

Adolescent Health

FACT SHEET

MYANMAR

Myanmar's population is estimated at 50.52 million¹ with a growth rate of 1%. Nearly 70% of the population is rural. The sex ratio was estimated to be 989 males per 1000 females in 2002². According to the Fertility and Reproductive Health Survey (FRHS) in 2001, the

total fertility rate has decreased from 4.0 in 1990 to 2.4 in 2001². In 2001, the crude birth rate was 23.9 and crude death rate 11.2³. The infant mortality rate has declined from 79 per 1000 live births in 1997 to 49 in 2001 (48.3 in urban and 50 in rural

areas). In the year 2000 the maternal mortality ratio of the country was 360 per 100,000 live births. The adult literacy rate improved from 83.1% in 1995 to 96.5% in 2001 and the Human Development Index of Myanmar for 2003 was 0.578⁴.

POPULATION OF YOUNG PEOPLE

Table 1: Number and per cent of young people by age and sex in Myanmar, 2004

Age (years)	Male		Female		Total	
	Number	(%)	Number	(%)	Number	(%)
10-14	2727,000	5.4	2667,000	5.3	5394,000	10.7
15-19	2550,000	5.0	2503,000	4.9	5053,000	9.9
20-24	2455,000	4.8	2426,000	4.8	4881,000	9.6
Total	7732,000	15.2	7596,000	15.0	15,328,000	30.2

Source: World Population Prospects: The 2004 Revision and World Urbanization Prospects: The 2004 Revision. Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat. <http://esa.un.org/unpp>

Young people aged 10-24 constituted over 30% of the total population in 2004; including over 20% of adolescents aged 10-19 (Table-1). Almost negligible gender inequality has been

observed in the adolescent and young people population. Myanmar is at the threshold of a demographic transition from a younger to an older age distribution with the proportion

of population below the age of 25 decreasing from 58.8% in 1985 to 50.8% in 2005⁵. It is estimated that by the year 2025 the proportion of young people will be reduced to 22%⁶.

STATUS OF EDUCATION

Education has always been given high priority in Myanmar society since ancient times when monasteries were the main centres of enlightenment⁵. The youth literacy rates, especially female literacy, have improved consistently over the last decade (Table-2). A majority of both young girls and boys are literate. The State Child Law has provision for providing free basic education for every child at the primary level in schools opened by the state⁷.

Table 2: Trends in youth literacy rate in Myanmar, 1990/91 and 2000/04

Male		Female	
1990/91	2000/04	1990/91	2000/04
90.1	95.6	86.2	93.2

Source: UNESCO Institute for Statistics 2005.

The data from State of world's children 2006⁸ and Human Development Report 2005 shows that primary education is universal in the country indicating that at the primary school level boys and girls have almost equal opportunities for education. Nevertheless,

in secondary school, enrolment rates are less than 50% of that at the primary level with a small gender gap emerging (Table-3). The mean number of years spent in school is 6.7. Girls outnumber boys in academic institutions at the tertiary level.





Table 3: School enrolment ratios and gender equality in education

Youth literacy		Net primary enrolment		Net secondary enrolment		Gross tertiary enrolment	
Female rate (%) in ages 15-24 (2003)	Female rate as (%) of male rate (2003)	Female ratio (2002-03)	Ratio of female to male (2002-03)	Female ratio (2002-03)	Ratio of female to male (2002-03)	Female ratio (2002-03)	Ratio of female to male (2002-03)
93.2	98	85	1.01	34	0.94	15	1.75

Source: Human Development Report 2005.

EMPLOYMENT

The participation in the labour force in the age group of 15-19 years is 64% for males and 54% for females⁶. A small decline is observed in the proportion of economically active youth, both male and female, during the 15-year period from 1990 to 2005 presumably because more young people enrol and stay on in schools (Figure-1).

Employment opportunities for out-of-school youth are very limited and an estimated 90% are unemployed. Many uneducated young people from rural areas and different ethnicities have to migrate to the capital city of Yangon, other larger towns or even neighbouring countries such as Thailand and China for work, due to economic constraints^{9,10}.

Figure 1: Per cent of economically active adolescents aged 15-19 in Myanmar



Source: The World Youth 2006 data sheet, Population Reference Bureau, Washington DC.

