



Disability in Myanmar (2014 - 2019)

a MIMU Analytical Brief

August 2021

MIMU Analytical Briefs shine a light on topical, emerging and under-explored issues relevant to humanitarian and development support in Myanmar based on analysis of available information.

Each Brief includes a short narrative document and accompanying infographic.

This Analytical Brief focuses on the situation of persons with disabilities in Myanmar. It compares, for the first time, the disability prevalence rate between 2014 and 2019 providing a resource for more inclusive initiatives and policies.

Summary

- As of 2019, an estimated 5.9 million people in Myanmar – or 13% of the population, were living with disabilities. This figure is expected to increase due to an ageing population, growing incidence of diseases such as diabetes and cardiovascular disease, and in the event of further constraints to already limited healthcare infrastructure.
- At all geographical levels, Chin and Ayeyarwady remain the states/regions with the highest disability prevalence rate (21% and 17% respectively) with the latter having highest absolute numbers (960,000 people) representing 1 in 6 persons of the total estimated number of persons with disabilities.
- Illness, injury or disability were the cause of an estimated 600,000 school-age children stopping school in Myanmar in 2019/2020, as well as 200,000 persons aged 3 and over never attending school at all. The educational exclusion of persons with disability suggests the need for greater efforts to create an inclusive environment.
- In 2015, people with disabilities aged 15 and over were more than twice as likely to be unemployed and 8% of Myanmar's population was considered to be outside of the labour force due to illness, injury or disability with a lower rate for females due to a higher likelihood of taking up domestic work.
- Disability grants have been demonstrated to improve the quality of life of those with disabilities and their households and these programmes need to be expanded countrywide. In 2019, just 0.4% of persons aged 60 and over in Myanmar received a disability allowance and 7% of people with disabilities received support of any kind from outside the household.
- Initiatives in Myanmar have shown that by providing the right support and an inclusive approach, people with disabilities can experience a higher quality of life. Further support is needed to remove barriers, enable a more inclusive environment and give people with disabilities the best opportunity to thrive and contribute to their communities.

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Introduction

This Analytical Brief uses newly available data to better understand the situation of persons with disability in Myanmar, providing a resource for more inclusive initiatives and policies. It explores the situation over the period 2014–2019, highlighting differences at the state/region, district and township levels within the country and how it compares to others internationally. Available data allows a review of key demographic, social and economic factors related to persons with disability, recognizing however, that it is also affected by issues of under-enumeration.¹ Further analysis is needed on the relationship between disability and poverty, marital status and extended households should the collected data be made available in the future.

People with disabilities are considered one of the most vulnerable and marginalized groups, facing systemic impediments to equal participation in society; they have poorer health outcomes, lower education achievements, less employment and economic participation and higher rates of poverty than people without disabilities. As a result, disability is now understood to be a human rights issue. The use of specific tools, therapies and/or accommodations can improve the quality of life of persons with disability. People's attitudes, their environment and availability of government support, for instance, can either add further barriers or help people to thrive. Disability is an important consideration across different forms of socioeconomic development support due to its impact on all aspects of people's lives – from water and sanitation to education, employment and social protection.

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. Globally, around 15% of the world's adult population, or one billion people, experienced some form of disability in 2011, with higher prevalence in developing countries.² One-fifth of the estimated global total, estimated as between 110 million and 190 million people, experience significant disabilities, indicating that they have high levels of difficulties in their everyday lives. In the Asia and Pacific region, a 15% of disability prevalence rate equates to around 650 million that had a disability in 2012³ and Myanmar had an estimated 5.9 million people with disabilities in 2019.⁴ The prevalence of persons with disabilities in Myanmar is lower in relation to the prevalence in Asia Pacific and globally, however; it is expected to increase due to an ageing population, growing incidence of diseases such as diabetes and cardiovascular disease, and in the event of further constraints to already limited support services.

Myanmar has committed to address the challenges faced by people with disabilities through several national and international frameworks on disability. As a signatory to

the 2006 *United Nations Convention on the Rights of Persons with Disabilities (CRPD)*,⁵ Myanmar has agreed to recognise disability as a human right and protects the rights of persons with disability. Their inclusion in society is supported through the 2015 *Law of the Rights of Persons with Disabilities* which provides Myanmar's legal framework to enact the 2006 CRPD. As a member of the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), Myanmar has committed its support to the 2013–2020 *Asian and Pacific Decade of Persons with Disabilities* and the 2012 *Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific*. This marks the first time that governments within the Asia and Pacific region agreed to have disability-inclusive development goals. Both the CRPD and Incheon Strategy note the need for reliable and internationally comparable disability statistics and data collection in order to improve the visibility of people with disabilities.

Myanmar's definition of persons with disabilities comes from the UN Convention on the Rights of Persons with Disabilities:⁶ *"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."*

Measurement of disability is challenging due to its nature as a complex and changing phenomenon with multiple factors – biological, psychological, social, cultural and environmental. As such, it cannot be classified by a simple "yes" or "no". To address this, the Washington Group (WG), under the United Nations Statistical Division, has developed a set of six questions to ensure collection of quality data which is comparable between countries and respects the principles of equity in opportunities and equal rights. The WG questions are based on self-reported difficulties to perform the following core domains: seeing, hearing, walking/climbing steps (mobility), remembering/concentrating (cognition), communicating and self-care (washing, dressing, etc.) – which tackles the challenge of "multiple factors". As for the second challenge involving "continuous measurement", answers are categorised by degree of difficulty: "No difficulty", "Some difficulty", "A lot of difficulty" and "Cannot do at all." The word "disability" is not included in the question, as it has been shown that asking: "Do you have a disability?" leads to underreporting where the term is associated with shame, a severe inability to do things and is typically reserved for older people.⁷

The Washington Group set of questions has its limitations however. It does not measure all aspects of disability such as social or psychological disabilities, or those connected to upper body movements. Given the current WG questions, the latter could only be observed through extremely high levels of self-care disability. The WG questions are also not adapted for children, whose inability to perform functions at a young age can be confused with disability. Because the WG set of

¹ All results presented in this Analytical Brief are from the 2014 Myanmar Population and Housing Census and 2019 Myanmar Intercensal Survey unless otherwise referenced. As such the values presented are based on the enumerated population and may not fully reflect non-enumerated groups or certain areas, particularly Rakhine.

² World Health Organization and the World Bank. 2011. "World Report on Disability." Malta.

³ United Nations Economic and Social Commission for Asia and the Pacific. 2012. "Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific." Bangkok.

⁴ Myanmar Ministry of Immigration and Population, Department of Population. 2020. The 2019 Myanmar Intercensal Survey. Accessed December 30, 2020. <https://www.dop.gov.mm/en/publication-category/2019-inter-censal-survey>.

⁵ Myanmar is not a signatory to its optional Protocol.

⁶ United Nations Economic and Social Commission for Asia and the Pacific. 2014. "ESCAP Guide on Disability Indicators for the Incheon Strategy." Bangkok.

⁷ Ingstad, B. and Whyte, Susan Reynolds. 1995. "Disability and culture." University of California Press. Mont, Daniel. 2007. "Measuring disability prevalence." Special Protection, World Bank.

questions are not appropriate for very young children, the disability prevalence rates presented in this Analytical Brief only account for populations aged 5 and over.⁸ 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.⁹ Nevertheless, the WG question set is a valuable, transferable way of measuring and monitoring disability, and the most widely used standard internationally.

Two key concepts are Disability Prevalence, which is the number of people with a disability (in seeing, hearing, etc.), and the Disability Prevalence Rate, which is the percentage of the population with a disability. In this Analytical Brief, the disability prevalence rate, or 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”).

Disability in Myanmar was first measured comprehensively only in 2019 with integration of the full set of Washington Group questions in the Myanmar Intercensal Survey. This Analytical Brief uses the 2014 Myanmar Population and Housing Census and the 2019 Myanmar Intercensal Survey as the two countrywide surveys using the WG set of questions. The former uses four of the disability types (seeing, hearing, walking or climbing steps and remembering or concentrating), thus underestimating the DPR; by contrast, the 2019 Myanmar Intercensal Survey takes into account all six disability functions.



Figure 1: Disability prevalence in Myanmar by disability type, 2019 (% and estimated number)

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.

Note: 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.

Almost 6 million people in Myanmar have one or more disabilities

Myanmar’s disability prevalence rate in 2019 was 13%, meaning nearly 5.9 million people, five years and older, have at least one disability.¹⁰ By far the most common difficulty was in seeing (6% – an estimated 2.9 million people), followed by walking/climbing steps (5% – an estimated 2.5 million people) and remembering/concentrating (4% – an estimated 2 million people).

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. The DPR is almost equal at 12% and 13% of the urban/rural population respectively, whereas the number of persons living with a disability in urban areas is an estimated 1.7 million compared to an estimated 4.3 million in rural areas. In rural areas, the population is higher due to limited access to health care facilities as well as relevant doctors and specialists, medicines and assistive devices. People in rural areas are also less likely to be able to afford or access aid which would reduce the difficulty resulting from their disability (e.g. glasses, cataract surgery, hearing aids, etc.).

