Myanmar

Monitoring the situation of children and women

Multiple Indicator Cluster Survey 2009-2010

Ministry of National Planning and Economic Development

Ministry of Health

unicef United Nations Children's Fund

MICS

Myanmar
Multiple Indicator Cluster Survey
2009 - 2010

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The Myanmar Multiple Indicator Cluster Survey (MICS) was carried out by the Department of Planning under the Ministry of National Planning and Economic Development; in collaboration with the Department of Health Planning and Department of Health under the Ministry of Health, Myanmar. Financial and technical support was provided by the United Nations Children's Fund (UNICEF).

The MICS Steering Committee and MICS Working Committee were composed of members from the Planning Department, Foreign Economic Relations Department and Central Statistical Organization under the Ministry of National Planning and Economic Development; Department of Health, Department of Health Planning and Department of Medical Research (Central Myanmar) under the Ministry of Health; Department of Educational Planning and Training under the Ministry of Education; Department of Social Welfare under the Ministry of Social Welfare, Relief and Resettlement; Department of Population under the Ministry of Immigration and Population; Department of Progress of Border Areas and National Races and Department of Development Affairs under the Ministry of Progress of Border Areas and National Races; the General Administrative Department under the Ministry of Home Affairs; Myanmar Maternal and Child Welfare Association; and Myanmar Red Cross Society.

The survey has been conducted as part of the third round of MICS surveys (MICS3), carried out around the world in more than 50 countries, from 2005, following the first two rounds of MICS surveys that were conducted globally in 1995 and the year 2000. Survey tools are based on the models and standards developed by the global MICS project, designed to collect information on the situation of children and women in countries around the world. Additional information on the global MICS project may be obtained from www.childinfo.org.

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Summary Table of Findings
Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) Indicators, Myanmar, 2009-2010

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value
NUTRITION				
Nutritional status	6	4	Underweight prevalence	
			Moderate	22.6 per cent
			Severe	5.6 per cent
	7		Stunting prevalence	
			Moderate	35.1 per cent
			Severe	12.7 per cent
	8		Wasting prevalence	
			Moderate	7.9 per cent
			Severe	2.1 per cent
Breastfeeding	45		Timely initiation of breastfeeding	75.8 per cent
	15		Exclusive breastfeeding rate	23.6 per cent
	16		Continued breastfeeding rate	
			at 12-15 months	91.0 per cent
			at 20-23 months	65.4 per cent
	17		Timely complementary feeding rate	80.9 per cent
	18		Frequency of complementary feeding	56.5 per cent
	19		Adequately fed infants	41.0 per cent
Vitamin A	42		Vitamin A supplementation (under-fives)	55.9 per cent
	43		Vitamin A supplementation (post-partum mothers)	66.4 per cent
Low birth weight	9		Low birth weight infants	8.6 per cent
	10		Infants weighed at birth	56.3 per cent
CHILD HEALTH				
Immunization	25		Tuberculosis immunization coverage	97.2 per cent
	26		Polio immunization coverage	95.9 per cent
	27		DPT immunization coverage	95.9 per cent
	28	15	Measles immunization coverage	90.7 per cent
	31		Fully immunized children	88.6 per cent
	29		Hepatitis B immunization coverage	95.9 per cent
Tetanus toxoid	32		Neonatal tetanus protection	91.8 per cent
Care of illness	33		Use of oral rehydration therapy (ORT)	66.3 per cent
	34		Home management of diarrhoea	15.5 per cent
	35		Received ORT or increased fluids, and continued feeding	50.3 per cent
	23		Care seeking for suspected pneumonia	69.3 per cent
	22		Antibiotic treatment of suspected pneumonia	34.2 per cent
Solid fuel use	24	29	Solid fuels	94.3 per cent

CHILD MORTALITY				
Child mortality	1	13	Under-five mortality rate	46.1 per thousand
	2	14	Infant mortality rate	37.5 per thousand
ENVIRONMENT				
Water and Sanitation	11	30	Use of improved drinking water sources	82.3 per cent
	13		Water treatment	34.5 per cent
	12	31	Access to improved sanitation facilities	84.6 per cent
REPRODUCTIVE HEALTH				
Contraception	21	19c	Contraceptive prevalence	46.0 per cent
Maternal and newborn health	20		Antenatal care	83.1 per cent
	44		Content of antenatal care	
			Blood pressure measured	80.1 per cent
			Urine specimen taken	56.9 per cent
			Weight measured	63.6 per cent
	4	17	Skilled attendant at delivery	70.6 per cent
	5		Institutional deliveries	36.2 per cent
CHILD DEVELOPMENT				
Child development	46		Support for learning	57.9 per cent
	47		Father's support for learning	44.0 per cent
EDUCATION				
Education	52		Pre-school attendance	22.9 per cent
	53		School readiness	39.8 per cent
	54		Net intake rate in primary education	74.4 per cent
	55	6	Net primary school attendance rate	90.2 per cent
	56		Net secondary school attendance rate	58.3 per cent
	57	7	Grade promotion from grade 1 to grade 5	93.3 per cent
	58		Transition rate to secondary school	95.3 per cent
	59	7b	Net primary completion rate	54.2 per cent
	61	9	Gender Parity Index	
			Primary	1.01 ratio
			Secondary	1.01 ratio
Literacy	60	8	Young female literacy rate	87.8 per cent
CHILD PROTECTION				
Birth registration	62		Birth registration	72.4 per cent
	75		Prevalence of orphans	6.6 per cent
	78		Children’s living arrangements	5.4 per cent
	68		Young women aged 15-19 currently married	7.4 per cent
HIV/AIDS				
HIV/AIDS knowledge and attitudes	82	19b	Comprehensive knowledge about HIV prevention among young women	31.8 per cent
	89		Knowledge of mother-to-child transmission of HIV	65.0 per cent
	86		Attitude towards people with HIV/AIDS	34.9 per cent
	87		Women who know where to be tested for HIV	70.6 per cent
	88		Women who have been tested for HIV	17.6 per cent

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AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacillis-Cereus-Geuerin (Tuberculosis)
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEU	Central Epidemiological Unit
CRC	Convention on the Rights of the Child
CRR	Children's Response Rate
CSPro	Census and Survey Processing System
DHP	Department of Health Planning
DoH	Department of Health
DPT	Diphteria Pertussis Tetanus
EPI	Expanded Programme on Immunization
GPI	Gender Parity Index
GPS	Global Positioning System
HHRR	Household Response Rate
HIV	Human Immunodeficiency Virus
IUD	Intrauterine Device
LAM	Lactational Amenorrhea Method
LHV	Lady Health Visitor
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
NAR	Net Attendance Rate
NHC	National Health Committee
ORS	Oral Rehydration Salt
ORT	Oral Rehydration Treatment
RHF	Recommended Homemade Fluid
PD	Planning Department
PPS	Probability proportional to size
PSU	Primary sampling unit
SPSS	Statistical Package for Social Sciences
STI	Sexually Transmitted Infection
TB	Tuberculosis
TOT	Training of Trainers
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
WFFC	World Fit for Children
WHO	World Health Organization
WRR	Women's Response Rate

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Deputy Director General of those ministries participated as members of Steering Committee which was chaired by Director General of Planning Department. Deputy Director General of Department of Health Planning acted as secretary for Steering Committee.

In addition, Deputy Director General of Department of Health Planning chaired the Technical Committee and directors of the above ministries participated as members.

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Executive Summary

Myanmar MICS 2009-2010 was conducted by the Planning Department, Department of Health Planning and the Department of Health. Its main objectives are to provide updated information for assessing the situation of children and women in Myanmar; to furnish data needed for monitoring progress towards the Millennium Development Goals and other internationally agreed goals; and to contribute to the improvement of data collection and monitoring systems in Myanmar.

Myanmar MICS 2009-2010 is a nationally representative survey designed to provide estimates at national level, for urban and rural areas and for each of the 17 states and divisions. Data collection was mainly undertaken between October 2009 and March 2010, although data were collected from four clusters already in June 2009. A sample of 29,250 households was selected, of which 29,238 households were successfully interviewed. Data were collected for indicators at household level, as well as for 38,081 individual women aged 15 to 49, and 15,539 children under five. Data are disaggregated by gender, area of residence, education level and wealth quintile.

It is notable that most indicators do not show any significant differences between male and female children. Urban areas show better outcomes than rural areas on most indicators. There is wide variation among states and divisions, with Rakhine, Chin and Shan (North) States showing lower coverage than other states and divisions on most indicators. Disparities according to wealth level are also visible on most indicators.

Child Mortality

One of the overarching goals of the Millennium Development Goals (MDGs) and the World Fit for Children (WFFC) is to reduce infant and under-five mortality. It is important to note that estimates should be treated with caution, due to the inherent difficulty in collecting accurate birth history data. The Myanmar infant mortality rate has been estimated at 37.5 per 1,000 live births. Under-five mortality rate is estimated at 46.1 per 1,000 live births. Infant and under-five mortality rates are higher in rural than in urban areas. The two lowest wealth quintiles show similar outcomes on child mortality, whereas there is a steady decline in the trend from the middle quintile to the richest. Comparisons across time indicate a decline in levels of infant and under-five mortality rates.

Nutrition

Nutritional status

Children's nutritional status is a reflection of their overall health. Overall, 22.6 per cent of Myanmar children aged under five are moderately underweight, and 5.6 per cent are severely underweight. 35.1 per cent are moderately stunted or too short for their age, while 12.7 per cent are severely stunted. 7.9 per cent of children are moderately wasted or too thin for their height, and 2.1 per cent are severely wasted. Whereas there is little difference between urban and rural children in terms of wasting, more children in rural areas are underweight and stunted than children in urban areas. Undernourishment in children is more common in Rakhine and Chin than in other states and divisions. When the mother has secondary or higher education, a lower percentage of children are underweight or stunted than if the mother has primary education only, but this difference is not significant for wasting. Undernourishment is more common among children in the poorest households.

Breastfeeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. Three quarters (75.8 per cent) of Myanmar mothers initiate breastfeeding within one hour of birth, and 89.3 per cent of women begin breastfeeding within one day of birth. Mothers in urban areas are more likely to begin breastfeeding within one hour of birth than mothers in rural areas. The proportion of mothers initiating breastfeeding within one hour of birth increases with their level of education, as well as their wealth level.

In Myanmar, 23.6 per cent of children are exclusively breastfed up to age six months. The prevalence of exclusive breastfeeding is slightly higher in rural areas than in urban areas. Exclusive breastfeeding rate varies between 1.3 per cent in Rakhine and 40.6 per cent in Kachin. There is no association between the mother's education level and exclusive breastfeeding.

In total, 80.9 per cent of children aged 6-9 months receive breast milk and solid or semi-solid foods. By age 12-15 months 91 per cent of children are still breastfed, and 65.4 per cent of children are still breastfed at age 20-23 months. Continued breastfeeding of children aged 20-23 months is more common in rural areas than in urban areas, and is least common among mothers with secondary or higher education and among the richest mothers.

A total of 41 per cent of children aged 0-11 months are adequately fed. Infant feeding patterns are similar across urban and rural locations. Low levels of adequate feeding of infants is mainly due to the low prevalence of exclusive breastfeeding up to six months.

Vitamin A supplements

Vitamin A is essential for vision and proper functioning of the immune system. For countries with vitamin A deficiency problems, current international recommendations call for high-dose vitamin A supplementation every four to six months for all children aged 6-59 months. A total of 55.9 per cent of Myanmar children received a high-dose vitamin A supplement in the last six months. Additionally 11.9 per cent received the supplement more than six months ago, and 21.3 per cent of children received it but the mother or caregiver was unable to specify when. A total of 66.4 per cent of mothers with a birth in the previous two years received a vitamin A supplement within eight weeks of the birth. More mothers in rural areas than in urban areas received the supplement.

Low Birth Weight

Weight at birth is a good indicator of a mother's health and nutritional status, as well as the newborn's chances for survival and growth. Overall, 56.3 per cent of infants were weighed at birth, and 8.6 per cent of infants are estimated to weigh less than 2,500 grams at birth. The proportion of infants being weighed at birth varies across location of residence, mother's level of education and the economic status of the household. Whereas 81.6 per cent of infants in urban areas are weighed at birth, only 46.1 per cent of infants in rural areas are weighed at birth.

Child Health

Immunization

Immunization plays a key part in reducing child mortality. Immunization data for Myanmar MICS3 were collected from vaccination cards, from midwives' registers and mothers' recall if no written record was available. It could be interpreted that copying information from the records of midwives might affect data quality. It was found that 88.6 per cent of children are fully immunized by age one. Tuberculosis immunization coverage is reported as 97.2 per cent, and both polio and DPT immunization coverage were reported as 95.9 per cent. Measles immunization coverage is 90.7 per cent.

Tetanus Toxoid

Prevention of maternal and neonatal tetanus is to assure all pregnant women receive at least two doses of tetanus toxoid vaccine. As many as 91.8 per cent of Myanmar mothers with a birth in the last 24 months are protected against neonatal tetanus. The proportion of mothers who are protected against tetanus is slightly higher in urban areas (94.6 per cent) than in rural areas (90.7 per cent). There is also a difference according to wealth level. Whereas 87.2 per cent of the poorest women are protected against tetanus, the prevalence reaches 96.2 per cent among the richest women.

Oral Rehydration Treatment

Diarrhoea is the second leading cause of death among children under five worldwide. Overall, 6.7 per cent of under-five children had diarrhoea in the two weeks preceding the survey. Prevalence is highest in Chin State with 13.1 per cent. Overall, 66.3 per cent of children with diarrhoea in the last two weeks received either oral rehydration salts (ORS) or a recommended home-made fluid. Prevalence of oral rehydration treatment is highest among children in urban areas, children whose mother has secondary or higher education and children in the richest households.

Overall, 50.3 per cent of children with diarrhoea received either ORT or increased fluid intake and at the same time continued feeding. Under-five children in urban areas are more likely than children in rural areas to receive ORT or increased fluids and continue feeding when sick with diarrhoea. In terms of socioeconomic differences, 43.8 per cent of diarrhoea cases among the poorest children are properly managed, compared to 65.3 per cent among the richest children. Adequate home management of diarrhoea is lowest among children aged 0-11 months, with 36.5 per cent.

Care seeking and Antibiotic treatment of Pneumonia

Pneumonia is the leading cause of death in children, in Myanmar and worldwide, and the use of antibiotics in under-fives with suspected pneumonia is a key intervention. Overall, 2.6 per cent of children under five had symptoms of pneumonia during the two weeks preceding interview, and 69.3 per cent of these were taken to an appropriate provider. A higher percentage of children with symptoms of pneumonia were taken to an appropriate provider in urban areas (74.4 per cent) than in rural areas (67.3 per cent). Whereas there is no clear association between children being taken to an appropriate provider and the education level of the mother, children from the richest households (77.3 per cent) are more likely to be taken to an appropriate provider than children from the poorest households (62.5 per cent).

A total of 34.2 per cent of under-five children with suspected pneumonia in the two weeks preceding interview received antibiotics. Children whose mother has secondary or higher education (41.1 per cent) are more commonly treated with antibiotics when demonstrating symptoms of pneumonia than children whose mother has primary education (30.8 per cent).

Overall, 6.5 per cent of mothers or caregivers of children under five know of the two danger signs of pneumonia – fast and difficult breathing. The most commonly identified symptoms for seeking immediate health care are when the child develops a fever or becomes sicker. Awareness of the danger signs of pneumonia or recognition of other symptoms that would cause mothers or caregivers to take the child immediately to a health provider does not vary considerably between urban and rural areas or across other background characteristics.

Solid fuel use

Cooking and heating with solid fuels lead to high levels of indoor smoke, with a complex mix of health-damaging pollutants. A total of 94.3 per cent of households in Myanmar use solid fuels for cooking. In rural areas and among the poorest households the proportion of households using solid fuels for

cooking is above 99 per cent. Wood is the most commonly used type of fuel, followed by charcoal. As many as 97.6 per cent of households using solid fuels for cooking have an open stove or fire with no chimney or hood. Richer households (92.8 per cent) cooking with solid fuels less often have an open stove or fire with no chimney or hood than the poorest ones (99.3 per cent).

Environment

Water and Sanitation

Safe drinking water and sanitation are basic necessities for good health. Overall, 82.3 per cent of the population use an improved source of drinking water. While 93.2 per cent of those in urban areas use an improved source of drinking water, 77.6 per cent of those in rural areas do so. Whereas 66.8 per cent of the poorest use an improved source of drinking water, 95 per cent of the richest quintile do so. The most common sources of drinking water are tube well/ bore hole and protected well.

Overall, 34.5 per cent of Myanmar households use an appropriate water treatment method, mostly boiling (33.1 per cent) the water. The most common way of treating water is, however, straining it through a cloth, which will not make it safe to drink. Appropriate water treatment is most commonly found among the urban population and in the richest households.

For 35 per cent of households, the drinking water source is on the premises, and 50.6 per cent need less than 15 minutes to go to the water source and collect water. Households in urban areas more commonly have water on their premises than those in rural areas. Excluding households with water on their premises, the average time it takes to collect water is 10.1 minutes in rural areas and 7.3 minutes in urban areas.

In the majority of households (71.9 per cent) an adult female is the person usually collecting water when the water source is not on the premises. Children's involvement in water collection is generally low. The tendency of women bearing the main responsibility for water collection is strongest in rural areas and among the poorest households.

A total of 84.6 per cent of the population in Myanmar live in households with improved sanitation facilities. In urban areas 94.4 per cent have access to improved sanitation facilities, compared to 80.4 per cent in rural areas. In both rural and urban areas the most common type of sanitation facility is a pit latrine with slab. Population without access to sanitary facilities is found almost exclusively in rural areas, with 9.7 per cent of the rural population being without access to sanitary facilities.

Overall, 72.3 per cent of the population both use improved sources of drinking water and have access to a sanitary means of excreta disposal. This figure is highest in the urban areas and among the richest fifth of the population.

Reproductive Health

Contraception

Appropriate family planning is important to the health of women and children by preventing pregnancies that occur too early or too late in life; extending the period between births; and limiting the number of children. In Myanmar, 46 per cent of ever-married women use contraception. The most commonly used method is by injection. Contraceptive use is highest among women in urban areas, those with secondary or higher education, and among the richest women. Ever-married women with two children have the highest usage rate of contraceptives.

Antenatal care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Overall, 93.1 per cent of women with a birth in the two years preceding interview received antenatal care at least once during their pregnancy, from any type of provider. Coverage of antenatal care is higher in urban areas (98.3 per cent) than in rural areas (91 per cent). The vast majority of pregnant women with secondary or higher education as well as women in the richest households received antenatal care. Also as many as 86.2 per cent of the poorest women received antenatal care at least once during their pregnancy.

A total of 83.1 per cent of ever-married women with a birth in the last two years received antenatal care from a skilled provider. More women in urban areas (95 per cent) than women in rural areas (78.4 per cent) receive antenatal care from a skilled provider. Women with secondary or higher education and who are among the richest quintile have the highest prevalence of receiving antenatal care from a skilled provider.

Although prevalence of antenatal care is high, the content of antenatal care differs. In total, 80.1 per cent of women who received antenatal care had their blood pressure measured, 63.6 per cent had their weight measured, and 56.9 per cent had a urine sample taken. All indicators of content of antenatal care vary widely between states and divisions, as well as between urban and rural locations. Percentages on all aspects of antenatal care increase with the education level and wealth level of women.

Assistance at Delivery

Three quarters of all maternal deaths occur during delivery and the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure a competent health worker with midwifery skills is present at every birth. In total, 70.6 per cent of births occurring in the two years preceding MICS interview were attended by skilled personnel. It is notable that in certain locations of the country (Chin and Shan (North)) more than one in ten women delivers without any attendance at all. The prevalence of skilled attendance at delivery is higher in urban areas than in rural areas, and also higher for women with secondary or higher education as well as among the richest women.

Over one third (36.2 per cent) of women with a birth in the last two years delivered in a health facility, either government or private. The highest rate of institutional delivery is found in Yangon with 68.9 per cent. As is the case with skilled attendance at delivery, the rate of institutional delivery is higher in urban areas, among women with secondary or higher education and among the richest women.

Child Development

Adults' engagement in activities with children is an important determinant for children's mental development in their first three or four years of life. For 57.9 per cent of the under-five children an adult member of household engaged in more than four activities that promote learning and school readiness during the three days preceding the interview. The average number of activities that adults engaged in with children was 3.8. Father's engagement in one or more such activities was 44 per cent. A higher proportion of children in urban areas than children in rural areas have engaged with an adult member of the household in activities that promote learning. Furthermore, more urban children have been involved in such activities with their father. Education level of both mother and father as well as socioeconomic background is shown to play a role for adult household members' engagement in activities with children.

Education

Pre-school Attendance and School Readiness

Attendance to pre-school education in an organized learning or child education programme is important for the readiness of children to school. Overall, 22.9 per cent of Myanmar children aged 36-59 months attend early childhood education. Pre-school attendance in urban areas (39.1 per cent) is more than double that of rural areas (15.9 per cent). Whereas 46 per cent of children in the richest households attend early childhood education, the rate of attendance among the poorest children is as low as 7.6 per cent. Children whose mother has secondary or higher education (35.7 per cent) have a higher attendance of early childhood education than children whose mother has primary education (15.8 per cent). 39.8 per cent of children in the first grade of primary school attended pre-school in the previous year.

Primary and Secondary School Participation

Universal access to basic education and the achievement of primary education by the world's children is one of the most important goals of the Millennium Development Goals. In Myanmar, 74.4 per cent of five-year-olds attend school, with no difference between girls and boys. Whereas there is only a slight difference between urban and rural areas, it is notable that while 80.7 per cent of children aged five from the richest households are in school, only 63.5 per cent of children from the poorest households have entered primary school.

A total of 90.2 per cent of children of primary school age, which is five to nine years, attend school. While only 77.3 per cent of children aged five are in school, 95 per cent of both seven- and eight-year-olds are in school, indicating a tendency for children to begin school late.

Only 58.3 per cent of children of secondary school age are in secondary school. The rate is as low as 28.2 per cent among children from the poorest households, compared to 85.5 per cent among children from the richest households. Overall, 11.9 per cent of secondary school aged children attend primary school. Among the poorest, almost one out of five (19.4 per cent) secondary school aged children are still in primary school, compared to 5 per cent of the richest children.

The net primary completion rate (percentage of nine-year-olds who are in the last grade of primary school) is 54.2 per cent. Only 31.2 per cent of nine-year-olds from the poorest households have reached the last year of primary school, compared to 78.7 per cent of children from the richest households.

The ratio of girls' to boys' school attendance is 1.01 for primary and 1.01 for secondary school. Whereas the Gender Parity Index for primary school does not vary much with area of residence or other background characteristics, there is more variance in the ratio of girls to boys in secondary school.

Young Female Literacy

Being literate is important for young women in enhancing job productivity and employment opportunities, as well as allowing them to access information. In Myanmar, 87.8 per cent of young women aged 15-24 are literate, that is they have attended secondary or higher education, or are able to read a short simple statement. Young urban women have a higher literacy rate than their rural peers, with 94.9 per cent against 84.9 per cent. Among the richest young women, the literacy rate is 96.6 per cent, compared to 69 per cent among young women from the poorest households.

Child Protection

Birth registration

The Convention on the Rights of the Child articles 7 and 8 state that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. A total of 72.4 per cent of under-five children have been registered at birth. Whereas 93.5 per cent of children in urban areas are registered at birth, 63.5 per cent of children in rural areas are registered. Children in the richest households and those whose mother has secondary or higher education have a higher rate of birth registration. Among children whose birth is not registered, the main reason is that the mother or caregiver did not know the child should be registered at birth.

Early marriage

Early marriage, before or around the age of 18, is a reality for many young girls worldwide. In Myanmar, 7.4 per cent of young women aged 15-19 are currently married. Prevalence of early marriage varies by geographic location, and is as high as 22.3 per cent in Shan (East). Girls and young women aged 15-19 are less commonly married if they have secondary or higher education, and if they live in the richest households.

Orphans and Children's Living Arrangements

One or both parents of 6.6 per cent of Myanmar children have died. In the age group 15-17, this figure reaches 13.5 per cent, indicating that more than one out of ten Myanmar children lose one or both parents by that age.

In total, 5.4 per cent of Myanmar children aged 0-17 do not live with a biological parent, although the parents of most of these children are still alive. In Mon State as many as 18.7 per cent of children live without their biological parents.

HIV/AIDS

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and ways of preventing transmission. In Myanmar most of the interviewed women (95.4 per cent) have heard about HIV/AIDS. Only 30.1 per cent of women, however, have comprehensive knowledge of HIV/AIDS, that is, they know at least two ways of preventing HIV transmission and reject three common misconceptions. A greater proportion of urban women (41.2 per cent) than rural women (25 per cent) have comprehensive knowledge of HIV/AIDS.

A total of 87 per cent of women know that HIV/AIDS can be transmitted from mother to child, and 65 per cent know all three ways of mother-to-child transmission. There is little difference between urban and rural areas, but the level of awareness varies markedly between states and divisions.

Overall 70.6 per cent of women know of a place where they can be tested for HIV, and 17.6 per cent have been tested. Urban women are almost three times as likely as rural women to get tested (33 per cent against 10.5 per cent). Compared to 33 per cent of women in the richest households who have been tested for HIV, 5.9 per cent of women in the poorest households have done so.

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I. Introduction

Background

This report is based on the Myanmar Multiple Indicator Cluster Survey, conducted in 2009-2010 by the Planning Department, Department of Health Planning and Department of Health. The survey provides valuable information on the situation of children and women in Myanmar, and was based, in large part, on the need to monitor progress towards goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action of A World Fit for Children, adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both of these commitments build upon promises made by the international community at the 1990 World Summit for Children.

In signing these international agreements, governments committed themselves to improving conditions for their children and to monitoring progress towards that end. UNICEF was assigned a supporting role in this task (see table below).

A Commitment to Action: National and International Reporting Responsibilities

The governments that signed the Millennium Declaration and the World Fit for Children Declaration and Plan of Action also committed themselves to monitoring progress towards the goals and objectives they contained:

"We will monitor regularly at the national level and, where appropriate, at the regional level and assess progress towards the goals and targets of the present Plan of Action at the national, regional and global levels. Accordingly, we will strengthen our national statistical capacity to collect, analyse and disaggregate data, including by sex, age and other relevant factors that may lead to disparities, and support a wide range of child-focused research. We will enhance international cooperation to support statistical capacity-building efforts and build community capacity for monitoring, assessment and planning." (A World Fit for Children, paragraph 60)

"…We will conduct periodic reviews at the national and subnational levels of progress in order to address obstacles more effectively and accelerate actions…." (A World Fit for Children, paragraph 61)

The Plan of Action (paragraph 61) also calls for the specific involvement of UNICEF in the preparation of periodic progress reports:

"… As the world's lead agency for children, the United Nations Children's Fund is requested to continue to prepare and disseminate, in close collaboration with Governments, relevant funds, programmes and the specialized agencies of the United Nations system, and all other relevant actors, as appropriate, information on the progress made in the implementation of the Declaration and the Plan of Action."

Similarly, the Millennium Declaration (paragraph 31) calls for periodic reporting on progress:

"…We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action."

Myanmar acceded to the Convention on the Rights of the Child (CRC) in 1991, and to the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) in 1997.

To align with the commitments under the CRC, Myanmar Child Law was enacted in 1993. This law is a comprehensive law on the rights of children and is in line with the CRC. It is to be implemented by the committees on the rights of the child at the different levels; and ministries concerned, such as the Ministry of Social Welfare, Relief and Resettlement, Ministry of Education, Ministry of Labour, and Ministry of Information.

Myanmar has put into place the following objectives in the Fourth Short-Term Five-Year Plan (2006/2007 to 2010/2011):

- to extend education and health sectors for human resource development
- to carry on for the development of border areas
- to carry on for the development of rural areas
- to alleviate poverty
- to exceed the targets of MDGs in implementing the national plans

Subsequently, the National Health Plan was drawn to contribute to the National Economic Plan. This plan covers the second five-year period of Myanmar Health Vision 2030. The main objectives of the National Health Plan (2006-2011) include striving for the development of a health system that will be in conformity with political, economic and social evolution in the country as well as global changes; enhancing the quality of health care and coverage; and accelerating rural health development activities.

Children's health situation is one of the priority areas for Myanmar. Under the guidelines laid down by the National Health Committee (NHC), the Ministry of Health, other related ministries and partner agencies are implementing programmes and projects that are directly or indirectly related to the well-being of children in Myanmar. However, the Five-year Strategic Plan for Child Health Development for 2010-2014 recognizes that a challenge remains in that many interventions for child health have been implemented as separate projects supported by the government and various partners. These do not cover the entire country, and there is some overlap in projects and limited consistency in training.

Recognizing that around one-third of all infant deaths occur in the neonatal period, the National Health Plan has given a high priority to newborn health care. Training courses on Essential Newborn Care have been included in pre-service training for doctors, nurses and midwives. Other child survival interventions outlined in the Five-year Strategic Plan for Child Health Development for 2010-2014 include extending the coverage for prevention and treatment of diarrhoea and pneumonia; expanding the coverage of exclusive breastfeeding of infants up to six months; and intensifying the implementation of programmes for treatment of acute moderate and severe malnutrition.

This final report presents the results of the indicators and topics covered in the survey.

Survey Objectives

The 2009-2010 Myanmar Multiple Indicator Cluster Survey has as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Myanmar;
- To furnish data needed for monitoring progress toward goals established in the Millennium Declaration, the goals of A World Fit for Children (WFFC), and other internationally agreed upon goals, as a basis for future action;
- To contribute to the improvement of data and monitoring systems in Myanmar and to strengthen technical expertise in the design, implementation, and analysis of such systems.

II. Sample and Survey Methodology

Sample Design

The sample for the Myanmar Multiple Indicator Cluster Survey (MICS) was designed to provide estimates on the selected MICS indicators on the situation of children and women at the national level, for urban and rural areas, and for the 17 states and divisions: Kachin, Kayah, Kayin, Chin, Mon, Rakhine, Shan (North), Shan (East), Shan (South), Ayeyarwaddy, Mandalay, Bago (East), Bago (West), Magwe, Sagaing, Tanintharyi, and Yangon.

Ten townships in Ayeyarwaddy Division and four townships in Yangon Division affected by Cyclone Nargis in 2008 were excluded from the sampling frame prior to sampling. Five townships in Shan (North) were removed from the sampling frame due to security concerns.

Urban and rural areas were identified as the main sampling domains, and the sample was selected in multi-stages. In each state/division, the clusters (primary sampling units) were distributed to urban and rural domains, proportional to the size of urban and rural populations in that state/division. After household listing and mapping activities were carried out within the selected enumeration areas, a sample of 29,250 households was drawn.

Forty of the selected enumeration areas were not visited because they were inaccessible due to security concerns during the fieldwork period. These were replaced with other clusters of similar size. Substitution of selected clusters is, however, not a recommended MICS procedure. The geographical location of the 40 clusters which were not accessible was as follows:

1.	Kachin State	1	cluster
2.	Kayin State	3	clusters
3.	Rakhine State	1	cluster
4.	Shan (North) State	1	cluster
5.	Shan (East) State	19	clusters
6.	Shan (South) State	10	clusters
7.	Sagaing Division	1	cluster
8.	Tanintharyi Division	4	clusters

For reporting national level results, sample weights are used. A more detailed description of the sample design can be found in Appendix A.

Questionnaires

Three sets of questionnaires were used in the survey: 1) a household questionnaire which was used to collect information on all de jure household members, the household, and the dwelling; 2) a women's questionnaire administered in each household to all women aged 15-49 years, with two different versions used according to marital status of the woman; and 3) an under-five questionnaire, administered to mothers or caregivers of all children under five living in the household.
The Household Questionnaire included the following modules:

- Household Listing
- Education

- Water and Sanitation

Data were also collected about household expenditure, hand washing practices and use of bednets but this information has not been included in the MICS3 report.

The Questionnaire for Individual Women was administered to all women aged 15-49 years living in the households. Two versions of the questionnaire were used; one for women who currently were, or had ever been, married, and a separate and shorter questionnaire for women who had never been married. The questionnaire for ever-married women included the following modules:

- Child Mortality
- Tetanus Toxoid
- Maternal and Newborn Health
- Contraception
- HIV knowledge

Never-married women were asked only the HIV knowledge module. It was considered too sensitive in the national cultural context to ask unmarried women about issues pertaining to contraceptive use, pregnancy and childbirth. This means that information related to contraceptive use and childbirth of unmarried women was not captured in the data.

The Questionnaire for Children under Five was administered to mothers or caregivers of children under five years of age[1] living in the households. In most cases the questionnaire was administered to mothers of under-five children; in cases when the mother was not listed in the household roster, a primary caregiver for the child was identified and interviewed. The questionnaire included the following modules:

- Birth Registration and Early Learning
- Vitamin A
- Breastfeeding
- Care of Illness
- Immunization
- Anthropometry

The questionnaires are based on the MICS3 model questionnaire[2]. From the MICS3 model English version, the questionnaires were translated into Myanmar and were pre-tested in Pyan-ka-pyae Village in Pyinmana Township, Mandalay Division during May 2009. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires. Questionnaires were not translated into any of the other languages spoken in Myanmar. A copy of the Myanmar MICS questionnaires is provided in Appendix F. In addition to the administration of questionnaires, fieldwork teams measured the weights and heights of children under five.

Training and Fieldwork

A series of trainings were conducted throughout the country[3]:

- Training for 20 core trainers at central level in Nay Pyi Taw for six days in June 2009
- Three rounds of Trainings of Trainers (TOT) at central level in July and August 2009

[1] The terms “children under 5”, “children age 0-4 years”, and “children aged 0-59 months” are used interchangeably in this report.
[2] The model MICS3 questionnaire can be found at www.childinfo.org, or in UNICEF, 2006.
[3] Training for Myanmar MICS differs from standard recommended MICS procedures in that the time allocated for each training is shorter than the MICS recommendations of 12-14 days. MICS also recommends having only one level of training to ensure that all trainees undergo the same training. In Myanmar, training was arranged in the rainy season which led to difficult travel conditions for attendees.

- State and division level trainings for data editors and enumerators in September and October 2009
- Data entry training in November and December 2009

Initially, training for core trainers was conducted at central level in June 2009. A total of 20 core trainers comprised of senior and mid-level officials from various concerned departments attended the training, which lasted for six days including field practice for two days in Pyan-ka-pyae village, Pyinmana Township. MICS coordinators and team members from the Department of Health Planning (DHP) and the Planning Department (PD), some of whom have medical background and previous experience on conducting MICS, provided trainings. Specialists from the Nutrition Division of the Department of Health (DoH) conducted training on Anthropometry including theoretical background and practical measurements. Core trainers were assigned later as trainers for Training of Trainers (TOT).

In July and August 2009, three rounds of Trainings of Trainers (TOT) were conducted in Nay Pyi Taw with participants from central level and each state and division. Participants from five to seven states or divisions, with three to five representatives from each, attended each TOT. Each TOT lasted for 10 days including practice on field work for three days such as map sketching, GPS use, filling in cluster control sheets, interviewing practice using the three sets of questionnaires and anthropometry measurements for under-five children. Field practices were conducted in Ngan-sat, Pyan-ka-pyae and Nat-thu-ye villages in Pyinmana Township for each TOT. A total of 77 trainers attended TOTs, and they became supervisors for data collection teams.

State and division level trainings for data editors and enumerators were conducted from September to October 2009 in all 17 states and divisions. Each training lasted for seven days including three days field practice where questionnaire interviewing and anthropometric measurement for under-five children were practiced. These trainings were organized by trainers who had attended at central level TOT, one central level supervisor and one nutritional team leader for anthropometric training. In each state and division level training, 15 to 25 participants were trained.

Data entry training was carried out from November to December 2009. Trainings were conducted in the three data entry centres in Nay Pyi Taw, Yangon and Mandalay. Each training lasted for four days each, and a total of six data entry supervisors and 30 data entry operators were trained.

After the first round of training for core trainers, data collection was launched in the last week of June 2009 and was carried out by these trainers in four clusters in Mandalay. Actual mass data collection started in October 2009 following the state and division level training and concluded in March 2010. Data collection was supervised by members from the central level monitoring team of the Planning Department, the Department of Health Planning and the Department of Health, and staff from UNICEF.

A total of 63 data collection teams collected data throughout the country in 17 states and divisions. In each state or division, there were three to five data collection teams, and each team was composed of one supervisor, one data editor, four enumerators and one field guide. Most of the data editors were Health Assistants, Lady Health Visitors and Public Health Nurses from the Department of Health who had previous experience with anthropometric measurement and survey data collection. Field teams were accompanied by local authorities to facilitate appointment for interview, and in some cases midwives and Lady Health Visitors who helped translate interviews with respondents from a few clusters who could not speak Myanmar. Additionally, midwives assisted in recording data related to immunization.

Data Processing

Completed questionnaires from each state/division were sent back to three assigned data entry centres in Yangon, Mandalay and Nay Pyi Taw, where data entry was done for five to seven states or divisions in each centre. A total of 30 data entry operators and six data entry supervisors were involved in entering the data, and 11 microcomputers were used in each centre. Data were entered using the CSPro software. In order to ensure quality control, all questionnaires were double entered and internal consistency checks were performed. Procedures and standard programmes developed under the global MICS3 project and adapted to the Myanmar questionnaire were used throughout. Data entry started in December 2009 and concluded in April 2010[4]. Final consistency checks were then performed using the Statistical Package for Social Sciences (SPSS) Version 18 software programme.

Data were analysed using SPSS Version 18 and the model syntax and tabulation plans developed by UNICEF for this purpose, with adaptations to the Myanmar questionnaire.

[4] It is recommended MICS procedure to begin data entry simultaneously with fieldwork, so that any problems or inconsistencies in recording of data can be fed back to enumerators early in the fieldwork process. In Myanmar data entry began at a later date than fieldwork because the data entry programme was not yet ready in July. Mass data collection started in October, and data entry began in December.

III. Sample Coverage and the Characteristics of Households and Respondents

Sample Coverage

Of the 29,250 households selected for the sample, all households were found to be occupied. Of these, 29,238 were successfully interviewed for a household response rate of 100 per cent.[5] In the interviewed households, 39,025 women aged 15-49 were identified. Of these, 38,081 were successfully interviewed, yielding a response rate of 97.6 per cent. In addition, 15,574 children under five were listed in the household questionnaire. Questionnaires were completed for 15,539 of these children, which corresponds to a response rate of 99.8 per cent. Overall response rates of 97.5 and 99.7 are calculated for the women's and under-five's interviews respectively (Table HH.1).

Since the household response rate was 100 per cent, no difference could be seen between urban and rural areas or across the 17 states and divisions of the country. Women's overall response rate is slightly lower than children's overall response rate because some women were not available in their home at the time of interview. Kachin State has the lowest women's response rate (89.5 per cent), followed by Bago (East) Division (94.1 per cent), Mandalay and Sagaing (95.4 and 95.6 per cent respectively). Other states and divisions showed a response rate for women above 98 per cent.

Variations in women's response rates across the country may be due to slight differences in cultural and socioeconomic situation, influencing the daily activities and working status of women.

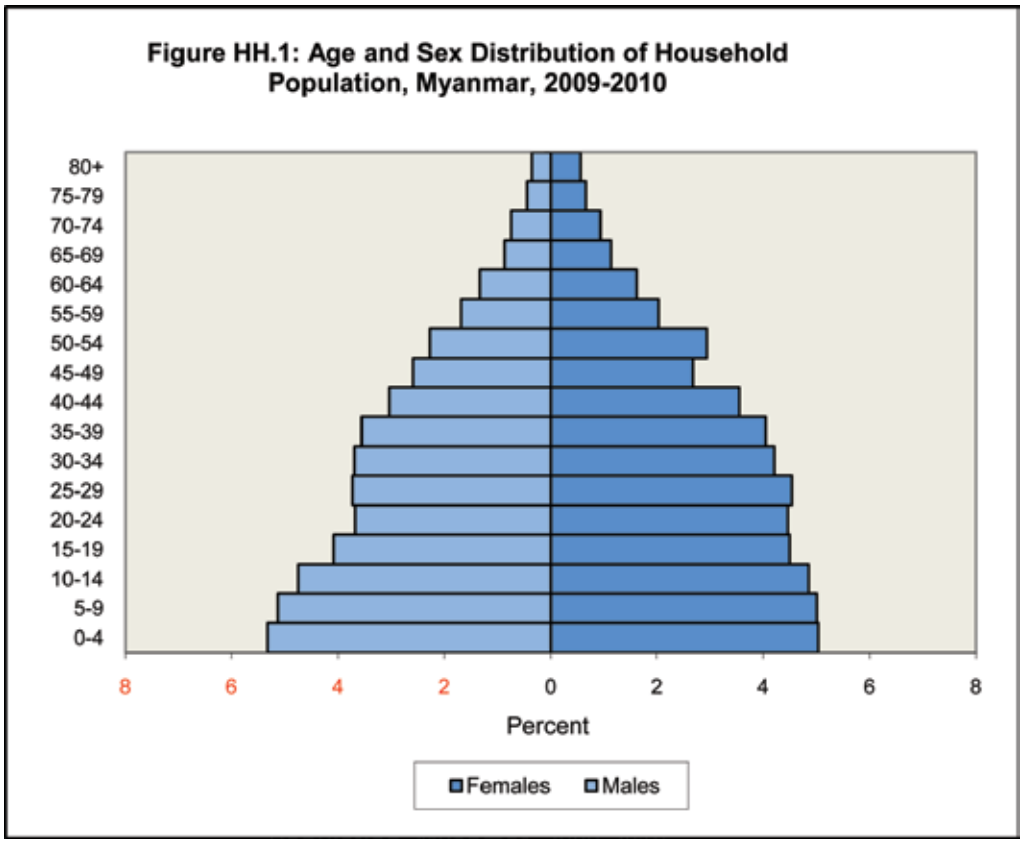
Characteristics of Households

The age and sex distribution of the survey population is provided in Table HH.2. The distribution is also used to produce the population pyramid in Figure HH.1. In the 29,238 households successfully interviewed in the survey, 141,269 household members were listed. Of these, 66,712 were male, and 74,557 were female. These figures indicate the average household size at 4.8. Child population (aged 0-14 years) was found to be 30.1 per cent of total population, and labour age population (aged 15-64 years) was 64.2 per cent of total. The elderly population (65 years and older) was 5.7 per cent of total population. Of the survey population, 35.4 per cent were children aged 0-17 years, and 64.6 per cent were adults aged 18 years and above.

Table HH.3 provides basic background information on the households. Within households, the sex of the household head, states/division, urban/rural status and number of household members are shown in the table. These background characteristics are also used in subsequent tables in this report; the figures in the table are also intended to show the numbers of observations by major categories of analysis in the report.

The table also shows the proportions of households where at least one child under 18, at least one child under five, and at least one eligible woman aged 15-49 years were found.

[5] Response rates were high because the assistance of the Peace and Development Council and Health Departments at local levels were enlisted to give support to the survey, and people in the selected enumeration areas were asked to stay at home during the survey period.



The weighted and unweighted numbers of households are equal at national level, since sample weights were normalized (See Appendix A). Weighted and unweighted numbers of households are also similar for the urban/rural distribution. When looking at the state and divisional level, however, it can be seen that weighted and unweighted numbers differ. In Kayah State, for example, the unweighted number of households is 1,170, while the weighted number is only 145. In Yangon, on the other hand, the unweighted number is 2,550, while the weighted number of households is 4,286. The reason for these differences is variation in size and population density across states and divisions. In smaller states and divisions, such as Kayah, there was over-sampling of households in order to ensure that a representative sample was drawn, and that the number of sampled households would be sufficient to provide reliable estimates. Because of its small population size, Kayah was assigned a low weight, which results in a lower weighted number of households. The same pattern of weighted and unweighted numbers can be seen also for individual women and children.

Weighted distribution of households by area of residence shows 29.6 per cent of households were located in urban areas and 70.4 per cent were located in rural areas. Out of the 17 states and divisions, Yangon and Mandalay Divisions have the highest weighted percentage of households (14.7 per cent and 14.5 per cent respectively) followed by Sagaing, Magwe and Ayeyarwaddy (11.2, 9.2 and 8.9 per cent respectively). These are the states and divisions providing the highest contribution to the national estimates. Kayah State had lowest weighted percentage of households (0.5 per cent), Chin State was second lowest (1 per cent) and Shan (East) was third lowest (1.5 per cent).

The largest group of households (43.1 per cent) had 4-5 members, and most had male heads of household (83.2 per cent). Forty-two per cent of households had at least one child aged under five years, and 90.6 per cent of households had at least one woman aged 15-49 years.

Characteristics of Respondents

Tables HH.4 and HH.5 provide information on the background characteristics of female respondents aged 15-49 years and of children under five. In both tables, the total numbers of weighted and unweighted observations are equal, since sample weights have been normalized (standardized). In addition to providing useful information on the background characteristics of women and children, the tables are also intended to show the numbers of observations in each background category. These categories are used in the subsequent tabulations of this report.

Table HH.4 provides background characteristics of female respondents aged 15-49 years. The table includes information on the distribution of women according to state/division, urban-rural areas, age, marital status, motherhood status of ever-married women, education[6], and wealth index quintiles[7]. It is found that 31.5 per cent of women were residing in urban areas, and 68.5 per cent were residing in rural areas. Regarding the marital status of women, 60.6 per cent were ever-married (including divorced, separated and widowed women) and 39.4 per cent were never-married women. Among ever-married women, 92 per cent had ever given birth. Education status of more than half of the women (51.2 per cent) was secondary and above, while 39.4 per cent of women have primary school. 6.7 per cent of the women have received no education.

Some background characteristics of children under five are presented in Table HH.5. These include distribution of children by several attributes: sex, state/division and urban/rural area of residence, age in months, mother's or caregiver's education and wealth index quintiles.

Out of all under-five children, 51.4 per cent were male and 48.6 per cent were female. It was found that 29.6 per cent of children were residing in urban areas and 70.4 per cent were residing in rural areas. Regarding mothers' educational status, 45.7 per cent of children had mothers with primary level education, and 41.6 per cent had mothers with secondary or higher education. Also 10.3 per cent of children had mothers without education. It is worth noting that more children under five fall into the poorer wealth quintiles than in the richest. Whereas 24.7 per cent of children under five are found in the poorest households, 17.8 per cent are found in the richest households.

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[6] Unless otherwise stated, "education" refers to educational level attended by the respondent throughout this report when it is used as a background variable.

[7] Principal components analysis was performed by using information on the ownership of household goods and amenities (assets) to assign weights to each household asset, and obtain wealth scores for each household in the sample (The assets used in these calculations were as follows: persons per sleeping room, types of floor, roof, wall, type of cooking fuel used, electricity, radio, television, mobile phone, land line phone, refrigerator, ownership of watch, bicycle, motorcycle, boat/animal drawn cart, car, motorized boat/ trawlargyi, source of drinking water used, type of sanitary facility). Each household was then weighted by the number of household members, and the household population was divided into five groups of equal size, from the poorest quintile to the richest quintile, based on the wealth scores of households they were living in. The wealth index is assumed to capture the underlying long term wealth through information on the household assets, and is intended to produce a ranking of households by wealth, from poorest to richest. The wealth index does not provide information on absolute poverty, current income or expenditure levels, and the wealth scores calculated are applicable for only the particular data set they are based on. Further information on the construction of the wealth index can be found in Rutstein and Johnson, 2004, and Filmer and Pritchett, 2001.

IV. Child Mortality

One of the over-arching goals of the Millennium Development Goals (MDGs) and the World Fit for Children (WFFC) is to reduce infant and under-five mortality. Specifically, the MDGs call for the reduction in under-five mortality by two thirds between 1990 and 2015. Monitoring progress towards this goal is an important but difficult objective.

The infant mortality rate is the probability of dying before the first birthday, while the under-five mortality rate is the probability of dying before the fifth birthday. Both are presented as probabilities per thousand live births.

The 2009-2010 Myanmar MICS used a direct estimation technique for calculating infant and under-five mortality rates[8]. The mortality rates were computed from information gathered from the birth history of the Women's Questionnaire. Ever-married women aged 15-49 years were asked whether they had ever given birth, and if they had, they were asked to report the number of sons and daughters who live with them, the number who live elsewhere, and the number who have died. In addition, they were asked to provide a detailed birth history of their children in chronological order starting with the first child. Women were asked whether a birth was single or multiple; the sex of the child; the date of birth (month and year); survival status; age of the child on the date of the interview if alive; and if not alive; the age at death of each live birth. Both infant and under-five mortality rates can be calculated from these data by dividing deaths for given ages and time periods by exposure to risk in terms of person-years of life lived by the reported children.

At the time of developing the questionnaire it was deemed too sensitive in the cultural context to ask unmarried women questions about childbirth or contraceptive use. Child mortality probabilities as calculated in the 2009-2010 Myanmar MICS therefore include only children born to mothers who were married at time of interview, or had been so in the past.

Estimates of child mortality are very sensitive to data errors and can in particular suffer from the omissions of deceased children. Estimating child mortality from the self-reporting of mothers presents a number of challenges. Because the death of a child can be difficult to speak about, some women might want to avoid any mention of children who died. Women may also misunderstand the questions and think only children who are still alive should be reported, and so inadvertently omit to mention children who died in early childhood. Estimation of infant mortality, using direct methods, also depends heavily on the correct reporting of age at death as under or over one year. It can be very challenging to obtain accurate reporting of age at death, and heaping on 12 months is common, where, for example, the age of a child who died before the age of one might be rounded upwards to one year.

Another issue to consider, which may contribute to data quality problems in mortality estimates, is that some infants who die shortly after birth might be mistaken for stillbirths in the absence of a skilled health provider[9]. In Myanmar, the rate of institutional delivery is low, and not all births occur in the presence of a skilled birth attendant. Birth asphyxia is a condition where the newborn is deprived of oxygen during delivery. The newborn baby might not be breathing and might have a low heart rate

[8] This technique is the one used by the Demographic and Health Survey (DHS) project, and the questionnaire module used for Myanmar MICS is based on the DHS questionnaire.

[9] The Myanmar Fertility and Reproductive Health Survey 2007 estimates the prevalence of stillbirths as 1.33 per cent of all pregnancies

and a bluish skin tone. Without emergency health care the baby could die. The mother and any birth attendant without relevant medical expertise might, however, think that the baby was born dead. In such cases the mother would therefore not report the birth of this child to the interviewer. Although there is no evidence to prove the extent to this problem, there is suggestion that it could possibly lead to the under-reporting of deceased children.

In addition to issues surrounding mothers' reporting of mortality, survey-based estimates of infant and under-five mortality rates should be treated with some caution due to sampling issues. Account needs to be taken of sampling error. As infant death is typically a rare event, sampling error for survey-based mortality estimates can be substantial, implying a great deal of uncertainty regarding the true population rate[10].

Furthermore, in a household survey population groups such as migrants and those living in temporary settlements tend not to be included. In the Myanmar context it also has to be acknowledged that certain areas of the country were excluded from the sampling frame, as mentioned in the methodology section. Areas were excluded due to security concerns, and the area affected by Cyclone Nargis in 2008 was also omitted. The situation of children in the excluded areas might be more precarious than in the rest of the country, and the infant and under-five mortality rates might have shown a higher estimate if these areas were included.

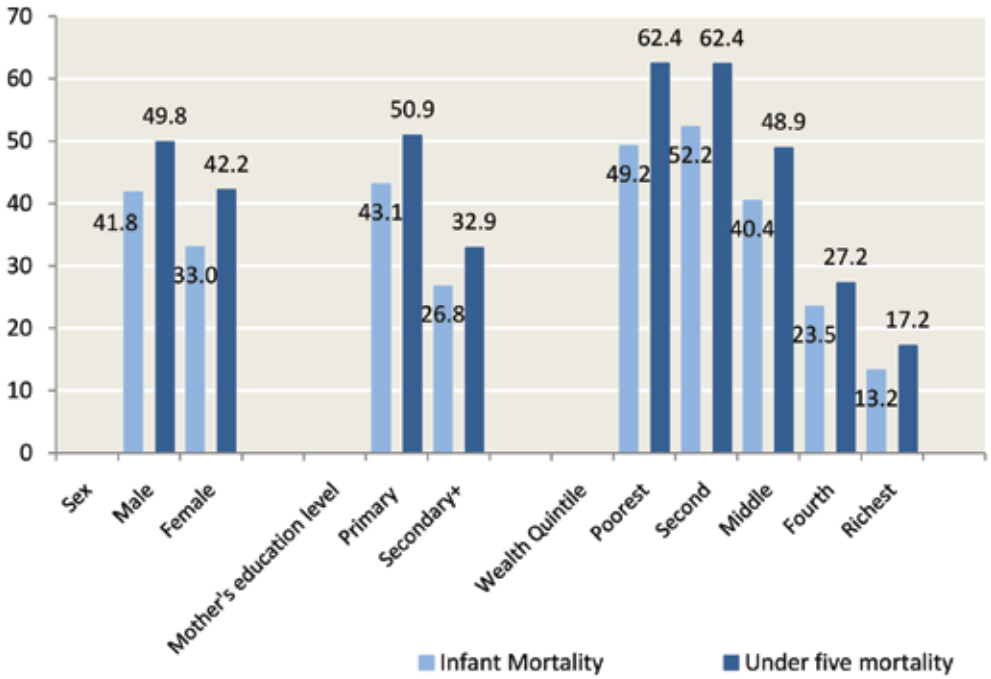
Detailed findings of infant mortality and under-five mortality rates per 1,000 live births for national, urban and rural areas by period of analysis of five years are shown in Table CM.1. For the most recent time period of 0-4 years immediately preceding the time of interview, which is from 2005/2006 to 2009/2010, the infant mortality rate for Myanmar has been estimated at 37.5 per 1,000 live births. The under-five mortality rate is 46.1 per 1,000 live births. In urban areas of the country the infant mortality rate is 24.5 per 1,000 live births for the most recent time period, while the under-five mortality rate is 29.1 per 1,000 live births. The corresponding figures for rural areas are 42.8 per 1,000 live births and 52.9 per 1,000 live births respectively. This suggests that children in urban areas are more likely to survive to both their first and fifth birthday than their peers in rural areas. Mortality rates have not been calculated at state/divisional level because the sample size was not considered sufficient to provide reliable estimates.

The infant and under-five mortality estimates for the most recent five-year period shows a wide variation by wealth quintile (Table CM.2). Whereas the infant mortality rate for the poorest households is 49.2, it is only 13.2 for the richest households. Along the same lines, the under-five mortality rate is 62.4 among the poorest households and 17.2 among the richest. The two bottom quintiles display very similar outcomes, while from the middle quintile and up to the richest there is a steady decline in mortality of children. Infant and under-five mortality rates also indicate an association with the education level of the mother. Where the mother has primary education only, the infant mortality rate is 43.1 and the under-five mortality rate is 50.9. This contrasts with an infant mortality rate of 26.8 and an under-five mortality rate of 32.9 where the mother has secondary or higher education. Fewer boys than girls survive infancy. While the infant mortality rate is 41.8 for boys, it is 33.0 for girls.

For both the national level and rural and urban areas the figures for the most recent five-year period are lower than for the previous two five-year periods, indicating a declining trend in child mortality, although we have to be cautious in drawing conclusions about the existence and strength of this decline.

[10] The range of uncertainty has not been calculated for infant and under-five mortality estimates.

Figure CM.1. Infant Mortality and Under 5 Mortality rates by sex, mother's education level and wealth quintile, Myanmar 2009-2010



V. Nutrition

Nutritional Status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and are considered well nourished.

Malnutrition is associated with more than half of all child deaths worldwide. Undernourished children are more likely to die from common childhood ailments, and for those who survive, have recurring sicknesses and faltering growth. Three quarters of the children who die from causes related to malnutrition were only mildly or moderately malnourished – showing no outward sign of their vulnerability. The Millennium Development target is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. The World Fit for Children goal is to reduce the prevalence of malnutrition among children under five years of age by at least one third (between 2000 and 2010), with special attention to children under two years of age. A reduction in the prevalence of malnutrition will assist in the goal to reduce child mortality.

In a well-nourished population, there is a reference distribution of height and weight for children under age five. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is the WHO Child Growth Standards, which is recommended for use by UNICEF and the World Health Organization. Each of the three nutritional status indicators can be expressed in standard deviation units (z-scores) from the median of the reference population.

Weight-for-age is a measure of both acute and chronic malnutrition. Children whose weight-for-age is more than two standard deviations below the median of the reference population are considered moderately or severely underweight while those whose weight-for-age is more than three standard deviations below the median are classified as severely underweight.

Height-for-age is a measure of linear growth. Children whose height-for-age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as moderately or severely stunted. Those whose height-for-age is more than three standard deviations below the median are classified as severely stunted. Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

Finally, children whose weight-for-height is more than two standard deviations below the median of the reference population are classified as moderately or severely wasted, while those who fall more than three standard deviations below the median are severely wasted. Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

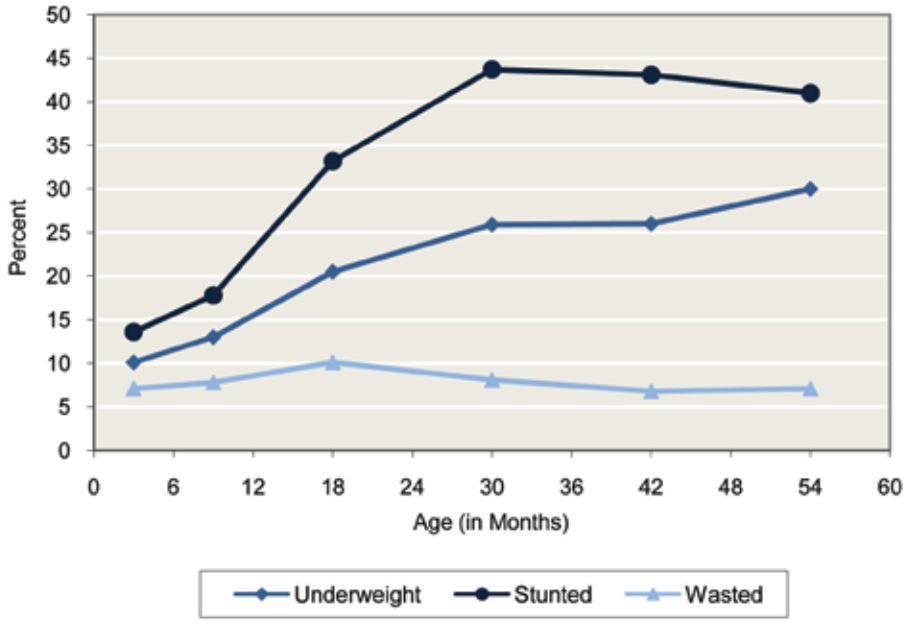
In MICS, weight and height of all children under five years of age were measured using anthropometric equipment recommended by UNICEF (UNICEF, 2006). Findings in this section are based on the results of these measurements.

Table NU.1 shows percentages of children classified into each of these categories, based on the anthropometric measurements that were taken during fieldwork. Additionally, the table includes the percentage of children who are overweight, which takes into account those children whose weight for height is above two standard deviations from the median of the reference population.

In Table NU.1, children who were not weighed and measured (approximately 0.5 per cent of children) and those whose measurements are outside a plausible range are excluded. Percentage of under-five children who are severely or moderately undernourished determined by WHO growth standard is shown in Table NU.1. The similar findings analysed by NCHS standard is shown in Table NU.1A.

In Myanmar, nearly one in four children under age five (22.6 per cent) are moderately underweight, and 5.6 per cent are classified as severely underweight (Table NU.1). More than a third of children (35.1 per cent) are moderately stunted or too short for their age, and 7.9 per cent are moderately wasted or too thin for their height.

Figure NU.1: Percentage of children under-5 who are undernourished, Myanmar, 2009-2010



There is no notable difference in the nutritional status of male and female children. Children in rural areas appear more likely to be underweight and stunted than children in urban areas, but there is little difference in level of wasting. About one in four (24.2 per cent) of rural children are moderately or severely underweight, and more than one third (38.4 per cent) of rural children are moderately or severely stunted. Children in Rakhine and Chin States are more likely to be undernourished than other children. In Rakhine, a total of 37.4 per cent of children are either moderately or severely underweight, whereas the underweight prevalence is 30.7 per cent in Chin. Also in Shan (North), Ayeyarwaddy and Magwe around one in four children are underweight. Severe or moderate stunting is as high as 58 per cent in Chin, and 49.9 per cent in Rakhine.

Children's nutritional status is correlated with the educational level of their mothers, as well as their socioeconomic background. Those children whose mothers have secondary or higher education are less likely to be underweight and stunted compared to children of mothers with primary or no education, whereas variation is smaller for wasting. Distribution across wealth quintiles shows that higher percentages of undernourished children are found in poorer quintiles. For example, among the poorest children 33.1 per cent are moderately underweight and 9.7 per cent of children are severely underweight, contrasting with 13.5 per cent of the richest children who are moderately underweight and 2.7 per cent who are severely underweight. Close to five out of 10 of the poorest children are stunted, compared to one in five of the richest.

The age pattern shows that the highest prevalence of underweight is found in children aged 48-59 months, highest coverage of stunting is found in children aged 24-47 months and highest rate of wasting is found in children aged 12-23 months (Figure NU.1). This pattern of wasting is expected and is related to the age at which many children cease to be breastfed and are exposed to contamination in water, food, and environment.

Breastfeeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon, and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available. The World Fit for Children goal states that children should be exclusively breastfed for six months and continue to be breastfed with safe, appropriate and adequate complementary feeding for up to two years of age and beyond.