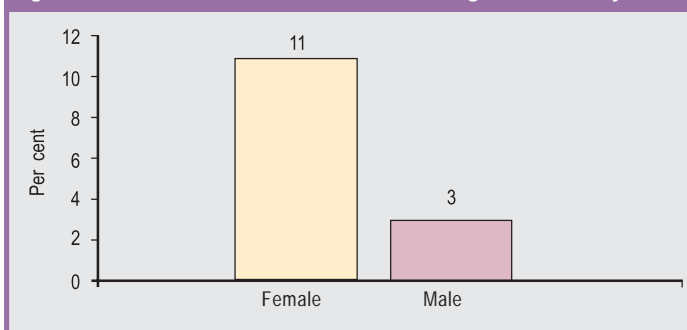
A study carried out among migrant children and youth along the borders of China, Myanmar and Thailand found that there is a greater demand for adolescent and young adult migrants and, increasingly, for female workers¹¹.

The study identified that the majority of cross-border migrants were youth from rural areas with little or no formal education. Those from Myanmar have made up the largest proportion of this mobile population.

AGE AT MARRIAGE

The legal minimum age for marriage in Myanmar is 20 years⁵ for both men and women. The average age at marriage has continuously risen over the last three decades with young people tending to marry rather late. Only 3% of men and 11% of women aged 15-19 are married (Figure-2)⁶. The mean age at marriage for women has increased from 21.2 years in 1973 to 26.0 years in 1997 while for

Figure 2: Per cent of ever married adolescents aged 15-19 in Myanmar



Source: The World's Youth 2006 data sheet, Population Reference Bureau, Washington DC.

men it increased from 23.8 to 27.6 years during the same period¹². The average age at first marriage in

2003 was 22.4 years¹³. Studies have, however, reported that in many provinces the age at

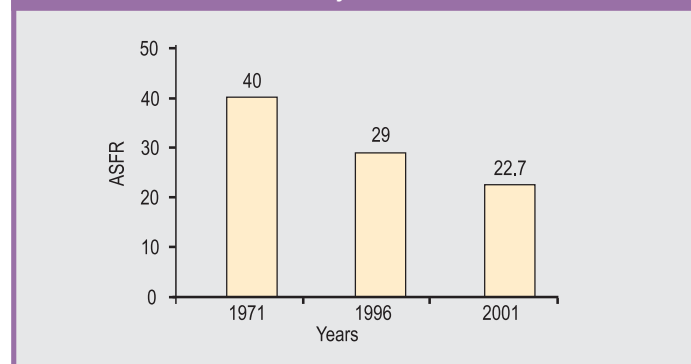
marriage was significantly lower with some women even marrying at the young age of 14¹⁴.

PREGNANCY AND CHILDBEARING

Although there is a decline in adolescent fertility over the years, about 23 women in 1000 bear children (Figure-3)². Among women married at a very young age, 43% started childbearing by the age of 15, which increased to 73.9% at the age of 19¹³. According to data from the World's Youth 2000, 5% of TFR is attributed to births in the age-group of 15-19¹⁵. In Yangon, adolescent pregnancies in 1998 were reported to be 8.9% of total pregnancies⁵.

The 2001 Fertility and Reproductive Health Survey (FRHS) had shown that a large proportion of pregnant women do not seek antenatal care. About 26% of adolescent women (15-19 years) and 20% of women aged 20-24 years are not seeking antenatal care as compared to less than 20% of women of older age

Figure 3: Trend in adolescent (15-19) age-specific fertility rate per thousand women (ASFR) in Myanmar



Source: For the year 1971 and 1996 -World Fertility Report 2003, Population Division, and DESA, United Nations; for 2001- Myanmar Fertility and Reproductive Health Survey 2001, Ministry of Immigration and Population, Yangon 2003.

groups. In addition, adolescent pregnant women are twice more likely not to be assisted during delivery (3.5%) than women of any other age group (less than 1.7%)². It is estimated that approximately 8% of maternal deaths are attributed to women less than 20 years of age¹⁶. National

Mortality Survey¹⁷ data of Myanmar also report that 20-30% of maternal deaths are of women aged below 25 years.

Unmarried girls and young women are especially vulnerable to unwanted pregnancies because reproductive health services are targeted only at married women.

