <i>Yangon</i>
	<b>Wasting:</b> % of children aged 0-59 months who measured below -2 SD international reference weight for height	2.3	7.9	10.8 <i>Rakhine</i>	2.3 <i>Kayah</i>
	<b>Exclusively breastfed:</b> % of children aged 0-5 months who are exclusively breastfed	24	23.6	47 <i>Mon</i>	1.3 <i>Rakhine</i>
	<b>Vitamin A supplementation:</b> % of children 5-59 months who never received vitamin A	9.5	10.6	13.1 <i>Chin</i>	6.4 <i>Bago West</i>
MATERNAL & CHILD HEALTH	<b>Ante-natal care visits:</b> % of pregnant women receiving ANC one or more times during pregnancy	90.5	93.1	99.6 <i>Mon</i>	75.6 <i>Chin</i>
	<b>Ante-natal care quality:</b> % of pregnant women who had urine specimen taken	36.4	56.9	91.2 <i>Mon</i>	16.2 <i>Chin</i>
	<b>Births in health facility:</b> % of ever married women aged 15-49 who delivered in health facility	22.8	36.2	68.9 <i>Yangon</i>	5.6 <i>Chin</i>
	<b>Immunization:</b> % of children aged 12-23 months who received DPT3 vaccinations	94.9	97.8	100.0 <i>Mon</i>	91.0 <i>Chin</i>
	<b>ORT Use Rate:</b> % of children aged 0-59 months who had diarrhoea in the last two weeks and received ORT	73.5	66.3	90.2 <i>Thanintharyi</i>	47.2 <i>Kachin</i>
HIV	<b>HIV-testing for pregnant women:</b> % of women attending ANC who tested for HIV and received the result	98.2	51	98.2 <i>Kayah</i>	12.1 <i>Chin</i>
	<b>ART for PMTCT:</b> % of HIV-positive pregnant women who received antiretroviral drugs to reduce the risk of mother-to-child transmission during pregnancy, delivery and breastfeeding	89.5	82	102.2 <i>Magway</i>	35.7 <i>Shan South</i>
	<b>HIV-testing for infants:</b> % of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth		9.5	42.4 <i>Shan South</i>	1.1 <i>Magway</i>
WATER & SANITATION	<b>Improved water:</b> % of households using improved water sources	69.6	82.3	92.5 <i>Yangon</i>	51.1 <i>Kayin</i>
	<b>Diarrhoea prevalence:</b> % of children who had diarrhoea in the last two weeks	9.7	6.7	13.1 <i>Chin</i>	2.5 <i>Sagaing</i>
	<b>Improved sanitation:</b> % of households with access to sanitary means of excreta disposal	81.2	84.6	93.8 <i>Yangon</i>	48.0 <i>Rakhine</i>
	<b>Open defecation:</b> % of households practicing open defecation	0.7	7	40.7 <i>Rakhine</i>	0.3 <i>Yangon</i>
EDUCATION	<b>Early childhood education:</b> % of children aged 36-59 months currently attending early childhood education	60.7	22.9	60.7 <i>Kayah</i>	5.4 <i>Rakhine</i>
	<b>Primary school enrolment:</b> Net Enrolment Rate in Primary School	96.3	87.7	96.3 <i>Kayah</i>	71.4 <i>Rakhine</i>
	<b>Primary school completion:</b> Net Primary School Completion Rate	58.4	54.2	72.3 <i>Thanintharyi</i>	31.7 <i>Rakhine</i>
CHILD PROTECTION	<b>Birth registration:</b> % of children aged 0-59 months whose births are registered	86.5	72.4	95.2 <i>Yangon</i>	24.4 <i>Chin</i>
	<b>Parental care:</b> % children aged 0-17 years in households not living with a biological parent	2.3	5.4	18.7 <i>Mon</i>	1.3 <i>Rakhine</i>
INCOME	<b>Poverty incidence:</b> % of population who are poor	11.4	25.6	73.3 <i>Chin</i>	11.4 <i>Kayah</i>

**NOTES**

All data presented herein, except on the following indicators, comes from the Multiple Indicator Cluster Survey (MICS) 2009-2010.

- ⇒ Area and Population: Health Management Information System (HMIS) Township Profiles 2011
- ⇒ Administrative divisions: 2012 MIMU P-Codes Release V (based on the 25 February 2011 Gazette issued by the Ministry of Home Affairs – with UN/NGO field office updates on the number of villages)
- ⇒ Poverty incidence and Primary School Net Enrolment Rate: Integrated Household Living Conditions Assessment (IHLCA) 2009-2010
- ⇒ HIV-testing for pregnant women, ART for PMTCT and HIV-testing for infants: Myanmar National AIDS Programme 2012 (This is programme data, and unlike the data on the other indicators, is likely not representative at the state/regional level.)

The map was developed by the Myanmar Information Management Unit (MIMU) upon request by UNICEF.