Most people reported experiencing “some difficulty” due to their disability, with females more likely to report difficulties. There are three levels of difficulties of disability: “some difficulty”, “a lot of difficulty” and “cannot do at all”. Based on data from 2019,¹¹ 6% of females and 5% of males reported “some difficulty” seeing, whereas those reporting either “a lot of difficulty” or “cannot do at all” were significantly lower at 0.5-0.6% and 0.1% respectively for both sexes. Generally, there were more females than males for each level of difficulty across all disability types which is due to the higher number of females, overall, in Myanmar.

⁸ The disability prevalence for each disability type in 2014 was harmonized using the same age range (age 5 and over) to allow comparison of results.

⁹ Myanmar Ministry of Immigration and Population, Department of Population. 2015. “The 2014 Myanmar Population and Housing Census, Thematic Report on Disability, Volume 4-K.”

¹⁰ Myanmar Ministry of Immigration and Population, Department of Population. 2020. The 2019 Myanmar Intercensal Survey. Accessed December 30, 2020.

¹¹ Ibid.

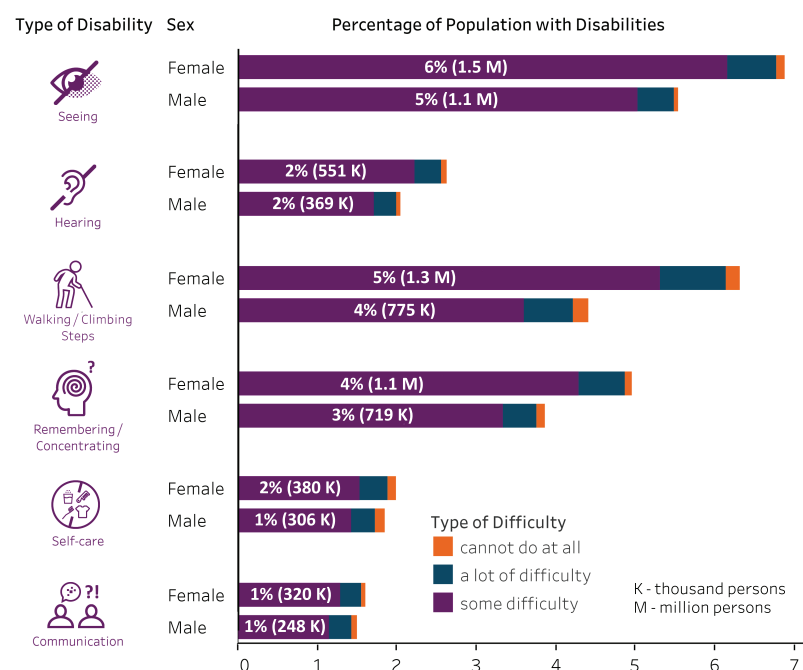


Figure 2: Disability prevalence in Myanmar by disability type, level of difficulty and sex, 2019 (% and estimated number)

Persons with disabilities in Myanmar tend to be worse off than those without disabilities, with more difficulty in accessing their rights. The 2014 Myanmar Population and Housing Census indicates that people with disabilities are much less likely to attend school, to be literate, to marry, to work or to have access to amenities and facilities. In 2014, two-thirds of persons with disabilities aged 35-39 years were married, compared to almost 80% of those without disabilities. The traditional system of a family taking care of its members with disabilities is still predominant as half of people with disabilities were living in extended households in 2014. Populations with severe disabilities were around 50-60% less likely to attend primary school and later grades. In 2014, the illiteracy level was significantly higher for populations aged 15 and over with disabilities (32% for females and 17% for males) compared to people without (12% for females and 7% for males).

With limited or no education, people with disabilities are less likely to participate in the labour market than people without disability, particularly those with moderate and severe disabilities. People with disabilities are also disadvantaged when it comes to the labour market – for example, there was a labour force participation rate of 67% for people without disability in seeing compared to 58% and 38% for people with mild and moderate/severe disability in seeing respectively. In addition, males with disabilities were seven times more likely to participate in the labor market than females. People with disabilities are also less likely to access amenities and facilities. For example, 2014 saw 27% of people with disabilities using electricity as a source for lighting compared to 34% for people without. More than a third of people (35%) with disabilities used drinking water from unimproved sources compared to 30% of people without disability.

Nationally, just one in five persons over the age of 5 years with disability – or an estimated 1.1 million people – received any kind of support in 2019. Support was more likely to come from households (12%) than from non-household organisations such as government, NGO, community or private services (7%).

Females were slightly more likely to receive support (21%) than males (18%). The support received was mainly financial (17% – estimated 1 million persons with disabilities), meals (5% – estimated 328,000) and medical (3% – estimated 161,000); medical support is particularly important in preventing disabilities from getting worse and for improving the quality of life of people with disabilities. Mon, Mandalay and Rakhine were the states/regions where people with disabilities received the highest support (close to 25%), while Kachin, Tanintharyi and Nay Pyi Taw had the lowest (10-12%).

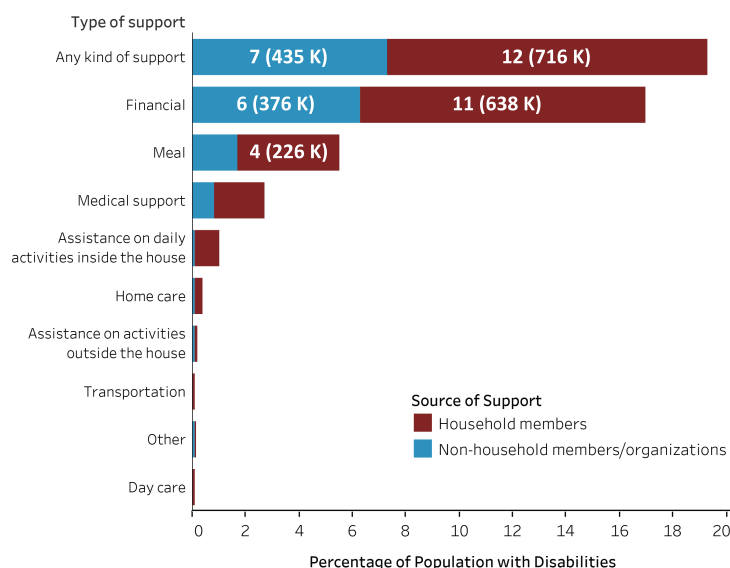


Figure 3: Disability prevalence rate in Myanmar by type of received support and source of support, 2019 (%)

Myanmar has a higher percentage of population with disabilities than other Asian countries, and this is expected to rise with increasing poverty, a rapidly growing aged population and limited support services. These differences between countries are difficult to quantify due to differences in the year of survey, as well as differing questionnaires and sampling methodologies. The disability prevalence may also have been underestimated in some countries due to partial or varied use of the Washington Group set of questions, or not using them at all.

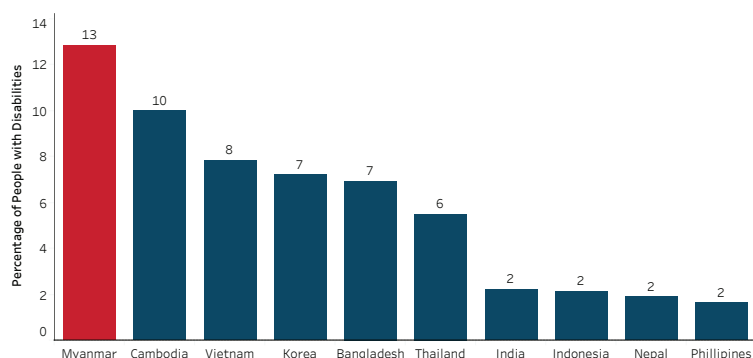


Figure 4: Percentage of the population with disability in the Asia region, 2009-2019 (based on last available data for each country) (%)¹²

¹² Sources and methodologies are country-specific and include the 2019 Myanmar Intercensal Survey and, for other countries, data from various surveys between 2009 and 2017.

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. The 2019 Myanmar Intercensal Survey found Chin to have the highest percentage of the population with disabilities (DPR of 21%) – this is almost double the national average of 13%, followed by Ayeyarwady (17%) which has the highest number of persons with disabilities – estimated at more than 960,000 persons which represents 1 in 6 persons of the total estimated number of persons with disabilities. Due to their smaller populations, Rakhine, Magway and Kayin had fewer persons with disabilities but a similar percentage of population with disabilities to that of Ayeyarwady. Chin had the highest percentage of the population with disabilities across all disability types other than for self-care, but a comparatively low overall number of persons with disabilities due to the state's smaller population. This trend was also noted in urban/rural areas in 2014,¹³ when Ayeyarwady was among the states/regions with the highest percentage of population with disabilities (7% in urban and 8% in rural areas) while Chin State had the highest percentage in rural areas (9% of the population) but a relatively low level in urban areas (4%) when compared to Kayin and the western states/regions. There is little understanding as to why these states/regions are the most impacted by disability. While poverty levels are particularly high in some of these areas,¹⁴ there is insufficient data to analyse its effect on disability within the population.