USE OF CONTRACEPTION

According to FRHS 2001, the knowledge of at least one modern method of contraception among currently married women has increased from 92.4% in 1997 to 96.1% in 2001. The mean number of contraceptive methods known to them was 5.2². However, adolescent girls aged 15-19 years were found to know

fewer methods of contraception (4.7) than women in other age groups and a higher proportion of them had no knowledge of contraception (5% versus 3.5% in the overall sample). Adolescents (15-19 years) are less likely to use contraception (29.1% for any modern method) than women in the mid-childbearing

age (20-44 years). The most commonly used contraceptives reported were injectables and oral contraceptive pills⁵. Condoms were used by only 0.3% of married women as a contraceptive method in 2001 largely because they tend to be associated with prevention of STIs and HIV/AIDS¹⁸.

NUTRITIONAL STATUS

A cross-sectional survey¹⁹ to study the dietary habits of adolescents (10-19-year-olds) showed a high

prevalence of malnutrition among adolescents (Table-4). Malnutrition was more prevalent in rural areas

and among boys with the gender difference more pronounced in the hilly region. Going by age group,



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Table 4: Nutritional status of adolescents aged 10-19 in Myanmar, 2002

Region	Undernutrition (%)		Stunting (%)		Anaemia (%)	
	Boys	Girls	Boys	Girls	Any kind	Severe
Hilly	36.0	13.0	46.6	30.5	7.6	0.3
Plain	41.0	25.9	34.4	25.8	31.7	0.7
Delta	48.6	22.3	36.6	29.5	28.0	0.3
Coastal	40.3	27.6	33.2	35.8	38.0	0.3
Union	41.5	22.2	37.6	30.4	26.4	0.33

Source: National Haemoglobin and Nutritional Status Survey among Adolescents, 2002. National Nutrition Centre, Ministry of Health, Myanmar.

Table 5: Results of a food study carried out among adolescents in schools of Myanmar, 2002

Variables	Thah ton School	Tadau School	Sanchaung School	South Dagon School	Dagon S.H.S.(1) School
Factors that influence the choice of snack					
Price	4.2	2.7	4.6	8.9	6.8
Preference	44.4	42.2	50.2	37.7	45.9
Advertisement	-	1.4	3.1	5.7	6.6
Health and nutritional benefits	51.4	53.4	42.2	47.8	40.7
Habit of consumption of advertised foods	30.8	42.9	37.9	51.2	32.0
Reasons for buying advertised snacks					
Nutrition level	5.9	25.0	2.9	4.8	-
Taste/preference	64.7	37.5	61.2	48.3	67.6
Curiosity	29.4	37.5	35.8	40.8	32.4
Tempted by freebies	-	-	-	6.1	-

Source: Phyu Phyu Aung, 2002, cited in "Adolescent Nutrition: A review of the situation in selected South-East Asian countries, WHO/SEARO, 2006.

*All figures in per cent

both under-nutrition and stunting were more prevalent among 16-18-year age group (40.6% and 44% respectively). Highest incidence of anaemia (46%) was observed among 17-year-old school girls. A qualitative review indicated that a large majority of adolescents knew that the right kind of food is essential for staying in good health. Students and their teachers knew of the physical symptoms of anaemia but not its

possible long-term consequences. Many young people consume iron-inhibiting foods; over 70% eat tea-leaf salads with meals, 30% take desserts containing phytates and 12% consume strong coffee after meals.

Some faulty dietary patterns such as snacking on energy-dense foods and wide use of fast foods that are low in nutrients are now also common among adolescents of

developing countries. A food study carried out in schools of Myanmar (Table-5) showed that approximately half of the students buy and eat snacks as they consider them healthy. Between 30% and 50% of students consumed snacks that are advertised, out of curiosity. It can also be inferred that preferences can be guided by peer influence, which is usually very strong in this age group.

SEXUAL ACTIVITY

Though there are strong cultural values rooted against sex before marriage, the rising average age of

marriage for both girls and boys provide a longer period of chance to indulge in premarital sex.

Behavioural Surveillance Survey (BSS) of 2003 showed that 16% of the youth population was sexually

active²⁰. The median age at first sex reported by the youth was 22 years and 19 years for men and women, respectively. Premarital sex is increasingly reported among young men. The attitude towards premarital sex is rather conservative: in a study conducted by the Department of Health Planning, only 5% of men interviewed reported that it was acceptable for women to engage in premarital sex whereas 28% felt the

same for men²¹. According to BSS 2003 a few respondents reported having had sex with a commercial sex worker (CSW) or having had casual sex in the past year. About 3% youth reported having sex with commercial sex workers in the past year; majority of these respondents had two or less non-regular partners. The proportion of youth who reported using condom consistently with CSW was 60%.

