



# Myanmar

## 2015-16 Demographic and Health Survey Key Findings



The 2015-16 Myanmar Demographic and Health Survey (2015-16 MDHS) was implemented by the Ministry of Health and Sports of the Republic of the Union of Myanmar. Funding for the survey was provided by the United States Agency for International Development (USAID) and the Three Millennium Development Goal Fund (3MDG). ICF provided technical assistance through The DHS Program, which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programs.

Additional information about the 2015-16 MDHS may be obtained from the Ministry of Health and Sports, Building No. 47, Nay Pyi Taw, Myanmar; Telephone: (+) 95-67-431075; Fax (+) 95-67-431076; Website: [www.mohs.gov.mm](http://www.mohs.gov.mm).

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; Telephone: 301-407-6500; Fax: 301-407-6501; e-mail: [info@DHSprogram.com](mailto:info@DHSprogram.com); Internet: [www.DHSprogram.com](http://www.DHSprogram.com).

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*Cover photographs:*

*Banner: @2015 Dr Htin Aung Latt*

*A happy family on Inle Lake in Myanmar: © 2005 Eric Thompson, Courtesy of Photoshare.*



# ABOUT THE 2015-16 MDHS

The Myanmar Demographic and Health Survey (MDHS) is designed to provide data for monitoring the population and health situation in Myanmar. The 2015-16 MDHS is the first Demographic and Health Survey conducted in Myanmar, and the objective of the survey was to provide reliable estimates of fertility levels, marriage, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutrition, maternal and child health and mortality, awareness and behavior regarding HIV/AIDS and other sexually transmitted infections (STIs), and other health-related issues such as smoking and knowledge of tuberculosis that can be used by program managers and policymakers to evaluate and improve existing programs.

## Who participated in the survey?

A nationally representative sample of 12,885 women and 4,737 men age 15-49 in 12,500 selected households were interviewed. This represents a response rate of 96% of women and 91% of men. The sample design for the 2015-16 MDHS provides estimates at the national and state/regional levels, and for urban and rural areas.



# CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

## Household Composition

Households in Myanmar have an average of 4.2 members. Twenty-three percent of households are headed by a woman. Twenty-nine percent of the household population is under age 15.

## Water, Sanitation, and Electricity

More than half (56%) of households in Myanmar have electricity. Electricity is almost universal in urban households (92%), while only 42% of households in rural areas have electricity.

Eight in ten households have an improved source of drinking water. Access to improved water is better in urban areas (89%) than rural areas (77%).

Just under half (48%) of households have an improved sanitation facility. Ten percent have a facility that would be considered improved if it were not shared. Overall, 42% of households in Myanmar have an unimproved facility. This includes 11% that have no facility at all.

## Ownership of Goods

Almost three-quarters (73%) of households own a mobile phone, while 57% own a television and 34% own a radio. Mobile phones and televisions are more common in urban households, while radios are slightly more common in rural areas.

Half of households in Myanmar own a motorcycle or scooter; 42% have a bicycle; 5% have a car or truck, and 6% own a boat without a motor.

## Education

Among the women and men age 15-49 interviewed in the MDHS, 13% of women and 12% of men have no education. While the majority of women and men have attended primary or secondary school, only 10% of women and 7% of men have gone beyond secondary school.

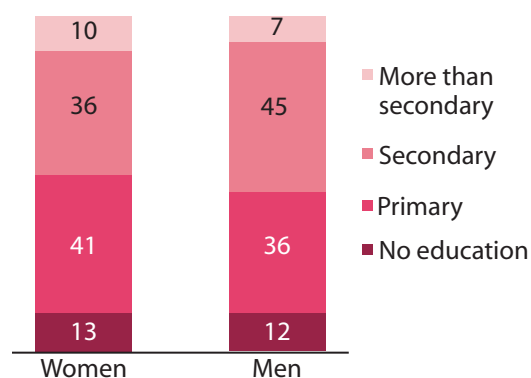
Almost 90% of Myanmar people (85% of women and 91% of men) are literate.



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## Education

Percent distribution of women and men age 15-49 by highest level of education attended





# FERTILITY AND ITS DETERMINANTS

## Total Fertility Rate

Currently, women in Myanmar have an average of 2.3 children. This is similar to the fertility rate seen in Bangladesh (2.3 in the 2014 BDHS) and Cambodia (2.7 in the 2014 CDHS).

Fertility is slightly higher among women in rural areas (2.4) than women living in urban areas (1.9). Fertility also varies by state/region, from a low of 1.8 in Magway Region and Yangon Region to a high of 4.6 in Chin State.

Fertility decreases steadily with education. Women with no education have an average of 3.6 children, while women with more than secondary education have an average of 1.5 children.

Fertility also decreases with wealth\*: women in the poorest households have an average of 3.5 children compared with 1.6 children among women in the wealthiest households.

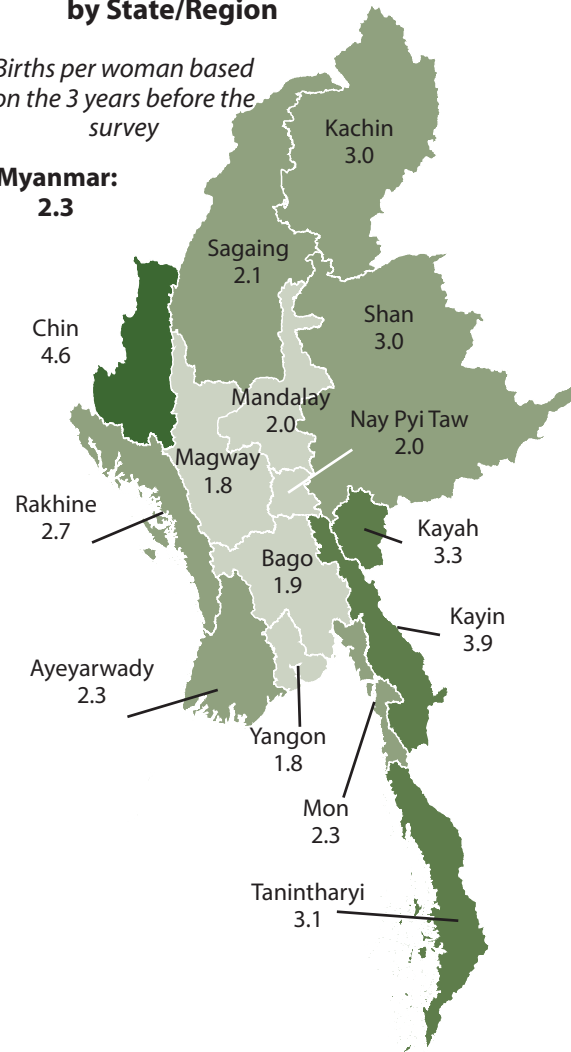


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## Total Fertility Rate by State/Region