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, suggesting that the underlying causes of higher disability prevalence are spread across entire states/regions and not concentrated in specific areas. For example, all districts in Chin State had levels of disability above the national level in 2019 (16-23% of the population – estimated 13,000 to 29,000 people per district), as did five of the six districts in Ayeyarwady (15-25% – estimated 89,000 to 185,000 per district), and two of the three enumerated districts in Rakhine (16-22% of the population – estimated 107,000 to 212,000 per district). Notably, this was also the case for Pyay district (Bago Region) and Langkho district (Shan State) which had particularly high levels of disability for their state/region (above 20%).

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 2014.¹⁵ For example, all of Ayeyarwady's townships had levels above Myanmar's DPR in seeing (3%) and almost all townships with levels above Myanmar's DPR in hearing (1%), walking/climbing steps (2%) and remembering/concentrating (2%). Certain townships showed significantly high DPRs:

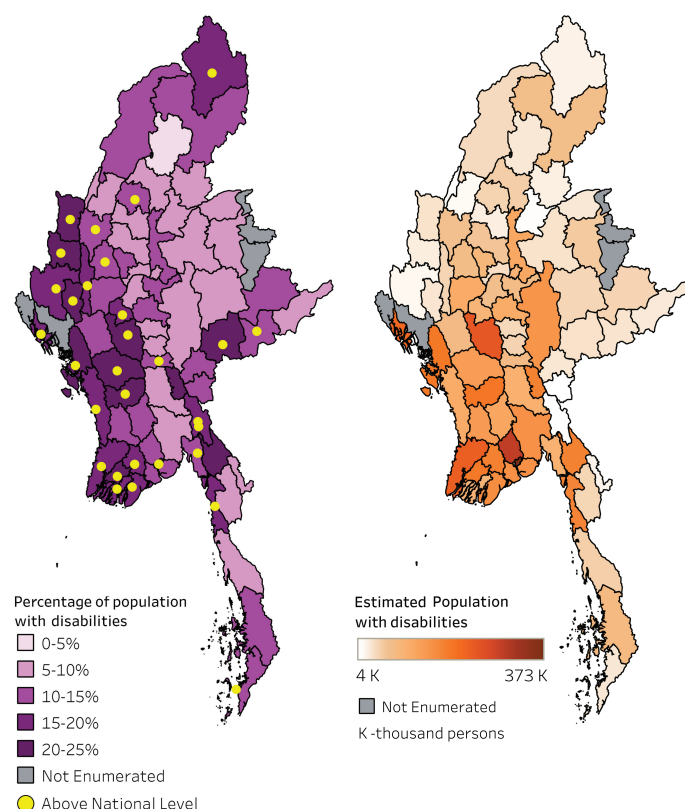


Figure 5: Population with disability by district, 2019 (% and estimated population)

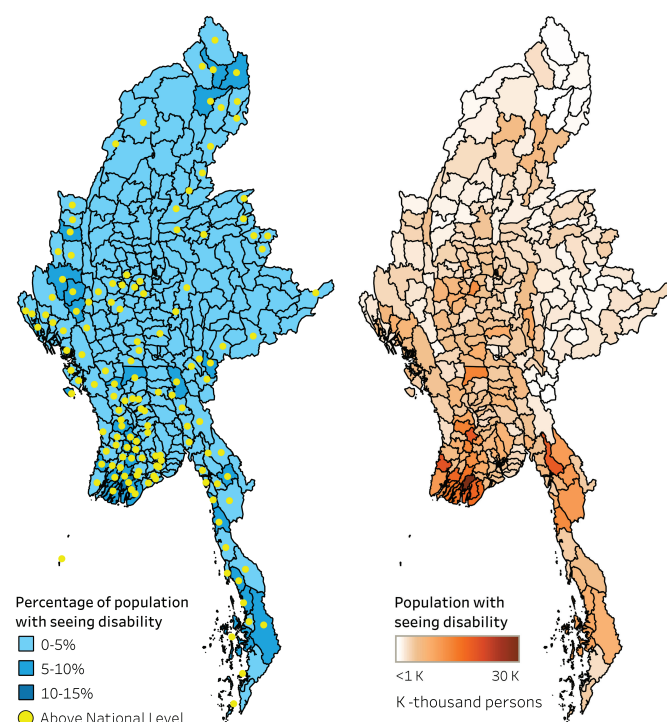


Figure 6: Population with seeing disability by township, 2014 (% and population)

Mawlamyinegyun township in Ayeyarwady Region had a notably high DPR in seeing (10% of people with disabilities in seeing – around 29,000 people); Tanintharyi township in Tanintharyi Region had an 8% DPR in seeing (around 7,000 people) and 6% in remembering/concentrating (around 6,000 people); and Chin State's Kanpetlet township had high DPRs in all types of disability (7% of people with disabilities in seeing – around 1,300 people – and 5% for other disabilities – less than 1,000 people).

¹³ As of April 2021, the 2019 Myanmar Intercensal Survey data for disability in urban and rural areas has not been released at the state/region and district levels, hence data from the 2014 Myanmar Population and Housing Census is used.

¹⁴ World Bank. 2019. "Myanmar Living Conditions Survey 2017: Poverty Report." Washington.

¹⁵ The DPR for combined disabilities cannot be calculated from available township level data.

The reasons for the particularly high levels of disability at all geographic levels in Chin State and Ayeyarwady Region in both 2014 and 2019 are unclear. Despite the differences in data collection between the 2014 Myanmar Population and Housing Census and the 2019 Myanmar Intercensal Survey, Chin and Ayeyarwady remain the states/regions with the highest DPRs for all types of disabilities. Further studies are needed on why these areas have such high percentages of the population with disabilities so as to better target interventions to address the causes and contributing factors.

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

The 2014 Myanmar Population and Housing Census underestimated the number of people with disabilities through not measuring two disability types which affect as many as an estimated 1.6 million people countrywide.¹⁶ Information was collected on four disability types in 2014 (seeing, hearing, walking/climbing steps and remembering/concentrating), compared to six disability types in 2019 (with the addition of self-care and communication). Hence four disability types can be individually compared across the period 2014-2019; however, the percentage or number of persons with combined disabilities cannot be compared between these two surveys. Even so, the significant increase in the disability prevalence rate between 2014 (5%) and 2019 (13%) cannot be fully explained by the addition of two further disability types.

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. Despite their DPRs not being directly comparable between 2014 and 2019, Chin and Ayeyarwady consistently had the highest rates countrywide in both years. This contrasts with Rakhine and Magway which had low levels of disability in 2014 and some of the highest rates among states/regions in 2019 (17% of the population in each), causing confusion as to whether DPRs were rising or simply underreported. Changes like this across many states/regions may have been caused by various factors, including the addition of the two additional disability types (self-care and communication), differences in the sampling techniques and possibly sample sizes between surveys.

The percentage of population with each disability type, countrywide, was significantly higher in 2019 than in 2014, with growing disparities across Myanmar's states/regions. Notably, Chin remained the state/region with the highest DPRs for each disability type except self-care in both years. In 2019, the disabilities with the highest disparities in Myanmar were seeing, walking/climbing steps and remembering/concentrating. While the same questions were used in 2014 and 2019, there are significant and unexplained differences in the percentage of persons with these four disability types. This raises several questions: What accounts for the changes in average and dispersion among the DPRs for all four types? Has disability become less stigmatised in Myanmar over this five-year period? Were those gathering information in 2019 trained more effectively to reduce feelings of stigma among respondents? Further research is needed to better understand the gap in the percentage of population with disability between the census surveys in 2014 and 2019, particularly in relation to the data collection process.