A WHO study of risk behaviours and attitudes among ninth standard students²² showed that 2.9% of them had engaged in unprotected sex (Table-7). Most students expressed a positive attitude towards sexual abstinence during adolescence and on engaging in sexual relationship only after marriage. A majority expressed a negative opinion regarding premarital sex (71.9% of males and 76.3% of females).

HIV AND YOUNG PEOPLE

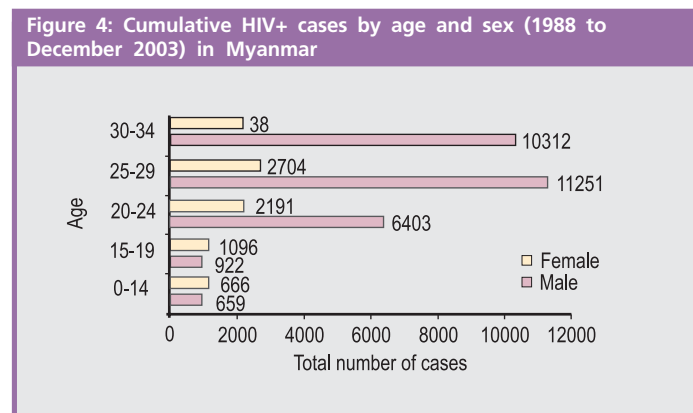
(For details please refer to "Fact Sheets on Young People and HIV/AIDS", WHO/ SEARO)

Myanmar is one of the countries in Asia hardest hit by the HIV/AIDS epidemic²³. The cumulative number of all reported HIV positive cases indicates that the 25-29-year age group is most affected (Figure-4). It is predicted that AIDS will constitute a major cause of death in young adults during the coming decade in Myanmar²⁴. Though there is a lack of comprehensive national data on young people, they are likely to be particularly at high risk given the high prevalence of HIV in the general population.

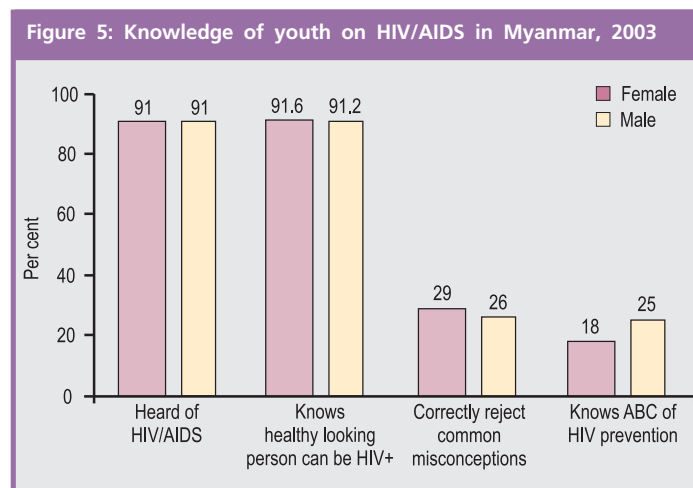
The predominant mode of transmission for both HIV and sexually transmitted infections (STIs) is sexual intercourse.

Young people lack information and skills

According to the Behavioural Surveillance Survey (BSS) of 2003 (Figure-5), over 91% of young people have heard about HIV/AIDS and more than 91% of both male and females in the 15-24-year age group were aware that a healthy looking person can be HIV-infected. However, most young people in Myanmar have misconceptions about HIV and a very small percentage know about



Source: National AIDS Program, Department of Health, Ministry of Health, 2004.



Source: Behavioural Surveillance Survey (BSS) 2003, General population and youth. Ministry of Health, Union of Myanmar.

prevention methods. Only 43% of young females reported knowing that HIV can be prevented by consistent condom use.

Across the survey sites, only 27% of youth correctly rejected the three common misconceptions about the spread of HIV and AIDS.





SUBSTANCE ABUSE

The Global Youth Tobacco Survey (GYTS) of school-going adolescents of Class 8-10 conducted by WHO South-East Asia Regional Office revealed that one in five of them use any form of tobacco in Myanmar (Table-6). The current smoking rate for girls (4.7%) is significantly lower than that of boys (37.3%). Passive smoking or environmental smoke affected a substantial proportion of non-smokers and current smokers. Boys were likely to be more exposed to environmental smoke than girls both at home and in public places.