WHO/UNICEF have the following feeding recommendations:

- Exclusive breastfeeding for first six months
- Continued breastfeeding for two years or more
- Safe, appropriate and adequate complementary foods beginning at six months
- Frequency of complementary feeding: two times per day for 6- to 8-month-olds; three times per day for 9- to 11-month-olds

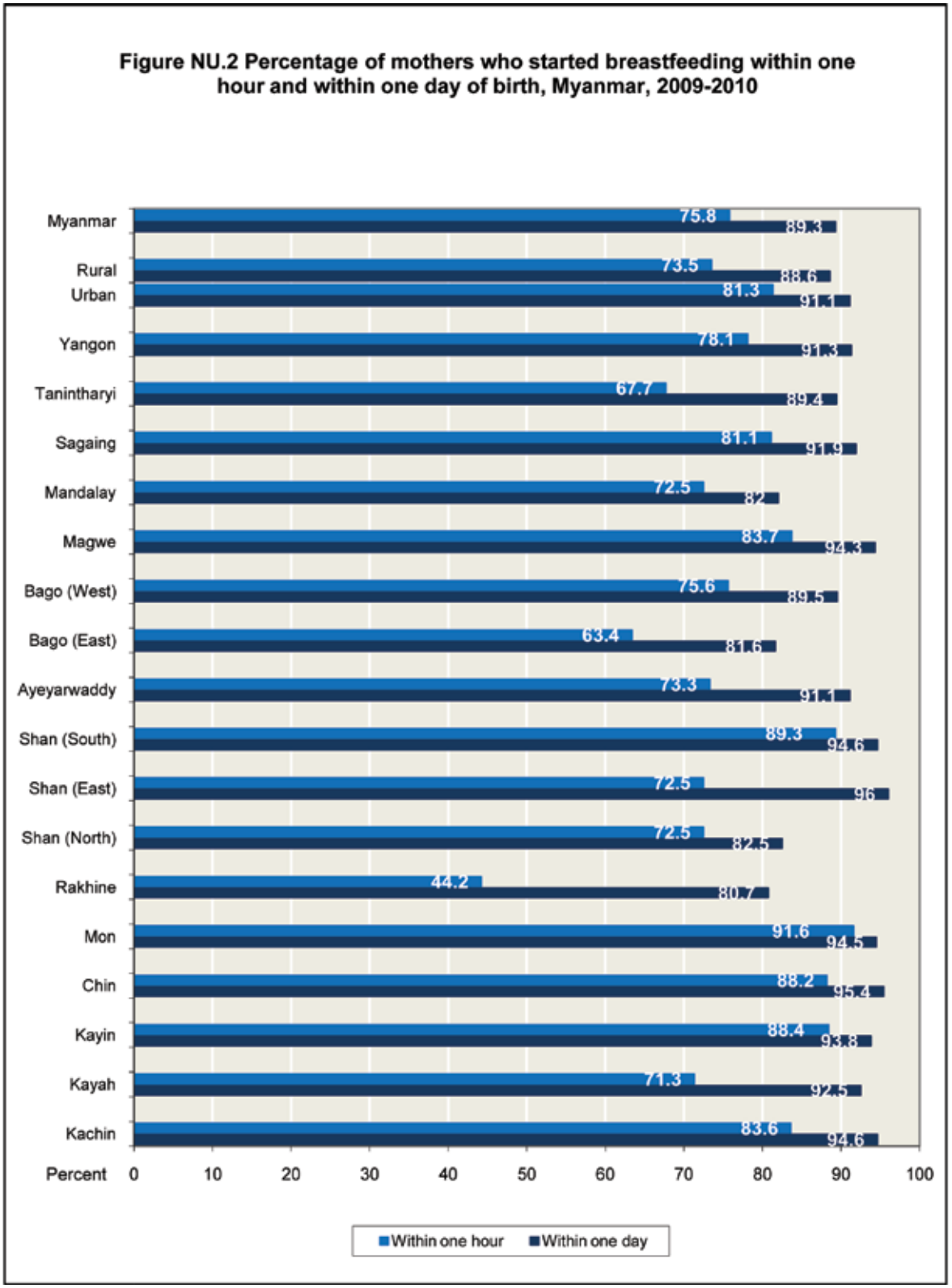
It is also recommended that breastfeeding be initiated within one hour of birth.

The indicators of recommended child feeding practices are as follows:

- Exclusive breastfeeding rate (< 6 months and < 4 months)
- Timely complementary feeding rate (6-9 months)
- Continued breastfeeding rate (12-15 and 20-23 months)
- Timely initiation of breastfeeding (within one hour of birth)
- Frequency of complementary feeding (6-11 months)
- Adequately fed infants (0-11 months)

Table NU.2 provides the proportion of women who start breastfeeding their infants within one hour of birth, and women who begin breastfeeding within one day of birth (which includes those who begin within one hour). Overall, 75.8 per cent of women in Myanmar start breastfeeding within one hour of birth. Rakhine has the lowest rate of initiation of breastfeeding within one hour of birth (44.2 per cent) followed by Bago (East) and Tanintharyi (63.4 and 67.7 per cent respectively). In comparison 91.6 per cent of mothers in Mon begin breastfeeding their baby within one hour of birth. A higher percentage of mothers from urban areas start breastfeeding within one hour of birth than mothers

Figure NU.2 Percentage of mothers who started breastfeeding within one hour and within one day of birth, Myanmar, 2009-2010



from rural areas (81.3 per cent vs 73.5 per cent). Percentage of breastfeeding initiated within one hour of birth increases from 67.9 per cent for mothers with no education to 80.5 per cent of mothers with secondary and higher education; while 73.1 per cent of women with primary education breastfeed their baby within one hour of birth. It is also observed that the percentage increases from 67 per cent of mothers in the poorest quintile to 82 per cent of mothers in the richest quintile.

Nearly 90 per cent of women initiate breastfeeding within one day of birth. The level is overall high across the country. Rakhine has the lowest percentage of initiation of breastfeeding within one day of birth (80.7 per cent) followed by Bago (East) and Mandalay (81.6 and 82 per cent respectively). There is little difference between mothers with primary and secondary education, or between women from urban and rural areas, regarding initiation of breastfeeding within one day. It is found that the percentages increase only slightly with increased wealth, from 86.1 per cent of mothers in the poorest quintile to 90.6 per cent of mothers in the richest quintile.

In Table NU.3, breastfeeding status is based on the reports of mothers/caregivers of children's consumption of food and fluids in the 24 hours prior to the interview. Exclusively breastfed refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). The table shows exclusive breastfeeding of infants during the first six months of life (separately for 0-3 months and 0-5 months), as well as complementary feeding of children aged 6-9 months and continued breastfeeding of children at 12-15 and 20-23 months of age.

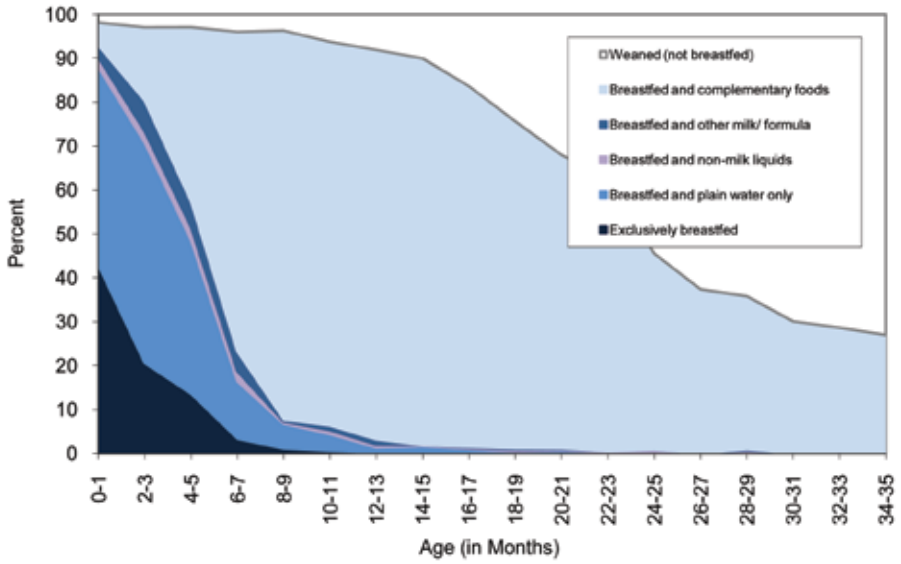
Approximately one fourth of children aged less than six months are exclusively breastfed (23.6 per cent), a level considerably lower than recommended. Exclusive breastfeeding rate is slightly higher among infants aged less than four months, at 29.3 per cent. At age 6-9 months, 80.9 per cent of children receive breast milk and solid or semi-solid foods. By age 12-15 months, 91 per cent of children are still being breastfed and by age 20-23 months, 65.4 per cent are still breastfed. Rakhine State has lowest level of exclusive breastfeeding up to age six months (1.3 per cent only) followed by Kayin (9.4 per cent) and Shan (North) (12.9 per cent). The highest prevalence of exclusive breastfeeding up to age six months is found in Mon State with 47 per cent.

There is no difference in the feeding pattern for boys and girls. There is also very little difference in feeding patterns between urban and rural areas. Rural mothers (24.8 per cent) appear slightly more likely to exclusively breastfeed their baby up to age six months than urban mothers (20.8 per cent). Whereas there is no difference between urban and rural mothers in their likelihood to continue breastfeeding their baby up to 15 months, continued breastfeeding of children aged 20-23 months is more common in rural areas (68.7 per cent) than in urban areas (58 per cent). Six- to nine- month-old children in urban areas (84 per cent) are slightly more likely than rural children (79.9 per cent) to receive breast milk and solid/mushy food.

Looking at the association between the education levels of mothers and feeding pattern of their children, there is very little difference in terms of exclusive breastfeeding and complementary feeding practices between mothers who have primary education and those who have secondary or higher education. The 20-23 months old children whose mothers have secondary or higher education are, however, less likely to be breastfed (57.8 per cent), compared to 70.4 per cent of children whose mothers have primary education. Similarly, no major difference between children of different economic status is found regarding prevalence of exclusive breastfeeding up to six months and complementary feeding for children aged 6-9 months. However, prevalence of continued breastfeeding is lower in the richest quintile for children aged more than 12 months. While 77.5 per cent of the poorest 20-23 month- olds are still being breastfed, this goes down to 48.9 per cent among the richest children.

Figure NU.3 shows the detailed pattern of breastfeeding by the child's age in months. Even at the earliest ages, the majority of children receive liquids or foods other than breast milk. By the end of the sixth month, the percentage of children exclusively breastfed is below 5 per cent. Nearly one half of the children (44.6 per cent) still receive breast milk after two years.

Figure NU.3 Infant feeding patterns by age: Percent distribution of children aged under 3 years by feeding pattern by age group, Myanmar, 2009-2010



The adequacy of infant feeding in children under 12 months is provided in Table NU.4. Different criteria of adequate feeding are used depending on the age of the child. For infants aged 0-5 months, exclusive breastfeeding is considered as adequate feeding. Infants aged 6-8 months are considered to be adequately fed if they receive breast milk and complementary food at least two times per day, while infants aged 9-11 months are considered to be adequately fed if they receive breast milk and eat complementary food at least three times a day.

As already noted above, nearly one fourth of children less than six months (23.6 per cent) are exclusively breastfed. While 69.2 per cent of children aged 6-8 months received breast milk and complementary food at least two times in prior 24 hours, nearly half of the children aged 9-11 months (45.2 per cent) received breast milk and complementary food at least three times in prior 24 hours. As a result of these feeding patterns, only 56.5 per cent of children aged 6-11 months are being adequately fed. Adequate feeding among all infants (aged 0-11 months) drops to 41 per cent.

Adequate feeding of infants aged 0-11 months is lowest in Kayin State with 23.7 per cent. This is due to low level of exclusive breastfeeding up to six months (9.4 per cent) and low prevalence of 9-11 month-olds receiving breast milk and complementary food three times a day, with only 12.2 per cent. Adequate feeding of infants aged 0-11 months is highest in Kayah with 51.9 per cent. It is interesting to note that infant feeding patterns are very similar across urban and rural locations. The most notable difference is that 9-11 month-olds in urban areas (49.7 per cent) are more likely than their rural peers (43.6 per cent) to receive breast milk and complementary food at least three times a day.

Similarly, feeding pattern does not show strong association with the mother's level of education. The most apparent difference in adequate feeding can be found in children aged 6-8 months, who are more likely to receive breast milk and complementary food at least twice a day if their mother has secondary

or higher education (73.5 per cent) than if their mother has primary education only (65.7 per cent). In the same way, adequate feeding does not show strong association with the mother's economic background. The poorest 9-11 month-olds are, however, less likely to receive the recommended feeding, at 41.7 per cent, compared to 50.9 per cent of the richest.

Vitamin A Supplements

Vitamin A is essential for eye health and proper functioning of the immune system. It is found in foods such as milk, liver, eggs, red and orange fruits, red palm oil and green leafy vegetables, although the amount of vitamin A readily available to the body from these sources varies widely. In developing areas of the world, where vitamin A is largely consumed in the form of fruits and vegetables, daily per capita intake is often insufficient to meet dietary requirements. Inadequate intakes are further compromised by increased requirements for the vitamin as children grow or during periods of illness, as well as increased losses during common childhood infections. As a result, vitamin A deficiency is quite prevalent in the developing world and particularly in countries with the highest burden of under-five deaths.

The 1990 World Summit for Children set the goal of virtual elimination of vitamin A deficiency and its consequences, including blindness, by the year 2000. This goal was also endorsed at the Policy Conference on Ending Hidden Hunger in 1991, the 1992 International Conference on Nutrition, and the UN General Assembly's Special Session on Children in 2002. The critical role of vitamin A for child health and immune function also makes control of deficiency a primary component of child survival efforts, and therefore critical to the achievement of the fourth Millennium Development Goal: a two-thirds reduction in under-five mortality by the year 2015.

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For countries with vitamin A deficiency problems, current international recommendations call for high-dose vitamin A supplementation every four to six months, targeted to all children aged 6-59 months living in affected areas. Providing young children with two high-dose vitamin A capsules a year is a safe, cost-effective, efficient strategy for eliminating vitamin A deficiency and improving child survival. Giving vitamin A to new mothers who are breastfeeding helps protect their children during the first months of life and helps to replenish the mother's stores of vitamin A, which are depleted during pregnancy and lactation. For countries with vitamin A supplementation programmes, the definition of the indicator is the percentage of children 6-59 months of age receiving at least one high-dose vitamin A supplement in the last six months.

Based on UNICEF/WHO guidelines, the Myanmar Ministry of Health recommends that children

aged 6-11 months be given one high-dose vitamin A capsule, and children aged 12-59 months given a vitamin A capsule every six months. In some parts of the country, vitamin A capsules are linked to immunization services and are given when the child has contact with these services after six months of age. It is also recommended that mothers take a vitamin A supplement within eight weeks of giving birth due to increased vitamin A requirements during pregnancy and lactation. Vitamin A distribution under the national nutrition programme in Myanmar was undertaken in the months of August – September 2009 and in February 2010, coinciding with the MICS fieldwork.

Within the six months prior to the MICS interview, 55.9 per cent of children aged 6-59 months received a high dose vitamin A supplement (Table NU.5). Additionally 11.9 per cent did not receive the supplement in the last six months but did receive one prior to that time. Finally, 21.3 per cent of children received a vitamin A supplement at some time in the past, but their mother/caregiver was unable to specify when. Coverage of vitamin A supplementation in the last six months is lowest in Shan (North) (20.4 per cent) followed by Rakhine (32.5 per cent) and Chin State (33.9 per cent). In Shan (North), 26.1 per cent of children have never received a vitamin A supplement. The highest prevalence of vitamin A supplementation in the past six months is found in Kayin, with 84.8 per cent.

The age pattern of vitamin A supplementation shows that supplementation in the last six months is lowest, with 36.5 per cent, among children aged 6-11 months, and highest with 62.2 per cent among children aged 12-23 months. The association between mother's level of education and the likelihood of the child receiving Vitamin A supplementation indicates that the most important factor is whether or not the mother has received education, rather than at which level she has completed her education. There is no significant difference between children whose mothers have primary or secondary and higher education. On the other hand, while 58.5 per cent of children whose mothers have primary education, have received a vitamin A dose in the last six months, the corresponding figure is only 41.7 per cent for children whose mother is without any education.

A total of 66.4 per cent of mothers with a birth in the previous two years before the MICS survey received a vitamin A supplement within eight weeks of birth (Table NU.6). This percentage is highest in Shan (East) at 84.9 per cent and Mon at 84.6 per cent, and lowest in Shan (North) at 33.5 per cent. While urban mothers had received a high-dose vitamin A supplement in 61.7 per cent of cases, 68.3 per cent of rural mothers had received the supplement. As is the case with vitamin A supplement among children, there is very little difference in the likelihood of receiving a vitamin A supplement between women of primary and women of secondary or higher education. Women with no education are, however, less likely (57.1 per cent) to receive the supplement than women with primary education (66.4 per cent).

Low Birth Weight

Weight at birth is a good indicator not only of a mother's health and nutritional status but also the newborn's chances for survival, growth, long term health and psychosocial development. Low birth weight (less than 2,500 grams) carries a range of grave health risks for children. Babies who were undernourished in the womb face a greatly increased risk of dying during their early months and years. Those who survive may have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength, throughout their lives, and suffer a higher incidence of diabetes and heart disease in later life. Children born underweight also tend to have a lower IQ and cognitive disabilities, affecting their performance in school and their job opportunities as adults.

In the developing world, low birth weight stems primarily from the mother's poor health and nutrition. Three factors have most impact: the mother's poor nutritional status before conception, short stature (due mostly to under nutrition and infections during her childhood), and poor nutrition during the pregnancy. Inadequate weight gain during pregnancy is particularly important since it accounts for a large proportion of foetal growth retardation. Moreover, diseases such as diarrhoea and malaria, which are common in many developing countries, can significantly impair foetal growth if the mother becomes infected while pregnant.

In the industrialized world, cigarette smoking during pregnancy is the leading cause of low birth weight. In developed and developing countries alike, teenagers who give birth when their own bodies have yet to finish growing run the risk of bearing underweight babies.

One of the major challenges in measuring the incidence of low birth weight is the fact that more than half of infants in the developing world are not weighed. In the past, most estimates of low birth weight for developing countries were based on data compiled from health facilities. However, these estimates are biased for most developing countries because the majority of newborns are not delivered in facilities, and those who are represent only a selected sample of all births.

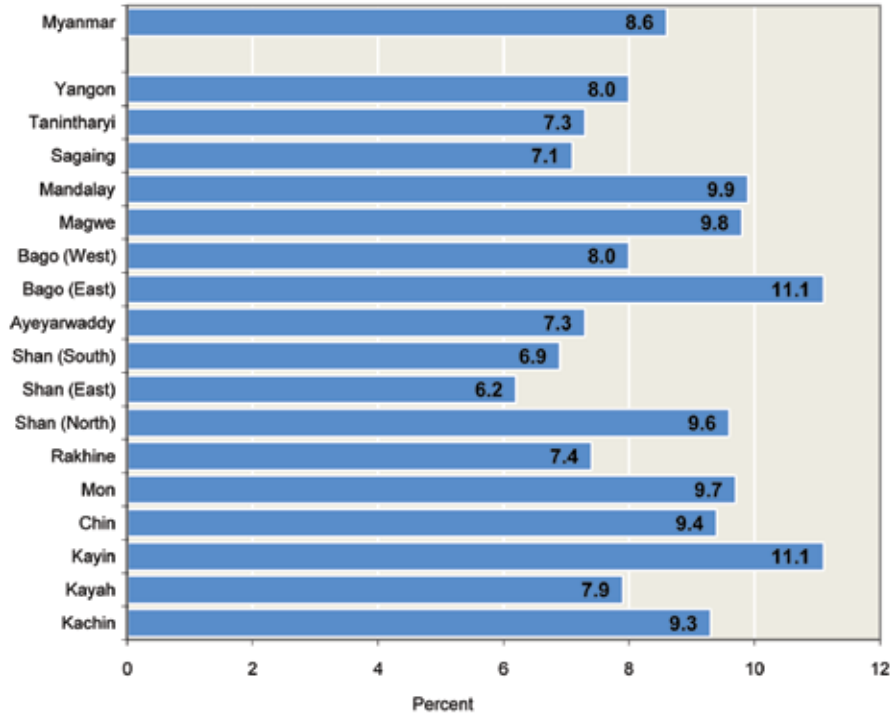
Because many infants are not weighed at birth and those who are weighed may be a biased sample of all births, the reported birth weights usually cannot be used to estimate the prevalence of low birth weight among all children. Therefore, the percentage of births weighing below 2,500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's size at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's weight or the weight as recorded on a health card if the child was weighed at birth.

Overall, 56.3 per cent of infants are weighed at birth and approximately 8.6 per cent of infants are estimated to weigh less than 2,500 grams at birth (Table NU.7). The likelihood of the infant being weighed at birth varies across location of residence, mother's level of education and the economic status of the household. In Rakhine as little as 17.1 per cent of infants are weighed at birth and the percentage is also low in Chin at 19.2 per cent. In contrast more than 90 per cent of infants are being weighed at birth in Mon State and Shan (East). Whereas 81.6 per cent of urban infants are weighed at birth, this is considerably lower in rural areas, with 46.1 per cent. Looking at the education level of the mother, it is seen that while 72.5 per cent of infants whose mother has secondary or higher education are weighed at birth, the percentage drops to 46.6 per cent among infants whose mother has primary education. When the mother has no education, the likelihood of the infant being weighed at birth is less than one third (30.3 per cent). The majority of infants from the richest households are weighed at birth (91.1 per cent), contrasting with 30.3 per cent of infants from the poorest households.

Variation across states and divisions in prevalence of low birth weight is shown in Figure NU.4. Kayin and Bago (East) have the highest percentage of live births below 2,500 grams (11.1 per cent in each place). The lowest prevalence of low birth weight is found in Shan (East) with 6.2 per cent. Differences across background characteristics such as urban or rural residence, mother's education level or economic background are not significant. This might be attributed to the wide variations in practice regarding whether or not infants are weighed at birth.

[11] For a detailed description of the methodology, see Boerma, Weinstein, Rutstein and Sommerfelt, 1996.

Figure NU.4 Percentage of Infants Weighing Less Than 2,500 Grams at Birth, Myanmar, 2009-2010



VI. Child Health

Immunization

The Millennium Development Goal (MDG) 4 is to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key part in this goal. Immunizations have saved the lives of millions of children in the three decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Worldwide there are still 27 million children overlooked by routine immunization and as a result, vaccine-preventable diseases cause more than 2 million deaths every year.

A World Fit for Children goal is to ensure full immunization of children under one year of age at 90 per cent nationally, with at least 80 per cent coverage in every district or equivalent administrative unit.

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against miliary tuberculosis or TB meningitis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months.

The standard MICS practice is to ask mothers to provide vaccination cards for children under the age of five, and interviewers copy vaccination information from the cards onto the MICS questionnaire. Different from such a standard procedure, in Myanmar MICS, vaccination information was collected not only from vaccination cards provided by mothers but also from midwives' registers. The decision to also consider the register of midwives was taken because it was thought that some mothers would have lost their vaccination cards. Also, there are commonly not enough vaccination cards to be distributed to all mothers in some parts of the country. Immunization records could be easily available from responsible midwives and taken as recorded from vaccination card.

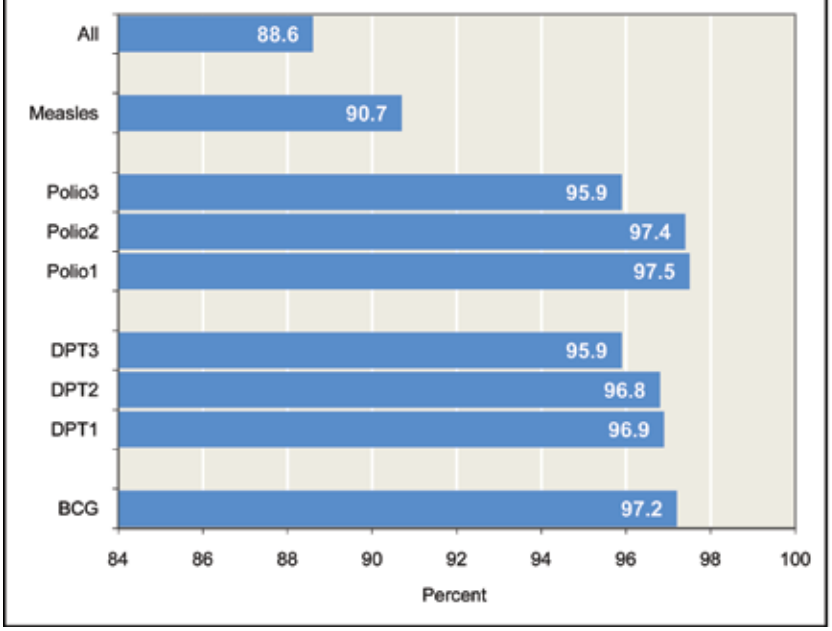
As already noted in the section describing fieldwork practices, midwives accompanied enumerators during interviews to help with translation and to obtain immunization data when vaccination cards were not present. It could be interpreted that involving midwives in data collection regarding immunization, and to copy information from their records might affect data quality. Midwives are responsible for ensuring that children receive the required vaccinations, and it could be interpreted that they might therefore inadvertently have a tendency to over-report the incidence of immunization.

Overall, 96 per cent of children had recorded vaccination information that came from health cards or from midwives' registers (Table CH.2). If the child did not have recorded vaccination information, the mother was asked to recall whether or not the child had received each of the vaccinations and, for DPT and polio, how many times. The percentage of children aged 12-23 months who received each of the vaccinations is shown in Table CH.1. The denominator for the table is comprised of children aged 12-23 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey according to the recorded vaccination information or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday, as recommended, are included. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with recorded vaccination information from vaccination cards or from midwives' registers.

As many as 97.2 per cent of children aged 12-23 months received a BCG vaccination by the age of 12 months, and the first dose of DPT was given to 96.9 per cent. The percentage only marginally declines

for subsequent doses of DPT, and is 95.9 per cent for the third dose (Figure CH.1). Similarly, 97.5 per cent of children received polio 1 by age 12 months and this declines to 95.9 per cent by the third dose. The coverage for measles vaccine by 12 months is slightly lower than for the other vaccines at 90.7 per cent. This is primarily because, although 98 per cent of children received the vaccine, only 90.7 per cent received it by their first birthday. As a result, the percentage of children who had all the recommended vaccinations by their first birthday is as high as 88.6 per cent.

Figure CH.1 Percentage of children aged 12-23 months who received the recommended vaccinations by 12 months, Myanmar, 2009-2010



In Myanmar, Hepatitis B vaccine is also recommended as part of the immunization schedule. It is given to newborn babies just after birth at the hospital.

A total of 96.9 per cent of children aged 12-23 months received first dose of Hepatitis B1 vaccination by the age of 12 months, and the second dose was given to 96.8 per cent. The percentage marginally declines to 95.9 per cent for the third dose.

Tables CH.2 and CH.2c show vaccination coverage rates among children aged 12-23 months by background characteristics. The figures indicate children receiving the vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards, midwives' immunization registers and mothers'/caregivers' reports.

No significant difference can be found in immunization coverage between urban and rural areas, or between male and female children. Shan (North) and Chin States have slightly lower levels of coverage of all immunization (88 and 91 per cent, respectively) than other states and divisions. There is no clear association between immunization coverage and wealth level of the households. While the percentage of 12-23 months-old children with all recommended immunizations does not vary notably between

children of mothers with primary (97.2 per cent) and secondary or higher education (98.7 per cent), there is a small gap down to children of mothers with no education, of whom 90.6 per cent have all recommended immunizations.

Tetanus Toxoid

One of the MDGs is to reduce by three quarters the maternal mortality ratio, with one strategy to eliminate maternal tetanus. In addition, another goal is to reduce the incidence of neonatal tetanus to less than one case of neonatal tetanus per 1,000 live births in every district. A World Fit for Children goal is to eliminate maternal and neonatal tetanus by 2005.

Prevention of maternal and neonatal tetanus requires all pregnant women to receive at least two doses of tetanus toxoid vaccine. However, if women have not received two doses of the vaccine during their pregnancy, they (and their newborns) are also considered to be protected if the following conditions are met:

- Received at least two doses of tetanus toxoid vaccine, the last within the prior three years;
- Received at least three doses, the last within the prior five years;
- Received at least four doses, the last within 10 years;
- Received at least five doses during their lifetime.

Figure CH.2 Percentage of women with a live birth in the last 24 months who are protected against neonatal tetanus. Myanmar, 2009-2010

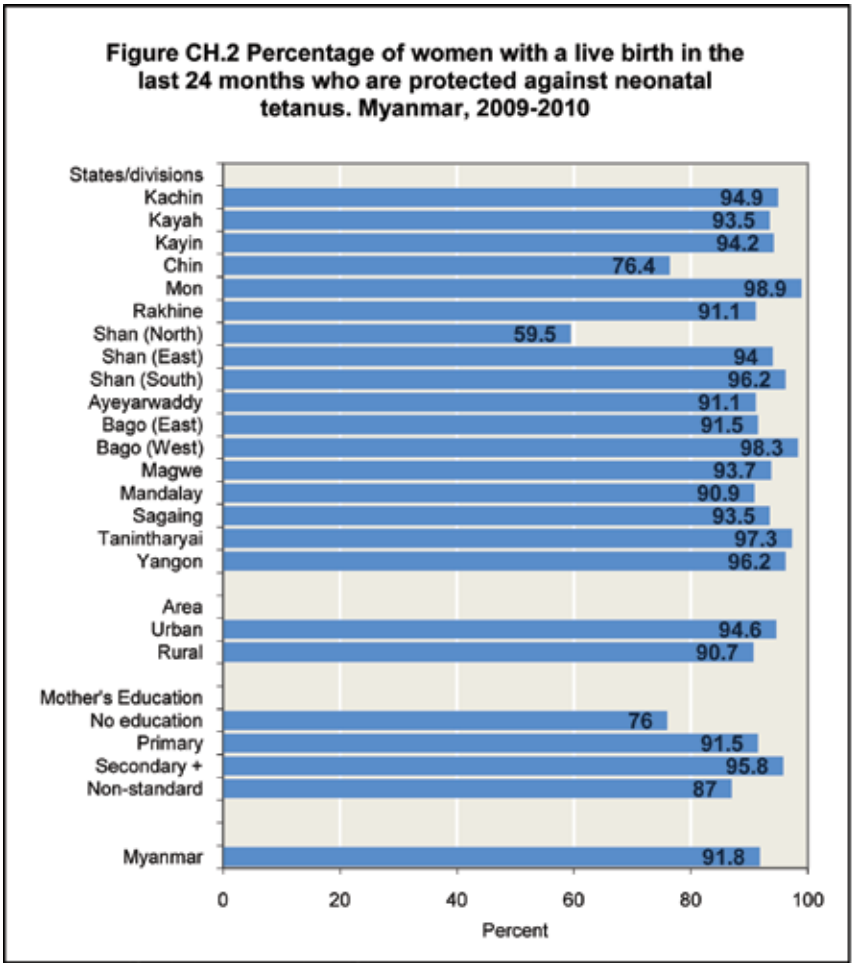


Table CH.3 shows the protection status against tetanus of women who have had a live birth within the last 24 months. Figure CH.2 shows the protection of women against neonatal tetanus by major background characteristics. The proportion of mothers with a birth in the previous 24 months protected against neonatal tetanus in Myanmar is 91.8 per cent. Among them, 89.8 per cent of women received at least two doses during last pregnancy and 2 per cent received at least two doses, the last within the prior three years. The percentage of mothers protected against tetanus is lowest in Shan (North) and Chin States (59.5 per cent and 76.4 per cent respectively). Mon State has the highest coverage at 98.9 per cent. A slightly higher proportion of mothers from urban areas (94.6 per cent) are protected against tetanus than in rural areas (90.7 per cent).

The coverage of neonatal tetanus protection increases with the level of education of mothers, and wealth quintile. The difference between women with primary (91.5 per cent) and secondary or higher (95.8 per cent) education is small. Noteworthy, however, is the gap down to mothers who have no education, of whom only 76 per cent are protected against tetanus. Among the poorest mothers, 87.2 per cent are protected against tetanus, compared to 96.2 per cent of mothers from the richest households.

Oral Rehydration Treatment

Diarrhoea is the second leading cause of death among children under five worldwide. Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) - can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

The goals are to: 1) reduce by one half deaths due to diarrhoea among children under five by 2010 compared to 2000 (A World Fit for Children); and 2) reduce by two thirds the mortality rate among children under five by 2015 compared to 1990 (Millennium Development Goals). In addition, the World Fit for Children calls for a reduction in the incidence of diarrhoea by 25 per cent.

The indicators are:

- Prevalence of diarrhoea
- Oral rehydration therapy (ORT)
- Home management of diarrhoea
- (ORT or increased fluids) AND continued feeding

In the MICS interview, mothers (or caregivers) were asked to report whether their child had had diarrhoea in the two weeks prior to the interview. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank.

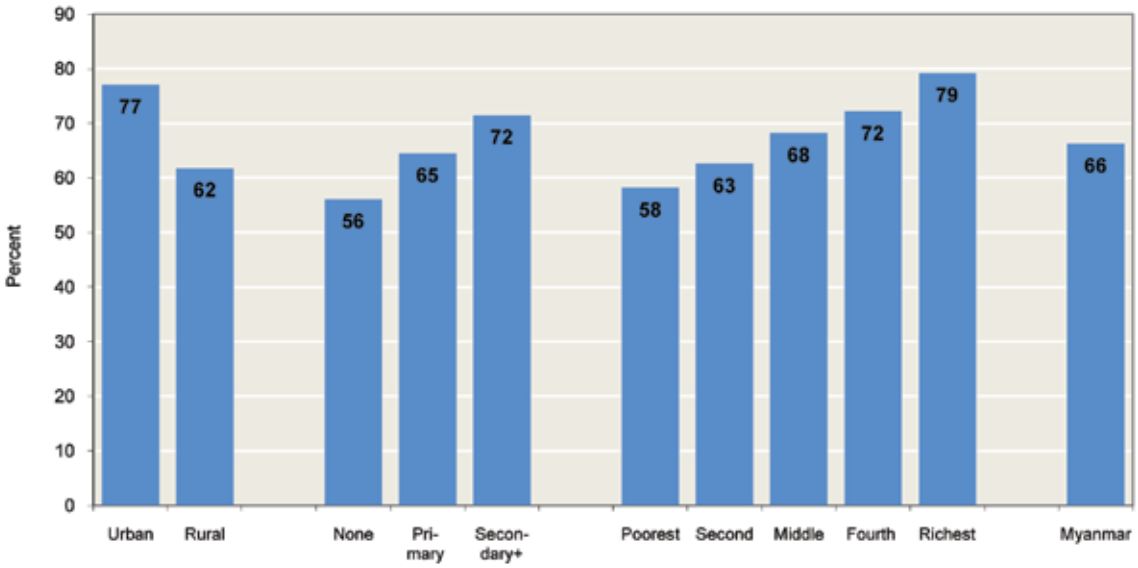
Overall, 6.7 per cent of under-five children had diarrhoea in the two weeks preceding the interview (Table CH.4). Diarrhoea prevalence was higher in Chin (13.1 per cent), Kachin (10.7 per cent) and Bago (East) (10.7 per cent) than in other states and divisions. The peak of diarrhoea prevalence occurs in the weaning period, among children aged 12–23 months.

Table CH.4 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhoea. Because mothers were able to name more than one type of liquid, the percentages do not necessarily add up to 100. In total, 60.6 per cent of children with diarrhoea

received fluids from ORS packets, and 13.6 per cent received recommended home-made fluids. As a result, 66.3 per cent of children with diarrhoea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF), while 33.7 per cent received no treatment.

As the prevalence of diarrhoea in the two weeks prior to the interview is not very high, comparisons across states and divisions become indicative because they are based on small numbers of children in each. However, more children in urban areas receive ORT than children in rural areas (77.1 per cent vs. 61.8 per cent). The use of ORT is correlated with mothers' education level and socioeconomic background. For instance, 64.5 per cent of children whose mother has primary education receive ORT when being sick with diarrhoea, compared to 71.5 per cent of children whose mother has secondary or higher education. Children with diarrhoea from the poorest households received ORT in 58.2 per cent of cases, while the coverage of ORT use among the richest children is 79.2 per cent.

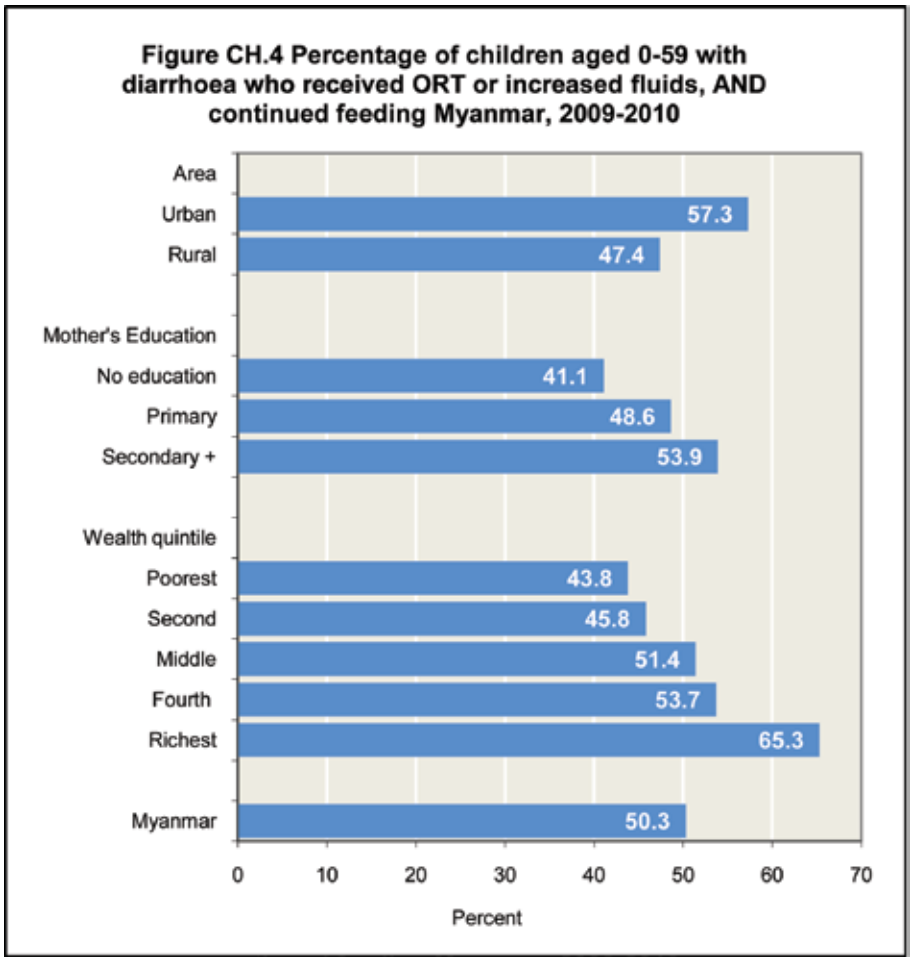
Figure CH.3 Percentage of children aged 0-59 months with diarrhoea who received oral rehydration treatment, Myanmar, 2009-2010



Less than one fourth (22.2 per cent) of under-five children with diarrhoea drank more than usual while 77.2 per cent drank the same or less (Table CH.5). Some 70.9 per cent ate somewhat less, the same or more (continued feeding), but 28.7 per cent ate much less or ate almost nothing. Given these figures, 15.5 per cent of children with diarrhoea received increased fluids and at the same time continued feeding. Combining the information in Table CH.5 with that in Table CH.4 on oral rehydration therapy, it is observed that 50.3 per cent of children with diarrhoea either received ORT or fluid intake was increased and, at the same time, feeding was continued, as is the recommended response.

Home management of diarrhoea varies by background characteristics, such as area of residence, age of the child, mother's education level and socioeconomic background. More children in urban areas (57.3 per cent) than in rural areas (47.4 per cent) receive ORT or increased fluids and continue feeding when they are sick with diarrhoea. There is only a slight variation between children of mothers with

primary (48.6 per cent) and secondary or higher (53.9 per cent) education. In terms of socioeconomic status, 43.8 per cent of diarrhoea cases among the poorest children are properly managed, compared to 65.3 per cent among the richest children. Children aged 0–11 months are least likely to receive either ORT or increased fluid and continue feeding, at 36.5 per cent. For all other age groups, more than half of the children receive ORT or increased fluid along with continued feeding.



Care Seeking and Antibiotic Treatment of Pneumonia

Pneumonia is the leading cause of death in children worldwide, and the use of antibiotics in under-fives with suspected pneumonia is a key intervention. A World Fit for Children goal is to reduce by one third the deaths due to acute respiratory infections.

Children with suspected pneumonia are those who had an illness with a cough, accompanied by rapid or difficult breathing and whose symptoms were not due to a problem in the chest and a blocked nose. The indicators are:

- Prevalence of suspected pneumonia
- Care seeking for suspected pneumonia
- Antibiotic treatment for suspected pneumonia
- Knowledge of the danger signs of pneumonia

Table CH.6 presents the prevalence of suspected pneumonia and, if care was sought outside the home, the site of care. A total of 2.6 per cent of children aged 0–59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of them, 69.3 per cent were taken to an appropriate health care provider.

Just over one fourth (27.1 per cent) of children with symptoms of pneumonia were taken to a private physician while 13.4 per cent were taken to government hospitals, 9.2 per cent were taken to sub-rural health centre and 7.8 per cent to a rural health centre. More children in urban areas visited a private physician (44.8 per cent in urban areas vs. 20.3 per cent in rural areas) or a government hospital (16.9 per cent in urban areas vs. 12.1 per cent in rural areas). More children in rural areas were taken to a rural health centre (2.5 per cent in urban areas vs. 9.9 per cent in rural areas) or a sub-centre (1 per cent in urban areas vs. 12.3 per cent in rural areas).

Because the prevalence of suspected pneumonia is not very high, comparisons across states and divisions can not indicate trends because they are based on small numbers of children in each. It can be noted, however, that a higher percentage of children with pneumonia from urban areas were taken to an appropriate health care provider than those in rural areas (74.4 per cent vs. 67.3 per cent). The youngest children, aged 0-11 months, were the most likely to be taken to an appropriate provider when they had symptoms of pneumonia. In this age group, 77 per cent of the children who had symptoms of pneumonia were taken to an appropriate provider. There is no notable difference in the likelihood of being taken to an appropriate provider between the children of mothers with primary and secondary or higher education. Looking at differences in wealth level, children from the richest quintile are more likely to be taken to an appropriate provider when they show symptoms of pneumonia. The percentage increases from 62.5 per cent to 77.3 per cent from the poorest to richest quintile.


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Table CH.7 presents the use of antibiotics for the treatment of suspected pneumonia in under-fives. In Myanmar, 34.2 per cent of under-five children with suspected pneumonia during the two weeks prior to the interview received an antibiotic. The incidence of antibiotic use is not significantly different between urban and rural areas. The table indicates that antibiotic treatment of suspected pneumonia is lowest among children in the poorest households (29.2 per cent), but it is interesting to note that the highest coverage of antibiotic treatment is found in the second lowest quintile, at 40.2 per cent. More children of mothers with secondary or higher education (41.1 per cent) were treated with an antibiotic when demonstrating symptoms of pneumonia than children of mothers with only primary education (30.8 per cent). Coverage of antibiotic use was highest for children aged 12-23 months (38.2 per cent) and lowest for children aged 36-47 months (27.6 per cent).

Issues related to knowledge of danger signs of pneumonia are presented in Table CH.8. Obviously, mothers' knowledge of the danger signs is an important determinant of care-seeking behaviour. Overall, only 6.5 per cent of mothers or caregivers of

children under five know of the two danger signs of pneumonia – fast and difficult breathing. The most commonly identified symptoms for taking a child to a health facility are when the child develops a fever (72.7 per cent) and becomes sicker (65.8 per cent). Only 14.8 per cent of mothers identified fast breathing, and 20.5 per cent of mothers identified difficult breathing as symptoms for taking children immediately to a health care provider. Sagaing Division has the smallest proportion of mothers/ caregivers who recognize the two danger signs of pneumonia (0.7 per cent), followed by Magwe (1.4 per cent) and Mon (1.5 per cent). The highest level of recognition of these symptoms is found in Kayin with 17 per cent. The awareness of the danger signs of pneumonia, as well as the recognition of other symptoms that would prompt taking a child immediately to a health care provider, does not vary considerably between urban and rural locations or across other background characteristics, such as mothers' education level or socioeconomic background.

Solid Fuel Use

More than 3 billion people around the world rely on solid fuels (biomass and coal) for their basic energy needs, including cooking and heating. Cooking and heating with solid fuels produces high levels of indoor smoke, which is a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is products of incomplete combustion, including carbon monoxide, poly aromatic hydrocarbons, sulphur dioxide and other toxic elements. Use of solid fuels increases the risks of acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, low birth weight, cataracts and asthma. The primary indicator is the proportion of the population using solid fuels as the primary source of domestic energy for cooking.

As shown in Table CH.9, 94.3 per cent of all households in Myanmar use solid fuels for cooking. Use of solid fuels is lower in urban areas (83.2 per cent) compared to rural areas, (99 per cent), where almost all of the households use solid fuels. The findings show that use of solid fuels is very common among households all over the country except Yangon (74 per cent), and among the richest households (76.7 per cent). Among the poorest households, and also in several states and divisions, the percentage is above 99 per cent. Wood is the most commonly used fuel (63.7 per cent) for cooking purposes, followed by charcoal (28.9 per cent). Wood is used by 80.7 per cent in rural and 23.4 per cent in urban area, whereas charcoal is used by 59.2 per cent of urban households and 16.1 per cent of rural households. Only 4.3 per cent of Myanmar households use electricity for cooking.

Solid fuel use alone is a poor proxy for indoor air pollution, since the concentration of the pollutants is different when the same fuel is burnt in different stoves or fires. Use of closed stoves with chimneys minimizes indoor pollution, while an open stove or fire with no chimney or hood means that there is no protection from the harmful effects of solid fuels. The type of stove used with a solid fuel is depicted in Table CH.10.

Overall, 97.6 per cent of households using solid fuel cook their food on an open stove or fire with no chimney or hood. Only 2.3 per cent use an open stove or fire with chimney or hood. There is no significant difference between urban and rural households. In Chin State 16.6 per cent of households cooking with solid fuels use open stove or fire with chimney or hood, while in most states and divisions more than 94 per cent of the households who use solid fuels for their cooking do so on open stove or fire with no chimney or hood. More richer households who cook with solid fuels have some ventilation to alleviate indoor pollution than poorer ones. While 99.3 per cent of the poorest households cook their food on open stove or fire with no chimney or hood, this percentage decreases to 92.8 for the richest households, of whom 7 per cent have a chimney or hood.

VII. Environment

Water and Sanitation

Safe drinking water and sanitation are basic necessities for good health. Contaminated drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid, and schistosomiasis. The most common cause of bacteriological contamination of water is exposure to faecal matter of human origin. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children, especially in rural areas, as women tend to bear the primary responsibility for carrying water, often for long distances.

The MDG goal is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The World Fit for Children goal calls for a reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one third.

The indicators used in Myanmar MICS are as follows:

Water

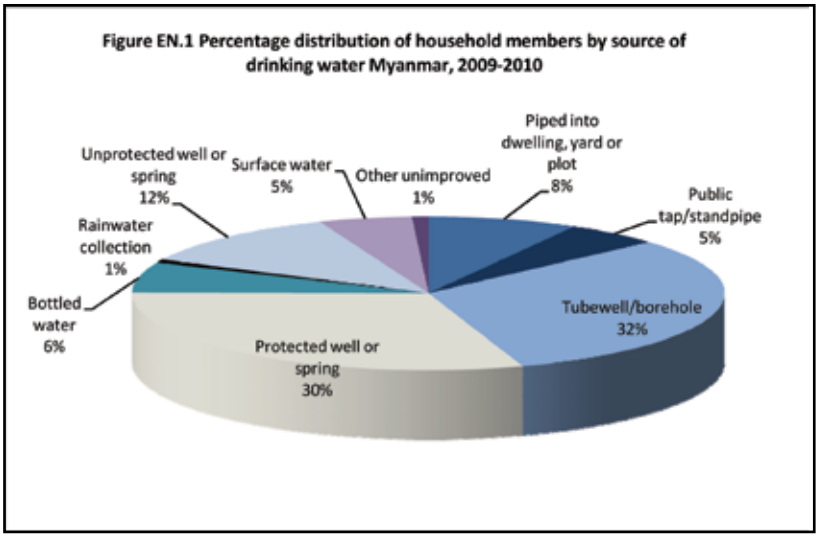
- Use of improved drinking water sources
- Use of adequate water treatment method
- Time to source of drinking water
- Person collecting drinking water

Sanitation

- Access to improved sanitation facilities

The distribution of the population by source of drinking water is shown in Table EN.1 and Figure EN.1. The population using improved sources of drinking water are those using any of the following types of supply: piped water (into dwelling, yard or plot), public tap/standpipe, tube well/bore hole, protected well, protected spring, or rainwater collection. Bottled water is considered as an improved water source only if the household uses an improved water source for other purposes, such as hand washing and cooking.

Figure EN.1 Percentage distribution of household members by source of drinking water Myanmar, 2009-2010



Overall, 82.3 per cent of the population use an improved source of drinking water – 93.2 per cent in urban areas and 77.6 per cent in rural areas. The lowest coverage of improved sources of drinking water is found in Kayin, with 51.1 per cent and Rakhine with 57.7 per cent. In Shan (East), 99 per cent of the population get their drinking water from an improved source. Among the poorest households 66.8 per cent use an improved source of water, while in the richest households the percentage rises to 95.

The source of drinking water for the population varies across states and divisions (Table EN.1). Only 4.1 per cent of Myanmar household population have water piped into their dwelling[12]. The percentage is as high as 31.3 per cent in Chin State, a location where it is common to use bamboo pipes to bring water from a protected spring into the dwelling (in this case the water at the point of consumption cannot be defined as safe). In Kayah, Tanintharyi and Yangon, 10.6, 11.1 and 11.3 per cent respectively use water piped into dwelling. In contrast, in several states and divisions less than one per cent has water piped into their dwelling. The most common sources of drinking water in Myanmar are tube well/bore-hole (31.5 per cent) and protected well (27.2 per cent), but as many as 10.9 per cent use unprotected wells. The use of unprotected well is high in Kayah (23.8 per cent), Kayin (43.9 per cent) and Rakhine (37.2 per cent). In Magwe 10.6 per cent rely on surface water.

Use of in-house water treatment is presented in Table EN.2. Households were asked of ways they may be treating water at home to make it safer to drink. Boiling, adding bleach or chlorine, using a water filter, and using solar disinfection were considered as proper treatment of drinking water. The table shows the percentages of household members using appropriate water treatment methods, separately for all households, for households using improved sources and households using unimproved drinking water sources.

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In Myanmar, the most common way of treating water is to strain it through a cloth (76.2 per cent), a practice which will not make water safe to drink. While 33.1 per cent of household population boil their water, only 1.4 per cent use a water filter and 0.6 per cent add bleach or chlorine. As many as 12.2 per cent do not use any water treatment method, and 9.5 per cent let their water stand and settle.

Overall, 34.5 per cent of the household population use an appropriate water treatment method. Out of those using improved water sources, 35.3 per cent treat their water with an appropriate method, and 31 per cent of those with unimproved water sources do so.

[12] The term 'piped water' may have been interpreted differently among enumerators, to include not only water piped through the main public pipes, but also self-made structures made of bamboo.

The urban population is more likely than the rural population to treat their water with an appropriate method, with 39 and 32.6 per cent respectively. The lowest level of appropriate water treatment is found in Bago (West), with 9.2 per cent. Water treatment is also low in Rakhine (18.1 per cent) and Ayeyarwaddy (18.7 per cent). The highest level of household water treatment is found in Kayah (84.3 per cent) and Chin (83.2 per cent), where the preferred method is boiling. Among the poorest households, 25.2 per cent use an appropriate water treatment method, while 40.5 per cent do so in the richest households.

The amount of time it takes to obtain water is presented in Table EN.3, and the person who usually collects the water in Table EN.4. Note that these results refer to one round-trip from home to drinking water source. Information on the number of trips made in one day was not collected. The longer it takes to collect water, the less water will be collected. This has a detrimental effect on hygiene, especially for people who are unable to go to the water source to bathe.

Table EN.3 shows that for 35 per cent of households, the drinking water source is on the premises. For half of all households (50.6 per cent), it takes less than 15 minutes to get to the water source and bring water, and 10.4 per cent need 15-30 minutes for one round-trip to the water source. Only 0.5 per cent of households spend more than one hour collecting water. Urban-rural differentials show that in urban areas 64.2 per cent of the population have water on their premises, while 31.2 per cent spend less than 15 minutes to collect water. By contrast, in rural areas 24.1 per cent have water on their premises, and 57.8 per cent of the population spend under 15 minutes to collect water. Among the poorest households, only 10.5 per cent have water on their premises, and as many as 17.7 per cent spend 15-30 minutes to collect water. In comparison, 74.5 per cent of the richest households have water on their premises, and most of the remaining households in this category can get their water in less than 15 minutes.

Excluding the households with water on their premises, the average time spent in rural areas (10.1 minutes) on collecting water is only slightly higher than in urban areas (7.3 minutes). The highest average time spent collecting water is found in Chin, with 16.8 minutes per round-trip. In Shan (North), Shan (South), Magwe, and Mandalay, households who do not have water on their premises need more than 12 minutes on average to collect water.

Table EN.4 shows that in the majority of households (71.9 per cent) an adult female is usually the person collecting water, when the source of drinking water is not on the premises. Adult men collect water in 24.1 per cent of cases, while for the rest of the households, female or male children under age 15 collect water (2.5 per cent and 1.4 per cent). While the use of children for collecting water is generally low, gender differences can be observed among adults, varying across area of residence. In rural areas an adult woman collects the water in 72.7 per cent of households, compared to 66.9 per cent in urban areas. Gender differences in water collection are most pronounced in Rakhine, where an adult woman collects water in 93.4 per cent of households, and men collect water in 5.2 per cent of households. Men's involvement in water collection is also low in Chin, where men collect water in only 10.2 per cent of households. Only in Yangon do more men (52.7 per cent) than women (43.5 per cent) collect water. Gender differences in water collection also vary according to socioeconomic status. While a woman collects water in 76.5 per cent of the poorest households, and a man in 18.8 per cent; in the richest households, women collect water in 65.5 per cent of the cases and men in 31.9 per cent of cases.

Inadequate disposal of human excreta and poor personal hygiene is associated with a range of ailments including diarrhoeal diseases and polio. Improved sanitation facilities for excreta disposal include: flush or pour flush to a piped sewer system, septic tank, or latrine; ventilated improved pit latrine, pit latrine

with slab, and composting toilet. Information on sanitary facilities is based on the facility household members access in their homes, and does not capture the type of facility used by household members who leave the home during the day for work or school.

Overall, 84.6 per cent of the population of Myanmar live in households with improved sanitation facilities (Table EN.5). The table indicates that access to improved sanitation facilities is strongly correlated with wealth and area of residence. In urban areas 94.4 per cent of the population have access to sanitary means of excreta disposal, compared to 80.4 per cent in rural areas. Residents of Rakhine (48 per cent) and Shan (North) (68.3 per cent) are the least likely to have access to improved facilities. In contrast 93.8 per cent of the population in Yangon have access to improved sanitation facilities. Only 59.8 per cent of the poorest population have access to improved facilities, compared to 98.2 per cent among the richest population.

In both urban and rural areas, the most common toilet facility is a pit latrine with slab, which is in 53.5 per cent of the urban households and 69.8 per cent of the rural households. In urban areas it is also common to have a toilet flushing to septic tank/pit (32.3 per cent). This type of facility is in more than half (51.8 per cent) of the richest households in Myanmar, but only 0.2 per cent of the poorest. It is interesting to note that in Rakhine 40.7 per cent of the population have no toilet facilities and use bushes or fields for excreta disposal. In Magwe this percentage is 10.1, and in Chin 9.2. Population without access to sanitary facilities are found almost exclusively in rural areas, with 9.7 per cent of the rural population not having access to sanitary facilities. In contrast less than one per cent in urban areas lack sanitary facilities. While no one in the richest quintile in Myanmar live without a toilet facility, 25.5 per cent of the poorest population have no access to a sanitary facility.

An overview of the percentage of household members both using improved sources of drinking water and having access to a sanitary means of excreta disposal is presented in Table EN.6. In Myanmar 72.3 per cent of the population both use improved sources of drinking water and have access to a sanitary means of excreta disposal. This figure is strongly correlated with wealth and area of residence. While two thirds (65.2 per cent) of the rural population both use improved sources of drinking water and have access to a sanitary means of excreta disposal, this proportion rises to 88.8 per cent in urban areas. Use of improved sources of drinking water and access to a sanitary means of excreta disposal is lowest in Rakhine (30.1 per cent). Coverage of improved sanitation facilities and water sources also extends to less than two thirds of the population in Kayin (42.1 per cent), Kayah (59.7 per cent) and Shan (North) (59.7 per cent). The highest coverage of improved sources of drinking water and sanitary excreta disposal facilities is found in Shan (East), with 91 per cent. Only 43.1 per cent of the poorest quintile in Myanmar both use an improved source of drinking water and have access to improved sanitation facilities, contrasting with 93.6 per cent of the richest quintile.

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VIII. Reproductive Health

Contraception

Appropriate family planning is important to the health of women and children by: 1) preventing pregnancies that are too early or too late; 2) extending the period between births; and 3) limiting the number of children. A World Fit for Children goal is access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many.

Current use of contraception was reported by 46 per cent of ever-married women (Table RH.1). The most popular method is the injection, which is used by nearly one in three (27.5 per cent) of ever-married women in Myanmar. The next most popular method is the pill, which is used by 11.5 per cent of the ever-married women. Only 2.1 per cent use IUD and 3.6 per cent of women reported female sterilization. Less than one per cent uses male condoms, male sterilization, the lactational amenorrhea method (LAM), abstinence, implants and withdrawal.

Contraceptive prevalence among ever-married women is highest in Yangon at 58.7 per cent and almost as high in Bago (West) and Shan (East) at 51.9 and 51.1 per cent respectively. In Chin, contraceptive use is rare; only 7.8 per cent of ever-married women use any method. Other states and divisions with low contraceptive prevalence are Kayah State (32.3 per cent), Kayin (36 per cent), Magwe (38 per cent), Tanintharyi (38.4 per cent), Kachin (38.7 per cent) and Shan (North) (39 per cent). Contraceptive prevalence is higher in urban areas (51.3 per cent) than in rural areas (43.7 per cent). Fewer women over 40 use contraception than in the other age groups. Only 18.6 per cent of ever-married women aged 45–49 use a method of contraception. The highest level of contraceptive prevalence is found among women aged 25-29, with 55.3 per cent.

Women's education level is strongly associated with contraceptive prevalence. The proportion of women using any method of contraception rises from 31.5 per cent among those with no education to 44.3 per cent among women with primary education, and to 52.5 per cent among women with secondary or higher education. Contraceptive use is highest among women with two children, at 53.3 per cent. The coverage is 29.3 per cent among women with no children, while 36 per cent of women with four or more children use contraceptives. The prevalence of contraceptive use increases from 38.3 per cent in the poorest wealth quintile to 51.7 per cent among the richest women.

Antenatal Care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. For example, if the antenatal period is used to inform women and families about the danger signs and symptoms and about the risks of labour and delivery, it may provide a route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled health care attendant. The antenatal period also provides an opportunity to supply information on birth spacing, which is recognized as an important factor in improving infant survival. Tetanus immunization during pregnancy can be life-saving for both the mother and infant. The prevention and treatment of malaria among pregnant women, management of anaemia during pregnancy and treatment of sexually transmitted infections (STIs) can significantly improve foetal outcomes and improve maternal health.

Adverse outcomes, such as low birth weight, can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g., malaria and STIs) during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal services.

WHO recommends a minimum of four antenatal visits, based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content on antenatal care visits, which include:

- Blood pressure measurement
- Urine testing for bateriuria and proteinuria
- Blood testing to detect syphilis and severe anaemia
- Weight/height measurement (optional)

Coverage of antenatal care is relatively high in Myanmar, as the findings in Table RH.3 indicate. A total of 93.1 per cent receive antenatal care one or more times during their pregnancy, from any type of provider. The coverage of antenatal care is slightly higher in urban areas (98.3 per cent) than in rural areas (91 per cent). The lowest level of antenatal care coverage is found in Shan (North) with 63.2 per cent, contrasting with 99.6 per cent in Mon State. Most women with secondary or higher education (97.5 per cent) receive antenatal care at least once during pregnancy, compared to 91.7 per cent of women with primary education and 80.3 per cent of women with no education. Nearly all women from the richest households receive antenatal care at least once during pregnancy, while 86.2 per cent of the poorest women do so.

The type of personnel providing antenatal care to ever-married women aged 15-49 years who gave birth in the two years preceding the survey is presented in Table RH.2. In Myanmar, 83.1 per cent of women receive antenatal care from a skilled provider. The lowest level of antenatal care from a skilled provider is found in Chin (50 per cent) followed by Shan (North) (53.9 per cent), compared to (96.7 per cent) in Mon. Coverage of antenatal care from a skilled provider is 95 per cent in urban areas and 78.4 per cent in rural areas.

Among skilled antenatal care providers, midwives provide the largest proportion of antenatal care (53.7 per cent) followed by medical doctors (20 per cent) and lady health visitors (LHVs) and nurses (9.4 per cent). A larger proportion of women in urban areas receive antenatal care from doctors or lady health visitors and nurses (46.8 per cent and 13.4 per cent respectively for urban and 9.2 and 7.8 per cent respectively, for rural areas), whereas a larger proportion of women in rural areas receive antenatal care from midwives (61.3 per cent for rural and 34.7 per cent for urban areas). The percentage of women receiving antenatal care from doctors and LHVs/nurses increases with women's education status and wealth quintiles, whereas the reverse finding is observed for midwives. Among women with primary education, 78.4 per cent receive antenatal care from a skilled provider, while 92.2 per cent of women with secondary or higher education receive antenatal care from a skilled provider. The corresponding rate for women with no education is 65.7 per cent. Whereas nearly all (97.4 per cent) of the richest women receive antenatal care from a skilled provider, 70.7 per cent of the poorest women do so.

The types of services pregnant women received are shown in Table RH.3. Among women who received antenatal care one or more times during their pregnancy, 80.1 per cent had their blood pressure measured, 63.6 per cent had their weight measured and 56.9 per cent had a urine sample taken. Additionally, 76.9 per cent of women received vitamin B1 tablets, and 83.7 per cent received iron

tablets as part of their antenatal care.

It is interesting to note that content of antenatal care varies across the country. Chin, Rakhine and Shan (North) display the lowest percentages on most measures when compared with other states and divisions. In Chin, for example, only 16.2 per cent of the women had a urine sample taken, and 37.3 per cent had their weight measured. In Mon, on the other hand, more than 90 per cent of pregnant women received these services as part of their antenatal care. Fewer women in rural areas than in urban areas received all aspects of antenatal care during their pregnancy. While 94.3 per cent of urban women had their blood pressure measured, 74.4 per cent of rural women had this done. Similarly, 84.5 per cent of urban women had a urine sample taken, compared to 45.8 per cent of rural women. While 88.9 per cent of urban women had their weight measured as part of antenatal care, the corresponding rate for rural women is 53.4 per cent.

Coverage rates on all aspects of antenatal care increase with the education level of women and wealth quintiles. For example, it is worth noting that 48.7 per cent of the women with primary education had their urine specimen taken, and 54.6 per cent had their weight measured, while 70.6 per cent of women with secondary or higher education had a urine sample taken and 77.7 per cent had their weight measured. Most (97.8 per cent) of the richest women had their blood pressure measured, 87.1 per cent had a urine sample taken and 90.7 per cent had their weight measured, contrasting with the poorest women of whom 62.9 per cent had their blood pressure measured, 35.7 per cent had a urine specimen taken, and 43.7 per cent had their weight measured.

Assistance at Delivery

Three quarters of all maternal deaths occur during delivery and the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure that a competent health worker with midwifery skills is present at every birth and that transport is available to a referral facility for obstetric care in case of an emergency. A World Fit for Children goal is to ensure that women have ready and affordable access to skilled attendance at delivery. The indicators are the proportion of births with a skilled attendant and proportion of institutional deliveries. The skilled attendant at delivery indicator is also used to track progress towards the Millennium Development target of reducing the maternal mortality ratio by three quarters between 1990 and 2015.

The MICS questionnaire included a number of questions to assess the proportion of births attended by a skilled attendant. A skilled attendant in Myanmar refers to a doctor, nurse or midwife. Although auxiliary midwives receive six months training, they are not taken as skilled attendance for delivery in Myanmar.