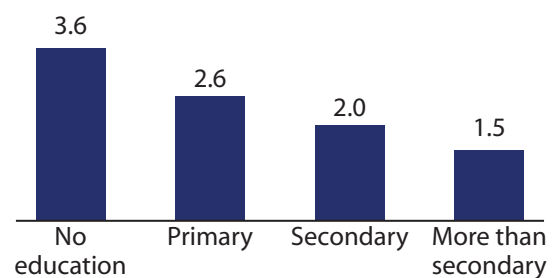
Births per woman based on the 3 years before the survey

Myanmar: 2.3



## Fertility by Woman's Education

Births per woman, based on the 3 years before the survey



\* Wealth of families is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

## Age at First Marriage, Sexual Intercourse, and Birth

In Myanmar, 60% of women and 62% of men age 15-49 are currently married. Nineteen percent of women and 7% of men age 25-49 were married by age 18.

Women get married at a median age of 22.1 (among women age 25-49). This means that half of women are married by age 22.1. Women in urban areas get married more than three years later, on average, than women in rural areas (median ages of 24.5 and 21.3 respectively). Median age at first marriage increases with education and wealth.

Men get married about two years later than women, at a median age of 24.5.

On average, women initiate sexual intercourse just after marriage, at a median age of 22.5. Men tend to initiate sexual intercourse before marriage, at a median age of 23.6.

Women have their first birth at a median age of 24.7. Age at first birth is relatively late in all states and regions, dropping below 23 in only Shan State and Rakhine State.

## Teenage Fertility

Seeing as most women in Myanmar have their first births in their 20s, teenage childbearing is relatively rare. Only 6% of young women age 15-19 are already mothers or are pregnant with their first child.

Teenage childbearing is most common in Kachin State, Shan State, and Chin State (11% each). Teenage childbearing is virtually non-existent among those with more than secondary education, while 19% of young women age 15-19 with no education have begun childbearing.

## Polygyny

Five percent of women age 15-49 report that they have at least one co-wife; that is, they are in a polygynous union. Polygyny is most common among the least educated women and those from the poorest households.

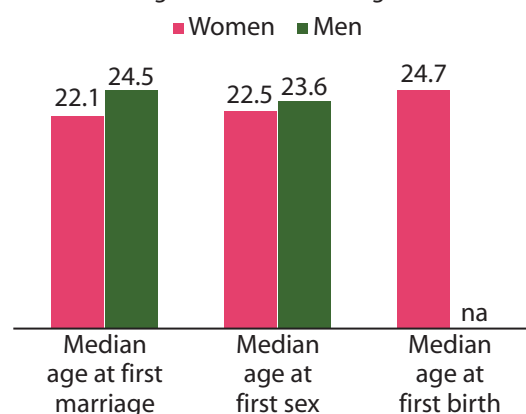
Four percent of men report that they have two or more wives. Again, men with no education and those from the poorest households report the highest rates of polygyny.



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## Median Age at First Sex, Marriage, and Birth

Among women and men age 25-49



# FAMILY PLANNING

## Current Use of Family Planning

Just over half (52%) of married women are currently using a method of contraception: 51% use a modern method and 1% use a traditional method. Injectables are the most common method, used by 28% of married women, followed by the contraceptive pill (14%), and female sterilization (5%).

Use of modern methods by married women is slightly higher in urban areas (57%) than rural areas (49%). Modern method use varies more dramatically by state/region: only 25% of married women in Chin State are using a modern method compared to 60% in Bago Region and Yangon Region.

Use of modern methods is lowest among women with no education (38%), while 57% of women with more than secondary education are currently using a modern method.

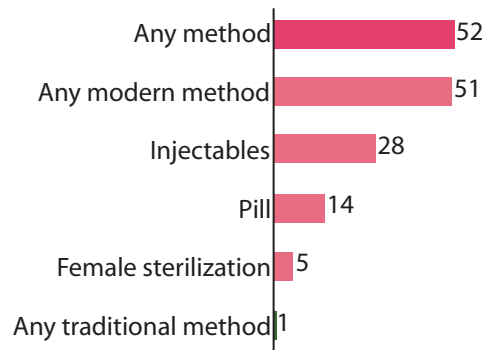
Use of modern methods does not vary very much by wealth and is relatively high among women in all wealth quintiles (46% to 56%).

## Source of Family Planning Methods

The public sector supplies just over half (54%) of modern contraceptive methods. The private sector supplies 29% of methods, while NGOs provide 3% and other sources provide 12% of methods.

About three-quarters of female sterilizations and injectables are provided by the public sector. The pill is provided primarily by the private medical sector (47%) and shops (38%). The private medical sector and shops also provide most of the male condoms.

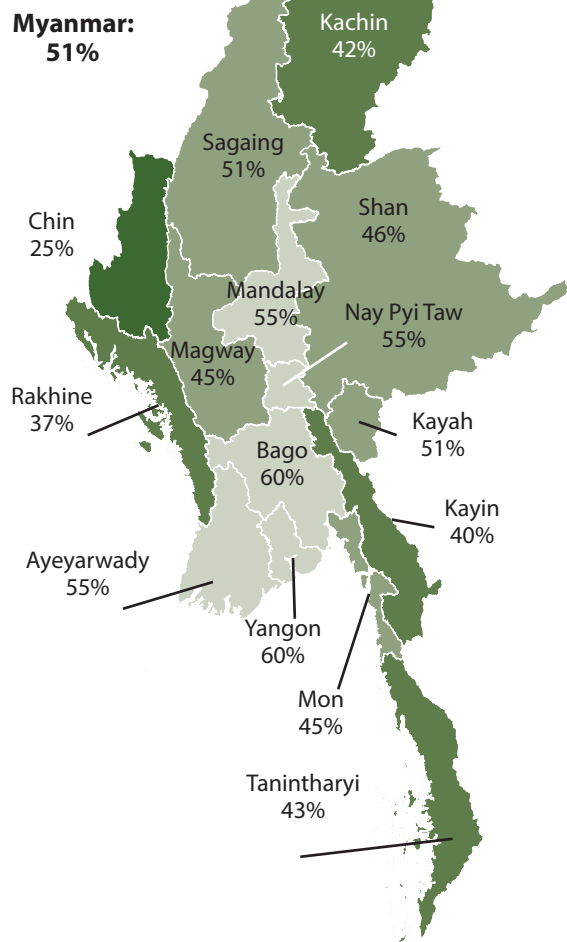
**Family Planning**  
Percent of married women age 15-49 using family planning