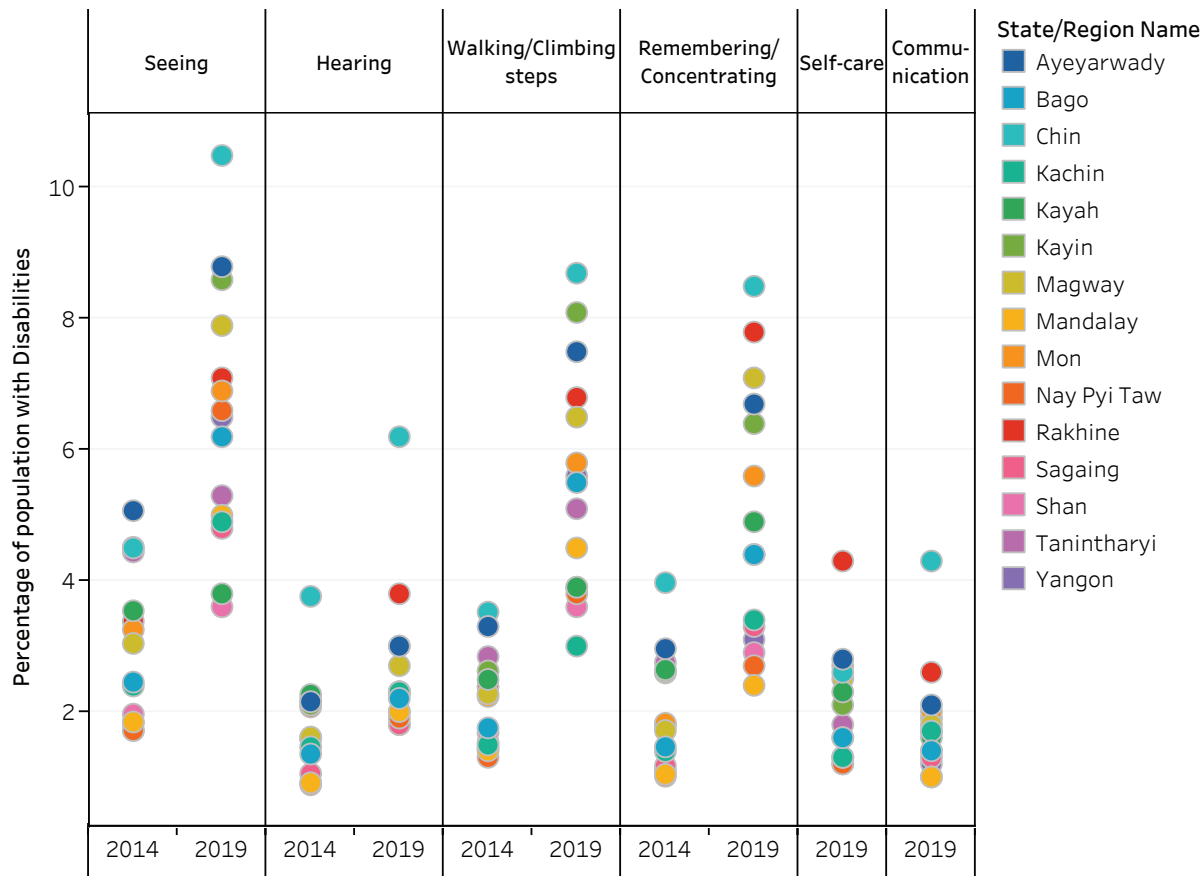


Figure 7: Disability prevalence rate by type at the state/region level, 2014 & 2019 (%)

¹⁶ Estimation of persons with self-care and communication disabilities using the 2019 Myanmar Intercensal Survey.

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 who can screen for various types of disability, accommodate for disability and provide inclusive pedagogical approaches; negative judgment and attitude from teachers, parents and classmates (the latter can turn to bullying); denial of enrolment in mainstream schools; the general perception that school is not benefiting children with disabilities; and lack of accessible facilities such as classrooms and toilets.¹⁷ A 2016 study showed major disparities with 67% of children with disabilities not attending school compared to 19% of children without disability. Almost one in three children with disability were reported to have been mocked or bullied in the classroom, and only 36% of children aged 5-9 with disabilities years knew how to read and/or write.¹⁸ The lack of data on the situation of children without disabilities in the same age group indicates the need for more research in this area. In 2014, three quarters of all children aged 5-9 years with a severe disability had never attended primary school while more than half of the children with a moderate disability had never attended.¹⁹

Illness, injury or disability were the cause of an estimated 600,000 school-age children stopping school in Myanmar in 2019/2020, as well as 200,000 persons aged 3 and over never attending school at all. Among the population aged 3 years and over that had stopped school as of the current year 2019/2020, 2% (an estimated 596,000 people) no longer attended due to illness, injury or disability, while 4% of those who never attended pre-school or school did not attend because of illness, injury or disability (an estimated 192,000 people). 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.

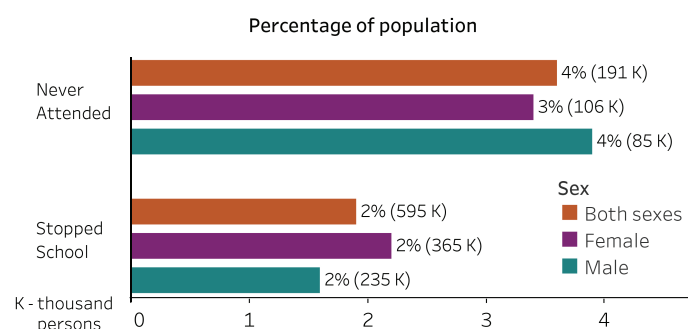


Figure 8: Population aged 3 years and over who had stopped school as of the current year or never attended school due to illness, injury or disability, 2019 (% and estimated number)

In 2019, Chin State had the highest percentages of children that stopped and never attended school whereas Ayeyarwady had the highest estimated numbers. In Chin State, "illness, injury or disability" was the reason for an estimated 10,000

children (5%) stopping school in the 2019/20 school year, and the main reason for a further 6% of people who never attended school at all (an estimated 4,000 persons). Ayeyarwady had high percentages and the highest estimated numbers (3% – estimated 109,000 people – who stopped school and 6% – estimated 27,000 – who never attended school).



Figure 9: Population aged 3 years and over who stopped school in the current school year or never attended pre-school/school because of illness, injury or disability, 2019 (%)

Myanmar's 12 special schools, located mainly in urban areas, can accommodate around 500 children with disabilities – leaving rural areas without access.²⁰ While Myanmar's 2014 *National Education Law* commits the Ministry of Social Welfare, Relief and Resettlement to providing special schools that ensure the right to education for children with disabilities, those schools are mainly located in Mandalay and Yangon, leaving children in rural areas without access to this special education. Many of these schools follow the Myanmar government curriculum but not to the completion of high school; students seeking to graduate from high school must move to government secondary schools which do not have the required accommodations for students with disabilities such as sign language interpreters. Other initiatives by Myanmar's government have included the 2016-2021 *National Education Strategic Plan*, which contains strategies for the inclusion of children with disabilities, and the 2001-2031 *Basic Education Development Plan* which commits to including all children with disabilities in mainstream education. By law, all children with disabilities should be enrolled in mainstream schools, have equal opportunity though an inclusive and thriving environment and be able to fully participate in the social and intellectual environment provided by that school. The educational exclusion of persons with disability suggests the need for greater efforts to create such an environment – examples include training and/or recruiting teachers qualified to accommodate disabilities, appropriate access to school buildings (such as wheelchair ramps), availability of interpreters, etc.

¹⁷ United Nations Children's Fund. 2016. "Situation Analysis of Children with Disabilities in the Republic of the Union of Myanmar." Yangon.

¹⁸ Ibid.

¹⁹ Myanmar Ministry of Immigration and Population, Department of Population. 2015. "The 2014 Myanmar Population and Housing Census, Thematic Report on Disability, Volume 4-K."

²⁰ UNESCO International Institute for Educational Planning. 2020. "Myanmar Education Sector Analysis." Yangon.

People with disabilities are less likely to be employed

As of 2014, people with disabilities aged 15-64 were less likely to participate in the labour force, especially those with moderate or severe disability.²¹ 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. As an example, for disability in seeing, 68% of persons with no disability participated in the labour force compared to 58% of people with mild disability and only 39% for persons with moderate or severe disability. Those with severe or moderate disability in walking and remembering/concentrating were the least likely to participate in the labour force with participation rates of 23% and 26% respectively. Across all four disabilities measured in 2014, males were more likely to participate in the labour force than females, which is also the case for males and females without disabilities.

In 2015, people with disabilities aged 15 and over were more than twice as likely to be unemployed.²² Myanmar's official unemployment rate for people with disabilities (2%) is more than twice that of persons without disabilities (0.8%). In all, 8% of Myanmar's population was considered to be outside of the labour force due to illness, injury or disability in 2015 (15% of males and 6% of females).²³ The lower rate for females reflects the higher likelihood of women taking up unpaid work such

as domestic work through which they are no longer considered unemployed in national statistics.²⁴ The other commonly cited reasons for not being part of the labour force were housework/family duties (51% overall and 64% of females), schooling/training (15%) and retirement/old age (20%).

Myanmar's government is a signatory of laws that ensure inclusion in the workplace. The 2006 *United Nations Convention on the Rights of Persons with Disabilities (CRPD)* recognizes the right of people with disabilities to work, prohibits any form of discrimination, stipulates that vocational training should be accessible and requires reasonable accommodations made in places of work. The *Law on the Rights of Persons with Disabilities* was enacted by Myanmar's government in 2015 to comply with the CRPD. Amongst other provisions, the law makes it possible to introduce forms of support such as minimum quotas within companies and tax incentives for employing people with disabilities. By-laws introduced in 2017 clarified the roles and responsibilities of a National Committee which includes facilitating the creation of specialized job training for persons with disabilities. The by-law also introduced requirements for businesses to "reasonably accommodate" people with disabilities in the workplace. Workplace opportunities for people with disabilities will depend on whether the law and by-law are enforced.