Table RH.4 shows 70.6 per cent of births occurring in the two years prior to the interview were attended by skilled personnel. This percentage is highest in Shan (East) (94.5 per cent). Chin, Shan (North) and Ayeyarwaddy has a smaller proportion of delivery by skilled personnel (38.9, 42.8 and 54 per cent respectively) than other states and divisions.

More than one in three of the births (36.3 per cent) in the two years prior to the MICS interview were delivered with assistance by a midwife. Doctors assisted with the delivery of 28.2 per cent of births, a traditional birth attendant assisted with delivery of 17.7 per cent, auxiliary midwives assisted in 7.6 per cent of births and LHVs/nurses assisted with 6.1 per cent of deliveries.

More than half of the women were attended during delivery by a midwife in Tanintharyi (54.2 per cent) and Sagaing (54 per cent), while in Yangon the most common type of birth attendant is a medical

doctor (60.8 per cent). States and divisions with largest proportion of delivery by a traditional birth attendant are Ayeyarwaddy (35.2 per cent), Rakhine (30.2 per cent), Bago (East) (29.6 per cent) and Chin (25.1 per cent). It is notable that in Shan (North) as many as 24.9 per cent of women delivered their baby without any assistance at all. In Chin State this is also high at 10.4 per cent.

The proportion of skilled attendance at delivery is higher in urban areas (89.6 per cent) than in rural areas (63 per cent). The smallest proportion of delivery by skilled personnel is found among adolescent females (aged 15–19 years), at 59 per cent. The education level of women and the socioeconomic status of households are associated with the rate of delivery by skilled personnel. The more educated a woman is, the more likely she is to have delivered with the assistance of a skilled attendant (46.8 per cent for women with no education, 62.2 per cent for women with primary education, and 85.3 per cent for women with secondary or higher education). Women from the poorest households received assistance from skilled attendants during delivery in 51 per cent of cases, compared to 96.1 per cent of women from the richest households.

Overall, 36.2 per cent of women delivered in a health facility, either government or private. Chin has the smallest proportion of delivery in health facility (5.6 per cent) followed by Rakhine (11.7 per cent), Magwe (16.9 per cent) and Bago (East) (19 per cent). The highest rate of delivery in health facility is found in Yangon, with 68.9 per cent. Prevalence of delivery in health facility varies with women's background characteristics, similar to assistance at delivery by skilled personnel. While 65.2 per cent of urban babies are delivered in a health facility, only 24.5 per cent of rural babies are delivered in a health facility. Among women with primary education 24.7 per cent delivered in a health facility, compared to 54 per cent of women with secondary or higher education. The corresponding figure for women with no education is only 10.3 per cent. Among the poorest women, as few as 12.4 per cent delivered their baby in a health facility, contrasting with 77.5 per cent of the richest women.

IX. Child Development

It is well recognized that a period of rapid brain development occurs in the first three to four years of life, and the quality of home care is the major determinant of the child's development during this period. In this context, adults' engagement in activities with children is an important indicator of quality of home care. A World Fit for Children goal is that "children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn."

Information on a number of activities that support early learning was collected in the survey. These included the involvement of adults with children in the following activities: reading books or looking at picture books, telling stories, singing songs, taking children outside the home, compound or yard, playing with children, and spending time with children naming, counting, or drawing things.

For over half (57.9 per cent) of the children younger than five years, an adult engaged in more than four activities that promote learning and school readiness during the three days preceding the interview (Table CD.1). The average number of activities that adults engaged in with children was 3.8. The father's involvement with one or more such activities was at 44 per cent. More adults engage in learning activities with older children than with infants. While adult household members had engaged in learning activities with 40.5 per cent of children aged 0-23 months, the proportion rises to 70.5 per cent among children aged 24-59 months.

There are no gender differentials in terms of adult activities with children; neither for household members in general or for fathers. A larger proportion of adults engaged in learning and school readiness activities with children in urban areas (71.2 per cent) than in rural areas (52.4 per cent). More urban fathers engaged in activities with their children (48.5 per cent) than rural fathers (42.1 per cent).

Strong variation can be seen by region and socioeconomic status. Adult engagement in activities with children was greatest in Yangon (79.1 per cent) and lowest in Rakhine (33.5 per cent). In Bago (West) 66.2 per cent of fathers had engaged in one or more activity promoting learning, in contrast to 25.1 per cent in Kayah. Adult household members had engaged in learning activities with 75.7 per cent of children in the richest households, as opposed to 41.6 per cent of those living in the poorest households. While 50.3 per cent of children in the richest households had engaged in one or more activities with their father, only 37.4 per cent of children in the poorest households had done so.

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The education level of adults influences their engagement in learning activities with

children. Of children whose mother has secondary or higher education, 69.3 per cent experienced an adult household member engaging in four or more learning activities with them in the three days prior to the MICS interview. Among children whose mother has primary education, adult household members had engaged in learning activities with 53.5 per cent of them. Fathers with secondary or higher education were similarly more likely to engage in learning activities with children (51.8 per cent) than fathers with only primary education (44.5 per cent).

X. Education

Pre-school attendance and school readiness

Attendance to pre-school education in an organized learning or child education programme is important for the readiness of children to school. One of the World Fit for Children goals is the promotion of early childhood education.

Overall 22.9 per cent of Myanmar children aged 36–59 months are attending early childhood education. There is no difference between boys and girls. Urban–rural differences are, however, visible with 39.1 per cent of children in urban areas attending early childhood education, compared to 15.9 per cent in rural areas. The highest rate of attendance is found in Kayah, being as high as 60.7 per cent, and the lowest in Rakhine with 5.4 per cent. Children aged 48-59 months are far more likely (32.9 per cent) to attend than 36-47 months old children (13.8 per cent). The mother's education level considerably influences whether or not a child attends early childhood education. It is found that 35.7 per cent of children whose mothers have secondary or higher education are attending early childhood education, compared to 15.8 per cent of the children whose mothers have primary education only. Socioeconomic status is another important factor. As many as 46 per cent of children in the richest households attend early childhood education, while the rate for the poorest is as low as 7.6 per cent.

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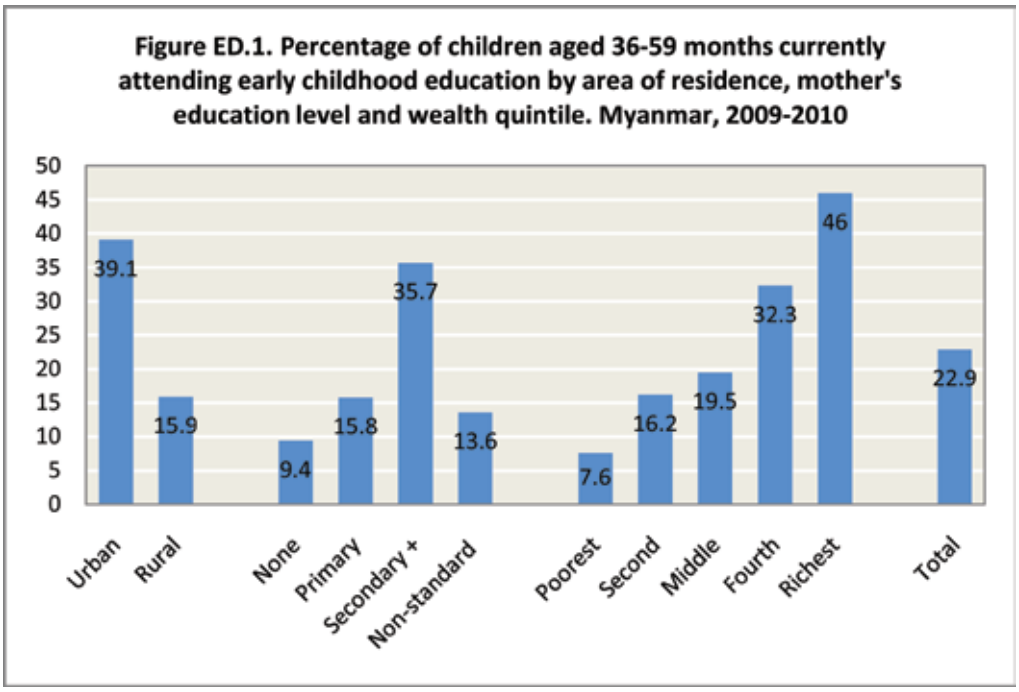
Table ED.1 also shows the proportion of children in the first grade of primary school who attended pre-school the previous year, an important indicator of school readiness. Overall, 39.8 per cent of children currently attending first grade attended pre-school in the previous year. More than half (52.8 per cent) of first-graders in urban areas had attended pre-school in previous year, compared to 34.4 per cent in rural areas. Mothers' education is again shown to play a role in children's enrolment in pre-school. It is found that 44.5 per cent of first graders whose mothers have secondary or higher education attended pre-school in the previous year, compared to 39.7 per cent of first graders whose mothers have primary education. Differences according to socioeconomic status can also be seen, with 34.5 per cent of first graders in the poorest households having had the opportunity to attend pre-school, and 51.7 per cent of the richest children having done so.



Primary and Secondary School Participation

Universal access to basic education and the achievement of primary education by the world's children is one of the most important goals of the Millennium Development Goals and A World Fit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment and influencing population growth.

The indicators for primary and secondary school attendance include:

- Net intake rate in primary education
- Net primary school attendance rate
- Net secondary school attendance rate
- Primary school attendance rate of children of secondary school age
- Female to male education ratio (or gender parity index - GPI)

The indicators of school progression include:

- Transition rate to secondary school
- Net primary completion rate

It should be noted that the indicators do not take into account seasonal variation in school attendance or how regularly children attend school.

The Myanmar MICS was conducted from June 2009 to March 2010. The school year in Myanmar begins in June; therefore many of the children living in households that were interviewed in 2010 may have already turned one year older than when they began the school year back in June 2009. Therefore during the data analyses for education indicators children living in households interviewed in 2010 were rejuvenated by one year so they would still be included in the respective net attendance ratios at the age they most likely began the current school year.

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Table ED.2 shows the percentage of children aged five, which is the primary school entry age in Myanmar, who are currently attending grade one. As shown, 74.4 per cent of five-year-olds are attending school, with no difference between boys and girls. The difference between urban and rural areas is very slight, with 77.4 and 73.3 per cent respectively. Among the country's states and divisions, the highest rate is found in Tanintharyi with 93 per cent, compared to 58.6 per cent in Shan (North). While 81.5 per cent of five-year olds whose mothers have secondary or higher education are attending first grade, 75.2 per cent of those whose mothers have primary education have entered school. There is a visible gap between children from the poorest and the richest households when it comes to timely entry in school. While 80.7 per cent of children aged five in the richest households are in first grade, 63.5 per cent of children from the poorest households have entered primary school.

Table ED.3 provides the percentage of children of primary school age, which is 5–9 years, attending primary or secondary school. The majority of children of primary school age are attending school (90.2 per cent). This means, however, that close to 10 per cent of the children are out of school. At the national level there is no notable difference between boys and girls. Slightly more children in urban areas (93 per cent) than in rural areas (89.2 per cent) are attending. Primary school-aged children in Tanintharyi are most likely to attend school at 98 per cent, compared to 75.8 per cent in Rakhine. It is interesting to note that while only 77.3 per cent of 5-year-olds are attending school, 95 per cent of both 7- and 8-year-olds are in school, indicating that several children begin school late. A total of 94.9 per cent of children from the richest households are in school, compared to 81.4 per cent from the poorest households.

The secondary school net attendance ratio in Myanmar is presented in Table ED.4. More notable than in primary school where 10 per cent of primary school aged children are not attending school at all, is the fact that only 58.3 per cent of the children of secondary school age are attending secondary school. Of the remaining children, some of them are either out of school or attending primary school. The difference in secondary school attendance between urban and rural areas is a lot more pronounced than it is for primary school attendance. While 76 per cent of children in urban areas attend secondary school, the rate in rural areas is 52 per cent. The secondary school attendance rate is as high as 74.7 per cent in Yangon, but only 30.9 per cent in Rakhine. The importance of mothers' education for children's school attendance is also here notable. While 83.9 per cent of children whose mothers have secondary or higher education, attend secondary school, only 54.1 per cent of children whose mother has primary education, do so. Where the mother has no education, the rate is 31.2 per cent. It is also interesting to note that secondary school attendance varies according to age. Only half of 10-year-olds

are in secondary school, but this increases to 67.4 per cent for 11- and 12-year-olds. Only 45.2 per cent of 15-year-olds attend secondary school. Socioeconomic status has a strong impact on attendance in secondary school. Only 28.2 per cent of children from the poorest households are in secondary school, while the figure for children from the richest households is as high as 85.5 per cent.

The rate of secondary school age children attending primary school is presented in Table ED.4A. Overall, 11.9 per cent of children aged 10-15 years attend primary school in Myanmar. The findings do, however, vary strongly across the age group. While 40.2 per cent of children aged 10 are still in primary school, from age 13 (3 per cent) and onwards the percentage is very low. More children in rural areas tend to be in primary school despite being of secondary school age, at 13.6 per cent, compared to 7.3 per cent of urban children. In Shan (North) 19.8 per cent of secondary school age children are still in primary school, while the rate drops to 7.2 per cent in Yangon. It is notable that while as many as 19.4 per cent of secondary school age children in the poorest households attend primary school, only 5 per cent of children in the richest households are still in primary school.

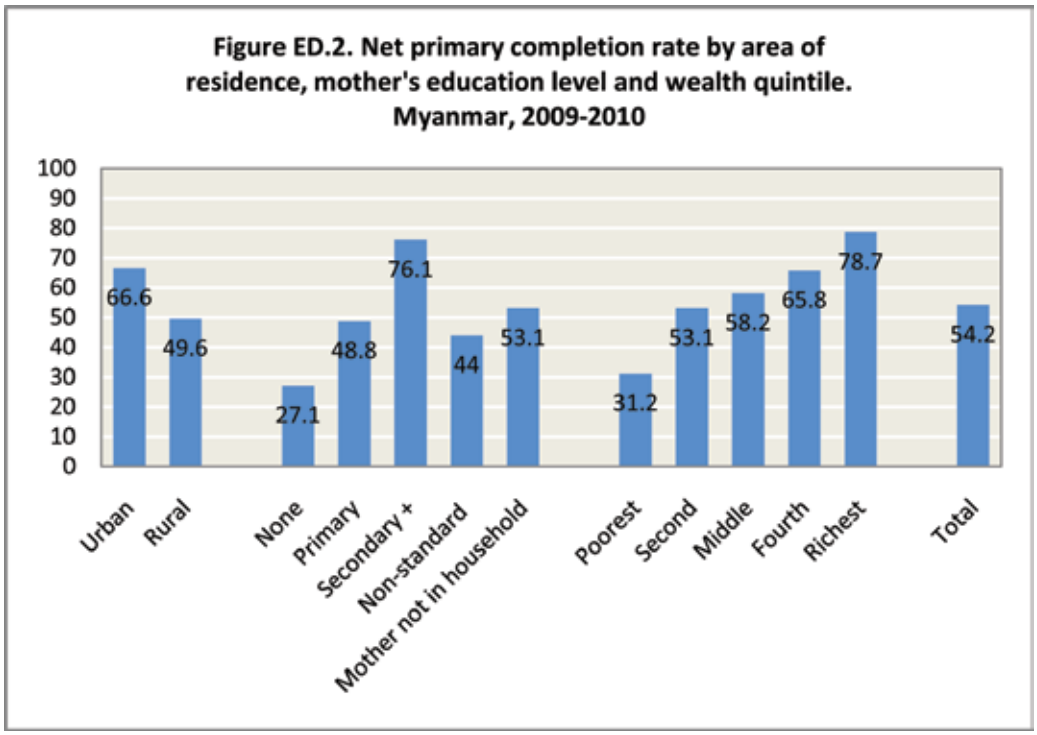
The grade promotion rate between grade one and grade five is presented in Table ED.5. It should be noted that this rate is calculated based on information regarding which grade children attend in the current year as well as the previous year. Children who dropped out of school at an earlier time than last school year, or children who repeat grades, do not enter the calculation. For Myanmar the grade promotion rate has been calculated as 93.3 per cent. The rate is lowest in Bago (West) at 86.6 per cent, but reaches more than 90 per cent in most states and divisions. Grade promotion rate is highest among children in the richest households at 98.9 per cent, but it is also as high as 83.2 per cent among children in the poorest households.

The net primary school completion rate and transition rate to secondary education are presented in Table ED.6. Only 54.2 per cent of children of primary school completion age, which in Myanmar is nine years of age, are attending the last grade of primary education. This value should be distinguished from the gross primary completion ratio which includes children of any age attending the last grade of primary school. As already noted above, there is a tendency for children to begin school later than at age five. The overall percentage of Myanmar children who complete primary school is therefore likely to be higher than the net primary school completion rate.

Geographical location has a strong influence on whether children complete primary school on time. A total of 66.6 per cent of 9-year-olds in urban areas are in the last grade of primary school, as opposed to 49.6 per cent of 9-year-olds in rural areas. While 72.3 per cent of 9-year-olds in Tanintharyi are in the last grade of primary, the lowest rate is found in Rakhine with 31.7 per cent. The education level of children's mothers, as well as their households' socioeconomic status, is of high importance. It is remarkable that only 31.2 per cent of 9-year-old children from the poorest households have reached the last grade of primary, compared to 78.7 per cent of 9-year-olds from the richest households.

A total of 95.3 per cent of the children that successfully completed the last grade of primary school were found to be attending the first grade of secondary school. This rate is lower among children from the poorest households at 87.2 per cent, and reaches 99.6 per cent among children from the richest households.

The ratio of girls to boys attending primary and secondary education is provided in Table ED.7. These ratios are better known as the Gender Parity Index (GPI). The ratios included here are obtained from net attendance ratios rather than gross attendance ratios. The gross ratios can provide an erroneous description of the GPI mainly because in most of the cases the majority of over-aged children attending primary education tend to be boys. The table shows that gender parity for primary school is 1.01 at



the national level, indicating no difference in the attendance of girls and boys to primary school. The exact same result is found for secondary school gender parity. Nonetheless it can be seen that while for primary school this rate remains close to the national average, regardless of socioeconomic status and geographic location, the value for secondary education varies more. In Shan (East) the primary school gender parity index is 1.11, and for secondary school 1.26. This means that more girls than boys attend school, and the tendency becomes more pronounced after reaching secondary school. Secondary school aged girls are at a disadvantage in Rakhine (0.85) and Shan (North) (0.92).

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Young Female Literacy

One of the World Fit for Children goals is to assure adult literacy. Adult literacy is also an MDG indicator, relating to both men and women. In MICS, because only a women's questionnaire was administered, the results are based only on females aged 15–24 years. Literacy was assessed on the ability of women to read a short, simple statement or on school attendance. Individuals who had secondary or higher education were assumed to be literate and were not asked to do the reading test. The percentage of literate young women is presented in Table ED.8.

Overall, 87.8 per cent of young Myanmar women are literate. The percentage is higher in urban areas at 94.9 per cent than in rural areas, at 84.9 per cent. The rate differs markedly with place of residence, with young women in Kachin most likely to be literate (96.4 per cent). Rakhine has the lowest literacy rate with 54.6 per cent. It is interesting to note that only 73.4 per cent of young women with primary education are literate, indicating that one in every four young women who have attended primary school, not counting the ones who have moved on to secondary school, are still unable to read simple sentences about everyday life. Socioeconomic differences are also visible. Among young women in the poorest households, 69 per cent are literate, while among the richest the literacy rate is as high as 96.6 per cent.

XI. Child Protection

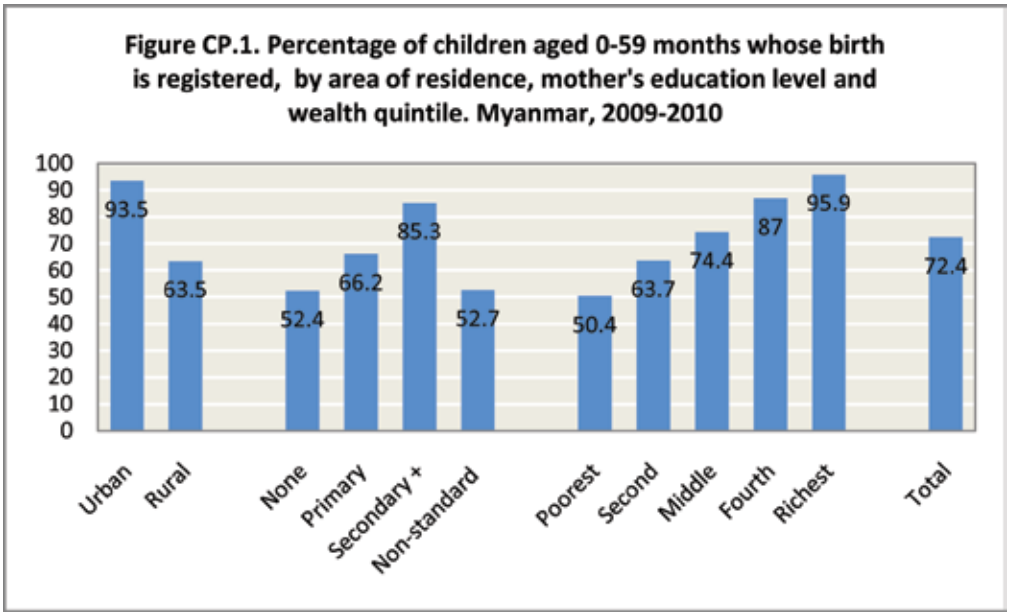
Birth Registration

The Convention on the Rights of the Child articles 7 and 8 state that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. The World Fit for Children states the goal to develop systems to ensure the registration of every child at or shortly after birth, and fulfil his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments. The indicator used in MICS is the percentage of children under five years of age whose birth is registered.

In Myanmar, birth registration is administered through the Department of Health. Basic health staff and midwives fill in the relevant forms when a child is born and forward them to the Township Medical Office. The only authorized person to sign the birth certificates is the Township Medical Officer. Because of the central role of health staff in the process, children who are born in health facilities are generally more likely to receive a birth certificate than other children. Obstacles in the process tend to include a lack of forms for registration, distances to travel for people living in remote areas and the cost of health staff having to travel to the Township Medical Office. Furthermore, the utility of a birth certificate is not clear. Showing a birth certificate is not required to obtain immunization or for school enrolment but is nevertheless a crucial proof of age. A parallel channel for registering the birth of a child is through the General Administration Department. The local authorities' letter of endorsement of the birth is often the one used for obtaining a National Registration Card at age 10.

During the MICS interview, mothers or caregivers of children under five were asked to show the child's birth certificate. If the certificate was not shown, they were asked whether the child's birth had been registered. It was not well specified which type of registration was being asked about, so it is likely that respondents would have reported registration both through health staff and through local administrative authorities.

The births of 72.4 per cent of children under five years in Myanmar have been registered (Table CP.1). Births of boys and girls are equally often registered. More births are registered in urban areas, at 93.5 per cent, than in rural areas, at 63.5 per cent. The rate of birth registration varies across states and divisions, with Yangon and Shan (East) highest, at 95.2 and 95.4 per cent respectively, and Chin lowest, at 24.4 per cent. The education of mothers is highly important for the birth of a child to be registered. Whereas 85.3 per cent of children whose mothers have secondary or higher education have birth registration, only 52.4 per cent of children whose mothers have no education have had their birth registered. Along the same lines, 50.4 per cent of children in the poorest 20 per cent of households are registered, while 95.9 per cent of children in the richest quintile are registered. Among children whose births are not registered, the most common reason given is that the main caregiver did not know the child should be registered (34 per cent).



Early Marriage

Early marriage, before or around the age of 18, is a reality for many young girls. According to UNICEF's worldwide estimates, over 60 million women aged 20–24 were married/in union before the age of 18. Factors that influence early marriage rates include: the state of the country's civil registration system, which provides proof of age for children; the existence of an adequate legislative framework with an accompanying enforcement mechanism to address cases of child marriage; and the existence of customary or religious laws that condone the practice.

In many parts of the world, parents encourage the marriage of their daughters at an early age in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. Poverty, protection of girls, family honour and the provision of stability during unstable social periods are considered as significant factors in determining a girl's risk of becoming married while still a child. Early marriage can, however, compromise the development of girls and often results in early pregnancy and social isolation, with little education and poor vocational training, thus reinforcing the gendered nature of poverty.

The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights, with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. The Convention on the Elimination of all Forms of Discrimination Against Women mentions the right to protection from child marriage in article 16, which states: "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage..." While marriage is not considered directly in the Convention on the Rights of the Child, child marriage is linked to other rights, such as the right to express their views freely, the right to protection from all forms of abuse and the right to be protected from harmful traditional practices, and is frequently addressed by the Committee on the Rights of the Child. Another international agreement related to child marriage is the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages.

Young married girls are a unique, though typically invisible, group. Often required to perform heavy amounts of domestic work, under pressure to demonstrate fertility, and responsible for raising children while barely more than children themselves, married girls face constrained decision-making

and reduced life choices. Women who married at a younger age are often more likely to experience domestic violence.

Closely related to the issue of early marriage is the age at which girls become sexually active. Women who were married before or around the age of 18 tend to have more children than those who married later in life. Internationally, pregnancy-related deaths are known to be a leading cause of mortality for both married and unmarried girls between the ages of 15 and 19, particularly among the youngest of this cohort.

The indicator selected for Myanmar MICS is the percentage of young women and girls aged 15–19 currently married. As shown in Table CP.2, overall, 7.4 per cent of young women and girls aged 15 -19 in Myanmar are married. More girls and young women in rural areas (8.4 per cent) are married than girls in urban areas (5.1 per cent). Percentages vary strongly across states and divisions, with the highest rate of early marriage found in Shan (East), at 22.3 per cent. This means that one in every five females in Shan (East) is already married by the age of 15–19. Prevalence of early marriage is also high in Shan (North) and Shan (South), at 13.7 per cent and 11.2 per cent respectively. The lowest rate is found in Sagaing at 4.7 per cent.

Girls and young women with secondary or higher education are less likely to be married than those with only primary education. The percentage married among young women with secondary and higher education is 5.2 per cent, while 12.4 per cent of girls with primary education only are married. Furthermore, 9 per cent of young women in the poorest 20 per cent of households are married, while on the other hand 4.3 per cent among the richest have entered into marriage.

Orphans and Children's Living Arrangements

The care from parents and caregivers is crucial for children of all ages. According to article 18 of the CRC, parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and

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development of a child; the best interests of the child should be their basic concern. Children rely on their parents or caregivers to provide them with appropriate food, clothes and shelter and to provide them with an environment in which they can fully develop to their best potential. Parents have the responsibility to ensure that their children receive preventive health services, such as immunization, and to seek appropriate medical care in the event of illness.

As mentioned in the chapter on child development, it is widely recognized that spending time with adults on activities such as singing songs and reading stories is crucial for a young child's mental development. Parents likewise can play a central role in children's education by ensuring their enrolment and attendance in both early childhood education and in school from the appropriate age. Additionally, parents can help children succeed in their education by assisting them with homework and providing time and space for them to study, as much as possible. It is the responsibility of parents to protect children from harm, be healthy role models and to prepare children for life as adults.

Children who are orphaned or not living with their parents may receive less adult guidance and support, and may be at increased risk of neglect or exploitation.

Table CP.3 shows the percentage of children living with one or both parents and the percentage of orphans. In Myanmar 85.2 per cent of children live with both parents. This percentage does not vary across sex of child, urban and rural areas or socioeconomic status. It does, however, vary between states and divisions. The highest percentage of children living with both parents is found in Kayah and Shan (South) States, at 91.5 per cent each, while the lowest percentage is found in Mon State, at 65.4 per cent. In terms of age, 90.4 per cent of children aged 0-4 years live with both parents, while 78.9 per cent of children aged 15-17 do so.

In total, 5.4 per cent of Myanmar children do not live with a biological parent. The highest rate is in Mon with as much as 18.7 per cent, and the lowest is in Rakhine at 1.3 per cent. It is interesting to note that while only 2.9 per cent of children in the poorest wealth quintile live without their parents, 7.1 per cent of children in the richest quintile do not live with their biological parents. Although the reason for children living without their parents was not asked, it is clear that the death of parents is not the primary cause; 3.8 per cent of children in Myanmar do not live with any of their parents, although both parents are alive. This rate is highest in Mon State, at 16.4 per cent. It is also high in Kayin, at 10.3 per cent, followed by Tanintharyi, at 9.2 per cent. Some 8 per cent of children live with their mother only, while only 1.3 per cent of children live with their father only.

One or both parents of 6.6 per cent of Myanmar children have died. The rate is highest in Kachin State, at 8.4 per cent and lowest in Kayin, at 3.9 per cent. While 2 per cent of children aged 0-4 have lost one or both parents, 13.5 per cent of children aged 15-17 have lost one or both parents. This suggests that when reaching the age of 15-17, more than 1 of every 10 children will have lost at least one parent.

XII. HIV /AIDS

Knowledge of HIV Transmission

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and ways of preventing transmission. Correct information is the first step towards raising awareness and giving young people the tools to protect themselves from infection. Misconceptions about HIV are common and can confuse young people and hinder prevention efforts. Different regions are likely to have variations in misconceptions although some appear to be universal, for example that sharing food can transmit HIV, or mosquito bites can transmit HIV. The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of young people to protect themselves from HIV. The indicators to measure this goal as well as the MDG of reducing HIV infections by half include improving the level of knowledge of HIV and its prevention and changing behaviours to prevent further spread of the disease. The HIV module was administered to all women 15-49 years of age.

One indicator which is both an MDG and UNGASS indicator is the per cent of young women who have comprehensive and correct knowledge of HIV prevention and transmission. Women were asked whether they knew of the three main ways of preventing HIV transmission – having only one faithful uninfected partner, using a condom every time, and abstaining from sex. The results are presented in Table HA.1. In Myanmar, most of the interviewed women (95.4 per cent) have heard of AIDS. However, the percentage of women who know of all three main ways of preventing HIV transmission is only 45 per cent. Some 75 per cent of women know of having one faithful uninfected sex partner, 70.6 per cent know of using a condom every time, and 57.8 per cent know of abstaining from sex as main ways of preventing HIV transmission. While 86.1 per cent of women know at least one way, 13.9 per cent do not know any of the three ways.

The lowest level of awareness of AIDS is found in Shan (North), where 66.6 per cent of women had heard of AIDS. In comparison, in Mon, Bago (West), Magwe, Tanintharyi and Yangon, more than 99 per cent of women had heard of the disease. Regarding prevention of HIV, there is very little difference between urban (47 per cent) and rural (44.1 per cent) areas in knowledge of all three ways of prevention. On the other hand, 91.3 per cent of urban women could identify at least one way, as opposed to 83.8 per cent in rural areas. In Chin State, only 22.2 per cent of women could identify all three ways of preventing HIV transmission, compared with 54.1 per cent in Shan (South).

Knowledge of all three ways of prevention does not vary considerably between women with primary (45.5 per cent) or secondary or higher (48.2 per cent) education, although more women with secondary (92 per cent) education than women with primary education (84.7 per cent) are able to identify at least one way. There is, however, a large gap in knowledge when compared with women without any education, of whom only 22.8 per cent can identify all three ways. Knowledge varies with socioeconomic background, but the proportion of women knowing all three ways of prevention is largest in the second-richest quintile (50.2 per cent). The lowest level of knowledge is found among the poorest women, at 37.3 per cent. While 76.7 per cent of women in the poorest households could identify at least one way of preventing transmission, this rises to 90.5 per cent among women in the richest households.

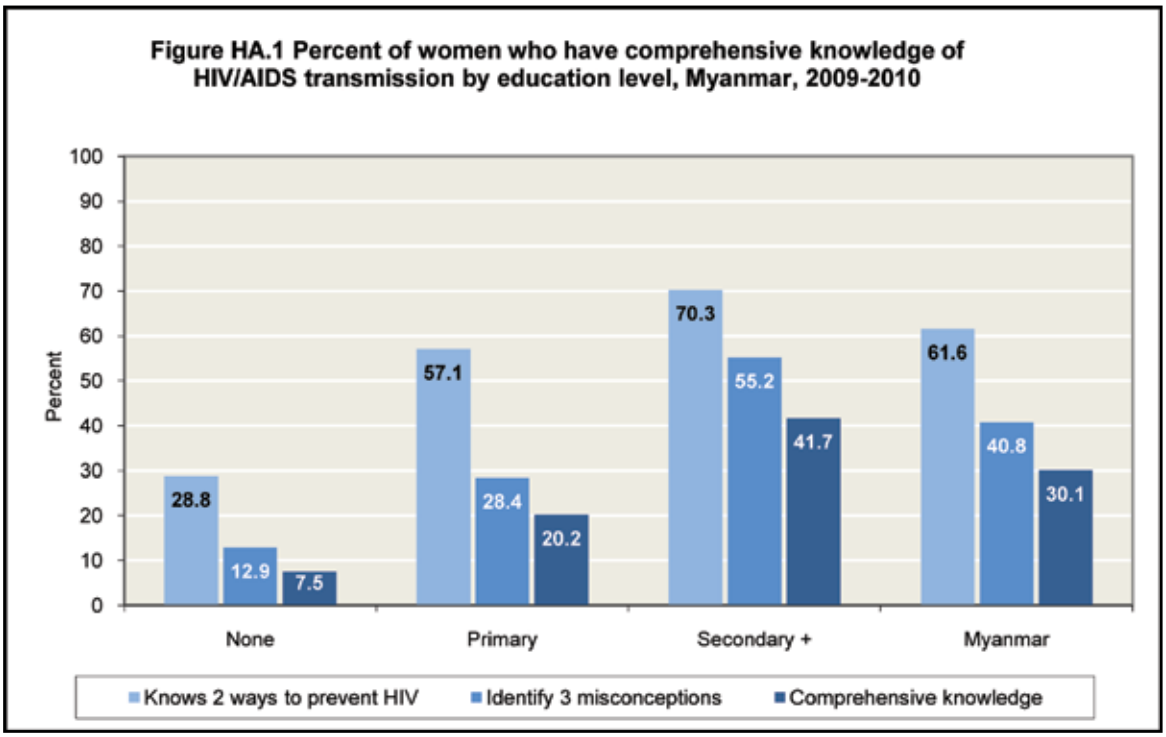
Table HA.2 presents the percentage of women who can correctly identify misconceptions concerning HIV. The indicator is based on the two most common and relevant misconceptions in Myanmar, that

HIV can be transmitted by sharing food and by mosquito bites. The table also provides information on whether women know that HIV cannot be transmitted by supernatural means and that HIV can be transmitted by sharing needles. Of the interviewed women, 40.8 per cent reject the two most common misconceptions and know that a healthy-looking person can be infected. Some 75.9 per cent of women know that HIV cannot be transmitted by sharing food, and 66.1 per cent know that HIV cannot be transmitted by mosquito bites, while 59.7 per cent of women know that a healthy-looking person can be infected. Some 55 per cent of urban women can correctly identify misconceptions about HIV/AIDS, as opposed to 34.3 per cent of rural women. In Shan (East), only 26.4 per cent of women reject the two most common misconceptions and know that a healthy-looking person can be infected, while the rate in Yangon is 57.8.

Age, educational background and socioeconomic status are also shown to influence awareness. Women aged 20–24 were found to be most likely to identify misconceptions, at 44.6 per cent, while the lowest level of identification of misconceptions was found in the 45-49 age group, at 33.9 per cent. Among women with primary education, 28.4 per cent correctly identified misconceptions, while 55.2 per cent of women with secondary or higher education were able to do so. Among the poorest women, 25.9 per cent rejected the most common misconceptions and know that a healthy-looking person can be infected, as opposed to 57.9 per cent of women in the richest households.

Table HA.3 summarizes information from Tables HA.1 and HA.2 and presents the percentage of women who know two ways of preventing HIV transmission and reject three common misconceptions. Comprehensive knowledge of HIV prevention methods and transmission is still fairly low, although there are differences by area of residence. Overall, 30.1 per cent of women are found to have comprehensive knowledge. The percentage is higher in urban areas (41.2 per cent) than in rural areas (25 per cent). Comprehensive knowledge is lowest in Shan (East) (17.5 per cent) and greatest in Yangon (46.3 per cent). As expected, the proportion of women with comprehensive knowledge increases with their level of education (Figure HA.1). While 20.2 per cent of women with primary education

Figure HA.1 Percent of women who have comprehensive knowledge of HIV/AIDS transmission by education level, Myanmar, 2009-2010



have comprehensive knowledge, this rate rises to 41.7 per cent for women with secondary or higher education. Only 17.3 per cent of women in the poorest households have comprehensive knowledge of HIV/AIDS transmission, compared to 42.5 per cent among the richest women. Knowledge varies with age, being lowest in the 45-49 age group (24.7 per cent) and greatest among the 20–24 age group (32.8 per cent). Comprehensive knowledge of HIV/AIDS transmission among young women aged 15–24 was found to be 31.8 per cent.

Knowledge of mother-to-child transmission of HIV is an important first step for women to seek HIV testing when they are pregnant to avoid infection in the baby. Women should know that HIV can be transmitted during pregnancy, delivery and through breastfeeding. The level of knowledge among women aged 15–49 years concerning mother-to-child transmission is presented in Table HA.4. Overall, 87 per cent of women know that HIV can be transmitted from mother to child. The percentage of women who know all three ways of mother-to-child transmission is 65 per cent, while 8.3 per cent of women did not know of any specific way. A total of 81.5 per cent of women know that HIV can be transmitted during pregnancy, 73.4 per cent know that HIV can be transmitted during delivery, and 75.6 per cent are aware that HIV can be transmitted through breast milk.

There is no notable difference between urban (64.5 per cent) and rural (65.2 per cent) women on their knowledge of ways of HIV transmission from mother to child. In Bago (West), 79.6 per cent of women could identify all three ways HIV can be transmitted from mother to child, while the lowest percentage is found in Shan (North), at 39 per cent. It is interesting to note that the highest percentage of women knowing all three ways of transmission from mother to child is found in the second lowest socioeconomic group with 69.1 per cent.

The indicators on attitudes towards people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report an accepting attitude on the following four questions: 1) would care for family member sick with AIDS; 2) would buy fresh vegetables from a vendor who was HIV positive; 3) thinks that a female teacher who is HIV positive should be allowed to teach in school; and 4) would not want to keep HIV status of a family member a secret. Table HA.5 presents the attitudes of women towards people living with HIV /AIDS. Overall, 65.1 per cent of Myanmar women agree with at least one discriminatory statement about HIV /AIDS. The most negative attitude was expressed against buying vegetables from a person with HIV/AIDS (53.7 per cent), followed by the negative stance against allowing a female HIV-positive teacher to work (41.6 per cent). Considerably fewer women said they would not care for a family member with AIDS (11.8 per cent) or would want to keep it a secret if a family member was HIV-positive (10.7 per cent).

There are notable variations on women's attitudes towards people living with HIV /AIDS according to area of residence, education and socioeconomic background. While 53.7 per cent of urban women agree with at least one discriminatory statement, the rate rises to 70.5 per cent among rural women. The smallest proportion of women agreeing with a discriminatory statement is found in Chin State, at 50.8 per cent, as opposed to 80 per cent in Rakhine. Some 75.6 per cent of women with primary education only, agree with at least one discriminatory statement, compared with 55.3 per cent of women with secondary or higher education. Among women in the poorest households, 78.1 per cent expressed a discriminatory attitude towards people living with HIV/AIDS, while 51.2 per cent of women in the richest households did so.

Another important indicator is the knowledge of where to be tested for HIV and the use of such services. Questions related to knowledge among women of a facility for HIV testing and whether they have ever been tested is presented in Table HA.6. In Myanmar 70.6 per cent of women know where they can be tested for HIV, while 17.6 per cent have actually been tested. Of them, a large proportion

has been told the result (91.5 per cent).

In total, 82.1 per cent of urban women know of a place to get tested for HIV, compared with 65.3 per cent of rural women. As many as 91.5 per cent of women in Bago (West) know where they can be tested. The lowest level of awareness is found in Rakhine at 45.9 per cent. Similarly, as many as 33 per cent of urban women have been tested, while only 10.5 per cent of rural women have been tested. The highest rate of women who have been tested is in Yangon, at 42 per cent. The lowest rate is found in Chin and Rakhine at 3.3 per cent each.

The education level and socioeconomic background of women influence both their knowledge of where to be tested for HIV, and whether they have actually been tested or not. Among women with primary education, 63 per cent know of a place to be tested, and 13 per cent have been tested. In comparison, 82.2 per cent of women with secondary or higher education know where to go for an HIV test and 23 per cent have been tested. One half (50.7 per cent) of women from the poorest households know of a place they can go to for an HIV test, and 5.9 per cent have been tested. Among women from the richest households, 84 per cent know where they can be tested, and 33 per cent have been tested.

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Map of Myanmar
Kachin
Sagaing
Shan (N)
Chin
Mandalay
Shan (S)
Shan (E)
Magwe
Rakhine
Kayah
Bago (W)
Bago (E)
Kayin
Yangon
Ayeyarwaddy
Mon
Tanintharyi

Table HH.1: Results of household and individual interviews

Number of households, women, and children under five by results of the household, women's and under-five's interviews, and household, women's and under-five's response rates, Myanmar, 2009-2010

	Area		State/Division																
	Urban	Rural	Kachin	Kayah	Kayin	Chin	Mon	Ra-khine	Shan (Nor-th)	Shan (East)	Shan (Sou-th)	Aye-yar-waddy	Bago (East)	Bago (West)	Magwe	Man-dalay	Sa-gaing	Tanin-tharyi	Yangon	Total
Number of households																				
Sampled	8,340	20,910	1,260	1,170	1,290	1,170	1,530	1,590	1,410	1,200	1,350	2,910	1,590	1,440	2,160	2,940	2,400	1,290	2,550	29,250
Occupied	8,340	20,910	1,260	1,170	1,290	1,170	1,530	1,590	1,410	1,200	1,350	2,910	1,590	1,440	2,160	2,940	2,400	1,290	2,550	29,250
Interviewed	8,331	20,907	1,258	1,170	1,290	1,169	1,530	1,590	1,403	1,200	1,350	2,910	1,590	1,440	2,160	2,938	2,400	1,290	2,550	29,238
Response rate	99.9	100.0	99.8	100.0	100.0	99.9	100.0	100.0	99.5	100.0	100.0	100.0	100.0	100.0	100.0	99.9	100.0	100.0	100.0	100.0
Number of women																				
Eligible	11,808	27,217	1,820	1,713	1,609	1,507	1,878	2,169	1,987	1,328	1,728	3,586	2,238	1,623	2,873	4,154	3,451	1,676	3,685	39,025
Interviewed	11,568	26,513	1,631	1,685	1,590	1,494	1,873	2,168	1,957	1,318	1,717	3,536	2,106	1,617	2,829	3,967	3,298	1,637	3,658	38,081
Response rate	98.0	97.4	89.6	98.4	98.8	99.1	99.7	100.0	98.5	99.2	99.4	98.6	94.1	99.6	98.5	95.5	95.6	97.7	99.3	97.6
Overall response rate	97.9	97.4	89.5	98.4	98.8	99.1	99.7	100.0	98.0	99.2	99.4	98.6	94.1	99.6	98.5	95.4	95.6	97.7	99.3	97.5
Number of children under 5																				
Eligible	4,253	11,321	947	1,097	1,033	925	736	936	894	529	757	1,399	821	400	861	1,112	944	590	1,593	15,574
Mother/Caretaker interviewed	4,238	11,301	929	1,097	1,031	925	736	936	890	529	757	1,398	817	400	861	1,112	941	588	1,592	15,539
Response rate	99.6	99.8	98.1	100.0	99.8	100.0	100.0	100.0	99.6	100.0	100.0	99.9	99.5	100.0	100.0	100.0	99.7	99.7	99.9	99.8
Overall response rate	99.5	99.8	97.9	100.0	99.8	99.9	100.0	100.0	99.1	100.0	100.0	99.9	99.5	100.0	100.0	99.9	99.7	99.7	99.9	99.7

Table HH.2: Household age distribution by sex

Per cent distribution of the household population by five-year age groups and dependency age groups, and number of children aged 0-17 years, by sex, Myanmar, 2009-2010

	Males		Females		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Age						
0-4	7,521	11.3	7,112	9.5	14,632	10.4
5-9	7,249	10.9	7,074	9.5	14,323	10.1
10-14	6,699	10.0	6,856	9.2	13,555	9.6
15-19	5,768	8.6	6,347	8.5	12,115	8.6
20-24	5,187	7.8	6,299	8.4	11,486	8.1
25-29	5,259	7.9	6,405	8.6	11,664	8.3
30-34	5,206	7.8	5,950	8.0	11,156	7.9
35-39	5,023	7.5	5,717	7.7	10,740	7.6
40-44	4,290	6.4	5,014	6.7	9,304	6.6
45-49	3,650	5.5	3,783	5.1	7,433	5.3
50-54	3,211	4.8	4,156	5.6	7,366	5.2
55-59	2,378	3.6	2,874	3.9	5,252	3.7
60-64	1,874	2.8	2,289	3.1	4,162	2.9
65-69	1,228	1.8	1,606	2.2	2,834	2.0
70-74	1,044	1.6	1,325	1.8	2,370	1.7
75-79	624	0.9	942	1.3	1,566	1.1
80+	493	0.7	798	1.1	1,291	0.9
Missing/DK	8	0.0	12	0.0	20	0.0
Dependency age groups						
< 15	21,468	32.2	21,041	28.2	42,510	30.1
15-64	41,846	62.7	48,833	65.5	90,679	64.2
65 +	3,390	5.1	4,671	6.3	8,060	5.7
Missing/DK	8	0.0	12	0.0	20	0.0
Children aged 0-17	25,135	37.7	24,919	33.4	50,054	35.4
Adults 18+/Missing/ DK	41,577	62.3	49,638	66.6	91,215	64.6
Total	66,712	100.0	74,557	100.0	141,269	100.0

Table HH.3: Household composition

Per cent distribution of households by selected characteristics, Myanmar, 2009-2010

	Weighted per cent	Number of households	
		Weighted	Unweighted
Sex of household head			
Male	83.2	24,334	24,412
Female	16.8	4,904	4,826
State/Division			
Kachin	2.4	714	1,258
Kayah	0.5	145	1,170
Kayin	2.8	824	1,290
Chin	1.0	298	1,169
Mon	4.6	1,333	1,530
Rakhine	6.2	1,819	1,590
Shan (North)	3.7	1,093	1,403
Shan (East)	1.5	428	1,200
Shan (South)	4.7	1,379	1,350
Ayeyarwaddy	8.9	2,589	2,910
Bago (East)	6.2	1,821	1,590
Bago (West)	5.3	1,562	1,440
Magwe	9.2	2,688	2,160
Mandalay	14.5	4,250	2,938
Sagaing	11.2	3,266	2,400
Tanintharyi	2.5	742	1,290
Yangon	14.7	4,286	2,550
Area			
Urban	29.6	8,658	8,331
Rural	70.4	20,580	20,907
Number of household members			
1	1.2	357	352
2-3	24.5	7,174	6,986
4-5	43.1	12,590	12,375
6-7	21.8	6,386	6,616
8-9	7.2	2,097	2,232
10+	2.2	634	677
Total	100.0	29,238	29,238
At least one child aged < 18 years	78.4	29,238	29,238
At least one child aged < 5 years	42.0	29,238	29,238
At least one woman aged 15-49 years	90.6	29,238	29,238

Table HH.4: Women's background characteristics

Per cent distribution of women aged 15-49 years by background characteristics, Myanmar, 2009-2010

	Weighted per cent	Number of women	
		Weighted	Unweighted
State/ Division			
Kachin	2.6	996	1,631
Kayah	0.5	205	1,685
Kayin	2.6	987	1,590
Chin	1.0	370	1,494
Mon	4.1	1,577	1,873
Rakhine	6.3	2,385	2,168
Shan (North)	3.9	1,498	1,957
Shan (East)	1.2	456	1,318
Shan (South)	4.5	1,701	1,717
Ayeyarwaddy	8.1	3,075	3,536
Bago (East)	6.5	2,470	2,106
Bago (West)	4.5	1,697	1,617
Magwe	9.0	3,446	2,829
Mandalay	15.2	5,791	3,967
Sagaing	11.9	4,530	3,298
Tanintharyi	2.4	928	1,637
Yangon	15.7	5,967	3,658
Area			
Urban	31.5	12,011	11,568
Rural	68.5	26,070	26,513
Age			
15-19	15.7	5,984	6,126
20-24	15.7	5,988	5,982
25-29	16.2	6,179	6,117
30-34	15.2	5,787	5,780
35-39	14.7	5,579	5,567
40-44	12.9	4,900	4,882
45-49	9.6	3,663	3,627
Marital status			
Ever-married	60.6	23,070	23,593
Never-married	39.4	15,011	14,488
Motherhood status of ever-married women			
Ever gave birth	92.0	21,232	21,835
Never gave birth	8.0	1,838	1,758
Education			
None	6.7	2,542	3,127
Primary	39.4	15,010	14,652
Secondary +	51.2	19,492	19,396
Non-standard curriculum	2.7	1,037	906
Wealth index quintiles			
Poorest	18.5	7,035	6,597
Second	19.6	7,475	7,217
Middle	19.8	7,535	7,826
Fourth	20.4	7,781	8,064
Richest	21.7	8,256	8,377
Total	100.0	38,081	38,081

Table HH.5: Children's background characteristics

Per cent distribution of children under five years of age by background characteristics, Myanmar, 2009-2010

	Weighted per cent	Number of under-five children	
		Weighted	Unweighted
Sex			
Male	51.4	7,980	7,923
Female	48.6	7,558	7,616
State/Division			
Kachin	3.7	570	929
Kayah	0.9	145	1,097
Kayin	4.5	701	1,031
Chin	1.6	250	925
Mon	4.4	680	736
Rakhine	7.3	1,137	936
Shan (North)	5.4	835	890
Shan (East)	1.3	200	529
Shan (South)	5.3	822	757
Ayeyarwaddy	8.5	1,322	1,398
Bago (East)	6.4	1,000	817
Bago (West)	3.0	461	400
Magwe	7.3	1,138	861
Mandalay	11.0	1,708	1,112
Sagaing	8.8	1,364	941
Tanintharyi	2.3	360	588
Yangon	18.3	2,844	1,592
Area			
Urban	29.6	4,593	4,238
Rural	70.4	10,946	11,301
Age			
< 6 months	9.9	1,546	1,530
6-11 months	11.2	1,743	1,738
12-23 months	20.6	3,207	3,232
24-35 months	19.7	3,063	3,071
36-47 months	20.2	3,132	3,107
48-59 months	18.3	2,848	2,861
Mother's education			
None	10.3	1,594	1,892
Primary	45.7	7,100	6,979
Secondary +	41.6	6,459	6,332
Non-standard curriculum	2.5	386	336
Wealth index quintiles			
Poorest	24.7	3,843	3,504
Second	20.6	3,204	3,164
Middle	18.4	2,851	3,167
Fourth	18.5	2,872	2,976
Richest	17.8	2,768	2,728
Total	100.0	15,539	15,539

Table CM1: Child Mortality

Infant mortality and under-five mortality rates (per 1,000 live births), by 5 year period, Myanmar 2009-2010

Periods of analysis of 5 years	Approximate calendar year	National		Urban		Rural	
		Infant mortality*	Under-5 mortality**	Infant mortality	Under-5 mortality	Infant mortality	Under-5 mortality
0-4	2005/06-2009/10	37.5	46.1	24.5	29.1	42.8	52.9
5-9	2000/01-2004/05	49.7	61.3	27.2	35.4	57.8	70.6
10-14	1995/96-1999/2000	47.7	62.7	34.9	44.1	51.9	68.9

* MICS indicator 2; MDG indicator 14

** MICS indicator 1; MDG indicator 13

Table CM2: Child Mortality by background characteristics

Infant mortality and under-five mortality rates (per 1,000 live births), in the period of 0-4 years preceding interview, Myanmar 2009-2010

	Infant mortality	Under-5 mortality
Sex		
Male	41.8	49.8
Female	33.0	42.2
Mother's education level*		
Primary	43.1	50.9
Secondary+	26.8	32.9
Wealth index quintile		
Poorest	49.2	62.4
Second	52.2	62.4
Middle	40.4	48.9
Fourth	23.5	27.2
Richest	13.2	17.2

*Infant and under-five mortality was not calculated for mothers with no education and mothers who have been educated with non-standard curriculum due to low numbers of women in these categories

Table NU.1: Child malnourishment (WHO Standard)

Percentage of children aged 0-59 months who are severely or moderately malnourished, Myanmar, 2009-2010

	Weight for age			Height for age			Weight for height			Number of children aged 0-59 months
	% below - 2 SD*	% below - 3 SD*	Number of children	% below - 2 SD**	% below - 3 SD**	Number of children	% below - 2 SD***	% below - 3 SD***	% above + 2 SD	
Sex										
Male	23.0	5.6	7,923	36.7	13.2	7,882	8.7	2.4	2.7	7,817
Female	22.1	5.6	7,507	33.4	12.1	7,460	7.1	1.9	2.6	7,407
State/Division										
Kachin	13.0	2.4	564	36.6	10.7	564	4.8	1.7	2.9	557
Kayah	14.6	2.5	145	41.7	12.3	145	2.3	1.1	1.9	144
Kayin	15.1	3.2	700	29.0	7.4	699	3.9	0.8	1.6	693
Chin	30.7	8.9	249	58.0	26.3	247	8.9	2.7	4.2	245
Mon	17.8	3.3	679	29.7	6.8	679	5.9	0.0	1.5	675
Rakhine	37.4	14.9	1,136	49.9	26.7	1,118	10.8	2.8	1.7	1,125
Shan (North)	24.1	8.0	815	46.9	21.3	809	9.4	4.1	3.1	795
Shan (East)	15.5	4.2	199	38.5	19.0	199	3.4	1.6	9.5	191
Shan (South)	17.7	5.2	816	41.8	18.8	796	5.3	3.3	11.5	758
Ayeyarwaddy	26.5	6.0	1,319	37.0	12.9	1,310	9.8	2.3	2.8	1,304
Bago (East)	23.6	5.2	994	35.0	10.8	991	7.6	1.5	0.7	989
Bago (West)	22.4	4.5	458	30.8	11.1	456	6.7	1.0	2.8	449
Magwe	26.9	5.6	1,137	36.4	12.6	1,129	10.4	3.2	2.4	1,112
Mandalay	20.7	3.4	1,670	31.5	9.5	1,662	7.1	1.7	1.9	1,664
Sagaing	22.5	5.9	1,360	38.6	12.6	1,354	7.0	2.5	1.9	1,357
Tanintharyi	20.6	5.9	358	32.9	12.0	357	8.1	2.6	1.2	356
Yangon	20.1	4.3	2,830	24.0	7.4	2,828	9.2	1.9	2.0	2,808
Area										
Urban	18.7	3.7	4,545	27.2	8.1	4,522	7.6	1.8	2.7	4,492
Rural	24.2	6.4	10,885	38.4	14.6	10,820	8.1	2.3	2.6	10,732

Table NU.1: Child malnourishment (WHO Standard) (continued)

Percentage of children aged 0-59 months who are severely or moderately malnourished, Myanmar, 2009-2010

	Weight for age			Height for age			Weight for height			Number of children aged 0-59 months
	% below - 2 SD*	% below - 3 SD*	Number of children	% below - 2 SD**	% below - 3 SD**	Number of children	% below - 2 SD***	% below - 3 SD***	% above + 2 SD	
Age										
< 6 months	10.1	4.0	1,525	13.6	5.9	1,495	7.1	2.8	5.5	1,466
6-11 months	13.0	2.9	1,729	17.8	5.9	1,718	7.8	1.8	3.2	1,719
12-23 months	20.5	5.5	3,190	33.2	12.1	3,165	10.1	2.6	1.9	3,161
24-35 months	25.9	6.0	3,053	43.7	15.3	3,043	8.1	2.1	2.3	3,032
36-47 months	26.0	6.8	3,108	43.1	16.4	3,100	6.8	2.2	2.2	3,074
48-59 months	30.0	6.5	2,824	41.0	14.2	2,821	7.1	1.4	2.3	2,771
Mother's education										
None	31.7	11.5	1,582	49.5	24.3	1,569	9.1	3.3	2.9	1,557
Primary	24.4	5.9	7,072	38.2	13.8	7,038	8.1	2.1	2.2	6,981
Secondary +	17.6	3.7	6,392	27.1	8.0	6,352	7.5	1.9	3.0	6,308
Non-standard curriculum	34.3	8.6	383	51.6	22.3	382	7.7	1.6	2.5	378
Wealth index quintiles										
Poorest	33.1	9.7	3,835	46.6	21.0	3,808	9.9	2.9	2.0	3,787
Second	23.9	6.3	3,176	39.6	14.1	3,153	7.8	2.2	2.6	3,129
Middle	21.6	4.8	2,835	35.7	11.4	2,826	7.1	1.8	2.7	2,799
Fourth	16.6	2.9	2,866	27.7	8.6	2,855	7.2	1.8	2.6	2,837
Richest	13.5	2.7	2,719	20.7	5.0	2,701	6.9	1.8	3.4	2,672
Total	22.6	5.6	15,430	35.1	12.7	15,342	7.9	2.1	2.6	15,224

* MICS indicator 6; MDG indicator 4 **MICS indicator 7 ***MICS indicator 8

Table NU.1A: Child malnourishment (NCHS Standard)

Percentage of children aged 0-59 months who are severely or moderately malnourished, Myanmar, 2009-2010

	Weight for age		Height for age		Weight for height			Number of children aged 0-59 months
	% below - 2 SD*	% below - 3 SD*	% below - 2 SD**	% below - 3 SD**	% below - 2 SD***	% below - 3 SD***	% above + 2 SD	
Sex								
Male	27.7	4.3	28.8	9.0	8.2	1.2	1.9	7,635
Female	28.3	5.2	28.3	9.6	7.2	0.9	2.1	7,186
State/Division								
Kachin	17.9	2.4	28.4	7.5	3.8	0.8	2.4	546
Kayah	20.4	2.2	34.6	8.9	2.5	0.3	1.5	144
Kayin	20.6	3.0	22.6	4.5	3.9	0.2	1.3	685
Chin	35.8	7.6	51.8	19.7	8.2	1.1	2.6	240
Mon	24.1	2.1	23.7	5.1	4.9	0.0	1.4	674
Rakhine	41.6	12.2	42.9	22.3	10.3	1.8	0.9	1,071
Shan (North)	31.1	7.3	42.5	15.1	9.6	2.2	2.0	735
Shan (East)	19.5	3.5	32.0	12.4	2.3	1.0	6.2	186
Shan (South)	20.8	4.0	34.2	12.7	5.1	1.5	9.7	729
Ayeyarwaddy	33.3	5.7	30.6	9.2	9.9	1.5	1.6	1,272
Bago (East)	30.7	4.7	27.8	7.7	7.2	0.5	0.6	969
Bago (West)	32.6	4.7	25.4	8.8	7.3	0.3	2.1	445
Magwe	33.3	4.9	30.1	9.6	10.5	1.1	2.6	1,112
Mandalay	24.6	2.9	25.4	6.8	6.5	0.7	1.0	1,588
Sagaing	28.5	5.1	31.5	9.2	7.1	1.4	1.3	1,309
Tanintharyi	26.7	5.6	26.3	8.5	8.4	1.2	1.0	353
Yangon	24.6	3.4	18.0	5.4	9.0	1.1	1.7	2,762
Area								
Urban	23.5	3.0	21.4	5.6	7.4	0.8	1.9	4,399
Rural	29.9	5.5	31.6	10.8	7.9	1.2	2.0	10,421
Age								
< 6 months	2.2	0.0	5.7	1.7	2.1	0.2	5.6	1,415
6-11 months	16.3	2.1	14.2	3.5	5.2	0.7	2.8	1,675
12-23 months	32.0	6.2	29.4	9.1	14.1	1.7	1.3	3,082
24-35 months	33.7	6.3	30.4	9.7	8.1	1.1	1.2	2,965
36-47 months	31.0	5.2	36.1	12.7	6.3	1.2	1.4	2,993
48-59 months	34.7	5.1	38.3	12.8	6.1	0.8	1.9	2,691
Mother's education								
None	38.0	9.8	43.5	18.7	8.5	1.9	2.2	1,466
Primary	30.2	5.1	31.0	10.1	7.8	0.9	1.7	6,787
Secondary +	22.5	3.0	21.5	5.7	7.4	1.0	2.3	6,208
Non-standard curriculum	40.7	7.9	44.4	17.3	8.2	0.6	1.4	359
Wealth index quintiles								
Poorest	39.7	8.5	39.7	16.8	9.5	1.5	1.5	3,629
Second	29.4	5.5	32.7	10.2	7.9	1.1	2.0	3,038
Middle	27.3	4.1	28.3	7.6	6.9	1.1	1.8	2,735
Fourth	22.2	2.5	22.5	5.9	6.3	0.9	2.2	2,784
Richest	17.1	1.9	15.2	3.1	7.4	0.6	2.6	2,635
Total	28.0	4.8	28.6	9.3	7.7	1.1	2.0	14,821

* MICS indicator 6; MDG indicator 4 ** MICS indicator 7 *** MICS indicator 8

Table NU.2: Initial breastfeeding

Percentage of women aged 15-49 years with a birth in the two years preceding the survey who breastfed their baby within one hour of birth and within one day of birth, Myanmar, 2009-2010

	Percentage who started breastfeeding within one hour of birth*	Percentage who started breastfeeding within one day of birth	Number of women with a live birth in the two years preceding the survey
State/Division			
Kachin	83.6	94.6	238
Kayah	71.3	92.5	59
Kayin	88.4	93.8	289
Chin	88.2	95.4	85
Mon	91.6	94.5	230
Rakhine	44.2	80.7	391
Shan (North)	72.5	82.5	315
Shan (East)	72.5	96.0	75
Shan (South)	89.3	94.6	314
Ayeyarwaddy	73.3	91.1	565
Bago (East)	63.4	81.6	401
Bago (West)	75.6	89.5	180
Magwe	83.7	94.3	448
Mandalay	72.5	82.0	678
Sagaing	81.1	91.9	530
Tanintharyi	67.7	89.4	123
Yangon	78.1	91.3	1,105
Area			
Urban	81.3	91.1	1,733
Rural	73.5	88.6	4,294
Mother's education			
None	67.9	85.3	541
Primary	73.1	88.5	2,739
Secondary +	80.5	91.2	2,624
Non-standard curriculum	69.3	84.6	124
Wealth index quintiles			
Poorest	67.0	86.1	1,468
Second	72.9	88.4	1,264
Middle	79.3	91.2	1,138
Fourth	81.2	91.4	1,111
Richest	82.0	90.6	1,047
Total	75.8	89.3	6,028

* MICS indicator 45

Table NU.3: Breastfeeding

Percentage of living children according to breastfeeding status at each age group, Myanmar, 2009-2010

	Children 0-3 months		Children 0-5 months		Children 6-9 months		Children 12-15 months		Children 20-23 months	
	Per cent exclusively breast-fed	Number of children	Per cent exclusively breast-fed*	Number of children	Per cent receiving breast milk and solid/ mushy food**	Number of children	Per cent breast-fed***	Number of children	Per cent breast-fed***	Number of children
Sex										
Male	29.5	514	23.5	785	80.5	577	90.8	606	65.6	527
Female	29.0	474	23.8	761	81.5	526	91.1	565	65.3	492
State/Division										
Kachin	49.6	46	40.6	64	69.0	42	82.7	47	22.6	32
Kayah	33.4	8	24.0	14	79.7	11	79.9	9	39.3	12
Kayin	15.5	40	9.4	73	70.8	58	73.7	65	50.6	55
Chin	(35.0)	12	25.4	21	80.6	18	94.2	14	83.9	19
Mon	(58.1)	40	47.0	63	(81.0)	39	81.9	51	(60.0)	42
Rakhine	2.0	64	1.3	94	90.1	82	92.3	81	(82.5)	55
Shan (North)	(11.9)	43	12.9	59	61.8	65	88.8	65	17.7	51
Shan (East)	(26.1)	13	23.3	19	(76.3)	10	(81.1)	16	(34.5)	16
Shan (South)	32.7	56	27.8	86	71.4	68	84.2	62	(46.8)	35
Ayeyarwaddy	28.7	96	25.0	132	83.6	104	93.6	104	83.6	104
Bago (East)	27.0	77	21.6	108	78.6	69	96.5	71	63.5	64
Bago (West)	(*)	27	(12.5)	46	(70.8)	28	(92.9)	32	(86.2)	33
Magwe	33.3	67	34.9	110	85.7	83	95.4	87	94.8	77
Mandalay	40.0	123	30.5	181	85.7	118	94.0	103	72.1	132
Sagaing	34.1	85	28.9	141	84.6	94	98.1	75	85.5	90
Tanintharyi	(20.1)	22	13.6	36	(66.3)	24	(81.5)	26	(56.3)	24
Yangon	25.3	170	18.6	298	88.8	191	94.5	261	53.5	180
Area										
Urban	27.4	279	20.8	449	84.0	294	90.4	369	58.0	311
Rural	30.0	708	24.8	1096	79.9	808	91.3	802	68.7	709
Mother's education										
None	27.5	75	21.0	129	75.4	113	85.4	100	73.8	92
Primary	27.4	451	23.2	702	78.3	512	91.8	513	70.4	462
Secondary +	31.1	439	24.2	682	85.2	456	91.0	543	57.8	440
Non-standard curriculum	(*)	23	(30.9)	33	(*)	21	(*)	15	(*)	26
Wealth index quintiles										
Poorest	28.9	220	24.4	355	82.4	287	94.5	273	77.5	237
Second	26.3	233	22.7	326	81.3	237	95.2	211	72.6	209
Middle	25.3	167	20.1	292	78.3	212	89.7	217	68.0	194
Fourth	34.2	181	26.7	285	79.9	191	87.5	248	57.1	174
Richest	32.2	186	24.3	288	82.3	176	87.8	221	48.9	206
Total	29.3	988	23.6	1,546	80.9	1,103	91.0	1,170	65.4	1,019

* MICS indicator 15 ** MICS indicator 17 *** MICS indicator 16

(%) Figures in parenthesis indicate that the percentage or proportion is based on 25 to 49 unweighted cases only.
(*) An asterisk indicates that the percentage or proportion is calculated on fewer than 25 unweighted cases.