## Use of Modern Methods by State/Region

Percent of married women using a modern method of family planning

**Myanmar: 51%**



## Demand for Family Planning

Twenty-two percent of married women age 15-49 want to delay or space childbearing for at least two years. Almost half (46%) of married women age 15-49 do not want any more children. Women who want to delay or stop childbearing are said to have a demand for family planning. In all, 69% of married women have a demand for family planning.

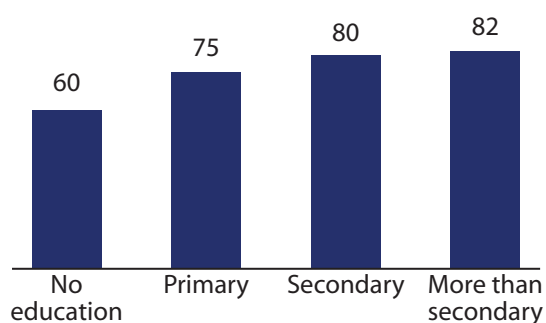
## Demand for Family Planning Satisfied by Modern Methods

The total demand for family planning includes both met need and unmet need. Met need is the percent of married women who are currently using family planning. In Myanmar, 52% of married women are using any method—51% are using a modern method and 1% are using a traditional method. Unmet need for family planning is defined as the proportion of married women who want to delay or stop childbearing but *are not* using family planning. Sixteen percent of married women age 15-49 have unmet need for family planning: 5% for spacing and 11% for limiting.

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Three-quarters (75%) of demand for family planning in Myanmar is currently satisfied in by modern methods. Women with no education are least likely to have their demand for family planning satisfied by modern methods (60%).

### Demand for Family Planning Satisfied by Modern Methods by Education

*Among married women age 15-49, percent of demand for family planning satisfied by modern methods*



## Exposure to Family Planning Messages

Almost half of women and men have been exposed to messages about family planning via the media. The internet (30% among women and 38% among men) and television (25% each) are the most common sources of family planning messages.

## Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods.

Forty percent of women age 15-49 using modern methods were informed about side effects, 31% were told what to do if they experience side effects, and 50% were informed about other family planning methods that could be used.



# MORTALITY

## Childhood mortality rates

The infant mortality rate in Myanmar for the five years prior to the MDHS is 40 deaths per 1,000 live births. The majority of infant deaths occur during the first month of life (25 deaths per 1,000 live births).

The under-five mortality rate is 50 deaths per 1,000 live births. This means that 1 in 20 children does not survive until his or her fifth birthday.

Childhood mortality is substantially higher in rural areas than urban areas. There are 80 under-five deaths for every 1,000 live births in rural areas compared with 42 deaths in urban areas.

Mortality also varies by state/region. Under-five mortality is lowest in Mon State (44 deaths per 1,000 live births) and Kayah State (50 deaths) and is highest in Chin State (104 deaths per 1,000 live births).

Under-five mortality decreases with both mother's education and household wealth.

## Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. The typical birth interval in Myanmar is quite long—a median of 49 months.

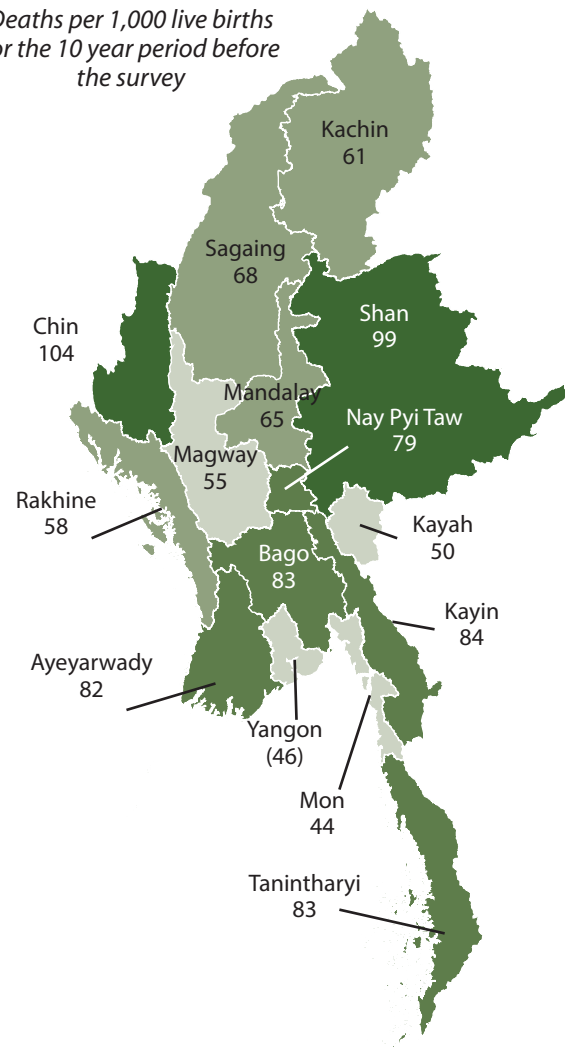
Infants born less than two years after a previous birth have the highest under-five mortality rates: 159 deaths for every 1,000 live births. In contrast, the under-five mortality rate among children born 4 or more years after a sibling is only 48 deaths per 1,000 live births. Thirteen percent of children born in Myanmar are born less than 24 months after a sibling.