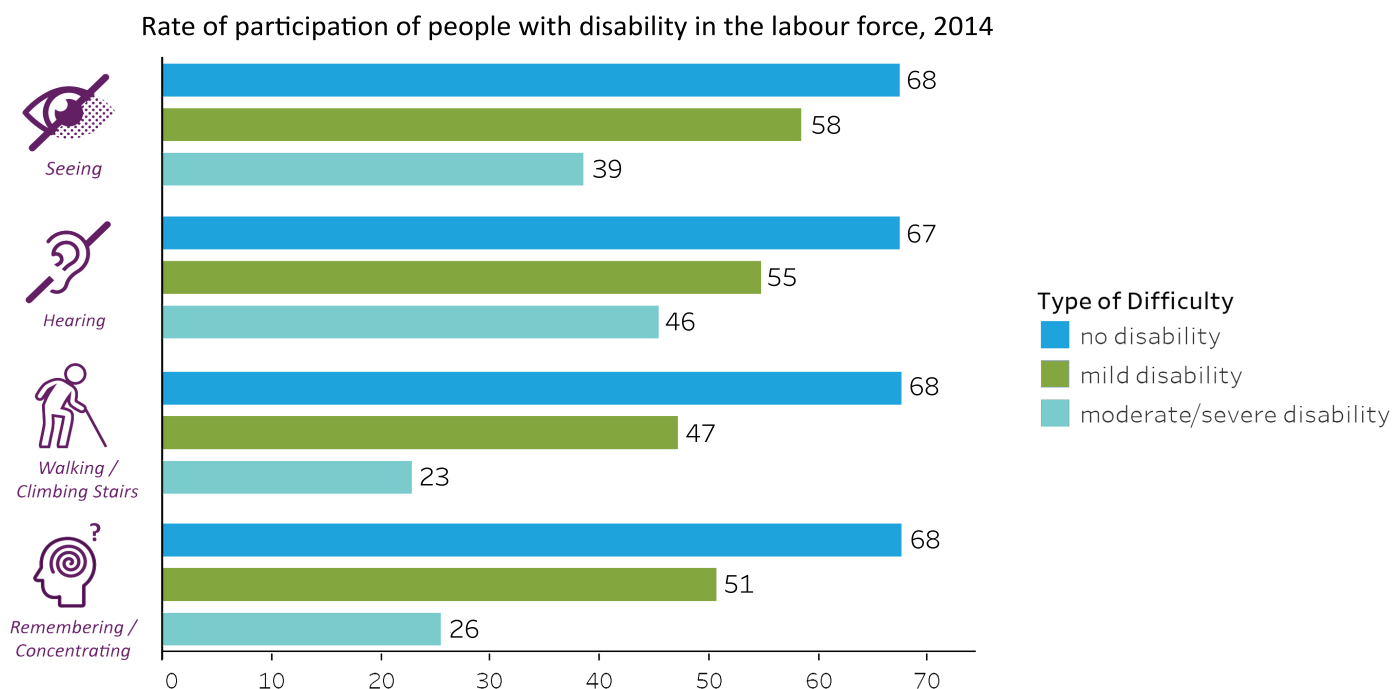


Figure 10: Participation of population with disabilities in the labour force, Myanmar, 2014 (%)

²¹ 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.

²² International Labour Organization. 2015. ILOSTAT. Accessed March 25th, 2021. <https://ilostat ilo.org/data/>.

²³ Myanmar Ministry of Labour, Immigration and Population, Department of Labour. 2016. "Myanmar Labour Force Survey 2015."

²⁴ Williscroft, Caitlin. 2020. Not Enough Time: Insight Into Myanmar Women's Urban Experiences, City Life Survey Discussion Paper. Yangon: The Asia Foundation.

An estimated 2.3 million people with disabilities participate in activities despite higher risks of exclusion

Despite being more likely to be excluded, 40% of the population with disabilities (an estimated 2.3 million people) participated in activities other than employment in 2019.

Males tended to participate in more activities than females in all states/regions (45% – estimated 1.1 million and 36% – estimated 1.2 million respectively). The main activities were

religious activities for 36% of both sexes – 39% of males and 33% of females. This is followed by humanitarian activities for 8% of both sexes – 10% of males and 7% of females. The states/regions with the highest levels of participation in activities were Kayin (51%), Bago (48%), Kayah (46%) and Ayeyarwady (45%). If the data became publicly available, it would be possible to explore the extent to which unemployed people with disabilities are participating in activities.

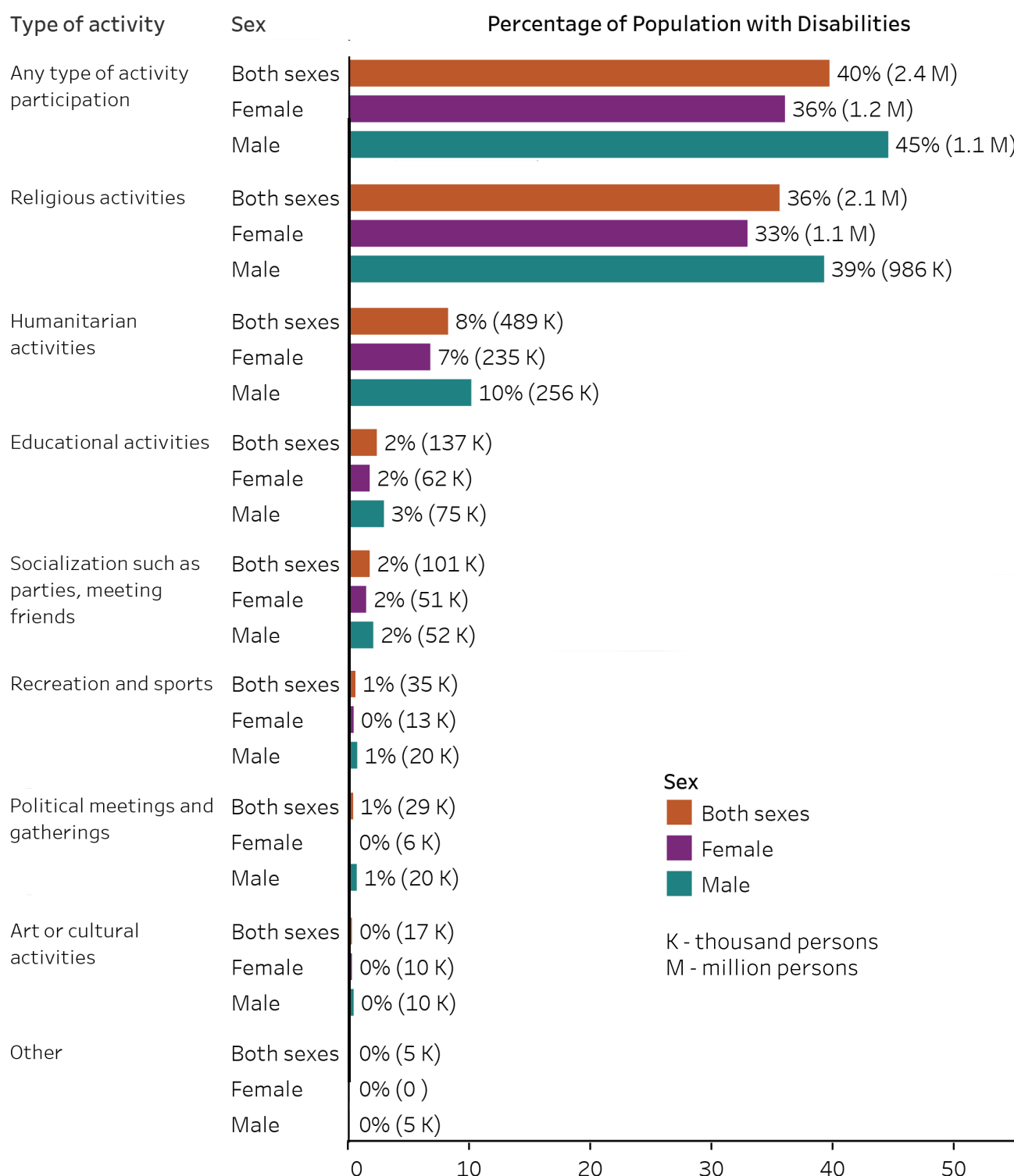


Figure 11: Percentage of population with disabilities by type of participated activity and sex, 2019 (% and estimated number)

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 2019 Myanmar Intercensal Survey showed a significant increase in the percentage of people with disabilities after 39 years of age, and the DPR from age 60 (36%) was three times the national disability rate (13%). By the time a person in Myanmar is over 70 years of age, they have a 50% chance of having at least one of six disabilities. After that age, the disability prevalence rate increases at a faster pace for women, mainly because of their higher average life expectancy.²⁵

The increase in disability prevalence rate among older age groups varies by disability type. In 2019, DPRs related to seeing and walking/climbing steps were found to increase rapidly from 40 years of age, whereas for hearing, remembering/concentrating, self-care and communication, a rapid increase did not begin until after age 60. Seeing was the dominant disability in the 40-64 year age group, and was overtaken by walking/climbing steps from age 65 onwards. Notably, a disproportionately high self-care DPR is found in ages 5-9, likely due to the early development stage for which the Washington Group's questions are not designed.