Table NU.4: Adequately fed infants

Percentage of infants under six months of age exclusively breastfed, percentage of infants 6-11 months who are breastfed and who ate solid/semi-solid food at least the minimum recommended number of times yesterday and percentage of infants adequately fed, Myanmar, 2009-2010

	Per cent of infants					
	0-5 months exclusively breastfed	6-8 months who received breast milk and complementary food at least 2 times in prior 24 hours	9-11 months who received breast milk and complementary food at least 3 times in prior 24 hours	6-11 months who received breast milk and complementary food at least the minimum recommended number of times per day*	0-11 months who were appropriately fed**	Number of infants aged 0-11 months
Sex						
Male	23.5	67.4	46.3	56.6	41.1	1,677
Female	23.8	71.2	44.0	56.4	41.0	1,611
State/Division						
Kachin	40.6	(64.9)	50.1	56.9	48.3	121
Kayah	24.0	78.5	68.9	73.5	51.9	32
Kayin	9.4	62.6	12.2	35.1	23.7	165
Chin	25.4	75.0	(52.6)	65.6	46.7	46
Mon	47.0	(63.4)	(12.3)	31.7	38.8	136
Rakhine	1.3	83.5	26.9	53.7	32.0	227
Shan (North)	12.9	(55.4)	(66.1)	60.5	41.6	149
Shan (East)	23.3	(*)	(*)	(68.8)	44.3	36
Shan (South)	27.8	(68.0)	(58.5)	63.0	47.5	194
Ayeyarwaddy	25.0	69.0	43.0	55.5	42.2	303
Bago (East)	21.6	(59.1)	28.0	42.6	32.4	223
Bago (West)	(12.5)	(*)	(*)	(52.3)	33.3	97
Magwe	34.9	(72.1)	58.1	63.8	51.1	248
Mandalay	30.5	74.1	65.7	69.4	50.4	372
Sagaing	28.9	(68.1)	39.9	53.6	41.2	281
Tanintharyi	13.6	(57.7)	(*)	50.7	31.6	70
Yangon	18.6	75.6	46.9	61.4	39.7	590
Area						
Urban	20.8	69.4	49.7	59.4	40.3	906
Rural	24.8	69.2	43.6	55.4	41.3	2,383
Mother's education						
None	21.0	65.5	42.5	53.7	39.3	292
Primary	23.2	65.7	44.7	54.7	40.1	1,520
Secondary +	24.2	73.5	46.2	58.8	42.1	1,411
Non-standard curriculum	(30.9)	(*)	(*)	(62.2)	46.6	66
Wealth index quintiles						
Poorest	24.4	72.7	41.7	56.5	42.4	809
Second	22.7	72.3	43.5	57.2	41.1	701
Middle	20.1	62.1	47.4	53.9	38.1	627
Fourth	26.7	66.8	45.3	54.8	41.5	603
Richest	24.3	69.9	50.9	60.7	41.6	548
Total	23.6	69.2	45.2	56.5	41.0	3,289

* MICS indicator 18 ** MICS indicator 19

(%) Figures in parenthesis indicate that the percentage or proportion is based on 25 to 49 unweighted cases only.

(*) An asterisk indicates that the percentage or proportion is calculated on fewer than 25 unweighted cases.

Table NU.5: Children's vitamin A supplementation

Per cent distribution of children aged 6-59 months by whether they have received a high dose vitamin A supplement in the last six months, Myanmar, 2009-2010

	Per cent of children who received vitamin A:			Not sure if received vitamin A	Never received vitamin A	Total	Number of children 6 – 59 months
	Within last 6 months*	Prior to last 6 months	Not sure when				
Sex							
Male	55.7	11.8	21.4	0.2	10.8	100.0	7,195
Female	56.1	12.0	21.2	0.3	10.4	100.0	6,797
State/Division							
Kachin	72.8	12.7	3.2	0.1	11.1	100.0	507
Kayah	83.2	0.2	6.9	0.2	9.5	100.0	131
Kayin	84.8	2.3	2.0	0.6	10.3	100.0	628
Chin	33.9	8.2	44.7	0.1	13.1	100.0	228
Mon	80.1	9.1	1.3	0.0	9.4	100.0	618
Rakhine	32.5	38.4	20.0	0.0	9.1	100.0	1,043
Shan (North)	20.4	12.0	40.7	0.8	26.1	100.0	776
Shan (East)	54.1	4.9	28.1	0.0	12.9	100.0	181
Shan (South)	50.7	17.6	20.6	0.7	10.3	100.0	736
Ayeyarwaddy	62.7	8.2	20.8	0.2	8.0	100.0	1,190
Bago (East)	70.6	5.0	12.9	0.1	11.4	100.0	892
Bago (West)	72.5	4.2	16.7	0.3	6.4	100.0	415
Magwe	81.2	5.8	4.4	0.1	8.5	100.0	1,028
Mandalay	43.9	14.0	33.7	0.8	7.6	100.0	1,527
Sagaing	61.6	2.8	27.1	0.1	8.3	100.0	1,224
Tanintharyi	62.4	19.0	9.3	0.4	8.9	100.0	324
Yangon	44.7	13.7	29.4	0.1	12.1	100.0	2,546
Area							
Urban	51.2	12.6	25.4	0.4	10.4	100.0	4,143
Rural	57.9	11.6	19.5	0.3	10.7	100.0	9,849
Age							
6-11 months	36.5	2.4	10.9	0.4	49.9	100.0	1,743
12-23 months	62.2	11.9	18.6	0.2	7.1	100.0	3,207
24-35 months	58.0	13.5	24.2	0.1	4.1	100.0	3,063
36-47 months	56.7	14.2	24.2	0.3	4.5	100.0	3,132
48-59 months	57.6	13.3	24.4	0.4	4.3	100.0	2,848
Mother's education							
None	41.7	16.7	22.7	0.5	18.4	100.0	1,465
Primary	58.5	11.3	20.5	0.3	9.3	100.0	6,397
Secondary +	56.4	11.2	22.1	0.2	10.2	100.0	5,777
Non-standard curriculum	60.6	13.7	16.5	0.6	8.6	100.0	354
Wealth index quintiles							
Poorest	53.7	15.4	19.3	0.2	11.4	100.0	3,496
Second	59.8	9.8	19.9	0.3	10.3	100.0	2,868
Middle	57.7	10.1	21.5	0.3	10.3	100.0	2,557
Fourth	58.1	10.1	20.9	0.3	10.6	100.0	2,595
Richest	50.6	13.0	25.9	0.3	10.3	100.0	2,476
Total	55.9	11.9	21.3	0.3	10.6	100.0	13,993

* MICS indicator 42

Table NU.6: Post-partum mothers' vitamin A supplementation

Percentage of women aged 15-49 years with a birth in the two last years preceding the survey by whether they received a high dose vitamin A supplement before the infant was eight weeks old, Myanmar, 2009-2010

	Received vitamin A supplement*	Not sure if received vitamin A	Number of women aged 15-49 years
State/Division			
Kachin	56.4	0.0	238
Kayah	81.4	0.4	59
Kayin	71.2	0.4	289
Chin	42.9	1.4	85
Mon	84.6	1.5	230
Rakhine	78.5	0.6	391
Shan (North)	33.5	0.5	315
Shan (East)	84.9	1.8	75
Shan (South)	79.8	0.9	314
Ayeyarwaddy	65.3	0.5	565
Bago (East)	59.3	1.2	401
Bago (West)	80.8	0.6	180
Magwe	68.2	0.8	448
Mandalay	68.3	1.7	678
Sagaing	79.0	0.2	530
Tanintharyi	77.9	0.9	123
Yangon	56.3	0.3	1,105
Area			
Urban	61.7	0.7	1,733
Rural	68.3	0.7	4,294
Education			
None	57.1	1.0	541
Primary	66.4	0.8	2,739
Secondary +	68.3	0.5	2,624
Non-standard curriculum	68.4	2.8	124
Wealth index quintiles			
Poorest	64.3	0.7	1,468
Second	65.7	1.0	1,264
Middle	69.4	0.7	1,138
Fourth	69.7	0.6	1,111
Richest	63.6	0.7	1,047
Total	66.4	0.7	6,028

*MICS indicator 43

Table NU.7 : Low birth weight infants

Percentage of live births in the two years preceding the survey that weighed below 2500 grams at birth, Myanmar, 2009-2010

	Per cent of live births:		Number of live births
	Below 2500 grams*	Weighed at birth**	
State/Division			
Kachin	9.3	47.5	238
Kayah	7.9	64.0	59
Kayin	11.1	62.7	289
Chin	9.4	19.2	85
Mon	9.7	91.2	230
Rakhine	7.4	17.1	391
Shan (North)	9.6	36.4	315
Shan (East)	6.2	92.6	75
Shan (South)	6.9	73.8	314
Ayeyarwaddy	7.3	49.7	565
Bago (East)	11.1	45.6	401
Bago (West)	8.0	58.8	180
Magwe	9.8	39.7	448
Mandalay	9.9	52.8	678
Sagaing	7.1	40.2	530
Tanintharyi	7.3	75.4	123
Yangon	8.0	85.1	1,105
Area			
Urban	8.2	81.6	1,733
Rural	8.8	46.1	4,292
Mother's education			
None	10.8	30.3	541
Primary	8.9	46.6	2,739
Secondary +	7.9	72.5	2,624
Non-standard curriculum	9.5	39.0	124
Wealth index quintiles			
Poorest	9.1	30.3	1,468
Second	9.3	42.5	1,264
Middle	8.9	55.9	1,138
Fourth	7.7	73.9	1,111
Richest	7.9	91.1	1,047
Total	8.6	56.3	6,028

* MICS indicator 9
** MICS indicator 10

Table CH.1: Vaccinations in first year of life

Percentage of children aged 12-23 months immunized against childhood diseases at any time before the survey and before the first birthday, Myanmar, 2009-2010

(Information copied from Immunization Card/ Midwives' Register Book)

	Percentage of children who received:										Number of children aged 12-23 months
	BCG*	DPT1	DPT2	DPT3**	Polio 1	Polio 2	Polio 3***	Measles ****	All *****	None	
Vaccinated at any time before the survey According to:											
Vaccination card/Midwives' register	95.9	96.0	96.1	95.5	96.1	96.2	95.2	93.2	96.1	0.0	3,207
Mother's report	2.4	2.3	2.0	2.4	2.6	2.3	2.4	4.7	1.2	1.3	3,207
Either	98.3	98.3	98.1	97.8	98.7	98.5	97.7	98.0	97.2	1.3	3,207
Vaccinated by 12 months of age	97.2	96.9	96.8	95.9	97.5	97.4	95.9	90.7	88.6	1.9	3,207

* MICS indicator 25
** MICS indicator 27
*** MICS indicator 26
**** MICS indicator 28; MDG indicator 15
***** MICS Indicator 31

Table CH.1c: Vaccinations in first year of life (continued)

Percentage of children aged 12-23 months immunized against childhood diseases at any time before the survey and before the first birthday, Myanmar, 2009-2010

(Information copied from Immunization Card/ Midwives' Register Book)

	Percentage of children who received:			Number of children aged 12-23 months
	HepB1	HepB2	HepB3*	
Vaccinated at any time before the survey According to:				
Vaccination card/Midwives' register	96.0	95.9	95.5	3,207
Mother's report	2.3	2.1	2.2	3,207
Either	98.3	98.1	97.7	3,207
Vaccinated by 12 months of age	96.9	96.8	95.9	3,207

* MICS indicator 29

Table CH.2: Vaccinations by background characteristics

Percentage of children aged 12-23 months currently vaccinated against childhood diseases, Myanmar, 2009-2010

(Information copied from Immunization Card/ Midwives' Register Book)

	Percentage of children who received:										Per cent with health card/ mid-wife's register	Num-ber of children aged 12-23 months
	BCG	DPT1	DPT2	DPT3	Polio 1	Polio 2	Polio 3	Mea-sles	All	None		
Sex												
Male	98.2	98.2	98.0	97.8	98.6	98.4	97.6	97.7	96.9	1.4	95.8	1,650
Female	98.5	98.5	98.2	97.9	98.7	98.6	97.8	98.3	97.6	1.3	96.2	1,557
State/Division												
Kachin	98.4	98.4	98.4	97.2	98.4	98.4	97.2	95.6	95.6	1.6	98.4	115
Kayah	94.9	94.9	94.9	94.9	94.9	94.9	94.9	94.9	94.9	5.1	94.5	32
Kayin	98.4	98.4	98.4	98.4	98.4	98.4	97.6	98.4	97.6	1.6	96.4	175
Chin	91.6	91.6	91.6	91.0	91.6	91.6	91.0	91.6	91.0	8.4	91.6	48
Mon	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	98.6	133
Rakhine	100.0	100.0	99.4	99.4	100.0	99.4	99.4	100.0	99.4	0.0	98.9	206
Shan (North)	89.0	89.0	89.0	89.0	89.0	89.0	89.0	88.0	88.0	11.0	89.0	194
Shan (East)	98.3	98.3	98.3	98.3	98.3	98.3	98.3	98.3	98.3	1.7	98.3	47
Shan (South)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	100.0	150
Ayeyarwaddy	98.0	98.0	97.7	96.7	99.7	98.7	97.4	98.4	96.7	0.3	90.5	288
Bago (East)	98.7	98.7	97.5	96.8	99.4	98.7	97.5	98.7	96.8	0.6	93.7	193
Bago (West)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	98.8	94
Magwe	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	99.4	226
Mandalay	98.2	98.2	98.2	98.2	98.6	98.6	97.3	98.2	97.3	1.4	96.4	341
Sagaing	100.0	100.0	100.0	99.5	100.0	100.0	99.5	100.0	99.5	0.0	99.5	269
Tanintharyi	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	100.0	66
Yangon	98.9	98.9	98.6	98.3	99.4	99.4	97.7	97.7	96.6	0.6	94.9	631
Area												
Urban	98.5	98.7	98.5	98.2	98.9	98.9	97.7	97.8	97.4	1.1	95.9	967
Rural	98.2	98.2	97.9	97.7	98.6	98.3	97.7	98.0	97.2	1.4	96.0	2,240
Mother's education												
None	92.9	92.9	92.1	91.1	93.5	93.1	91.4	92.5	90.6	6.5	91.5	301
Primary	98.5	98.4	98.2	97.9	98.8	98.5	97.8	98.1	97.2	1.2	95.3	1,437
Secondary +	99.3	99.4	99.3	99.2	99.7	99.7	99.0	99.0	98.7	0.3	97.6	1,395
Non-standard cur-riculum	97.9	97.9	97.9	97.9	97.9	97.9	97.9	97.9	97.9	2.1	97.9	74
Wealth index quintiles												
Poorest	98.6	98.6	98.2	97.5	99.1	98.6	97.6	98.4	97.3	0.9	96.6	754
Second	97.1	96.8	96.5	96.3	97.7	97.5	96.9	96.3	95.7	2.3	94.5	633
Middle	98.0	98.0	97.6	97.3	98.2	98.0	96.8	97.7	96.8	1.8	94.9	600
Fourth	99.1	99.1	99.1	99.1	99.1	99.1	98.5	99.0	98.4	0.9	97.0	612
Richest	98.9	99.2	99.2	99.2	99.2	99.2	98.6	98.4	98.1	0.8	96.8	608
Total	98.3	98.3	98.1	97.8	98.7	98.5	97.7	98.0	97.2	1.3	96.0	3,207

Table CH.2c: Vaccinations by background characteristics (continued)

Percentage of children aged 12-23 months currently vaccinated against childhood diseases, Myanmar, 2009-2010

(Information copied from Immunization Card/ Midwives' Register Book)

	Percentage of children who received:			Per cent with health card/ midwife's register	Number of children aged 12-23 months
	HepB1	HepB2	HepB3		
Sex					
Male	98.2	97.9	97.6	95.8	1,650
Female	98.5	98.2	97.7	96.2	1,557
State/Division					
Kachin	98.4	98.4	97.2	98.4	115
Kayah	94.9	94.9	94.9	94.5	32
Kayin	98.4	98.4	98.4	96.4	175
Chin	91.6	91.6	91.0	91.6	48
Mon	100.0	100.0	100.0	98.6	133
Rakhine	100.0	98.9	98.9	98.9	206
Shan (North)	89.0	89.0	89.0	89.0	194
Shan (East)	98.3	98.3	98.3	98.3	47
Shan (South)	100.0	100.0	100.0	100.0	150
Ayeyarwaddy	98.0	97.3	96.4	90.5	288
Bago (East)	98.7	97.5	96.8	93.7	193
Bago (West)	100.0	100.0	100.0	98.8	94
Magwe	100.0	100.0	100.0	99.4	226
Mandalay	98.2	98.2	97.7	96.4	341
Sagaing	100.0	100.0	99.5	99.5	269
Tanintharyi	100.0	100.0	100.0	100.0	66
Yangon	98.9	98.6	98.0	94.9	631
Area					
Urban	98.7	98.3	98.0	95.9	967
Rural	98.2	97.9	97.5	96.0	2,240
Mother's education					
None	92.9	92.1	91.1	91.5	301
Primary	98.4	98.2	97.6	95.3	1,437
Secondary +	99.4	99.2	99.2	97.6	1,395
Non-standard curriculum	97.9	97.9	97.9	97.9	74
Wealth index quintiles					
Poorest	98.6	98.2	97.5	96.6	754
Second	96.8	96.3	95.8	94.5	633
Middle	98.0	97.6	97.3	94.9	600
Fourth	99.1	98.9	98.7	97.0	612
Richest	99.2	99.2	99.2	96.8	608
Total	98.3	98.1	97.7	96.0	3,207

Table CH.3: Neonatal tetanus protection

Percentage of mothers with a birth in the last 24 months protected against neonatal tetanus, Myanmar, 2009-2010

	Per cent of mothers with a birth in the last 24 months who:						
	Received at least 2 doses during last pregnancy	Received at least 2 doses, the last within prior 3 years	Received at least 3 doses, last within prior 5 years	Received at least 4 doses, last within prior 10 years	Received at least 5 doses during lifetime	Protected against tetanus*	Number of mothers
State/Division							
Kachin	94.1	0.8	0.0	0.0	0.0	94.9	238
Kayah	92.2	1.3	0.0	0.0	0.0	93.5	59
Kayin	91.2	3.0	0.0	0.0	0.0	94.2	289
Chin	67.8	8.3	0.3	0.0	0.0	76.4	85
Mon	98.9	0.0	0.0	0.0	0.0	98.9	230
Rakhine	89.7	1.4	0.0	0.0	0.0	91.1	391
Shan (North)	54.9	4.5	0.0	0.0	0.0	59.5	315
Shan (East)	92.6	0.9	0.4	0.0	0.0	94.0	75
Shan (South)	95.0	1.3	0.0	0.0	0.0	96.2	314
Ayeyarwaddy	88.4	2.6	0.0	0.0	0.0	91.1	565
Bago (East)	89.8	1.8	0.0	0.0	0.0	91.5	401
Bago (West)	97.7	0.6	0.0	0.0	0.0	98.3	180
Magwe	92.1	1.6	0.0	0.0	0.0	93.7	448
Mandalay	87.9	3.0	0.0	0.0	0.0	90.9	678
Sagaing	92.8	0.7	0.0	0.0	0.0	93.5	530
Tanintharyi	96.8	0.5	0.0	0.0	0.0	97.3	123
Yangon	94.1	1.9	0.1	0.0	0.0	96.2	1,105
Area							
Urban	92.0	2.5	0.1	0.0	0.0	94.6	1,733
Rural	89.0	1.8	0.0	0.0	0.0	90.7	4,294
Age							
15-19	81.5	5.6	0.0	0.0	0.0	87.1	176
20-24	87.2	2.7	0.0	0.0	0.0	89.9	1,197
25-29	91.2	1.3	0.0	0.0	0.0	92.5	1,657
30-34	91.1	1.6	0.0	0.0	0.0	92.8	1,465
35-39	90.8	2.2	0.2	0.0	0.0	93.1	1,059
40-44	88.6	1.5	0.0	0.0	0.0	90.1	412
45-49	89.5	3.8	0.0	0.0	0.0	93.3	62
Education							
None	72.8	3.2	0.0	0.0	0.0	76.0	541
Primary	89.4	2.0	0.0	0.0	0.0	91.5	2,739
Secondary +	94.1	1.6	0.1	0.0	0.0	95.8	2,624
Non-standard curriculum	83.6	3.4	0.0	0.0	0.0	87.0	124
Wealth index quintiles							
Poorest	84.7	2.5	0.0	0.0	0.0	87.2	1,468
Second	86.5	2.4	0.0	0.0	0.0	89.0	1,264
Middle	90.4	1.9	0.0	0.0	0.0	92.3	1,138
Fourth	94.4	2.0	0.1	0.0	0.0	96.6	1,111
Richest	95.5	0.7	0.0	0.0	0.0	96.2	1,047
Total	89.8	2.0	0.0	0.0	0.0	91.8	6,028

* MICS indicator 32

Table CH.4: Oral rehydration treatment

Percentage of children aged 0-59 months with diarrhoea in the last two weeks and treatment with oral rehydration solution (ORS) or other oral rehydration treatment (ORT), Myanmar, 2009-2010

	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who received:			ORT Use Rate *	Number of children aged 0-59 months with diarrhoea
			Fluid from ORS packet	Recommended home-made fluid	No treatment		
Sex							
Male	7.1	7,980	61.1	12.9	32.8	67.2	568
Female	6.3	7,558	60.0	14.5	34.8	65.2	475
State/Division							
Kachin	10.7	570	42.2	8.1	52.8	47.2	61
Kayah	9.7	145	65.1	16.0	26.5	73.5	14
Kayin	7.7	701	77.0	12.5	20.4	79.6	54
Chin	13.1	250	52.2	17.3	34.6	65.4	33
Mon	5.3	680	(61.6)	(17.9)	(28.2)	(71.8)	36
Rakhine	7.6	1,137	54.1	31.0	40.4	59.6	86
Shan (North)	6.1	835	(27.0)	(5.7)	(72.3)	(27.7)	51
Shan (East)	2.8	200	(*)	(*)	(*)	(*)	6
Shan (South)	5.9	822	(80.0)	(17.8)	(13.3)	(86.7)	49
Ayeyarwaddy	9.4	1,322	70.2	6.9	28.2	71.8	124
Bago (East)	10.7	1,000	51.6	13.8	41.4	58.6	107
Bago (West)	5.3	461	(*)	(*)	(*)	(*)	24
Magwe	4.3	1,138	(59.4)	(18.9)	(35.2)	(64.8)	49
Mandalay	5.5	1,708	42.6	13.1	45.9	54.1	94
Sagaing	2.5	1,364	(*)	(*)	(*)	(*)	35
Tanintharyi	8.8	360	82.5	17.3	9.8	90.2	32
Yangon	6.7	2,844	69.8	11.3	24.5	75.5	189
Area							
Urban	6.6	4,593	71.8	12.0	22.9	77.1	303
Rural	6.8	10,946	56.0	14.3	38.2	61.8	740
Age							
<6 months	3.5	1,546	37.9	3.9	59.4	40.6	54
0-11 months	9.5	1,743	58.3	12.0	37.3	62.7	165
12-23 months	11.7	3,207	62.9	14.5	30.9	69.1	377
24-35 months	6.9	3,063	59.6	14.1	32.9	67.1	211
36-47 months	4.5	3,132	65.5	15.0	30.2	69.8	142
48-59 months	3.3	2,848	62.9	15.0	31.5	68.5	95
Mother's education							
None	6.1	1,594	49.4	19.5	43.9	56.1	97
Primary	7.4	7,100	58.0	15.2	35.5	64.5	525
Secondary +	6.0	6,459	67.4	9.7	28.5	71.5	390
Non-standard curriculum	7.9	386	(53.1)	(16.7)	(37.6)	(62.4)	31
Wealth index quintiles							
Poorest	7.8	3,851	51.7	15.6	41.8	58.2	299
Second	7.2	3,195	57.2	13.0	37.4	62.6	230
Middle	6.8	2,849	61.0	15.0	31.8	68.2	195
Fourth	6.3	2,880	68.1	11.1	27.8	72.2	181
Richest	5.0	2,764	74.8	11.7	20.8	79.2	139
Total	6.7	15,539	60.6	13.6	33.7	66.3	1,043

* MICS indicator 33

(%) Figures in parenthesis indicate that the percentage or proportion is based on 25 to 49 unweighted cases only.

(*) An asterisk indicates that the percentage or proportion is calculated on fewer than 25 unweighted cases.

Table CH.5: Home management of diarrhoea

Percentage of children aged 0-59 months with diarrhoea in the last two weeks who took increased fluids and continued to feed during the episode, Myanmar, 2009-2010

	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who:				Home management of diarrhoea*	Received ORT or increased fluids AND continued feeding**	Number of children aged 0-59 months with diarrhoea
			Drank more	Drank the same or less	Ate somewhat less, same or more	Ate much less or none			
Sex									
Male	7.1	7,980	20.6	78.9	73.4	26.4	14.1	51.8	568
Female	6.3	7,558	24.0	75.2	67.9	31.4	17.3	48.4	475
State/Division									
Kachin	10.7	570	36.3	63.7	66.1	33.0	23.2	39.2	61
Kayah	9.7	145	40.4	59.6	67.7	31.3	31.0	54.5	14
Kayin	7.7	701	16.1	83.9	69.5	30.5	13.5	52.9	54
Chin	13.1	250	21.5	76.8	67.8	31.4	16.6	46.3	33
Mon	5.3	680	(28.2)	(71.8)	(69.2)	(30.8)	(15.4)	(56.4)	36
Rakhine	7.6	1,137	7.0	90.1	69.9	30.1	5.5	44.7	86
Shan (North)	6.1	835	(14.9)	(85.1)	(83.7)	(16.3)	(13.5)	(32.6)	51
Shan (East)	2.8	200	(*)	(*)	(*)	(*)	(*)	(*)	6
Shan (South)	5.9	822	(40.1)	(59.9)	(86.7)	(11.1)	(37.8)	(80.0)	49
Ayeyarwaddy	9.4	1,322	21.4	77.9	66.4	32.8	13.0	46.6	124
Bago (East)	10.7	1,000	28.8	71.2	71.2	28.8	20.7	48.2	107
Bago (West)	5.3	461	(*)	(*)	(*)	(*)	(*)	(*)	24
Magwe	4.3	1,138	(27.0)	(73.0)	(59.5)	(37.8)	(16.2)	(46.0)	49
Mandalay	5.5	1,708	16.4	83.6	72.1	27.9	11.5	41.0	94
Sagaing	2.5	1,364	(*)	(*)	(*)	(*)	(*)	(*)	35
Tanintharyi	8.8	360	17.2	80.8	82.8	17.2	13.4	74.9	32
Yangon	6.7	2,844	17.9	81.1	72.7	27.3	11.3	56.6	189
Area									
Urban	6.6	4,593	21.4	78.6	72.1	27.9	13.7	57.3	303
Rural	6.8	10,946	22.5	76.7	70.4	29.0	16.3	47.4	740
Age									
0-11 months	6.7	3,289	14.5	84.7	62.0	36.2	8.4	36.5	219
12-23 months	11.7	3,207	25.4	74.6	68.3	31.7	16.3	50.1	377
24-35 months	6.9	3,063	24.7	74.4	78.8	21.2	19.1	56.7	211
36-47 months	4.5	3,132	24.1	75.9	75.1	24.9	19.4	57.1	142
48-59 months	3.3	2,848	18.6	78.8	77.8	22.2	15.5	58.5	95
Mother's education									
None	6.1	1,594	15.8	84.2	67.4	32.3	11.5	41.1	97
Primary	7.4	7,100	22.0	77.1	71.1	28.5	16.2	48.6	525
Secondary +	6.0	6,459	23.7	76.1	70.7	28.9	15.1	53.9	390
Non-standard curriculum	7.9	386	(25.3)	(70.7)	(80.8)	(19.2)	(22.2)	(60.5)	31
Wealth index quintiles									
Poorest	7.8	3,851	20.0	78.9	67.4	31.8	13.0	43.8	299
Second	7.2	3,195	25.8	74.1	68.8	31.0	17.6	45.8	230
Middle	6.8	2,849	23.0	76.7	71.8	27.6	17.2	51.4	195
Fourth	6.3	2,880	22.4	76.4	74.8	25.2	18.0	53.7	181
Richest	5.0	2,764	19.4	80.6	75.3	24.3	12.1	65.3	139
Total	6.7	15,539	22.2	77.2	70.9	28.7	15.5	50.3	1,043

* MICS indicator 34 ** MICS indicator 35

(%) Figures in parenthesis indicate that the percentage or proportion is based on 25 to 49 unweighted cases only.
(*) An asterisk indicates that the percentage or proportion is calculated on fewer than 25 unweighted cases.

Table CH.6: Care seeking for suspected pneumonia

Percentage of children aged 0-59 months with suspected pneumonia in the last two weeks taken to a health provider, Myanmar, 2009-2010

	Had acute respiratory infection	Number of children aged 0-59 months	Children with suspected pneumonia who were taken to[1]													Any appropriate provider*	Number of children aged 0-59 months with suspected pneumonia
			Public sources					Private sources						Other source			
			Govt. Hospital	Govt. health centre (RHC)	Govt. health post (Sub-RHC)	Village health worker	Other public	Private hospital/ clinic	Private physician	Pharmacy	Mobile clinic	Traditional practitioner	Other private medical	Relative or friend	Other		
Sex																	
Male	2.6	7,980	14.2	6.5	9.4	1.8	2.9	1.8	27.7	5.1	0.1	0.9	5.5	0.4	3.4	69.9	211
Female	2.5	7,558	12.6	9.3	9.0	1.8	3.0	4.5	26.3	7.3	0.1	2.6	2.8	0.3	4.1	68.6	186
Area																	
Urban	2.4	4,593	16.9	2.5	1.0	0.5	0.3	3.3	44.8	7.0	0.0	1.9	5.1	0.0	1.0	74.4	109
Rural	2.6	10,946	12.1	9.9	12.3	2.3	4.0	3.0	20.3	5.8	0.1	1.6	3.9	0.5	4.8	67.3	288
Age																	
0-11 months	2.4	3,289	16.4	10.1	8.7	2.5	0.3	1.7	34.2	8.5	0.0	2.6	3.1	0.3	2.7	77.0	79
12-23 months	3.4	3,207	13.2	9.9	9.8	1.4	1.1	4.0	26.9	6.6	0.2	0.9	6.1	0.2	2.4	71.1	109
24-35 months	2.6	3,063	13.5	5.1	8.8	0.3	5.1	3.7	26.2	4.5	0.0	1.7	4.5	0.0	3.6	67.3	79
36-47 months	2.5	3,132	12.8	6.2	13.2	0.9	2.3	2.3	19.3	6.2	0.0	1.2	4.4	0.3	7.3	61.5	78
48-59 months	1.8	2,848	10.3	6.7	3.1	5.3	8.4	3.6	29.4	3.7	0.0	2.8	1.3	1.2	2.5	68.3	52
Mother's education																	
None	2.5	1,594	(14.4)	(9.7)	(14.1)	(3.3)	(0.3)	(4.5)	(8.6)	(8.7)	(0.3)	(0.0)	(2.4)	(0.7)	(3.0)	(56.9)	40
Primary	2.9	7,100	13.7	10.0	10.9	2.7	3.5	2.2	23.8	3.8	0.1	3.2	3.3	0.0	5.0	70.2	209
Secondary +	2.1	6,459	14.0	3.8	6.1	0.2	2.2	4.4	40.0	9.5	0.0	0.0	3.5	0.8	1.3	73.2	136
Non-standard curriculum	3.4	386	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	13
Wealth index quintiles																	
Poorest	3.0	3,851	9.9	7.0	12.1	3.0	3.1	4.4	14.8	5.8	0.0	0.0	8.2	0.0	6.0	62.5	116
Second	2.3	3,195	10.8	7.6	7.5	2.1	4.7	0.9	28.1	2.3	0.2	5.2	3.3	1.2	7.0	65.1	72
Middle	2.9	2,849	7.9	12.9	12.0	0.8	3.4	3.1	31.2	5.4	0.0	1.1	2.1	0.6	0.2	72.1	83
Fourth	2.6	2,880	21.8	6.4	7.2	0.4	2.4	1.5	34.4	7.3	0.2	2.7	1.1	0.0	3.2	75.3	76
Richest	1.8	2,764	22.1	3.8	3.0	2.6	0.0	5.6	36.2	11.8	0.0	0.0	4.8	0.0	0.3	77.3	49
Total	2.6	15,539	13.4	7.8	9.2	1.8	2.9	3.1	27.1	6.1	0.1	1.7	4.2	0.4	3.7	69.3	397

* MICS indicator 23

(%) Figures in parenthesis indicate that the percentage or proportion is based on 25 to 49 unweighted cases only.

(*) An asterisk indicates that the percentage or proportion is calculated on fewer than 25 unweighted cases.

[1]Mobile/outreach clinic, MCH clinic, Govt. traditional medicine clinic and shop were not used by any respondents and are not shown in the table.

Table CH.7: Antibiotic treatment of pneumonia

Percentage of children aged 0-59 months with suspected pneumonia who received antibiotic treatment, Myanmar, 2009-2010

	Percentage of children aged 0-59 months with suspected pneumonia who received antibiotics in the last two weeks*	Number of children aged 0-59 months with suspected pneumonia in the two weeks prior to the survey
Sex		
Male	36.4	211
Female	31.8	186
Area		
Urban	34.8	109
Rural	34.0	288
Age		
0-11 months	35.5	79
12-23 months	38.2	109
24-35 months	33.3	79
36-47 months	27.6	78
48-59 months	35.3	52
Mother's education		
None	(26.1)	40
Primary	30.8	209
Secondary +	41.1	136
Non-standard curriculum	(*)	13
Wealth index quintiles		
Poorest	29.2	116
Second	40.2	72
Middle	38.3	83
Fourth	33.3	76
Richest	31.8	49
Total	34.2	397

* MICS indicator 22

(%) Figures in parenthesis indicate that the percentage or proportion is based on 25 to 49 unweighted cases only.
(*) An asterisk indicates that the percentage or proportion is calculated on fewer than 25 unweighted cases.

Table CH.8: Knowledge of the two danger signs of pneumonia

Percentage of mothers/caregivers of children aged 0-59 months by knowledge of types of symptoms for taking a child immediately to a health facility, and percentage of mothers/caretakers who recognize fast and difficult breathing as signs for seeking care immediately, Myanmar, 2009-2010

	Percentage of mothers/caregivers of children aged 0-59 months who think that a child should be taken immediately to a health facility if the child:								Mothers/ caregivers who recognize the two danger signs of pneumonia	Number of mothers/ caregivers of children aged 0-59 months
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficulty in breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
State/Division										
Kachin	5.3	64.6	72.3	9.5	26.7	29.4	8.2	14.2	4.1	570
Kayah	12.2	62.2	78.7	20.9	31.7	27.6	3.9	25.7	10.3	145
Kayin	7.5	73.6	69.5	27.4	32.3	24.1	5.5	8.2	17.0	701
Chin	10.5	60.1	54.7	18.3	14.2	20.0	2.8	1.1	5.5	250
Mon	4.2	78.5	70.1	7.1	11.8	12.0	5.5	15.8	1.5	680
Rakhine	20.1	65.3	71.7	25.2	22.0	30.9	6.0	1.0	7.8	1,137
Shan (North)	11.4	72.4	65.9	20.3	24.4	33.6	11.5	4.3	12.7	835
Shan (East)	16.4	75.5	80.5	14.8	16.6	14.1	28.0	5.9	5.7	200
Shan (South)	20.2	57.8	76.4	16.0	12.9	21.8	12.2	7.7	4.9	822
Ayeyarwaddy	12.4	64.4	72.1	6.4	8.6	10.4	8.2	13.2	1.9	1,322
Bago (East)	10.3	64.4	74.3	18.6	28.7	32.2	7.7	28.2	11.6	1,000
Bago (West)	14.3	64.7	70.3	11.0	15.8	33.0	5.0	23.7	2.0	461
Magwe	13.0	39.4	74.1	6.3	22.6	18.0	5.6	21.6	1.4	1,138
Mandalay	20.0	66.1	66.6	18.0	25.1	32.7	12.6	8.4	10.1	1,708
Sagaing	11.9	67.7	71.7	5.6	14.0	31.7	6.8	14.8	0.7	1,364
Tanintharyi	11.4	79.3	81.9	26.9	27.3	37.4	27.1	3.7	8.5	360
Yangon	16.8	70.7	78.8	15.6	21.2	29.3	12.1	18.2	7.2	2,844
Area										
Urban	15.5	66.9	74.9	15.8	21.4	28.2	12.9	15.6	7.3	4,593
Rural	13.4	65.3	71.8	14.4	20.1	25.9	8.1	12.6	6.2	10,946
Mother's education										
None	13.5	68.3	65.6	14.7	18.0	24.5	6.4	6.2	6.2	1,594
Primary	13.8	64.5	72.7	14.5	21.2	23.8	8.5	13.5	6.2	7,100
Secondary +	14.8	67.0	74.5	15.4	20.9	29.9	11.6	15.3	7.1	6,459
Non-standard curriculum	8.5	57.2	71.4	11.0	12.9	27.2	6.7	12.1	2.6	386
Wealth index quintiles										
Poorest	14.7	61.8	70.3	12.7	18.5	22.8	6.5	11.5	5.2	3,851
Second	14.1	64.7	72.3	14.0	20.5	26.6	7.9	14.0	5.3	3,195
Middle	12.3	66.3	73.9	15.4	21.0	27.2	9.2	12.7	7.0	2,849
Fourth	13.0	68.9	75.3	15.6	21.4	27.4	10.3	14.6	7.3	2,880
Richest	15.9	68.7	72.6	17.5	21.9	30.1	15.0	15.3	8.4	2,764
Total	14.0	65.8	72.7	14.8	20.5	26.5	9.5	13.5	6.5	15,539

Table CH.9: Solid fuel use

Per cent distribution of households according to type of cooking fuel, and percentage of households using solid fuels for cooking, Myanmar, 2009-2010

	Percentage of households using:														
	Electricity	Liquified Petroleum Gas (LPG)	Natural Gas	Biogas	Kerosene	Coal, lignite	Charcoal	Wood	Straw, shrubs, grass	Animal dung	Agricul-tural crop residue	Other source	Total	Solid fuels for cook-ing*	Number of households
State/Division															
Kachin	0.9	0.1	0.0	0.0	0.0	0.1	25.4	72.7	0.0	0.0	0.2	0.7	100.0	98.3	714
Kayah	9.5	0.1	0.0	0.0	0.0	0.0	7.0	83.4	0.0	0.0	0.0	0.0	100.0	90.4	145
Kayin	9.6	0.1	0.0	0.0	0.0	0.4	49.7	40.3	0.0	0.0	0.0	0.0	100.0	90.4	824
Chin	0.5	0.0	0.0	0.0	0.0	0.1	3.9	95.4	0.0	0.0	0.0	0.0	100.0	99.5	298
Mon	0.1	0.5	0.0	0.0	0.0	0.0	22.6	73.9	0.1	0.0	0.8	2.0	100.0	97.4	1,333
Rakhine	0.0	0.0	0.0	0.0	0.1	0.0	9.3	89.9	0.1	0.3	0.4	0.0	100.0	99.9	1,819
Shan (North)	2.9	0.1	0.5	0.1	0.0	0.2	24.4	71.7	0.0	0.0	0.0	0.1	100.0	96.3	1,093
Shan (East)	6.5	2.9	0.1	0.1	0.0	0.0	9.5	80.9	0.0	0.0	0.0	0.0	100.0	90.4	428
Shan (South)	2.3	0.0	0.0	0.0	0.0	0.0	30.8	66.9	0.0	0.0	0.0	0.0	100.0	97.7	1,379
Ayeyarwaddy	1.4	0.0	0.0	0.0	0.0	0.1	11.2	83.4	0.0	0.0	3.2	0.8	100.0	97.8	2,589
Bago (East)	0.6	0.2	0.0	0.0	0.0	0.0	26.5	64.2	0.1	0.0	6.9	1.5	100.0	97.7	1,821
Bago (West)	0.4	0.0	0.1	0.0	0.0	0.0	19.9	77.2	0.1	0.0	2.2	0.1	100.0	99.4	1,562
Magwe	0.4	0.0	0.5	0.0	0.0	0.0	10.0	87.9	0.4	0.0	0.6	0.1	100.0	99.0	2,688
Mandalay	2.1	0.2	0.2	0.0	0.0	0.2	40.7	55.7	0.0	0.0	0.6	0.1	100.0	97.3	4,250
Sagaing	0.6	0.0	0.0	0.0	0.0	0.1	24.2	73.5	0.0	0.0	1.3	0.2	100.0	99.1	3,266
Tanintharyi	0.7	0.9	0.2	0.0	0.0	0.0	65.2	32.9	0.0	0.0	0.0	0.1	100.0	98.1	742
Yangon	20.4	4.7	0.6	0.1	0.0	0.4	52.8	18.6	0.0	0.1	2.0	0.2	100.0	74.0	4,286
Area															
Urban	13.0	2.7	0.6	0.1	0.0	0.3	59.2	23.4	0.0	0.0	0.3	0.4	100.0	83.2	8,658
Rural	0.6	0.0	0.0	0.0	0.0	0.1	16.1	80.7	0.1	0.0	2.0	0.4	100.0	99.0	20,580
Education of household head															
None	1.7	0.3	0.0	0.0	0.0	0.1	18.3	78.1	0.1	0.2	0.8	0.3	100.0	97.6	2,717
Primary	1.6	0.1	0.0	0.0	0.0	0.1	23.0	72.4	0.0	0.0	2.1	0.5	100.0	97.8	10,602
Secondary +	8.6	1.9	0.4	0.0	0.0	0.2	42.3	45.0	0.0	0.0	1.0	0.3	100.0	88.6	11,385
Non-standard curriculum	0.9	0.0	0.0	0.0	0.0	0.1	14.8	82.2	0.1	0.0	1.6	0.3	100.0	98.7	4,479
Missing/DK	(11.4)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(29.6)	(55.9)	(0.0)	(0.0)	(3.1)	(0.0)	100.0	(88.6)	55
Wealth index quintiles															
Poorest	0.0	0.0	0.0	0.0	0.0	0.0	0.8	97.8	0.0	0.1	1.2	0.1	100.0	99.9	5,916
Second	0.1	0.0	0.0	0.0	0.0	0.0	13.5	83.4	0.1	0.0	2.5	0.4	100.0	99.5	6,039
Middle	0.8	0.0	0.1	0.0	0.0	0.2	25.8	70.8	0.0	0.0	1.8	0.5	100.0	98.6	5,838
Fourth	3.4	0.0	0.0	0.0	0.0	0.2	45.9	48.4	0.0	0.0	1.5	0.5	100.0	96.0	5,807
Richest	17.7	4.3	0.9	0.1	0.0	0.3	60.4	15.6	0.0	0.0	0.4	0.3	100.0	76.7	5,638
Total	4.3	0.8	0.2	0.0	0.0	0.1	28.9	63.7	0.0	0.0	1.5	0.4	100.0	94.3	29,238

* MICS indicator 24; MDG Indicator 29

(%) Figures in parenthesis indicate that the percentage or proportion is based on 25 to 49 unweighted cases only.

Table CH.10: Solid fuel use by type of stove or fire

Per cent of households using solid fuels for cooking by type of stove or fire, Myanmar, 2009-2010

	Percentage of households using solid fuels for cooking:					Number of households using solid fuels for cooking
	Closed stove with chimney	Open stove or fire with chimney or hood	Open stove or fire with no chimney or hood	Other stove	Total	
State/Division						
Kachin	0.2	2.8	96.8	0.1	100.0	702
Kayah	0.2	0.4	99.4	0.0	100.0	132
Kayin	0.2	1.6	98.2	0.0	100.0	745
Chin	0.2	16.6	83.2	0.0	100.0	296
Mon	0.0	5.8	94.2	0.0	100.0	1,298
Rakhine	0.0	0.9	99.1	0.0	100.0	1,817
Shan (North)	0.2	8.7	91.1	0.0	100.0	1,053
Shan (East)	0.2	4.6	95.2	0.1	100.0	387
Shan (South)	0.0	4.4	95.6	0.0	100.0	1,347
Ayeyarwaddy	0.1	0.5	99.4	0.0	100.0	2,532
Bago (East)	0.0	0.7	99.2	0.0	100.0	1,779
Bago (West)	0.0	0.6	98.7	0.7	100.0	1,553
Magwe	0.0	1.6	98.4	0.0	100.0	2,661
Mandalay	0.0	2.4	97.5	0.1	100.0	4,138
Sagaing	0.0	2.0	98.0	0.0	100.0	3,239
Tanintharyi	0.1	1.2	98.7	0.0	100.0	728
Yangon	0.1	1.0	98.9	0.1	100.0	3,173
Area						
Urban	0.1	3.3	96.5	0.1	100.0	7,207
Rural	0.0	1.9	98.0	0.1	100.0	20,371
Education of household head						
None	0.0	2.4	97.5	0.1	100.0	2,653
Primary	0.0	2.0	97.8	0.1	100.0	10,364
Secondary +	0.1	2.7	97.2	0.1	100.0	10,089
Non-standard curriculum	0.0	1.8	98.2	0.0	100.0	4,423
Missing/DK	(*)	(*)	(*)	(*)	100.0	48
Wealth index quintiles						
Poorest	0.0	0.7	99.3	0.0	100.0	5,910
Second	0.0	0.8	99.1	0.1	100.0	6,011
Middle	0.0	1.6	98.3	0.1	100.0	5,758
Fourth	0.1	2.6	97.3	0.1	100.0	5,573
Richest	0.1	7.0	92.8	0.1	100.0	4,325
Total	0.0	2.3	97.6	0.1	100.0	27,578

(*) An asterisk indicates that the percentage or proportion is calculated on fewer than 25 unweighted cases.

Table EN.1: Use of improved water sources

Per cent distribution of household population according to main source of drinking water and percentage of household population using improved drinking water sources, Myanmar, 2009-2010

	Main source of drinking water															Total	Improved source of drinking water*	Number of household members
	Improved sources								Unimproved sources									
	Piped into dwelling	Piped into yard/ plot	Public tap/ stand-pipe	Tube-well/ bore-hole	Protected well	Protected spring	Rain-water	Bottled water[1]	Unprotected well	Unprotected spring	Tanker truck	Cart with tank/ drum	Surface water	Bottled water[1]	Other			
State/Division																		
Kachin	0.5	3.9	2.0	43.8	35.0	0.2	0.0	3.8	10.2	0.2	0.0	0.0	0.2	0.0	0.1	100.0	89.3	4,034
Kayah	10.6	10.6	5.5	1.9	34.7	3.6	0.0	2.7	23.8	2.4	0.0	0.0	4.1	0.2	0.0	100.0	69.6	834
Kayin	1.1	0.5	0.5	5.8	36.8	3.1	0.0	3.3	43.9	1.7	0.2	1.8	0.8	0.6	0.0	100.0	51.1	4,142
Chin	31.3	26.5	21.2	0.0	0.2	7.3	0.0	0.0	0.5	2.5	0.0	0.0	8.8	0.0	1.7	100.0	86.5	1,696
Mon	0.9	1.6	1.9	3.8	69.2	1.6	0.4	6.9	11.0	0.0	0.6	0.4	0.9	0.8	0.0	100.0	86.3	6,390
Rakhine	1.6	1.4	3.2	11.2	39.9	0.2	0.2	0.0	37.2	2.5	0.0	0.0	2.3	0.1	0.1	100.0	57.7	9,303
Shan (North)	2.2	5.9	3.3	10.0	23.2	33.7	0.0	3.0	5.0	5.1	0.1	0.0	8.2	0.1	0.0	100.0	81.4	5,882
Shan (East)	7.3	16.0	6.2	18.2	40.7	0.6	0.0	10.1	0.7	0.0	0.2	0.0	0.0	0.1	0.0	100.0	99.0	1,860
Shan (South)	3.3	3.0	12.6	6.5	43.3	12.7	6.7	0.9	1.7	1.3	0.3	0.0	7.8	0.0	0.0	100.0	89.0	6,215
Ayeyarwaddy	0.8	0.7	11.2	43.5	21.4	0.1	0.6	1.2	8.6	0.1	0.1	2.4	9.3	0.2	0.0	100.0	79.4	11,306
Bago (East)	0.6	0.3	2.1	43.8	31.2	1.5	0.6	3.4	15.8	0.4	0.2	0.0	0.0	0.1	0.0	100.0	83.5	9,054
Bago (West)	0.7	0.8	0.6	61.4	22.1	1.0	1.7	2.8	4.0	0.0	0.0	0.7	4.0	0.1	0.0	100.0	91.2	6,432
Magwe	0.4	2.1	3.3	53.9	18.9	0.6	0.0	0.1	7.2	2.8	0.1	0.0	10.6	0.0	0.0	100.0	79.3	12,619
Mandalay	6.5	5.1	4.5	35.6	21.2	1.5	0.8	6.7	7.9	0.5	0.1	0.2	9.3	0.1	0.1	100.0	81.9	20,833
Sagaing	0.8	1.7	10.6	38.4	30.5	3.6	0.4	0.7	6.6	0.1	0.0	0.0	6.6	0.1	0.0	100.0	86.6	16,346
Tanintharyi	11.1	2.1	0.8	4.3	48.0	0.3	0.0	6.1	20.4	0.2	1.0	4.0	0.0	1.7	0.0	100.0	72.7	3,706
Yangon	11.3	10.3	3.5	30.8	10.0	0.0	0.4	26.3	6.4	0.0	0.1	0.5	0.2	0.1	0.1	100.0	92.5	20,618
Area																		
Urban	10.4	9.7	4.8	30.2	16.7	0.9	0.6	19.9	3.9	0.1	0.4	0.8	1.0	0.5	0.1	100.0	93.2	42,339
Rural	1.5	1.7	5.3	32.0	31.7	4.0	0.7	0.6	13.9	1.3	0.0	0.4	6.8	0.0	0.0	100.0	77.6	98,930

Table EN.1: Use of improved water sources (continued)

Per cent distribution of household population according to main source of drinking water and percentage of household population using improved drinking water sources, Myanmar, 2009-2010

	Main source of drinking water															Total	Improved source of drinking water*	Number of household members
	Improved sources								Unimproved sources									
	Piped into dwelling	Piped into yard/ plot	Public tap/ stand-pipe	Tube-well/ bore-hole	Protected well	Protected spring	Rain-water	Bottled water[1]	Unprotected well	Unprotected spring	Tanker truck	Cart with tank/ drum	Surface water	Bottled water[1]	Other			
Education of household head																		
None	3.0	4.1	5.1	22.0	31.9	8.0	0.4	2.2	13.9	1.8	0.1	0.3	7.1	0.1	0.1	100.0	76.7	13,570
Primary	2.4	3.0	5.8	32.5	29.6	3.0	0.8	2.7	12.8	1.1	0.1	0.4	5.7	0.1	0.1	100.0	79.8	51,569
Secondary +	7.4	6.1	4.4	32.1	22.3	2.2	0.7	13.1	6.6	0.5	0.3	0.7	3.3	0.3	0.1	100.0	88.3	53,545
Non-standard curriculum	1.1	1.7	5.9	33.1	30.9	2.5	0.6	1.2	15.0	1.0	0.0	0.3	6.8	0.0	0.0	100.0	76.9	22,330
Missing/DK	(0.0)	(3.6)	(5.1)	(55.3)	(7.9)	(0.0)	(0.0)	(6.6)	(16.4)	(0.0)	(0.0)	(2.3)	(2.8)	(0.0)	(0.0)	100.0	(78.5)	255
Wealth index quintiles																		
Poorest	0.0	0.2	5.7	32.2	25.9	2.8	0.1	0.0	20.8	2.2	0.0	0.1	10.0	0.0	0.1	100.0	66.8	28,252
Second	0.4	1.3	6.9	35.8	30.9	3.6	0.3	0.1	13.1	1.0	0.0	0.3	6.3	0.0	0.0	100.0	79.2	28,257
Middle	2.4	2.9	7.0	33.0	30.8	4.3	0.8	0.7	10.8	0.7	0.1	0.6	5.7	0.1	0.1	100.0	82.0	28,251
Fourth	4.0	6.4	4.8	34.0	30.5	3.2	1.2	4.2	7.2	0.5	0.2	0.9	2.7	0.1	0.1	100.0	88.2	28,256
Richest	13.8	9.6	1.5	22.4	18.1	1.7	1.1	26.9	2.6	0.2	0.4	0.6	0.6	0.6	0.0	100.0	95.0	28,252
Total	4.1	4.1	5.2	31.5	27.2	3.1	0.7	6.4	10.9	0.9	0.1	0.5	5.1	0.2	0.1	100.0	82.3	141,269

* MICS indicator 11; MDG indicator 30

[1] For households using bottled water as the main source of drinking water, the source used for other purposes such as cooking and hand washing is used to determine whether to classify the source as improved.
(%) Figures in parenthesis indicate that the percentage or proportion is based on 25 to 49 unweighted cases only.

Table EN.2: Household water treatment

Per cent distribution of household population according to drinking water treatment method used in the household, and percentage of household population that applied an appropriate water treatment method, Myanmar, 2009-2010

	Water treatment method used in the household								All drinking water sources		Improved drinking water sources		Unimproved drinking water sources	
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar dis-infection	Let it stand and settle	Other	Appropri-ate water treatment method*	Number of household members	Appropri-ate water treatment method	Number of household members	Appropri-ate water treatment method	Number of household members
State/Division														
Kachin	16.8	41.7	0.9	67.7	7.6	0.4	3.9	0.1	47.5	4,034	47.2	3,600	49.6	433
Kayah	6.7	84.2	0.8	49.1	0.0	0.0	1.1	0.2	84.3	834	85.5	581	81.6	253
Kayin	8.2	26.8	0.1	85.5	0.0	0.1	9.7	0.0	26.9	4,142	28.7	2,117	25.1	2,025
Chin	14.1	83.2	0.0	2.9	0.0	0.0	11.2	0.0	83.2	1,696	94.5	1,467	10.9	229
Mon	6.7	65.7	0.5	85.8	0.1	0.1	12.4	0.0	65.8	6,390	68.3	5,515	49.8	875
Rakhine	19.9	17.9	0.0	76.0	0.4	0.0	1.8	0.0	18.1	9,303	23.5	5,369	10.7	3,934
Shan (North)	35.5	60.0	0.4	11.4	0.1	0.0	0.9	0.3	60.0	5,882	64.4	4,787	40.7	1,095
Shan (East)	20.7	39.1	0.1	59.1	6.4	0.0	0.3	0.0	39.5	1,860	39.6	1,841	(*)	19
Shan (South)	11.8	62.5	0.6	61.8	0.1	0.0	0.6	0.1	63.1	6,215	65.6	5,529	42.6	686
Ayeyarwaddy	4.1	17.9	0.8	89.4	0.1	0.0	16.6	2.8	18.7	11,306	15.6	8,974	30.7	2,331
Bago (East)	9.9	46.4	0.4	77.7	6.8	1.4	21.1	0.3	52.4	9,054	50.0	7,556	64.3	1,498
Bago (West)	4.5	9.2	0.0	92.3	0.0	0.0	21.4	1.1	9.2	6,432	9.1	5,865	10.0	567
Magwe	4.6	43.4	0.2	88.1	0.1	0.1	11.9	1.5	43.6	12,619	41.6	10,010	51.2	2,609
Mandalay	9.4	23.1	0.3	83.3	0.4	0.0	4.2	0.1	23.7	20,833	24.9	17,071	18.2	3,762
Sagaing	8.0	18.1	0.1	84.0	3.5	0.0	1.1	0.1	21.8	16,346	19.8	14,153	34.5	2,193
Tanintharyi	6.9	26.0	0.3	86.7	0.1	0.0	1.1	0.2	26.2	3,706	30.1	2,695	16.0	1,010
Yangon	23.1	33.0	2.4	69.5	0.8	0.5	18.8	2.6	34.5	20,618	34.5	19,080	34.9	1,538
Area														
Urban	18.9	37.6	1.5	69.6	1.2	0.2	8.6	1.1	39.0	42,339	38.8	39,466	40.8	2,873
Rural	9.4	31.2	0.2	79.1	1.5	0.2	9.9	0.8	32.6	98,930	33.4	76,746	29.7	22,184

Table EN.2: Household water treatment (continued)

Per cent distribution of household population according to drinking water treatment method used in the household, and percentage of household population that applied an appropriate water treatment method, Myanmar, 2009-2010

	Water treatment method used in the household								All drinking water sources		Improved drinking water sources		Unimproved drinking water sources	
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar dis-infection	Let it stand and settle	Other	Appropri-ate water treatment method*	Number of household members	Appropri-ate water treatment method	Number of household members	Appropri-ate water treatment method	Number of household members
Education of household head														
None	18.1	35.2	0.4	63.3	0.9	0.1	5.8	0.5	36.0	13,570	39.1	10,403	25.5	3,166
Primary	9.9	31.4	0.4	78.8	1.5	0.2	10.5	0.7	32.9	51,569	33.5	41,134	30.4	10,435
Secondary +	14.6	35.3	1.0	74.0	1.5	0.2	9.3	1.1	36.9	53,545	37.1	47,306	35.1	6,239
Non-standard cur-riculum	8.6	30.5	0.2	83.6	1.3	0.3	10.0	0.8	31.7	22,330	32.0	17,168	30.7	5,162
Missing/DK	(0.0)	(30.3)	(2.0)	(84.8)	(0.0)	(0.0)	(8.8)	(8.6)	(30.3)	255	(34.7)	200	(*)	55
Wealth index quintiles														
Poorest	14.4	24.5	0.1	75.3	0.8	0.1	9.5	0.6	25.2	28,252	24.2	18,877	27.3	9,376
Second	9.1	29.7	0.2	80.7	1.1	0.1	9.8	0.8	30.8	28,257	31.3	22,393	28.9	5,864
Middle	6.6	33.6	0.5	81.5	1.3	0.2	10.3	0.8	35.0	28,251	35.6	23,169	32.5	5,082
Fourth	7.1	39.1	1.0	82.3	1.8	0.3	11.7	0.9	40.9	28,256	41.1	24,935	39.1	3,322
Richest	24.0	38.6	1.3	61.5	1.9	0.3	6.3	1.2	40.5	28,252	40.6	26,838	39.5	1,414
Total	12.2	33.1	0.6	76.2	1.4	0.2	9.5	0.9	34.5	141,269	35.3	116,211	31.0	25,058

* MICS indicator 13

(*) An asterisk indicates that the percentage or proportion is calculated on fewer than 25 unweighted cases.
(%) Figures in parenthesis indicate that the percentage or proportion is based on 25 to 49 unweighted cases only.