## Pregnancy-related Mortality

The 2015-16 MDHS asked women about deaths of their sisters to determine mortality associated with pregnancy and childbearing. The pregnancy-related mortality ratio is 227 deaths per 100,000 live births (confidence interval of 131 to 323). In other words, for every 1,000 live births in Myanmar during the seven years before the 2015-16 MDHS, approximately two women died during pregnancy, during childbirth, or within two months of childbirth.

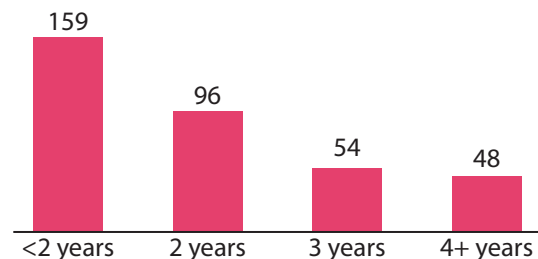
## Under-5 Mortality by State/Region

Deaths per 1,000 live births for the 10 year period before the survey



## Under-Five Mortality by Previous Birth Interval

Deaths per 1,000 live births for the ten-year period before the survey



# MATERNAL HEALTH CARE

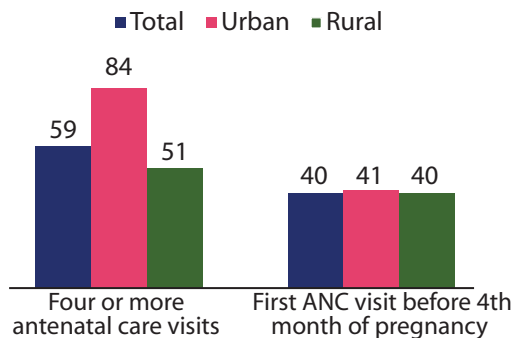
## Antenatal Care

Just over 80% of women with a live birth in the five years before the survey received antenatal care (ANC) from a skilled provider (doctor, nurse, midwife, or lady health visitor). Thirteen percent of women received no ANC.

The timing and quality of prenatal care are also important. Fifty-nine percent of women age 15-49 had four or more ANC visits throughout their pregnancy, and 40% had their first ANC visit in the first trimester of pregnancy, as recommended. Women in urban areas are more likely to receive 4+ ANC visits than women in rural areas, but only about 40% of women in both urban and rural areas attend ANC during the first trimester.

### Number of Antenatal Care Visits and Timing of First Visit by Residence

Percent of women age 15-49 who had a live birth in the five years preceding the survey who had:



The large majority (87%) of women with a live birth in the five years before the survey took iron tablets or syrup during their pregnancy. Only about 60% of women had their blood or urine tested during pregnancy. Three-quarters of women were informed about signs of pregnancy complications. The last birth of almost three-quarters of women (72%) was protected against neonatal tetanus.

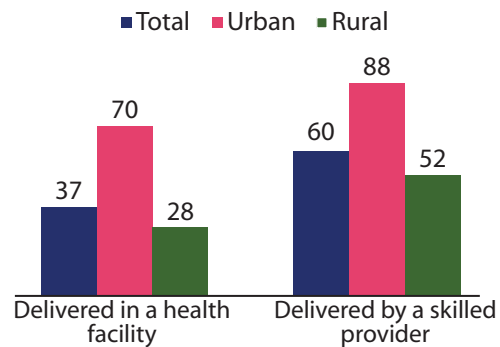
## Delivery and Postnatal Care

Just over one-third (37%) of births in Myanmar are delivered in a health facility. This means that 63% of births occur at home. The majority of women in urban areas deliver in a health facility (70%), while only 28% of women in rural areas deliver in a health facility. Health facility births vary by state/region, from a low of 15% in Chin State to a high of 65% in Yangon Region.

Health facility delivery increases with mother's education: only 13% of births to women with no education occur in a health facility, compared with 83% of births to women with more than secondary education.

### Health Facility Births and Assistance at Delivery by Residence

Percent of live births in the 5 years before the survey



Despite the relatively low percentage of facility-based births, 60% of births are delivered by a skilled provider. While 99% of births that are delivered in a health facility are assisted by a skilled provider, 37% of birth that are delivered elsewhere are also assisted by a skilled provider.

As expected, delivery by a skilled provider is much more common in urban than rural areas, increases with a woman's education and wealth, and varies by region, from 30% in Rakhine State to 83% in Yangon Region.

Postnatal care helps prevent complications after childbirth. Just over 70% of women who gave birth in the two years before the survey received a postnatal checkup within two days of delivery. Almost one-quarter of women received no postnatal checkup within 41 days of delivery. Postnatal care is less common among newborns: only 36% of newborns received a postnatal check up within 2 days of birth, as recommended.

# CHILD HEALTH

## Basic Vaccination Coverage

Just over half (55%) of children age 12-23 months received all basic vaccinations – one dose each of BCG and measles and three doses each of DPT-containing vaccine and polio.

Basic vaccination coverage is higher in urban areas (68%) than rural areas (50%) and ranges from 34% in Ayeyarwady Region to 81% in Mandalay Region.

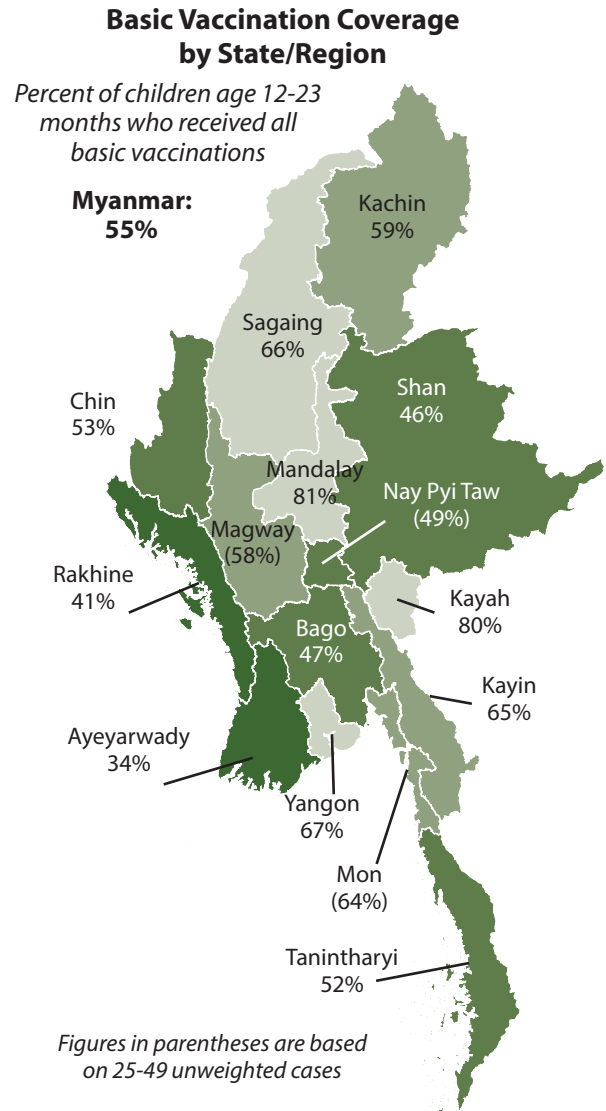
Basic vaccination coverage increases with mother's education. Only 41% of children whose mothers have no education have received all basic vaccinations compared with 80% of children whose mothers have gone beyond secondary school. Eight percent of children age 12-23 months have received no vaccinations.