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 2014.²⁶ Considering the healthcare system is already unable to provide enough preventative treatments, the situation is dire. 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. A report from HelpAge International²⁷ showed cataracts to be the cause of 60% of blindness in Myanmar in 2017²⁸ compared to the global level of 51% in 2010.²⁹ Despite cataracts being easily diagnosed and earlier cataract operations having higher chances of preventing blindness and improving quality of life, access to these services in Myanmar is limited. The 2019 Statistical Yearbook³⁰ indicates a lack of trained doctors in Myanmar with around 17,000 for a population of over 51 million. Publicly available data is not disaggregated by specialisation, but it is likely there are few optometrists/ophthalmologists countrywide. Cataracts are more common in rural areas due to the greater difficulties in accessing specialised health care with most physicians and specialists located in Yangon and Mandalay.³¹ This lack of a strong healthcare infrastructure including a shortage of health personnel, gaps in treatment options and quality – particularly in rural areas – is a reason for Myanmar's high DPR.

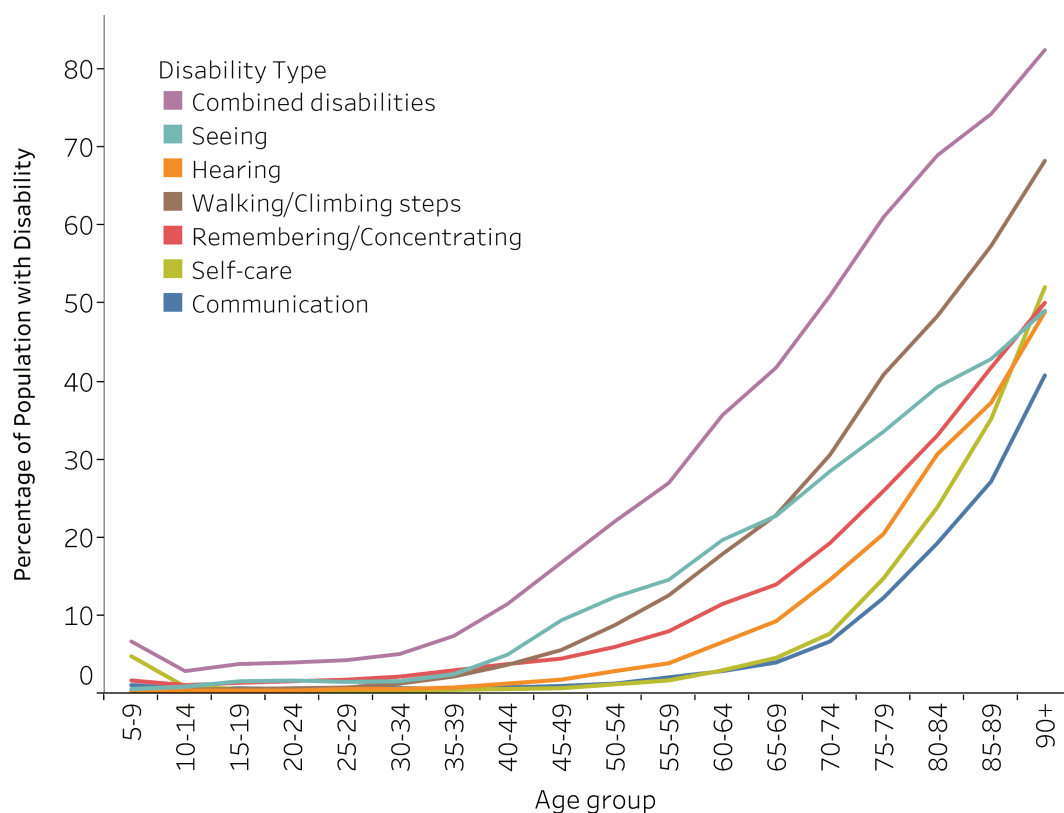


Figure 12: Disability prevalence rates by age and disability type, 2019 (%)

²⁵ This result was found in the 2014 Myanmar Population and Housing Census, Thematic Report on Disability, Volume 4-K and is anticipated to still apply in 2019.

²⁶ Myanmar Ministry of Immigration and Population, Department of Population. 2015. "The 2014 Myanmar Population and Housing Census, Thematic Report on Population Dynamics, Volume 4-E."

²⁷ Zeitzer, Ilene. 2018. "A Situational Analysis of Disability and Aging in Myanmar." HelpAge International.

²⁸ Myanmar Ministry of Health and Sports. 2017. "National Eye Health Plan 2017-2021."

²⁹ World Health Organization. 2012. "Global Data on Visual Impairments 2010."

³⁰ Myanmar Ministry of Planning and Finance, Central Statistical Organization. 2019. "2019 Myanmar Statistical Yearbook."

³¹ Zeitzer, Ilene. 2018. "A Situational Analysis of Disability and Aging in Myanmar." HelpAge International.

Countrywide, more females are affected by disability than males

In 2019, the percentage of females aged 5 and over with disabilities was slightly higher than for males (estimated 14% and 12% respectively). This was the case for all states/regions, with the highest differences between sexes being in Mon, Rakhine, Kayin, Yangon and Magway (roughly a 3% difference in each), while Kayah, Shan and Chin showed less than 1% difference. Notably, Chin continued to have the highest DPRs for both sexes.

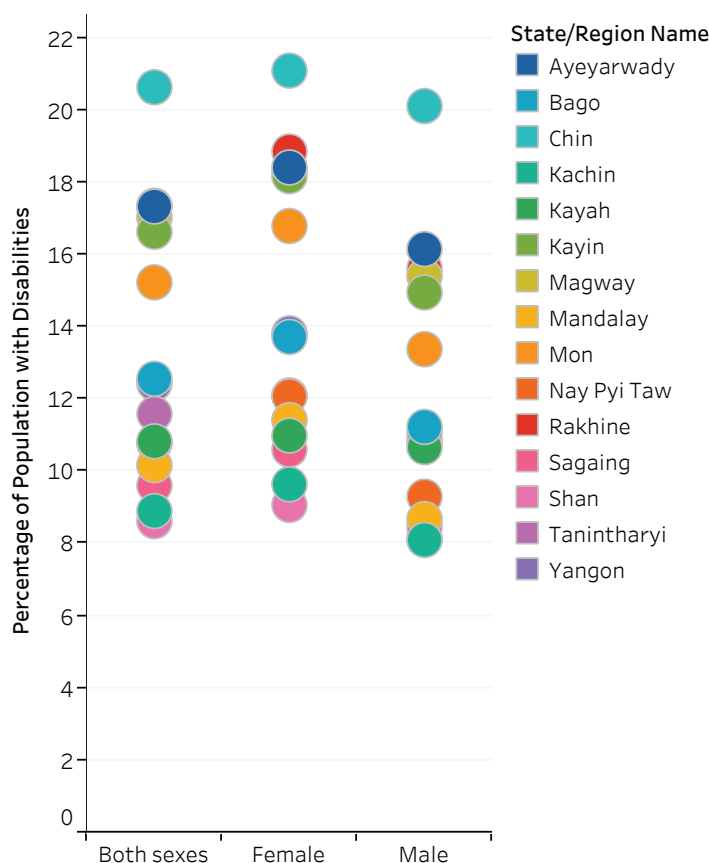


Figure 13: Percentage of population with disabilities by sex at the state/region level, 2019 (%)

Although the disability prevalence rate was only slightly higher for females, the absolute number of females with disabilities was significantly larger than for males. Data from the 2019 Myanmar Intercensal Survey indicates an estimated 3.5 million females with disabilities compared to an estimated 2.5 million males. The DPR for females begins to overtake that of males around 25 years of age. Despite a relatively small difference in the DPRs for males and females, the difference in absolute numbers grows significantly by year up to the age of 65, after which the overall gap between females and males starts to decline. By age 60, there were an estimated 1.5 million females with disabilities in Myanmar compared to an estimated 900,000 males; this is a result of Myanmar's overall higher number of females in older age groups.