Table EN.3: Time to source of water

Per cent distribution of households according to time to go to source of drinking water, get water and return, and mean time to source of drinking water, Myanmar, 2009-2010

	Time to source of drinking water								
	Water on premises	Less than 15 minutes	15 minutes to less than 30 minutes	30 minutes to less than 1 hour	1 hour or more	Don't know	Total	Mean time to source of drinking water*	Number of households
State/Division									
Kachin	71.3	25.8	2.6	0.2	0.1	0.0	100.0	7.8	714
Kayah	44.9	38.8	10.0	5.3	1.0	0.0	100.0	10.7	145
Kayin	22.6	74.2	2.9	0.2	0.1	0.0	100.0	5.8	824
Chin	56.5	22.0	14.6	6.1	0.9	0.0	100.0	16.8	298
Mon	25.6	67.9	4.6	1.8	0.0	0.0	100.0	6.0	1,333
Rakhine	6.6	74.1	14.8	4.3	0.1	0.1	100.0	9.2	1,819
Shan (North)	43.9	36.1	14.1	5.8	0.0	0.0	100.0	12.2	1,093
Shan (East)	78.0	12.3	9.3	0.4	0.0	0.1	100.0	11.9	428
Shan (South)	45.2	36.1	11.5	5.7	0.7	0.7	100.0	12.4	1,379
Ayeyarwaddy	28.8	59.5	10.0	1.3	0.4	0.0	100.0	8.2	2,589
Bago (East)	7.6	85.4	5.0	1.8	0.1	0.1	100.0	6.1	1,821
Bago (West)	47.5	43.4	7.7	1.4	0.0	0.0	100.0	8.0	1,562
Magwe	29.2	45.5	14.8	8.6	1.9	0.0	100.0	13.4	2,688
Mandalay	41.0	36.1	16.8	5.2	0.8	0.2	100.0	12.6	4,250
Sagaing	5.6	75.5	14.3	3.7	0.9	0.0	100.0	10.7	3,266
Tanintharyi	30.3	62.3	7.3	0.2	0.0	0.0	100.0	6.8	742
Yangon	73.2	23.2	2.5	0.8	0.0	0.2	100.0	6.9	4,286
Area									
Urban	64.2	31.2	3.4	0.8	0.1	0.3	100.0	7.3	8,658
Rural	24.1	57.8	13.1	4.3	0.7	0.1	100.0	10.1	20,580
Education of household head									
None	31.2	49.5	13.2	5.3	0.6	0.3	100.0	11.0	2,717
Primary	27.6	56.7	11.6	3.5	0.5	0.1	100.0	9.6	10,602
Secondary +	48.4	42.4	6.5	2.2	0.3	0.1	100.0	8.7	11,385
Non-standard	22.7	56.3	15.2	4.8	0.9	0.1	100.0	10.8	4,479
Missing/DK	(56.2)	(28.7)	(6.1)	(5.9)	(0.0)	(3.2)	100.0	(10.5)	55
Wealth index quintiles									
Poorest	10.5	65.4	17.7	5.3	1.0	0.1	100.0	10.8	5,916
Second	20.3	60.0	14.3	4.7	0.6	0.2	100.0	10.1	6,039
Middle	29.5	55.8	10.3	3.8	0.6	0.0	100.0	9.6	5,838
Fourth	49.0	43.0	5.7	2.0	0.3	0.1	100.0	8.2	5,807
Richest	74.5	22.6	2.1	0.5	0.1	0.2	100.0	7.2	5,638
Total	35.0	50.6	10.4	3.4	0.5	0.1	100.0	9.7	29,238

* The mean time to source of drinking water is calculated based on those households that do not have water on the premises.
(%) Figures in parenthesis indicate that the percentage or proportion is based on 25 to 49 unweighted cases only.

Table EN.4: Person collecting water

Per cent distribution of households according to the person collecting drinking water used in the household, Myanmar, 2009-2010

	Person collecting drinking water						Number of households
	Adult woman	Adult man	Female child under age 15	Male child under age 15	Don't know	Total	
State/Division							
Kachin	78.8	14.5	3.3	3.4	0.0	100.0	202
Kayah	66.3	27.3	3.8	2.5	0.0	100.0	79
Kayin	71.4	27.0	1.1	0.4	0.0	100.0	634
Chin	86.9	10.2	2.0	1.0	0.0	100.0	130
Mon	66.9	30.4	2.3	0.4	0.0	100.0	987
Rakhine	93.4	5.2	1.1	0.2	0.1	100.0	1,699
Shan (North)	80.6	15.1	2.9	1.4	0.0	100.0	606
Shan (East)	79.4	18.2	1.2	0.8	0.4	100.0	92
Shan (South)	72.3	25.1	1.4	1.0	0.3	100.0	753
Ayeyarwaddy	73.7	22.3	2.3	1.6	0.1	100.0	1,839
Bago (East)	67.6	26.4	3.7	2.2	0.1	100.0	1,679
Bago (West)	61.1	36.2	1.9	0.3	0.1	100.0	818
Magwe	68.7	27.8	2.0	1.6	0.0	100.0	1,904
Mandalay	64.8	27.9	4.7	2.5	0.1	100.0	2,418
Sagaing	79.1	17.7	2.1	1.1	0.0	100.0	3,072
Tanintharyi	72.9	23.1	2.7	1.3	0.0	100.0	500
Yangon	43.5	52.7	2.5	1.2	0.2	100.0	956
Area							
Urban	66.9	29.0	2.4	1.4	0.2	100.0	2,761
Rural	72.7	23.3	2.5	1.3	0.0	100.0	15,607
Education of household head*							
None	77.0	18.1	3.2	1.6	0.0	100.0	1,854
Primary	73.1	22.8	2.6	1.4	0.0	100.0	7,601
Secondary +	68.4	28.0	2.0	1.3	0.1	100.0	5,445
Non-standard curriculum	72.0	24.1	2.7	1.2	0.0	100.0	3,445
Wealth index quintiles							
Poorest	76.5	18.8	3.1	1.5	0.0	100.0	5,295
Second	72.4	23.2	2.9	1.4	0.0	100.0	4,816
Middle	70.5	25.5	2.4	1.5	0.0	100.0	4,115
Fourth	67.1	30.2	1.8	0.9	0.1	100.0	2,942
Richest	65.5	31.9	1.0	1.0	0.5	100.0	1,200
Total	71.9	24.1	2.5	1.4	0.1	100.0	18,369

*23 cases where education of household head is not known are not shown in the table.

Table EN.5: Access to sanitary means of excreta disposal

Per cent distribution of household population according to type of toilet facility in household, and the percentage of household population with access to sanitary means of excreta disposal, Myanmar, 2009-2010

	Type of toilet facility in household											Total	Percentage of population with access to sanitary means of excreta disposal*	Number of household members
	Improved sanitation facility					Unimproved sanitation facility								
	Flush/pour flush to:		Ventilated improved pit latrine	Pit latrine with slab	Composting toilet	Flush/pour flush to somewhere else	Pit latrine without slab/open pit	Bucket	Hanging toilet/hanging latrine	No facilities/bush/field	Others			
	Piped sewer system	Septic tank/pit												
State/Division														
Kachin	0.0	31.6	5.7	53.9	0.9	0.6	6.8	0.0	0.1	0.4	0.0	100.0	92.1	4,034
Kayah	0.0	4.8	0.4	74.3	1.7	3.0	15.1	0.0	0.0	0.7	0.0	100.0	81.2	834
Kayin	0.0	2.2	1.2	69.4	0.7	0.0	18.5	0.0	0.1	7.9	0.0	100.0	73.6	4,142
Chin	0.0	0.3	5.6	76.8	4.2	0.4	3.0	0.0	0.3	9.2	0.3	100.0	86.9	1,696
Mon	0.0	2.9	12.9	75.0	0.4	1.3	1.9	0.3	1.4	3.9	0.0	100.0	91.2	6,390
Rakhine	0.0	1.0	1.6	41.6	3.9	0.4	10.6	0.1	0.2	40.7	0.0	100.0	48.0	9,303
Shan (North)	0.0	16.0	3.6	42.8	6.0	0.8	27.3	0.0	0.0	3.1	0.5	100.0	68.3	5,882
Shan (East)	0.0	71.0	0.4	20.6	0.1	0.9	4.0	0.0	0.1	2.9	0.0	100.0	92.1	1,860
Shan (South)	0.3	11.7	5.0	68.1	0.6	6.7	7.5	0.1	0.0	0.2	0.0	100.0	85.6	6,215
Ayeyarwaddy	0.0	3.7	0.9	77.1	1.4	2.1	9.3	0.0	0.8	4.7	0.0	100.0	83.1	11,306
Bago (East)	0.2	9.6	0.8	69.3	0.0	0.1	8.4	0.0	0.3	5.6	5.7	100.0	79.8	9,054
Bago (West)	0.0	0.6	1.3	85.8	0.8	0.0	9.1	0.0	0.0	2.4	0.1	100.0	88.4	6,432
Magwe	0.0	7.0	4.3	71.5	1.3	0.0	5.7	0.0	0.0	10.1	0.0	100.0	84.2	12,619
Mandalay	0.0	17.5	8.5	65.0	0.0	0.2	1.5	0.0	0.0	6.9	0.2	100.0	91.1	20,833
Sagaing	0.0	2.1	1.5	86.8	0.5	0.4	2.5	0.0	0.0	6.2	0.1	100.0	90.9	16,346
Tanintharyi	0.0	20.7	6.4	55.3	1.9	5.1	3.0	0.0	3.9	3.6	0.0	100.0	84.4	3,706
Yangon	7.3	38.8	0.9	46.7	0.2	2.0	3.0	0.0	0.5	0.3	0.4	100.0	93.8	20,618
Area														
Urban	3.6	32.3	4.8	53.5	0.3	1.6	2.6	0.0	0.4	0.8	0.2	100.0	94.4	42,339
Rural	0.0	6.0	3.1	69.8	1.4	0.9	8.0	0.0	0.3	9.7	0.7	100.0	80.4	98,930

Table EN.5: Access to sanitary means of excreta disposal (continued)

Per cent distribution of household population according to type of toilet facility in household, and the percentage of household population with access to sanitary means of excreta disposal, Myanmar, 2009-2010

	Type of toilet facility in household											Total	Percentage of population with access to sanitary means of excreta disposal*	Number of household members
	Improved sanitation facility					Unimproved sanitation facility								
	Flush/pour flush to:		Ventilated improved pit latrine	Pit latrine with slab	Composting toilet	Flush/pour flush to somewhere else	Pit latrine without slab/open pit	Bucket	Hanging toilet/hanging latrine	No facilities/bush/field	Others			
	Piped sewer system	Septic tank/pit												
Education of household head														
None	0.4	11.3	3.1	54.7	2.4	0.9	14.5	0.0	0.3	12.1	0.4	100.0	71.8	13,570
Primary	0.4	8.0	3.3	69.8	1.1	1.3	6.8	0.0	0.4	8.4	0.5	100.0	82.5	51,569
Secondary +	2.3	23.3	4.4	60.6	0.5	1.3	4.0	0.0	0.4	2.9	0.3	100.0	91.1	53,545
Non-standard curriculum	0.1	6.6	2.9	70.3	1.6	0.6	6.4	0.0	0.2	10.4	1.0	100.0	81.4	22,330
Missing/DK	(0.0)	(21.5)	(0.0)	(70.1)	(2.1)	(0.0)	(0.0)	(0.0)	(0.0)	(6.3)	(0.0)	100.0	(93.7)	255
Wealth index quintiles														
Poorest	0.0	0.2	0.7	56.1	2.9	0.6	13.3	0.0	0.2	25.5	0.5	100.0	59.8	28,252
Second	0.0	2.7	2.5	76.2	1.2	1.0	8.2	0.0	0.4	6.9	0.8	100.0	82.6	28,257
Middle	0.0	4.0	3.5	80.6	0.8	1.7	6.1	0.0	0.4	2.1	0.6	100.0	88.9	28,251
Fourth	0.0	10.8	4.8	77.4	0.3	1.7	3.5	0.0	0.6	0.4	0.4	100.0	93.4	28,256
Richest	5.4	51.8	6.6	34.3	0.1	0.6	0.9	0.0	0.1	0.0	0.1	100.0	98.2	28,252
Total	1.1	13.9	3.6	64.9	1.1	1.1	6.4	0.0	0.3	7.0	0.5	100.0	84.6	141,269

* MICS indicator 12; MDG indicator 31

(%) Figures in parenthesis indicate that the percentage or proportion is based on 25 to 49 unweighted cases only.

Table EN.6: Use of improved water sources and access to improved sanitation

Percentage of household population both using improved drinking water sources and having access to sanitary means of excreta disposal, Myanmar, 2009-2010

	Percentage of household population:			Number of household members
	Using improved sources of drinking water*	Access to sanitary means of excreta disposal**	Using improved sources of drinking water and access to sanitary means of excreta disposal	
State/Division				
Kachin	89.3	92.1	83.3	4,034
Kayah	69.6	81.2	59.7	834
Kayin	51.1	73.6	42.1	4,142
Chin	86.5	86.9	79.9	1,696
Mon	86.3	91.2	78.4	6,390
Rakhine	57.7	48.0	30.1	9,303
Shan (North)	81.4	68.3	59.7	5,882
Shan (East)	99.0	92.1	91.0	1,860
Shan (South)	89.0	85.6	78.5	6,215
Ayeyarwaddy	79.4	83.1	66.2	11,306
Bago (East)	83.5	79.8	73.0	9,054
Bago (West)	91.2	88.4	81.3	6,432
Magwe	79.3	84.2	66.5	12,619
Mandalay	81.9	91.1	76.6	20,833
Sagaing	86.6	90.9	80.1	16,346
Tanintharyi	72.7	84.4	63.5	3,706
Yangon	92.5	93.8	88.0	20,618
Area				
Urban	93.2	94.4	88.8	42,339
Rural	77.6	80.4	65.2	98,930
Education of household head				
None	76.7	71.8	58.4	13,570
Primary	79.8	82.5	68.5	51,569
Secondary +	88.3	91.1	82.3	53,545
Non-standard curriculum	76.9	81.4	65.3	22,330
Missing/DK	(78.5)	(93.7)	(77.5)	255
Wealth index quintiles				
Poorest	66.8	59.8	43.1	28,252
Second	79.2	82.6	67.1	28,257
Middle	82.0	88.9	74.4	28,251
Fourth	88.2	93.4	83.2	28,256
Richest	95.0	98.2	93.6	28,252
Total	82.3	84.6	72.3	141,269

* MICS indicator 11; MDG indicator 30
** MICS indicator 12; MDG indicator 31

(%) Figures in parenthesis indicate that the percentage or proportion is based on 25 to 49 unweighted cases only.

Table RH.1: Use of contraception

Percentage of ever-married women aged 15-49 years who are using (or whose partner is using) a contraceptive method, Myanmar, 2009-2010

	Not using any method	Per cent of ever-married women who are using:														Any modern method	Any traditional method	Any method*	Number of ever-married women
		Female sterilization	Male sterilization	Pill	IUD	Injections	Implants	Condom	Female condom	Diaphragm/ foam/ jelly	LAM	Periodic abstinence	Withdrawal	Other	Total				
State/Division																			
Kachin	61.3	3.1	0.5	8.4	3.6	22.0	0.0	0.7	0.0	0.1	0.2	0.1	0.0	0.0	100.0	38.5	0.3	38.7	690
Kayah	67.7	5.4	0.3	9.3	1.6	15.0	0.0	0.3	0.0	0.0	0.0	0.4	0.0	0.0	100.0	31.8	0.4	32.3	139
Kayin	64.0	3.6	0.4	10.4	0.9	19.6	0.0	1.0	0.0	0.0	0.0	0.2	0.0	0.0	100.0	35.9	0.2	36.0	702
Chin	92.2	0.4	0.0	1.8	1.5	4.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	100.0	7.7	0.1	7.8	223
Mon	54.4	5.1	0.5	13.3	0.7	25.2	0.0	0.5	0.0	0.0	0.0	0.2	0.0	0.1	100.0	45.3	0.3	45.6	956
Rakhine	51.3	1.1	0.1	13.1	0.1	33.9	0.0	0.1	0.0	0.0	0.0	0.4	0.0	0.0	100.0	48.4	0.4	48.7	1,593
Shan (North)	61.0	3.9	0.7	7.5	3.1	21.0	0.8	0.8	0.1	0.0	0.1	0.1	0.2	0.7	100.0	37.9	1.0	39.0	1,018
Shan (East)	48.9	10.9	0.2	21.3	0.9	17.3	0.1	0.2	0.0	0.0	0.0	0.2	0.0	0.0	100.0	50.9	0.2	51.1	357
Shan (South)	54.2	5.1	0.4	7.9	3.4	28.0	0.2	0.4	0.0	0.2	0.0	0.3	0.0	0.0	100.0	45.5	0.3	45.8	1,166
Ayeyarwaddy	52.3	1.8	0.2	15.8	2.2	27.3	0.1	0.2	0.0	0.0	0.0	0.1	0.0	0.0	100.0	47.6	0.1	47.7	2,018
Bago (East)	54.0	1.6	0.7	11.4	2.4	29.5	0.0	0.2	0.0	0.0	0.0	0.1	0.0	0.1	100.0	45.9	0.2	46.0	1,476
Bago (West)	48.1	1.8	0.2	13.5	1.3	34.7	0.2	0.2	0.1	0.0	0.0	0.0	0.0	0.0	100.0	51.9	0.0	51.9	1,052
Magwe	62.0	1.3	0.1	8.7	2.8	24.8	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	100.0	38.0	0.0	38.0	1,944
Mandalay	54.3	3.4	0.6	9.1	2.7	28.6	0.0	0.4	0.0	0.0	0.8	0.0	0.0	0.0	100.0	44.9	0.8	45.7	3,098
Sagaing	59.3	1.8	0.6	7.9	1.9	27.9	0.1	0.3	0.0	0.0	0.1	0.0	0.0	0.1	100.0	40.5	0.2	40.7	2,378
Tanintharyi	61.6	4.7	1.8	7.1	0.1	24.2	0.0	0.2	0.2	0.0	0.0	0.0	0.0	0.0	100.0	38.4	0.0	38.4	500
Yangon	41.3	8.0	0.3	16.3	2.3	30.5	0.0	0.5	0.1	0.0	0.0	0.3	0.1	0.1	100.0	58.1	0.6	58.7	3,758
Area																			
Urban	48.7	7.6	0.6	14.3	2.8	24.5	0.1	0.7	0.1	0.0	0.1	0.3	0.1	0.1	100.0	50.7	0.6	51.3	6,983
Rural	56.3	1.9	0.3	10.2	1.8	28.8	0.1	0.3	0.0	0.0	0.1	0.1	0.0	0.1	100.0	43.5	0.3	43.7	16,087
Age																			
15-19	51.2	0.0	0.0	17.8	1.2	29.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	100.0	48.6	0.2	48.8	444
20-24	46.7	0.2	0.0	15.9	1.4	35.2	0.1	0.3	0.0	0.0	0.1	0.1	0.0	0.0	100.0	53.1	0.3	53.3	2,450
25-29	44.7	0.6	0.1	14.5	2.9	36.4	0.1	0.3	0.0	0.0	0.1	0.1	0.0	0.0	100.0	55.0	0.3	55.3	4,015
30-34	47.2	3.2	0.2	13.9	2.2	32.4	0.1	0.4	0.1	0.0	0.0	0.2	0.1	0.1	100.0	52.4	0.4	52.8	4,411
35-39	47.1	5.6	0.6	11.9	2.6	30.8	0.1	0.7	0.1	0.0	0.3	0.2	0.0	0.0	100.0	52.4	0.5	52.9	4,518
40-44	61.5	6.4	0.8	8.4	2.1	19.8	0.1	0.4	0.0	0.0	0.2	0.1	0.0	0.2	100.0	38.0	0.5	38.5	4,089
45-49	81.4	4.9	0.7	3.1	1.0	8.4	0.0	0.1	0.1	0.0	0.0	0.1	0.0	0.1	100.0	18.4	0.3	18.6	3,143

Table RH.1: Use of contraception (continued)

Percentage of ever-married women aged 15-49 years who are using (or whose partner is using) a contraceptive method, Myanmar, 2009-2010

	Not using any method	Per cent of ever-married women who are using:													Any modern method	Any traditional method	Any method*	Number of ever-married women
		Female sterilization	Male sterilization	Pill	IUD	Injections	Implants	Condom	Female condom	Diaphragm/ foam/ jelly	LAM	Periodic abstinence	Withdrawal	Other	Total				
Number of living children																			
0	70.7	0.0	0.0	10.9	0.1	18.2	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	100.0	29.2	0.1	29.3	1,955
1	50.0	0.5	0.1	14.0	2.2	32.2	0.0	0.5	0.0	0.0	0.2	0.1	0.0	0.0	100.0	49.6	0.4	50.0	6,294
2	46.7	4.5	0.6	13.4	2.6	31.1	0.1	0.4	0.1	0.0	0.1	0.2	0.0	0.1	100.0	52.9	0.4	53.3	6,116
3	51.6	7.5	0.7	9.7	2.3	27.1	0.1	0.6	0.0	0.0	0.1	0.2	0.0	0.0	100.0	48.0	0.4	48.4	4,104
4+	64.0	4.8	0.6	7.3	1.9	20.8	0.1	0.2	0.0	0.0	0.2	0.1	0.0	0.1	100.0	35.6	0.4	36.0	4,601
Education																			
None	68.5	1.9	0.2	9.4	1.0	18.5	0.2	0.0	0.0	0.0	0.1	0.0	0.0	0.1	100.0	31.3	0.3	31.5	2,108
Primary	55.7	2.3	0.4	10.5	1.7	28.9	0.1	0.2	0.0	0.0	0.1	0.1	0.0	0.1	100.0	44.1	0.3	44.3	10,647
Secondary +	47.5	5.6	0.5	13.4	2.9	28.6	0.1	0.7	0.1	0.0	0.2	0.2	0.1	0.1	100.0	52.0	0.5	52.5	9,531
Non-standard curriculum	70.2	2.0	0.3	6.0	1.0	20.0	0.2	0.0	0.1	0.0	0.2	0.0	0.0	0.0	100.0	29.6	0.2	29.8	783
Wealth index quintiles																			
Poorest	61.7	0.4	0.0	10.7	1.2	25.4	0.0	0.1	0.0	0.0	0.1	0.1	0.0	0.1	100.0	37.9	0.4	38.3	4,787
Second	55.1	1.3	0.2	10.6	1.6	30.7	0.0	0.1	0.0	0.0	0.2	0.0	0.0	0.0	100.0	44.6	0.3	44.9	4,636
Middle	54.6	1.9	0.4	10.7	1.9	29.6	0.1	0.3	0.0	0.0	0.1	0.0	0.0	0.1	100.0	45.1	0.2	45.4	4,464
Fourth	49.8	4.0	0.4	12.0	2.4	30.5	0.1	0.6	0.0	0.0	0.0	0.1	0.0	0.1	100.0	50.0	0.2	50.2	4,620
Richest	48.3	10.7	1.0	13.3	3.4	21.5	0.2	0.9	0.1	0.0	0.2	0.3	0.0	0.1	100.0	51.0	0.7	51.7	4,564
Total	54.0	3.6	0.4	11.5	2.1	27.5	0.1	0.4	0.0	0.0	0.1	0.1	0.0	0.1	100.0	45.7	0.4	46.0	23,070

* MICS indicator 21; MDG indicator 19C

Table RH.2: Antenatal care provider

Per cent distribution of ever-married women aged 15-49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, Myanmar, 2009-2010

	Person providing antenatal care									Total	Any skilled personnel*	Number of ever-married women who gave birth in the preceding two years
	Medical doctor	Lady Health Visitor/ Nurse	Midwife	Auxiliary midwife	Traditional birth attendant	Community health worker	Relative/ Friend	Other	No antenatal care received			
State/Division												
Kachin	15.0	12.9	49.5	13.7	1.5	0.0	0.3	1.3	5.9	100.0	77.3	238
Kayah	18.1	14.1	54.1	0.8	2.5	0.4	0.0	0.4	9.5	100.0	86.2	59
Kayin	18.0	7.5	59.9	4.0	5.1	0.2	0.0	0.7	4.8	100.0	85.3	289
Chin	2.1	10.8	37.1	6.6	13.8	2.6	1.5	1.1	24.4	100.0	50.0	85
Mon	27.9	12.8	56.0	2.6	0.0	0.0	0.0	0.4	0.4	100.0	96.7	230
Rakhine	8.3	2.3	69.1	2.3	5.8	0.0	0.3	0.6	11.3	100.0	79.7	391
Shan (North)	12.0	10.7	31.2	2.0	5.6	0.1	0.4	1.2	36.8	100.0	53.9	315
Shan (East)	20.7	18.5	57.2	0.9	0.0	0.0	0.0	1.4	1.4	100.0	96.3	75
Shan (South)	6.6	22.7	64.7	2.2	1.3	0.6	0.0	0.6	1.3	100.0	94.0	314
Ayeyarwaddy	10.7	7.9	54.9	6.6	8.6	0.0	0.0	1.2	10.0	100.0	73.5	565
Bago (East)	9.3	4.1	60.2	6.7	13.5	0.0	0.0	1.5	4.7	100.0	73.7	401
Bago (West)	14.6	8.2	66.8	0.6	5.8	0.0	0.0	0.0	4.1	100.0	89.5	180
Magwe	7.1	6.8	66.3	7.9	3.0	0.0	0.0	1.4	7.6	100.0	80.2	448
Mandalay	19.3	8.8	54.1	5.0	2.8	0.0	0.2	1.7	8.0	100.0	82.2	678
Sagaing	9.2	6.7	71.3	3.9	7.0	0.0	0.0	0.3	1.6	100.0	87.2	530
Tanintharyi	23.3	8.7	64.4	0.9	0.0	0.0	0.0	0.9	1.8	100.0	96.3	123
Yangon	51.8	11.8	31.1	1.0	2.8	0.1	0.0	0.1	1.2	100.0	94.7	1,105
Area												
Urban	46.8	13.4	34.7	0.6	2.0	0.1	0.1	0.5	1.7	100.0	95.0	1,733
Rural	9.2	7.8	61.3	5.5	5.9	0.1	0.1	1.0	9.0	100.0	78.4	4,294
Age												
15-19	13.3	12.8	47.2	6.7	8.6	0.0	0.0	1.7	9.8	100.0	73.2	176
20-24	15.5	8.9	56.8	3.7	6.8	0.2	0.3	1.0	6.9	100.0	81.1	1,197
25-29	19.8	10.5	53.4	4.8	4.2	0.0	0.1	0.7	6.5	100.0	83.6	1,657
30-34	22.9	10.2	51.2	3.7	4.4	0.1	0.0	0.9	6.5	100.0	84.3	1,465
35-39	24.4	8.4	52.6	3.6	3.7	0.2	0.0	0.6	6.4	100.0	85.4	1,059
40-44	16.0	5.8	59.2	4.0	4.5	0.1	0.0	0.8	9.5	100.0	81.0	412
45-49	17.3	8.5	60.1	2.3	2.0	0.0	0.0	2.4	7.4	100.0	85.9	62

Table RH.2: Antenatal care provider (continued)

Per cent distribution of ever-married women aged 15-49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, Myanmar, 2009-2010

	Person providing antenatal care									Total	Any skilled personnel*	Number of ever-married women who gave birth in the preceding two years
	Medical doctor	Lady Health Visitor/ Nurse	Midwife	Auxiliary midwife	Traditional birth attendant	Community health worker	Relative/ Friend	Other	No antenatal care received			
Education												
None	4.4	6.7	54.6	4.3	8.3	0.2	0.5	1.3	19.7	100.0	65.7	541
Primary	9.6	8.9	59.9	5.7	6.5	0.1	0.1	0.9	8.3	100.0	78.4	2,739
Secondary +	34.8	10.8	46.5	2.4	2.1	0.1	0.0	0.6	2.5	100.0	92.2	2,624
Non-standard curriculum	4.2	4.9	62.1	4.8	9.7	0.0	0.0	1.5	12.8	100.0	71.2	124
Wealth index quintiles												
Poorest	2.0	4.6	64.1	5.6	9.0	0.1	0.1	0.7	13.8	100.0	70.7	1,468
Second	6.7	8.2	62.7	4.7	7.4	0.2	0.0	1.9	8.2	100.0	77.7	1,264
Middle	12.7	12.2	57.9	5.5	3.4	0.1	0.4	0.8	6.9	100.0	82.9	1,138
Fourth	27.8	13.5	51.4	3.2	1.9	0.1	0.0	0.2	2.0	100.0	92.6	1,111
Richest	61.1	10.4	25.9	0.8	0.3	0.2	0.0	0.5	0.8	100.0	97.4	1,047
Total	20.0	9.4	53.7	4.1	4.8	0.1	0.1	0.8	6.9	100.0	83.1	6,028

* MICS indicator 20

Table RH.3: Antenatal care content

Percentage of pregnant women receiving antenatal care among ever-married women aged 15-49 years who gave birth in two years preceding the survey and percentage of pregnant women receiving specific care as part of the antenatal care received, Myanmar, 2009-2010

	Per cent of pregnant women receiving ANC one or more times during pregnancy	Per cent of pregnant women who had:					Number of women who gave birth in two years preceding survey
		Blood pressure measured*	Urine specimen taken*	Weight measured*	Received Vitamin B1 tablets	Received Iron tablets	
State/Division							
Kachin	94.1	79.9	43.3	62.6	65.5	81.6	238
Kayah	90.5	80.6	36.4	68.9	57.9	80.1	59
Kayin	95.2	87.5	52.5	71.2	83.1	87.8	289
Chin	75.6	50.8	16.2	37.3	38.9	51.4	85
Mon	99.6	97.8	91.2	90.1	97.4	98.5	230
Rakhine	88.7	64.0	32.2	44.7	71.7	79.5	391
Shan (North)	63.2	50.7	32.5	45.2	40.6	47.2	315
Shan (East)	98.6	90.7	77.9	89.2	93.2	95.8	75
Shan (South)	98.7	92.1	73.2	81.7	87.4	93.1	314
Ayeyarwaddy	90.0	72.7	53.3	52.8	70.2	77.6	565
Bago (East)	95.3	76.0	43.2	40.0	71.9	78.9	401
Bago (West)	95.9	84.3	58.2	65.2	86.6	88.4	180
Magwe	92.4	74.5	40.9	48.8	74.5	86.2	448
Mandalay	92.0	79.0	58.6	58.2	81.8	84.2	678
Sagaing	98.4	75.7	46.9	58.5	82.9	87.8	530
Tanintharyi	98.2	91.7	56.0	74.1	85.3	89.0	123
Yangon	98.8	95.1	84.9	87.6	83.5	91.1	1,105
Area							
Urban	98.3	94.3	84.5	88.9	84.0	90.6	1,733
Rural	91.0	74.4	45.8	53.4	74.1	80.9	4,294
Age							
15-19	90.2	72.3	44.9	52.1	61.4	75.8	176
20-24	93.1	77.3	53.5	61.0	74.4	81.3	1,197
25-29	93.5	80.4	56.2	63.7	78.1	84.7	1,657
30-34	93.5	82.1	59.9	65.9	79.1	85.3	1,465
35-39	93.6	82.2	60.2	65.8	77.7	84.5	1,059
40-44	90.5	77.8	55.7	64.4	76.0	81.6	412
45-49	92.6	78.9	59.1	45.5	81.9	84.5	62
Education							
None	80.3	60.2	35.1	43.6	59.2	66.1	541
Primary	91.7	74.5	48.7	54.6	74.2	81.5	2,739
Secondary +	97.5	90.7	70.6	77.7	83.9	90.0	2,624
Non-standard curriculum	87.2	68.8	45.5	51.2	67.7	74.3	124
Wealth index quintiles							
Poorest	86.2	62.9	35.7	43.7	67.0	73.6	1,468
Second	91.8	73.5	46.9	52.6	72.5	79.2	1,264
Middle	93.1	81.0	55.2	61.7	78.4	85.1	1,138
Fourth	98.0	92.8	69.8	78.9	85.8	92.2	1,111
Richest	99.2	97.8	87.1	90.7	85.3	92.6	1,047
Total	93.1	80.1	56.9	63.6	76.9	83.7	6,028

* MICS indicator 44

Table RH.4: Assistance during delivery

Per cent distribution of ever-married women aged 15-49 with a birth in two years preceding the survey by type of personnel assisting at delivery, Myanmar, 2009-2010

	Person assisting at delivery									Total	Any skilled personnel*	Delivered in health facility**	Number of ever-married women who gave birth in preceding two years
	Medical doctor	Lady Health Visitor/ Nurse	Midwife	Traditional birth attendant	Community health worker	Relative/ friend	No attendant	Other	Auxiliary midwife				
State/Division													
Kachin	17.8	10.1	32.6	14.1	0.5	2.8	1.3	2.6	18.3	100.0	60.4	25.0	238
Kayah	21.4	8.1	35.1	16.4	1.9	6.8	4.6	1.3	4.5	100.0	64.5	22.8	59
Kayin	28.8	4.2	36.0	21.1	0.0	0.7	0.0	0.9	8.4	100.0	69.0	35.3	289
Chin	4.4	5.2	29.3	25.1	3.7	6.7	10.4	3.2	12.1	100.0	38.9	5.6	85
Mon	36.3	8.8	36.6	7.0	0.0	0.0	0.0	1.8	9.5	100.0	81.7	40.7	230
Rakhine	9.9	1.4	51.9	30.2	0.0	0.3	1.9	0.6	3.9	100.0	63.1	11.7	391
Shan (North)	19.3	4.0	19.5	16.8	0.1	6.9	24.9	4.7	3.8	100.0	42.8	26.2	315
Shan (East)	29.5	16.6	48.4	0.5	0.0	0.4	0.5	1.4	2.8	100.0	94.5	41.1	75
Shan (South)	15.1	14.5	46.4	11.7	0.6	0.0	1.3	0.6	9.8	100.0	76.0	23.0	314
Ayeyarwaddy	20.6	5.1	28.3	35.2	0.0	0.3	0.6	1.1	8.8	100.0	54.0	23.2	565
Bago (East)	17.2	2.0	39.8	29.6	0.0	0.3	0.0	1.2	10.0	100.0	59.0	19.0	401
Bago (West)	32.0	4.7	44.2	16.8	0.6	0.0	0.0	0.0	1.7	100.0	80.8	32.6	180
Magwe	15.8	5.4	43.5	17.6	0.0	0.8	0.3	0.8	15.7	100.0	64.8	16.9	448
Mandalay	28.2	5.2	39.6	15.8	0.2	0.6	0.4	1.5	8.5	100.0	72.9	32.7	678
Sagaing	16.4	6.7	54.0	13.0	0.0	0.2	0.0	0.0	9.6	100.0	77.1	57.7	530
Tanintharyi	32.0	5.9	54.2	4.2	0.0	0.0	0.0	0.9	2.8	100.0	92.1	38.4	123
Yangon	60.8	7.4	19.5	10.1	0.0	0.1	0.0	0.1	1.9	100.0	87.7	68.9	1,105
Area													
Urban	56.2	7.9	25.4	7.4	0.1	0.5	0.3	0.6	1.5	100.0	89.6	65.2	1,733
Rural	16.8	5.4	40.7	21.9	0.2	1.1	2.5	1.3	10.1	100.0	63.0	24.5	4,294
Age													
15-19	15.5	10.1	33.5	23.8	0.0	1.8	3.7	1.1	10.6	100.0	59.0	22.6	176
20-24	24.6	6.0	37.9	19.4	0.2	1.1	2.3	0.9	7.6	100.0	68.5	33.0	1,197
25-29	27.9	7.0	36.3	15.9	0.2	1.1	1.7	1.3	8.5	100.0	71.2	36.7	1,657
30-34	29.9	6.0	36.1	18.1	0.1	0.4	1.6	1.1	6.7	100.0	71.9	38.8	1,465
35-39	33.1	5.6	34.5	16.0	0.2	1.2	1.8	0.6	7.0	100.0	73.2	39.6	1,059
40-44	25.1	3.3	38.8	21.2	0.1	0.4	1.6	1.2	8.2	100.0	67.2	30.9	412
45-49	34.8	7.9	33.7	14.7	0.0	0.2	1.8	2.4	4.5	100.0	76.4	41.0	62

Table RH.4: Assistance during delivery (continued)

Per cent distribution of ever-married women aged 15-49 with a birth in two years preceding the survey by type of personnel assisting at delivery, Myanmar, 2009-2010

	Person assisting at delivery									Total	Any skilled personnel*	Delivered in health facility**	Number of ever-married women who gave birth in preceding two years
	Medical doctor	Lady Health Visitor/ Nurse	Midwife	Traditional birth attendant	Community health worker	Relative/ friend	No attendant	Other	Auxiliary midwife				
Education													
None	7.2	3.8	35.9	29.4	0.4	2.4	10.5	2.7	7.7	100.0	46.8	10.3	541
Primary	17.0	5.8	39.4	24.4	0.2	0.9	1.3	1.1	9.9	100.0	62.2	24.7	2,739
Secondary +	44.8	7.1	33.4	7.9	0.1	0.6	0.7	0.6	4.8	100.0	85.3	54.0	2,624
Non-standard curriculum	14.6	3.1	32.4	28.3	0.0	1.1	2.2	2.6	15.7	100.0	50.1	28.6	124
Wealth index quintiles													
Poorest	7.2	2.5	41.3	34.4	0.2	1.0	3.1	1.7	8.7	100.0	51.0	12.4	1,468
Second	13.7	6.0	43.8	22.5	0.3	1.1	2.4	1.2	8.8	100.0	63.5	23.1	1,264
Middle	21.1	8.6	39.1	15.5	0.2	1.7	2.4	1.1	10.5	100.0	68.7	31.2	1,138
Fourth	40.9	7.5	34.3	8.4	0.0	0.5	0.8	0.6	7.1	100.0	82.7	48.9	1,111
Richest	69.3	7.4	19.5	1.0	0.1	0.2	0.1	0.4	2.1	100.0	96.1	77.5	1,047
Total	28.2	6.1	36.3	17.7	0.2	0.9	1.9	1.1	7.6	100.0	70.6	36.2	6,028

* MICS indicator 4; MDG indicator 17
** MICS indicator 5

Table CD.1: Family support for learning

Percentage of children aged 0-59 months for whom household members are engaged in activities that promote learning and school readiness, Myanmar, 2009-2010

	Percentage of children aged 0-59 months					
	For whom household members engaged in four or more activities that promote learning and school readiness*	Mean number of activities household members engaged in with the child	For whom the father engaged in one or more activities that promote learning and school readiness**	Mean number of activities the father engaged in with the child	Living in a household without their natural father	Number of children aged 0-59 months
Sex						
Male	57.8	3.8	44.3	1.2	9.6	7,980
Female	58.1	3.8	43.6	1.2	8.7	7,558
State/Division						
Kachin	64.8	4.0	43.0	1.2	6.1	570
Kayah	60.0	3.9	25.1	0.5	4.7	145
Kayin	58.8	3.9	49.9	1.2	22.7	701
Chin	54.2	3.4	38.1	0.9	5.8	250
Mon	60.6	4.0	36.2	1.0	29.2	680
Rakhine	33.5	2.6	60.6	1.3	5.7	1,137
Shan (North)	37.0	2.9	28.7	0.5	7.3	835
Shan (East)	76.3	4.6	54.4	1.5	8.4	200
Shan (South)	59.3	3.8	58.1	1.6	4.5	822
Ayeyarwaddy	59.2	3.8	25.9	0.5	5.1	1,322
Bago (East)	43.2	3.3	27.5	0.5	6.1	1,000
Bago (West)	74.3	4.6	66.2	1.9	4.3	461
Magwe	49.4	3.5	41.3	1.1	11.2	1,138
Mandalay	53.0	3.6	42.5	1.1	8.6	1,708
Sagaing	53.5	3.7	30.7	0.6	11.7	1,364
Tanintharyi	69.7	4.4	61.9	1.9	17.2	360
Yangon	79.1	4.8	55.7	1.9	6.5	2,844
Area						
Urban	71.2	4.4	48.5	1.5	8.9	4,593
Rural	52.4	3.6	42.1	1.1	9.3	10,946
Age						
0-23 months	40.5	3.1	37.8	0.9	8.2	6,496
24-59 months	70.5	4.3	48.4	1.4	9.8	9,043
Mother's education						
None	35.9	2.8	38.8	0.9	9.6	1,594
Primary	53.5	3.6	41.3	1.1	9.1	7,100
Secondary +	69.3	4.3	48.8	1.4	8.8	6,459
Non-standard curriculum	40.5	3.1	33.1	0.7	13.9	386

Table CD.1: Family support for learning (continued)

Percentage of children aged 0-59 months for whom household members are engaged in activities that promote learning and school readiness, Myanmar, 2009-2010

	Percentage of children aged 0-59 months					
	For whom household members engaged in four or more activities that promote learning and school readiness*	Mean number of activities household members engaged in with the child	For whom the father engaged in one or more activities that promote learning and school readiness**	Mean number of activities the father engaged in with the child	Living in a household without their natural father	Number of children aged 0-59 months
Father's education* **						
None	38.0	2.8	41.9	0.9	na	782
Primary	52.5	3.6	44.5	1.1	na	5,289
Secondary +	66.0	4.2	51.8	1.5	na	7,090
Non-standard curriculum	39.6	3.1	36.4	0.8	na	939
Father not in HH	61.0	4.0	na	na	na	1,423
Wealth index quintiles						
Poorest	41.6	3.1	37.4	0.9	6.8	3,851
Second	54.7	3.7	42.0	1.1	9.3	3,195
Middle	57.5	3.8	44.8	1.2	9.7	2,849
Fourth	66.8	4.2	47.9	1.4	11.0	2,880
Richest	75.7	4.6	50.3	1.5	9.8	2,764
Total	57.9	3.8	44.0	1.2	9.2	15,539

* MICS indicator 46
** MICS Indicator 47
***16 cases where father's education is not known are not shown in the table

Table ED.1: Early childhood education

Percentage of children aged 36-59 months who are attending some form of organized early childhood education programme and percentage of first graders who attended pre-school, Myanmar, 2009-2010

	Percentage of children aged 36-59 months currently attending early childhood education*	Number of children aged 36-59 months	Percentage of children attending first grade who attended pre-school programme in previous year**	Number of children attending first grade
Sex				
Male	22.6	3,093	38.5	654
Female	23.2	2,886	41.1	622
State/Division				
Kachin	34.6	229	86.9	47
Kayah	60.7	53	74.2	15
Kayin	25.1	228	16.4	53
Chin	32.7	107	80.2	21
Mon	13.1	268	16.0	87
Rakhine	5.4	485	(15.9)	38
Shan (North)	22.1	328	71.3	57
Shan (East)	22.4	75	(37.0)	11
Shan (South)	35.0	325	(68.1)	48
Ayeyarwaddy	16.2	467	47.3	85
Bago (East)	19.5	389	28.9	79
Bago (West)	24.7	168	(50.0)	50
Magwe	16.7	444	22.9	120
Mandalay	26.9	656	51.0	204
Sagaing	13.9	547	30.2	183
Tanintharyi	13.7	146	(2.2)	27
Yangon	34.0	1,066	37.8	151
Area				
Urban	39.1	1,802	52.8	373
Rural	15.9	4,178	34.4	904
Age of child				
36-47 months	13.8	3,132	na	na
48-59 months	32.9	2,848	na	na
5 years	na	na	39.8	1,276
Mother's education				
None	9.4	695	35.5	85
Primary	15.8	2,760	39.7	592
Secondary +	35.7	2,365	44.5	467
Non-standard curriculum	13.6	160	34.4	45
Mother not in household	0.0	0	22.3	88
Wealth index quintiles				
Poorest	7.6	1,522	34.5	265
Second	16.2	1,223	31.0	276
Middle	19.5	1,054	42.1	274
Fourth	32.3	1,117	41.8	233
Richest	46.0	1,064	51.7	227
Total	22.9	5,980	39.8	1,276

* MICS indicator 52
** MICS indicator 53
(%) Figures in parenthesis indicate that the percentage or proportion is based on 25 to 49 unweighted cases only.

Table ED.2: Primary school entry

Percentage of children of primary school entry age attending grade 1, Myanmar, 2009-2010

	Percentage of children of primary school entry age currently attending grade 1*	Number of children of primary school entry age**
Sex		
Male	74.4	1,523
Female	74.4	1,415
State/Division		
Kachin	84.4	112
Kayah	82.8	28
Kayin	84.5	95
Chin	71.1	50
Mon	82.8	142
Rakhine	63.9	278
Shan (North)	58.6	148
Shan (East)	74.0	42
Shan (South)	76.4	147
Ayeyarwaddy	67.0	183
Bago (East)	67.1	171
Bago (West)	65.3	103
Magwe	79.9	248
Mandalay	76.4	392
Sagaing	81.2	319
Tanintharyi	93.0	81
Yangon	73.0	398
Area		
Urban	77.4	791
Rural	73.3	2,147
Age of child**		
5	74.4	2,938
Mother's education		
None	53.4	332
Primary	75.2	1,316
Secondary +	81.5	994
Non-standard curriculum	60.7	116
Mother not in household	77.0	180
Wealth index quintiles		
Poorest	63.5	767
Second	74.2	634
Middle	79.3	555
Fourth	79.9	473
Richest	80.7	509
Total	74.4	2,938

* MICS indicator 54
** Primary school entry age is 5 years

Table ED.3: Primary school net attendance ratio

Percentage of children of primary school age attending primary or secondary school (NAR), Myanmar, 2009-2010**

	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
State/Division						
Kachin	94.9	256	96.6	236	95.8	492
Kayah	95.4	60	95.1	59	95.3	119
Kayin	93.0	251	96.0	242	94.5	493
Chin	88.9	109	89.4	124	89.2	233
Mon	93.9	369	93.7	375	93.8	744
Rakhine	78.0	667	73.7	670	75.8	1,337
Shan (North)	75.8	399	80.0	313	77.6	712
Shan (East)	81.4	99	90.1	95	85.6	194
Shan (South)	93.0	349	94.0	325	93.5	674
Ayeyarwaddy	89.8	530	89.9	530	89.8	1,060
Bago (East)	91.2	481	91.0	472	91.1	953
Bago (West)	84.9	280	90.9	239	87.7	519
Magwe	92.1	585	94.8	597	93.5	1,183
Mandalay	91.5	990	92.0	885	91.7	1,875
Sagaing	93.7	735	94.7	746	94.2	1,480
Tanintharyi	97.7	228	98.3	200	98.0	428
Yangon	92.2	909	92.3	960	92.3	1,869
Area						
Urban	93.0	1,921	92.9	1,953	93.0	3,874
Rural	88.6	5,377	89.8	5,114	89.2	10,491
Age**						
5	77.3	1,523	77.3	1,415	77.3	2,938
6	90.3	1,501	92.9	1,440	91.6	2,941
7	94.0	1,414	96.0	1,452	95.0	2,866
8	95.0	1,419	95.2	1,314	95.1	2,733
9	93.1	1,440	91.9	1,446	92.5	2,887
Mother's education						
None	73.0	894	72.1	867	72.6	1,761
Primary	90.7	3,318	92.5	3,282	91.6	6,601
Secondary +	95.4	2,231	95.2	2,184	95.3	4,414
Non-standard curriculum	82.7	326	84.1	238	83.3	564
Mother not in household	93.4	528	93.6	496	93.5	1,024
Wealth index quintiles						
Poorest	81.0	1,952	81.8	1,866	81.4	3,818
Second	90.0	1,480	91.1	1,495	90.6	2,976
Middle	93.2	1,421	94.3	1,381	93.7	2,802
Fourth	94.6	1,280	95.3	1,218	94.9	2,499
Richest	94.7	1,164	95.1	1,107	94.9	2,271
Total	89.8	7,298	90.6	7,067	90.2	14,364

* MICS Indicator 55; MDG Indicator 6
** Primary school age is 5-9 years

Table ED.4: Secondary school net attendance ratio

Percentage of children of secondary school age attending secondary school or higher (NAR), Myanmar, 2009-2010**

	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
State/Division						
Kachin	62.7	247	73.3	237	67.9	484
Kayah	64.5	55	75.1	58	69.9	113
Kayin	56.2	241	62.1	262	59.3	503
Chin	65.6	130	61.7	124	63.7	254
Mon	52.2	411	59.0	378	55.4	789
Rakhine	33.3	625	28.4	607	30.9	1,232
Shan (North)	44.6	325	41.0	387	42.6	712
Shan (East)	42.8	81	54.1	102	49.1	183
Shan (South)	57.8	318	67.1	355	62.7	673
Ayeyarwaddy	53.2	589	56.2	608	54.7	1,197
Bago (East)	60.0	563	58.2	624	59.0	1,186
Bago (West)	55.3	330	54.6	334	54.9	664
Magwe	57.5	691	54.0	698	55.8	1,389
Mandalay	59.5	1,113	59.0	1,040	59.3	2,153
Sagaing	65.7	929	62.1	898	63.9	1,827
Tanintharyi	63.8	244	69.4	273	66.7	517
Yangon	73.9	896	75.5	963	74.7	1,859
Area						
Urban	75.0	2,051	77.0	2,098	76.0	4,149
Rural	51.9	5,735	52.0	5,849	52.0	11,584
Age**						
10	50.0	1,371	50.4	1,353	50.2	2,724
11	66.2	1,310	68.6	1,324	67.4	2,634
12	67.2	1,343	67.7	1,315	67.4	2,658
13	62.4	1,301	63.5	1,430	63.0	2,730
14	56.0	1,231	55.6	1,240	55.8	2,471
15	45.6	1,230	44.9	1,286	45.2	2,516
Mother's education						
None	31.8	976	30.6	970	31.2	1,946
Primary	53.3	3,662	55.0	3,707	54.1	7,370
Secondary +	83.0	2,035	84.8	2,009	83.9	4,044
Non-standard curriculum	41.2	443	38.9	450	40.0	893
Mother not in household	57.7	670	54.3	810	55.9	1,480
Wealth index quintiles						
Poorest	29.3	1,796	27.2	1,829	28.2	3,626
Second	51.3	1,640	50.2	1,702	50.7	3,343
Middle	61.2	1,630	65.4	1,601	63.3	3,232
Fourth	73.3	1,506	76.4	1,517	74.9	3,023
Richest	86.4	1,212	84.7	1,297	85.5	2,509
Total	58.0	7,785	58.6	7,947	58.3	15,733

* MICS indicator 56

** Secondary school age is 10-15 years

Table ED.4A: Secondary school age children attending primary school

Percentage of children of secondary school age attending primary school**
Myanmar, 2009-2010

	Male		Female		Total	
	Per cent attending primary school	Number of children	Per cent attending primary school	Number of children	Per cent attending primary school	Number of children
State/Division						
Kachin	14.2	247	10.0	237	12.1	484
Kayah	14.1	55	8.7	58	11.4	113
Kayin	20.3	241	17.8	262	19.0	503
Chin	18.3	130	16.1	124	17.3	254
Mon	17.8	411	11.5	378	14.8	789
Rakhine	18.1	625	14.2	607	16.2	1,232
Shan (North)	19.5	325	20.1	387	19.8	712
Shan (East)	11.5	81	10.2	102	10.7	183
Shan (South)	10.6	318	8.4	355	9.4	673
Ayeyarwaddy	13.8	589	11.1	608	12.4	1,197
Bago (East)	14.1	563	11.6	624	12.8	1,186
Bago (West)	12.5	330	8.4	334	10.5	664
Magwe	10.8	691	7.7	698	9.2	1,389
Mandalay	12.4	1,113	11.8	1,040	12.1	2,153
Sagaing	9.7	929	11.7	898	10.7	1,827
Tanintharyi	8.3	244	7.2	273	7.7	517
Yangon	8.6	896	5.8	963	7.2	1,859
Area						
Urban	7.7	2,051	6.9	2,098	7.3	4,149
Rural	14.8	5,735	12.4	5,849	13.6	11,584
Age**						
10	40.6	1,371	39.7	1,353	40.2	2,724
11	20.0	1,310	15.3	1,324	17.7	2,634
12	8.9	1,343	5.8	1,315	7.4	2,658
13	4.0	1,301	2.6	1,430	3.3	2,730
14	1.3	1,231	0.9	1,240	1.1	2,471
15	0.2	1,230	0.2	1,286	0.2	2,516
Mother's education						
None	21.5	976	18.9	970	20.2	1,946
Primary	14.4	3,662	11.5	3,707	12.9	7,370
Secondary +	6.0	2,035	5.3	2,009	5.6	4,044
Non-standard curriculum	13.2	443	13.0	450	13.1	893
Mother not in household	13.6	670	11.8	810	12.6	1,480
Wealth index quintiles						
Poorest	21.9	1,796	17.0	1,829	19.4	3,626
Second	13.4	1,640	12.7	1,702	13.1	3,343
Middle	12.4	1,630	10.8	1,601	11.6	3,232
Fourth	8.7	1,506	7.0	1,517	7.8	3,023
Richest	5.1	1,212	4.8	1,297	5.0	2,509
Total	13.0	7,785	10.9	7,947	11.9	15,733

** Secondary school age is 10-15 years

Table ED.5: Grade Promotion rate from Grade 1 to Grade 5

Percentage of children entering first grade of primary school who eventually reach grade 5, Myanmar, 2009-2010

	Per cent attending 2nd grade who were in 1st grade last year	Per cent attending 3rd grade who were in 2nd grade last year	Per cent attending 4th grade who were in 3rd grade last year	Per cent attending 5th grade who were in 4th grade last year	Per cent who reach grade 5 of those who enter 1st grade*
Sex					
Male	99.4	99.1	98.8	96.1	93.6
Female	99.6	98.6	98.5	96.3	93.1
State/Division					
Kachin	99.5	99.0	98.8	96.9	94.4
Kayah	100.0	99.4	96.8	94.3	90.8
Kayin	100.0	100.0	97.4	95.8	93.3
Chin	100.0	99.5	99.5	100.0	98.9
Mon	99.5	98.9	100.0	99.2	97.7
Rakhine	99.3	99.1	100.0	94.9	93.4
Shan (North)	98.7	98.1	96.5	96.8	90.4
Shan (East)	100.0	100.0	98.9	97.0	95.9
Shan (South)	100.0	99.3	99.1	95.6	94.1
Ayeyarwaddy	98.5	98.6	98.6	96.8	92.7
Bago (East)	98.4	97.6	96.9	95.3	88.7
Bago (West)	100.0	97.9	98.9	89.4	86.6
Magwe	100.0	98.0	98.9	93.9	91.1
Mandalay	100.0	99.6	99.2	95.8	94.6
Sagaing	99.5	99.0	100.0	97.0	95.6
Tanintharyi	100.0	98.7	99.4	96.6	94.8
Yangon	99.6	99.0	96.9	98.4	93.9
Area					
Urban	99.5	99.3	99.2	98.4	96.3
Rural	99.5	98.7	98.5	95.3	92.2
Mother's education					
None	98.4	97.6	98.2	93.3	88.1
Primary	99.5	98.9	98.3	95.0	92.0
Secondary +	99.9	100.0	99.7	98.3	97.8
Non-standard curriculum	99.1	97.4	97.0	94.7	88.6
Mother not in household	100.0	97.1	98.8	99.2	95.2
Wealth index quintiles					
Poorest	98.8	97.9	97.1	88.6	83.2
Second	99.8	98.1	98.7	96.8	93.6
Middle	99.9	99.1	99.2	96.5	94.9
Fourth	99.3	99.8	99.1	98.2	96.5
Richest	99.9	100.0	99.4	99.6	98.9
Total	99.5	98.8	98.6	96.2	93.3

* MICS indicator 57; MDG indicator 7

Table ED.6: Primary school completion and transition to secondary education

Primary school completion rate and transition rate to secondary education, Myanmar, 2009-2010

	Net primary school completion rate*	Number of children of primary school completion age***	Transition rate to secondary education**	Number of children who were in the last grade of primary school the previous year
Sex				
Male	51.2	1,440	95.6	1,149
Female	57.1	1,446	95.0	1,185
State/Division				
Kachin	60.2	87	96.9	74
Kayah	58.4	21	93.7	18
Kayin	49.2	97	95.8	91
Chin	48.1	46	99.4	41
Mon	56.0	152	98.5	115
Rakhine	31.7	304	94.9	130
Shan (North)	36.1	131	96.8	84
Shan (East)	51.1	34	97.0	24
Shan (South)	59.3	115	95.6	117
Ayeyarwaddy	50.9	196	95.3	172
Bago (East)	44.0	203	94.2	197
Bago (West)	50.5	107	88.4	93
Magwe	56.4	254	93.3	185
Mandalay	58.4	369	93.5	314
Sagaing	60.5	310	96.1	276
Tanintharyi	72.3	90	96.6	85
Yangon	70.1	372	97.3	316
Area				
Urban	66.6	770	97.7	657
Rural	49.6	2,117	94.3	1,677
Mother's education				
None	27.1	352	92.7	209
Primary	48.8	1,344	93.8	1,050
Secondary +	76.1	835	97.6	786
Non-standard curriculum	44.0	130	92.4	95
Mother not in household	53.1	225	99.2	189
Wealth index quintiles				
Poorest	31.2	789	87.2	389
Second	53.1	596	96.2	483
Middle	58.2	562	94.5	531
Fourth	65.8	516	97.9	511
Richest	78.7	425	99.6	419
Total	54.2	2,887	95.3	2,334

* MICS indicator 59; MDG indicator 7b
** MICS indicator 58
*** Primary school completion age is 9 years

Table ED.7: Education gender parity

Ratio of girls to boys attending primary education and ratio of girls to boys attending secondary education, Myanmar, 2009-2010

	Primary school net attendance ratio (NAR), girls	Primary school net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school NAR*	Secondary school net attendance ratio (NAR), girls	Secondary school net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school NAR*
State/Division						
Kachin	96.6	94.9	1.02	73.3	62.7	1.17
Kayah	95.1	95.4	1.00	75.1	64.5	1.16
Kayin	96.0	93.0	1.03	62.1	56.2	1.10
Chin	89.4	88.9	1.01	61.7	65.6	0.94
Mon	93.7	93.9	1.00	59.0	52.2	1.13
Rakhine	73.7	78.0	0.94	28.4	33.3	0.85
Shan (North)	80.0	75.8	1.06	41.0	44.6	0.92
Shan (East)	90.1	81.4	1.11	54.1	42.8	1.26
Shan (South)	94.0	93.0	1.01	67.1	57.8	1.16
Ayeyarwaddy	89.9	89.8	1.00	56.2	53.2	1.06
Bago (East)	91.0	91.2	1.00	58.2	60.0	0.97
Bago (West)	90.9	84.9	1.07	54.6	55.3	0.99
Magwe	94.8	92.1	1.03	54.0	57.5	0.94
Mandalay	92.0	91.5	1.01	59.0	59.5	0.99
Sagaing	94.7	93.7	1.01	62.1	65.7	0.95
Tanintharyi	98.3	97.7	1.01	69.4	63.8	1.09
Yangon	92.3	92.2	1.00	75.5	73.9	1.02
Area						
Urban	92.9	93.0	1.00	77.0	75.0	1.03
Rural	89.8	88.6	1.01	52.0	51.9	1.00
Mother's education						
None	72.1	73.0	0.99	30.6	31.8	0.96
Primary	92.5	90.7	1.02	55.0	53.3	1.03
Secondary +	95.2	95.4	1.00	84.8	83.0	1.02
Non-standard curriculum	84.1	82.7	1.02	38.9	41.2	0.94
Mother not in household	93.6	93.4	1.00	54.3	57.7	0.94
Wealth index quintiles						
Poorest	81.8	81.0	1.01	27.2	29.3	0.93
Second	91.1	90.0	1.01	50.2	51.3	0.98
Middle	94.3	93.2	1.01	65.4	61.2	1.07
Fourth	95.3	94.6	1.01	76.4	73.3	1.04
Richest	95.1	94.7	1.00	84.7	86.4	0.98
Total	90.6	89.8	1.01	58.6	58.0	1.01

* MICS Indicator 61; MDG Indicator 9

Table ED.8: Young female literacy

Percentage of women aged 15-24 years that are literate, Myanmar, 2009-2010

	Percentage literate*	Number of women aged 15-24 years
State/Division		
Kachin	96.4	321
Kayah	90.7	68
Kayin	86.5	300
Chin	78.0	145
Mon	87.8	476
Rakhine	54.6	847
Shan (North)	63.6	551
Shan (East)	65.1	128
Shan (South)	85.9	541
Ayeyarwaddy	91.0	913
Bago (East)	92.0	792
Bago (West)	94.5	476
Magwe	93.3	1,057
Mandalay	88.4	1,807
Sagaing	96.1	1,510
Tanintharyi	95.9	343
Yangon	95.6	1,696
Area		
Urban	94.9	3,558
Rural	84.9	8,414
Education		
None	1.2	454
Primary	73.4	3,424
Secondary +	100.0	7,966
Non-standard curriculum	24.6	128
Age		
15-19	89.6	5,984
20-24	86.0	5,988
Wealth index quintiles		
Poorest	69.0	2,283
Second	86.7	2,526
Middle	91.2	2,413
Fourth	94.9	2,374
Richest	96.6	2,375
Total	87.8	11,972

* MICS indicator 60; MDG indicator 8

Table CP.1: Birth registration

Per cent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, Myanmar, 2009-2010

	Birth is registered*	Don't know if birth is registered	Number of children aged 0-59 months	Birth is not registered because:						Total	Number of children aged 0-59 months without birth registration
				Costs too much	Must travel too far	Didn't know child should be registered	Late, did not want to pay fine	Doesn't know where to register	Other	Don't know		
Sex												
Male	72.7	1.7	7,980	11.6	6.6	34.6	0.4	13.9	17.0	15.7	100.0	2,043
Female	72.1	2.2	7,558	11.6	7.0	33.3	0.1	13.3	19.7	15.0	100.0	1,940
State/Division												
Kachin	83.7	0.3	570	30.4	11.4	18.7	1.3	7.4	26.8	4.0	100.0	91
Kayah	86.5	0.7	145	20.9	6.5	11.5	0.7	10.2	31.8	18.5	100.0	19
Kayin	82.7	1.3	701	2.5	3.1	47.2	0.6	13.7	20.6	12.3	100.0	112
Chin	24.4	5.2	250	5.1	9.8	53.7	0.0	15.1	2.0	14.4	100.0	176
Mon	88.9	1.5	680	8.5	1.4	31.0	0.0	14.1	32.4	12.7	100.0	66
Rakhine	59.2	5.1	1,137	13.6	9.2	53.9	0.0	11.9	2.9	8.6	100.0	406
Shan (North)	52.3	6.1	835	11.6	9.6	19.8	0.1	18.5	16.1	24.2	100.0	347
Shan (East)	95.4	0.2	200	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	9
Shan (South)	79.2	0.1	822	14.7	12.8	13.5	0.0	6.4	44.3	8.3	100.0	170
Ayeyarwaddy	69.8	2.1	1,322	15.3	5.6	27.6	0.0	16.6	26.6	8.2	100.0	370
Bago (East)	54.3	0.1	1,000	8.6	4.3	54.8	0.3	9.4	17.8	4.6	100.0	456
Bago (West)	80.0	0.5	461	16.7	7.7	35.9	0.0	9.0	23.1	7.7	100.0	90
Magwe	56.9	2.5	1,138	7.2	2.0	32.6	0.0	12.3	10.6	35.4	100.0	462
Mandalay	70.1	2.1	1,708	9.4	6.8	40.8	0.0	16.2	18.4	8.4	100.0	475
Sagaing	54.2	4.3	1,364	8.7	7.5	20.6	1.3	17.3	17.0	27.6	100.0	566
Tanintharyi	90.1	0.2	360	22.9	22.7	3.5	0.0	5.2	40.3	5.3	100.0	35
Yangon	95.2	0.1	2,844	34.6	4.0	5.4	0.0	9.3	44.0	2.7	100.0	134
Area												
Urban	93.5	0.1	4,593	38.9	4.3	10.4	0.5	8.6	28.9	8.4	100.0	290
Rural	63.5	2.7	10,946	9.5	7.0	35.9	0.3	14.0	17.5	15.9	100.0	3,693
Age												
0-11 months	70.2	1.7	3,289	10.4	7.1	28.3	0.3	11.7	29.4	12.7	100.0	922
12-23 months	74.9	1.7	3,207	14.5	7.3	28.8	0.0	14.3	18.8	16.2	100.0	753
24-35 months	75.0	1.7	3,063	11.5	5.9	35.8	0.2	16.2	16.0	14.5	100.0	715
36-47 months	72.2	1.9	3,132	10.5	7.9	37.6	0.3	13.0	13.0	17.6	100.0	813
48-59 months	69.7	2.9	2,848	11.5	5.6	40.3	0.5	13.5	12.6	16.1	100.0	780
Mother's education												
None	52.4	5.3	1,594	14.2	5.0	32.0	0.1	13.6	13.7	21.4	100.0	675
Primary	66.2	2.5	7,100	11.3	6.4	36.0	0.2	14.7	17.5	13.9	100.0	2,222
Secondary +	85.3	0.5	6,459	11.3	10.0	29.2	0.6	11.4	24.4	13.2	100.0	914
Non-standard curriculum	52.7	2.5	386	7.0	1.6	42.1	0.0	11.3	15.4	22.7	100.0	173
Wealth index quintiles												
Poorest	50.4	4.0	3,851	14.3	5.7	34.4	0.3	14.1	13.4	17.8	100.0	1,755
Second	63.7	2.3	3,195	10.6	6.7	36.7	0.0	13.7	17.0	15.1	100.0	1,085
Middle	74.4	1.6	2,849	9.2	9.3	34.7	0.5	11.9	21.1	13.4	100.0	683
Fourth	87.0	0.7	2,880	6.4	7.2	26.0	0.0	14.8	33.9	11.7	100.0	354
Richest	95.9	0.2	2,764	10.8	7.8	21.5	2.5	10.6	44.3	2.5	100.0	106
Total	72.4	2.0	15,539	11.6	6.8	34.0	0.3	13.6	18.3	15.4	100.0	3,983

*MICS indicator 62

(*) An asterisk indicates that the percentage or proportion is calculated on fewer than 25 unweighted cases.