## Childhood Illnesses

Three percent of children under five had symptoms of an acute respiratory infection in the two weeks before the survey. Among them, 58% were taken to a health facility or provider for advice or treatment and 43% received an antibiotic.

Ten percent of children under five had diarrhea in the two weeks before the survey. Diarrhea was most common among those age 12-23 months (17%). Among those with diarrhea, 54% were taken to health facility or provider.

Children with diarrhea should drink more fluids, particularly through oral rehydration therapy (ORT). Two-thirds of children (68%) under age five with diarrhea received ORT or increased fluids, while 14% received no treatment.



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# FEEDING PRACTICES AND SUPPLEMENTATION

## Breastfeeding and the Introduction of Complementary Foods

Almost all (98%) of children in Myanmar are ever breastfed. About two-thirds (67%) were breastfed in first hour of life, as recommended. Twenty percent received a prelacteal feed, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Just over half (51%) of children under six months are exclusively breastfed in Myanmar.

Children breastfed for an average of 24 months, but are exclusively breastfed for an average of just under 4 months.

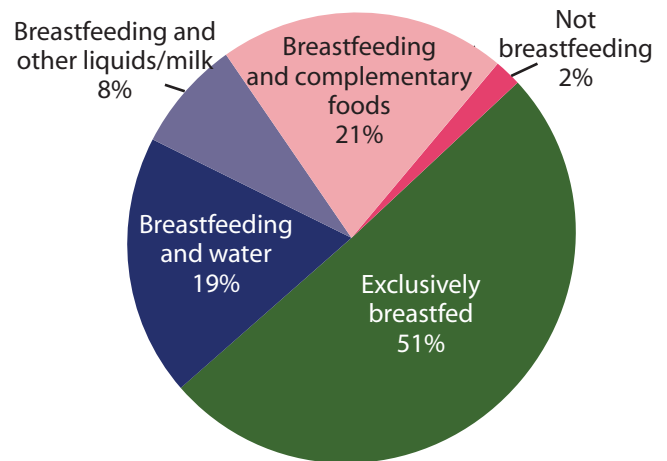
Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. Almost three-quarters (72%) of children age 6-8 months are receiving complementary foods and breastfeeding, as recommended.



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## Breastfeeding Status Under Six Months

Percent distribution of last born children under six months by breastfeeding status



## Use of Iodized Salt

The 2015-16 MDHS tested household salt for iodine content. Among the households with tested salt, 82% of households were found to have iodized salt.

Iodized salt is unevenly distributed throughout Myanmar. Only one-third of households in Tanintharyi have iodized salt, compared with more than 90% of households in Kachin State, Kayah State, Bago Region, Mandalay Region, Yangon Region, and Nay Pyi Taw.

## Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. Seventy percent of children age 6-23 months ate foods rich in vitamin A the day before the survey and 54% of children age 6-59 months received vitamin A supplements in the last six months.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. Among the women who had a child born in the five years before the survey, 59% received iron supplements for at least 90 days during their last pregnancy, as recommended. Almost 60% of children age 6-23 months ate foods rich in iron the day before the survey, but only 8% of children age 6-59 months received iron supplements in the week before the survey.



# NUTRITIONAL STATUS

## Children's Nutritional Status

The 2015-16 MDHS measured children's nutritional status by comparing height and weight measurements against an international reference standard.

The survey indicates that 29% of children under five are stunted, or too short for their age. Stunting is an indication of chronic undernutrition.

Stunting is more common in rural areas (32%) than urban areas (20%) and ranges from 20% in Yangon Region to 41% in Chin State. Stunting decreases with mother's education and household wealth.

Seven percent of children under five are wasted. Wasting is an indication of acute malnutrition.

Almost 1 in 5 (19%) children under five are underweight, or too thin for their age. Only 1% of children under five are overweight.

## Women's Nutritional Status

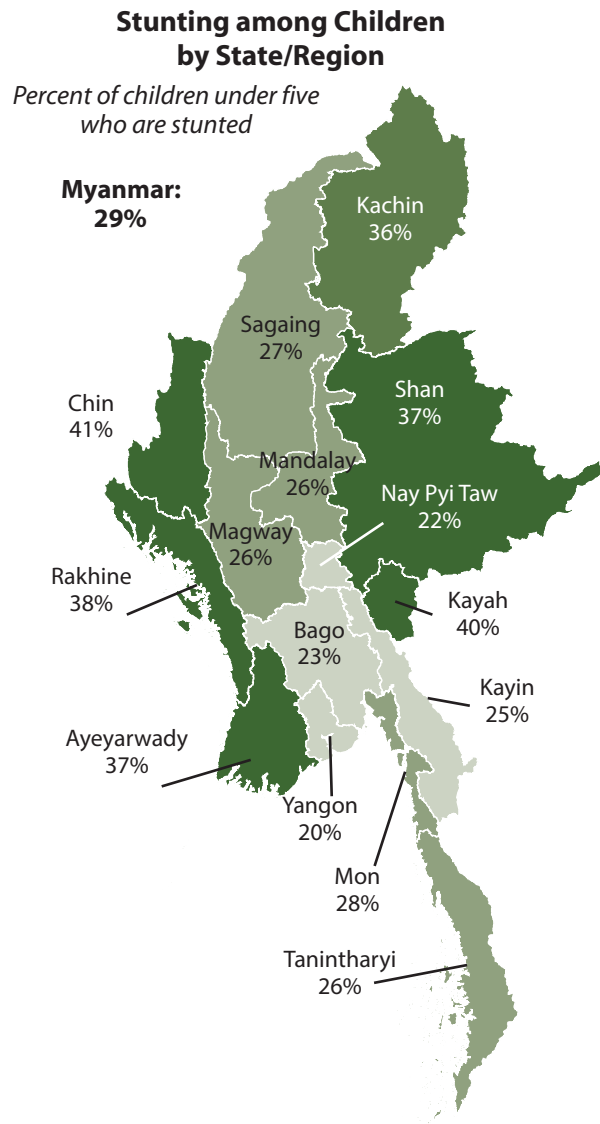
The 2015-16 MDHS also took weight and height measurements of women age 15-49. The results indicate that 16% of women age 15-49 are thin, 60% have a normal body weight, and 25% are overweight or obese.