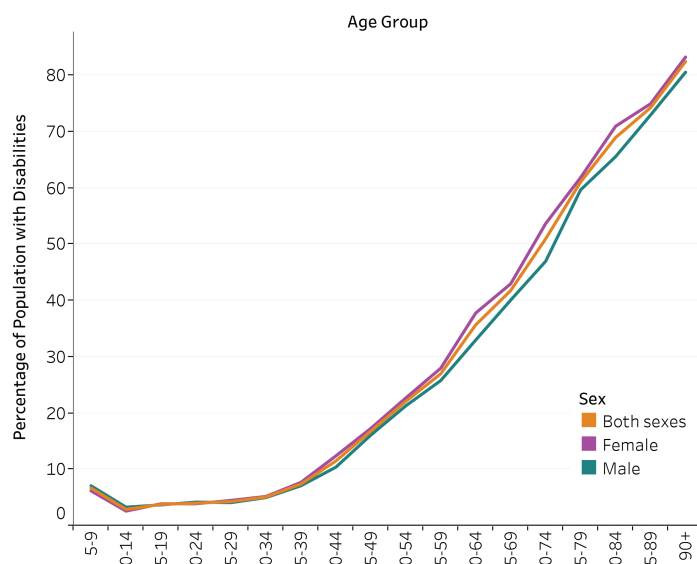


Figure 14: Percentage of population with disability by age and sex in Myanmar, 2019 (%)

As of 2019, there were more females than males aged 15 years and over with disability. In 2014 however, the population of males with disabilities was found to be higher than females up to the age of 39 years. Possible reasons for this include job-related accidents, internal conflict and landmine injuries. The reasons for females overtaking males at a younger age in 2019 are unknown and require further study. As noted, the percentage of the population with disability is notably higher in rural areas, among older age groups and among females; while specific data is not currently available, this suggests that older women with disability in rural areas may be disproportionately represented among those with disabilities.

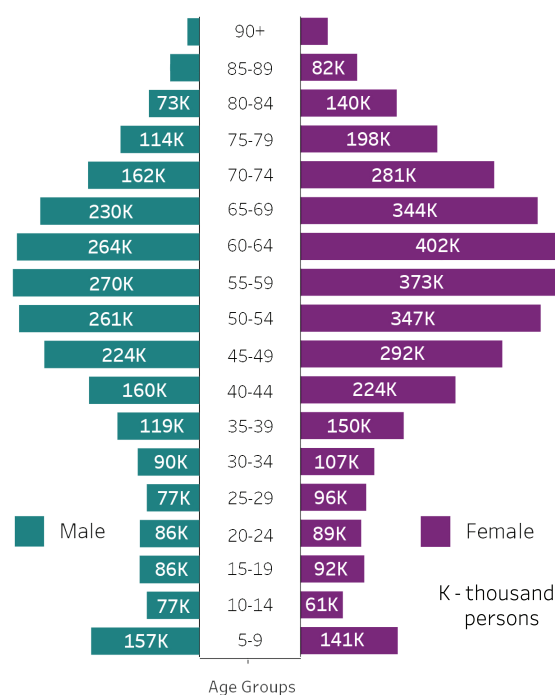


Figure 15: Population aged 5 years and over with disabilities by age and sex, 2019 (Estimated Number of persons)

Note: The high number in the 5-9 year age group for both sexes is possibly due to the difficulty in measuring potential disability at such a young age with the Washington Group questions.³²

³² Myanmar Ministry of Immigration and Population, Department of Population. 2015. "The 2014 Myanmar Population and Housing Census, Thematic Report on Disability, Volume 4-K."

Case Study 1: The dire situation of people with disabilities in conflict-affected areas

Limited data is available on the situation of people with disabilities in conflict-affected areas in Myanmar. An assessment by Humanity & Inclusion (HI) in 2019³³ reviewed the situation of Internally Displaced Persons (IDPs) with disabilities in camp and non-camp settings in Myitkyina, Waingmaw and Momauk townships, Kachin State. The analysis provides insight into the specific needs and barriers faced by these populations in accessing humanitarian assistance and protection, and enables a more evidence-based inclusive humanitarian response in Kachin State.

The disability prevalence rate in IDP camps in these three townships was found to be lower than in Kachin State as a whole in the 2019 Myanmar Intercensal Survey, suggesting the need for further investigation. Only 1% of the registered IDPs in those townships reported having disabilities whereas the entire state had a DPR of 9%. Interestingly, the registered IDPs were located Myitkyina and Bhamo districts – the former having the highest level of DPR in Kachin in 2019 (12%) and the latter with a DPR of 6%. The causes for such dramatic differences between the DPRs in the camps and the districts in which they are located are unknown but may relate to factors such as enumerators' training, survey design or gaps in the healthcare infrastructure's capacity to identify disabilities.

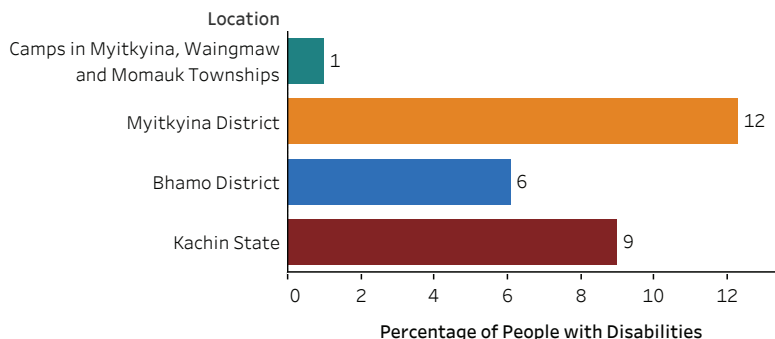


Figure 16: Reported disability prevalence rates in selected areas of Kachin State, 2019 (%)

People with disabilities in conflict-affected areas are especially vulnerable.³⁴ In HI's 2019 analysis, almost half of the 301 individuals with disabilities in conflict-affected areas had difficulty in walking/climbing stairs and 31% struggled with self-care. Only 24% of the persons with disabilities surveyed had/used an assistive device (e.g. cane, walking stick, wheelchair, eyeglasses, orthosis, prosthesis, etc.). In terms of financial security, half of households with one or more persons with disability had only one income earner, while a quarter faced financial insecurity. Roughly 40% of adults with disability in conflict-affected areas were illiterate compared to a 19% illiteracy rate in Myitkyina district and 8% in Bhamo for people aged 15 and over with and without disabilities in 2019.

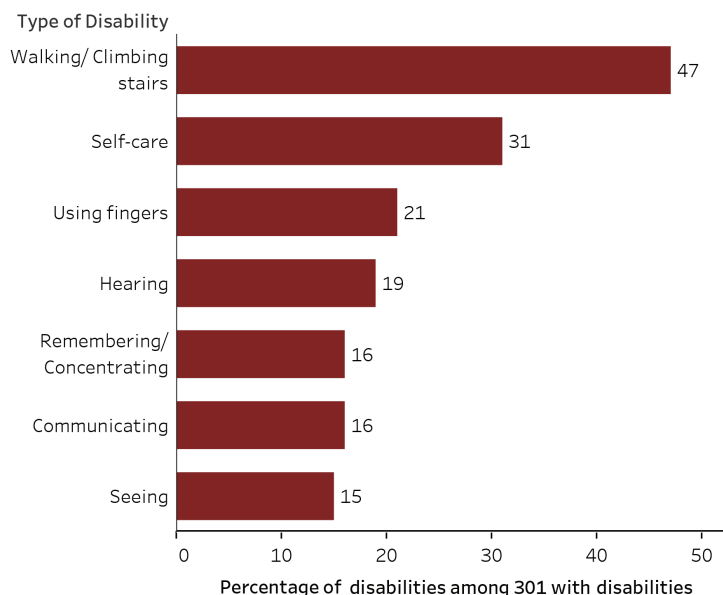


Figure 17: Disability types among 301 people with disability in conflict-affected areas of Kachin State, 2018 (%)

People with disabilities in the IDP camps faced multiple barriers:

Physical – due to difficulty in accessing basic services or distribution sites,

Attitudinal – due to ongoing discrimination or bullying behaviours,

Financial – due to few livelihood opportunities – often linked to attitudinal barriers,

Communication – due to unavailable or inaccessible information (e.g. no braille, pictograms, etc.) or gaps in service providers' skills to communicate with people with disabilities,

Legal and Institutional – due to the absence of civil documents that prevent them from accessing livelihood opportunities and disability allowances,

Medical – due to the lack of disability-inclusive health services, rehabilitation services and health professionals.

Humanitarian actors involved in the response to IDPs are not necessarily prepared to provide an inclusive environment for people with disabilities. For example, 80% of humanitarian actors working in the areas of the HI assessment believed specialised organisations were needed to respond to the needs of people with disabilities, while 60% believed that inclusive services in the camps would be costly compared to services focused only on people without disabilities. Only one organisation was able to cite technical resources which promote the inclusion of people with disabilities. There was, however, a clear openness to strengthen inclusiveness with 93% of the surveyed organisations interested in disability inclusion training and 40% willing to be coached on actively changing their daily practices to be more inclusive of people with disabilities.

To make informed decisions, it is important to consult with those experiencing or involved with disability. The assessment report provided multiple priorities which had been

³³ Humanity & Inclusion. 2019. "Improved understanding of the needs of conflict-affected persons with disabilities in Kachin State, Myanmar."