Almost 87% of current smokers said they want to stop smoking. Schools are also contributing to generating awareness against smoking. About 67% of the students were taught about or had participated in classroom discussions about the dangers of smoking and the effects of tobacco use. It was also observed that almost one in 10 currently smoking students smoke at home, reflecting the absence of any parental pressure to stop them. More than 70% young people are able to purchase tobacco products from

shops and they were not refused the sale in spite of their young age. This shows the easy accessibility of these products to school students.

Another WHO study²² of risk behaviours and attitudes among ninth standard students revealed that more male students were found to be engaged in high-risk behaviours compared to female students. A statistically significant difference between the two was found in responses related to smoking and drinking of alcohol where male students vastly exceed female students (Table-7).

Table 6: Global Youth Tobacco Survey of school-going adolescents of class 8-10 in Myanmar, 2001

Tobacco use	Per cent
<i>Prevalence</i>	
• Currently using any form of tobacco	20.5
• Currently smoking cigarettes	15.7
<i>Access and availability</i>	
• Bought cigarettes in a store and were not refused purchase because of their age	72.2
<i>Environmental tobacco smoke</i>	
• Live in homes where others smoke	53.7
• Exposed to smoke in public places	58.4
• Believe smoke from others is harmful to them	29.8
• Feel smoking in public places should be banned	81.8
<i>Cessation – current smokers</i>	
• Want to stop smoking	86.5
<i>School activity</i>	
• Taught/discussed about dangers of smoking and effects of tobacco use in the class	67

Source: Global Youth Tobacco Survey 2001, WHO South-East Asia Regional Office, New Delhi.

Table 7: High-risk behaviours among ninth standard students in Hlaing Township, Myanmar

Behaviour	Male	Female	Total
Smoking (ever smoked)	43.9	3.03	23.3
Alcohol consumption	47.4	14.1	31.2
Drug use (ever used)	12.4	5.4	8.8
Unprotected sexual exposure	5.3	1.3	2.9

Source: Dr Pe Thet Htoon, Dr Yi Yi Myint and Dr Min Thwe. "Risk behaviours, attitudes and subjective norms among ninth standard students in Hlaing Township". 1998, Regional Health Forum, WHO South-East Asia Region (Volume 3).

*All figures are in per cent.

Table 8: Attitudes on health-related behaviours among ninth standard students in Hlaing Township, Myanmar

Attitude	Sex	Positive	Negative	Not sure
Smoking does not endanger health	M	15.5	76.3	8.2
	F	15.0	85.0	-
Smoking enhances one's image	M	10.3	76.3	13.4
	F	7.2	87.6	5.2
Experimenting with narcotic drugs is not dangerous	M	5.2	73.7	21.1
	F	5.1	73.7	21.2
Needle-sharing cannot transmit HIV/AIDS	M	20.6	77.3	1.1
	F	11.8	84.9	2.3
Sexual abstinence by adolescents should be encouraged	M	82.2	11.5	6.2
	F	89.9	8.1	2.0
One should engage in sex only after marriage	M	72.9	20.8	6.3
	F	77.1	13.5	9.4
Engaging in premarital sex is acceptable	M	15.6	71.9	12.5
	F	14.41	76.3	9.3
It is acceptable for adolescents to drink alcohol	M	8.4	71.6	2.0
	F	11.1	79.8	9.1
Drinking alcohol cannot cause ill health	M	11.3	79.4	9.3
	F	11.1	87.9	1.0

Source: Dr Pe Thet Htoon, Dr Yi Yi Myint and Dr Min Thwe. "Risk behaviours, attitudes and subjective norms among ninth standard students in Hlaing Township". 1998, Regional Health Forum, WHO South-East Asia Region (Volume 3).

*All figures are in per cent.

Though many students harboured a negative attitude on smoking and alcohol consumption (Table-8), 56.3% of one or both parents of the respondents happened to be smokers and smoking was considered a part of growing up into adulthood by 53.7% of students. This may account for the high percentage (43.9) of male students who smoked, which was significantly higher than that for female students.

Similarly the influence of commercial advertisements of all forms of alcoholic beverages might have raised the rate of alcohol consumption by students.

Students also have a negative attitude towards the use of narcotic drugs, calling it highly against the social norm. While 95.3% cited parental disapproval, 72.7% stating religious influence against the use of drugs. About 9% of

the students had ever used drugs in spite of these negative attitudes and the influence of the social norms which should be reinforced.

National data indicates that of all among registered new drug addicts in 2002, 4.9% were 15-19-year-olds and 12% were 20-24-year-olds²⁵. It was also found that 12.4% of male students and 5.4% of female students had experimented with drugs.



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