Overweight/obesity in women is more common in urban areas (33%) than rural areas (21%) and increases with household wealth: only 15% of women in the poorest households are overweight or obese compared with 35% of women from the wealthiest households.

## Anemia

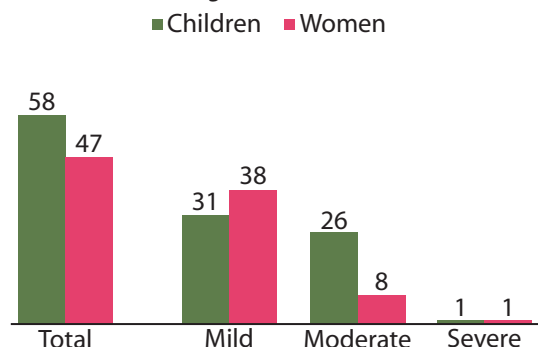
Almost 6 in 10 (58%) children age 6-59 months are anemic. Most children are mildly or moderately anemic (31% and 26%, respectively); only 1% are severely anemic. Anemia is common in all regions/states and at all levels of education and wealth.

Just under half (47%) of women age 15-49 are anemic; most of these women have mild anemia. Pregnant women are more likely than non-pregnant women to be anemic (57% versus 46%).



## Prevalence of Anemia in Children & Women

Percent of children age 6-59 months and women age 15-49 with anemia



# MALARIA

## Mosquito Nets

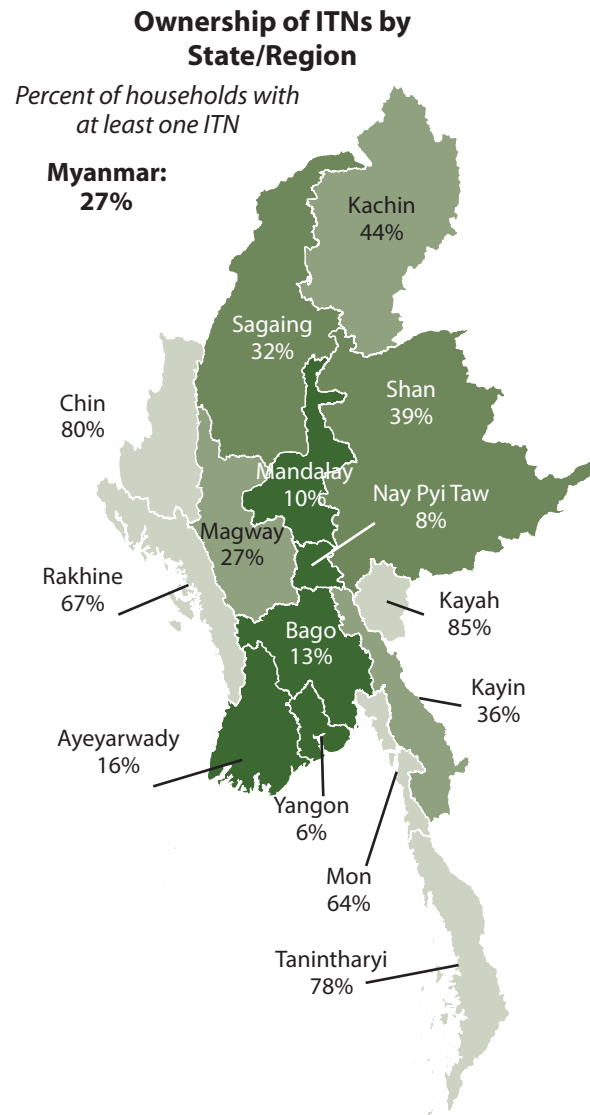
While almost all households in Myanmar have a mosquito net, only 27% have an insecticide-treated net (ITN) and 24% have a long-lasting insecticidal net (LLIN). Ownership of ITNs varies substantially by region: less than 10% of households in Yangon Region and Nay Pyi Taw have an ITN, compared with more than 80% of households in Chin and Kayah States.

Twenty-one percent of the household population has access to an ITN; that is, they could sleep under an ITN if each ITN in the household was used by two people. A slightly lower percentage (16%) of the household population actually slept under a net the night before the survey. Among those who live in a household with an ITN, 55% slept under an ITN.

Children and pregnant women are most vulnerable to malaria. Nationally, 19% of children and 18% of pregnant women slept under an ITN the night before the survey. Use is much higher among those who live in a household with an ITN (over 50%).

## Management of Malaria in Children

Sixteen percent of children under five had a fever in the two weeks before the survey. Treatment or advice was sought for two-thirds (65%) of these children. Only 3% of the children with fever had blood taken from a finger or heel for testing.



# HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOR

## Knowledge of HIV Prevention Methods

About 9 in 10 women and men age 15-49 have heard of AIDS. Knowledge of prevention measures is lower. Only 54% of women and 62% of men know that using condoms and limiting sex to an uninfected partner can prevent transmission of HIV.

Knowledge of HIV prevention is especially low among those who have no education (22% among women and 32% among men in this group). Among women, HIV prevention knowledge is lowest in Chin and Shan States (below 30%), but among men prevention knowledge is lowest in Kayin State (16%).

## Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

About half of women (51%) and men (45%) know that HIV can be spread by breastfeeding and that the risk of HIV transmission from mother to child can be reduced by the mother taking drugs during pregnancy.