Table CP.2: Early marriage

Percentage of women aged 15-19 years currently married, Myanmar, 2009-2010

	Percentage of women 15-19 married *	Number of women aged 15-19 years
State/Division		
Kachin	10.8	153
Kayah	7.8	34
Kayin	6.3	151
Chin	7.3	85
Mon	5.0	238
Rakhine	6.5	437
Shan (North)	13.7	281
Shan (East)	22.3	71
Shan (South)	11.2	249
Ayeyarwaddy	10.9	465
Bago (East)	5.1	440
Bago (West)	8.0	236
Magwe	8.9	504
Mandalay	6.2	875
Sagaing	4.7	734
Tanintharyi	5.0	195
Yangon	6.3	835
Area		
Urban	5.1	1,748
Rural	8.4	4,236
Education		
None	20.3	178
Primary	12.4	1,403
Secondary +	5.2	4,344
Non-standard curriculum	13.9	59
Wealth index quintiles		
Poorest	9.0	1,129
Second	8.7	1,287
Middle	7.8	1,192
Fourth	7.2	1,212
Richest	4.3	1,165
Total	7.4	5,984

* MICS indicator 68

Table CP.3: Children's living arrangements and orphanhood

Per cent distribution of children aged 0-17 years according to living arrangements, percentage of children aged 0-17 years in households not living with a biological parent and percentage of children who are orphans, Myanmar, 2009-2010

	Living with both parents	Living with neither parent				Living with mother only		Living with father only		Impossible to deter-mine	Total	Not living with a biological parent*	One or both parents dead**	Number of children
		Only father alive	Only mother alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead					
Sex														
Male	85.5	0.3	0.4	3.6	0.7	4.1	3.9	0.5	0.9	0.0	100.0	5.0	6.2	25,135
Female	84.9	0.4	0.6	4.0	0.9	3.8	4.1	0.4	1.0	0.1	100.0	5.8	6.9	24,919
State/Division														
Kachin	85.6	0.3	0.7	3.0	1.1	2.5	4.9	0.4	1.3	0.1	100.0	5.1	8.4	1,658
Kayah	91.5	0.1	0.2	1.7	0.4	1.6	4.1	0.2	0.3	0.1	100.0	2.3	5.0	408
Kayin	77.1	0.3	0.6	10.3	0.4	7.9	2.2	0.7	0.4	0.1	100.0	11.7	3.9	1,820
Chin	90.0	0.1	0.4	0.7	0.9	1.6	4.8	0.2	1.1	0.1	100.0	2.0	7.3	802
Mon	65.4	0.6	1.1	16.4	0.6	10.1	3.8	1.2	0.7	0.0	100.0	18.7	6.8	2,395
Rakhine	88.9	0.2	0.1	0.7	0.3	4.3	5.0	0.1	0.4	0.0	100.0	1.3	6.0	4,038
Shan (North)	86.3	0.1	0.4	2.2	0.6	2.7	5.2	0.7	1.6	0.0	100.0	3.4	8.0	2,480
Shan (East)	84.4	0.4	0.7	3.0	2.0	3.9	4.0	1.0	0.4	0.2	100.0	6.1	7.5	640
Shan (South)	91.5	0.1	0.3	1.6	0.7	1.7	3.3	0.1	0.6	0.0	100.0	2.7	5.0	2,344
Ayeyarwaddy	88.9	0.5	0.6	2.8	0.8	2.2	3.2	0.2	0.8	0.0	100.0	4.6	5.9	3,930
Bago (East)	84.4	0.5	0.9	4.0	0.7	3.0	5.1	0.6	0.9	0.0	100.0	6.0	8.0	3,464
Bago (West)	89.0	0.5	0.5	2.7	0.9	1.8	2.8	0.4	1.3	0.1	100.0	4.6	6.0	1,827
Magwe	85.3	0.5	0.4	2.4	0.4	4.5	4.5	0.4	1.5	0.0	100.0	3.7	7.4	4,087
Mandalay	85.6	0.4	0.5	3.5	1.1	3.6	3.6	0.5	1.3	0.1	100.0	5.4	6.8	6,397
Sagaing	84.8	0.5	0.3	2.9	0.7	4.5	4.4	0.5	1.4	0.0	100.0	4.5	7.3	5,215
Tanintharyi	78.4	0.8	0.9	9.2	1.2	4.0	4.5	0.6	0.3	0.0	100.0	12.2	7.8	1,446
Yangon	87.2	0.2	0.5	2.7	1.1	4.2	3.5	0.3	0.2	0.1	100.0	4.5	5.5	7,102
Area														
Urban	83.1	0.3	0.6	4.4	1.3	4.6	4.3	0.6	0.6	0.1	100.0	6.6	7.2	13,860
Rural	86.0	0.4	0.5	3.5	0.6	3.7	3.9	0.4	1.0	0.0	100.0	5.0	6.4	36,194
Age														
0-4 years	90.4	0.2	0.1	1.9	0.1	5.4	1.4	0.3	0.2	0.0	100.0	2.3	2.0	14,632
5-9 years	86.1	0.3	0.4	4.3	0.5	3.9	3.1	0.6	0.8	0.0	100.0	5.5	5.1	14,323
10-14 years	82.2	0.5	0.8	4.9	1.2	3.2	5.5	0.4	1.3	0.1	100.0	7.3	9.3	13,555
15-17 years	78.9	0.6	1.0	4.4	1.9	2.7	8.1	0.5	1.8	0.1	100.0	8.0	13.5	7,544

Table CP.3: Children's living arrangements and orphanhood (continued)

Per cent distribution of children aged 0-17 years according to living arrangements, percentage of children aged 0-17 years in households not living with a biological parent and percentage of children who are orphans, Myanmar, 2009-2010

	Living with both parents	Living with neither parent				Living with mother only		Living with father only		Impossible to deter-mine	Total	Not living with a biological parent*	One or both parents dead**	Number of children
		Only father alive	Only mother alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead					
Wealth index quintiles														
Poorest	87.7	0.3	0.3	1.6	0.6	3.4	4.7	0.2	1.0	0.1	100.0	2.9	7.0	12,226
Second	86.1	0.4	0.5	2.7	0.5	3.6	4.5	0.3	1.2	0.0	100.0	4.2	7.2	10,499
Middle	84.1	0.3	0.5	4.6	0.8	4.2	4.1	0.5	0.8	0.0	100.0	6.2	6.5	9,751
Fourth	83.0	0.5	0.6	5.6	1.1	4.2	3.5	0.6	0.8	0.0	100.0	7.8	6.5	9,260
Richest	84.1	0.3	0.6	5.2	1.0	4.6	2.9	0.6	0.5	0.1	100.0	7.1	5.3	8,319
Total	85.2	0.4	0.5	3.8	0.8	4.0	4.0	0.4	0.9	0.1	100.0	5.4	6.6	50,054

*MICS indicator 78
** MICS indicator 75

Table HA.1: Knowledge of preventing HIV transmission

Percentage of women aged 15-49 years who know the main ways of preventing HIV transmission, Myanmar, 2009-2010

	Heard of AIDS	Percentage who know transmission can be prevented by:			Knows all three ways	Knows at least one way	Doesn't know any way	Number of women
		Having only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex				
State/Division								
Kachin	95.6	72.8	76.3	55.1	44.4	87.2	12.8	996
Kayah	92.8	83.9	80.9	59.1	49.0	90.8	9.2	205
Kayin	94.9	76.2	73.6	65.5	52.8	87.2	12.8	987
Chin	91.5	54.8	52.4	34.3	22.2	69.5	30.5	370
Mon	99.1	84.2	82.4	62.7	50.8	95.0	5.0	1,577
Rakhine	93.7	53.3	50.2	38.5	26.6	67.2	32.8	2,385
Shan (North)	66.6	49.4	49.3	39.1	30.9	58.1	41.9	1,498
Shan (East)	83.8	57.1	54.3	41.7	31.2	67.6	32.4	456
Shan (South)	92.0	77.8	72.2	63.6	54.1	84.0	16.0	1,701
Ayeyarwaddy	97.3	79.4	69.1	60.5	45.0	89.1	10.9	3,075
Bago (East)	98.0	73.6	72.8	54.2	41.7	85.2	14.8	2,470
Bago (West)	99.8	81.7	79.5	55.8	45.2	94.9	5.1	1,697
Magwe	99.3	80.7	73.1	64.8	51.0	90.8	9.2	3,446
Mandalay	96.7	71.0	65.2	54.6	38.9	85.0	15.0	5,791
Sagaing	92.3	78.7	70.3	66.2	51.6	87.0	13.0	4,530
Tanintharyi	99.5	73.7	74.0	62.1	46.5	90.7	9.3	928
Yangon	99.4	83.5	82.0	61.8	51.6	94.3	5.7	5,967
Area								
Urban	98.6	79.2	79.6	57.0	47.0	91.3	8.7	12,011
Rural	93.9	73.0	66.5	58.2	44.1	83.8	16.2	26,070
Age								
15-19	96.1	70.4	69.0	54.2	41.0	84.5	15.5	5,984
20-24	95.6	74.1	71.8	56.2	44.8	85.5	14.5	5,988
25-29	95.7	75.9	73.3	57.1	45.2	87.4	12.6	6,179
30-34	96.0	77.3	72.9	59.7	47.4	88.0	12.0	5,787
35-39	95.6	76.9	70.3	59.9	46.7	86.7	13.3	5,579
40-44	94.6	76.4	70.2	59.9	46.6	86.6	13.4	4,900
45-49	93.1	73.7	64.3	58.6	43.4	83.3	16.7	3,663
Education								
None	72.6	44.2	34.9	38.2	22.8	54.3	45.7	2,542
Primary	94.9	74.0	65.0	61.6	45.5	84.7	15.3	15,010
Secondary +	99.2	80.2	80.7	57.8	48.2	92.0	8.0	19,492
Non-standard curriculum	87.4	65.4	49.9	51.6	33.9	74.5	25.5	1,037
Wealth index quintiles								
Poorest	91.0	65.9	55.9	54.0	37.3	76.7	23.3	7,035
Second	94.5	74.3	66.9	60.4	46.1	84.7	15.3	7,475
Middle	94.9	75.7	70.5	60.6	47.3	86.3	13.7	7,526
Fourth	97.4	79.4	79.0	61.3	50.2	91.2	8.8	7,792
Richest	98.4	78.3	78.7	52.8	43.6	90.5	9.5	8,253
Total	95.4	75.0	70.6	57.8	45.0	86.1	13.9	38,081

Table HA.2: Identifying misconceptions about HIV/AIDS

Percentage of women aged 15-49 years who correctly identify misconceptions about HIV/AIDS, Myanmar, 2009-2010

	Per cent who know that:			Reject two most common misconceptions and know a healthy-looking person can be infected	Per cent who know that:		Number of women
	HIV cannot be transmitted by:		A healthy looking person can be infected		HIV cannot be transmitted by Supernatural means	HIV can be transmitted by sharing needles	
	Sharing food	Mosquito bites					
State/Division							
Kachin	77.1	59.8	69.0	40.7	82.6	91.5	996
Kayah	77.8	66.5	68.0	49.7	77.6	89.7	205
Kayin	73.9	60.5	42.0	29.8	78.0	85.2	987
Chin	67.7	63.5	54.9	38.9	72.1	80.0	370
Mon	87.8	78.1	57.9	45.7	89.6	92.0	1,577
Rakhine	60.9	62.1	49.1	34.0	72.7	74.5	2,385
Shan (North)	52.2	46.4	39.9	26.8	56.3	59.2	1,498
Shan (East)	64.5	56.8	39.1	26.4	69.5	69.9	456
Shan (South)	78.8	74.3	51.8	40.0	85.6	87.2	1,701
Ayeyarwaddy	66.4	57.8	64.4	36.0	81.2	89.8	3,075
Bago (East)	74.5	65.4	66.5	41.3	88.3	94.6	2,470
Bago (West)	85.2	81.2	61.7	48.3	95.1	95.9	1,697
Magwe	77.2	67.8	67.1	43.4	91.3	94.6	3,446
Mandalay	73.2	59.3	54.6	32.7	84.1	91.0	5,791
Sagaing	76.3	62.7	54.3	37.1	85.7	87.2	4,530
Tanintharyi	85.3	73.8	59.1	42.8	88.6	92.1	928
Yangon	88.0	77.6	73.4	57.8	91.1	93.6	5,967
Area							
Urban	88.1	77.3	70.1	55.0	90.0	92.9	12,011
Rural	70.2	61.0	54.8	34.3	82.2	86.9	26,070
Age							
15-19	78.2	68.5	62.6	43.8	84.7	89.3	5,984
20-24	78.7	67.4	63.3	44.6	84.7	89.0	5,988
25-29	77.5	67.3	61.4	42.5	86.1	89.4	6,179
30-34	76.3	65.7	60.5	41.1	85.6	89.9	5,787
35-39	75.2	65.9	57.1	38.5	84.5	88.9	5,579
40-44	72.5	64.7	56.0	38.0	84.4	88.2	4,900
45-49	69.6	61.3	53.5	33.9	81.0	85.0	3,663
Education							
None	38.9	35.3	29.4	12.9	51.2	56.9	2,542
Primary	66.9	57.6	51.6	28.4	81.4	87.6	15,010
Secondary +	88.9	78.1	70.7	55.2	92.1	94.2	19,492
Non-standard curriculum	52.2	42.1	41.7	18.1	73.5	80.6	1,037
Wealth index quintiles							
Poorest	57.7	52.9	49.0	25.9	75.1	81.3	7,035
Second	69.6	58.9	55.1	32.3	83.0	87.9	7,475
Middle	75.5	64.2	57.2	37.8	84.5	88.5	7,526
Fourth	84.2	72.3	64.0	47.3	88.6	92.1	7,792
Richest	89.6	80.0	71.1	57.9	90.6	93.0	8,253
Total	75.9	66.1	59.7	40.8	84.6	88.8	38,081

Table HA.3: Comprehensive knowledge of HIV/AIDS transmission

Percentage of women aged 15-49 years who have comprehensive knowledge of HIV/AIDS transmission, Myanmar, 2009-2010

	Know 2 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have comprehensive knowledge (identify 2 prevention methods and 3 misconceptions)*	Number of women
State/Division				
Kachin	63.8	40.7	28.7	996
Kayah	74.7	49.7	44.6	205
Kayin	64.8	29.8	23.5	987
Chin	40.9	38.9	22.9	370
Mon	73.4	45.7	37.7	1,577
Rakhine	40.6	34.0	20.7	2,385
Shan (North)	42.2	26.8	21.1	1,498
Shan (East)	46.0	26.4	17.5	456
Shan (South)	67.5	40.0	29.9	1,701
Ayeyarwaddy	61.5	36.0	26.6	3,075
Bago (East)	63.3	41.3	28.5	2,470
Bago (West)	67.3	48.3	33.1	1,697
Magwe	65.3	43.4	32.2	3,446
Mandalay	53.9	32.7	20.4	5,791
Sagaing	63.7	37.1	31.2	4,530
Tanintharyi	60.7	42.8	25.1	928
Yangon	72.7	57.8	46.3	5,967
Area				
Urban	69.0	55.0	41.2	12,011
Rural	58.1	34.3	25.0	26,070
Age				
15-19	57.6	43.8	30.9	5,984
20-24	62.3	44.6	32.8	5,988
15-24*	60.0	44.2	31.8	11,972
25-29	63.4	42.5	31.2	6,179
30-34	64.2	41.1	31.2	5,787
35-39	62.7	38.5	28.7	5,579
40-44	62.2	38.0	29.0	4,900
45-49	57.1	33.9	24.7	3,663
Education				
None	28.8	12.9	7.5	2,542
Primary	57.1	28.4	20.2	15,010
Secondary +	70.3	55.2	41.7	19,492
Non-standard curriculum	43.7	18.1	12.2	1,037
Wealth index quintiles				
Poorest	48.2	25.9	17.3	7,035
Second	58.8	32.3	23.7	7,475
Middle	62.2	37.8	28.4	7,526
Fourth	68.8	47.3	36.5	7,792
Richest	68.1	57.9	42.5	8,253
Total	61.6	40.8	30.1	38,081

* MICS indicator 82; MDG indicator 19b

Table HA.4: Knowledge of mother-to-child HIV transmission

**Percentage of women aged 15-49 years who correctly identify means of HIV transmission from mother to child
Myanmar, 2009-2010**

	Know AIDS can be transmitted from mother to child	Per cent who know AIDS can be transmitted:				Did not know any specific way	Number of women
		During pregnancy	At delivery	Through breast milk	All three ways*		
State/Division							
Kachin	90.7	86.2	75.8	75.4	65.1	5.0	996
Kayah	88.9	86.2	83.1	79.2	74.1	3.9	205
Kayin	85.6	79.7	66.9	72.1	58.2	9.3	987
Chin	82.7	80.6	56.3	57.2	49.0	8.8	370
Mon	92.5	84.1	79.5	85.4	71.2	6.6	1,577
Rakhine	78.3	67.2	57.2	62.2	44.7	15.4	2,385
Shan (North)	53.8	51.2	44.4	44.5	39.0	12.9	1,498
Shan (East)	73.2	64.9	65.5	64.0	56.4	10.7	456
Shan (South)	86.2	84.3	74.1	65.5	60.4	5.8	1,701
Ayeyarwaddy	90.1	83.9	71.6	81.5	65.7	7.3	3,075
Bago (East)	92.1	88.2	82.9	86.9	78.7	5.9	2,470
Bago (West)	94.6	91.2	85.6	86.3	79.6	5.1	1,697
Magwe	91.9	86.9	82.2	84.1	75.3	7.4	3,446
Mandalay	88.3	82.1	72.6	76.4	63.9	8.4	5,791
Sagaing	84.8	80.2	73.2	72.8	64.3	7.4	4,530
Tanintharyi	93.3	88.3	79.2	79.6	68.9	6.2	928
Yangon	89.5	83.4	75.6	76.6	66.7	9.9	5,967
Area							
Urban	89.9	83.7	74.3	75.6	64.5	8.6	12,011
Rural	85.7	80.4	72.9	75.6	65.2	8.2	26,070
Age							
15-19	87.1	81.0	72.2	74.3	63.1	9.0	5,984
20-24	87.0	81.2	73.0	75.0	64.4	8.7	5,988
25-29	87.7	82.2	74.3	76.6	66.3	8.0	6,179
30-34	88.1	82.0	74.3	76.9	66.0	7.9	5,787
35-39	87.3	82.1	73.4	76.1	65.4	8.3	5,579
40-44	86.6	81.1	74.3	75.8	65.6	8.0	4,900
45-49	84.5	79.9	71.6	74.1	64.1	8.6	3,663
Education							
None	55.5	49.1	43.8	45.8	37.2	17.2	2,542
Primary	86.1	80.7	72.9	77.0	66.1	8.8	15,010
Secondary +	92.4	86.6	78.1	78.6	68.0	6.8	19,492
Non-standard curriculum	78.4	74.5	64.6	71.9	60.1	9.0	1,037
Wealth index quintiles							
Poorest	80.2	73.3	65.2	70.5	58.1	10.8	7,035
Second	87.0	82.1	75.5	78.5	69.1	7.5	7,475
Middle	87.5	83.0	75.2	77.2	67.6	7.4	7,526
Fourth	89.8	84.8	76.1	78.3	67.9	7.7	7,792
Richest	90.0	83.3	74.1	73.2	62.1	8.5	8,253
Total	87.0	81.5	73.4	75.6	65.0	8.3	38,081

* MICS indicator 89

Table HA.5: Attitudes toward people living with HIV/AIDS

Percentage of women aged 15-49 years who have heard of AIDS who express a discriminatory attitude towards people living with HIV/AIDS, Myanmar, 2009-2010

	Per cent of women who:						
	Would not care for a family member who was sick with AIDS	If a family member had HIV would want to keep it a secret	Believe that a teacher with HIV should not be allowed to work	Would not buy food from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with none of the discriminatory statements*	Number of women who have heard of AIDS
State/Division							
Kachin	15.4	12.4	39.0	44.8	61.9	38.1	952
Kayah	9.1	10.7	30.1	38.5	52.2	47.8	190
Kayin	12.1	8.8	33.7	42.3	55.4	44.6	937
Chin	8.5	14.4	29.1	38.8	50.8	49.2	339
Mon	8.0	10.3	37.9	48.8	59.6	40.4	1,562
Rakhine	15.0	24.1	51.3	64.6	80.0	20.0	2,235
Shan (North)	14.4	12.9	35.5	49.7	59.7	40.3	998
Shan (East)	14.0	22.6	36.8	37.0	55.8	44.2	382
Shan (South)	21.1	7.9	31.8	40.8	60.1	39.9	1,566
Ayeyarwaddy	14.4	8.1	50.1	58.2	69.0	31.0	2,993
Bago (East)	14.3	12.8	54.7	61.0	73.2	26.8	2,421
Bago (West)	10.7	9.1	32.1	50.5	58.1	41.9	1,693
Magwe	7.1	7.7	43.8	57.0	67.3	32.7	3,423
Mandalay	12.9	12.8	47.7	61.9	73.2	26.8	5,600
Sagaing	10.0	9.9	46.6	61.9	70.2	29.8	4,180
Tanintharyi	13.8	8.9	34.3	41.0	56.7	43.3	924
Yangon	9.1	6.9	29.1	42.9	52.3	47.7	5,930
Area							
Urban	8.5	9.5	29.3	41.7	53.7	46.3	11,838
Rural	13.4	11.4	47.5	59.5	70.5	29.5	24,488
Age							
15-19	11.2	12.7	37.2	51.7	63.3	36.7	5,749
20-24	10.5	11.1	36.7	49.5	61.1	38.9	5,727
25-29	11.1	10.3	39.9	52.1	63.6	36.4	5,915
30-34	13.7	10.5	42.0	54.3	65.6	34.4	5,555
35-39	12.3	9.8	44.7	55.6	66.3	33.7	5,334
40-44	12.0	9.9	45.9	57.3	68.8	31.2	4,634
45-49	12.4	10.6	48.6	58.3	69.2	30.8	3,411
Education							
None	19.2	18.3	53.3	64.9	77.3	22.7	1,846
Primary	14.4	12.0	53.2	64.7	75.6	24.4	14,240
Secondary +	9.1	8.9	31.2	43.8	55.3	44.7	19,332
Non-standard curriculum	14.3	14.3	58.1	70.2	82.2	17.8	907
Wealth index quintiles							
Poorest	15.4	14.9	54.9	67.0	78.1	21.9	6,405
Second	13.3	9.5	50.6	62.3	72.3	27.7	7,063
Middle	12.2	11.4	43.8	56.1	67.4	32.6	7,144
Fourth	10.1	9.1	36.1	48.4	60.0	40.0	7,591
Richest	9.0	9.4	26.3	38.6	51.2	48.8	8,122
Total	11.8	10.7	41.6	53.7	65.1	34.9	36,325

* MICS indicator 86

Table HA.6: Knowledge of a facility for HIV testing

Percentage of women aged 15-49 years who know where to get an HIV test, percentage of women who have been tested and, of those tested the percentage who have been told the result, Myanmar, 2009-2010

	Know a place to get tested*	Have been tested**	Number of women	If tested, have been told result	Number of women who have been tested for HIV
State/Division					
Kachin	78.1	26.3	996	88.8	262
Kayah	61.8	17.0	205	89.2	35
Kayin	66.4	22.5	987	91.8	222
Chin	57.5	3.3	370	(90.0)	12
Mon	82.6	24.8	1,577	94.4	392
Rakhine	45.9	3.3	2,385	85.5	79
Shan (North)	49.2	11.6	1,498	93.3	174
Shan (East)	69.4	28.9	456	83.5	132
Shan (South)	81.1	18.2	1,701	91.0	310
Ayeyarwaddy	60.9	9.9	3,075	84.4	306
Bago (East)	76.4	13.8	2,470	85.3	342
Bago (West)	91.5	14.4	1,697	93.6	245
Magwe	73.9	8.8	3,446	72.9	302
Mandalay	57.8	14.1	5,791	88.6	817
Sagaing	71.6	9.4	4,530	85.2	424
Tanintharyi	83.8	16.0	928	88.9	148
Yangon	84.6	42.0	5,967	97.9	2,505
Area					
Urban	82.1	33.0	12,011	95.4	3,958
Rural	65.3	10.5	26,070	86.0	2,748
Age					
15-19	67.5	4.9	5,984	88.3	294
20-24	71.3	15.0	5,988	89.2	899
25-29	73.5	21.7	6,179	90.9	1,344
30-34	73.1	25.2	5,787	91.7	1,459
35-39	72.8	24.4	5,579	92.6	1,360
40-44	69.0	18.0	4,900	94.0	881
45-49	64.3	12.8	3,663	91.5	470
Education					
None	34.1	7.8	2,542	90.2	198
Primary	63.0	13.0	15,010	87.6	1,953
Secondary +	82.2	23.0	19,492	93.5	4,484
Non-standard curriculum	50.1	6.9	1,037	79.8	72
Wealth index quintiles					
Poorest	50.7	5.9	7,035	80.1	417
Second	65.6	10.6	7,475	84.8	795
Middle	71.5	13.9	7,526	88.8	1,048
Fourth	78.3	22.1	7,792	92.4	1,721
Richest	84.0	33.0	8,253	95.8	2,726
Total	70.6	17.6	38,081	91.5	6,706

* MICS indicator 87
** MICS indicator 88
(%) Figures in parenthesis indicate that the percentage or proportion is based on 25 to 49 unweighted cases only.

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Appendices

Appendix A. Sample Design

The major features of sample design are described in this appendix. Sample design features include target sample size, sample allocation, sample frame and listing, choice of domains, sampling stages, stratification, and the calculation of sample weights.

The primary objective of the sample design for the Myanmar Multiple Indicator Cluster Survey was to produce statistically reliable estimates of most indicators, at the national level, for urban and rural areas, and for the 17 states and divisions of the country: Kachin, Kayah, Kayin, Chin, Mon, Rakhine, Shan (North), Shan (East), Shan (South), Ayeyarwaddy, Bago (East), Bago (West), Magwe, Mandalay, Sagaing, Tanintharyi, and Yangon.

Although aiming to produce data for the national level, 10 townships in Ayeyarwaddy Division and four townships in Yangon Division affected by Cyclone Nargis in 2008 were excluded from the sampling frame. Moreover, five townships in Shan (North) State were removed from the sampling frame due to security concerns. Urban and rural areas in each state/division were defined as the sampling domains. A multi-stage, stratified probability proportional to size (PPS) cluster sampling design was adopted for the selection of the survey sample.

Sample Size and Sample Allocation

The target sample size for the Myanmar MICS was calculated as 29,250 households. For the calculation of the sample size, the key indicator used was the underweight prevalence among children under five years. The following formula was used to estimate the required sample size for these indicators:

$$n = \frac{[\,(1.96)^2\,(r)\,(1\text{-}r)\,(f)\,(1.1)]}{[\,(0.12r)^2\,(p)\,(n_h)\,]}$$

where

- n is the required sample size, expressed as number of households
- 1.96 is a factor to achieve the 95 per cent level of confidence
- r is the predicted or anticipated prevalence (coverage rate) of the indicator
- 1.1 is the factor necessary to raise the sample size by 10 per cent for non-response
- f is the shortened symbol for deff (design effect)
- 0.12r is the margin of error to be tolerated at the 95 per cent level of confidence, defined as 12 per cent of r (relative sampling error of r)
- p is the proportion of the total population upon which the indicator, r, is based
- n_h is the average household size.

For the calculation, r (underweight prevalence) was anticipated to be 31.8 per cent of under-five children. The value of deff (design effect) was taken as 1.5 based on the absence of any estimate from previous surveys, p (percentage of children aged 0-4 years in the total population) was taken as 11.8 per cent, and n_h (average household size) was taken as 4.5 person per household.

The resulting number of households from this exercise was 29,250 households. The average cluster size in the Myanmar MICS was determined as 30 households, based on a number of considerations,

including the budget available, and the time that would be needed per team to complete one cluster. Dividing the total number of households by the number of households per cluster, it was calculated that the selection of a total number of 975 clusters would be needed for the Myanmar MICS.

A compromise allocation procedure was adopted for allocation of 975 clusters to the 17 states and divisions. In each state/division, the clusters (primary sampling units) were distributed to urban and rural domains, proportional to the size of urban and rural populations in that state/division. Table SD.1 below shows the allocation of clusters to the sampling domains.

Sampling Frame and Selection of Clusters

The 2006 updated list of villages from the Population Department, Ministry of Population and Immigration was used as the sampling frame for the selection of clusters. In urban areas wards were defined as primary sampling units (PSUs), and in rural areas village tracts were defined as PSUs. Before sampling, wards and village tracts of 19 townships in Ayeyarwaddy, Yangon and Shan (North) were removed from the sampling frame. PSUs were selected from each of the sampling domains by using systematic PPS (probability proportional to size) sampling procedures. Within each village tract, one village was selected by simple random sampling.

During the fieldwork period 40 of the selected enumeration areas were not visited because they were considered inaccessible due to security concerns. These were replaced with other clusters of similar size. Substitution of selected clusters is, however, not a recommended MICS procedure. According to MICS standard protocol when sampled enumeration areas are not accessible, they should be abandoned without selecting replacement clusters. This is because the replacement clusters will not have been selected with the same probability of selection as the other clusters. The situation in these geographical areas might also systematically differ from the areas which were not possible to visit, which could introduce bias in the data. The geographical location of the 40 clusters which were not accessible was as follows:

1.	Kachin State	1 cluster
2.	Kayin State	3 clusters
3.	Rakhine State	1 cluster
4.	Shan (North) State	1 cluster
5.	Shan (East) State	19 clusters
6.	Shan (South) State	10 clusters
7.	Sagaing Division	1 cluster
8.	Tanintharyi Division	4 clusters

Listing and Mapping Activities, and Selection of Households

Since the sampling frame (the 2006 list of villages from the Population Department) was not up to date, the number of households in all selected clusters was updated in consultation with local village/ward authorities prior to the selection of households. For this purpose, survey teams visited each enumeration area and listed the occupied households one day ahead of field data collection. Survey teams were required to either obtain a map from the local authorities, or draw a map themselves, detailing all dwellings in the enumeration area. The map was then divided into segments of around 15 households. Two segments were selected at random by the field team, to make up a cluster of 30 households.

In instances where the field team did not succeed in drawing or obtaining a map, they made use of an alternative method of selection based on local administrative structures. In Myanmar all households are under the oversight of a structure of voluntary household leaders under the General Administration Department. Groups of around 10 households located close to each other share one 10 household leader, whose function is to perform simple administrative tasks and update administrative information on their assigned households, and 10 of these 10 household leaders are under the same 100 household leader. In spite of the title, because of the often unequal distribution of households in a village, a 100 household leader can be responsible for anything between 60 and 120 households.

With the alternative method of selecting households, field teams drew first the name of two 100 household leaders, attempting if possible, to select them from opposite sides of the village. Subsequently, from the area of responsibility of each of the two selected 100 household leaders, the name of one 10 household leader was drawn at random. Since 10 household leaders are only in charge of around 10 households, the remaining five households to make up a segment of 15, were taken from the neighbouring 10 household leader.

This alternative method of selection of households is similar to the method of mapping and segmenting in that the 10 households under one 10 household leader are located in a geographical cluster, which would correspond to the segments drawn on a map. It deviates from it in that the two-step selection of firstly two 100 household leaders and subsequently the two 10 household leaders means that the two selected segments would not be bordering each other, which would be possible with a random selection of segments. Secondly, the unequal number of households under the oversight of each 100 household leader gives different probability of selection for each household. Thirdly, as each 10 household leader is seldom in charge of as many as 15 households, the remaining five would have to be selected from the neighbouring one, but there may have been unequal practice as to how these remaining households were selected. It was not recorded in which enumeration areas this method was employed.

Calculation of Sample Weights

Weights for the Myanmar Multiple Indicator Cluster Survey sample were calculated for 34 strata, that is rural and urban areas of 17 states and divisions. It was not considered possible to calculate weights at cluster level, since some clusters were replaced with others, and it was hence difficult to calculate selection probabilities at cluster level.

The major component of the weight Wh is the reciprocal of the sampling fraction[13] employed in selecting the number of sample households in that particular sampling domain:

$$W_h = 1 / f_h$$

where the term *fh* refers to the sampling fraction at the *h-th* stratum.

A second component which has to be taken into account in the calculation of sample weights is the level of non-response for the household and individual interviews. The adjustment for household non-response is equal to the inverse value of:

HHRR = (Number of interviewed households in the cluster of two segments)/ (Number of occupied households listed in the cluster of two segments)

[13] the ratio of the sample size to the size of the stratum

After the completion of fieldwork, response rates were calculated for each sampling domain. These were used to adjust the sample weights calculated for each cluster. Response rates in the Myanmar Multiple Indicator Cluster Survey are shown in Table HH.1 in this report.

Similarly, the adjustment for non-response at the individual level (women and under-five children) is equal to the inverse value of:

WRR (or CRR) = Completed women's (or under-five's) questionnaires / Eligible women (or under-fives)

Numbers of eligible women and under-five children were obtained from the household listing in the Household Questionnaire in households where interviews were completed.

The unadjusted weights for the households were calculated by multiplying the above factors for each stratum. These weights were then standardized (or normalized), one purpose of which is to make the sum of the interviewed sample units equal the total sample size at the national level. Normalization is performed by multiplying the aforementioned unadjusted weights by the ratio of the number of completed households to the total unadjusted weighted number of households. A similar standardization procedure was followed in obtaining standardized weights for the women's and under-five's questionnaires. Adjusted (normalized) household weights varied between 0.12 for urban Kayah and 1.69 for rural Yangon in the 34 strata.

Sample weights were appended to all data sets and analyses were performed by weighting each household, woman or under-five with these sample weights.

Table SD.1: Allocation of Sample Clusters (Primary Sampling Units) to Sampling Domains

State/Division	Population (2006)			Number of Clusters		
	Urban	Rural	Total	Urban	Rural	Total
Kachin	390,383	851,838	1,242,221	13	29	42
Kayah	54,041	163,388	217,429	11	28	39
Kayin	186,086	1,253,205	1,439,291	7	36	43
Chin	92,132	367,755	459,887	7	32	39
Mon	588,641	1,551,544	2,140,185	15	36	51
Rakhine	397,989	2,275,395	2,673,384	8	45	53
Shan (North)	440,970	1,287,438	1,728,408	27	20	47
Shan (East)	150,752	682,942	833,694	10	30	40
Shan (South)	477,460	1,515,702	1,993,162	12	33	45
Ayeyarwaddy	785,586	4,932,806	5,718,392	17	80	97
Bago (East)	542,851	2,077,659	2,620,510	12	41	53
Bago (West)	356,491	1,504,974	1,861,465	9	39	48
Magwe	568,917	3,456,880	4,025,797	11	61	72
Mandalay	1,829,563	4,336,701	6,166,264	29	69	98
Sagaing	779,122	4,160,095	4,939,217	13	67	80
Tanintharyi	320,148	939,683	1,259,831	11	32	43
Yangon	4,339,618	1,776,091	6,115,709	65	20	85
Total	12,300,750	33,134,096	45,434,846	277	698	975

Table SD.2: Household, women's and children's weight by stratum

Stratum		Household weight	Women's weight	Children's weight
1	Kachin urban	0.584676	0.626422	0.642606
2	Kayah urban	0.117873	0.115179	0.125168
3	Kayin urban	0.548767	0.540066	0.582732
4	Chin urban	0.266573	0.257834	0.283072
5	Mon urban	0.877408	0.84557	0.931715
6	Rakhine urban	0.978817	0.943299	1.039401
7	Shan (N) urban	0.34079	0.334637	0.36533
8	Shan (E) urban	0.328862	0.319758	0.349216
9	Shan (S) urban	1.010818	0.989027	1.073383
10	Ayeyarwaddy urban	0.880582	0.859031	0.935085
11	Bago (E) urban	1.114329	1.166083	1.191875
12	Bago (W) urban	1.093989	1.060901	1.161701
13	Magwe urban	1.259927	1.238654	1.33791
14	Mandalay urban	1.444458	1.429496	1.533862
15	Sagaing urban	1.300732	1.273669	1.381241
16	Tanintharyi urban	0.556051	0.552178	0.590468
17	Yangon urban	1.678455	1.629351	1.783861
18	Kachin rural	0.559488	0.602735	0.602972
19	Kayah rural	0.126887	0.124454	0.134741
20	Kayin rural	0.656062	0.638543	0.698277
21	Chin rural	0.25215	0.245392	0.267757
22	Mon rural	0.868218	0.840017	0.921956
23	Rakhine rural	1.173048	1.131106	1.245654
24	Shan (N) rural	1.365951	1.330372	1.450497
25	Shan (E) rural	0.365621	0.354865	0.388251
26	Shan (S) rural	1.025722	0.991642	1.089209
27	Ayeyarwaddy rural	0.891463	0.871573	0.947424
28	Bago (E) rural	1.153596	1.174789	1.23041
29	Bago (W) rural	1.082739	1.046664	1.149754
30	Magwe rural	1.241853	1.214375	1.318717
31	Mandalay rural	1.447675	1.475274	1.537279
32	Sagaing rural	1.37269	1.391385	1.463194
33	Tanintharyi rural	0.582751	0.573387	0.621803
34	Yangon rural	1.689373	1.64073	1.793936

Appendix B. List of Personnel Involved in the Survey

MICS STEERING COMMITTEE

1.	Director General Planning Department Ministry of National Planning and Economic Development	Chair
2.	Director General Foreign Economic Relations Department Ministry of National Planning and Economic Development	Member
3.	Deputy Director General (Public Health) Department of Health Ministry of Health	Member
4.	Deputy Director General (Disease Control) Department of Health Ministry of Health	Member
5.	Deputy Director General Department of Educational Planning and Training Ministry of Education	Member
6.	Deputy Director General Central Statistical Organization Ministry of National Planning and Economic Development	Member
7.	Deputy Director General Department of Population Ministry of Immigration and Population	Member
8.	Deputy Director General Department of Progress of Border Area and National Races and Development Affairs Ministry of Progress of Border Areas and National Races	Member
9.	Deputy Director General Department of Social Welfare Ministry of Social Welfare, Relief and Resettlement	Member
10.	Deputy Director General Department of Medical Research (Central Myanmar) Ministry of Health	Member
11.	Deputy Director General General Administrative Department Ministry of Home Affairs	Member

12.	Representative Myanmar Maternal and Child Welfare Association	Member
13.	Representative Myanmar Red Cross Society	Member
14.	Deputy Director General Department of Health Planning Ministry of Health	Secretary
15.	Deputy Director General Planning Department Ministry of National Planning and Economic Development	Joint Secretary

MICS WORKING COMMITTEE

1.	Deputy Director General Department of Health Planning Ministry of Health	Chair
2.	Director (Public Health) Department of Health Ministry of Health	Member
3.	Director (Disease Control) Department of Health Ministry of Health	Member
4.	Director Central Statistical Organization Ministry of National Planning and Economic Development	Member
5.	Deputy Director Department of Population Ministry of Immigration and Population	Member
6.	Director Department of Progress of Border Area and National Races and Development Affairs Ministry of Progress of Border Areas and National Races	Member
7.	Director (Health Information) Department of Health Planning Ministry of Health	Member
8.	Director Department of Health Planning Ministry of Health	Member
9.	Deputy Director (Maternal Health) Department of Health Ministry of Health	Member
10.	Deputy Director (Child Health) Department of Health Ministry of Health	Member
11.	Deputy Director (Nutrition) Department of Health Ministry of Health	Member

12.	Deputy Director (Environmental Sanitation) Department of Health Ministry of Health	Member
13.	Deputy Director (Malaria) Department of Health Ministry of Health	Member
14.	Deputy Director (CEU) Department of Health Ministry of Health	Member
15.	Deputy Director (HIV/ AIDS) Department of Health Ministry of Health	Member
16.	Deputy Director (EPI) Department of Health Ministry of Health	Member
17.	Deputy Director Department of Educational Planning and Training Ministry of Education	Member
18.	Staff Officer General Administrative Department Ministry of Home Affairs	Member
19.	Director Planning Department Ministry of National Planning and Economic Development	Secretary
20.	Director Department of Health Planning Department of Medical Research (Central Myanmar) Ministry of Health	Joint Secretary

Appendix C. Estimates of Sampling Errors

The sample of respondents selected in the Myanmar Multiple Indicator Cluster Survey is only one of the samples that could have been selected from the same population, using the same design and size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey results.

The following sampling error measures are presented in this appendix for each of the selected indicators:

- Standard error (*se*): Sampling errors are usually measured in terms of standard errors for particular indicators (means, proportions etc). Standard error is the square root of the variance. The Taylor linearization method is used for the estimation of standard errors.
- Coefficient of variation (*se/r*) is the ratio of the standard error to the value of the indicator
- Design effect (*deff*) is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling. The square root of the design effect (*deft*) is used to show the efficiency of the sample design. A *deft* value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a *deft* value above 1.0 indicates the increase in the standard error due to the use of a more complex sample design.
- Confidence limits are calculated to show the interval within which the true value for the population can be reasonably assumed to fall. For any given statistic calculated from the survey, the value of that statistic will fall within a range of plus or minus two times the standard error (p + 2.se or p – 2.se) of the statistic in 95 per cent of all possible samples of identical size and design.

For the calculation of sampling errors from MICS data, SPSS Version 18 Complex Samples module has been used. The results are shown in the tables that follow. In addition to the sampling error measures described above, the tables also include weighted and unweighted counts of denominators for each indicator.

Sampling errors are calculated for indicators of primary interest, for the national total, for the states and divisions, and for urban and rural areas. Ten of the selected indicators are based on household members, 11 are based on women, and 10 are based on children under five. All indicators presented here are in the form of proportions. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.21 show the calculated sampling errors.

Table SE.1: Indicators selected for sampling error calculations

List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, Myanmar, 2009-2010

	MICS Indicator	Base Population
	HOUSEHOLD MEMBERS	
11	Use of improved drinking water sources	All household members
12	Access to improved sanitation facilities	All household members
13	Water treatment	All household members
52	Pre-school attendance	Children aged 36-59 months
53	School readiness	Children aged 5 who are in grade one
55	Net primary school attendance rate	Children of primary school age
56	Net secondary school attendance rate	Children of secondary school age
59	Net primary completion rate	Children of primary school completion age
78	Children's living arrangement (not living with a biological parent)	Children aged under 18
75	Prevalence of orphans	Children aged under 18
	WOMEN	
45	Timely initiation of breastfeeding	Ever-married women aged 15-49 years with a live birth in the last two years
32	Neonatal tetanus protection	Ever-married women aged 15-49 years with a live birth in the last two years
4	Skilled attendant at delivery	Ever-married women aged 15-49 years with a live birth in the last two years
20	Antenatal care	Ever-married women aged 15-49 years with a live birth in the last two years
21	Contraceptive prevalence	Ever-married women aged 15-49
60	Young female literacy	Women aged 15-24 years
68	Young women 15-19 currently married	Women aged 15-19 years
82	Comprehensive knowledge about HIV prevention among young people	Women aged 15-24 years
86	Attitude towards people with HIV/AIDS	Women aged 15-49 years
88	Women who have been tested for HIV	Women aged 15-49 years
89	Knowledge of mother- to-child transmission of HIV	Women aged 15-49 years
	UNDER-5s	
6	Underweight prevalence (NCHS standard)	Children under age 5
6	Underweight prevalence (WHO standard)	Children under age 5
42	Children's vitamin A supplement	Children aged 6-59 months
15	Exclusive breastfeeding	Infants aged 0-5 months
-	Acute respiratory infection in last two weeks	Children under age 5
22	Antibiotic treatment of suspected pneumonia	Children under age 5 with suspected pneumonia in the last two weeks
-	Diarrhoea in last two weeks	Children under age 5
35	Received ORT or increased fluids and continued feeding	Children under age 5 with diarrhoea in the last two weeks
46	Support for learning	Children under age 5
62	Birth registration	Children under age 5

Table SE.2: Sampling errors: National sample

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.823	0.009	0.010	14.841	3.852	141,269	29,238	0.805	0.840
Access to improved sanitation facilities	EN.5	0.846	0.006	0.007	7.279	2.698	141,269	29,238	0.835	0.857
Household water treatment	EN.2	0.345	0.006	0.018	4.814	2.194	141,269	29,238	0.333	0.357
Pre-school attendance	ED.1	0.229	0.008	0.037	2.397	1.548	5,980	5,968	0.212	0.246
School readiness	ED.1	0.398	0.014	0.034	1.048	1.024	1,276	1,374	0.371	0.425
Net primary school attendance rate	ED.3	0.902	0.004	0.005	3.266	1.807	14,364	15,287	0.893	0.911
Net secondary school attendance rate	ED.4	0.583	0.007	0.012	3.317	1.821	15,733	16,538	0.569	0.597
Primary completion rate	ED.6	0.542	0.011	0.021	1.556	1.247	2,887	3,022	0.519	0.564
Children not living with a biological parent	CP.3	0.054	0.002	0.029	2.540	1.594	50,054	52,942	0.051	0.057
Prevalence of orphans	CP.3	0.066	0.002	0.030	3.343	1.828	50,054	52,942	0.062	0.070
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.758	0.007	0.009	1.825	1.351	6,028	6,489	0.743	0.772
Neonatal tetanus protection	CH.3	0.918	0.006	0.006	2.724	1.651	6,028	6,489	0.907	0.930
Skilled attendant at delivery	RH.4	0.706	0.010	0.015	3.422	1.850	6,032	6,493	0.685	0.727
Antenatal care	RH.2	0.831	0.009	0.010	3.402	1.844	6,032	6,493	0.814	0.848
Contraceptive prevalence	RH.1	0.460	0.005	0.011	2.354	1.534	23,070	23,593	0.450	0.470
Young female literacy	ED.8	0.878	0.005	0.006	3.362	1.834	11,972	12,108	0.867	0.889
Young women 15-19 years currently married	CP.2	0.074	0.004	0.058	1.642	1.281	5,984	6,126	0.066	0.083
Comprehensive knowledge about HIV prevention among young people	HA.3	0.318	0.006	0.020	2.164	1.471	11,972	12,108	0.306	0.331
Attitude towards people with HIV/AIDS	HA.5	0.349	0.005	0.013	3.465	1.861	36,325	36,136	0.340	0.359
Women who have been tested for HIV	HA.6	0.176	0.003	0.019	2.844	1.686	38,081	38,081	0.170	0.183
Knowledge of mother- to-child transmission of HIV	HA.4	0.650	0.004	0.007	3.218	1.794	38,081	38,081	0.641	0.659

Table SE.2: Sampling errors: National sample (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.280	0.005	0.019	2.105	1.451	14,821	14,865	0.269	0.291
Underweight prevalence (WHO standard)	NU.1	0.226	0.005	0.022	2.116	1.455	15,430	15,443	0.216	0.235
Children's vitamin A supplement	NU.5	0.559	0.008	0.014	3.312	1.820	13,993	14,009	0.544	0.575
Exclusive breastfeeding up to six months	NU.3	0.236	0.010	0.042	0.825	0.908	1,546	1,530	0.216	0.256
Acute respiratory infection in last two weeks	CH.6	0.026	0.002	0.063	1.626	1.275	15,539	15,539	0.022	0.029
Antibiotic treatment of suspected pneumonia	CH.7	0.342	0.014	0.042	0.424	0.651	397	460	0.313	0.371
Diarrhoea in last two weeks	CH.4	0.067	0.002	0.037	1.523	1.234	15,539	15,539	0.062	0.072
Received ORT or increased fluids and continued feeding	CH.5	0.503	0.015	0.030	1.015	1.007	1,043	1,145	0.473	0.532
Support for learning	CD.1	0.579	0.006	0.010	2.220	1.490	15,539	15,539	0.568	0.591
Birth registration	CP.1	0.724	0.008	0.011	5.235	2.288	15,539	15,539	0.708	0.741

Table SE.3: Sampling errors: Urban area

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.932	0.010	0.011	13.053	3.613	42,339	8,331	0.912	0.952
Access to improved sanitation facilities	EN.5	0.944	0.008	0.008	9.514	3.084	42,339	8,331	0.929	0.960
Household water treatment	EN.2	0.390	0.011	0.029	4.575	2.139	42,339	8,331	0.367	0.413
Pre-school attendance	ED.1	0.391	0.018	0.046	2.231	1.494	1,802	1,661	0.356	0.427
School readiness	ED.1	0.528	0.026	0.050	1.084	1.041	373	393	0.475	0.580
Net primary school attendance rate	ED.3	0.930	0.007	0.007	2.927	1.711	3,874	3,967	0.916	0.944
Net secondary school attendance rate	ED.4	0.760	0.011	0.015	3.073	1.753	4,149	4,276	0.737	0.783
Primary completion rate	ED.6	0.666	0.022	0.033	1.704	1.306	770	781	0.622	0.710
Children not living with a biological parent	CP.3	0.067	0.003	0.049	2.379	1.542	13,860	14,004	0.060	0.073
Prevalence of orphans	CP.3	0.072	0.004	0.051	2.834	1.683	13,860	14,004	0.065	0.079
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.813	0.011	0.013	1.374	1.172	1,733	1,750	0.791	0.835
Neonatal tetanus protection	CH.3	0.946	0.007	0.007	1.624	1.275	1,733	1,750	0.932	0.960
Skilled attendant at delivery	RH.4	0.896	0.011	0.012	2.136	1.462	1,734	1,751	0.874	0.917
Antenatal care	RH.2	0.950	0.007	0.007	1.787	1.337	1,734	1,751	0.936	0.963
Contraceptive prevalence	RH.1	0.513	0.008	0.015	1.558	1.248	6,983	6,841	0.498	0.528
Young female literacy	ED.8	0.949	0.007	0.007	3.088	1.757	3,558	3,455	0.936	0.962
Young women 15-19 years currently married	CP.2	0.051	0.007	0.129	1.531	1.237	1,748	1,700	0.038	0.065
Comprehensive knowledge about HIV prevention among young people	HA.3	0.421	0.012	0.029	2.073	1.440	3,558	3,455	0.397	0.445
Attitude towards people with HIV/AIDS	HA.5	0.463	0.008	0.017	2.903	1.704	11,838	11,291	0.447	0.479
Women who have been tested for HIV	HA.6	0.330	0.008	0.024	3.272	1.809	12,011	11,568	0.314	0.345
Knowledge of mother- to-child transmission of HIV	HA.4	0.645	0.008	0.012	3.235	1.799	12,011	11,568	0.629	0.661

Table SE.3: Sampling errors: Urban area (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.235	0.009	0.036	1.634	1.278	4,399	4,057	0.218	0.252
Underweight prevalence (WHO standard)	NU.1	0.187	0.008	0.041	1.623	1.274	4,545	4,199	0.172	0.203
Children's vitamin A supplement	NU.5	0.512	0.012	0.024	2.273	1.508	4,143	3,814	0.487	0.536
Exclusive breastfeeding up to six months	NU.3	0.208	0.016	0.078	0.678	0.823	449	424	0.176	0.241
Acute respiratory infection in last two weeks	CH.6	0.024	0.003	0.121	1.525	1.235	4,593	4,238	0.018	0.030
Antibiotic treatment of suspected pneumonia	CH.7	0.348	0.027	0.079	0.406	0.637	109	123	0.293	0.403
Diarrhoea in last two weeks	CH.4	0.066	0.005	0.072	1.568	1.252	4,593	4,238	0.056	0.076
Received ORT or increased fluids and continued feeding	CH.5	0.573	0.032	0.055	1.155	1.075	303	284	0.510	0.637
Support for learning	CD.1	0.712	0.011	0.016	2.624	1.620	4,593	4,238	0.690	0.735
Birth registration	CP.1	0.935	0.006	0.006	2.559	1.600	4,593	4,238	0.923	0.948

Table SE.4: Sampling errors: Rural area

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.776	0.012	0.015	16.025	4.003	98,930	20,907	0.753	0.799
Access to improved sanitation facilities	EN.5	0.804	0.007	0.009	7.362	2.713	98,930	20,907	0.789	0.819
Household water treatment	EN.2	0.326	0.007	0.022	4.956	2.226	98,930	20,907	0.311	0.340
Pre-school attendance	ED.1	0.159	0.009	0.058	2.724	1.650	4,178	43,07	0.141	0.177
School readiness	ED.1	0.344	0.015	0.045	1.024	1.012	904	981	0.313	0.375
Net primary school attendance rate	ED.3	0.892	0.005	0.006	3.366	1.835	10,491	11,320	0.881	0.903
Net secondary school attendance rate	ED.4	0.520	0.008	0.016	3.478	1.865	11,584	12,262	0.503	0.536
Primary completion rate	ED.6	0.496	0.013	0.026	1.535	1.239	2,117	2,241	0.470	0.522
Children not living with a biological parent	CP.3	0.050	0.002	0.036	2.612	1.616	36,194	38,938	0.046	0.053
Prevalence of orphans	CP.3	0.064	0.002	0.037	3.559	1.887	36,194	38,938	0.059	0.068
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.735	0.009	0.012	2.019	1.421	4,294	4,739	0.717	0.754
Neonatal tetanus protection	CH.3	0.907	0.007	0.008	3.041	1.744	4,294	4,739	0.893	0.922
Skilled attendant at delivery	RH.4	0.629	0.014	0.022	3.873	1.968	4,298	4,742	0.602	0.657
Antenatal care	RH.2	0.783	0.012	0.015	3.709	1.926	4,298	4,742	0.760	0.806
Contraceptive prevalence	RH.1	0.437	0.006	0.014	2.729	1.652	16,087	16,752	0.425	0.450
Young female literacy	ED.8	0.849	0.007	0.008	3.494	1.869	8,414	8,653	0.834	0.863
Young women 15-19 years currently married	CP.2	0.084	0.005	0.065	1.690	1.300	4,236	4,426	0.073	0.094
Comprehensive knowledge about HIV prevention among young people	HA.3	0.275	0.007	0.026	2.264	1.505	8,414	8,653	0.260	0.289
Attitude towards people with HIV/AIDS	HA.5	0.295	0.006	0.019	3.911	1.978	24,488	24,845	0.283	0.306
Women who have been tested for HIV	HA.6	0.105	0.003	0.030	2.818	1.679	26,070	26,513	0.099	0.112
Knowledge of mother-to-child transmission of HIV	HA.4	0.652	0.005	0.008	3.205	1.790	26,070	26,513	0.642	0.663

Table SE.4: Sampling errors: Rural area (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.299	0.007	0.022	2.268	1.506	10,421	10,808	0.286	0.312
Underweight prevalence (WHO standard)	NU.1	0.242	0.006	0.025	2.309	1.519	10,885	11,244	0.229	0.254
Children's vitamin A supplement	NU.5	0.579	0.010	0.017	3.840	1.960	9,849	10,195	0.560	0.598
Exclusive breastfeeding up to six months	NU.3	0.248	0.012	0.049	0.886	0.941	1,096	1106	0.223	0.272
Acute respiratory infection in last two weeks	CH.6	0.026	0.002	0.074	1.670	1.292	10,946	11301	0.022	0.030
Antibiotic treatment of suspected pneumonia	CH.7	0.340	0.017	0.050	0.431	0.657	288	337	0.306	0.374
Diarrhoea in last two weeks	CH.4	0.068	0.003	0.043	1.497	1.224	10,946	11,301	0.062	0.073
Received ORT or increased fluids and continued feeding	CH.5	0.474	0.017	0.035	0.974	0.987	740	861	0.440	0.507
Support for learning	CD.1	0.524	0.007	0.013	2.167	1.472	10,946	11,301	0.510	0.538
Birth registration	CP.1	0.635	0.011	0.017	6.007	2.451	10,946	11,301	0.613	0.658

Table SE.5: Sampling errors: Kachin State

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.893	0.025	0.028	7.963	2.822	4,034	1,258	0.843	0.942
Access to improved sanitation facilities	EN.5	0.921	0.016	0.018	4.677	2.163	4,034	1,258	0.889	0.954
Household water treatment	EN.2	0.475	0.031	0.065	4.784	2.187	4,034	1,258	0.413	0.536
Pre-school attendance	ED.1	0.346	0.041	0.117	2.694	1.641	229	372	0.265	0.428
School readiness	ED.1	0.869	0.032	0.037	0.735	0.858	47	83	0.805	0.933
Net primary school attendance rate	ED.3	0.958	0.007	0.007	0.920	0.959	492	868	0.944	0.971
Net secondary school attendance rate	ED.4	0.679	0.029	0.043	3.381	1.839	484	852	0.620	0.738
Primary completion rate	ED.6	0.602	0.049	0.082	1.539	1.241	87	153	0.503	0.700
Children not living with a biological parent	CP.3	0.051	0.005	0.098	1.522	1.234	1,658	2,924	0.041	0.062
Prevalence of orphans	CP.3	0.084	0.006	0.068	1.220	1.105	1,658	2,924	0.072	0.095
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.836	0.022	0.027	1.413	1.189	238	390	0.792	0.881
Neonatal tetanus protection	CH.3	0.949	0.011	0.011	0.879	0.937	238	390	0.928	0.970
Skilled attendant at delivery	RH.4	0.604	0.048	0.080	3.814	1.953	238	390	0.507	0.701
Antenatal care	RH.2	0.773	0.038	0.049	3.168	1.780	238	390	0.698	0.849
Contraceptive prevalence	RH.1	0.387	0.025	0.065	2.983	1.727	690	1,132	0.337	0.437
Young female literacy	ED.8	0.964	0.008	0.008	0.956	0.978	321	525	0.948	0.980
Young women 15-19 years currently married	CP.2	0.108	0.021	0.200	1.194	1.093	153	250	0.065	0.150
Comprehensive knowledge about HIV prevention among young people	HA.3	0.277	0.022	0.078	1.235	1.111	321	525	0.233	0.320
Attitude towards people with HIV/AIDS	HA.5	0.381	0.018	0.046	2.042	1.429	952	1,559	0.346	0.417
Women who have been tested for HIV	HA.6	0.263	0.017	0.064	2.353	1.534	996	1,631	0.230	0.296
Knowledge of mother- to-child transmission of HIV	HA.4	0.651	0.016	0.025	1.897	1.377	996	1,631	0.619	0.684

Table SE.5: Sampling errors: Kachin State (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.179	0.014	0.076	1.129	1.062	546	890	0.151	0.206
Underweight prevalence (WHO standard)	NU.1	0.130	0.013	0.099	1.354	1.163	564	919	0.104	0.156
Children's vitamin A supplement	NU.5	0.728	0.051	0.070	10.689	3.269	507	825	0.627	0.830
Exclusive breastfeeding up to six months	NU.3	0.406	0.048	0.119	0.992	0.996	64	104	0.309	0.502
Diarrhoea in last two weeks	CH.4	0.107	0.011	0.099	1.096	1.047	570	929	0.086	0.128
Received ORT or increased fluids and continued feeding	CH.5	0.392	0.055	0.140	1.252	1.119	61	100	0.282	0.502
Support for learning	CD.1	0.648	0.024	0.037	2.352	1.534	570	929	0.600	0.696
Birth registration	CP.1	0.837	0.028	0.033	5.352	2.313	570	929	0.781	0.893

Table SE.6: Sampling errors: Kayah State

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.696	0.051	0.073	14.258	3.776	834	1,170	0.595	0.798
Access to improved sanitation facilities	EN.5	0.812	0.019	0.024	2.847	1.687	834	1,170	0.774	0.851
Household water treatment	EN.2	0.843	0.034	0.040	10.022	3.166	834	1,170	0.776	0.910
Pre-school attendance	ED.1	0.607	0.045	0.074	3.397	1.843	53	400	0.517	0.697
School readiness	ED.1	0.742	0.072	0.097	3.318	1.822	15	124	0.598	0.885
Net primary school attendance rate	ED.3	0.953	0.010	0.010	2.070	1.439	119	953	0.933	0.972
Net secondary school attendance rate	ED.4	0.699	0.033	0.047	4.700	2.168	113	906	0.633	0.765
Primary completion rate	ED.6	0.584	0.055	0.094	2.076	1.441	21	167	0.474	0.694
Children not living with a biological parent	CP.3	0.023	0.005	0.220	3.717	1.928	408	3,270	0.013	0.033
Prevalence of orphans	CP.3	0.050	0.007	0.142	3.486	1.867	408	3,270	0.036	0.064
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.713	0.036	0.050	3.017	1.737	59	480	0.641	0.784
Neonatal tetanus protection	CH.3	0.935	0.012	0.013	1.144	1.070	59	480	0.910	0.959
Skilled attendant at delivery	RH.4	0.645	0.029	0.045	1.786	1.336	59	480	0.587	0.704
Antenatal care	RH.2	0.862	0.025	0.029	2.587	1.608	59	480	0.812	0.913
Contraceptive prevalence	RH.1	0.323	0.022	0.069	2.598	1.612	139	1,142	0.278	0.367
Young female literacy	ED.8	0.907	0.013	0.015	1.196	1.094	68	558	0.880	0.934
Young women 15-19 years currently married	CP.2	0.078	0.019	0.244	1.419	1.191	34	282	0.040	0.116
Comprehensive knowledge about HIV prevention among young people	HA.3	0.511	0.033	0.065	2.452	1.566	68	558	0.445	0.578
Attitude towards people with HIV/AIDS	HA.5	0.478	0.021	0.043	2.646	1.627	190	1,565	0.437	0.519
Women who have been tested for HIV	HA.6	0.170	0.011	0.064	1.415	1.190	205	1,685	0.148	0.192
Knowledge of mother- to-child transmission of HIV	HA.4	0.741	0.021	0.029	3.930	1.982	205	1,685	0.699	0.783