³⁴ The conflict-affected areas included camp and non-camp settings in Myitkyina, Waingmaw and Momauk townships.

identified by persons with disabilities, their caregivers and project staff, highlighting the importance of consultation with various disability-related parties. Priorities included: improved primary and secondary healthcare and rehabilitation services (including assistive devices); education; water and sanitation facilities; more adequate accommodation (many homes have steep stairs and narrow doorways which are not accessible by wheelchair or for persons with limited mobility); improved access to livelihood opportunities (vocational trainings, apprenticeships, capital for small businesses, land for livestock and farming, etc.); inclusion in camp community decision-making processes; and psychosocial support services.

Case Study 2: Disability grants improve the quality of life of those with disabilities

Myanmar's government has committed to improving the quality of life of people with disabilities through one of the eight flagship programmes of the 2014 *National Social Protection Strategic Plan*. A disability grant programme, supported by the government and funded by Livelihoods and Food Security Fund (LiftFund), was implemented by HelpAge International between January 2019 and December 2020.³⁵ In its pilot phase, disability grants were provided to promote the livelihood of people with disabilities and their households, targeting select areas with plans to scale up nationally through the implementation of a national certification and registration process. Quarterly electronic cash transfers of MMK 45,000 were provided for people with disabilities in over 200 villages in three states/regions – Mandalay (70 in Myingyan and 70 in Natogyi townships), Magway (30 in Pakokku and 30 in Yesagyo townships) and Kayin (30 in Hpapun township). The 5,239 beneficiaries were aged 2 to 84 years³⁶ with moderate and severe levels of disabilities as defined by the Washington Group set of questions.

The “Electronic Cash Transfer for Persons with Disabilities” programme had a positive impact on those with disabilities and their households. The Post Distribution Monitoring study in early 2021 found the project promoted inclusion in communities and society with 99% of the money received used to support basic needs or income-generating activities. In addition, 90% of those receiving the cash transfers were either the beneficiary (person with disability) or the main caregiver, with most of the money being used to buy food or drinking water (88%) and health care or medicine (79%). Over a third of the respondents (36%) donated the money, 19% bought warm clothes or other non-food items, and 10% invested in their business or agricultural inputs.

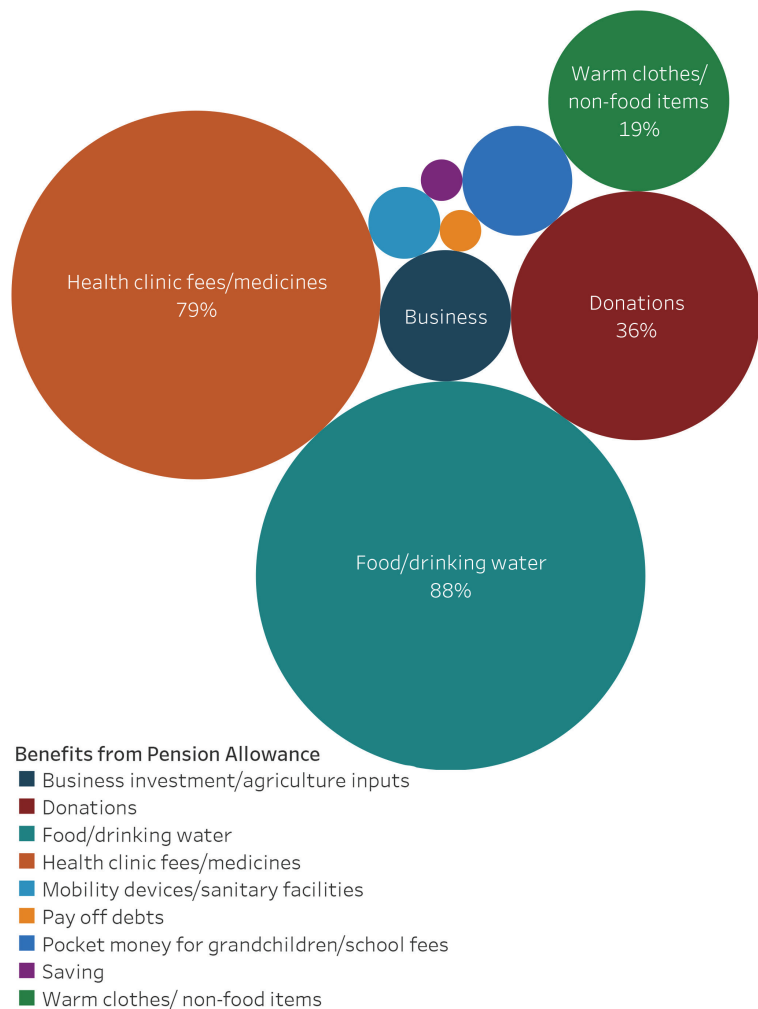


Figure 18: Reported benefits among persons with disability receiving pension allowances, 2019 (%)

Just 0.4% of persons aged 60 and over in Myanmar received a disability allowance³⁷ in 2019³⁸ indicating the critical need for the “Electronic Cash Transfer for Persons with Disabilities” programme to be expanded countrywide. Kayah State had the highest percentage of people receiving this allowance (0.9%) with females more likely to be recipients (0.4% for males and 1.3% for females). The rates of persons receiving allowances were also low for the states/regions where the disability grant programme was run; for both sexes combined, Mandalay had 0.3%, Magway 0.6% and Kayin 0.3%. Given the high number of older people with disabilities, and the evident benefit of disability grant support as demonstrated through this pilot, there is a need for a countrywide rollout.

³⁵ HelpAge International. 2021. “Post distribution monitoring study on persons with disabilities allowance activity through mobile cash transfer, Beneficiaries Assessment.”

³⁶ The disability grant programme did not overlap with the Maternal and Child Cash Transfer (MCCT) programme (for eligible children up to age 2) and the Social Pension Programme (eligibility starting from age 84).

³⁷ Disability allowance is translated in Myanmar language as: “နာမကျန်း၊ မသန်စွမ်းပင်စင်”

³⁸ Myanmar Ministry of Immigration and Population, Department of Population. 2020. The 2019 Myanmar Intercensal Survey. Accessed December 30, 2020.

Conclusion

Myanmar's government has committed to improving the quality of life and inclusion in society of an estimated 5.9 million people with disabilities. As a signatory to key international frameworks for disability, Myanmar has taken steps to introduce these provisions in its legislative framework and to develop reliable and internationally comparable statistics. Despite these efforts, Myanmar's disability prevalence rate is 30% larger than the next highest Asian country. While the reasons for this large difference are unclear, levels of disability remain high in a number of Myanmar's states and regions with the DPR in Chin, at 21%, significantly higher than the national DPR of 13%. Ayeyarwady also has a higher DPR than the national level at 17%, and the highest number of persons with disability of any state/region (more than 960,000 persons). On the lower side, Shan and Kachin had a DPR of 9%. People with disabilities in Myanmar are as likely to be found in the countryside (13%) as within cities and towns (12%) but they are more numerous in rural areas than in urban (4.3 and 1.7 million respectively) due to the overall higher population in rural areas. Despite similar DPRs between sexes and since disability is an age-phenomenon, the number of older females with disabilities is significantly larger than for older males due to the numerous females in Myanmar.

People with disabilities in Myanmar typically have challenges in access to education, fewer livelihood opportunities, and reduced social inclusion. The most common forms of disability as of 2019 were difficulty seeing, walking/climbing and remembering/concentrating, each of which had significant disparities from the earlier 2014 census measurement. There are more females with disability than males, and females with disability face considerably more barriers to employment, as the likelihood of being in paid employment was around seven times less than that of males in 2014. Barriers to inclusion of persons with disabilities start at a young age – illness, injury or disability were the cause of an estimated 600,000 school-age children stopping school in Myanmar in 2019/2020, as well as 200,000 persons aged 3 and over never attending school at all. While young people in Myanmar are less likely to have a disability, those over 70 years of age have a 50% chance of having at least one of six disabilities. As Myanmar's population rapidly ages, and with a healthcare system that cannot treat disabilities before they get worse, the DPR is likely to increase.

By providing the right support and an inclusive approach, people with disabilities can experience a higher quality of life. Despite efforts to-date, the current level of support provided is far below Myanmar's needs. Only 7% of people with disabilities received any kind of support from outside the household in 2019, while just 0.4% of eligible older people received a disability allowance – making it clear that people with disabilities need more support from the government and their communities. Further support could remove barriers, enable a more inclusive environment and give people with disabilities the best opportunity to thrive and contribute to their communities.

The Myanmar Information Management Unit / MIMU is a service of the Office of the UN Resident and Humanitarian Coordinator to support the information management needs and decision-making of humanitarian, development and peace-focused actors across Myanmar.

For further information on the data and methodology used in preparation of this Analytical Brief, as well as other relevant products to support information and analysis (dataset, infographic and dashboard), please see <https://themimu.info/disability-analysis>

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