## HIV Testing

Over 60% of women and men age 15-49 know where to get an HIV test. Nationally, 18% of women and 21% of men have ever been tested for HIV and received the results of the test.

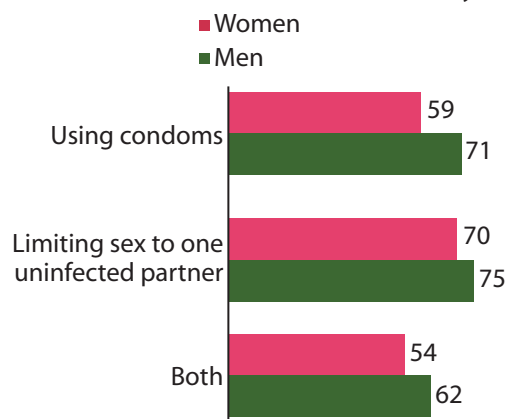
HIV testing is more common among women and men in urban areas than rural areas. HIV testing increases with education among both women and men: 37% of women with more than secondary education have ever been tested for HIV and received the results compared with 9% of those with no education.

Among women, HIV testing is most common in Kachin State (33% ever tested), while among men, HIV testing is most common in Yangon Region (31% of men ever tested).

Almost one-quarter (23%) of pregnant women age 15-49 received counseling on HIV, an HIV test during antenatal care, and the result. HIV testing during ANC is most common among women in Yangon Region (43%) and among those with more than secondary education (37%).

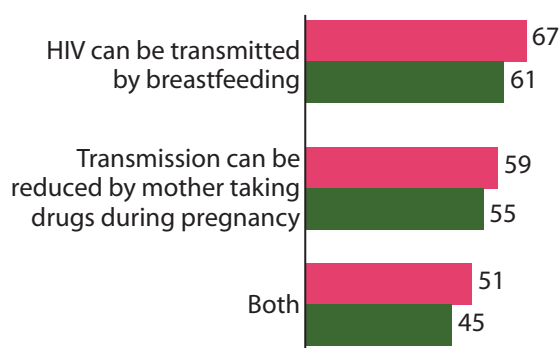
## Knowledge of HIV Prevention

Percent of women and men age 15-49 who know that the risk of HIV transmission can be reduced by:



## Mother-to-Child Transmission

Percent of women and men age 15-49 who know that:



# WOMEN'S EMPOWERMENT

## Employment

Just over 70% of married women age 15-49 were employed in the last 12 months before the survey compared with 99% of married men.

Among the women who were employed, 87% were paid in cash. Half of employed women report that they alone decide how to spend their earnings, while 41% said that they decide jointly with their husband. More than half (59%) of employed women reported that they earn less than their husbands.

## Ownership of Assets

More than half (54%) of women age 15-49 own a home (alone or jointly), and 48% own land. Men are equally likely to own homes or land.

## Participation in Household Decisions

The 2015-16 MDHS asked married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives.

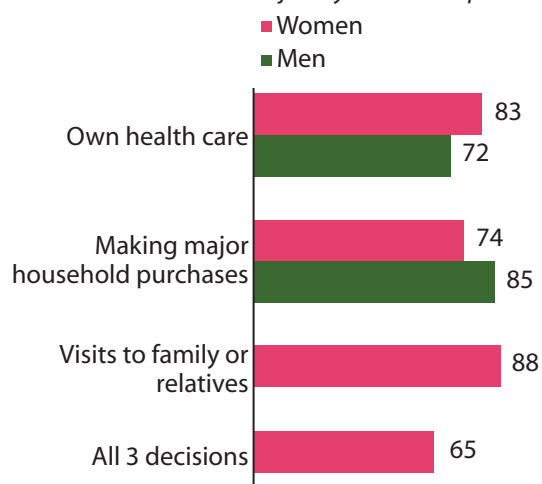
Eighty-three percent of married women age 15-49 report that they have sole or joint decision making power in their own health care, while 74% participate in decisions about major household purchases, and 88% participate in decisions about visits to family or relatives. In all, 65% of married women participate in all three decisions.

## Problems in Accessing Health Care

Half of women age 15-49 report experiencing at least one problem in accessing health care. Getting money for treatment (34%), not wanting to go alone (31%) and distance to the health facility (23%) are the most commonly cited problems.

### Participation in Decision Making

Percent of married women and men age 15-49 who make decisions alone or jointly with their spouse



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# DOMESTIC VIOLENCE

## Attitudes Toward Wife Beating

About half of women and men (51% of women, 49% of men) agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food; argues with him; goes out without telling him; neglects the children; or refuses to have sex with him. Neglecting the children is the most commonly cited justification for wife beating among both women and men in Myanmar.

## Experience of Physical Violence

Fifteen percent of women age 15-49 report that they have ever experienced physical violence since age 15. Nine percent had experienced physical violence in the 12 months before the survey.

Women with no education and those from the poorest households are most likely to have ever experienced physical violence.

The most common perpetrators of physical violence among ever-married women are current and former husbands, while mothers and fathers are the most common perpetrators of violence among never married women.

Violence during pregnancy may threaten not only a woman's well-being but also her unborn child. Three percent of women age 15-49 who have ever been pregnant have experienced violence during pregnancy.

## Experience of Sexual Violence

Three percent of women age 15-49 have ever experienced sexual violence. Women from Kayah State (10%) and Rakhine State (9%) are most likely to report having experienced sexual violence. Current and former husbands are the most common perpetrators of sexual violence.

## Spousal Violence

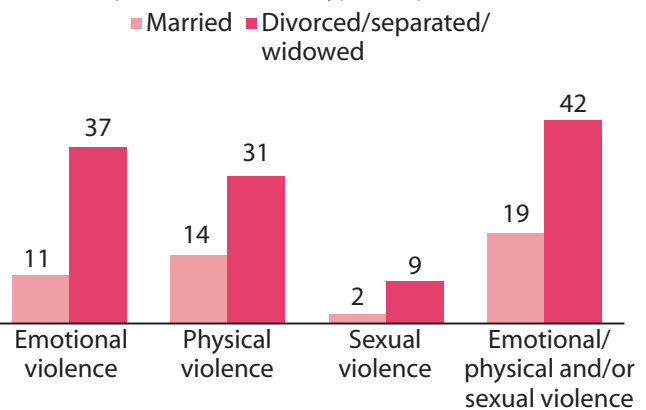
Twenty-one percent of ever-married women age 15-49 have experienced spousal violence (physical, sexual, or emotional violence).