Table SE.6: Sampling errors: Kayah State (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.204	0.014	0.068	1.295	1.138	144	1,083	0.176	0.232
Underweight prevalence (WHO standard)	NU.1	0.146	0.010	0.070	0.909	0.954	145	1,094	0.126	0.166
Children's vitamin A supplement	NU.5	0.832	0.036	0.043	9.137	3.023	131	991	0.760	0.904
Exclusive breastfeeding up to six months	NU.3	0.240	0.050	0.210	1.458	1.207	14	106	0.139	0.340
Diarrhoea in last two weeks	CH.4	0.097	0.013	0.133	2.092	1.446	145	1,097	0.071	0.123
Received ORT or increased fluids and continued feeding	CH.5	0.545	0.043	0.080	0.799	0.894	14	106	0.458	0.632
Support for learning	CD.1	0.600	0.023	0.038	2.319	1.523	145	1,097	0.555	0.646
Birth registration	CP.1	0.865	0.024	0.027	5.182	2.276	145	1,097	0.818	0.912

Table SE.7: Sampling errors: Kayin State

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.511	0.039	0.077	8.015	2.831	4,142	1,290	0.432	0.590
Access to improved sanitation facilities	EN.5	0.736	0.029	0.039	5.404	2.325	4,142	1,290	0.678	0.793
Household water treatment	EN.2	0.269	0.018	0.068	2.193	1.481	4,142	1,290	0.233	0.306
Pre-school attendance	ED.1	0.251	0.045	0.178	3.543	1.882	228	335	0.162	0.341
School readiness	ED.1	0.164	0.047	0.287	1.327	1.152	53	83	0.070	0.259
Net primary school attendance rate	ED.3	0.945	0.012	0.013	2.261	1.504	493	765	0.920	0.970
Net secondary school attendance rate	ED.4	0.593	0.038	0.064	4.604	2.146	503	782	0.518	0.668
Primary completion rate	ED.6	0.492	0.064	0.131	2.468	1.571	97	150	0.363	0.620
Children not living with a biological parent	CP.3	0.117	0.010	0.089	2.969	1.723	1,820	2,836	0.096	0.138
Prevalence of orphans	CP.3	0.039	0.006	0.148	2.539	1.593	1,820	2,836	0.028	0.051
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.884	0.015	0.017	1.027	1.013	289	465	0.854	0.914
Neonatal tetanus protection	CH.3	0.942	0.011	0.011	0.980	0.990	289	465	0.920	0.963
Skilled attendant at delivery	RH.4	0.687	0.051	0.074	5.607	2.368	290	467	0.585	0.789
Antenatal care	RH.2	0.850	0.033	0.038	3.883	1.971	290	467	0.784	0.915
Contraceptive prevalence	RH.1	0.360	0.021	0.060	2.251	1.500	702	1,129	0.318	0.403
Young female literacy	ED.8	0.865	0.024	0.028	2.438	1.561	300	483	0.816	0.914
Young women 15-19 years currently married	CP.2	0.063	0.016	0.260	1.090	1.044	151	242	0.030	0.095
Comprehensive knowledge about HIV prevention among young people	HA.3	0.262	0.024	0.091	1.422	1.192	300	483	0.214	0.309
Attitude towards people with HIV/AIDS	HA.5	0.446	0.021	0.048	2.743	1.656	937	1,511	0.404	0.488
Women who have been tested for HIV	HA.6	0.225	0.014	0.061	1.736	1.318	987	1,590	0.197	0.253
Knowledge of mother- to-child transmission of HIV	HA.4	0.582	0.019	0.032	2.292	1.514	987	1,590	0.544	0.619

Table SE.7: Sampling errors: Kayin State (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.206	0.017	0.081	1.703	1.305	685	1,008	0.173	0.239
Underweight prevalence (WHO standard)	NU.1	0.151	0.014	0.093	1.586	1.260	700	1,030	0.123	0.179
Children's vitamin A supplement	NU.5	0.848	0.017	0.020	2.100	1.449	628	922	0.814	0.882
Exclusive breastfeeding up to six months	NU.3	0.094	0.025	0.269	0.806	0.898	73	109	0.043	0.144
Diarrhoea in last two weeks	CH.4	0.077	0.008	0.109	1.028	1.014	701	1,031	0.060	0.094
Received ORT or increased fluids and continued feeding	CH.5	0.529	0.043	0.080	0.575	0.758	54	80	0.444	0.614
Support for learning	CD.1	0.588	0.023	0.039	2.199	1.483	701	1,031	0.542	0.633
Birth registration	CP.1	0.827	0.023	0.028	3.851	1.962	701	1,031	0.780	0.873

Table SE.8: Sampling errors: Chin State

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.865	0.010	0.011	0.990	0.995	1696	1,169	0.845	0.885
Access to improved sanitation facilities	EN.5	0.869	0.022	0.025	4.971	2.230	1696	1,169	0.825	0.913
Household water treatment	EN.2	0.832	0.018	0.022	2.835	1.684	1696	1,169	0.796	0.869
Pre-school attendance	ED.1	0.327	0.058	0.177	6.017	2.453	107	395	0.211	0.443
School readiness	ED.1	0.802	0.054	0.068	1.467	1.211	21	80	0.693	0.910
Net primary school attendance rate	ED.3	0.892	0.012	0.013	1.347	1.161	233	917	0.868	0.915
Net secondary school attendance rate	ED.4	0.637	0.026	0.041	2.995	1.731	254	997	0.584	0.690
Primary completion rate	ED.6	0.481	0.066	0.137	3.077	1.754	46	179	0.349	0.612
Children not living with a biological parent	CP.3	0.020	0.003	0.128	1.067	1.033	802	3,155	0.015	0.026
Prevalence of orphans	CP.3	0.073	0.007	0.098	2.396	1.548	802	3,155	0.059	0.087
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.882	0.016	0.018	0.799	0.894	85	346	0.851	0.913
Neonatal tetanus protection	CH.3	0.764	0.037	0.049	2.651	1.628	85	346	0.690	0.839
Skilled attendant at delivery	RH.4	0.389	0.056	0.144	4.561	2.136	85	346	0.277	0.502
Antenatal care	RH.2	0.500	0.056	0.112	4.333	2.082	85	346	0.388	0.612
Contraceptive prevalence	RH.1	0.078	0.013	0.163	2.016	1.420	223	901	0.052	0.103
Young female literacy	ED.8	0.780	0.021	0.027	1.546	1.243	145	588	0.738	0.823
Young women 15-19 years currently married	CP.2	0.073	0.013	0.176	0.831	0.912	85	343	0.047	0.098
Comprehensive knowledge about HIV prevention among young people	HA.3	0.251	0.033	0.131	3.360	1.833	145	588	0.186	0.317
Attitude towards people with HIV/AIDS	HA.5	0.492	0.030	0.061	4.849	2.202	339	1,366	0.433	0.552
Women who have been tested for HIV	HA.6	0.033	0.007	0.211	2.292	1.514	370	1,494	0.019	0.048
Knowledge of mother- to-child transmission of HIV	HA.4	0.490	0.029	0.060	5.130	2.265	370	1,494	0.432	0.549

Table SE.8: Sampling errors: Chin State (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.358	0.025	0.069	2.363	1.537	240	889	0.308	0.407
Underweight prevalence (WHO standard)	NU.1	0.307	0.021	0.067	1.845	1.358	249	923	0.266	0.348
Children's vitamin A supplement	NU.5	0.340	0.035	0.104	4.677	2.163	228	846	0.269	0.410
Exclusive breastfeeding up to six months	NU.3	0.254	0.059	0.233	1.436	1.198	21	79	0.136	0.372
Diarrhoea in last two weeks	CH.4	0.131	0.014	0.110	1.671	1.293	250	925	0.102	0.159
Received ORT or increased fluids and continued feeding	CH.5	0.463	0.044	0.096	0.952	0.976	33	121	0.374	0.552
Support for learning	CD.1	0.542	0.018	0.034	1.258	1.122	250	925	0.505	0.579
Birth registration	CP.1	0.244	0.027	0.111	3.717	1.928	250	925	0.190	0.299

Table SE.9: Sampling errors: Mon State

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.863	0.020	0.023	5.307	2.304	6,390	1,530	0.823	0.904
Access to improved sanitation facilities	EN.5	0.912	0.017	0.019	5.802	2.409	6,390	1,530	0.877	0.947
Household water treatment	EN.2	0.658	0.029	0.044	5.796	2.408	6,390	1,530	0.599	0.716
Pre-school attendance	ED.1	0.132	0.025	0.187	1.532	1.238	268	290	0.082	0.181
School readiness	ED.1	0.160	0.031	0.192	0.695	0.833	87	100	0.099	0.222
Net primary school attendance rate	ED.3	0.938	0.010	0.011	1.619	1.272	744	855	0.917	0.959
Net secondary school attendance rate	ED.4	0.554	0.033	0.060	4.027	2.007	789	906	0.488	0.621
Primary completion rate	ED.6	0.560	0.033	0.060	0.785	0.886	152	175	0.493	0.627
Children not living with a biological parent	CP.3	0.187	0.013	0.071	3.201	1.789	2,395	2,751	0.160	0.213
Prevalence of orphans	CP.3	0.068	0.005	0.071	1.009	1.004	2,395	2,751	0.058	0.078
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.916	0.018	0.019	1.087	1.043	230	273	0.881	0.951
Neonatal tetanus protection	CH.3	0.989	0.006	0.006	0.911	0.954	230	273	0.977	1.000
Skilled attendant at delivery	RH.4	0.817	0.050	0.062	4.621	2.150	230	273	0.716	0.918
Antenatal care	RH.2	0.967	0.016	0.016	2.131	1.460	230	273	0.936	0.999
Contraceptive prevalence	RH.1	0.456	0.020	0.044	1.859	1.364	956	1,136	0.416	0.496
Young female literacy	ED.8	0.878	0.019	0.021	1.865	1.366	476	565	0.840	0.916
Young women 15-19 years currently married	CP.2	0.050	0.014	0.285	1.191	1.091	238	283	0.021	0.078
Comprehensive knowledge about HIV prevention among young people	HA.3	0.411	0.026	0.064	1.595	1.263	476	565	0.358	0.463
Attitude towards people with HIV/AIDS	HA.5	0.404	0.021	0.052	3.391	1.841	1,562	1,856	0.362	0.446
Women who have been tested for HIV	HA.6	0.248	0.013	0.052	1.649	1.284	1,577	1,873	0.223	0.274
Knowledge of mother-to-child transmission of HIV	HA.4	0.712	0.012	0.017	1.274	1.129	1,577	1,873	0.688	0.735

Table SE.9: Sampling errors: Mon State (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.241	0.018	0.076	1.344	1.159	674	729	0.205	0.278
Underweight prevalence (WHO standard)	NU.1	0.178	0.017	0.093	1.369	1.170	679	735	0.145	0.211
Children's vitamin A supplement	NU.5	0.801	0.031	0.039	4.136	2.034	618	668	0.738	0.864
Exclusive breastfeeding up to six months	NU.3	0.470	0.059	0.126	0.950	0.975	63	68	0.351	0.589
Diarrhoea in last two weeks	CH.4	0.053	0.008	0.143	0.840	0.916	680	736	0.038	0.068
Received ORT or increased fluids and continued feeding	CH.5	*	*	*	*	*	36	39	*	*
Support for learning	CD.1	0.606	0.022	0.036	1.488	1.220	680	736	0.562	0.650
Birth registration	CP.1	0.889	0.018	0.020	2.428	1.558	680	736	0.853	0.925

An asterisk (*) indicates that the estimate is based on fewer than 50 unweighted cases

Table SE.10: Sampling errors: Rakhine State

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.577	0.054	0.093	18.698	4.324	9,303	1,590	0.470	0.684
Access to improved sanitation facilities	EN.5	0.480	0.037	0.078	8.937	2.989	9,303	1,590	0.406	0.555
Household water treatment	EN.2	0.181	0.026	0.144	7.235	2.690	9,303	1,590	0.129	0.233
Pre-school attendance	ED.1	0.054	0.016	0.304	2.069	1.438	485	398	0.021	0.086
School readiness	ED.1	*	*	*	*	*	38	34	*	*
Net primary school attendance rate	ED.3	0.758	0.019	0.026	2.394	1.547	1,337	1,165	0.719	0.797
Net secondary school attendance rate	ED.4	0.309	0.026	0.083	3.340	1.828	1,232	1,077	0.258	0.361
Primary completion rate	ED.6	0.317	0.037	0.118	1.701	1.304	304	264	0.242	0.392
Children not living with a biological parent	CP.3	0.013	0.002	0.176	1.465	1.210	4,038	3,526	0.009	0.018
Prevalence of orphans	CP.3	0.060	0.009	0.155	5.480	2.341	4,038	3,526	0.042	0.079
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.442	0.028	0.064	1.143	1.069	391	355	0.386	0.499
Neonatal tetanus protection	CH.3	0.911	0.023	0.025	2.254	1.501	391	355	0.866	0.957
Skilled attendant at delivery	RH.4	0.631	0.047	0.075	3.396	1.843	391	355	0.536	0.726
Antenatal care	RH.2	0.797	0.036	0.046	2.905	1.704	391	355	0.724	0.870
Contraceptive prevalence	RH.1	0.487	0.022	0.045	2.839	1.685	1,593	1,445	0.443	0.532
Young female literacy	ED.8	0.546	0.045	0.083	6.345	2.519	847	769	0.456	0.637
Young women 15-19 years currently married	CP.2	0.065	0.015	0.237	1.535	1.239	437	397	0.034	0.095
Comprehensive knowledge about HIV prevention among young people	HA.3	0.217	0.020	0.091	1.758	1.326	847	769	0.177	0.256
Attitude towards people with HIV/AIDS	HA.5	0.200	0.012	0.059	1.790	1.338	2,235	2,033	0.176	0.224
Women who have been tested for HIV	HA.6	0.033	0.006	0.175	2.290	1.513	2,385	2,168	0.022	0.045
Knowledge of mother- to-child transmission of HIV	HA.4	0.447	0.021	0.047	3.804	1.950	2,385	2,168	0.405	0.489

Table SE.10: Sampling errors: Rakhine State (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.416	0.025	0.061	2.326	1.525	1,071	883	0.366	0.467
Underweight prevalence (WHO standard)	NU.1	0.374	0.025	0.068	2.561	1.600	1,136	935	0.323	0.424
Children's vitamin A supplement	NU.5	0.325	0.033	0.100	4.156	2.039	1,043	858	0.259	0.390
Exclusive breastfeeding up to six months	NU.3	0.013	0.013	0.949	0.933	0.966	94	78	0.000	0.038
Diarrhoea in last two weeks	CH.4	0.076	0.010	0.127	1.239	1.113	1,137	936	0.057	0.095
Received ORT or increased fluids and continued feeding	CH.5	0.447	0.063	0.141	1.144	1.070	86	72	0.321	0.573
Support for learning	CD.1	0.335	0.023	0.070	2.307	1.519	1,137	936	0.288	0.382
Birth registration	CP.1	0.592	0.036	0.060	4.883	2.210	1,137	936	0.520	0.663

An asterisk (*) indicates that the estimate is based on fewer than 50 unweighted cases

Table SE.11: Sampling errors: Shan (North) State

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.814	0.025	0.031	5.787	2.406	5,882	1,403	0.764	0.864
Access to improved sanitation facilities	EN.5	0.683	0.051	0.074	16.619	4.077	5,882	1,403	0.582	0.785
Household water treatment	EN.2	0.600	0.043	0.072	11.007	3.318	5,882	1,403	0.513	0.687
Pre-school attendance	ED.1	0.221	0.061	0.276	7.486	2.736	328	347	0.099	0.343
School readiness	ED.1	0.713	0.048	0.067	0.822	0.907	57	74	0.616	0.809
Net primary school attendance rate	ED.3	0.776	0.044	0.057	9.822	3.134	712	873	0.688	0.865
Net secondary school attendance rate	ED.4	0.426	0.050	0.116	9.086	3.014	712	907	0.327	0.526
Primary completion rate	ED.6	0.361	0.039	0.107	1.062	1.030	131	166	0.284	0.438
Children not living with a biological parent	CP.3	0.034	0.007	0.200	4.234	2.058	2,480	3,002	0.020	0.048
Prevalence of orphans	CP.3	0.080	0.013	0.164	7.003	2.646	24,80	3,002	0.054	0.106
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.725	0.035	0.048	2.264	1.505	315	371	0.655	0.794
Neonatal tetanus protection	CH.3	0.595	0.065	0.110	6.528	2.555	315	371	0.464	0.725
Skilled attendant at delivery	RH.4	0.428	0.071	0.167	7.710	2.777	315	371	0.285	0.571
Antenatal care	RH.2	0.539	0.082	0.152	9.952	3.155	315	371	0.375	0.703
Contraceptive prevalence	RH.1	0.390	0.032	0.083	5.711	2.390	1,018	1,287	0.325	0.455
Young female literacy	ED.8	0.636	0.050	0.079	7.368	2.714	551	676	0.535	0.736
Young women 15-19 years currently married	CP.2	0.137	0.037	0.273	3.979	1.995	281	337	0.062	0.212
Comprehensive knowledge about HIV prevention among young people	HA.3	0.232	0.026	0.114	2.646	1.627	551	676	0.179	0.285
Attitude towards people with HIV/AIDS	HA.5	0.403	0.025	0.062	3.903	1.975	998	1,484	0.353	0.454
Women who have been tested for HIV	HA.6	0.116	0.014	0.120	3.700	1.923	1,498	1,957	0.088	0.144
Knowledge of mother- to-child transmission of HIV	HA.4	0.390	0.032	0.082	8.349	2.889	1,498	1,957	0.327	0.454

Table SE.11: Sampling errors: Shan (North) State (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.311	0.047	0.150	8.045	2.836	735	797	0.218	0.404
Underweight prevalence (WHO standard)	NU.1	0.241	0.042	0.175	8.409	2.900	815	871	0.157	0.325
Children's vitamin A supplement	NU.5	0.204	0.035	0.172	6.252	2.500	776	826	0.134	0.274
Exclusive breastfeeding up to six months	NU.3	0.129	0.039	0.300	0.837	0.915	59	64	0.052	0.206
Diarrhoea in last two weeks	CH.4	0.061	0.014	0.233	3.141	1.772	835	890	0.033	0.090
Received ORT or increased fluids and continued feeding	CH.5	*	*	*	*	*	51	48	*	*
Support for learning	CD.1	0.370	0.035	0.096	4.803	2.192	835	890	0.299	0.441
Birth registration	CP.1	0.523	0.067	0.128	15.907	3.988	835	890	0.390	0.657

An asterisk (*) indicates that the estimate is based on fewer than 50 unweighted cases

Table SE.12: Sampling errors: Shan (East) State

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.990	0.004	0.004	2.240	1.497	1,860	1,200	0.981	0.998
Access to improved sanitation facilities	EN.5	0.921	0.023	0.025	8.889	2.981	1,860	1,200	0.874	0.967
Household water treatment	EN.2	0.395	0.040	0.100	7.872	2.806	1,860	1,200	0.316	0.475
Pre-school attendance	ED.1	0.224	0.051	0.229	2.991	1.729	75	198	0.121	0.326
School readiness	ED.1	*	*	*	*	*	11	30	*	*
Net primary school attendance rate	ED.3	0.856	0.035	0.041	5.448	2.334	194	543	0.786	0.927
Net secondary school attendance rate	ED.4	0.491	0.042	0.085	3.573	1.890	183	512	0.408	0.575
Primary completion rate	ED.6	0.511	0.039	0.076	0.573	0.757	34	95	0.433	0.589
Children not living with a biological parent	CP.3	0.061	0.006	0.105	1.285	1.134	640	1,791	0.048	0.074
Prevalence of orphans	CP.3	0.075	0.009	0.115	1.927	1.388	640	1,791	0.058	0.093
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.725	0.049	0.068	2.629	1.621	75	217	0.627	0.824
Neonatal tetanus protection	CH.3	0.940	0.013	0.013	0.614	0.784	75	217	0.915	0.965
Skilled attendant at delivery	RH.4	0.940	0.017	0.018	1.126	1.061	75	217	0.906	0.974
Antenatal care	RH.2	0.958	0.017	0.018	1.603	1.266	75	217	0.924	0.993
Contraceptive prevalence	RH.1	0.511	0.034	0.066	4.712	2.171	357	1,029	0.444	0.579
Young female literacy	ED.8	0.651	0.035	0.053	1.949	1.396	128	371	0.581	0.720
Young women 15-19 years currently married	CP.2	0.223	0.040	0.180	1.884	1.373	71	204	0.143	0.303
Comprehensive knowledge about HIV prevention among young people	HA.3	0.189	0.017	0.091	0.711	0.843	128	371	0.155	0.224
Attitude towards people with HIV/AIDS	HA.5	0.442	0.021	0.046	1.894	1.376	382	1,107	0.401	0.483
Women who have been tested for HIV	HA.6	0.289	0.031	0.107	6.137	2.477	456	1,318	0.227	0.351
Knowledge of mother- to-child transmission of HIV	HA.4	0.564	0.034	0.060	6.155	2.481	456	1,318	0.497	0.632

Table SE.12: Sampling errors: Shan (East) State (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.195	0.025	0.128	1.965	1.402	186	491	0.145	0.246
Underweight prevalence (WHO standard)	NU.1	0.155	0.024	0.154	2.283	1.511	199	526	0.107	0.203
Children's vitamin A supplement	NU.5	0.541	0.046	0.085	4.098	2.024	181	478	0.449	0.634
Exclusive breastfeeding up to six months	NU.3	0.233	0.049	0.209	0.663	0.814	19	51	0.135	0.330
Diarrhoea in last two weeks	CH.4	0.028	0.009	0.332	1.668	1.291	200	529	0.009	0.046
Received ORT or increased fluids and continued feeding	CH.5	*	*	*	*	*	6	15	*	*
Support for learning	CD.1	0.763	0.015	0.020	0.685	0.827	200	529	0.732	0.794
Birth registration	CP.1	0.954	0.009	0.010	1.033	1.016	200	529	0.936	0.973

An asterisk (*) indicates that the estimate is based on fewer than 50 unweighted cases

Table SE.13: Sampling errors: Shan (South) State

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.890	0.036	0.041	18.068	4.251	6,215	1,350	0.817	0.962
Access to improved sanitation facilities	EN.5	0.856	0.036	0.042	14.274	3.778	6,215	1,350	0.784	0.928
Household water treatment	EN.2	0.631	0.034	0.053	6.513	2.552	6,215	1,350	0.564	0.698
Pre-school attendance	ED.1	0.350	0.044	0.124	2.475	1.573	325	299	0.263	0.437
School readiness	ED.1	*	*	*	*	*	48	47	*	*
Net primary school attendance rate	ED.3	0.935	0.009	0.010	0.865	0.930	674	659	0.917	0.953
Net secondary school attendance rate	ED.4	0.627	0.023	0.036	1.431	1.196	673	658	0.582	0.672
Primary completion rate	ED.6	0.593	0.048	0.081	1.071	1.035	115	113	0.497	0.689
Children not living with a biological parent	CP.3	0.027	0.006	0.227	3.324	1.823	2,344	2,293	0.015	0.040
Prevalence of orphans	CP.3	0.050	0.010	0.199	4.774	2.185	2,344	2,293	0.030	0.070
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.893	0.038	0.043	4.868	2.206	314	317	0.816	0.970
Neonatal tetanus protection	CH.3	0.962	0.021	0.022	3.854	1.963	314	317	0.920	1.000
Skilled attendant at delivery	RH.4	0.760	0.047	0.062	3.801	1.950	314	317	0.666	0.854
Antenatal care	RH.2	0.940	0.015	0.016	1.260	1.123	314	317	0.910	0.970
Contraceptive prevalence	RH.1	0.458	0.030	0.066	4.364	2.089	1,166	1,177	0.397	0.519
Young female literacy	ED.8	0.859	0.020	0.023	1.777	1.333	541	546	0.819	0.899
Young women 15-19 years currently married	CP.2	0.112	0.032	0.286	2.563	1.601	249	251	0.048	0.175
Comprehensive knowledge about HIV prevention among young people	HA.3	0.341	0.038	0.112	3.509	1.873	541	546	0.265	0.417
Attitude towards people with HIV/AIDS	HA.5	0.399	0.025	0.063	4.113	2.028	1,566	1,580	0.349	0.449
Women who have been tested for HIV	HA.6	0.182	0.021	0.115	5.076	2.253	1,701	1,717	0.140	0.224
Knowledge of mother- to-child transmission of HIV	HA.4	0.604	0.037	0.062	9.959	3.156	1,701	1,717	0.529	0.679

Table SE.13: Sampling errors: Shan (South) State (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.208	0.021	0.102	1.822	1.350	729	672	0.166	0.251
Underweight prevalence (WHO standard)	NU.1	0.177	0.020	0.114	2.086	1.444	816	752	0.137	0.217
Children's vitamin A supplement	NU.5	0.507	0.036	0.071	3.493	1.869	736	678	0.435	0.579
Exclusive breastfeeding up to six months	NU.3	0.278	0.050	0.179	0.959	0.979	86	79	0.179	0.378
Diarrhoea in last two weeks	CH.4	0.059	0.012	0.209	2.085	1.444	822	757	0.035	0.084
Received ORT or increased fluids and continued feeding	CH.5	*	*	*	*	*	49	45	*	*
Support for learning	CD.1	0.593	0.024	0.040	1.795	1.340	822	757	0.545	0.641
Birth registration	CP.1	0.792	0.043	0.055	8.680	2.946	822	757	0.705	0.879

An asterisk (*) indicates that the estimate is based on fewer than 50 unweighted cases

Table SE.14: Sampling errors: Ayeyarwaddy Division

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.794	0.026	0.033	12.429	3.526	1,1306	2,910	0.741	0.847
Access to improved sanitation facilities	EN.5	0.831	0.013	0.016	3.745	1.935	1,1306	2,910	0.804	0.858
Household water treatment	EN.2	0.187	0.015	0.080	4.256	2.063	1,1306	2,910	0.157	0.217
Pre-school attendance	ED.1	0.162	0.024	0.146	2.022	1.422	467	494	0.114	0.209
School readiness	ED.1	0.473	0.039	0.081	0.560	0.749	85	95	0.396	0.550
Net primary school attendance rate	ED.3	0.898	0.009	0.010	1.141	1.068	1,060	1,191	0.880	0.917
Net secondary school attendance rate	ED.4	0.547	0.019	0.035	1.976	1.406	1,197	1,345	0.509	0.585
Primary completion rate	ED.6	0.509	0.032	0.063	0.908	0.953	196	220	0.445	0.573
Children not living with a biological parent	CP.3	0.046	0.005	0.103	2.272	1.507	3,930	4,416	0.037	0.056
Prevalence of orphans	CP.3	0.059	0.005	0.077	1.646	1.283	3,930	4,416	0.050	0.068
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.733	0.020	0.027	1.270	1.127	565	649	0.694	0.772
Neonatal tetanus protection	CH.3	0.911	0.012	0.013	1.108	1.053	565	649	0.887	0.934
Skilled attendant at delivery	RH.4	0.540	0.036	0.066	3.358	1.832	565	649	0.468	0.612
Antenatal care	RH.2	0.735	0.029	0.039	2.785	1.669	565	649	0.677	0.793
Contraceptive prevalence	RH.1	0.477	0.014	0.029	1.738	1.318	2,018	2,320	0.450	0.505
Young female literacy	ED.8	0.910	0.011	0.012	1.491	1.221	913	1,050	0.888	0.931
Young women 15-19 years currently married	CP.2	0.109	0.015	0.136	1.210	1.100	465	535	0.079	0.138
Comprehensive knowledge about HIV prevention among young people	HA.3	0.286	0.016	0.056	1.340	1.158	913	1,050	0.254	0.319
Attitude towards people with HIV/AIDS	HA.5	0.310	0.013	0.042	2.722	1.650	2,993	3,442	0.284	0.336
Women who have been tested for HIV	HA.6	0.099	0.008	0.076	2.235	1.495	3,075	3,536	0.084	0.114
Knowledge of mother- to-child transmission of HIV	HA.4	0.657	0.013	0.019	2.509	1.584	3,075	3,536	0.631	0.682

Table SE.14: Sampling errors: Ayeyarwaddy Division (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.333	0.014	0.042	1.187	1.089	1,272	1,345	0.305	0.361
Underweight prevalence (WHO standard)	NU.1	0.265	0.014	0.052	1.374	1.172	1,319	1,395	0.238	0.293
Children's vitamin A supplement	NU.5	0.627	0.020	0.033	2.245	1.498	1,190	1,258	0.586	0.668
Exclusive breastfeeding up to six months	NU.3	0.250	0.036	0.144	0.963	0.981	132	140	0.178	0.322
Diarrhoea in last two weeks	CH.4	0.094	0.008	0.083	1.007	1.003	1,322	1,398	0.078	0.109
Received ORT or increased fluids and continued feeding	CH.5	0.466	0.036	0.077	0.673	0.821	124	131	0.394	0.538
Support for learning	CD.1	0.592	0.017	0.029	1.696	1.302	1,322	1,398	0.558	0.626
Birth registration	CP.1	0.698	0.028	0.040	5.239	2.289	1,322	1,398	0.642	0.755

Table SE.15: Sampling errors: Bago (East) Division

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.835	0.027	0.032	8.371	2.893	9,054	1,590	0.781	0.888
Access to improved sanitation facilities	EN.5	0.798	0.028	0.035	7.764	2.786	9,054	1,590	0.742	0.854
Household water treatment	EN.2	0.524	0.020	0.037	2.456	1.567	9,054	1,590	0.485	0.563
Pre-school attendance	ED.1	0.195	0.021	0.110	0.925	0.962	389	318	0.152	0.237
School readiness	ED.1	0.289	0.053	0.184	0.935	0.967	79	69	0.183	0.395
Net primary school attendance rate	ED.3	0.911	0.013	0.014	1.650	1.284	953	831	0.886	0.936
Net secondary school attendance rate	ED.4	0.590	0.028	0.047	3.268	1.808	1,186	1,035	0.535	0.646
Primary completion rate	ED.6	0.440	0.037	0.084	0.970	0.985	203	177	0.366	0.514
Children not living with a biological parent	CP.3	0.060	0.008	0.135	3.550	1.884	3,464	3,021	0.044	0.077
Prevalence of orphans	CP.3	0.080	0.009	0.112	3.317	1.821	3,464	3,021	0.062	0.098
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.634	0.035	0.054	1.752	1.324	401	342	0.565	0.703
Neonatal tetanus protection	CH.3	0.915	0.017	0.019	1.292	1.137	401	342	0.881	0.949
Skilled attendant at delivery	RH.4	0.590	0.038	0.064	2.040	1.428	401	342	0.514	0.666
Antenatal care	RH.2	0.737	0.034	0.046	2.023	1.422	401	342	0.669	0.804
Contraceptive prevalence	RH.1	0.460	0.018	0.040	1.678	1.295	1,476	1,258	0.424	0.497
Young female literacy	ED.8	0.920	0.016	0.017	2.222	1.491	792	675	0.889	0.951
Young women 15-19 years currently married	CP.2	0.051	0.009	0.187	0.701	0.837	440	375	0.032	0.070
Comprehensive knowledge about HIV prevention among young people	HA.3	0.305	0.028	0.091	2.463	1.569	792	675	0.249	0.361
Attitude towards people with HIV/AIDS	HA.5	0.268	0.014	0.053	2.099	1.449	2,421	2,064	0.240	0.296
Women who have been tested for HIV	HA.6	0.138	0.011	0.076	1.954	1.398	2,470	2,106	0.117	0.159
Knowledge of mother-to-child transmission of HIV	HA.4	0.787	0.014	0.017	2.302	1.517	2,470	2,106	0.760	0.814

Table SE.15: Sampling errors: Bago (East) Division (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.307	0.019	0.061	1.299	1.140	969	792	0.270	0.345
Underweight prevalence (WHO standard)	NU.1	0.236	0.017	0.071	1.254	1.120	994	812	0.202	0.269
Children's vitamin A supplement	NU.5	0.706	0.038	0.054	5.178	2.275	892	729	0.629	0.783
Exclusive breastfeeding up to six months	NU.3	0.216	0.035	0.162	0.631	0.795	108	88	0.146	0.286
Diarrhoea in last two weeks	CH.4	0.107	0.012	0.117	1.326	1.151	1,000	817	0.082	0.131
Received ORT or increased fluids and continued feeding	CH.5	0.482	0.035	0.073	0.431	0.656	107	87	0.412	0.553
Support for learning	CD.1	0.432	0.019	0.044	1.224	1.106	1,000	817	0.393	0.470
Birth registration	CP.1	0.543	0.041	0.075	5.425	2.329	1,000	817	0.462	0.624

Table SE.16: Sampling errors: Bago (West) Division

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.912	0.029	0.031	14.719	3.836	6,432	1,440	0.854	0.969
Access to improved sanitation facilities	EN.5	0.884	0.015	0.017	3.342	1.828	6,432	1,440	0.853	0.915
Household water treatment	EN.2	0.092	0.011	0.121	2.137	1.462	6,432	1,440	0.069	0.114
Pre-school attendance	ED.1	0.247	0.031	0.126	0.755	0.869	168	146	0.185	0.309
School readiness	ED.1	*	*	*	*	*	50	46	*	*
Net primary school attendance rate	ED.3	0.877	0.024	0.027	2.502	1.582	519	478	0.829	0.924
Net secondary school attendance rate	ED.4	0.549	0.033	0.061	2.762	1.662	664	612	0.482	0.616
Primary completion rate	ED.6	0.505	0.057	0.113	1.282	1.132	107	99.0	0.390	0.619
Children not living with a biological parent	CP.3	0.046	0.008	0.172	2.401	1.550	1,827	1,684	0.030	0.062
Prevalence of orphans	CP.3	0.060	0.008	0.137	2.008	1.417	1,827	1,684	0.044	0.076
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.756	0.030	0.039	0.809	0.899	180	172	0.697	0.815
Neonatal tetanus protection	CH.3	0.983	0.010	0.010	0.996	0.998	180	172	0.963	1.000
Skilled attendant at delivery	RH.4	0.808	0.030	0.037	1.011	1.006	180	172	0.748	0.869
Antenatal care	RH.2	0.895	0.027	0.030	1.331	1.154	180	172	0.841	0.949
Contraceptive prevalence	RH.1	0.519	0.014	0.028	0.843	0.918	1,052	1,003	0.490	0.548
Young female literacy	ED.8	0.945	0.013	0.014	1.570	1.253	476	454	0.918	0.972
Young women 15-19 years currently married	CP.2	0.080	0.020	0.250	1.210	1.100	236	225	0.040	0.120
Comprehensive knowledge about HIV prevention among young people	HA.3	0.366	0.018	0.050	0.646	0.804	476	454	0.330	0.402
Attitude towards people with HIV/AIDS	HA.5	0.419	0.025	0.059	4.111	2.028	1,693	1,613	0.369	0.469
Women who have been tested for HIV	HA.6	0.144	0.014	0.099	2.651	1.628	1,697	1,617	0.116	0.173
Knowledge of mother-to-child transmission of HIV	HA.4	0.796	0.016	0.020	2.419	1.555	1,697	1,617	0.765	0.828

Table SE.16: Sampling errors: Bago (West) Division (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.326	0.019	0.059	0.653	0.808	445	386	0.288	0.365
Underweight prevalence (WHO standard)	NU.1	0.224	0.019	0.084	0.815	0.903	458	398	0.186	0.261
Children's vitamin A supplement	NU.5	0.725	0.045	0.061	3.564	1.888	415	360	0.636	0.814
Exclusive breastfeeding up to six months	NU.3	*	*	*	*	*	46	40	*	*
Diarrhoea in last two weeks	CH.4	0.053	0.008	0.161	0.570	0.755	461	400	0.036	0.069
Received ORT or increased fluids and continued feeding	CH.5	*	*	*	*	*	24	21	*	*
Support for learning	CD.1	0.743	0.020	0.027	0.839	0.916	461	400	0.702	0.783
Birth registration	CP.1	0.800	0.023	0.028	1.278	1.130	461	400	0.755	0.845

An asterisk (*) indicates that the estimate is based on fewer than 50 unweighted cases

Table SE.17: Sampling errors: Magwe Division

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.793	0.037	0.047	18.008	4.244	12,619	2,160	0.719	0.867
Access to improved sanitation facilities	EN.5	0.842	0.014	0.017	3.245	1.801	12,619	2,160	0.813	0.870
Household water treatment	EN.2	0.436	0.033	0.076	9.750	3.123	12,619	2,160	0.369	0.503
Pre-school attendance	ED.1	0.167	0.024	0.146	1.422	1.192	444	336	0.118	0.215
School readiness	ED.1	0.229	0.022	0.098	0.268	0.518	120	96	0.184	0.274
Net primary school attendance rate	ED.3	0.935	0.009	0.009	1.146	1.071	1,183	950	0.918	0.952
Net secondary school attendance rate	ED.4	0.558	0.019	0.034	1.606	1.267	1,389	1,116	0.520	0.595
Primary completion rate	ED.6	0.564	0.038	0.068	1.214	1.102	254	204	0.487	0.641
Children not living with a biological parent	CP.3	0.037	0.005	0.136	2.343	1.531	4,087	3,284	0.027	0.047
Prevalence of orphans	CP.3	0.074	0.007	0.096	2.406	1.551	4,087	3,284	0.060	0.088
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.837	0.024	0.028	1.515	1.231	448	368	0.790	0.884
Neonatal tetanus protection	CH.3	0.937	0.016	0.017	1.616	1.271	448	368	0.905	0.970
Skilled attendant at delivery	RH.4	0.648	0.036	0.055	2.070	1.439	448	368	0.576	0.719
Antenatal care	RH.2	0.802	0.031	0.039	2.262	1.504	448	368	0.740	0.865
Contraceptive prevalence	RH.1	0.380	0.020	0.052	2.651	1.628	1,944	1,596	0.341	0.420
Young female literacy	ED.8	0.933	0.010	0.011	1.529	1.236	1,057	868	0.912	0.954
Young women 15-19 years currently married	CP.2	0.089	0.020	0.218	1.931	1.389	504	414	0.050	0.128
Comprehensive knowledge about HIV prevention among young people	HA.3	0.350	0.020	0.058	1.564	1.251	1,057	868	0.310	0.391
Attitude towards people with HIV/AIDS	HA.5	0.327	0.017	0.052	3.669	1.916	3,423	2,810	0.293	0.361
Women who have been tested for HIV	HA.6	0.088	0.007	0.079	1.692	1.301	3,446	2,829	0.074	0.102
Knowledge of mother- to-child transmission of HIV	HA.4	0.753	0.014	0.019	2.981	1.727	3,446	2,829	0.725	0.781

Table SE.17: Sampling errors: Magwe Division (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.333	0.016	0.047	0.920	0.959	1,112	841	0.302	0.364
Underweight prevalence (WHO standard)	NU.1	0.269	0.012	0.046	0.666	0.816	1,137	860	0.244	0.293
Children's vitamin A supplement	NU.5	0.812	0.022	0.028	2.563	1.601	1,028	778	0.767	0.857
Exclusive breastfeeding up to six months	NU.3	0.349	0.035	0.099	0.430	0.656	110	83	0.280	0.418
Diarrhoea in last two weeks	CH.4	0.043	0.008	0.178	1.223	1.106	1,138	861	0.028	0.058
Received ORT or increased fluids and continued feeding	CH.5	*	*	*	*	*	49	37	*	*
Support for learning	CD.1	0.494	0.023	0.046	1.791	1.338	1,138	861	0.448	0.539
Birth registration	CP.1	0.569	0.037	0.065	4.767	2.183	1,138	861	0.495	0.642

An asterisk (*) indicates that the estimate is based on fewer than 50 unweighted cases

Table SE.18: Sampling errors: Mandalay Division

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.819	0.027	0.033	14.180	3.766	20,833	2,938	0.766	0.873
Access to improved sanitation facilities	EN.5	0.911	0.013	0.014	5.820	2.413	20,833	2,938	0.886	0.937
Household water treatment	EN.2	0.237	0.014	0.061	3.390	1.841	20,833	2,938	0.208	0.265
Pre-school attendance	ED.1	0.269	0.029	0.108	1.834	1.354	656	427	0.211	0.327
School readiness	ED.1	0.510	0.044	0.086	1.078	1.038	204	141	0.423	0.598
Net primary school attendance rate	ED.3	0.917	0.010	0.011	1.613	1.270	1,875	1,296	0.898	0.937
Net secondary school attendance rate	ED.4	0.593	0.019	0.032	2.264	1.505	2,153	1,488	0.554	0.631
Primary completion rate	ED.6	0.584	0.036	0.062	1.359	1.166	369	255	0.512	0.656
Children not living with a biological parent	CP.3	0.055	0.005	0.085	1.833	1.354	6,397	4,422	0.045	0.064
Prevalence of orphans	CP.3	0.068	0.005	0.076	1.860	1.364	6,397	4,422	0.058	0.078
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.725	0.027	0.037	1.660	1.288	678	464	0.672	0.779
Neonatal tetanus protection	CH.3	0.909	0.017	0.019	1.591	1.261	678	464	0.876	0.943
Skilled attendant at delivery	RH.4	0.729	0.032	0.044	2.413	1.554	678	464	0.665	0.793
Antenatal care	RH.2	0.822	0.027	0.033	2.272	1.507	678	464	0.769	0.876
Contraceptive prevalence	RH.1	0.457	0.015	0.032	1.878	1.370	3,098	2,121	0.428	0.487
Young female literacy	ED.8	0.884	0.011	0.013	1.546	1.243	1,807	1,237	0.861	0.906
Young women 15-19 years currently married	CP.2	0.062	0.009	0.151	0.898	0.947	875	599	0.043	0.081
Comprehensive knowledge about HIV prevention among young people	HA.3	0.214	0.015	0.069	1.584	1.258	1,807	1,237	0.184	0.243
Attitude towards people with HIV/AIDS	HA.5	0.268	0.012	0.046	2.984	1.728	5,600	3,837	0.243	0.293
Women who have been tested for HIV	HA.6	0.141	0.008	0.059	2.297	1.515	5,791	3,967	0.124	0.158
Knowledge of mother- to-child transmission of HIV	HA.4	0.639	0.009	0.015	1.490	1.221	5,791	3,967	0.621	0.658

Table SE.18: Sampling errors: Mandalay Division (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.246	0.016	0.065	1.402	1.184	1,588	1,034	0.214	0.277
Underweight prevalence (WHO standard)	NU.1	0.207	0.014	0.067	1.254	1.120	1,670	1,087	0.179	0.235
Children's vitamin A supplement	NU.5	0.439	0.018	0.041	1.273	1.128	1,527	994	0.403	0.474
Exclusive breastfeeding up to six months	NU.3	0.305	0.040	0.130	0.870	0.933	181	118	0.226	0.385
Diarrhoea in last two weeks	CH.4	0.055	0.007	0.120	0.936	0.968	1,708	1,112	0.042	0.068
Received ORT or increased fluids and continued feeding	CH.5	0.410	0.055	0.135	0.764	0.874	94	61	0.299	0.521
Support for learning	CD.1	0.530	0.018	0.034	1.490	1.220	1,708	1,112	0.494	0.567
Birth registration	CP.1	0.701	0.025	0.035	3.202	1.789	1,708	1,112	0.652	0.750

Table SE.19: Sampling errors: Sagaing Division

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.866	0.031	0.036	20.294	4.505	16,346	2,400	0.803	0.929
Access to improved sanitation facilities	EN.5	0.909	0.014	0.016	5.822	2.413	16,346	2,400	0.881	0.937
Household water treatment	EN.2	0.218	0.014	0.062	2.593	1.610	16,346	2,400	0.190	0.245
Pre-school attendance	ED.1	0.139	0.026	0.186	2.093	1.447	547	377	0.087	0.191
School readiness	ED.1	0.302	0.039	0.130	0.982	0.991	183	135	0.223	0.380
Net primary school attendance rate	ED.3	0.942	0.012	0.012	2.724	1.651	1,480	1,088	0.918	0.965
Net secondary school attendance rate	ED.4	0.639	0.020	0.031	2.292	1.514	1,827	1,341	0.599	0.679
Primary completion rate	ED.6	0.605	0.039	0.064	1.420	1.192	310	228	0.527	0.682
Children not living with a biological parent	CP.3	0.045	0.004	0.098	1.703	1.305	5,215	3,830	0.036	0.053
Prevalence of orphans	CP.3	0.073	0.008	0.107	3.478	1.865	5,215	3,830	0.057	0.089
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.811	0.020	0.025	1.023	1.011	530	386	0.771	0.851
Neonatal tetanus protection	CH.3	0.935	0.011	0.012	0.823	0.907	530	386	0.913	0.958
Skilled attendant at delivery	RH.4	0.767	0.030	0.039	1.927	1.388	533	388	0.707	0.827
Antenatal care	RH.2	0.867	0.020	0.023	1.325	1.151	533	388	0.828	0.907
Contraceptive prevalence	RH.1	0.407	0.015	0.037	1.612	1.270	2,378	1,733	0.377	0.437
Young female literacy	ED.8	0.961	0.009	0.009	2.146	1.465	1,510	1,098	0.943	0.978
Young women 15-19 years currently married	CP.2	0.047	0.008	0.165	0.709	0.842	734	534	0.031	0.062
Comprehensive knowledge about HIV prevention among young people	HA.3	0.346	0.022	0.063	2.298	1.516	1,510	1,098	0.302	0.389
Attitude towards people with HIV/AIDS	HA.5	0.298	0.019	0.062	4.986	2.233	4,180	3,045	0.261	0.335
Women who have been tested for HIV	HA.6	0.094	0.009	0.091	2.815	1.678	4,530	3,298	0.077	0.111
Knowledge of mother-to-child transmission of HIV	HA.4	0.643	0.012	0.019	2.184	1.478	4,530	3,298	0.618	0.667

Table SE.19: Sampling errors: Sagaing Division (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.285	0.017	0.059	1.237	1.112	1,309	903	0.251	0.318
Underweight prevalence (WHO standard)	NU.1	0.225	0.018	0.078	1.670	1.292	1,360	938	0.189	0.260
Children's vitamin A supplement	NU.5	0.616	0.025	0.041	2.235	1.495	1,224	844	0.566	0.666
Exclusive breastfeeding up to six months	NU.3	0.289	0.040	0.140	0.762	0.873	141	97	0.208	0.370
Diarrhoea in last two weeks	CH.4	0.025	0.005	0.190	0.880	0.938	1,364	941	0.016	0.035
Received ORT or increased fluids and continued feeding	CH.5	*	*	*	*	*	35	24	*	*
Support for learning	CD.1	0.535	0.024	0.045	2.153	1.467	1,364	941	0.487	0.583
Birth registration	CP.1	0.542	0.025	0.046	2.321	1.524	1,364	941	0.492	0.591

An asterisk (*) indicates that the estimate is based on fewer than 50 unweighted cases

Table SE.20: Sampling errors: Tanintharyi Division

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.727	0.030	0.042	6.037	2.457	3,706	1,290	0.666	0.788
Access to improved sanitation facilities	EN.5	0.844	0.031	0.037	9.623	3.102	3,706	1,290	0.781	0.906
Household water treatment	EN.2	0.262	0.019	0.071	2.341	1.530	3,706	1,290	0.225	0.300
Pre-school attendance	ED.1	0.137	0.024	0.173	1.136	1.066	146	239	0.089	0.184
School readiness	ED.1	*	*	*	*	*	27	47	*	*
Net primary school attendance rate	ED.3	0.980	0.008	0.008	2.227	1.492	428	743	0.964	0.995
Net secondary school attendance rate	ED.4	0.667	0.030	0.045	3.636	1.907	517	898	0.607	0.727
Primary completion rate	ED.6	0.723	0.045	0.062	1.560	1.249	90	156	0.633	0.813
Children not living with a biological parent	CP.3	0.122	0.009	0.077	2.075	1.441	1,446	2,512	0.103	0.141
Prevalence of orphans	CP.3	0.078	0.008	0.099	2.054	1.433	1,446	2,512	0.062	0.093
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.677	0.035	0.052	1.219	1.104	123	217	0.607	0.747
Neonatal tetanus protection	CH.3	0.973	0.012	0.013	1.232	1.110	123	217	0.948	0.997
Skilled attendant at delivery	RH.4	0.921	0.020	0.022	1.219	1.104	123	217	0.881	0.962
Antenatal care	RH.2	0.963	0.014	0.014	1.166	1.080	123	217	0.935	0.991
Contraceptive prevalence	RH.1	0.384	0.020	0.053	1.557	1.248	500	881	0.343	0.425
Young female literacy	ED.8	0.959	0.010	0.010	1.401	1.184	343	605	0.939	0.978
Young women 15-19 years currently married	CP.2	0.050	0.015	0.301	1.614	1.270	195	343	0.020	0.079
Comprehensive knowledge about HIV prevention among young people	HA.3	0.290	0.019	0.065	1.044	1.022	343	605	0.253	0.328
Attitude towards people with HIV/AIDS	HA.5	0.433	0.017	0.038	1.840	1.356	924	1,629	0.400	0.467
Women who have been tested for HIV	HA.6	0.160	0.010	0.065	1.293	1.137	928	1,637	0.139	0.180
Knowledge of mother- to-child transmission of HIV	HA.4	0.689	0.012	0.018	1.133	1.064	928	1,637	0.664	0.713

Table SE.20: Sampling errors: Tanintharyi Division (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.267	0.025	0.094	1.847	1.359	353	576	0.216	0.317
Underweight prevalence (WHO standard)	NU.1	0.206	0.020	0.097	1.424	1.193	358	584	0.166	0.246
Children's vitamin A supplement	NU.5	0.624	0.039	0.062	3.342	1.828	324	529	0.547	0.701
Exclusive breastfeeding up to six months	NU.3	0.136	0.037	0.269	0.659	0.812	36	59	0.063	0.209
Diarrhoea in last two weeks	CH.4	0.088	0.011	0.127	0.920	0.959	360	588	0.066	0.111
Received ORT or increased fluids and continued feeding	CH.5	0.749	0.044	0.059	0.535	0.731	32	52	0.660	0.838
Support for learning	CD.1	0.697	0.020	0.028	1.086	1.042	360	588	0.658	0.737
Birth registration	CP.1	0.901	0.025	0.027	4.013	2.003	360	588	0.851	0.950

An asterisk (*) indicates that the estimate is based on fewer than 50 unweighted cases

Table SE.21: Sampling errors: Yangon Division

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.925	0.018	0.019	11.410	3.378	20,618	2,550	0.890	0.961
Access to improved sanitation facilities	EN.5	0.938	0.014	0.015	8.585	2.930	20,618	2,550	0.911	0.966
Household water treatment	EN.2	0.345	0.016	0.047	2.978	1.726	20,618	2,550	0.313	0.378
Pre-school attendance	ED.1	0.340	0.024	0.071	1.537	1.240	1,066	597	0.292	0.388
School readiness	ED.1	0.378	0.050	0.131	0.932	0.965	151	90	0.278	0.477
Net primary school attendance rate	ED.3	0.923	0.012	0.013	2.286	1.512	1,869	1,112	0.898	0.947
Net secondary school attendance rate	ED.4	0.747	0.020	0.027	2.300	1.517	1,859	1,106	0.708	0.787
Primary completion rate	ED.6	0.701	0.035	0.051	1.321	1.149	372	221	0.630	0.772
Children not living with a biological parent	CP.3	.045	0.004	0.086	1.447	1.203	7,102	4,225	0.037	0.052
Prevalence of orphans	CP.3	0.055	0.005	0.086	1.825	1.351	7,102	4,225	0.045	0.064
WOMEN										
Percentage who started breastfeeding within one hour of birth	NU.2	0.781	0.018	0.023	1.225	1.107	1,105	677	0.746	0.817
Neonatal tetanus protection	CH.3	0.962	0.009	0.009	1.444	1.202	1,105	677	0.944	0.979
Skilled attendant at delivery	RH.4	0.877	0.018	0.020	1.986	1.409	1,105	677	0.842	0.913
Antenatal care	RH.2	0.947	0.013	0.014	2.327	1.526	1,105	677	0.920	0.973
Contraceptive prevalence	RH.1	0.587	0.011	0.019	1.152	1.073	3,758	2,303	0.565	0.609
Young female literacy	ED.8	0.956	0.010	0.011	2.502	1.582	1,696	1,040	0.936	0.976
Young women 15-19 years currently married	CP.2	0.063	0.013	0.204	1.413	1.189	835	512	0.037	0.088
Comprehensive knowledge about HIV prevention among young people	HA.3	0.472	0.020	0.043	1.749	1.323	1,696	1,040	0.431	0.513
Attitude towards people with HIV/AIDS	HA.5	0.477	0.011	0.023	1.712	1.308	5,930	3,635	0.455	0.499
Women who have been tested for HIV	HA.6	0.420	0.014	0.032	2.765	1.663	5,967	3,658	0.393	0.447
Knowledge of mother-to-child transmission of HIV	HA.4	0.667	0.013	0.019	2.603	1.613	5,967	3,658	0.641	0.692

Table SE.21: Sampling errors: Yangon Division (continued)

Standard errors, coefficients of variation, design effects (*deff*), square root of design effects (*deft*) and confidence intervals for selected indicators, Myanmar, 2009-2010

	Table	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
UNDER-5s										
Underweight prevalence (NCHS standard)	NU.1A	0.246	0.013	0.052	1.349	1.162	2,762	1,546	0.220	0.271
Underweight prevalence (WHO standard)	NU.1	0.201	0.010	0.050	0.995	0.997	2,830	1,584	0.181	0.221
Children's vitamin A supplement	NU.5	0.447	0.016	0.036	1.535	1.239	2,546	1,425	0.415	0.480
Exclusive breastfeeding up to six months	NU.3	0.186	0.019	0.101	0.384	0.620	298	167	0.148	0.223
Diarrhoea in last two weeks	CH.4	0.067	0.007	0.109	1.341	1.158	2,844	1,592	0.052	0.081
Received ORT or increased fluids and continued feeding	CH.5	0.566	0.050	0.088	1.061	1.030	189	106	0.466	0.666
Support for learning	CD.1	0.791	0.012	0.015	1.419	1.191	2,844	1,592	0.767	0.816
Birth registration	CP.1	0.952	0.009	0.009	2.557	1.599	2,844	1,592	0.935	0.969

Appendix D. Data Quality Tables

Table DQ.1: Age distribution of household population

Single-year age distribution of household population by sex (weighted), Myanmar, 2009-2010

	Males		Females			Males		Females	
	Number	Per cent	Number	Per cent		Number	Per cent	Number	Per cent
0	1,636	2.5	1,580	2.1	41	812	1.2	1,054	1.4
1	1,540	2.3	1,441	1.9	42	893	1.3	1,052	1.4
2	1,483	2.2	1,414	1.9	43	805	1.2	936	1.3
3	1,512	2.3	1,445	1.9	44	668	1.0	824	1.1
4	1,351	2.0	1,231	1.7	45	952	1.4	996	1.3
5	1,433	2.1	1,412	1.9	46	700	1.0	849	1.1
6	1,545	2.3	1,468	2.0	47	713	1.1	733	1.0
7	1,476	2.2	1,395	1.9	48	659	1.0	815	1.1
8	1,395	2.1	1,421	1.9	49	627	0.9	391	0.5
9	1,400	2.1	1,379	1.8	50	857	1.3	1,222	1.6
10	1,466	2.2	1,433	1.9	51	586	0.9	793	1.1
11	1,294	1.9	1,321	1.8	52	627	0.9	749	1.0
12	1,334	2.0	1,313	1.8	53	614	0.9	737	1.0
13	1,392	2.1	1,371	1.8	54	525	0.8	656	0.9
14	1,213	1.8	1,417	1.9	55	607	0.9	751	1.0
15	1,246	1.9	1,161	1.6	56	524	0.8	642	0.9
16	1,259	1.9	1,339	1.8	57	435	0.7	508	0.7
17	1,161	1.7	1,377	1.8	58	474	0.7	557	0.7
18	1,062	1.6	1,243	1.7	59	339	0.5	416	0.6
19	1,039	1.6	1,227	1.6	60	572	0.9	689	0.9
20	1,143	1.7	1,270	1.7	61	329	0.5	381	0.5
21	962	1.4	1,179	1.6	62	363	0.5	436	0.6
22	1,069	1.6	1,253	1.7	63	324	0.5	445	0.6
23	1,062	1.6	1,338	1.8	64	285	0.4	338	0.5
24	952	1.4	1,259	1.7	65	405	0.6	480	0.6
25	1,156	1.7	1,352	1.8	66	200	0.3	308	0.4
26	1,019	1.5	1,336	1.8	67	269	0.4	348	0.5
27	1,094	1.6	1,189	1.6	68	214	0.3	277	0.4
28	1,078	1.6	1,319	1.8	69	141	0.2	192	0.3
29	912	1.4	1,208	1.6	70	340	0.5	396	0.5
30	1,248	1.9	1,432	1.9	71	201	0.3	253	0.3
31	984	1.5	1,165	1.6	72	177	0.3	255	0.3
32	1,073	1.6	1,109	1.5	73	176	0.3	217	0.3
33	977	1.5	1,141	1.5	74	151	0.2	204	0.3
34	923	1.4	1,103	1.5	75	204	0.3	302	0.4
35	1,180	1.8	1,274	1.7	76	119	0.2	194	0.3
36	991	1.5	1,128	1.5	77	109	0.2	162	0.2
37	900	1.3	1,053	1.4	78	123	0.2	186	0.2
38	1,093	1.6	1,153	1.5	79	68	0.1	98	0.1
39	859	1.3	1,108	1.5	80+	493	0.7	798	1.1
40	1,113	1.7	1,148	1.5	DK/ Missing	8	0.0	12	0.0
					Total	66,712	100.0	74,557	100.0

Table DQ.2: Age distribution of eligible and interviewed women

Household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age group, Myanmar, 2009-2010

	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
	Number	Number	Per cent	
Age				
10-14	6,856	na	na	na
15-19	6,347	6,126	16.1	96.5
20-24	6,299	5,982	15.7	95.0
25-29	6,405	6,117	16.1	95.5
30-34	5,950	5,780	15.2	97.1
35-39	5,717	5,567	14.6	97.4
40-44	5,014	4,882	12.8	97.4
45-49	3,783	3,627	9.5	95.9
50-54	4,156	na	na	na
15-49	39,515	38,081	100.0	96.4

na: not applicable
Note: Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.

Table DQ.3: Age distribution of eligible and interviewed under-5s

Household population of children age 0-4, children whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed (weighted), by five-year age group, Myanmar, 2009-2010

	Household population of children age 0-7	Interviewed children age 0-4		Percentage of eligible children interviewed
	Number	Number	Per cent	
Age				
0	3,216	3,213	22.0	99.9
1	2,981	2,976	20.4	99.8
2	2,897	2,892	19.8	99.8
3	2,957	2,949	20.2	99.7
4	2,581	2,578	17.6	99.9
5	2,845	na	na	na
6	3,012	na	na	na
7	2,871	na	na	na
0-4	14,632	14,607	100.0	99.8

na: not applicable
Note: Weights for both household population of children and interviewed children are household weights. Age is based on the household schedule.

Table DQ.4: Age distribution of under-5 children

Age distribution of under-5 children by 3-month groups (weighted), Myanmar, 2009-2010

	Males		Females		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Age in months						
0-2	358	4.5	329	4.4	687	4.4
3-5	427	5.4	432	5.7	859	5.5
6-8	433	5.4	387	5.1	820	5.3
9-11	459	5.8	464	6.1	923	5.9
12-14	454	5.7	436	5.8	890	5.7
15-17	417	5.2	399	5.3	815	5.2
18-20	395	5.0	367	4.9	762	4.9
21-23	384	4.8	355	4.7	740	4.8
24-26	379	4.7	365	4.8	744	4.8
27-29	361	4.5	414	5.5	776	5.0
30-32	389	4.9	366	4.8	755	4.9
33-35	430	5.4	359	4.7	789	5.1
36-38	423	5.3	397	5.3	820	5.3
39-41	402	5.0	409	5.4	812	5.2
42-44	406	5.1	405	5.4	810	5.2
45-47	367	4.6	322	4.3	689	4.4
48-50	393	4.9	354	4.7	747	4.8
51-53	348	4.4	319	4.2	666	4.3
54-56	375	4.7	342	4.5	717	4.6
57-59	379	4.7	338	4.5	717	4.6
Total	7,980	100.0	7,558	100.0	15,539	100.0

Table DQ.5: Heaping on ages and periods

Age and period ratios at boundaries of eligibility by type of information collected (weighted), Myanmar, 2009-2010

	Age and period ratios*			Eligibility boundary (lower-upper)	Module or questionnaire
	Males	Females	Total		
Age in household questionnaire					
1	0.99	0.97	0.98		
2	0.98	0.99	0.98		
3	1.04	1.06	1.05		
4	0.94	0.90	0.92	Upper	Under-5 questionnaire
5	0.99	1.03	1.01	Lower	Education
6	1.04	1.03	1.04		
	.	.	.		
8	0.98	1.02	1.00		
9	0.99	0.98	0.98		
10	1.06	1.04	1.05		
	.	.	.		
13	1.06	1.00	1.03		
14	0.94	1.08	1.01		
15	1.01	0.89	0.95	Lower	Women's questionnaire
16	1.03	1.04	1.03		
17	1.00	1.04	1.02	Upper	Orphaned and vulnerable children
18	1.07	1.07	1.07		
	.	.	.		
23	1.03	1.04	1.04		
24	0.90	0.96	0.93	Upper	Education
25	1.11	1.03	1.06		
	.	.	.		
48	0.99	1.26	1.12		
49	0.88	0.48	0.67	Upper	Women's questionnaire
50	1.24	1.52	1.39		
Age in women's questionnaire					
23	na	1.04	na		
24	na	0.96	na		
25	na	1.02	na		
Months since last birth in women's questionnaire					
6-11	na	1.04	na		
12-17	na	1.03	na		
18-23	na	1.02	na	Upper	Tetanus toxoid and maternal and child health
24-29	na	0.86	na		
30-35	na	1.10	na		

* Age or period ratios are calculated as x / ((xn-1 + xn + xn+1) / 3), where x is age or period.
na: not applicable

Table DQ.6: Completeness of reporting

Percentage of observations missing information for selected questions and indicators (weighted), Myanmar, 2009-2010

Questionnaire and Subject	Reference group	Per cent with missing information*	Number of cases
Women			
Date of Birth	All women age 15-49		
Month only		1.4	38,081
Month and year missing		0.0	38,081
Under-5			
Date of Birth	All under-5 children surveyed		
Month only		0.0	15,539
Month and year missing		0.0	15,539
Anthropometry	All under-5 children surveyed		
Height		0.5	15,539
Weight		0.5	15,539
Height or Weight		0.5	15,539

* Includes "Don't know" responses

Table DQ.7: Presence of mother in the household and the person interviewed for the under-5 questionnaire

Distribution of children under five by whether the mother lives in the same household, and the person interviewed for the under-5 questionnaire (weighted), Myanmar, 2009-2010

	Mother in the household				Mother not in the household			Total	Number of children aged 0-4 years
	Mother interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed		
Age									
0	99.3	0.0	0.0	0.0	0.0	0.7	0.0	100.0	3,216
1	97.8	0.0	0.0	0.0	0.1	2.1	0.0	100.0	2,981
2	96.8	0.0	0.0	0.0	0.2	3.0	0.1	100.0	2,897
3	96.0	0.0	0.0	0.0	0.4	3.4	0.1	100.0	2,957
4	96.1	0.0	0.0	0.0	0.2	3.6	0.0	100.0	2,581
Total	97.3	0.0	0.0	0.0	0.2	2.5	0.0	100.0	14,632

Table DQ.8: School attendance by single age

Distribution of household population age 5-24 by education level and grade attended in the current year (weighted), Myanmar 2009-2010

	Pre-school	Primary school					Secondary school						Non-standard	Higher	Don't know	Not attending school	Total	Number
		Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11						
Age																		
5	6.8	54.9	6.6	.4	.0	.0	.0	.0	.0	.0	.0	.0	.0	.2	.0	31.1	100.0	2,845
6	1.7	30.7	52.1	5.0	.3	.0	.0	.0	.0	.0	.0	.0	.0	.1	.0	10.0	100.0	3,012
7	.3	8.8	40.6	39.5	4.4	.7	.1	.1	.0	.0	.0	.0	.0	.4	.0	5.2	100.0	2,871
8	.1	2.9	14.1	36.4	35.8	5.0	.7	.1	.0	.0	.0	.0	.0	.3	.0	4.6	100.0	2,816
9	.0	1.2	5.1	16.4	32.0	36.9	3.0	.2	.1	.0	.0	.1	.0	.1	.0	4.8	100.0	2,778
10	.0	.5	2.8	6.7	15.5	30.1	30.8	4.1	.3	.0	.0	.0	.0	.4	.0	8.6	100.0	2,899
11	.0	.2	1.4	3.0	7.1	14.7	28.0	31.7	2.9	.2	.0	.0	.0	.1	.0	10.5	100.0	2,616
12	.0	.2	.5	1.9	3.5	6.3	11.3	25.6	27.8	3.8	.1	.0	.0	.3	.0	18.8	100.0	2,647
13	.0	.1	.0	.6	1.4	3.3	4.3	9.7	22.3	26.6	3.0	.2	.0	.0	.0	28.5	100.0	2,763
14	.0	.0	.0	.3	.5	1.4	1.8	3.9	7.6	20.7	23.8	2.3	.0	.0	.0	37.6	100.0	2,630
15	.0	.0	.0	.0	.1	.3	.9	1.4	3.2	6.2	16.6	22.1	.2	.2	.0	48.9	100.0	2,408
16	.0	.0	.0	.0	.0	.1	.2	.7	1.4	2.5	5.8	22.5	5.9	.2	.0	60.7	100.0	2,599
17	.0	.0	.0	.0	.1	.0	.0	.3	.3	1.2	1.8	13.7	13.5	.1	.0	69.1	100.0	2,538
18	.0	.0	.0	.1	.0	.0	.0	.1	.2	.3	.6	6.6	16.0	.2	.0	76.1	100.0	2,305
19	.0	.0	.0	.0	.0	.0	.1	.0	.1	.0	.5	4.6	15.5	.0	.0	79.3	100.0	2,266
20	.0	.0	.0	.0	.0	.0	.0	.0	.0	.1	.1	1.9	11.9	.2	.0	86.0	100.0	2,412
21	.0	.0	.0	.0	.0	.0	.0	.0	.1	.0	.1	.7	7.1	.1	.0	92.0	100.0	2,141
22	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.1	.5	6.2	.0	.0	93.1	100.0	2,322
23	.0	.0	.0	.1	.0	.0	.1	.0	.0	.0	.0	.1	3.5	.1	.0	96.1	100.0	2,400
24	.0	.0	.0	.0	.0	.1	.0	.1	.0	.1	.0	.1	1.9	.0	.0	97.9	100.0	2,211
Total	.5	5.6	7.0	6.1	5.5	5.3	4.3	4.0	3.4	3.2	2.6	3.6	3.7	.2	.0	44.9	100.0	51,478

Table DQ.9: Sex ratio at birth among children ever born and living

Sex ratio at birth among children ever born, children living, and deceased children, by age of women (weighted), Myanmar, 2009-2010

	Children Ever Born			Children Living			Children deceased			Number of women
	Number of sons ever born	Number of daughters ever born	Sex ratio	Number of sons living	Number of daughters living	Sex ratio	Number of deceased sons	Number of deceased daughters	Sex ratio	
Age										
15-19	125	96	1.29	122	95	1.28	3	1	1.91	5,984
20-24	1,338	1,175	1.14	1,274	1,129	1.13	64	45	1.40	5,988
25-29	3,269	3,103	1.05	3,098	2,974	1.04	171	129	1.33	6,179
30-34	5,070	4,988	1.02	4,739	4,756	1.00	332	232	1.43	5,787
35-39	6,587	6,297	1.05	6,135	5,916	1.04	452	380	1.19	5,579
40-44	6,992	6,786	1.03	6,358	6,274	1.01	635	511	1.24	4,900
45-49	5,867	5,771	1.02	5,319	5,333	1.00	548	438	1.25	3,663
Total	29,248	28,215	1.04	27,044	26,478	1.02	2,204	1,737	1.27	38,081

Note: Sex ratios are calculated as number of males/ number of females

Appendix E. MICS Indicators: Numerators and Denominators

INDICATOR		NUMERATOR	DENOMINATOR
1	Under-five mortality rate	Probability of dying by exact age 5 years	
2	Infant mortality rate	Probability of dying by exact age 1 year	
4	Skilled attendant at delivery	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that were attended during childbirth by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
5	Institutional deliveries	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that delivered in a health facility	Total number of women surveyed aged 15-49 years with a birth in 2 years preceding the survey
6	Underweight prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five that were weighed
7	Stunting prevalence	Number of children under age five that fall below minus two standard deviations from the median height for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five measured
8	Wasting prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for height of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five weighed and measured
9	Low-birth weight infants	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams	Total number of last live births in the 2 years preceding the survey
10	Infants weighed at birth	Number of last live births in the 2 years preceding the survey that were weighed at birth	Total number of last live births in the 2 years preceding the survey
11	Use of improved drinking water sources	Number of household members living in households using improved sources of drinking water	Total number of household members in households surveyed
12	Access to improved sanitation facilities	Number of household members with improved sanitation facilities	Total number of household members in households surveyed
13	Water treatment	Number of household members using water that has been treated	Total number of household members in households surveyed
15	Exclusive breastfeeding rate	Number of infants aged 0-5 months that are exclusively breastfed	Total number of infants aged 0-5 months surveyed
16	Continued breastfeeding rate	Number of infants aged 12-15 months, and 20-23 months, that are currently breastfeeding	Total number of children aged 12-15 months and 20-23 months surveyed
17	Timely complementary feeding rate	Number of infants aged 6-9 months that are receiving breast milk and complementary foods	Total number of infants aged 6-9 months surveyed

INDICATOR		NUMERATOR	DENOMINATOR
18	Frequency of complementary feeding	Number of infants aged 6-11 months that receive breast milk and complementary food at least the minimum recommended number of times per day (two times per day for infants aged 6-8 months, three times per day for infants aged 9-11 months)	Total number of infants aged 6-11 months surveyed
19	Adequately fed infants	Number of infants aged 0-11 months that are appropriately fed: infants aged 0-5 months that are exclusively breastfed and infants aged 6-11 months that are breastfed and ate solid or semi-solid foods the appropriate number of times (see above) yesterday	Total number of infants aged 0-11 months surveyed
20	Antenatal care	Number of women aged 15-49 years that were attended at least once during pregnancy in the 2 years preceding the survey by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
21	Contraceptive prevalence	Number of women currently married or in union aged 15-49 years that are using (or whose partner is using) a contraceptive method (either modern or traditional)	Total number of women aged 15-49 years that are currently married or in union
22	Antibiotic treatment of suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks receiving antibiotics	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
23	Care-seeking for suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks that are taken to an appropriate health provider	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
24	Solid fuels	Number of residents in households that use solid fuels (wood, charcoal, crop residues and dung) as the primary source of domestic energy to cook	Total number of residents in households surveyed
25	Tuberculosis immunization coverage	Number of children aged 12-23 months receiving BCG vaccine before their first birthday	Total number of children aged 12-23 months surveyed
26	Polio immunization coverage	Number of children aged 12-23 months receiving OPV3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
27	Immunization coverage for diphtheria, pertussis and tetanus (DPT)	Number of children aged 12-23 months receiving DPT3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
28	Measles immunization coverage	Number of children aged 12-23 months receiving measles vaccine before their first birthday	Total number of children aged 12-23 months surveyed
29	Hepatitis B immunization coverage	Number of children aged 12-23 months immunized against hepatitis before their first birthday	Total number of children aged 12-23 months surveyed
31	Fully immunized children	Number of children aged 12-23 months receiving DPT1-3, OPV-1-3, BCG and measles vaccines before their first birthday	Total number of children aged 12-23 months surveyed
32	Neonatal tetanus protection	Number of mothers with live births in the previous year that were given at least two doses of tetanus toxoid (TT) vaccine within the appropriate interval prior to giving birth	Total number of women surveyed aged 15-49 years with a birth in the year preceding the survey
33	Use of oral rehydration therapy (ORT)	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received oral rehydration salts and/or an appropriate household solution	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks

INDICATOR		NUMERATOR	DENOMINATOR
34	Home management of diarrhoea	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
35	Received ORT or increased fluids and continued feeding	Number of children aged 0-59 months with diarrhoea that received ORT (oral rehydration salts or an appropriate household solution) or received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
42	Vitamin A supplementation (under-fives)	Number of children aged 6-59 months receiving at least one high-dose vitamin A supplement in the previous 6 months	Total number of children aged 6-59 months surveyed
43	Vitamin A supplementation (post-partum mothers)	Number of women with a live birth in the 2 years preceding the survey that received a high-dose vitamin A supplement within 8 weeks after birth	Total number of women that had a live birth in the 2 years preceding the survey
44	Content of antenatal care	Number of women with a live birth in the 2 years preceding the survey that received antenatal care during the last pregnancy	Total number of women with a live birth in the 2 years preceding the survey
45	Timely initiation of breastfeeding	Number of women with a live birth in the 2 years preceding the survey that put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey
46	Support for learning	Number of children aged 0-59 months living in households in which an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months surveyed
47	Father's support for learning	Number of children aged 0-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months
52	Pre-school attendance	Number of children aged 36-59 months that attend some form of early childhood education programme	Total number of children aged 36-59 months surveyed
53	School readiness	Number of children in first grade that attended some form of pre-school the previous year	Total number of children in the first grade surveyed
54	Net intake rate in primary education	Number of children of school-entry age that are currently attending first grade	Total number of children of primary- school entry age surveyed
55	Net primary school attendance rate	Number of children of primary-school age currently attending primary or secondary school	Total number of children of primary- school age surveyed
56	Net secondary school attendance rate	Number of children of secondary-school age currently attending secondary school or higher	Total number of children of secondary-school age surveyed
57	Children reaching grade five	Proportion of children entering the first grade of primary school that eventually reach grade five	
58	Transition rate to secondary school	Number of children that were in the last grade of primary school during the previous school year that attend secondary school	Total number of children that were in the last grade of primary school during the previous school year surveyed
59	Net primary completion rate	Number of children aged 9 attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age 9) surveyed

INDICATOR		NUMERATOR	DENOMINATOR
60	Young female literacy rate	Number of women aged 15-24 years that are able to read a short simple statement about everyday life	Total number of women aged 15-24 years surveyed
61	Gender parity index	Proportion of girls in primary and secondary education	Proportion of boys in primary and secondary education
62	Birth registration	Number of children aged 0-59 months whose births are reported registered	Total number of children aged 0-59 months surveyed
68	Young women aged 15-19 years currently married	Number of women aged 15-19 years currently married	Total number of women aged 15-19 years surveyed
75	Prevalence of orphans	Number of children under age 18 with at least one dead parent	Total number of children under age 18 surveyed
78	Children's living arrangements	Number of children aged 0-17 years not living with a biological parent	Total number of children aged 0-17 years surveyed
82	Comprehensive knowledge about HIV prevention among young people	Number of women aged 15-24 years that correctly identify two ways of avoiding HIV infection and reject three common misconceptions about HIV transmission	Total number of women aged 15-24 years surveyed
86	Attitude towards people with HIV/AIDS	Number of women expressing acceptance on all four questions about people with HIV or AIDS	Total number of women surveyed
87	Women who know where to be tested for HIV	Number of women that state knowledge of a place to be tested	Total number of women surveyed
88	Women who have been tested for HIV	Number of women that report being tested for HIV	Total number of women surveyed
89	Knowledge of mother-to-child transmission of HIV	Number of women that correctly identify all three means of vertical transmission	Total number of women surveyed

Appendix F. Questionnaires

HOUSEHOLD QUESTIONNAIRE

WE ARE FROM MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (30) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.
MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL	**HH**
HH1. Cluster number: ___ ___ ___	HH2. Household number: ___ ___ ___
HH3. Interviewer name and number: Name_____ ___ ___	HH4. Supervisor name and number: Name_____ ___ ___
HH5. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___	
HH6. Area: Urban ..... 1 Rural 2	HH7. Region: (a) State/Division ..... (b) Township ..... (c) Ward/Village .....
HH 8. Name of head of household: _____	
After all questionnaires for the household have been completed, fill in the following information:	

HH9. Result of HH interview: Completed ..... 1 Not at home ..... 2 Refused ..... 3 HH not found/destroyed ..... 4 Other (*specify*)_____ 6	HH10. Respondent to HH questionnaire: Name:_____ Line No: ___ ___ HH11. Total number of household members: ___ ___
HH12. No. of women eligible for interview: ___ ___	HH13. No. of women questionnaires completed: ___ ___
HH14. No. of children under age 5: ___ ___	HH15. No. of under-5 questionnaires completed: ___ ___
Interviewer/supervisor notes: *Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.*	
HH16. Data entry clerk: ___ ___	

HOUSEHOLD LISTING FORM HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4).

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). *If yes, complete listing.*

Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 15 household members. Tick here if continuation sheet used ☐

						Eligible for:		*For children* ***age 0-17 years*** *ask HL9-HL12*			
						WOMEN'S INTERVIEW	UNDER-5 INTERVIEW				
HL1. *Line no.*	HL2. *Name*	HL3. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF THE HOUSE-HOLD?	HL4. IS (*name*) MALE OR FEMALE ? 1 MALE 2 FEM.	HL5. HOW OLD IS (*name*)? HOW OLD WAS (*name*) ON HIS/HER LAST BIRTHDAY? *Record in completed year* 98=DK*	*HL5(a) What is his/her marital status?* *Married 1* *Single 2* *Widow 3* *Divorced 4* *Separated 5* (Ask to 10 years and above HH members)	HL6. *Circle Line no. if woman is age 15-49*	HL8. *For each child* ***under 5****:* WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record Line no. of mother/caretaker*	HL9. IS (*name's*) NATURAL MOTHER ALIVE? 1 YES 2 NO⇨ HL11 8 DK⇨ HL11	HL10. *If alive:* DOES (*name's*) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? *Record Line no. of mother or 00 for 'no'*	HL11. IS (*name's*) NATURAL FATHER ALIVE? 1 YES 2 NO↘ NEXT LINE 8 DK↘ NEXT LINE	HL12. *If alive:* DOES (*name's*) NATURAL FATHER LIVE IN THIS HOUSEHOLD? *Record Line no. of father or 00 for 'no'*
LINE	NAME	REL.	M F	AGE	M-STATUS	15-49 YRS	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
01		0 1	1 2	__ __	__	01	__ __	1 2 8	__ __	1 2 8	__ __
02		__ __	1 2	__ __	__	02	__ __	1 2 8	__ __	1 2 8	__ __
03		__ __	1 2	__ __	__	03	__ __	1 2 8	__ __	1 2 8	__ __
04		__ __	1 2	__ __	__	04	__ __	1 2 8	__ __	1 2 8	__ __
05		__ __	1 2	__ __	__	05	__ __	1 2 8	__ __	1 2 8	__ __
06		__ __	1 2	__ __	__	06	__ __	1 2 8	__ __	1 2 8	__ __
07		__ __	1 2	__ __	__	07	__ __	1 2 8	__ __	1 2 8	__ __
08		__ __	1 2	__ __	__	08	__ __	1 2 8	__ __	1 2 8	__ __
09		__ __	1 2	__ __	__	09	__ __	1 2 8	__ __	1 2 8	__ __

HL1. *Line no.*	HL2. *Name*	HL3. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF THE HOUSE-HOLD?	HL4. IS (*name*) MALE OR FEMALE ? 1 MALE 2 FEM.	HL5. HOW OLD IS (*name*)? HOW OLD WAS (*name*) ON HIS/HER LAST BIRTHDAY? *Record in completed year* 98=DK*	*HL5(a) What is his/her marital status?* *Married 1 Single 2 Widow 3 Divorced 4 Separated 5* (Ask to 10 years and above HH members)	HL6. *Circle Line no. if woman is age 15-49*	HL8. *For each child* ***under 5:*** WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record Line no. of mother/caretaker*	HL9. IS (*name's*) NATURAL MOTHER ALIVE? 1 YES 2 NO⇨ HL11 8 DK⇨ HL11	HL10. *If alive:* DOES (*name's*) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? *Record Line no. of mother or 00 for 'no'*	HL11. IS (*name's*) NATURAL FATHER ALIVE? 1 YES 2 NO NEXT LINE 8 DK NEXT LINE	HL12. *If alive:* DOES (*name's*) NATURAL FATHER LIVE IN THIS HOUSEHOLD? *Record Line no. of father or 00 for 'no'*
LINE	NAME	REL.	M F	AGE	M-STATUS	15-49 YRS	MOTHER	Y N DK	MOTHER	Y N DK	FATHER
10		__ __	1 2	__ __	__	10	__ __	1 2 8	__ __	1 2 8	__ __
11		__ __	1 2	__ __	__	11	__ __	1 2 8	__ __	1 2 8	__ __
12		__ __	1 2	__ __	__	12	__ __	1 2 8	__ __	1 2 8	__ __
13		__ __	1 2	__ __	__	13	__ __	1 2 8	__ __	1 2 8	__ __
14		__ __	1 2	__ __	__	14	__ __	1 2 8	__ __	1 2 8	__ __
15		__ __	1 2	__ __	__	15	__ __	1 2 8	__ __	1 2 8	__ __

ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? *If yes, insert child's name and complete form. Then, complete the totals below.*

	Women 15-49	Under-5s
Totals	_____	__ __

* *See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").*

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children Under Five.
You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* *Codes for HL3: Relationship to head of household:*

01 = Head
02 = Wife or Husband
03 = Son or Daughter
04 = Son or Daughter In-Law
05 = Grandchild
06 = Parent
07 = Parent-In-Law
08 = Brother or Sister
09 = Brother or Sister-In-Law
10 = Uncle/Aunt
11 = Niece/Nephew By Blood
12 = Niece/Nephew By Marriage
13 = Other Relative
14 = Adopted/Foster/Stepchild
15 = Not Related
98 = Don't Know

EDUCATION MODULE **ED**

For household members age 5 and above

For household members age 5-24 years

ED1. *Line no.*	ED1A. NAME	ED2. HAS (*name*) EVER ATTENDED SCHOOL OR PRESCHOOL? 1 YES ⇨ ED3 2 NO ↘ NEXT LINE	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (*name*) ATTENDED? WHAT IS THE HIGHEST GRADE (*name*) COMPLETED AT THIS LEVEL? LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY AND HIGHER 3 COLLEGE/ UNIVERSITY AND HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK *If less than 1 grade, enter 00. For Non-standard curriculum, grade will be 98*		ED4. DURING THIS SCHOOL YEAR *(2009-2010)*, DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 YES 2 NO ⇨ ED7	ED5 SINCE LAST (DAY OF THE WEEK), HOW MANY DAYS DID (*name*) ATTEND SCHOOL? INSERT NUMBER OF DAYS IN SPACE BELOW	ED6. DURING THIS SCHOOL YEAR (2009-2010), WHICH LEVEL AND GRADE IS (*name*) ATTENDING? LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY AND HIGHER 3 COLLEGE/ UNIVERSITY AND HIGHER 6 NON STANDARD CURRICULUM 8 DK GRADE: 98 DK *If less than 1 grade, enter 00. For Non-standard curriculum, grade will be 98*		ED7. DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS *(2008-2009)*? 1 YES 2 NO ↘ NEXT LINE 8 DK ↘ NEXT LINE			ED8. DURING THAT PREVIOUS SCHOOLYEAR (*2008-2009*), WHICH LEVEL AND GRADE DID (*name*) ATTEND? LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY AND HIGHER 3 COLLEGE/ UNIVERSITY AND HIGHER 6 NON STANDARD CURRICULUM 8 DK GRADE: 98 DK *If less than 1 grade, enter 00. For Non-standard curriculum, grade will be 98*	
LINE	NAME	YES NO	LEVEL	EDU	YES	NO	ED5	LEVEL	GRADE	Y	N	DK	LEVEL	GRADE
01		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
02		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
03		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
04		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
05		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
06		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
07		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
08		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
09		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
10		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
11		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
12		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
13		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
14		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
15		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
16		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
17		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___
18		1 2⇨NEXT LINE	0 1 2 3 6 8	___	1	2	___	0 1 2 3 6 8	___ ___	1	2	8	0 1 2 3 6 8	___ ___

WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD? (PLEASE CIRCLE ONLY ONE MAIN SOURCE OF DRINKING WATER)	Piped water Piped into dwelling ..... 11 Piped into yard or plot ..... 12 Public tap/standpipe ..... 13 Tubewell/borehole ..... 21 Dug well Protected well ..... 31 Unprotected well ..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank/drum ..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 Bottled water ..... 91 Other (*specify*) _____ 96	11⇨WS5 12⇨WS5 ⇨WS3 96⇨WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING? (PLEASE CIRCLE ONLY ONE MAIN SOURCE OF WATER FOR COOKING AND WASHING)	Piped water Piped into dwelling ..... 11 Piped into yard or plot ..... 12 Public tap/standpipe ..... 13 Tube-well/borehole ..... 21 Dug well Protected well ..... 31 Unprotected well ..... 32 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank/drum ..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 Other (*specify*) _____ 96	11⇨WS5 12⇨WS5
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes ..... __ __ __ Water on premises ..... 995 DK 998	 995⇨WS5
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? *Probe:* IS THIS PERSON UNDER AGE 15? WHAT SEX? *Circle code that best describes this person.*	Adult woman ..... 1 Adult man ..... 2 Female child (under 15) ..... 3 Male child (under 15) ..... 4 DK 8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes ..... 1 No ..... 2 DK 8	 2⇨WS7 8⇨WS7
WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK? ANYTHING ELSE? *Record all items mentioned.*	Boil ..... A Add bleach/chlorine ..... B Strain it through a cloth ..... C Use water filter (ceramic, sand, composite, etc.) ..... D Solar disinfection ..... E Let it stand and settle ..... F Other (*specify*) _____ X DK ..... Z	

WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? *If "flush" or "pour flush", probe:* WHERE DOES IT FLUSH TO? *If necessary, ask permission to observe the facility.*	Flush / pour flush Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to somewhere else ..... 14 Ventilated Improved Pit latrine (VIP) ..... 21 Pit latrine with slab ..... 22 Pit latrine without slab / open pit ..... 23 Composting toilet ..... 31 Bucket ..... 41 Hanging toilet/hanging latrine ..... 51 No facilities or bush or field ..... 95 Other (*specify*)_____ 96	95⇨ NEXT MODULE
WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?	Yes ..... 1 No 2	2⇨ NEXT MODULE
WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?	No. of households (if less than 10) ..... 0___ Ten or more households ..... 10 DK 98	

HAND WASHING PRACTICE MODULE					HW
HW1. DO YOUR HOUSEHOLD MEMBERS USE TO WASH HANDS WHEN…..		Yes	No	DK	
	After going to toilet.....	1	2	8	2, 8⇨skip HW 2
	Before eating.....	1	2	8	2, 8⇨skip HW 3
	After eating.....	1	2	8	
	After cleaning child's feces…….	1	2	8	2, 8⇨skip HW 4
	Before feeding child.....	1	2	8	2, 8⇨skip HW 5
	Before cooking food.....	1	2	8	2, 8⇨skip HW 6
HW2. WHAT DO YOU USUALLY USE FOR HAND WASHING AFTER TOILETING? (PLEASE CIRCLE RELEVANT CODE AFTER CHECKING IF THERE IS SOAP AND WATER AT THE PLACE OF WASHING BY ENUMERATOR)	Water only…..……..			1	
	Soap and water ……..……			2	
	Other (Specify) …….....			3	
	Do not wash hand ……..……..			4	
	Don't know …….			5	
HW3. WHAT DO YOU USUALLY USE FOR HAND WASHING BEFORE EATING? (PLEASE CIRCLE RELEVANT CODE AFTER CHECKING IF THERE IS SOAP AND WATER AT THE PLACE OF WASHING BY ENUMERATOR)	Water only…..……..			1	
	Soap and water ……..……			2	
	Other (Specify) …….....			3	
	Do not wash hand ……..……..			4	
	Don't know …….			5	
HW4. WHAT DO YOU USUALLY USE FOR HAND WASHING AFTER CLEANING CHILD'S FECES? (PLEASE CIRCLE RELEVANT CODE AFTER CHECKING IF THERE IS SOAP AND WATER AT THE PLACE OF WASHING BY ENUMERATOR)	Water only…..……..			1	
	Soap and water ……..……			2	
	Other (Specify) …….....			3	
	Do not wash hand ……..……			4	
	Don't know ……..…….....			5	
	No under 3 years children ……			6	
HW5. WHAT DO YOU USUALLY USE FOR HAND WASHING BEFORE FEEDING CHILD? (PLEASE CIRCLE RELEVANT CODE AFTER CHECKING IF THERE IS SOAP AND WATER AT THE PLACE OF WASHING BY ENUMERATOR)	Water only…..……..			1	
	Soap and water ……..……			2	
	Other (Specify) …….....			3	
	Do not wash hand ……..……			4	
	Don't know ……..…….....			5	
	No under 3 years children ……			6	
HW6. WHAT DO YOU USUALLY USE FOR HAND WASHING BEFORE COOKING FOOD? (PLEASE CIRCLE RELEVANT CODE AFTER CHECKING IF THERE IS SOAP AND WATER AT THE PLACE OF WASHING BY ENUMERATOR)	Water only…..……..			1	
	Soap and water ……..……			2	
	Other (Specify) …….....			3	
	Do not wash hand ……..……..			4	
	Don't know …….			5	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms ..... __ __	
HC3. Main material of the dwelling floor: *Record observation.*	Natural floor Earth/Mud ..... 11 Sand ..... 12 Rudimentary floor Wood planks ..... 21 Bamboo ..... 22 Finished floor Parquet or polished wood ..... 31 Ceramic tile ..... 32 Cement ..... 33 Carpet ..... 34 Other (*specify*) _____ 96	
HC4. Main material of the roof. *Record observation.*	Natural roofing No Roof ..... 11 Palm leaf ..... 12 Rudimentary Roofing Thatch ..... 21 Bamboo ..... 22 Wood planks ..... 23 Finished roofing Iron Sheet ..... 31 Cement ..... 32 Ceramic tiles ..... 33 Other (*specify*) _____ 96	
HC5. Main material of the walls. *Record observation.*	Natural walls No walls ..... 11 Cane/palm/trunks ..... 12 Mud ..... 13 Rudimentary walls Bamboo/Thatch ..... 21 Wood ..... 22 Finished walls Cement ..... 31 Stone with lime/cement ..... 32 Bricks ..... 33 Wood planks/Shingles ..... 34 Other (*specify*) _____ 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity ..... 01 Liquid Propane Gas (LPG) ..... 02 Natural gas ..... 03 Biogas ..... 04 Kerosene ..... 05 Coal / Lignite ..... 06 Charcoal ..... 07 Wood ..... 08 Straw/shrubs/grass ..... 09 Animal dung ..... 10 Agricultural crop residue ..... 11 Other (*specify*) _____ 96	01⇨HC8 02⇨HC8 03⇨HC8 04⇨HC8
HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? *Probe for type.*	Open fire ..... 1 Open stove ..... 2 Closed stove ..... 3 Other (*specify*) _____ 6	 3⇨HC8 6⇨HC8

HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes ..... 1 No 2	
HC8. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS?	In the house ..... 1 In a separate building ..... 2 Outdoors ..... 3 Other (*specify*)_____ 6	
HC9. DOES YOUR HOUSEHOLD HAVE: ELECTRICITY? A RADIO? A TELEVISION? A MOBILE TELEPHONE? A NON-MOBILE TELEPHONE? A REFRIGERATOR?	Yes No Electricity ..... 1 2 Radio ..... 1 2 Television ..... 1 2 Mobile Telephone ..... 1 2 Non-Mobile Telephone ..... 1 2 Refrigerator 1 2	
HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN: A WATCH? A BICYCLE? A MOTORCYCLE OR SCOOTER? AN ANIMAL-DRAWN CART? A CAR OR TRUCK? A BOAT WITH A MOTOR?	Yes No Watch ..... 1 2 Bicycle ..... 1 2 Motorcycle/Scooter ..... 1 2 Animal drawn-cart/boat ..... 1 2 Car/Truck ..... 1 2 Motorized Boat 1 2	

BED-NET USE MODULE		**TN**
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes ..... 1 No 2	2⇨NEXT MODULE
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE? *If 7 or more nets, record '7'.*	Number of nets ..... ___	
TN2A. HOW MANY SEASONS A YEAR DO YOU USE THE BED NETS? *(May have more than one answer)*	During the summer season ..... 1 During the rainy season ..... 2 During the winter season ..... 3 All year round 4	
TN 2B.CHECK NUMBER OF UNDER 5 CHILDREN IN THE HOUSEHOLD IN HL8 AND RECORD THE CHILD LINE NUMBER IN THE BLANK PLEASE CHECK EACH CHILDREN UNDER 5 SLEPT IN THE MOSQUITO BED-NET LAST NIGHT	Total number of under-five children in the household ..... __ __ Slept under mosquito bed-net last night- Yes No Child line number __ __ ..... 1 2 Child line number __ __ ..... 1 2 Child line number __ __ ..... 1 2 Child line number __ __ ..... 1 2 Child line number __ __ ..... 1 2 Child line number __ __ 1 2	

HOUSEHOLD EXPENDITURE MODULE		EX
EXPENDITURE DURING LAST MONTH EX1. HOW MUCH DID THIS HOUSEHOLD SPEND ON THE FOLLOWING IN THE LAST MONTH? *(in kyats only)*	a. Transport ☐☐☐☐☐☐ b. Housing ☐☐☐☐☐☐ c. Clothing ☐☐☐☐☐☐ d. Food ☐☐☐☐☐☐ e. Education ☐☐☐☐☐☐ f. Health Care ☐☐☐☐☐☐☐ g. Fuel for heating/cooking ☐☐☐☐☐☐ h. Contributions to Social/Religious Activities ☐☐☐☐☐☐ i. Others (Specify) ☐☐☐☐☐☐ ---------- ----------	
EX2. WHAT WAS THE TOTAL HOUSEHOLD EXPENDITURE IN THE LAST MONTH? *Include everything that the household and its members spent money on, including food, clothing, transport, rent and rates, alcohol and tobaccos, school fees, entertainment and any other expenses.*	Under 50,000 Kyats ..... 1 Ks 50,000 – Ks 100,000 ..... 2 Ks 100,000 – Ks 200,000 ..... 3 Over Ks 200,000 ..... 4 Don't know ..... 8 Refuse 9	

HEALTH CARE EXPENDITURE			EX
EX3. DURING LAST MONTH, DID ANY MEMBER OF YOUR HOUSEHOLD HAVE A CHILDBIRTH OR SUFFER FROM ANY ILLNESSES OR INJURIES?		Yes 1 No 2 ⇨ next module	
EX4. HOW MANY WERE THEY?		Number ☐	
	Name _____ *Line No.* _____	*Name* _____ *Line No.* _____	*Name* _____ *Line No.* _____
EX5. DID THE HOUSEHOLD MEMBER(S) WHO HAD A CHILDBIRTH OR SUFFERING FROM ILLNESS OR INJURY CONSULT ANY PROFESSIONAL?	Yes 1 No 2 ⇨ next person	Yes 1 No 2 ⇨ next person	Yes 1 No 2 ⇨ next module

EX6. WHAT KIND OF HEALTH WORKER DID *(name)* CONSULT? *(Circle all health workers mentioned, but do NOT prompt with any suggestions)*	Doctor .... 1 Lady Health Visitor/ Health Assistant .... 2 Nurse .... 3 Midwife .... 4 Traditional healer/ Practitioners .... 5 Auxiliary Midwife.... 6 Voluntary health worker .... 7 Others (Specify) 8	Doctor .... 1 Lady Health Visitor/ Health Assistant .... 2 Nurse .... 3 Midwife .... 4 Traditional healer/ Practitioners .... 5 Auxiliary Midwife.... 6 Voluntary health worker .... 7 Others (Specify) 8	Doctor .... 1 Lady Health Visitor/ Health Assistant .... 2 Nurse .... 3 Midwife .... 4 Traditional healer/ Practitioners .... 5 Auxiliary Midwife.... 6 Voluntary health worker .... 7 Others (Specify) 8
EX7. WHERE DID THE CONSULTATION TAKE PLACE? *(Circle all facilities mentioned)*	**Public Sector** Hospital .... 1 Clinic .... 2 Primary (or) Rural Health Centre .... 3 Sub Rural Health Centre .... 4 Other public facility 8 **Private Sector** Hospital .... 1 Clinic .... 2 Pharmacy .... 3 Their own home ..... 4 Other private medical *(specify)* ---- 8	**Public Sector** Hospital .... 1 Clinic .... 2 Primary (or) Rural Health Centre .... 3 Sub Rural Health Centre .... 4 Other public facility 8 **Private Sector** Hospital .... 1 Clinic .... 2 Pharmacy .... 3 Their own home ..... 4 Other private medical *(specify)* ---- 8	**Public Sector** Hospital .... 1 Clinic .... 2 Primary (or) Rural Health Centre .... 3 Sub Rural Health Centre .... 4 Other public facility 8 **Private Sector** Hospital .... 1 Clinic .... 2 Pharmacy .... 3 Their own home ..... 4 Other private medical *(specify)* ---- 8
EX8. HOW MUCH DID THE HOUSEHOLD SPEND FOR THE FOLLOWING FOR THE HEALTH CARE OF *(name)* IN THE PAST MONTH? (IN KYATS ONLY) a Transportation -------- b Consultation fees (including transporting fees for health care personnel)------- c Medicine -------------- d In-patient stay/long-term care in hospital (include all costs) ----------- e Diagnostic and laboratory tests such as X-rays or blood tests ----------------- f Other health care (excluding medicines, vaccinations) ----------	a .... b .... c -------------------------- d -------------------------- e -------------------------- f	a .... b .... c -------------------------- d -------------------------- e -------------------------- f	a .... b .... c -------------------------- d -------------------------- e -------------------------- f ....

MICS QUESTIONNAIRE FOR INDIVIDUAL WOMEN (EVER-MARRIED)

WOMEN'S INFORMATION PANEL	WM
This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). *Fill in one form for each eligible woman* *Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.*	
WM1. Cluster number: ___ ___ ___	WM2. Household number: ___ ___ ___
WM3. Woman's Name: _____	WM4. Woman's Line Number: ___ ___
WM5. Interviewer name and number: _____ ___ ___	WM6. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___
WM7. Result of women's interview	Completed ..... 1 Not at home ..... 2 Refused ..... 3 Partly completed ..... 4 Incapacitated ..... 5 Other (*specify*) _____ 6

Repeat greeting if not already read to this woman:

WE ARE FROM MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (30) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years) ..... __ __	
WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes ..... 1 No 2	2⇨WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY OR HIGHER?	Primary ..... 1 Secondary ..... 2 Higher ..... 3 Non-standard curriculum 6	1⇨WM14 2,3⇨NEXT MODULE 6⇨WM14
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade ..... __ __	
MW14. NOW, I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. Show the sentences to respondents. If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME? 1. Teacher comes near to me. 2. Younger brother is writing. 3. White and red lotuses are blooming beside the hut in the field. 4. U Thar San is carrying eggplant and limes. 5. Seeds are throwing in the field under the sunshine. Have an apple.	Cannot read at all ..... 1 Able to read with difficulties ..... 2 Able to read whole sentence very well ..... 3 No sentences translated into ethnic language _____ 4 (*specify language*) Blind/mute, visually/speech impaired 5	

CHILD MORTALITY MODULE		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes ..... 1 No 2	2⇨CM7
CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 No 2	2⇨CM5
CM4. HOW MANY SONS LIVE WITH YOU? (ANY SONS AT HOME RECORD "00") HOW MANY DAUGHTERS LIVE WITH YOU? (ANY DAUGHTER AT HOME RECORD "00")	Sons at home ..... __ __ Daughters at home ..... __ __	
CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes ..... 1 No 2	2⇨CM7
CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? (ANY SONS OR DAUGHTER ELSEWHERE RECORD "00")	Sons elsewhere ..... __ __ Daughters elsewhere ..... __ __	
CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR A GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes ..... 1 No 2	2⇨CM9
CM8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? (ANYONE HAD DIED RECORD "00")	Boys dead ..... __ __ Girls dead ..... __ __	
CM9. SUM ANSWERS TO CM4, CM6 AND CM8	Sum ..... __ __	
CM10. JUST TO MAKE SURE THAT I HAVE THIS _____ RIGHT, YOU HAVE HAD IN TOTAL BIRTHS DURING YOUR LIFE. IS THIS CORRECT? CORRECT ☐ UN CORRECT ☐ → CHECK CM3 TO CM9 AND CORRECT YOUR NUMBER		
HAS HISTORY OF CHILD BIRTH ☐ → GO TO CM12	NO HISTORY OF CHILD BIRTH ☐ → GO TO NEXT MODULE	
CM12. HAVE YOU EVER GIVEN BIRTH DURING LAST TWO YEARS?	Yes ..... 1 No 2	

CM14. Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN CM15. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 11 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

CM15 What name was given to your next baby? (NAME)	CM16 Were any of these births twins?	CM17 Is (NAME) a boy or a girl?	CM18 In what month and year was (NAME) born? PROBE: What is his/her birthday?	CM19 Is (NAME) still alive?	CM20 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	CM21 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	CM22 IF ALIVE: Is (NAME) living with you?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES…1 (CM21) NO….2	DAYS… 1 ☐☐ MONTHS.2 ☐☐ YEARS …3 ☐☐ (Ask for next child)	AGE IN YEARS ☐☐	YES…1 NO….2
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES…1 (CM21) NO….2	DAYS… 1 ☐☐ MONTHS.2 ☐☐ YEARS …3 ☐☐ (Ask for next child)	AGE IN YEARS ☐☐	YES…1 NO….2
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES…1 (CM21) NO….2	DAYS… 1 ☐☐ MONTHS.2 ☐☐ YEARS …3 ☐☐ (Ask for next child)	AGE IN YEARS ☐☐	YES…1 NO….2
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES…1 (CM21) NO….2	DAYS… 1 ☐☐ MONTHS.2 ☐☐ YEARS …3 ☐☐ (Ask for next child)	AGE IN YEARS ☐☐	YES…1 NO….2
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES…1 (CM21) NO….2	DAYS… 1 ☐☐ MONTHS.2 ☐☐ YEARS …3 ☐☐ (Ask for next child)	AGE IN YEARS ☐☐	YES…1 NO….2
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES…1 (CM21) NO….2	DAYS… 1 ☐☐ MONTHS.2 ☐☐ YEARS …3 ☐☐ (Ask for next child)	AGE IN YEARS ☐☐	YES…1 NO….2
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES…1 (CM21) NO….2	DAYS… 1 ☐☐ MONTHS.2 ☐☐ YEARS …3 ☐☐ (Ask for next child)	AGE IN YEARS ☐☐	YES…1 NO….2
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES…1 (CM21) NO….2	DAYS… 1 ☐☐ MONTHS.2 ☐☐ YEARS …3 ☐☐ (Ask for next child)	AGE IN YEARS ☐☐	YES…1 NO….2

CM15 What name was given to your next baby? (NAME)	CM16 Were any of these births twins?	CM17 Is (NAME) a boy or a girl?	CM18 In what month and year was (NAME) born? PROBE: What is his/her birthday?	CM19 Is (NAME) still alive?	CM20 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	CM21 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	CM22 IF ALIVE: Is (NAME) living with you?
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES…1 (CM21) NO….2	DAYS… 1 ☐☐ MONTHS.2 ☐☐ YEARS …3 ☐☐ (Ask for next child)	AGE IN YEARS ☐☐	YES…1 NO….2
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES…1 (CM21) NO….2	DAYS… 1 ☐☐ MONTHS.2 ☐☐ YEARS …3 ☐☐ (Ask for next child)	AGE IN YEARS ☐☐	YES…1 NO….2
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES…1 (CM21) NO….2	DAYS… 1 ☐☐ MONTHS.2 ☐☐ YEARS …3 ☐☐ (Ask for next child)	AGE IN YEARS ☐☐	YES…1 NO….2

	PLEASE MARK ☑ IF YOU USED MORE THAN ONE SHEET FOR MORE THAN 11 CHILDREN ☐
CM23	COMPARE CM9 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME ☐ ↓ NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. ☐

TETANUS TOXOID (TT) MODULE		**TT**
This module is to be administered to all women with a live birth in the 2 years preceding date of interview.		
TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? *If a card is presented, use it to assist with answers to the following questions.*	Yes (card seen)..... 1 Yes (card not seen)..... 2 No..... 3 DK..... 8	
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes..... 1 No..... 2 DK..... 8	 2⇨TT5 8⇨TT5
TT3. *If yes:* HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times..... __ __ DK..... 98	 98⇨TT5
TT4.*How many TT doses during last pregnancy were reported in TT3?* ☐ *At least two TT injections during last pregnancy. ⇨ Goto Next Module* ☐ *Fewer than two TT injections during last pregnancy. ⇨Continue with TT5*		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes..... 1 No..... 2 DK..... 8	 2⇨NEXT MODULE 8⇨NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times..... __ __	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY? *Skip to next module only if year of injection is given. Otherwise, continue with TT8.*	Month..... __ __ DK month..... 98 Year..... __ __ __ __ DK year..... 9998	 ⇨NEXT MODULE ⇩TT8
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago..... __ __	

MATERNAL AND NEWBORN HEALTH MODULE — MN

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.
Check child mortality module CM15 and record name of last-born child here _____.
Use this child's name in the following questions, where indicated.

MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF *name*], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS? *Show 200,000 IU capsule or dispenser.*	Yes ..... 1 No ..... 2 DK 8	
MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY? *If yes*: WHOM DID YOU SEE? ANYONE ELSE? *Probe for the type of person seen and circle all answers given.*	Health professional: Doctor ..... A Lady Health Visitor/Nurse ..... B Midwife ..... C Auxiliary midwife ..... D Other person Traditional birth attendant ..... F Community health worker ..... G Relative/friend ..... H Other (*specify*) _____ X No one ..... Y	Y⇨MN7
MN2A. HOW MANY ANTE-NATAL VISIT DID YOU GO DURING THIS PREGNANCY?	Number of AN visit ___ ___ times	
MN3. AS PART OF YOUR ANTENATAL CARE, WAS ANY OF THE FOLLOWING DONE AT LEAST ONCE?	Yes No	
MN3A. WERE YOU WEIGHED?	a) Weight 1 2	
MN3B. WAS YOUR BLOOD PRESSURE MEASURED?	b) Blood pressure 1 2	
MN3C. DID YOU GIVE A URINE SAMPLE?	c) Urine sample 1 2	
MN3D. DID YOU RECEIVE VITAMIN B1?	d) Vitamin B1 ..... 1 2	
MN3E. DID YOU RECEIVE IRON TABLETS?	e) Iron tablets 1 2	
MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (*name*)? ANYONE ELSE? *Probe for the type of person assisting and circle all answers given.*	Health professional: Doctor ..... A Lady Health Visitor/Nurse ..... B Midwife ..... C Auxiliary midwife ..... D Other person Traditional birth attendant ..... F Community health worker ..... G Relative/friend ..... H Other (*specify*) _____ X Self ..... Y	

MN8. WHERE DID YOU GIVE BIRTH TO (*name*)? *If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.* _____ *(Name of place)*	Home Your home ..... 11 Other home ..... 12 Public sector Govt. hospital ..... 21 Govt. clinic/health center ..... 22 Other public (*specify*) ..... 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 MMCWA maternity home ..... 34 Other private (*specify*) ..... 36 Others(*specify*)_____ 96	
MN8A. AFTER (NAME) WAS BORN, DID ANY HEALTH CARE PROVIDER CHECK ON YOUR HEALTH?	Yes ..... 1 No 2	2⇨MN 8D
MN8B. HOW LONG AFTER DELIVERY DID THE FIRST CHECK TAKE PLACE? IF WITHIN ONE HOUR, RECORD 00 AT WITHIN 1 HOUR IF WITHIN 1 TO 24 HOURS, RECORD HOURS AT AFTER 1 HOUR IF LESS THAN ONE WEEK, RECORD DAYS.	Within 1 Hours ..... 1 After 1 Hour ..... 2 Days ..... 3 Weeks ..... 4 Don't know 98	
MN8C. WHO CHECKED ON YOUR HEALTH AT THAT TIME? *Probe for most qualify person*? ANYONE ELSE? *Probe for the type of person assisting and circle all answers given.*	Health professional: Doctor ..... A Lady Health Visitor/Nurse ..... B Midwife ..... C Auxiliary midwife ..... D Other person Traditional birth attendant ..... F Community health worker ..... G Other (*specify*) X	
MN8D. AFTER (NAME) WAS BORN, DID ANY HEALTH CARE PROVIDER CHECK ON YOUR NEWBORN BABY'S HEALTH?	Yes ..... 1 No 2	2⇨MN 9
MN8E. HOW LONG AFTER DELIVERY DID THE FIRST CHECK ON YOUR BABY TAKE PLACE? IF WITHIN ONE HOUR, RECORD 00 AT WITHIN 1 HOUR IF WITHIN 1 TO 24 HOURS, RECORD HOURS AT AFTER 1 HOUR IF LESS THAN ONE WEEK, RECORD DAYS.	Within 1 Hours ..... 1 After 1 Hour ..... 2 Days ..... 3 Weeks ..... 4 Don't know 98	
MN8F. WHO CHECKED ON YOUR BABY'S HEALTH AT THAT TIME? *Probe for most qualify person*? ANYONE ELSE? *Probe for the type of person assisting and circle all answers given.*	Health professional: Doctor ..... A Lady Health Visitor/Nurse ..... B Midwife ..... C Auxiliary midwife ..... D Other person Traditional birth attendant ..... F Community health worker ..... G Other (*specify*) X	
MN9. WHEN YOUR LAST CHILD (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large ..... 1 Larger than average ..... 2 Average ..... 3 Smaller than average 4	

	Very small ..... 5 DK 8	
MN10. WAS (*name*) WEIGHED AT BIRTH?	Yes ..... 1 No ..... 2 DK 8	2⇨MN12 8⇨MN12
MN11. HOW MUCH DID (*name*) WEIGH? *Record weight from health card, if available.*	From card ..... 1 (kilograms) __ . __ __ __ From recall ..... 2 (kilograms) __ . __ __ __ DK 99998	
MN12. DID YOU EVER BREASTFEED (*name*)?	Yes ..... 1 No 2	2⇨NEXT MODULE
MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (*name*) TO THE BREAST? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* *Otherwise, record days.*	Immediately ..... 000 Hours ..... 1 __ __ *or* Days ..... 2 __ __ Don't know/remember 998	
CONTRACEPTION MODULE		**CP**
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH. ARE YOU PREGNANT NOW?	Yes, currently pregnant ..... 1 No ..... 2 Unsure or DK 8	1⇨ NEXT MODULE
CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ..... 1 No 2	2⇨ NEXT MODULE
CP3. WHICH METHOD ARE YOU USING? *Do not prompt.* *If more than one method is mentioned, circle each one.*	Female sterilization ..... A Male sterilization ..... B Pill ..... C IUD ..... D Injections ..... E Implants ..... F Male condom ..... G Female condom ..... H Diaphragm ..... I Foam/jelly ..... J Lactation amenorrhea method (LAM) ..... K Periodic abstinence ..... L Withdrawal ..... M Other (*specify*) _____ X	
HIV/AIDS MODULE		**HA**
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes ..... 1 No 2	2⇨ NEXT MODULE
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT	Yes ..... 1 No 2	

INFECTED AND ALSO HAS NO OTHER PARTNERS?	DK 8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ..... 1 No ..... 2 DK 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 DK 8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes ..... 1 No ..... 2 DK 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes ..... 1 No ..... 2 DK 8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes ..... 1 No ..... 2 DK 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY? HA9A. DURING PREGNANCY? HA9B. DURING DELIVERY? HA9C. BY BREASTFEEDING?	Yes No DK During pregnancy ..... 1 2 8 During delivery ..... 1 2 8 By breastfeeding 1 2 8	
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 DK/not sure/depends 8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK/not sure/depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 DK/not sure/depends 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes ..... 1 No ..... 2 DK/not sure/depends 8	
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes ..... 1 No 2	 2⇨HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes ..... 1 No 2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED? (MAY HAVE MORE THAN ONE ANSWER)	Asked for the test ..... 1 Offered and accepted ..... 2 Required 3	1⇨NEXT MODULE 2⇨NEXT MODULE 3⇨NEXT MODULE
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No 2	

MICS QUESTIONNAIRE FOR INDIVIDUAL WOMEN (NEVER-MARRIED)

WOMEN'S INFORMATION PANEL	WM
This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). *Fill in one form for each eligible woman* *Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.*	
WM1. Cluster number: ___ ___ ___	WM2. Household number: ___ ___ ___
WM3. Woman's Name: _____	WM4. Woman's Line Number: ___ ___
WM5.Interviewer name and number: _____ ___ ___	WM6. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___
WM7. Result of women's interview	Completed ..... 1 Not at home ..... 2 Refused ..... 3 Partly completed ..... 4 Incapacitated ..... 5 Other (*specify*) _____ 6

Repeat greeting if not already read to this woman:

WE ARE FROM MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (30) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month ..... ___ ___ DK month ..... 98 Year ..... ___ ___ ___ ___ DK year 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years) ..... ___ ___	
WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes ..... 1 No 2	2⇨WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY OR HIGHER?	Primary ..... 1 Secondary ..... 2 Higher ..... 3 Non-standard curriculum 6	1⇨WM14 2,3⇨NEXT MODULE 6⇨WM14
WM12. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade ..... ___ ___	
MW14. NOW, I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. Show the sentences to respondents. If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME? 1. Teacher comes near to me. 2. Younger brother is writing. 3. White and red lotuses are blooming beside the hut in the field. 4. U Thar San is carrying eggplant and limes. 5. Seeds are throwing in the field under the sunshine. Have an apple.	Cannot read at all ..... 1 Able to read with difficulties ..... 2 Able to read whole sentence very well ..... 3 No sentences translated into ethnic language _____ 4 *(specify language)* Blind/mute, visually/speech impaired 5	

HIV/AIDS MODULE		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes ..... 1 No 2	 2⇨ NEXT MODULE
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	Yes ..... 1 No ..... 2 DK 8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ..... 1 No ..... 2 DK 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 DK 8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes ..... 1 No ..... 2 DK 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes ..... 1 No ..... 2 DK 8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes ..... 1 No ..... 2 DK 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?	Yes No DK	
HA9A. DURING PREGNANCY?	During pregnancy 1 2 8	
HA9B. DURING DELIVERY?	During delivery 1 2 8	
HA9C. BY BREASTFEEDING?	By breastfeeding 1 2 8	
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 DK/not sure/depends 8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK/not sure/depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 DK/not sure/depends 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes ..... 1 No ..... 2 DK/not sure/depends 8	
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes ..... 1 No 2	 2⇨HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes ..... 1 No 2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED? (MAY HAVE MORE THAN ONE ANSWER)	Asked for the test ..... 1 Offered and accepted ..... 2 Required 3	1⇨NEXT MODULE 2⇨NEXT MODULE 3⇨NEXT MODULE

HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes ..... 1 No 2	

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL	UF
This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5). A separate questionnaire should be used for each eligible child. Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.	
UF1. Cluster number: ___ ___ ___	UF2. Household number: ___ ___ ___
UF3. Child's Name: _____	UF4. Child's Line Number: ___ ___
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: ___ ___
UF7. Interviewer name and number: _____ ___ ___	UF8. Day/Month/Year of interview: ___ ___ / ___ ___ / ___ ___ ___ ___
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed..... 1 Not at home ..... 2 Refused..... 3 Partly completed ..... 4 Incapacitated..... 5 Other (specify) _____ 6

Repeat greeting if not already read to this respondent:
WE ARE FROM MINISTRY OF HEALTH. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT (30) MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview.Discuss this result with your supervisor for a future revisit.

UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (*name*). IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe:* WHAT IS HIS/HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	Date of birth: Day ..... __ __ DK day ..... 98 Month ..... __ __ Year..... __ __ __ __	
UF11. HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	Age in completed years ..... __	

BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES (*name*) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen ..... 1 Yes, not seen ..... 2 No ..... 3 DK 8	1⇨BR5
BR2. HAS (*name's*) BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes ..... 1 No ..... 2 DK 8	1⇨BR5 8⇨BR4
BR3. WHY IS (*name's*) BIRTH NOT REGISTERED? (IF THERE HAS MORE THAN ONE REASON, RECORD MOST IMPORTANT ONE)	Costs too much ..... 1 Must travel too far ..... 2 Did not know it should be registered ..... 3 Did not want to pay fine ..... 4 Does not know where to register ..... 5 Other (*specify*) _____ 6 DK 8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes ..... 1 No 2	
BR5. *Check age of child in UF11: Child is 3 or 4 years old?* ☐ *Yes.* ⇨ *Continue with BR6* ☐ *No.* ⇨ *Go to BR8*		
BR6. DOES (*name*) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes ..... 1 No ..... 2 DK 8	 2⇨BR8 8⇨BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID (*name*) ATTEND?	No. of hours ..... __ __	
BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (*name*): *If yes, ask:* WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)? *Circle all that apply.*		

		Mother	Father	Other	No one
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH (*name*)?	Books	A	B	X	Y
BR8B. TELL STORIES TO (*name*)?	Stories	A	B	X	Y
BR8C. SING SONGS WITH (*name*)?	Songs	A	B	X	Y
BR8D. TAKE (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A	B	X	Y
BR8E. PLAY WITH (*name*)?	Play with	A	B	X	Y
BR8F. SPEND TIME WITH (*name*) NAMING, COUNTING, AND/OR DRAWING PEOPLE, ANIMALS AND THINGS?	Spend time with	A	B	X	Y

VITAMIN A MODULE		**VA**
VA1. HAS (*name*) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? Show capsule or dispenser for different doses – 100,000 IU for those 6-11 months old, 200,000 IU for those 12-59 months old.	Yes ..... 1 No ..... 2 DK 8	2⇨NEXT MODULE 8⇨NEXT MODULE
VA2. HOW MANY MONTHS AGO DID (*name*) TAKE THE LAST DOSE?	Months ago ..... __ __ DK 98	
VA3. WHERE DID (*name*) GET THIS LAST DOSE?	Regular distribution by health staff ..... 1 Sick child visit to health facility ..... 2 National Immunization Day campaign ..... 3 Other (*specify*) _____ 6 DK 8	
BREASTFEEDING MODULE		**BF**
BF1. HAS (*name*) EVER BEEN BREASTFED?	Yes ..... 1 No ..... 2 DK 8	2⇨BF3 8⇨BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes ..... 1 No ..... 2 DK 8	
BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE? BF3B. PLAIN WATER? BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION? BF3D. ORAL REHYDRATION SOLUTION (ORS)? BF3E. INFANT FORMULA? BF3F. TINNED, POWDERED OR FRESH MILK? BF3G. ANY OTHER LIQUIDS? BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?	Y N DK A. Vitamin supplements ..... 1 2 8 B. Plain water ..... 1 2 8 C. Sweetened water or juice ..... 1 2 8 D. ORS ..... 1 2 8 E. Infant formula ..... 1 2 8 F. Milk ..... 1 2 8 G. Other liquids ..... 1 2 8 H. Solid or semi-solid food 1 2 8	
BF4. Check BF3H: Child received solid or semi-solid (mushy) food? ☐ Yes. ⇨ Continue with BF5 ☐ *No or DK. ⇨ Go to Next Module*		
BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (*name*) EAT SOLID, SEMI-SOLID, OR SOFT FOODS OTHER THAN LIQUIDS? If 7 or more times, record '7'.	No. of times ..... ___ Don't know 8	

CARE OF ILLNESS MODULE		CA
CA1. HAS (*name*) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST? Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.	Yes ..... 1 No ..... 2 DK 8	 2⇨CA5 8⇨CA5
CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (*name*) DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED (*local name for ORS packet solution*)? CA2B. GOVERNMENT-RECOMMENDED HOMEMADE FLUID?	Yes No DK A. Fluid from ORS packet ..... 1 2 8 B. Homemade fluid made of salt and sugar 1 2 8	
CA3. DURING (*name's*) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none ..... 1 About the same (or somewhat less) ..... 2 More ..... 3 DK 8	
CA4. DURING (*name's*) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? If "less", probe: MUCH LESS OR A LITTLE LESS?	None ..... 1 Much less ..... 2 Somewhat less ..... 3 About the same ..... 4 More ..... 5 DK 8	
CA5. HAS (*name*) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA14 8⇨CA14
CA6. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA14 8⇨CA14
CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Problem in chest ..... 1 Blocked nose ..... 2 Both ..... 3 Other (*specify*) _____ 6 DK 8	 2⇨CA14 6⇨CA14
CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes ..... 1 No ..... 2 DK 8	 2⇨CA10 8⇨CA10

CA9. FROM WHERE DID YOU SEEK CARE? ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code. _____ (Name of place)	Public sector Govt. hospital ..... A Govt. health centre (RHC) ..... B Govt. health post (Sub-center)..... C Village health worker..... D Mobile/outreach clinic ..... E UHC/MCH center ..... F Traditional medicine clinic ..... G Other public (*specify*)_____ H Private medical sector Private hospital..... I Private physician..... J Private pharmacy ..... K Mobile clinic..... L Traditional medicine clinic ..... M Other private medical (*specify*)_____ O Other source Relative or friend..... P Shop..... Q Other (*specify*)_____ X	
CA10. WAS (*name*) GIVEN MEDICINE TO TREAT THIS ILLNESS?	Yes..... 1 No..... 2 DK 8	2⇨CA14 8⇨CA14
CA11. WHAT MEDICINE WAS (*name*) GIVEN? CIRCLE ALL MEDICINES GIVEN	Antibiotic..... A Paracetamol/ Panadol..... P Cough tablets/syrup ..... Q Vitamins/ tonic..... R Others (Specify) ..... X DK ..... Y	
Ask the following question (CA14) only once for each mother/caretaker. CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY? Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, But do NOT prompt with any suggestions.	Child not able to drink or breastfeed..... A Child becomes sicker..... B Child develops a fever ..... C Child has fast breathing ..... D Child has difficult breathing..... E Child has blood in stool..... F Child is eating or drinking poorly..... G Other (*specify*)_____ X Other (*specify*)_____ Y Other (*specify*)_____ Z	

IMMUNIZATION MODULE			IM
If an immunization card is available, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.			
IM1. IS THERE A VACCINATION CARD FOR (*name*)?		Yes, seen ..... 1 Yes, not seen ..... 2 No..... 3	 2⇨IM10 3⇨IM10
(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization DAY / MONTH / YEAR	
IM2. BCG	BCG		
IM3B. POLIO 1	OPV1		
IM3C. POLIO 2	OPV2		
IM3D. POLIO 3	OPV3		
IM4A. DPT1	DPT1		
IM4B. DPT2	DPT2		
IM4C. DPT3	DPT3		
IM5A. HEPB1	H1		
IM5B. HEPB2	H2		
IM5C. HEPB3	H3		
IM6. MEASLES (1)	MEASLES1		
IM8A. VITAMIN A (1)	VITA1		
IM8B. VITAMIN A (2)	VITA2		
IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record 'Yes' only if respondent mentions BCG, OPV 1-3, DPT 1-3, Hepatitis B 1-3, Measles, or Vitamin A supplements.		Yes ..... 1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.) No..... 2 DK 8	 1⇨IM19 2⇨IM19 8⇨IM19
If the child does not have immunization card, ask from IM10 to IM18 and circle the answered code			
IM10. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?		Yes ..... 1 No..... 2 DK 8	 2⇨IM19 8⇨IM19
IM11. HAS (*name*) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER AT 7 DAYS TO ONE AND A HALF MONTH OF AGE THAT CAUSED A SCAR?		Yes ..... 1 No..... 2 DK 8	
IM12. HAS (*name*) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES –		Yes ..... 1 No..... 2	 2⇨IM15

THAT IS, POLIO?	DK 8	8⇨IM15
IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?	Just after birth (within two weeks)..... 1 Later 2	
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times ..... __ __	
IM15. HAS (*name*) EVER BEEN GIVEN "DPT VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS AT THE AGE OF ONE AND A HALF, TWO AND A HALF AND THREE AND A HALF MONTHS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA?	Yes ..... 1 No ..... 2 DK 8	 2⇨IM16A 8⇨IM16A
IM16. HOW MANY TIMES?	No. of times ..... __ __ DK 88	
IM16A. HAS (*name*) EVER BEEN GIVEN "HEPATITIS B VACCINATION INJECTIONS" – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS AT THE AGE OF ONE AND A HALF, TWO AND A HALF AND THREE AND A HALF MONTHS – TO PREVENT HIM/HER FROM HEPATITIS?	Yes ..... 1 No ..... 2 DK 8	 2⇨IM17 8⇨IM17
IM16B. HOW MANY TIMES?	No. of times ..... __ __ DK 88	
IM17. HAS (*name*) EVER BEEN GIVEN "MEASLES VACCINATION INJECTIONS" – THAT IS, A SHOT IN THE ARM AT THE AGE OF **9** MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes ..... 1 No ..... 2 DK 8	
IM19.Please tell me if (*name*) has participated in any of the following campaigns, national immunization days:		
IM19a. *2009 January 10 national immunization day (campaign A)*	Y N DK *Campaign A* 1 2 8	
IM19b. 2009 February 7 national immunization day (campaign B)	*Campaign B* 1 2 8	

Does another eligible child reside in the household for whom this respondent is mother/caretaker?
Check household listing, column HL8.

☐ *Yes. ⇨ End the current questionnaire and then*
Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.

☐ *No. ⇨ End the interview with this respondent by thanking him/her for his/her cooperation.*

If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.

ANTHROPOMETRY MODULE		AN
After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements.		
AN1. Child's weight.	Kilograms (kg) ..... __ __ . __	
AN2. Child's length or height. Check age of child in UF11: ☐ Child under 2 years old. ⇨ Measure length (lying down). ☐ Child age 2 or more years. ⇨ Measure height (standing up).	Length (cm) Lying down ..... 1 __ __ __ . __ Height (cm) Standing up ..... 2 __ __ __ . __	
AN3. Measurer's identification code.	Measurer code ..... __ __	
AN4. Result of measurement.	Measured ..... 1 Not present ..... 2 Refused ..... 3 Other (*specify*) _____ 6	

AN5. Is there another child in the household who is eligible for measurement?

☐ Yes. ⇨ Record measurements for next child.

☐ No. ⇨ End the interview with this household by thanking all participants for their cooperation.

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.