Spousal violence is more common among women who are divorced/separated/widowed (42%) than women who are currently married (19%). Spousal violence is less commonly reported among women with higher levels of education and those in the wealthiest households.

Spousal violence varies by region, ranging from 12% in Yangon and Mandalay Regions to 40% in Tanintharyi Region and Rakhine State.

### Spousal Violence by Marital Status

Percent of ever-married women age 15-49 who have ever experienced different types of spousal violence



## Women's Violence Against Husband

Eight percent of ever-married women age 15-49 report that they have committed physical violence against their current or most recent husband when he was not already physically hurting her. This is much more common among women who have experienced recent spousal physical violence (25%).

## Help-seeking behavior

Twenty-two percent of ever-married women who have experienced spousal violence sought help to stop the violence. Another 40% never sought help but told someone. The remaining 37% have never sought help or told anyone.

# CHILD WELFARE

## Early Child Education and Learning

Among children age 36-59 months, 23% have ever attended early childhood education. Children living in the wealthiest households and those whose mothers have gone beyond secondary school are most likely to attend early child education (42%).

Children also learn at home when an adult engages with the child in activities that promote learning and school readiness. Just over half of children (54%) age 36-59 months had an adult household member engage in four or more learning activities in the three days before the survey.

Very few households in Myanmar have children's books. Only 5% of households have at least three children's books. Children's books are more commonly found in households in urban areas and in households where the mother has gone beyond secondary school. Meanwhile, 72% of households have children's toys.

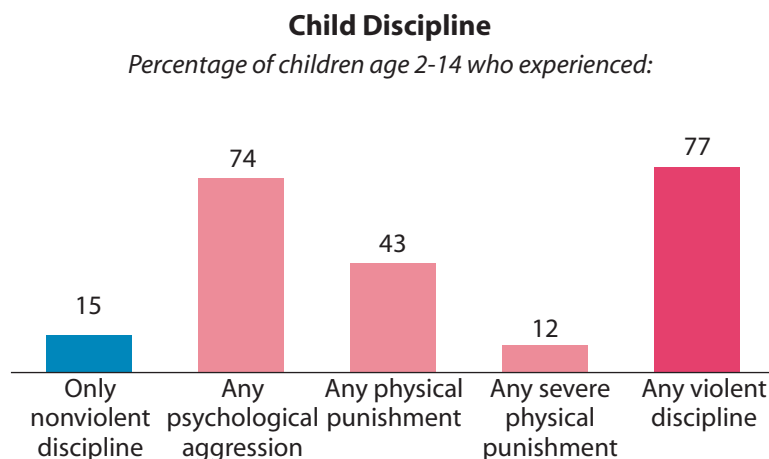
## Child Discipline

The 2015-16 MDHS asked parents about the disciplining methods they used with their children in the month before the survey. Overall, 15% of children 2-14 years experienced only nonviolent discipline, such as having privileges taken away or being talked to about their behavior.

Almost three quarters (74%) of children experienced psychological aggression, such as being yelled at or being called names. Forty-three percent experienced any physical punishment, such as shaking, hitting, or spanking. Twelve percent experienced any severe physical punishment such as hitting the child on the face or head.



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# INDICATORS

	Residence		
	Myanmar	Urban	Rural
<b>Fertility</b>			
Total fertility rate (number of children per woman for the 3 years before the survey)	2.3	1.9	2.4
Median age at first marriage among women age 25-49 (years)	22.1	24.5	21.3
Women age 15-19 who are mothers or currently pregnant (%)	6	4	7
<b>Family Planning (among married women age 15-49)</b>			
Current use of any method of family planning	52	60	50
Current use of a modern method of family planning (%)	51	57	49
Demand satisfied by modern methods (%) <sup>1</sup>	75	79	73
Unmet need for family planning <sup>2</sup>	16	13	17
<b>Maternal and Child Health</b>			
Women with a live birth in past 5 years who received antenatal care by a skilled provider <sup>3</sup>	81	94	77
Births delivered in a health facility (%)	37	70	28
Births assisted by a skilled provider <sup>3</sup>	60	88	52
Children age 12-23 months with all basic vaccinations <sup>4</sup> (%)	55	68	50
<b>Nutrition</b>			
Children under 5 who are stunted (moderate or severe) (%)	29	20	32
Women 15-49 who are overweight or obese (%)	25	33	21
Children age 6-59 months who are anemic (%)	58	59	58
Women age 15-49 who are anemic (%)	47	47	47
<b>Childhood Mortality (deaths per 1,000 live births)<sup>5</sup></b>			
Infant mortality	40	37	64
Under-five mortality	50	42	80
<b>Malaria</b>			
Households with at least one insecticide-treated net (ITN) (%)	27	15	31
Children under 5 who slept under an ITN the night before the survey (%)	19	8	22
Pregnant women who slept under an ITN the night before the survey (%)	18	10	21
<b>HIV/AIDS</b>			
HIV prevention knowledge <sup>6</sup> among women 15-49 (%)	54	66	49
HIV prevention knowledge <sup>6</sup> men 15-49 (%)	62	77	56
Women who have ever been tested for HIV and received results (%)	18	28	13
Men who have ever been tested for HIV and received results (%)	21	37	14
<b>Domestic Violence</b>			
Women 15-49 who have ever experienced physical violence since age 15 (%)	15	13	16
Women 15-49 who have ever experienced sexual violence since age 15 (%)	3	3	3
Ever-married women 15-49 who have ever experienced emotional, physical, or sexual violence committed by their husband	21	19	22

<sup>1</sup> Demand satisfied by modern methods is met need (use of modern methods) divided by total demand <sup>2</sup>Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. <sup>3</sup>Skilled provider includes doctor, nurse, midwife, and lady health visitor. <sup>4</sup>Fully vaccinated includes BCG, measles, three doses each of DPT and polio vaccine (excluding polio vaccine given at birth). <sup>5</sup>Figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey. <sup>6</sup>Knows that using condoms and limiting sex to one uninfected partner can prevent HIV

